Billing and Claims Provider Training

COVID-19, Home Health and EIS Updates

Monthly Provider Training

May 2020

COVID-19

COVID-19 Prior Authorization Requirements

Aetna Better Health of Florida (ABHFL) is reimbursing for services provided within the state of emergency grace period (which began on March 9, 2020) waiving prior authorization requirements for:

- Medically necessary hospital services
- Physician services
- Advance practice registered nursing services
- Physician assistance services
- Home health services
- Durable medical equipment and supplies

COVID-19 Prior Authorization Requirements

Do Providers need to continue submitting Medicaid fee for service claims to the ABHFL?

Yes, Providers should continue to follow the process in submitting Medicaid fee for service claims to ABHFL as you do now. The prior authorization (PA) edit will be bypassed for the provider types listed above and for all services (except pharmacy) for recipients diagnosed with COVID-19.

Providers including out-of-state and not licensed in Florida that render services to recipients diagnosed with COVID-19 during the state of emergency must complete the Agency for Health Care Administration "Provisional (temporary) enrollment process".

Information for HOME HEALTH PROVIDERS ONLY

Providers billing for home health services should continue to use the EVV system. If the claim cannot be processed through the EVV system because there is not a PA, please submit the claim through the exceptional claims process.

For more information please visit the Agency for Health Care Administration (AHCA) page. (under the Provider Services Menu) to find the form:

http://portal.flmmis.com/flpublic/Provider_ProviderServices/Provider_Enrollment/Provider_Enrollment_NewMedicaidProviders/tabid/158/Default.aspx.

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COVID-19 Telemedicine Guidance

To better serve our members and providers and prevent community spread of COVID-19, Aetna Better Health of Florida (ABHFL) has adopted AHCA's telemedicine waivers/flexibilities and CPT/HCSPCS code sets for the duration of the state of emergency.

Who can provide telemedicine?

- Practitioners, including MDs, DOs, and physician extenders (physician assistants and advanced practice nurses)
- Clinic providers (county health departments, rural health clinics, and federally qualified health clinics)
- Behavioral Health providers
  - Behavioral health providers should contact ABHFL's behavioral health subcontractor, Beacon Health Solutions at (844) 513-4954 for coverage and billing guidelines.

What services can be provided via telemedicine?

- Covered medical services include evaluation, diagnostic, and treatment recommendations for services included on the Agency's practitioner fee schedule to the extent telemedicine is designated in the American Medical Association's Current Procedural Terminology (i.e., national coding standards).
- All service components included in the procedure code must be completed in order to be reimbursed. ABHFL reimburses services using telemedicine at the same rate detailed on AHCA's practitioner fee schedule or contracted percentage thereof.
- Providers must append the GT modifier to the procedure code in the fee-for-service delivery system.

How should providers bill for telemedicine services?

- Live, Two-way Communication During the state of emergency, ABHFL will continue to cover telemedicine services provided through live, two-way communication, as medically necessary.
- These services must be billed with modifier GT. ABHFL reimburses these services at the same rate detailed for procedure code in the provider contract or Medicaid fee schedule, as applicable.

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COVID-19 Telemedicine Store-and-Forward & Remote Patient Monitoring

For certain evaluation and management services provided during the state of emergency period, ABHFL has expanded telehealth to include store-and-forward and remote patient monitoring modalities rendered by licensed physicians and physician extenders (including those operating within a clinic) functioning within their scope of practice.

ABHFL will reimburse each service once per day per recipient, as medically necessary, at the rates detailed in the table below or the contracted percentage thereof.

Service	Procedure Code	Modifier Required	Medicaid Reimbursement Rate	
			Maximum Fee*	Maximum Facility Fee**
Store-and-forward	G2010	CR	$7.69	$5.66
Telephone Communications - *Existing* Patients	99441	CR	$9.05	$8.05
	99442	CR	$17.65	$16.10
	99443	CR	$25.80	$23.94
Telephone Communications - *New* Patients	99441 CG	CR	$9.05	$8.05
	99442 CG	CR	$17.65	$16.10
	99443 CG	CR	$25.80	$23.94
Remote patient monitoring	99453	CR	$11.77	N/A
	99454	CR	$39.15	N/A
	99091	CR	$37.12	N/A
	99473	CR	$7.02	N/A
	99474	CR	$9.51	$5.44
	99457	CR	$32.36	$19.80
	99458	CR	$26.48	$19.80

On the AHCA practitioner fee schedule, this represents the fee schedule increase rate, which is the base Florida Medicaid rate with a 4% increase included for all ages. **The facility fee is the reimbursement rate for a practitioner performing services in one of the following places of service: outpatient hospital-off campus (19), inpatient hospital (21), outpatient hospital-on campus (22), emergency room hospital (23), or ambulatory surgical center (24), according to Medicare's designation.

