Aetna® Behavioral Health Insights™

Spring 2021

Your behavioral health newsletter

Aetna.com

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aetna®

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Mark your calendar

Update your contact info — this newsletter is going all-digital

This is the last issue where you'll receive mailed alerts. The 2021 fall edition of the Aetna® Behavioral Health Insights Newsletter™ will be all-digital. That means we aren't going to send mailed alerts anymore. Going forward, we will notify you by email when we have a new edition. To do that, we need your current email address.

Update your email address by May 31, 2021

We don't want you to miss an edition. Make sure we have your current email address. Update it today on **Availity**.

Have you completed your annual Medicare training?

Avoid a network status change. If you are a participating provider (a provider can be an individual, group, facility, or ancillary service) in our Aetna Medicare Advantage (MA), a Medicare-Medicaid Plan (MMP), and/or a Dual-eligible Special Needs Plan (D-SNP), you must meet the Centers for Medicare & Medicaid Services (CMS) compliance program requirements for First-tier, Downstream, and Related (FDR) entities, and/or compete the D-SNP Model of Care (MOC) Training, and attest to it by December 31, 2021.

Complete the training now or by December 31, 2021

Use these **Aetna.com** training resources:

- Medicare-related information, reminders and guidelines in the **OfficeLink Updates™ newsletter**
- **Medicare Compliance FDR Program Guide**
- **FDR FAQ**
- **D-SNP MOC Training**

Complete the attestation when released by December 31, 2021

Keep an eye out for the Medicare FDR and MOC attestation forms. They'll be released this year between April and September. When they're available, we'll let you know via an email or postcard. We'll also post them on the **AetnaMedicare.com** website.

Questions?

First, please consult all of the training resources listed in this article. Email us at **FDRAttestation@Aetna.com** if you don't find the answers you need.

Depression

Depression in primary care

Depression is an important health problem often seen in primary care. An estimated 17.3 million adults in the United States had at least one major depressive episode in 2017.[1] And more than 8 million doctor visits each year in the U.S. are for depression, with more than half of these in a primary care setting. Despite this, a national study found that only about 4% of adults were screened for depression in primary care settings.[2] Primary care physicians (PCPs)* serve as the entry point to the health care system for many patients and play a critical role in recognizing and treating symptoms of depression.

To support PCPs and serve members, the Aetna® Depression in Primary Care Program is focused on depression at the primary care level. Its primary tool is the **Pfizer Patient Health Questionnaire 9 (PHQ-9)** — which was developed for the patient to self-administer. It's available in English and Spanish. Use it to:

- Help you diagnose depression
- Monitor the patient's response to treatment

How to get started

If you are a participating provider:

- Use the **Pfizer PHQ-9** tool to screen and monitor your patients
- Submit your claims by using a Current Procedural Terminology (CPT®**) combination code: 96127 (brief emotional/behavioral assessment) or G0444 (annual screening for depression) and Z13.13 (screening for depression)

To learn more, on **Aetna.com**, read **Aetna Depression in Primary Care Program**.

*In Texas, PCP is known as physician (primary care).

**CPT is a registered trademark of the American Medical Association.

[1]U.S. Substance Abuse and Mental Health Services Administration (SAMHSA). **Key Substance Use and Mental Health Indicators in the United States: Results from the 2017 National Survey on Drug Use and Health.** September 14, 2018 (updated July 2019);2 to 3. PID: SMA18-5068. Accessed April 21, 2021.

[2]Akincigil A, PhD and Matthews EB, MSW. Psychiatric Services. **National rates and patterns of depression screening in primary care: results from 2012 and 2013.** July 1, 2017;68;7;660 to 666. PSYCHIATRY online, American Psychiatric Association Publishing. Accessed April 21, 2021.

Depression screening for pregnant and postpartum members

The Aetna® Maternity Program assists pregnant and postpartum members by identifying depression and getting them behavioral health support. Our Aetna Maternity Program nurses provide educational support, emotional support, and case management to eligible members. Our aim is to help members reach their goals of healthy, full-term deliveries.

