



Aetna Better Health®
of Kentucky

Date:	May 23 2025
To:	All Network Providers: Behavioral Health Services
From:	Provider Experience
Subject:	PRIOR AUTHORIZATION CHANGES – BEHAVIORAL HEALTH

Prior Authorization Resumes for Select Behavioral Health Services

This change is part of our continued commitment to ensuring high-quality, medically necessary care for our Medicaid members while supporting providers with clear, consistent guidelines. Minimal disruption to members is expected. Care managers will assist with any necessary transitions of coordination of care.

Effective June 25, 2025, **prior authorization (PA)** will be required for behavioral health services, including Substance Abuse Disorder (SUD) services, for **all members** – adults, adolescents, and children. This includes those members currently under the Support Kentucky Youth (SKY) program.

This change applies to both **new and ongoing treatment requests** that include services rendered in outpatient and inpatient settings. Providers must obtain authorization **before initiating or continuing services** to ensure reimbursement.

Please review the updated PA guidelines and submit all requests through the Availity portal or by contacting the Prior Authorization department directly. Additional resources and training will be made available to support a smooth transition. More information is provided below.

Inpatient and Residential Behavioral Health Services

Inpatient/Residential Services			
Category	CPT/HCPC Revenue Code	Documentation Required	Notes
Inpatient MH and Substance Abuse Services	All Inpatient Services	Clinical Record, ASAM Assessment if SUD, Treatment Plan*	Prior Authorization is required for dates of service 6/25/25 and forward. After initial admission requests, requests for coverage of additional days can be submitted on the first uncovered day.
Substance Use Residential	H2034, H0011, H2036	Clinical Record, ASAM Assessment, Treatment Plan*	Already requires PA and should continue to be prior authorized. After initial admission requests,

			requests for coverage of additional days can be submitted on the first uncovered day.
Hospital SUD Residential	1002	Clinical Record, ASAM Assessment, Treatment Plan*	Already requires PA and should continue to be prior authorized. After initial admission requests, requests for coverage of additional days can be submitted on the first uncovered day.
Crisis Stabilization Unit (RCSU)	S9485	Clinical Record, Treatment Plan*	Prior Authorization is required for dates of service 6/25/25 and forward.
EPSDT Residential Special Services	T2048, H2029	Clinical Record, Treatment Plan*	Prior Authorization is required for dates of service 6/25/25 and forward.
PRTF I	1001	Clinical Record, Treatment Plan*	Prior Authorization is required for dates of service 6/25/25 and forward.
PRTF II	0101	Clinical Record, Treatment Plan*	Prior Authorization is required for dates of service 6/25/25 and forward.

*Must Accompany Prior Authorization Request

Outpatient Behavioral Health Services

Outpatient Services			
Category	CPT/HCPC Revenue Code	Documentation Required	Notes
ECT	90870	Clinical Record*	Prior Authorization is required or dates of service 6/25/25 and forward. Providers can submit preservice request up to 2 weeks prior to 6/25/25.
Psychological Testing Evaluation Services	96130, 96131	Clinical Record*	Prior Authorization is required or dates of service 6/25/25 and forward. Providers can submit preservice request up to 2 weeks prior to 6/25/25.
Neuropsychological Testing Evaluation Services	96132, 96133	Clinical Record*	Prior Authorization is required or dates of service 6/25/25 and forward. Providers can submit preservice request up to 2 weeks prior to 6/25/25.
Psychological or Neuropsychological Testing	96136, 96137, 96138, 96139, 96146	Clinical Record*	Prior Authorization is required or dates of service 6/25/25 and forward. Providers can submit preservice request up to 2 weeks prior to 6/25/25.
Applied Behavior	97151, 97152,	Clinical Record, copy of	Prior authorization is required for

Analysis (ABA)	97153, 97154, 97155, 97156, 97157, 97158	assessment(s) confirming Autism diagnosis and Treatment Plan, *	dates of service 6/25/2025 and forward. Providers can submit requests for continued services starting 6/9/25.
Intensive Outpatient Program	S9480, H0015, 0905, 0906	Clinical Record, ASAM assessment if SUD, Treatment Plan*	Prior authorization required for all initial requests for treatment as of 6/25/25. If it is not an initial request for treatment and the intention is for the recipient to continue to receive services after 6/24/25, providers may begin submitting requests for PA as of 6/11/2025.
Partial Hospitalization Program	H0035	Clinical Record, ASAM assessment if SUD, Treatment Plan*	Prior authorization required for all initial requests for treatment as of 6/25/25. If it is not an initial request for treatment and the intention is for the recipient to continue services after 6/24/25, providers may begin submitting requests for PA of 6/18/25.
Day Treatment	H2012	Clinical Record, Documentation supporting risk for out-of-home placement, Copy of provider linkage agreement with local education authority, Treatment Plan*	Prior Authorization is required or dates of service 6/25/25 and forward. Providers can submit preservice request up to 2 weeks prior to 6/25/25.
Comprehensive Community Support Services	H2015	Clinical Record, Diagnostic Assessment and Treatment Plan*	Please see ABHKY Comprehensive Community Support Services Reimbursement Policy. Prior authorization required for all initial requests for treatment as of 6/25/25. If it is not an initial request for treatment and the intention is for the recipient to continue to receive services after 6/24/25, providers may begin submitting requests for PA as of 6/9/25.
Therapeutic Rehabilitation Program	H2019, H2020	Clinical Record, documentation from licensed BH professional supporting SMI/SED designation, Treatment plan*	Prior authorization required for all initial requests for treatment as of 6/25/25. If it is not an initial request for treatment and the intention is for the recipient to continue to receive services after 6/24/25, providers may begin submitting requests for PA as of 6/9/25.
Targeted Case Management	T2023	Most recent TCM Treatment Plan & TCM Assessment, name of Targeted Case Manager and TCM supervisor, type of TCM being requested, Documentation supporting TCM eligibility criteria met for population served* e.g. documentation from licensed BH	Beginning 6/25/25, prior authorization (PA) will be required for individuals receiving TCM services. Please refer to the ABHKY provider notice for full billing guidance. If the last date of the rolling month falls between 6/25/25 and 6/30/25 , providers may submit