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COVID-19 Telemedicine Guidance

Providers must comply with the following requirements:

- Ensure treatment services are medically necessary and performed in accordance with AHCA's corresponding and promulgated policies and fee schedules. For new procedure codes temporarily covered during the state of emergency, services must be performed in accordance with the American Medical Association's Current Procedural Terminology procedure code definitions and guidance.
- Comply with HIPAA regulations related to telehealth communications.
    - See additional guidance provided by the Office of Civil Rights on March 17, 2020 during the state of emergency available at: https://www.hhs.gov/hipaa/for-professionals/specialtopics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html
- Supervision requirements within a provider's scope of practice continue to apply for services provided through telehealth
- Documentation regarding the use of telehealth must be included in the medical record or progress notes for each encounter with a recipient.
- The patient and parent or guardian, as applicable, must be present for the duration of the service provided using telehealth except when using store and forward modalities.
- Out-of-state practitioners who are not licensed in Florida may provide telemedicine services to Florida Medicaid recipients, when appropriate, during the state of emergency in accordance with the Department of Health's emergency order (DOH 20 - 002).
    - These providers must go through the provisional enrollment process, if they are not already enrolled in Florida Medicaid. More information about the provisional enrollment process at http://www.mymedicaid-florida.com.

Additional information about COVID-19 topics, including telemedicine, can be found on AHCA's COVID-19 dedicated alerts webpage: https://ahca.myflorida.com/covid-19_alerts.shtml

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COVID-19 Telemedicine Guidance for Therapy Services and Early Intervention Services

Providers must comply with the following requirements:

Therapy Services:

- Reimbursement for evaluation, diagnostic, and treatment recommendations for services included on the respective therapy services fee schedule to the extent services can be delivered in a manner that is consistent with the standard of care and all service components
- Providers must append the GT modifier to the procedure code in the fee-for-service delivery system.

Early Intervention Services:

- Reimbursement for the delivery of early intervention sessions via telemedicine when performed by an eligible EIS provider (as defined in the Medicaid coverage policy) to provide family training designed to support the caregiver in the delivery of care.
- Providers are required to ensure caregivers can perform the tasks. Services are covered, as described below:

Service	Procedure Code	Required Modifier	Limits
Early Intervention Individual Session: Family Training	T1027 SC	GT	Four 15-minute units per day

- Early intervention service providers using telemedicine to deliver services must also comply with the following:
- Providers may only utilize telemedicine for existing recipients receiving EIS.
- Telemedicine services cannot be provided if another EIS provider is in the home on the same date of service.

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COVID-19 Co-Payments Update

Effective March 25, 2020, Aetna Better Health of Florida (ABHFL) is currently waving all of our members Co-Payment requirements for all services for all Lines of Business.

- Florida Healthy Kids
- MMA
- LTSS

For any questions, please contact our Provider Relations department at FLMedicaidProviderRelations@aetna.com or by calling at 1-844-528-5815.

