



Aetna Better Health of Florida

Monthly Claims Training- November

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Learning objectives

As part of your Aetna Better Health of Florida's monthly claims training, we will

- Review telemedicine service and billing requirements
- Explain negative balance report and recoveries
- Discuss EVV (electronic visit verification) submissions
- Review of obstetrical codes and billing
- Inform on how to bill LARC (long-acting reversible contraception)
- Discuss Aetna Better Health Vendor List and services

Telemedicine



Telemedicine Requirements

As a participating Aetna Better Health of Florida provider offering Telemedicine, you must meet the following requirements:

- Ensure the services provided are medically necessary and performed in accordance with the applicable Medicaid service policy. Ensure the patient and parent or guardian, as applicable, are present for the duration of the service provided using telemedicine except when using store and forward modalities.
- Ensure telemedicine is not used if it may result in any reduction to the quality of care or if the service delivered through this modality could adversely impact the recipient.
- Include Documentation regarding the use of telemedicine in the progress notes for each encounter with a recipient. All other documentation requirements for the service must be met as described in the coverage policy.
- Comply with the Health Insurance Portability and Accountability Act (HIPAA) when providing services; all equipment and means of communication transmission must be HIPAA compliant.
- Ensure that the recipient has compatible equipment and the necessary connectivity in order to send and receive uninterrupted video. Telephone or electronic-based contact with a Florida Medicaid recipient without a video component is not permitted.



Telemedicine Requirements

- Have Fraud, Waste and Abuse Policies and Procedures specific to telemedicine that address:
 - Authentication and authorization of users;
 - Authentication of the origin of the information;
 - The prevention of unauthorized access to the system or information;
 - System security, including the integrity of information that is collected, program integrity and system integrity; and
 - Maintenance of documentation about system and information usage.
- Have available Audio/Video Equipment (real time 2-way audio/video live communication only).
- Ensure equipment and operations comply with technical safeguards in 45 CFR 164.312.
- Provide training to clinical personnel on Telemedicine Requirements.
- Supervision requirements within a provider's scope of practice continue to apply for services provided through telehealth.

Providers are required to sign an attestation indicating all telemedicine requirements have been met.

The Telemedicine Requirements can be found in the provider manual at <https://www.aetnabetterhealth.com/florida/providers/provider-manual>

Telemedicine Billing

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.

Key Reminders

- Place of Service = always use 02
- Modifiers= Use CR for phone only, Use GT for phone and video.
- Claim Service Location (Box 32- CMS 1500 Form)
 - PCPs that have multiple service locations should list the location that the member is assigned to.

Negative Balance Report

Negative balance- collection remittance

In our constant effort to create operational improvements for our providers, Aetna Better Health of Florida (ABHFL) has enhanced the negative balance/collection remittance notification process.

Effective October 7, 2020 our collection remittance process will change and access to negative balance and collections information will be available at your fingertips.

Current Process:

Currently, if a claim has been adjusted resulting in a negative balance (for longer than 30 days), we send a collection letter once per month via regular surface mail. This letter includes the claims detail(s) that created the negative balance, along with any offsetting claims, with the monthly collection advice. The collection advice summary indicates the amount of refund we are requesting.

What is changing?

ABFHL will no longer mail the claim details (s) that created the negative balance. All claims details will be made available through the provider web portal. You will only receive a letter advising that there is a negative balance for your provider record.

NEW Process:

Negative balance letters and claim details will be available for providers to review 24/7 via our ABHFL secure provider web portal. The claims detail will continue to be mailed until April 7, 2021; however, providers must access the claims details through the provider web portal after this date. Self-serve access to this information ensures providers can view this information at their convenience and reduces the need to reconcile multiple reports.

Providers may access a step-by-step guide in obtaining the negative balance report via our ABHFL secure provider web portal at

https://www.aetnabetterhealth.com/florida/assets/pdf/provider/ABHFL_Negative_Balance_Collection_Remittance_v1_09.2020.pdf

EVV- Electronic Visit Verification

EVV- Electronic Visit Verification

Aetna Better Health of Florida is currently live with Tellus for EVV and many providers are submitting claims to us via the Tellus Claims Portal.

Providers (Home Health Care) are required to verify delivery of services using EVV system (i.e. by having caregivers logging visits with EVV app). This will ensure that your claims will be paid accurately and on time.

As a provider, it is your responsibility to be compliant with the EVV mandate by AHCA, State Agency.

