

aetna behavioral health provider manual

Decoding the Aetna Behavioral Health Provider Manual: Implications for the Industry

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Edited by: Sarah Chen, MHA, experienced healthcare editor with over 10 years of experience in medical publishing and a deep understanding of behavioral health regulations and reimbursement processes.

Keywords: Aetna behavioral health provider manual, behavioral health, healthcare reimbursement, provider network, mental health parity, insurance claims, healthcare policy, provider credentialing, behavioral health billing, Aetna provider portal.

Abstract: This article explores the significance of the Aetna Behavioral Health Provider Manual, analyzing its impact on behavioral health providers, the industry as a whole, and the implications for patients seeking mental healthcare. We delve into key aspects of the manual, highlighting its role in navigating complex reimbursement processes, ensuring compliance, and ultimately, improving access to quality care.

1. Introduction: Navigating the Labyrinth of the Aetna Behavioral Health Provider Manual

The Aetna Behavioral Health Provider Manual serves as the definitive guide for healthcare professionals participating in Aetna's behavioral health network. This comprehensive document outlines the intricate rules, regulations, and procedures governing billing, claims processing, credentialing, and overall compliance for providers offering services under Aetna's expansive insurance plans. Understanding the nuances of the Aetna behavioral health provider manual is not merely beneficial; it's crucial for successful participation in the network and ensuring timely reimbursement for services rendered.

2. Key Aspects of the Aetna Behavioral Health Provider Manual: A Deep Dive

The Aetna behavioral health provider manual is far more than a simple list of rules; it's a roadmap through a complex system. Here are some key aspects impacting providers:

Credentialing and Reimbursement: The manual provides detailed information on the credentialing process, outlining the required documentation, timelines, and procedures for becoming an in-network provider with Aetna. It also thoroughly covers reimbursement rates, coding guidelines (ICD-10 and CPT codes are particularly important), and the claim submission process. Understanding these processes is fundamental to receiving timely payments for services.

Network Participation Agreements: The manual details the terms and conditions of participation in the Aetna network, including compliance requirements, confidentiality obligations (HIPAA compliance is critical), and the expectations for providers regarding patient care and ethical practices.

Prior Authorizations and Utilization Management: Many behavioral health services require prior authorization from Aetna. The manual clearly outlines the process, the necessary documentation, and the timelines involved. This section is crucial for avoiding claim denials and ensuring smooth delivery of care.

Coding and Billing: Correct coding is essential for accurate reimbursement. The Aetna behavioral health provider manual provides guidance on appropriate coding practices, helping providers avoid costly errors and ensure accurate claim processing. It emphasizes the importance of adhering to industry standards and Aetna's specific coding guidelines.

Compliance and Regulatory Information: The manual highlights important legal and regulatory considerations, including adherence to state and federal regulations related to mental health parity, HIPAA compliance, and other relevant laws impacting behavioral healthcare. Staying updated on these regulations is paramount for avoiding penalties and maintaining ethical practice.

Provider Resources and Support: Aetna often provides various resources within the manual or through its online provider portal to help navigate the complexities of the system. These resources might include online training modules, frequently asked questions (FAQs), and contact information for support teams.

3. Implications for the Behavioral Health Industry

The Aetna behavioral health provider manual, and similar manuals from other major insurers, significantly impacts the behavioral health industry in several ways:

Standardization of Practices: The manual contributes to greater standardization within the industry, ensuring a consistent approach to billing, coding, and patient care across different providers.

Improved Efficiency and Reduced Administrative Burden: By providing clear guidelines, the manual aims to streamline administrative processes, reducing the burden on providers and freeing up time for patient care. However, the complexity of the manual itself can still present a significant administrative burden.

Impact on Access to Care: While the manual aims to improve access to care by simplifying the process for providers, the complexity of the regulations and requirements can unintentionally create barriers for some providers, particularly smaller practices or those with limited administrative

resources.

Influence on Reimbursement Rates and Provider Compensation: The reimbursement rates outlined in the manual directly influence provider compensation and can significantly affect the financial viability of behavioral healthcare practices.

4. Challenges and Opportunities Presented by the Aetna Behavioral Health Provider Manual

While the Aetna behavioral health provider manual aims to enhance efficiency and transparency, certain challenges remain:

Complexity and Length: The manual's sheer volume and complexity can be overwhelming for providers, requiring significant time and effort to fully understand its contents.

