



Provider Education Bulletin

Fall 2026 edition, day 1 of 2

Supporting you — our trusted providers — and your Aetna® patients on their path to better health is always our top priority. And our quarterly provider education bulletin helps make working with us simpler. We send useful information, tools, tips and resources straight to your inbox. So you can spend more time focusing on your patients' health.

Stay in the know — join our distribution list

You and your team can stay informed by joining our Aetna® OfficeLink Updates™ (OLU) provider newsletter distribution list. Simply complete our [online form](#). We'll send the monthly and quarterly editions of OLU, the provider education bulletin and other educational content directly to your inbox.

As always, we welcome your feedback

Just send your comments and ideas for future articles to

NewProviderTraining@Aetna.com.

Thank you for being a part of our network.



Today's news

We're sharing how our new Medical Attachments Dashboard on Availity® will help you review claims and submit required documentation digitally to get paid faster.



Tomorrow's news

We're reviewing our supervisory billing guidelines and how the Substance Use Disorder (SUD) Screening, Brief Intervention and Referral to Treatment (SBIRT) program supports primary care providers.

There's a simpler way to respond to requests for claim documentation

Use the Medical Attachments Dashboard on Availity®.

The Medical Attachments Dashboard is designed to make it easier to see what documentation we need to process a claim. It'll also help you respond to requests sooner and keep your documentation activity in one place. And you'll reduce time spent on manual tracking and follow-ups by eliminating the need to search for one member and one claim at a time to check what documentation is needed.

How it works

When we need more information to process a claim, timing and clarity matter. The Medical Attachments Dashboard allows you to view claims that need additional information and what documentation is needed to process a claim.

You can also:

- Upload the requested files directly on Availity*
- Confirm that your submission moved from your Inbox to the Sent queue
- Access the History queue to find completed submissions
- Use the Search, Sort and Filter features to help find a specific claim or submission

Note: You can upload up to 10 files per claim with a maximum file size of 64 MB each.

The Medical Attachments Dashboard gives you options

You don't need to change your clearinghouse to use the Medical Attachments Dashboard. If you already use EDI 275** or EPP CCD*** attachment workflows within your existing clearinghouse, continue using those established electronic workflows where they apply. If those workflows do not support a specific request, the Medical Attachments Dashboard gives you an alternate digital submission option instead of faxing or mailing documentation.

Who can use the dashboard?

The dashboard is available to organizations that have registered for the medical attachments feature on Availity, and each user must be given specific permission to access it.

Your security administrator is responsible for:

- Setting up your organization's access to the attachment feature, if needed
- Adding and managing user access via the Enrollments Center
- Assigning the Medical Attachments role to your user profile

How to access the dashboard

To access the Medical Attachments Dashboard:

1. Sign in to [Availity Essentials](#).
2. Complete the two-factor authentication, if required.
3. Select the Claims & Payments menu.
4. Select Attachments — New.

If the "Attachments – New" option is not visible under the Claims & Payments menu, contact your organization's Availity security administrator for assistance.

What you'll see in the dashboard

The dashboard includes four queues:

- **Inbox:** Claims that need more information. Because this is a multi-payer tool, check the payer name and request details before submitting documentation.
- **Sent:** Submitted attachments that have moved out of your Inbox.
- **History:** Completed submissions after we accept the attachment.
- **Reporting:** Exportable Inbox, Sent or History activity in CSV format.

How to respond to our request for documentation

Use the dashboard when you need to respond to our request for additional claim documentation. Because multiple users may be able to see and respond to the same request, we recommend coordinating response activity within your office to avoid duplicate work. To submit the required documentation, follow these simple steps:

1. From your Inbox, find the Aetna request you want to review.
2. Open the claim or request details to review what documentation is needed.
3. Select Add File.
4. Choose the file from your computer and select Open.
5. Confirm that the file attached successfully.
6. Confirm that you uploaded the correct file.
7. Select Submit.

Note: You cannot cancel or edit the submission in the dashboard once it's been submitted.

The dashboard supports several document and image file types. Supported document file types include Microsoft Word, Microsoft Excel, PDF, plain text, rich text format and CSV. Supported image file types include GIF, TIFF, JPEG, PNG and BMP.

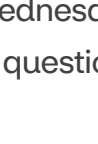
Need help?

For dashboard access or availability issues, contact your organization's Availity security administrator or administrator assistant first. If you need to identify your security administrator, go to **Availity > My Account Dashboard > Organization > Security Administrator**.

You can find additional guidance about the tool in the Availity Medical Attachments Dashboard resource guide by going to **Availity > Aetna Payer Spaces Resources**.

You can also find on-demand training demos on Availity by going to **Availity > Help & Training > Get Trained**. Then, type Attachments Dashboard in the search field.

For Availity support regarding issues with the tool, you can create a help ticket by going to **Availity > Help & Training > Payer Help > Support > Payer Support Community > Payer support tickets** or call **1-800-282-4548 (1-800-AVAILITY)**.



We're here for you.

Learn how to do business with us simpler and quicker.