A holistic approach for members

Keep an eye out for the Medicare FDR and MOC attestation forms. They'll be released this year between April and September. When they're available, we'll let you know via an email or postcard. We'll also post them on the **AetnaMedicare.com** website.

Experienced obstetrical nurses

Aetna Maternity Program nurses have high-risk obstetrical experience. They help members follow the provider's plan of care. They also refer members with positive depression or general behavioral health screens to Behavioral Health Condition Management, if members have the benefit and meet the program criteria.

When a pregnancy loss occurs, it is a very difficult time for the member. If appropriate, an Aetna Maternity Program nurse will reach out to the member who has experienced the pregnancy loss. The nurse will offer condolences and behavioral health resources.

A behavioral health specialist

A behavioral health specialist is part of the Aetna Maternity Program team. They help enhance effective engagement and identify members with behavioral health concerns.

Contact the Aetna Maternity Program

We're here to help.

What do you need?	Here's what to do.
Ask questions, verify eligibility, and enroll in the Aetna Maternity Program by phone.	Members and providers can call **1-800-272-3531 (TTY: 711)**.
Enroll in the Aetna Maternity Program online.	Members can enroll directly online. Instruct them to go to **Aetna.com**, click the Login button, and enter their log-in information. Then, in the Stay Healthy section, select Maternity Support Center.

How to increase adherence to antidepressants

Depression responds well to antidepressant therapy.[3] Those that adhere to therapy early and continue to take medication as prescribed are more likely to recover from depression and avoid future relapse.[4]

You can help improve adherence

Using the **Mayo Clinic Depression Medication Decision Choice Aid** can help you work with your patients to select the medication that's right for them. Using the tool can improve the decision-making process and may lead to an increase in medication adherence and improve quality outcomes for your patients.[5]

Failure to adhere to medication can lead to high-risk outcomes, such as poor quality of life, comorbidity-related death and suicide attempts.[6] This can affect your patients who:

- Don't take their medicine during the first six weeks of therapy
- Have chronic conditions such as chronic obstructive pulmonary disease, diabetes, heart disease or myocardial infarction

To learn more, review the American Psychological Association's **depression resources for clinicians**.

[3]Cipriani A, Furukawa T, Salanti G, et al. **Comparative efficacy and acceptability of 21 antidepressant drugs for the acute treatment of adults with major depressive disorder: a systematic review and network meta-analysis.** The Lancet. April 2018;91:1357 to 1366. Accessed April 21, 2021.

[4]Meyers BS, Sirey JA, Bruce M, et al. **Predictors of early recovery from major depression among persons admitted to community-based clinics: an observational study.** American Medical Association (AMA) General Psychiatry Archives. August 2002;59(8):729 to 735. doi: 10.1001/archpsyc.59.8.729. PMID: 12150649. Accessed April 21, 2021.

[5]LeBlanc A, Herrin J, Williams MD, et al. **Shared decision making for antidepressants in primary care: a cluster randomized trial.** JAMA Internal Medicine. 2015;175(11):1761 to 1770. doi:10.1001/jamainternmed.2015.5214. Accessed April 21, 2021.

[6]Ho SW, Jacob SA, Tangiisuran B. **Barriers and facilitators of adherence to antidepressants among outpatients with major depressive disorder: a qualitative study.** PLoS One. June 14, 2017;12(6):1 to 14. doi: 10.1371/journal.pone.0179290. PMID: 28614368. PMCID: PMC5470687. Accessed April 21, 2021.

Substance use disorders

You can help rescue patients at risk for opioid overdose

As part of our Aetna® Overdose Risk Screening Program, behavioral health clinicians screen members to identify those who are at risk for an opioid overdose. Any member with a diagnosis of opioid dependence may be at risk.

Give naloxone kits to laypeople

Naloxone (also referred to with the brand version name Narcan®) reverses the effects of an opioid overdose. Giving naloxone kits to laypeople reduces overdose deaths, and it's safe and cost effective.[7] You can also tell patients and their families and support networks about signs of overdose and train them on how to administer the medication.