Regular Updates and Changes: Insurance regulations and guidelines are frequently updated, requiring providers to stay abreast of changes to the manual to ensure compliance.

Potential for Claim Denials: Despite the manual's guidance, misunderstandings or errors in coding, billing, or documentation can still lead to claim denials, impacting provider revenue.

Opportunities exist, however, in utilizing the manual's resources effectively, leveraging technology to streamline processes (like using provider portals), and proactively seeking clarification from Aetna when needed.

5. Conclusion

The Aetna behavioral health provider manual is an indispensable resource for behavioral healthcare providers seeking to participate in the Aetna network. Understanding its intricacies is critical for successful reimbursement, compliance, and ultimately, providing quality mental healthcare to patients. While challenges exist regarding its complexity and ongoing updates, the manual plays a vital role in shaping the landscape of the behavioral health industry, striving for efficiency and standardization in a complex system. Proactive engagement with the manual and utilization of available resources are key to navigating its complexities and maximizing the benefits for both providers and patients.

Frequently Asked Questions (FAQs)

1. Where can I find the Aetna Behavioral Health Provider Manual? The manual is typically accessible through the Aetna provider portal. You may need to register as a provider to gain access.
1. How often is the Aetna Behavioral Health Provider Manual updated? Aetna regularly updates the manual to reflect changes in regulations, coding systems, and internal policies. It's crucial to check for updates

periodically.

1. What happens if I don't comply with the Aetna Behavioral Health Provider Manual? Non-compliance can lead to claim denials, reduced reimbursement rates, and potentially termination from the Aetna network.
1. Can I get help understanding the Aetna Behavioral Health Provider Manual? Yes, Aetna often provides support resources such as FAQs, online training, and contact information for dedicated support teams.
1. What are the key differences between Aetna's behavioral health manual and those of other insurers? While the core principles are similar (coding, billing, compliance), specific procedures, reimbursement rates, and network requirements can vary significantly among insurers.
1. How does the Aetna Behavioral Health Provider Manual address mental health parity? The manual outlines Aetna's compliance with federal and state laws concerning mental health parity, ensuring equal coverage for mental healthcare services compared to medical and surgical services.
1. What role does the provider portal play in relation to the manual? The provider portal often serves as a supplementary resource, offering access to updated versions of the manual, claim status information, and other relevant tools.
1. Is there specific training available to help understand the Aetna Behavioral Health Provider Manual? Aetna and third-party organizations may offer training courses or webinars to aid in understanding the manual's contents and best practices.
1. What should I do if I have a question or dispute regarding the Aetna Behavioral Health Provider Manual? Contact Aetna's provider services department directly for clarification or to initiate a dispute resolution process.

Related Articles:

1. Navigating Prior Authorizations with Aetna Behavioral Health: This article focuses specifically on the prior authorization process, detailing the required documentation and timelines.
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1. The Future of Behavioral Health Reimbursement and the Role of Aetna: This piece offers a forward-looking perspective on the evolution of behavioral health reimbursement and Aetna's role within the changing landscape.

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aetna behavioral health provider manual: The Medicare Handbook , 1988

aetna behavioral health provider manual: Essentials of Treatment Planning Mark E.

Maruish, 2019-11-12 *Essentials of Treatment Planning, Second Edition* is an updated and easy-to-use guide to the development and use of treatment plans for behavioral health care patients. The book incorporates current research and developments in treatment planning that have occurred since the publication of the first edition. Designed as a nuts-and-bolts guide, the book covers essential material such as the role and benefits of treatment planning in a clinical setting, approaches for conducting comprehensive patient assessments, the use of assessment information to develop individual treatment plans, and strategies for ongoing evaluations and revisions of treatment plans. *Essentials of Treatment Planning, Second Edition* explores how to develop and use treatment plans to strengthen the entire treatment process. An important component in documentation, accurate treatment plans provide myriad benefits, including: meeting the accountability criteria of insurers and behavioral health care organizations, enhancing efficient coordination of care with other health care professionals, and facilitating better communication with outside reviewers. In addition, behavioral health professionals—psychologists, psychiatrists, clinical social workers, mental health and substance use counselors, and others—may gain the added security of protection from certain types of litigation. As part of the *Essentials of Mental Health Practice* series, the second edition of *Essentials of Treatment Planning* contains the information busy behavioral health professionals need to practice knowledgeably, efficiently, and ethically in today's behavioral health care environment. Each chapter features numerous callout boxes highlighting key concepts, bulleted points, and extensive illustrative material, as well as Test Yourself questions that help gauge and reinforce your grasp of the information covered.