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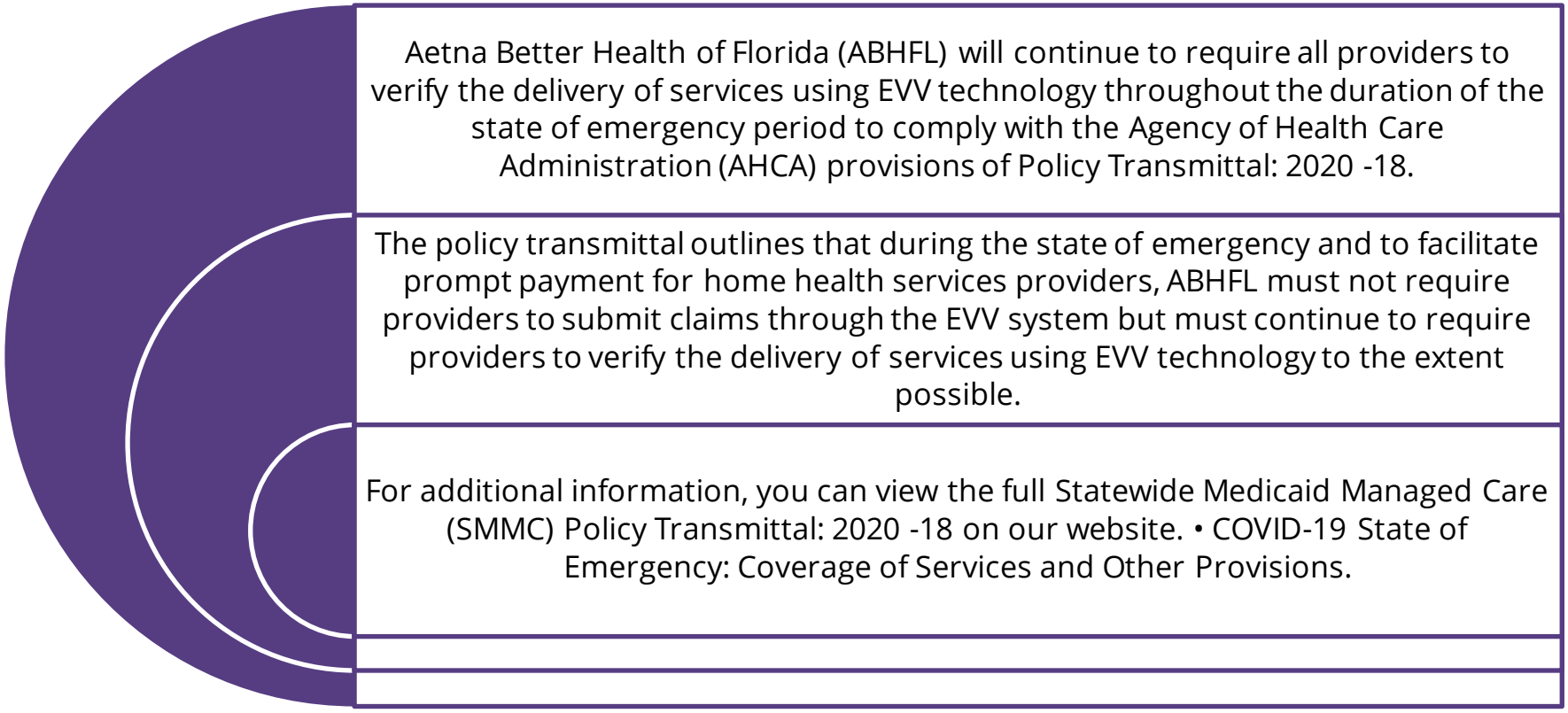
COVID-19 Electronic Visit Verification (EVV) Requirements



COVID-19 Extended Benefits Information

Aetna Better Health of Florida (ABHFL) will extend all services while State of Emergency is in effect.

This includes waving all of our member Co-Payment requirements for all services and waiving prior authorization for the following services for all enrollees:

- Hospital services (including behavioral health and long-term care hospital services),
- Skilled nursing facility services, physician services
- Advanced practice registered nursing services
- Physician assistant services
- Home health services
- Durable medical equipment and supplies

In addition, Aetna Better Health of Florida will waive prior authorization for all services for enrollees diagnosed with COVID-19.

For all provider notifications, visit our website at: www.aetnabetterhealth.com/florida/providers/announcements

If you have any questions, please feel free to contact us via e-mail: FLMedicaidProviderRelations@Aetna.com

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Home Health

Home Health and Personal Care Services -Billing Guidelines

When billing codes: S5130, S5135, S5170, S9122, or T1019, each date of service must be billed on a separate line. These codes cannot be billed with a date span.