For fully insured commercial plans, coverage of naloxone varies by the group plan and each member's specific benefits. When it is covered, we waive copays for the naloxone rescue medication. For more information on coverage, call the number on the member's ID card.

Resources for you and your patients

- **Aetna opioid resources**
- **Aetna: Seeking Treatment for Opioid Use Disorder (video)**
- **CVS Health opioid response**
- **U.S. Department of Health and Human Services: Naloxone: The Opioid Reversal Drug that Saves Lives (PDF)**
- **U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) Opioid Overdose Prevention Toolkit (PDF)**

[7]Wheeler E, Jones TS, Gilbert MK, et al. **Opioid overdose prevention programs providing naloxone to laypersons.** June 19, 2015;64(23);631 to 635. Accessed April 21, 2021.

Be part of elevating the care for substance use disorders

An evidence-based practice, the Aetna® Screening, Brief Intervention and Referral to Treatment (SBIRT) is designed to support health care professionals. Use SBIRT to help you provide quality care for patients with alcohol and other substance use disorders. Using SBIRT can also be part of your efforts to produce more positive outcomes for patients, families and communities.

Download the SBIRT app

Instead of taking notes during a session, use the SBIRT app to screen, conduct a brief intervention and manage referrals to treatment. The app provides:

- Questions to screen patients for alcohol, drug and tobacco use
- Screening to evaluate the specific substance use
- Steps to complete a brief intervention, based on motivational interviewing
- Steps to make a referral to treatment for the patient

To get the SBIRT app, go to the online iTunes Store* and **download it for free**.

Get reimbursed for your clinical work

Aetna will reimburse you when you screen your patients for alcohol and other substance use, provide brief intervention, and refer them to treatment. Go to **Aetna.com** to learn more.

Screening D-SNP members for coexisting behavioral health and substance use disorders

Do you have a patient who is a **Dual-eligible Special Needs Plan (D-SNP)** member? Our Behavioral Health Clinical team works with Dual-eligible Special Needs Plan members to identify those who may have a behavioral health and/or substance use disorder.

Identifying coexisting conditions

Using evidenced-based screening tools, a clinical team member will perform an initial assessment or screening for coexisting behavioral health and substance use disorder conditions.

Get an individualized care plan and more

A behavioral health care manager will be part of the member's care team and will work with each member to develop a comprehensive individualized care plan. The behavioral health care manager provides needed support to maintain continuity of care.

Refer patients to the Aetna® D-SNP program

You can help make sure these patients get the quality care they need. Refer them to our **D-SNP program**.

Resources

- **Aetna emotional well-being resources**
- **Roadmap to Behavioral Health from the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) and the Centers for Medicare and Medicaid Services (CMS) (PDF)**
- **SAMHSA**

*The iTunes Store is a trademark of Apple Inc., registered in the U.S. and other countries.

Care standards

Behavioral health practitioner access standards[8]

To help make sure members get the access to the right care at the right time, here are service time frame standards. Of course, there are state variations in access standards. Some states have more stringent requirements than the ones listed here. In those cases, follow state guidelines.

Service	Time frame
Non-life-threatening emergency needs	Within 6 hours
Urgent needs	Within 48 hours of request
Routine office visits	Within 10 business days of request
Routine behavioral health follow-up care	• Within 5 weeks for behavioral health practitioners who prescribe medications • Within 3 weeks for behavioral health practitioners who do not prescribe medications
Following inpatient hospital discharge for a behavioral health condition	Within 7 days of the inpatient discharge
After-hours care	• **Behavioral health practitioners** must have a reliable 24/7 live answering service or voice mail system. • **Medical doctors** are required to have a notification system for callbacks or a designated practitioner backup. • **Nonmedical doctors** must have a message system that provides 24-hour contact information.

[8]**National Quality Management Policy – QM 07.** Issued March 26, 2020. Accessed May 4, 2021.

