

Aetna Better Health COVID-19 FAQs for Network Providers

Updated: April 29, 2020

GENERAL

Where can I get information and updates about the coronavirus and COVID-19?

You can access both state and federal websites to get the latest updates on COVID-19. Here are links to the following:

- Maryland Department of Health at <https://coronavirus.maryland.gov/>
- Maryland State Government at <https://www.maryland.gov/Pages/default.aspx>
- Centers for Disease Control and Prevention at <https://www.cdc.gov/coronavirus/2019-ncov/index.html>
- Centers for Medicare & Medicaid Services at <https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Current-Emergencies/Current-Emergencies-page>

Is COVID-19 laboratory testing available outside of the Maryland Department of Health State Lab?

The CDC recommends that anyone with symptoms of COVID-19 who has been in close contact with a person known to have COVID-19, or who lives in or has recently traveled from an area with ongoing spread of COVID-19 (such as a CDC-designated “Level 2” or “Level 3” advisory area) should contact their health care provider and be tested.

Should elective and non-emergency medical procedures be delayed or postponed?

The CDC recommends that non-urgent medical procedures and elective surgeries in order to prioritize urgent and emergency visits in order to protect staff and preserve personal protective equipment and patient care supplies, as well as expand available hospital capacity during the COVID-19 pandemic.

Does Aetna Better Health need to request and review Continuity of Operations (COOP) documents from providers?

Our request is that you make us aware of changes that will impact access and availability of care and services during the COVID 19 pandemic. You may email us at MarylandProviderRelationsDepartment@AETNA.com with a link to your website that outlines your changes. You may also contact us at 866-827-2710 or email your Aetna Better Health provider relations manager.

Are requirements for keeping patient information private and secure different during the emergency?

During the COVID 19 state of emergency we ask that our providers and vendors continue to adhere to HIPAA, state regulations and your internal policies and procedures to maintain confidentiality of patient information.

Will Aetna Better Health continue to sponsor local community events during the COVID-19 pandemic?

Through existing care management programs, Aetna will proactively reach out to members most at-risk for COVID-19. Care managers will walk members through what they can do to protect themselves, where to get information on the virus, and where to go to get tested.

TELE-HEALTH

How will interpretation services be handled during the pandemic?

In response to COVID-19, our enterprise partner, Akorbi is now offering pre-scheduled video interpretation as an alternative to face-to-face appointments. The easy-to-use system allows for high-quality interpretation at the click of a link:

<https://marketing.akorbi.com/appointment-request-aetna>

Are telehealth services covered by Aetna Better Health?

Yes, these services are covered.

Temporary Telehealth Expansion

Governor Hogan and Secretary Neall have permitted critical temporary expansions of Medicaid telehealth services to connect Medicaid participants with needed care during the state of emergency.

Providers who are not able to meet in-person with a participant should make every effort to use the following technology, in order of priority:

1. Traditional telehealth technology which meets all formal requirements is strongly preferred.
2. (These services remain unaffected by the measures in this guidance).
3. If Medicaid participants are unable to access originating sites possessing fully qualified technology (ability to pan/focus camera, multiple views, etc.) this emergency policy will permit the use of notebook computers, smartphones, or audio-only phones.

Please review the guidance issued by MDH for more information about telehealth requirements during the state of emergency, including issuing prior authorizations and rendering covered services within provider scope of practice:

- COVID19 #1: Temporary Expansion of Medicaid Regulations to Permit Delivery of Telehealth Services to the Home to Mitigate Possible Spread of Novel Coronavirus (Effective March 11, 2020)

<https://mmcp.health.maryland.gov/Pages/telehealth.aspx>

- [COVID-19 #4a, effective March 21, 2020](#)
- [COVID-19 #4b, effective March 21, 2020](#)
- [COVID-19 #4c, effective March 21, 2020](#)
- [Follow-up Guidance on Temporary Telehealth Services, March 24, 2020](#)

<https://mmcp.health.maryland.gov/Pages/telehealth.aspx>

What codes can be used when services are provided telephonically?

The Maryland Department of Health has released the following codes:

Tele-health Service Delivery Type	CPT Codes	Modifier	Place of Service
Two-way audio-visual technology assisted communication	Traditional code for the covered service	GT Modifier	11 (Office)
Audio-only communication	99211, 99212 or 99213	UB Modifier	11 (Office)

Is there an Aetna Better Health fee schedule rate difference for services provided “in-person” versus services offered via telehealth and/or telephonically?

No, there is no rate difference in the Aetna Better Health of Maryland Fee Schedule between services provided “in-person” and services offered via telehealth and/or telephonically.

Can Federally Qualified Health Centers (FQHCs) offer services via telehealth?

Yes, FQHCs can offer services via telehealth.

For more information, please visit the Maryland Department Health’s website; Telehealth Program Manual

<https://mmcp.health.maryland.gov/SiteAssets/SitePages/Telehealth/Telehealth%20Program%20Manual%20Oct2019.pdf>

What rate will Aetna Better Health pay an FQHC for services delivered via telehealth?

