

Important information



Aetna Better Health[®]
of Oklahoma

RE: Targeted case management reminder notice

Greetings provider partner,

T1017 Targeted Case Management. This is a covered benefit by Aetna Better Health[®] of Oklahoma that does not require a prior authorization. While there is not a need to receive a prior authorization, please keep in mind the following information:

- Billed units (15-minute increments) from **unit 1 through unit 12** are covered. These unit totals are calculated on a per member per month basis.
- Billed units (15-minute increments) from **unit 13 through unit 25** may also be covered. However, these unit amounts will be reviewed for medical necessity. Medical records are required to be submitted at the time of claim submission*. All claims billing T1017 for any number of units between 13 and 25 units in a calendar month will require medical records submitted with the original claim.
- Billed units (15-minute increments) **over 25 units** are not covered by the plan.

*The medical records that need to be added would include similar information to that which is submitted with a prior authorization. This would include objective clinical information that supports the necessity of services.

Be well,
Aetna Better Health[®] of Oklahoma

Connect with us

Has your office relocated or changed a fax or phone number lately?

Do you offer telehealth services?

Would you prefer to receive the notices via email rather than fax?

For questions call the provider services team at:

Toll Free: **1-844-365-4385**
ABHOKProvider
Engagement@aetna.com

This provider update has been sent to:

Provider type(s) -

- ☒ IPA/Medical groups
- ☒ Primary care providers
- ☒ Specialist providers
- ☒ Hospitals
- ☒ Behavioral Health Providers

Line of business:

- ☒ SoonerSelect

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