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aetna behavioral health provider manual: **Behavioral Foundations of Effective Autism Treatment** Erik A. Mayville, James Anton Mulick, 2010-10-01

aetna behavioral health provider manual: **Mental Health Providers Guide To Managed Care** Leonard Reich, Andrew Kolbasovsky, 2006 For both patients and providers, the words managed care are loaded with negative connotations, synonymous with inefficiency and bureaucracy. Forced to perform a delicate balancing act of offering the best possible care for their clients while carefully adhering to various managed care policies and procedures, providers in particular often wince at the prospect of having to deal with managed care companies, or MCOs. Fearing burdensome paperwork, low reimbursement rates, and denials of care, it's not surprising that a number of mental health professionals choose to limit their involvement with managed care companies-or eliminate it altogether. My clients are all on different health plans; how can I keep the policies straight? Getting services approved is so time-consuming that I'm better off accepting only self-paying clients, aren't I? Do the benefits of working with MCOs really outweigh the drawbacks? The answer, according to two industry insiders, is yes. If you know how to work with the system, the system can work for you. *Mental Health Provider's Guide to Managed Care* is the first handbook of its kind to offer clinicians a window into the inner-workings of MCOs. Authors Reich and Kolbasovsky candidly draw on their combined 37 years experience in the field to walk readers

through all the major elements of how to successfully work within the system: marketing yourself and your practice to an MCO, getting onto a MCO's network, maintaining a good relationship and communicating with MCOs for quick service approval, reducing your liability, understanding your rights and responsibilities, getting paid, and more. Every issue—big and small—is covered, from capitation versus fee-for-service payment arrangements to evaluating which MCOs are a good fit to join, and everything in between. After explaining how to work with the system, the authors reveal how to put the system to work for you. Tips for building your practice through referrals, generating business through doctor collaboration, and understanding future practice opportunities are all covered. By demystifying the complexities of managed care and offering a unique, inside view of the process, this book mitigates the negative connotations associated with MCOs and exposes the hidden benefits of a seemingly burdensome process. Exceedingly reader-friendly and packed with insightful tips and vignettes, *Mental Health Provider's Guide to Managed Care* is one clinician's guide you won't want to be without.

aetna behavioral health provider manual: Improving Diagnosis in Health Care National Academies of Sciences, Engineering, and Medicine, Institute of Medicine, Board on Health Care Services, Committee on Diagnostic Error in Health Care, 2015-12-29 Getting the right diagnosis is a key aspect of health care - it provides an explanation of a patient's health problem and informs subsequent health care decisions. The diagnostic process is a complex, collaborative activity that involves clinical reasoning and information gathering to determine a patient's health problem. According to *Improving Diagnosis in Health Care*, diagnostic errors—inaccurate or delayed diagnoses—persist throughout all settings of care and continue to harm an unacceptable number of patients. It is likely that most people will experience at least one diagnostic error in their lifetime, sometimes with devastating consequences. Diagnostic errors may cause harm to patients by preventing or delaying appropriate treatment, providing unnecessary or harmful treatment, or resulting in psychological or financial repercussions. The committee concluded that improving the diagnostic process is not only possible, but also represents a moral, professional, and public health imperative. *Improving Diagnosis in Health Care*, a continuation of the landmark Institute of Medicine reports *To Err Is Human* (2000) and *Crossing the Quality Chasm* (2001), finds that diagnosis—and, in particular, the occurrence of diagnostic errors—has been largely unappreciated in efforts to improve the quality and safety of health care. Without a dedicated focus on improving diagnosis, diagnostic errors will likely worsen as the delivery of health care and the diagnostic process continue to increase in complexity. Just as the diagnostic process is a collaborative activity, improving diagnosis will require collaboration and a widespread commitment to change among health care professionals, health care organizations, patients and their families, researchers, and policy makers. The recommendations of *Improving Diagnosis in Health Care* contribute to the growing momentum for change in this crucial area of health care quality and safety.

aetna behavioral health provider manual: Provision of Mental Health Counseling Services Under TRICARE Institute of Medicine, Board on the Health of Select Populations, Committee on the Qualifications of Professionals Providing Mental Health Counseling Services Under TRICARE, 2010-06-23 In this book, the IOM makes recommendations for permitting independent practice for mental health counselors treating patients within TRICARE—the DOD's health care benefits program. This would change current policy, which requires all counselors to practice under a physician's supervision without regard to their education, training, licensure or experience.