Need Help?

If you have any Tellus EVV system questions or concerns, please contact Tellus at 833-483-5587 or support@4tellus.com.



Obstetrical Billing Codes

Obstetrical Codes

Aetna Better Health of Florida (ABHFL) implemented changes that affects Prior Authorization (PA) requirements related to OB Ultrasound codes.

For the first prenatal visit you are required to complete the Obstetrical Notification form and attach office visit notes when submitting the form.

The **Obstetrical Notification form** can be located on our website:
<https://www.aetnabetterhealth.com/florida/assets/pdf/provider/Obstetrical%20Notification.pdf>



Obstetrical ultrasounds CPT codes and limits

CPT	Limits	Auth Required
76801-76812, 76815, 76816	Up to three (3) obstetrical ultrasounds per pregnancy (any combination of codes)	<ul style="list-style-type: none"> • No PA required if within limits • Auth required for NON-PAR providers • Auth required if exceeding limits • Auth required for POS 22
76813	One (1) per pregnancy	<ul style="list-style-type: none"> • No PA required if within limits • Auth required for NON-PAR providers • Auth required if exceeding limits • Auth required for POS 22
76818	Up to two (2) per pregnancy	<ul style="list-style-type: none"> • No PA required if within limits • Auth required for NON-PAR providers • Auth required if exceeding limits • Auth required for POS 22

Obstetrical ultrasounds CPT codes and limits

When billing prenatal H codes for office visits, please remember to bill only one H code per visit. The below chart has specific information regarding CPT H1000 and H1001 visit limits and the required notifications.

Prenatal H codes for Office Visits

CPT	Limits	Notification Required
H1000	<ul style="list-style-type: none">• 14 visits for normal pregnancy• 18 visits for High Risk pregnancies	OB notification must be sent for all newly identified pregnancies
H1001	Up to three (3) per pregnancy	OB notification must be sent for all newly identified pregnancies

****Auth required for all services if non par****

Obstetrical Codes- Duplicate Claims

According to the American College of Obstetricians and Gynecologists (ACOG), if more than one delivery code (59400-59410, 59414, 59510-59515 or 59610-59622) has been billed within a six-month period by any provider or specialty, then the subsequent delivery codes will be denied.

It is not expected that more than one obstetrical delivery service would occur in less than a six-month time frame.

Providers should not bill for separate CPT codes if an initial global code for prenatal care, vaginal birth and the postpartum visit was billed. This will be denied as a duplicate claim.

When multiple delivery codes are billed for the same date of service and the diagnosis does not indicate multiple gestations, then the subsequent delivery codes will be denied.

An exception will be applied for modifiers 59, XE, XP, XS or XU appended to the delivery code.



LARC Long-Acting Reversible Contraception

LARC Billing Guide

Aetna Better Health of Florida (ABHFL) reimburses approved providers for billing Long-Acting Reversible Contraception (LARC) devices on Fee-For-Service (FFS) claims.

Long-Acting Reversible Contraception (LARC) comes in two forms: the Intrauterine Device (IUD) and the etonogestrel single-rod contraceptive implant.

The LARC policy allows providers to bill for the insertion procedure and the cost of the LARC device by using and billing an appropriate procedure code.

Below is a billing guide to assist with the use of the most appropriate LARC services.

Billing Guidance

- ✓ Bill using a UB04 form
- ✓ Place of Service should be 21
- ✓ Enter a Claim Line for LARC
- ✓ Bill the applicable LARC Code and Rev Code



LARC Billing Guide

Outpatient Services:

Device insertion and removal procedure codes are reimbursable in outpatient services setting only. Select the appropriate outpatient LARC HCPCS below:

CPT LARC Codes	Description	Setting Type
58300	Insertion of IUD	Outpatient Service
58301	Removal of IUD	Outpatient Service
11981	Insertion, non-biodegradable drug delivery implants	Outpatient Service
11982	Removal, non-biodegradable drug delivery implants	Outpatient Service
11983	Removal with reinsertion, non biodegradable drug delivery implant	Outpatient Service

Revenue Code (s)

Select the appropriate revenue code from below:

Revenue (Rev) Codes	Description	Setting Type
360	OPERATING ROOM SERVICES - GENERAL CLASSIFICATION	Outpatient Service
361	OPERATING ROOM SERVICES - MINOR SURGERY	Outpatient Service
761	TREATMENT OR OBSERVATION ROOM - TREATMENT ROOM	Outpatient Service
636	DRUGS REQ SPEC IDENTIFICATION - DRUGS REQ DETAILED CODING	Inpatient Service