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Audio-only communication	99211, 99212 or 99213	UB Modifier	11 (Office)

The Maryland Department of Health Medicaid Program has issued guidance to address questions regarding how hospitals should submit claims for services delivered via Telehealth please [click here](#) to view.

RATE & BILLING

Does Aetna cover testing for COVID-19?

Yes. The test will not require prior authorization and will be paid at 100% of Medicaid:

HCPSC Code	Description	Reimbursement
U0001	Reimbursement for using the CDC 2019 Novel Coronavirus Real Time RT-PCR Diagnostic Panel	\$35.92
U0002	Reimbursement for 2019-nCoV Coronavirus, SARS-CoV-2/2019-nCoV testing using any technique multiple types, subtypes (includes all targets)	\$51.33

These codes will be added to our auto-pay list.

Is there an ICD-10 diagnostic code Aetna Better Health is requiring for COVID-19?

The Centers for Disease Control and Prevention will implement the new specific [ICD-10-CM code](#) for COVID-19, U07.1, 04/01/2020. Please visit the CDC’s website for additional information. We will implement this code upon release.

During this state of emergency, we would like to continue to provide nutrition counseling for our members that we would normally do in our OP clinic. We normally bill nutrition as a facility fee in regulated space. We assume these would be non-regulated professional fees and we would bill via our NPI and TIN. Would that be allowed?

Nutritional counseling services are only covered for Medicaid participants under the age of 21 unless the participant is enrolled in the Rare and Expensive Case Management (REM) Program. During the state of emergency, nutritional counseling services that may be appropriate to be provided via telehealth.

Services delivered via telehealth using two-way audio-visual technology assisted communication should be billed using the “-GT” modifier. None of the services listed below requires prior authorization from Maryland Medicaid.

Procedure Code	Description	Maximum Number of Units	Maximum Payment
97802	Nutrition Assessment and intervention	4	\$30.03
97803	Nutrition Re-assessment and intervention	4	\$26.35
97804	Group Nutrition Service	1	\$13.55

For these services, audio-only or telephonic services would not be reimbursable.

For guidance regarding flexibilities in delivering telehealth services during the COVID-19 state of emergency please see the following pages:

- COVID-19 #1: Temporary Expansion of Medicaid Regulations to Permit Delivery of Telehealth Services to the Home - March 11, 2020: https://mmcp.health.maryland.gov/SiteAssets/pages/home/COVID-19.1_Telehealth%20Guidance_Neall.pdf
- Medicaid-related COVID-19 guidance (additional updates regarding telehealth services may be posted in the future): <https://mmcp.health.maryland.gov/Pages/home.aspx>

If a patient comes to a site for COVID-19 testing but is triaged and instead tests positive for the flu (i.e., never receives a COVID-19 test), will that member's copay be waived? If so, how can we communicate to you that the presenting diagnosis was COVID-19 even though the patient didn't have a COVID-19 test?
Under coverage via Aetna Better Health of Maryland, members do not have co-pays.

Are non-emergent routine services (NEMT, Dental and Vision) available during the COVID-19 pandemic period?

Effective March 18, 2020, MDH issued guidance regarding the provision of non-emergency medical transportation (NEMT). To the extent that local health departments can operate NEMT programs remotely, all dialysis, radiation, chemotherapy, physical therapy, substance use disorder, counseling, or other recurring transportation services will continue to be provided as scheduled. All other transports to non-urgent services will be postponed, and other normal routine visits will not be scheduled until April 6, 2020 at the earliest. If an appointment cannot be postponed, or a clinician calls to request the patient be present for services, the transport request will be honored.

Aetna Better Health also offers non-emergency transportation services. Please contact us at (866) 827-2710 for more information.

The Maryland Department of Health Medicaid Program has recently updated the billing codes for its Telehealth Program for certain provider types. Dentistry rendered via telehealth, also known as teledentistry, is included. These changes are effective as of March 5, 2020. The Department will conduct a review of codes that may be appropriate for teledentistry after the end of the state of emergency.

Please contact Aetna Better Health's dental provide

Website: <https://www.avesis.com/Commercial3/Index.aspx>

Telephone Number: 855.214.6777

Aetna Better Health's vision provider is Superior Vision. They have limited their hours of operation during the state of emergency. Please contact them for more information.

Website: <https://superiorvision.com/>

Will Aetna Better Health staff continue to go onsite to provider locations to investigate immediate quality of care concerns?

We will send medical record requests and providers should mail or fax the records as requested.

Quality of care concerns are investigated through medical record review only. Aetna Better Health of Maryland never sends staff onsite to investigate quality of care concerns.

Are quality monitoring requirements at facilities and provider site visits being relaxed? How are we handling HEDIS measures?

Site visits conducted for credentialing purposes or as a result of an environmental complaint are on hold at this time.