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aetna behavioral health provider manual: Birth Settings in America National Academies of Sciences, Engineering, and Medicine, Health and Medicine Division, Division of Behavioral and

Social Sciences and Education, Board on Children, Youth, and Families, Committee on Assessing Health Outcomes by Birth Settings, 2020-05-01 The delivery of high quality and equitable care for both mothers and newborns is complex and requires efforts across many sectors. The United States spends more on childbirth than any other country in the world, yet outcomes are worse than other high-resource countries, and even worse for Black and Native American women. There are a variety of factors that influence childbirth, including social determinants such as income, educational levels, access to care, financing, transportation, structural racism and geographic variability in birth settings. It is important to reevaluate the United States' approach to maternal and newborn care through the lens of these factors across multiple disciplines. Birth Settings in America: Outcomes, Quality, Access, and Choice reviews and evaluates maternal and newborn care in the United States, the epidemiology of social and clinical risks in pregnancy and childbirth, birth settings research, and access to and choice of birth settings.

aetna behavioral health provider manual: Major Labels Kelefa Sanneh, 2021-10-05 One of Oprah Daily's 20 Favorite Books of 2021 • Selected as one of Pitchfork's Best Music Books of the Year "One of the best books of its kind in decades." —The Wall Street Journal An epic achievement and a huge delight, the entire history of popular music over the past fifty years refracted through the big genres that have defined and dominated it: rock, R&B, country, punk, hip-hop, dance music, and pop Kelefa Sanneh, one of the essential voices of our time on music and culture, has made a deep study of how popular music unites and divides us, charting the way genres become communities. In Major Labels, Sanneh distills a career's worth of knowledge about music and musicians into a brilliant and omnivorous reckoning with popular music—as an art form (actually, a bunch of art forms), as a cultural and economic force, and as a tool that we use to build our identities. He explains the history of slow jams, the genius of Shania Twain, and why rappers are always getting in trouble. Sanneh shows how these genres have been defined by the tension between mainstream and outsider, between authenticity and phoniness, between good and bad, right and wrong. Throughout, race is a powerful touchstone: just as there have always been Black audiences and white audiences, with more or less overlap depending on the moment, there has been Black music and white music, constantly mixing and separating. Sanneh debunks cherished myths, reappraises beloved heroes, and upends familiar ideas of musical greatness, arguing that sometimes, the best popular music isn't transcendent. Songs express our grudges as well as our hopes, and they are motivated by greed as well as idealism; music is a powerful tool for human connection, but also for human antagonism. This is a book about the music everyone loves, the music everyone hates, and the decades-long argument over which is which. The opposite of a modest proposal, Major Labels pays in full.

aetna behavioral health provider manual: Almost Anorexic Jennifer J Thomas, Jenni Schaefer, 2013-07-01 Determine if your eating behaviors are a problem, develop strategies to change unhealthy patterns, and learn when and how to get professional help when needed with this practical, engaging guide to taking care of yourself when you are not a full-blown anorexic. Millions of men and women struggle with disordered eating. Some stand at the mirror wondering how they can face the day when they look so fat. Others binge, purge, or exercise compulsively. Many skip meals, go on diet after diet, or cut out entire food groups. Still, they are never thin enough. While only 1 in 200 adults will struggle with full-blown anorexia nervosa, at least 1 in 20 (including 1 in 10 teen girls) will exhibit key symptoms of one or more of the officially recognized DSM eating disorders--anorexia nervosa, bulimia nervosa, and binge eating disorder. Many suffer from the effects but never address the issue because they don't fully meet the diagnostic criteria. If this is the case for you, then you may be almost anorexic. Drawing on case studies and the latest research, Almost Anorexic combines a psychologist's clinical experience with a patient's personal recovery story to help readers understand and overcome almost anorexia. Almost Anorexic will give you the skills to: understand the symptoms of almost anorexic; determine if your (or your loved one's) relationship with food is a problem; gain insight on how to intervene with a loved one; discover scientifically proven strategies to change unhealthy eating patterns; learn when and how to get professional help when it's needed.

