

AETNA BETTER HEALTH® OF VIRGINIA

COVID Flexibilities Update: Expiration of Grace Period on August 29, 2021

Dear Aetna Better Health of Virginia Providers,

In accordance with DMAS guidance regarding the expiration of state public health emergency (PHE) declaration and ending of the 60-day grace period on **August 29, 2021**, we will be returning to normal process and policy requirements.

The following COVID flexibilities will end as of **August 29, 2021**:

- Waiver of case management face-to-face requirements for behavioral health and ARTS services
 - Face-to-face every 90 days may continue to be met via telehealth after the end of the state public health emergency.
- Waiver of certain discharge requirements for behavioral health
 - If an individual is ready for a lower level of care
 - Waive discharge requirement if there are no services for 30 days
- A 14-day grace period for submission of behavioral health and ARTS authorizations
- Therapeutic Day Treatment (TDT), Intensive In-Home Services, Mental Health Skill Building, and Psychosocial Rehabilitation service delivery provided outside of the school setting, office setting, or clinic setting for the duration of the PHE.
 - TDT providers licensed for school-based and non-school based care may provide services outside of the school, including during the summer, with their current license due to current needs to maintain social distancing.
 - For Behavior Therapy H2033 services, a physician letter, referral, or determination is not required for submission of a service authorization.
- Facility Based Crisis Stabilization medical necessity for continuation of care may be waived if the individual is unable to transition to lower levels of care due to COVID-19 and quarantines.
- ARTS IOP and PHP – If providers are unable to provide the minimum number of services required for the reimbursement of PHP/IOP, providers may bill the most appropriate psychotherapy, assessment, and evaluation codes.
- ARTS IOP and PHP – if CSACs or CSAC-Supervisees are performing substance use disorder counseling within their scope of practice, DMAS will waive the requirement for only licensed practitioners to bill the psychotherapy codes.

Aetna Better Health will offer an additional grace period through September 30, 2021, for authorization submissions only. Beginning October 1, 2021, we will adhere to the following submission guidelines:

Behavioral health expansion (BHE):

- MH-PHP (H0035) and MH-IOP (S9480):
 - Initial service authorization – Submit **within one business day of admission to service**.
 - Continued stay requests - Submit by the requested start date.
 - If submitted after the required time frame, the begin date of authorization will be based on the day of receipt.
 - Earliest pre-submission is 7 days.

CMHRS

- Crisis Stab (H2019), Crisis Intervention (H0036):
 - Initial registration – submit **within one business day of admission to service**.
 - Continued stay requests - Submit by the requested start date.
 - If submitted after the required time frame, the begin date of authorization will be based on date of receipt.
- MHCM (H0023):
 - For initial and continued stay requests, submit within 7 calendar days of requested start date.
 - If submitted after the required time frame, the begin date of authorization will be based on date of receipt.
 - May be submitted up to 14 calendar days early.
- All other CMHRS services:
 - For initial and continued stay requests, submit by the requested start date.
 - If submitted after the required time frame, the begin date of authorization will be based on date of receipt.
 - May submit up to 14 calendar days early.

ARTS

- SACM (H0006) and Peer Support – individual and group (T1012/S9445):
 - For initial and extension requests, submit within 7 calendar days of requested start date.
 - If submitted after the required time frame, the begin date of authorization will be based on date of receipt.
 - May be submitted up to 14 calendar days early.
- ASAM 2.1 SA IOP (H0015) and ASAM 2.5 SA PHP (S0201):
 - Initial service authorization - Submit **within one business day of admission to service**.
 - For extension requests, submit by the requested start date.
 - If submitted after the required time frame, the begin date of authorization will be based on the day of receipt.
 - Earliest pre-submission is 7 days.

- ASAM 3.1 (H2034) and ASAM 3.3/ASAM 3.5 (H0010):
 - Initial service authorization - Submit **within one business day of admission to service.**
 - For extension requests, by the requested start date.
 - If submitted after the required time frame, the begin date of authorization will be based on the day of receipt.
 - Earliest pre-submission is 7 days.
- ASAM 3.7 (H2036) and ASAM 4.0 (H0011)
 - Initial service authorization - Submit **within one business day of admission to service.**
 - For extension requests, by the requested start date.
 - If submitted after the required time frame, the begin date of authorization will be based on the day of receipt.

In addition, certain telehealth COVID flexibilities tied to federal PHE remain in effect. Please refer to the DMAS website for more information on all COVID flexibility updates, including telehealth, at www.dmas.virginia.gov/covid-19-response.

All service authorization requests should be submitted using current DMAS forms located at www.dmas.virginia.gov/for-providers/behavioral-health/training-and-resources.

All MH and ARTS service authorization requests should be faxed to 833-757-1583.

If you have any questions, please call the Provider Services at **1-800-279-1878** (Medallion 4.0/FAMIS) or **1-855-652-8249** (CCC Plus).

Sincerely,

Utilization Management
Aetna Better Health of Virginia