LARC Billing Guide

Inpatient Services LARC Code (s) Table

Select the appropriate LARC code (device) from below:

CPT LARC Codes	Description	Drug Name	Dosage Form	Age	Allowable Units/ Coverage Requirements
J7296	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM	(KYLEENA) 19.5MG	IUD	18-41	1 unit per claim, up to 3 claims per year
J7297	LEVONORGESTREL INTRAUTERINE CONTRACEPTIVE SYSTEM 52MG 3 YEAR	Liletta (52 mg) 18.6 mcg/day	IUD	16-45	1 unit per claim, up to 3 claims per year
J7298	LEVONORGESTREL INTRAUTERINE CONTRACEPTIVE SYSTEM 52MG 5 YEAR	Mirena (52 mg) 20mcg/24 hr	IUD	18-65	1 unit per claim, up to 3 claims per year
J7300	INTRAUTERINE COPPER CONTRACEPTIVE	Paragard Intrauterine Copper	IUD	13-44	1 unit per claim, up to 3 claims per year
J7301	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM 13.5MG	Skyla 13.5 mg	IUD	12-65	1 unit per claim, up to 3 claims per year
J7307	ETONOGESTREL CONTRACEPTIVE IMPLANT SYSTEM	Nexplanon 68 mg	IMPL	18-40	1 unit per claim, up to 3 claims per year

Vendor List and Services

Vendor List

Provider	Specialty	Service Area	Product/ Program	Website	Phone Number
Beacon Health Options	Behavioral Health	Statewide	Medicaid, Healthy Kids	www.beaconhealthoptions.com	1-844-513-4954
Doctor's Professional Services Consultants	Chiropractic	Statewide	Medicaid, Healthy Kids	www.dpscinc.com	1-386-615-0801
Dermatology Network Solutions	Dermatology	Statewide	Medicaid, Healthy Kids	www.providernetworksolutions.com	1-844-222-3535
SurfMed	DME	Statewide	Medicaid, Healthy Kids	www.surfmed.com	1-888-201-7873
HearUSA	Hearing/Audiology	Statewide	Medicaid, Healthy Kids	www.hearusa.com	1-855-270-1582
eviCore Healthcare MSI	High-tech Imaging	Statewide	Medicaid, Healthy Kids	www.evicore.com	1-888-693-3211
Professional Solutions Home Health Agency	Home Health	Dade County	Medicaid, Healthy Kids	www.pshha.com	1-305-262-8220
LabCorp	Laboratory	Statewide	Medicaid, Healthy Kids	www.labcorp.com	1-800-877-5227
Quest Diagnostics	Laboratory	Statewide	Medicaid, Healthy Kids	www.questdiagnostics.com	1-866-697-8378
Eviti Connect	Oncology Chemotherapy Regimens - Adults	Statewide	Medicaid	www.connect.eviti.com	1-888-482-8057
iCare Health Solutions	Ophthalmology & Optometry	Statewide	Medicaid, Healthy Kids	www.mycarehealth.com	1-866-770-8170
Orthopedix Network Solutions	Orthopedic	Dade	Medicaid, Healthy Kids	www.providernetworksolutions.com	1-844-222-4545
eviCore Healthcare MSI	Pain Management	Statewide	Medicaid, Healthy Kids	www.evicore.com	1-888-693-3211
Podicare	Podiatry	Statewide (Healthy Kids is limited to region 9 & 11 only)	Medicaid, Healthy Kids	www.podicare.net	1-866-293-3666
Health Network One/ATA	PT/OT/ST	Statewide	Medicaid, Healthy Kids	www.ataflorida.com	1-888-550-8800
United Health Systems, Inc.	Sleep Studies	Dade, Broward, Palm Beach	Medicaid, Healthy Kids	www.unitedhealthsystems.net	1-954-382-0001
CVS Specialty Pharmacy	Specialty Medications	Statewide	Medicaid, Healthy Kids	www.cvsspecialty.com	1-800-237-2767
LogistiCare Solutions	Transportation (Non-Emergent)	Statewide	Medicaid	www.logisticare.com	Reservation: 1-866-799-4463 Ride Assist: 1-866-799-4464

**Questions? We've got answers.
Just call our Provider Services Department
at 1-844-528-5815 .**