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aetna behavioral health provider manual: *The Preferred Provider's Handbook* Rachelle A. Dorfman, William L. Poynter, 1994 First Published in 1994. Routledge is an imprint of Taylor & Francis, an informa company.

aetna behavioral health provider manual: *The Preferred Provider's Handbook* William L. Poynter, 2013-10-28 First published in 1994. A revolution has been taking place in behavioral health financing, and only those practitioners who know how to successfully market themselves to managed care organizations are likely to maintain their hold in this rapidly changing system. Realistic, clear, insightful and highly practical, *The Preferred Provider's Handbook* will help therapists to understand the managed care marketplace and to develop the strategies necessary to meet its many challenges. You will learn how to: Get accepted on preferred provider lists of managed care organizations (M.C.O.s); Generate patient referrals once you are accepted onto a panel of preferred providers; Retain active referral status over the long term; Zero in on the higher quality networks that produce higher income and have minimal legal risk; Break into closed provider lists-one of the most difficult but important tasks. The Handbook clearly sets forth the basics of managed care with the aim of helping psycho therapists gain an understanding and acceptance of this new system. The volume addresses strategic marketing, whereby therapists can select and pursue those managed care organizations best suited to their needs; provides tools for designing and implementing a marketing plan; and gives a framework for understanding and making profitable use of future trends-in a professional and ethical manner. Of particular value is a chapter discussing marketing implications for behavioral health arising from the Clinton administration's new managed competition plans. Armed with specific information on how to fill out an M.C.O. application, how to analyze a contract, which specialties are most desirable and which should be avoided, how to network, and much, much more, you will be well on your way to professional success. This is an essential resource for all practitioners in the managed care marketplace.

aetna behavioral health provider manual: *Males With Eating Disorders* Arnold E. Andersen, 2014-06-17 First published in 1990. The subject of anorexia nervosa and, more recently, bulimia nervosa in males has been a source of interest and controversy in the fields of psychiatry and medicine for more than 300 years. These disorders, sometimes called eating disorders, raise basic questions concerning the nature of abnormalities of the motivated behaviors: Are they subsets of more widely recognized illnesses such as mood disorders? Are they understandable by reference to underlying abnormalities of biochemistry or brain function? In what ways are they similar to and in what ways do they differ from anorexia nervosa and bulimia nervosa in females? This book will be of interest to a wide variety of people—physicians, psychologists, nurses, social workers, occupational therapists, nutritionists, educators, and all others who may be interested for personal or professional reasons.

aetna behavioral health provider manual: *Pediatric Dermatology* Lawrence A. Schachner, Ronald C. Hansen, Rudolf Happle, 2003 This classic masterwork offers comprehensive, encyclopedic guidance on all aspects of pediatric skin disorders. Its editors and contributors are a veritable who's who of the top authorities in the field worldwide. Now illustrated in full color throughout for the first time, the 3rd Edition is also more international in scope and more user-friendly in its organization

than ever before. What's more, a new CD-ROM combines all of the book's nearly 1,100 illustrations with slide-making software, perfect for use in any type of presentation. · Includes massive updates covering newly defined dermatologic entities genodermatoses and icthyoses, the latest drug treatments, including newly reported drug reactions and much more. · Features contributions from five new associate Editors and a host of new authors-offering up-to-date, well-rounded perspectives on every subject. · Presents contributions from a more international assortment of authors, to better reflect worldwide best practices. · Delivers 1,030 brand-new full-color photographs that perfectly capture the appearance of a full range of skin disorders. · Offers meticulous editing throughout to eliminate overlap and repetition, and gathers all of the information on each disease in a single place for easier reference. · Provides many new tables and therapeutic algorithms for at-a-glance guidance. · Includes a new CD-ROM with slide-making package. Includes massive updates covering newly defined dermatologic entities · genodermatoses and icthyoses · the latest drug treatments, including newly reported drug reactions · and much more. Features contributions from five new associate Editors and a host of new authors-offering up-to-date, well-rounded perspectives on every subject. Presents contributions from a more international assortment of authors, to better reflect worldwide best practices. Delivers 1,030 brand-new full-color photographs that perfectly capture the appearance of a full range of skin disorders. Offers meticulous editing throughout to eliminate overlap and repetition, and gathers all of the information on each disease in a single place for easier reference. Provides new tables and therapeutic algorithms for at-a-glance guidance. Includes a new CD-ROM with slide-making package.