Coverage determinations and utilization management criteria

Our Utilization Management (UM) staff helps members access the services their benefits plans cover. The staff uses evidence-based clinical guidelines from nationally recognized authorities to guide its decisions. The UM staff bases its decisions on the appropriateness of care, the appropriateness of service, and the existence of coverage. In addition, the UM staff focuses on the risks of both underutilization and overutilization of services. The UM staff reviews requests for coverage to see if members are eligible for certain benefits under their plan. Aetna® doesn't pay or reward practitioners for denying coverage or care.

Appeals

If we deny a coverage request, here's who can appeal the decision:

- The member
- A provider acting on the member's behalf
- Someone else, with the member's permission, acting on the member's behalf

Hard copies

Need hard copies of a specific clinical practice guideline or criteria for a specific determination? We're here to help. Call our Provider Service Center at **1-888-632-3862 (TTY: 711)**.

Clinical criteria resources

To save you time, we've gathered some clinical criteria resources for you. Remember, individual states may mandate the use of other criteria and guidelines.

- **Aetna clinical policy bulletins**
- **Aetna Coverage Determination Guidelines**
- **Texas Standards for Reasonable Cost Control and Utilization Review for New York Level of Care for Alcohol and Drug Treatment Referral (LOCADTR)**

Evidence-based care decisions

Clinical practice guidelines from nationally recognized sources promote consistent application of evidence-based treatment methods. The guidelines can help health care providers to make better-informed care decisions.

Would you like to learn about or revisit behavioral health guidelines? To save you time, we've gathered links to some of those guidelines. But please know that these guidelines are for informational purposes only. They aren't meant to direct individual treatment decisions. And they don't dictate or control your clinical judgement about the right treatment for a patient in any given case. Providers are solely responsible for all patient care and related decisions.

National behavioral health clinical practice guidelines

- **American Academy of Pediatrics (AAP) Guideline for the Diagnosis, Evaluation, and Treatment of Attention-Deficit/Hyperactivity Disorder in Children and Adolescents**
- **American Psychiatric Association (APA) Guideline for the Treatment of Patients with Major Depressive Disorder**
- **APA Guideline for the Pharmacological Treatment of Patients with Alcohol Use Disorder**
- **APA Guideline for the Treatment of Patients with Substance Use Disorders**
- **Centers for Disease Control (CDC) Guideline for Prescribing Opioids for Chronic Pain Preventive Services Guidelines**

More national behavioral health resources

- **U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) Criteria**
- SAMHSA Treatment Improvement Protocol (TIP) Series
  - **TIP 45: Detoxification and Substance Abuse Treatment**
  - **TIP 63: Medications for Opioid Use Disorder**
- **National Institute on Alcoholism and Alcohol Abuse (NIAAA)**
- **National Institute on Drug Abuse (NIDA)**

Switch to LOCUS and CALOCUS/CASII

The Level of Care Utilization System (LOCUS) and the Child and Adolescent Level of Care Utilization System/ Child and Adolescent Service Intensity Instrument (CALOCUS/CASII) describe an array of behavioral health services. Using a person-centered approach, both of these tools aim to find the best fit for an individual's behavioral health needs.

Stop using the Aetna® Level of Care Assessment Tool (LOCAT℠) as your primary assessment tool

In California, according to state regulations, we use LOCUS and CALOCUS/CASII. We've decided to expand our use of those tools to the rest of the country. We now require LOCUS and CALOCUS/CASII for our commercial book of business and LOCUS for Medicare. **On April 1, 2021, stop using LOCAT for your patients who are commercial plan members.** Instead, use LOCUS and CALOCUS/CASII.

What about past behavioral health reviews?

If you used LOCAT for a behavioral health review that took place before the April 1, 2021, we'll accept it.

What about Medicare members who are 18 and older?

Use LOCUS.

What about medical necessity reviews?

As of April 1, 2021, we use LOCUS and CALOCUS/CASII for Aetna Medical Necessity Reviews.