HOME HEALTH & PERSONAL CARE SERVICES

BILLING CODES, FREQUENCY, AND COVERAGE

CODE	TYPE OF SERVICE	FREQUENCY	COVERAGE
S5130	HOMEMAKER SERVICE	PER 15 MINUTES	This procedure code does not allow for span dating
S5135	ADULT COMPANIONCARE	PER 15 MINUTES	This procedure code does not allow for span dating
S5170	HOME DELIVERED MEALS	PER MEAL	This procedure code does not allow for span dating
S9122	HOME HEALTH AIDE OR CERTIFIED NURSE ASSISTANT PROVIDING CARE IN THE HOME	PER HOUR	This procedure code does not allow for span dating
***T1019**	PERSONAL CARE SERVICES	PER 15 MINUTES	This procedure code does not allow for span dating

*T1019 is not for an inpatient or resident of a Hospital, Nursing Facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by Home Health Aide or Certified Nurse Assistant).

Reminder- Type of Service & Frequency determines the unit count to be billed:

- Per Hour – 1 hour = 1 Unit
- Per 15 Minutes – 1 hour = 4 Units

Home Health and Personal Care Services -Billing Guidelines

Billing for Multiple Visits on the Same Day

When the same service is provided more than once on the same date of service, the service should only be reported one time on a single line on the claim form with multiple counts

- If not billed in this manner (billed on multiple lines), both the claims system and AHCA encounter system sees this as a duplicate service and denies/rejects the second line of the claim
- Example:

Line	From Date	Thru Date	POS	TOS	Proc Code	Tooth Number	Charges	Units	Mod 1	Mod 2	Mod 3	Mod 4	Mod 5	DisAllowed Amt	Diag Pointers
1	11-01-2019	11-01-2019	12		S9122		45.00	3.0000						0.00	
2	11-02-2019	11-02-2019	12		S9122		45.00	3.0000						0.00	
3	11-03-2019	11-03-2019	12		S9122		45.00	3.0000						0.00	

Home Health- Private Duty Nursing

Home Health Services-Private Duty Nursing Services:

According to Florida Medicaid guidelines, private duty nursing services require appending appropriate modifiers when PDN is provided by more than one provider in the same setting on the same day.

According to Florida Medicaid guidelines, private duty nursing services must be rendered by providers with specialized skills and training (example license practical nurse).

According to Florida Medicaid guidelines, certain private duty nursing services can only be provided by a registered nurse.

Early Intervention Services (EIS)

Early Intervention Services (EIS)

Effective April 1st, 2020 Aetna Better Health of Florida (ABHFL) implemented changes impacting Early Intervention Services (EIS) Therapy claims.

The newly required TL Modifier should be billed as the primary modifier in order to ensure that claims are paying with the correct reimbursement fee when billing Early Intervention Therapy services. Modifiers HM and HA, when applicable, should be reported as a secondary modifier.

Prior Authorization for these services will NOT be required.

This change ensures that claims are processing in accordance with EIS policies and fee schedules.

Early Intervention Services (EIS) – Billing Therapy with TL Modifier

Early Intervention Services (EIS) – Billing Therapy with TL Modifier

Therapy Service	Code	Modifier #1	Modifier#2	Description	Maximum Allowable Units
Physical Therapy	97110	**TL**		Physical Therapy Treatment Visit	4 per day, 14 per week
Physical Therapy	97110	**TL**	HM	Physical Therapy Visit Provided by a Physical Therapy Assistant	4 per day, 14 per week
Occupational Therapy	97530	**TL**		Occupational Therapy Treatment Visit	4 per day, 14 per week
Occupational Therapy	97530	**TL**	HM	Occupational Therapy Visit Provided by an Occupational Therapy Assistant	4 per day, 14 per week
Speech-Language Therapy	92507	**TL**		Speech Therapy Visit	4 per day, 14 per week
Speech-Language Therapy	92508	**TL**	HA	Group Speech Therapy per child in the group per 15 minutes	4 per day, 14 per week
Speech-Language Therapy	92507	**TL**	HM	Speech Therapy Visit Provided by a Speech Therapy Assistant	4 per day, 14 per week

*** TL modifier should be billed as the primary modifier (Modifier #1).**

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For more information please contact your Network Relations Consultant or a Provider Services Representative.

Thank you.

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