aetna behavioral health provider manual: Applied Behavior Analysis Advanced Guidebook James K. Luiselli, 2023-03-03 This second edition of Applied Behavior Analysis Advanced Guidebook: A Manual for Professional Practice gives behavior analysts and other behavioral practitioners pragmatic advice, direction, and recommendations for being an effective clinician, consultant, supervisor, and performance manager. Like the first edition, the book includes chapters on evidence-based practice competencies as well as many new areas devoted to professional development, technology, and telehealth service delivery. Written by expert scientist-practitioners, each chapter is filled with guidance that follows from the most contemporary research support. - Focuses on professional practice areas required among behavior analysts - Includes forms, tables, flowcharts, and other visual aids to facilitate practice - Presents the most current guidelines for established ABA methods - Emphasizes the research basis for practice recommendations - Helps readers build skills and competencies that broaden scope of practice - Covers emerging topics of telehealth, technology, adult learning, and sports fitness

aetna behavioral health provider manual: Cancer Care for the Whole Patient Institute of Medicine, Board on Health Care Services, Committee on Psychosocial Services to Cancer Patients/Families in a Community Setting, 2008-03-19 Cancer care today often provides state-of-the-science biomedical treatment, but fails to address the psychological and social (psychosocial) problems associated with the illness. This failure can compromise the effectiveness of health care and thereby adversely affect the health of cancer patients. Psychological and social problems created or exacerbated by cancer-including depression and other emotional problems; lack of information or skills needed to manage the illness; lack of transportation or other resources; and disruptions in work, school, and family life-cause additional suffering, weaken adherence to prescribed treatments, and threaten patients' return to health. Today, it is not possible to deliver high-quality cancer care without using existing approaches, tools, and resources to address patients' psychosocial health needs. All patients with cancer and their families should expect and receive cancer care that ensures the provision of appropriate psychosocial health services. Cancer Care for the Whole Patient recommends actions that oncology providers, health policy makers, educators, health insurers, health planners, researchers and research sponsors, and consumer advocates should undertake to ensure that this standard is met.

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experts from across all health-related disciplines, Comprehensive Handbook of Clinical Health Psychology bridges the gap between health psychology and medicine to provide you with the up-to-date and relevant information and strategies you need to address both the physical and mental health care needs of your clients. Written in an accessible, reader-friendly manner, this reference covers the conditions and trends that have become most prevalent in the field of health psychology today.

aetna behavioral health provider manual: Managing Managed Care Institute of Medicine, Committee on Quality Assurance and Accreditation Guidelines for Managed Behavioral Health Care, 1997-04-21 Managed care has produced dramatic changes in the treatment of mental health and substance abuse problems, known as behavioral health. Managing Managed Care offers an urgently needed assessment of managed care for behavioral health and a framework for purchasing, delivering, and ensuring the quality of behavioral health care. It presents the first objective analysis of the powerful multimillion-dollar accreditation industry and the key accrediting organizations. Managing Managed Care draws evidence-based conclusions about the effectiveness of behavioral health treatments and makes recommendations that address consumer protections, quality improvements, structure and financing, roles of public and private participants, inclusion of special populations, and ethical issues. The volume discusses trends in managed behavioral health care, highlighting the emerging role of the purchaser. The committee explores problems of overlap and fragmentation in the delivery of behavioral health care and discusses the issue of access, a special concern when private systems are restricted and public systems overburdened. Highly applicable to the larger health care system, this volume will be of particular interest to all stakeholders in behavioral health—federal and state policymakers, public and private purchasers, health care providers and administrators, consumers and consumer advocates, accrediting organizations, and health services researchers.