Just attend our [Doing Business with Aetna](#) webinar on the second Tuesday or third Wednesday of each month from 1:00 PM to 2:15 PM ET. Ask questions and get answers on the spot.

We'll show you how to:

- Locate provider manuals, clinical policy bulletins and payment policies
- Access online transactions such as those related to eligibility, benefits, precertification, and claim status/disputes
- Locate Availity® Help and Training
- Access our online forms
- Navigate to our provider referral directory and Medicare directory
- Update your provider data, and much more

*Availity® is available only to providers in the U.S. and its territories.

**EDI 275 is an electronic transaction that lets providers send claim attachments, such as medical records or supporting documents, through their clearinghouse.

***EPP CCD is an electronic process that lets providers send claim documents and medical records to Aetna through an approved electronic connection to Epic Payer Platform's Encounter Documents Clinical Exchange.

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Provider Education Bulletin

Fall 2026 edition, day 2 of 2

This is day two of our provider education fall series. Today's edition focuses on our supervisory billing guidelines and how the Substance Use Disorder (SUD) Screening, Brief Intervention and Referral to Treatment (SBIRT) program supports primary care providers. So you can get back more time in your day and focus on your patients' care.

We're committed to bringing useful information straight to your inbox. The goal is to help you — our trusted health care providers and staff — stay in the know about processes, guidelines and workflows to better serve our members and get paid faster.

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Today's news

We're reviewing our supervisory billing guidelines and how the Substance Use Disorder (SUD) Screening, Brief Intervention and Referral to Treatment (SBIRT) program supports primary care providers.

Understanding our behavioral health supervisory billing standards can help you avoid claim denials

We know that high consumer demand for behavioral health services affects its behavioral health network. As part of our effort to support our providers and improve member access to care, we allow supervisory billing for behavioral health care provided by qualified license-eligible behavioral health clinicians.

Note that we will allow supervisory billing only for in-network behavioral health clinicians, supervisors, groups and facilities. The clinical supervisor must be employed by the same group or facility as the license-eligible clinician but does not have to practice at the same service location as the licensee to qualify for supervisory billing. Virtual supervision is also allowed.

What is a qualified license-eligible clinician?

Qualified license-eligible clinicians:

- Have completed all educational requirements for their target license type
- Are actively completing their clinical practice hours required for independent licensure
- Are actively receiving clinical supervision from a qualified supervisor at a frequency and duration commensurate with their caseload

Example: A clinician graduates with a master's degree in counseling psychology. She has completed all required educational credit hours to sit for her state licensure exam as a Licensed Independent Social Worker (LICSW). She is required to work a minimum number of clinical hours and receive regular clinical supervision prior to taking the exam. She is eligible for supervisory billing if she receives regular supervision from a qualified clinical supervisor.

What is a qualified clinical supervisor?

Qualified clinical supervisors are independently licensed behavioral health providers actively credentialed and contracted with us individually and/or under a contracted behavioral health group or facility.

Example: A supervisor at a Community Mental Health Center (CMHC) provides regular clinical supervision for master's level, license-eligible employees.

How to manage claims

You can submit claims for services delivered by license-eligible clinicians by listing the licensed supervisor as the rendering clinician. The services rendered must be covered under the member's benefits plan and an individual, group or facility contract with us. Prior authorization is not required for routine outpatient services such as psychotherapy and medication management.

Questions?

If you have questions, please call the Provider Contact Center at **1-888-MD AETNA (1-888-632-3862) (TTY: 711)**.

Use SBIRT in primary care

The Substance Use Disorder (SUD) Screening, Brief Intervention and Referral to Treatment (SBIRT) program supports primary care providers in screening patients for risky alcohol or substance use, offering a brief intervention and referring patients for treatment when needed. The program follows an evidence-based approach from the Substance Abuse and Mental Health Services Administration (SAMSHA) and is available for Aetna® members with medical benefits. Initial screening and brief intervention are reimbursable services, except for capitated membership, where they are included in capitation.

What you should do

You can use standardized tools, such as the Alcohol Use Disorders Identification Test and the Drug Abuse Screening Test, to identify patients who may need support. If the screening shows risk, you can offer a brief intervention and, when appropriate, refer the patient for additional treatment. The treating provider should decide when to screen and how often to repeat screening based on clinical judgment, current practice guidelines and the patient's needs.

Billing and submission

The primary care physician's office can bill for each screen by submitting the appropriate code:

- 99408: Alcohol and/or substance abuse structured screening and brief intervention services, 15 to 30 minutes
- 99409: Alcohol and/or substance abuse structured screening and brief intervention services, greater than 30 minutes
- G0396: Alcohol and/or substance abuse structured assessment and brief intervention, 15 to 30 minutes
- G0397: Alcohol and/or substance abuse structured assessment and intervention, greater than 30 minutes
- G0442: Annual alcohol misuse screening, 5 to 15 minutes
- G0443: Brief face-to-face counseling for alcohol misuse

Submit claims using standard billing processes and include the appropriate code based on the service provided and time spent. You should continue to verify patient eligibility and benefits before delivering services. For more information about the SBIRT program, visit our [provider resources](#).

If you have any questions, please [contact us](#).



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