		professional supporting SED/SMI diagnosis*	<p>a notification for services during June. These services will be automatically approved. Notification/Prior Auth submission window opens 6/9/25.</p> <p>Required information for notification:</p> <ul style="list-style-type: none"> • Member Name • Member Date of Birth • Medicaid ID • Name of Targeted Case Manager • Name of TCM Supervisor (Rendering Provider on Claim) • Start and End Dates of Service • Type of TCM (TG, HF, UA, HE) • Billing Provider Name • Billing Provider TIN • Billing Provider NPI • Rendering Provider NPI
Peer Support	H0038	Clinical Record, Treatment Plan*	<p>Please see ABHKY Peer Support Reimbursement Policy.</p> <p>As of 6/25/25, there is a daily maximum limit of 8 units per member, per date of service. For dates of service 6/25/25 through 12/31/25, there will be a maximum limit of 200 units allowed without prior authorization.</p> <p>For services exceeding 200 units per member from 6/25/25-12/31/25, a PA is required.</p> <p>Starting 1/1/26, the 8 unit per day daily maximum limit will continue. Services exceeding 200 units per calendar year as of 1/1/2026 will require prior authorization.</p>
Psychoeducation	H2027	NA	<p>NOTE: PA is NOT required. Please see ABHKY Psychoeducation Reimbursement Policy. For the timeframe of 6/25/25 – 12/31/25, there will be a 100 unit maximum per member.</p> <p>Starting 1/1/26, there will be a 100 unit maximum per calendar year. Additional units beyond these limits will not be allowed per policy.</p>

*Must Accompany Prior Authorization Request

All services that required prior authorization before June 25, 2025, including **Inpatient Hospital Substance Use Treatment services and Residential Substance Use Treatment services** will continue to be submitted for authorization as usual. There are no changes to these requirements at this time.

Note: Out-of-network providers and facilities must request prior authorization for all procedures and services, excluding emergent or urgent care.

How to Submit a Prior Authorization Request:

Prior Authorization List For a comprehensive listing of authorization requirements by Healthcare Common Procedure Coding System (HCPCS) and Current Procedural Terminology (CPT) codes, please visit Availity at <https://apps.availity.com/availity/web/public.elegant.login> and refer to the prior authorization tool/directory. Please check the variance detail on ProPat <https://www.aetnabetterhealth.com/kentucky/providers/prior-authorization.html>

Electronic Prior Authorization Submission

Behavioral Health providers may request authorization and submit notification 24 hours a day, 7 days a week. The form is available on our website: [Forms for Providers | Aetna Medicaid Kentucky](#). Providers may submit prior authorization requests electronically through [Availity Portal](#). * Please remember to include the required documentation when submitting a prior authorization request.

Fax Prior Authorization Submissions

Providers may submit prior authorization requests via fax. Please use the following fax numbers when requesting prior authorization:

- **Outpatient Behavioral Health: 1-855-301-1564**
- **Outpatient SKY Behavioral Health: 1-833-689-1424**
- **Behavioral Health Psychological and Neuropsychological Testing: 1-844-885-0699**

You may access Aetna Better Health of Kentucky's [Behavioral Health Prior Authorization Request Form](#) to help streamline your submission process.

Training & Support:

To support our providers through this process, ABHKY will host provider training opportunities, during Virtual Office Hours (VOH), on the prior authorization process both before and after the June 25, 2025 effective date.

Virtual Office Hours Schedule & Registration Links:

- June 04, 2025 @ 10:00am est. - [Prior Authorization & Utilization Management Review](#)
- June 11, 2025 @ 10:00am est. - [Understanding Upcoming Prior Authorization \(PA\) Requirements](#)
- June 18, 2025 @ 10:00am est. - [Prior Authorization & Utilization Management Review](#)
- June 25, 2025 @ 10:00am est. - [Understanding Upcoming Prior Authorization \(PA\) Requirements](#)
- July 02, 2025 @ 10:00am est. - [Prior Authorization & Utilization Management Review](#)
- July 09, 2025 @ 10:00am est. - [Understanding Upcoming Prior Authorization \(PA\) Requirements](#)
- July 16, 2025 @ 10:00am est. - [Prior Authorization & Utilization Management Review](#)

- July 23, 2025 @ 10:00am est. - [Understanding Upcoming Prior Authorization \(PA\) Requirements](#)

Additional resources, training materials and policies are available on our website use this link for additional information. <https://www.aetnabetterhealth.com/kentucky/providers/index.html>

What You Need to Do Now:

- Review your current caseloads and prepare to submit PAs for the ongoing treatment as of the effective date.
- Ensure PA is obtained before initiating or continue services to avoid claim denials.
- Register for VOH if you have questions on the process.

We appreciate your continued partnership and commitment to providing quality care. If you have any questions, please contact your Network Manager.