aetna behavioral health provider manual: ICD-10-CM Official Guidelines for Coding and Reporting - FY 2021 (October 1, 2020 - September 30, 2021) Department Of Health And Human Services, 2020-09-06 These guidelines have been approved by the four organizations that make up the Cooperating Parties for the ICD-10-CM: the American Hospital Association (AHA), the American Health Information Management Association (AHIMA), CMS, and NCHS. These guidelines are a set of rules that have been developed to accompany and complement the official conventions and instructions provided within the ICD-10-CM itself. The instructions and conventions of the classification take precedence over guidelines. These guidelines are based on the coding and sequencing instructions in the Tabular List and Alphabetic Index of ICD-10-CM, but provide additional instruction. Adherence to these guidelines when assigning ICD-10-CM diagnosis codes is required under the Health Insurance Portability and Accountability Act (HIPAA). The diagnosis codes (Tabular List and Alphabetic Index) have been adopted under HIPAA for all healthcare settings. A joint effort between the healthcare provider and the coder is essential to achieve complete and accurate documentation, code assignment, and reporting of diagnoses and procedures. These guidelines have been developed to assist both the healthcare provider and the coder in identifying those diagnoses that are to be reported. The importance of consistent, complete documentation in the medical record cannot be overemphasized. Without such documentation accurate coding cannot be achieved. The entire record should be reviewed to determine the specific reason for the encounter and the conditions treated.

aetna behavioral health provider manual: The Promise of Assistive Technology to Enhance Activity and Work Participation National Academies of Sciences, Engineering, and Medicine, Health and Medicine Division, Board on Health Care Services, Committee on the Use of Selected Assistive Products and Technologies in Eliminating or Reducing the Effects of Impairments, 2017-09-01 The U.S. Census Bureau has reported that 56.7 million Americans had some type of disability in 2010, which represents 18.7 percent of the civilian noninstitutionalized population included in the 2010 Survey of Income and Program Participation. The U.S. Social Security Administration (SSA) provides disability benefits through the Social Security Disability Insurance (SSDI) program and the

Supplemental Security Income (SSI) program. As of December 2015, approximately 11 million individuals were SSDI beneficiaries, and about 8 million were SSI beneficiaries. SSA currently considers assistive devices in the nonmedical and medical areas of its program guidelines. During determinations of substantial gainful activity and income eligibility for SSI benefits, the reasonable cost of items, devices, or services applicants need to enable them to work with their impairment is subtracted from eligible earnings, even if those items or services are used for activities of daily living in addition to work. In addition, SSA considers assistive devices in its medical disability determination process and assessment of work capacity. The Promise of Assistive Technology to Enhance Activity and Work Participation provides an analysis of selected assistive products and technologies, including wheeled and seated mobility devices, upper-extremity prostheses, and products and technologies selected by the committee that pertain to hearing and to communication and speech in adults.

aetna behavioral health provider manual: *Medical Fee Schedule* , 1995

aetna behavioral health provider manual: **Oral Health Literacy** Institute of Medicine, Board on Population Health and Public Health Practice, Roundtable on Health Literacy, 2013-02-19 The Institute of Medicine (IOM) Roundtable on Health Literacy focuses on bringing together leaders from the federal government, foundations, health plans, associations, and private companies to address challenges facing health literacy practice and research and to identify approaches to promote health literacy in both the public and private sectors. The roundtable serves to educate the public, press, and policy makers regarding the issues of health literacy, sponsoring workshops to discuss approaches to resolve health literacy challenges. It also builds partnerships to move the field of health literacy forward by translating research findings into practical strategies for implementation. The Roundtable held a workshop March 29, 2012, to explore the field of oral health literacy. The workshop was organized by an independent planning committee in accordance with the procedures of the National Academy of Sciences. The planning group was composed of Sharon Barrett, Benard P. Dreyer, Alice M. Horowitz, Clarence Pearson, and Rima Rudd. The role of the workshop planning committee was limited to planning the workshop. Unlike a consensus committee report, a workshop summary may not contain conclusions and recommendations, except as expressed by and attributed to individual presenters and participants. Therefore, the summary has been prepared by the workshop rapporteur as a factual summary of what occurred at the workshop.