Aetna Better Health of Maryland continues to gather and review medical records for HEDIS. The requirements for HEDIS have not changed. Medical Records can be faxed or mailed as usual. If a provider prefers, staff will still come and pick up records at the providers office, but an onsite visit is not required, and all records can be faxed or mailed to Aetna Better Health of Maryland.

Will provider credentialing requirements be relaxed during the COVID-19 response?

During the state of emergency, the Maryland Department of Health (MDH) will temporarily relax certain Medicaid provider enrollment requirements. These temporary measures are efforts to reduce administrative strain and allow providers to focus on patient care. These measures end when the Governor's state of emergency ends.

Licensure Requirements**1. Non-Suspension of Licenses About to Expire**

Maryland Medical Assistance Program (Maryland Medicaid) is temporarily not enforcing the COMAR 10.09.36.02 requirement to "be licensed and legally authorized to practice or deliver services in the state in which the service is provided." The Program will not suspend any Medicaid providers whose licenses are set to expire until the state of emergency ends. Furthermore, effective March 5, 2020, Maryland Medicaid has reactivated provider licenses with end of February expiration dates that had not been updated in ePREP. Maryland Medicaid will require an updated and active license on file for all providers after the state of emergency ends.

2. Enroll Providers with Expired Licenses or Licenses from Out of State

Maryland Medicaid will not enforce the COMAR 10.09.36.02 requirement to have an active license on file to receive payment for services during the state of emergency. Maryland Medicaid will permit enrollment for an individual who has an expired Maryland license or out-of-State license, as long as there is no apparent Board sanction. Maryland Medicaid requests that providers continue to submit any license updates via ePREP during the state of emergency. Maryland Medicaid will require an updated and active license on file for all providers after the state of emergency ends.

Other Provider Enrollment Flexibilities

The Maryland Medicaid program has postponed two additional provider enrollment requirements in order to fully align with the Executive Order or to further expedite provider enrollment.

1. Postpone Provider Revalidation Application Requirements

Maryland Medicaid will suspend revalidation requirements per 42 C.F.R. § 455.414, beginning March 2020 until the state of emergency ends. Maryland Medicaid will continue provider revalidations when the state of emergency ends.

2. Not Requiring Site Visits Prior to Enrollment

Maryland Medicaid will not require pre-enrollment site visits for "moderate" or "high" risk providers per 42 CFR § 455.432. MDH will conduct post enrollment site visits for these providers after the state of emergency ends.

If you have any questions about this communication, please email mdh.providerenrollment@maryland.gov or call 410-767-5340 and a member of the Medicaid Provider Enrollment team will get back to you as soon as possible.

Has Aetna Better Health changed its requirements regarding Prior Authorization (PA) and Concurrent Review procedures during the COVID-19 emergency?

During the state of emergency, Aetna Better Health will work with providers to ensure the prior authorization and concurrent review will be allow for flexibility and is timely. This may include expedite processing of new prior authorizations requests. We will continue offering providers peer-to-peer conversations about prior authorization requests and denials.

Is there guidance for Durable Medical Equipment (DME) and Durable Medical Supplies (DMS)?

Effective April 1, 2020, the Medicaid DME/DMS/Oxygen Approved List of Items will be updated to double the limits for DMS items to permit a 60-day supply to be delivered in a single claim.

Effective April 1, 2020, where DME is lost, destroyed, irreparably damaged, or otherwise rendered unusable, DME providers have the flexibility to waive replacement requirements such that the face-to-face requirement, a new physician's order, and new medical necessity documentation are not required. DME that

must be replaced for these reasons which costs \$1,000 or more will continue to be subject to prior authorization by Telligen.

DME providers should use the -RA modifier when submitting claims for replacement DME. DME providers must still include a narrative description on the claim explaining the reason why the equipment must be replaced and are reminded to maintain documentation indicating that the DME was lost, destroyed, irreparably damaged or otherwise rendered unusable or unavailable as a result of the emergency.

Questions should be directed to mdh.dcss@maryland.gov.

PHARMACY SERVICES

Will Aetna Better Health allow a 30-day prescription for a controlled substance to be filled early?

Members are allowed to receive a one-time early refill of up to a 30-day supply for all medications. Aetna Better Health of Maryland will also allow members to fill up to a 90-day supply for all maintenance medications *except* specialty medications. Access to the 90-day supply applies to patients who are getting medications filled at a retail pharmacy or through their mail order pharmacy benefit. Members may continue to obtain their Specialty medications through CVS Specialty Pharmacy where up to a 30-day supply will be mailed to the member's home or provider's office at no additional charge to the member.

Appointment Availability Notification

We are happy to help educate your ABHMD patients should they contact us for information. Please [respond to this form](#).

Important provider notices

We want to help keep you informed about the health plan and other news that's useful to you.

Please check back periodically for important notices and updates to the Aetna Better Health of Maryland plan.