aetna behavioral health provider manual: Drug-Induced Sleep Endoscopy Nico de Vries, Ottavio Piccin, Olivier M. Vanderveken, 2020-11-11 The definitive resource on the innovative use of DISE for obstructive sleep apnea Obstructive sleep apnea is the most prevalent sleep-related breathing disorder, impacting an estimated 1.36 billion people worldwide. In the past, OSA was almost exclusively treated with Continuous Positive Airway Pressure (CPAP), however, dynamic assessment of upper airway obstruction with Drug-Induced Sleep Endoscopy (DISE) has been instrumental in developing efficacious alternatives. Drug-Induced Sleep Endoscopy: Diagnostic and Therapeutic Applications by Nico de Vries, Ottavio Piccin, Olivier Vanderveken, and Claudio Vicini is the first textbook on DISE written by world-renowned sleep medicine pioneers. Twenty-four chapters feature contributions from an impressive group of multidisciplinary international experts. Foundational chapters encompass indications, contraindications, informed consent, organization and logistics, patient preparation, and drugs used in DISE. Subsequent chapters focus on treatment outcomes, the role of DISE in therapeutic decision making and upper airway stimulation, pediatric sleep endoscopy, craniofacial syndromes, advanced techniques, and more. Key Highlights Comprehensive video library highlights common and rare DISE findings A full spectrum of sleep disordered breathing and OSA topics, from historic to future perspectives Insightful clinical pearls on preventing errors and managing complications including concentric and epiglottis collapse Discussion of controversial DISE applications including oral appliances and positional and combination therapies This unique book is essential reading for otolaryngology residents, fellows, and surgeons. Clinicians in other specialties involved in sleep medicine will also benefit from this reference, including pulmonologists, neurologists, neurophysiologists, maxillofacial surgeons, and

anesthesiologists.

aetna behavioral health provider manual: For-Profit Enterprise in Health Care Institute of Medicine, Committee on Implications of For-Profit Enterprise in Health Care, 1986-01-01 [This book is] the most authoritative assessment of the advantages and disadvantages of recent trends toward the commercialization of health care, says Robert Pear of The New York Times. This major study by the Institute of Medicine examines virtually all aspects of for-profit health care in the United States, including the quality and availability of health care, the cost of medical care, access to financial capital, implications for education and research, and the fiduciary role of the physician. In addition to the report, the book contains 15 papers by experts in the field of for-profit health care covering a broad range of topics—from trends in the growth of major investor-owned hospital companies to the ethical issues in for-profit health care. The report makes a lasting contribution to the health policy literature. —Journal of Health Politics, Policy and Law.

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Health, New York's largest health system. What was it like at the epicenter, inside the health system that cared for more COVID-19 patients than any other in the United States? *Leading Through a Pandemic: The Inside Story of Lessons Learned about Innovation, Leadership, and Humanity During the COVID-19 Crisis* takes readers inside Northwell Health, New York's largest health system. From the C-suite to the front lines, the book reports on groundwork that positioned Northwell as uniquely prepared for the pandemic. Two decades ago, Northwell leaders began preparing for disasters—floods, hurricanes, blackouts, viruses, and more based on the belief that bad things will happen and we have to be ready. Following a course highly unusual for an American health system, Northwell developed one of the most advanced non-government emergency response systems in the country. Northwell reached a point where leaders could confidently say we are comfortable being uncomfortable in a crisis. But even with sustained preparation, the pandemic stands as a singularly humbling experience. *Leading Through a Pandemic* offers guidance on how hospitals and health systems throughout the country can prepare more effectively for the next viral threat. The book includes dramatic stories from the front lines at the peak of the viral assault and lessons of what went well, and what did not. The authors draw upon the Northwell experience to prescribe changes in the health care system for next time. Beyond the obvious need for increased stockpiles of supplies and equipment is the far more challenging task of fundamentally changing the culture of American health care to embrace a more robust emergency response capability in hospitals and systems of all sizes across the nation. The book is a must read for health care professionals, policy-makers, journalists, and readers whose curiosity demands a deeper dive into the surreal realm of the coronavirus pandemic.

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Elizabeth N. Cleek, Matt Wofsy, Brian Mundy, 2013-06-03 Helping beginning and experienced therapists cope with the myriad challenges of working in agencies, clinics, hospitals, and private practice, this book distills the leading theories and best practices in the field. The authors provide a clear approach to engaging diverse clients and building rapport; interweaving evidence-based techniques to meet therapeutic goals; and intervening effectively with individuals, families, groups, and larger systems. Practitioners will find tools for addressing the needs of their clients while caring for themselves and avoiding burnout; students will find a clear-headed framework for making use of the variety of approaches available in mental health practice.

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