- LOCUS: **American Association for Community Psychiatry (AACP)**
- CALOCUS/CASII: **American Academy of Child & Adolescent Psychiatry (AACAP)**
- Aetna LOCUS and CALOCUS/CASII updates: **Aetna.com/health-care-professionals.html**

Quality management seeks to improve health care

We integrate quality management and metrics into all that we do to improve health care. For example, members who used Aetna® Case Management services told us that they are more actively involved in managing their health, and that the program provided valuable information.* To learn more about our results and goals, **visit quality management and improvement efforts**.

Get hard copies

If you'd like a hard copy of our Quality Management Program Evaluation, call us at one of the numbers below and ask to speak with someone in Aetna® Behavioral Health Quality Management.

- **HMO-based and Aetna Medicare Advantage plans: 1-800-624-0756 (TTY: 711)**
- **All other plans: 1-888 MD Aetna (TTY: 711) or 1-888-632-3862 (TTY: 711)**

*Based on results from the 2019 Aetna® Case Management Member Satisfaction Analysis.

Refer patients to the Aetna® Complex Case Management Program

Complex case management is for members with complex conditions who need extra help understanding their health care needs and insurance benefits. We also help them access community services and other resources. The program offers an inclusive process for the member, the caregiver, providers and Aetna.

Produce better outcomes while managing costs

We want to help produce better health outcomes while managing health care costs. Let's work together to meet this goal.

Who can make a referral?

We welcome program referrals from many sources, including:

- Primary care physicians
- Specialists
- Facility discharge planners
- Family members
- Internal departments
- The member's employer

Make a referral

Know a member who could use some extra help? Make a referral by phone or email.

- **Phone: 1-800-424-4660 (TTY: 711)**
- **Email: AetnaBehavioralHealthReferrals@Aetna.com**

Administration

Balance billing and Medicare don't mix

You can't balance bill Medicare beneficiaries who have extra benefits. Some dual-eligible Medicare beneficiaries have extra benefits. You can't charge these members for cost sharing.

State Medicaid programs may pay providers for Medicare deductibles, coinsurance, and copayments. But by law, states can limit the provider reimbursement amount for Medicare cost sharing, under certain conditions.

Dual-eligible individuals may qualify for Medicaid programs that pay Medicare Part A and Medicare Part B premiums, deductibles, coinsurance, and copays. These programs include:

- Qualified Medicare Beneficiary (QMB)
- Specified Low-income Medicare Beneficiary (SLMB)
- Qualified Disabled and Working Individuals (QDWI)
- Qualifying Individual (QI)

Medicare providers must accept the Medicare and Medicaid payment (if any) in full for services provided to a beneficiary who is part of one of these Medicare Savings Programs.

What happens if you don't comply?

Failure to follow these billing rules may result in sanctions from Centers for Medicare & Medicaid Services (CMS).

Keep in mind

- All Original Medicare and Medicare Advantage providers — not just those that accept Medicaid — must follow the balance-billing rules.
- Providers can't balance bill members when they cross state lines for care. This is true no matter which state provides the benefit.

Where to go for more information

- **Medicare-Medicaid general information**
- **Additional Dual-eligible Special Needs Plan (D-SNP) resources**

Care coordination is reimbursable

Did you know care coordination is reimbursable, with no cost share to members? With the required behavioral health diagnosis and care coordination includes communication among:

- Behavioral health providers (such as a therapist and a psychiatrist)
- Behavioral health and medical providers (such as a psychiatrist and a primary care physician)

Exceptions

Care coordination is not reimbursable for all Medicare plans and any high-deductible health plan with a health savings account (HSA), until members meet the deductible.

Current Procedural Terminology (CPT®*) codes for collaboration	Help contacts
99484, 99492, 99493, and 99494	• Health maintenance organization (HMO) plans: **1-800-624-0756 (TTY: 711)** • Preferred provider organization (PPO) and indemnity plans: **1-888-632-3862 (TTY: 711)**

Tips for faster authorizations

When we don't have the correct info, it delays approving authorizations. And nobody likes that. We've gathered the top four most common mistakes we're seeing in submitted authorization requests. Here's how to fix them before you submit a request. That way, you can get your authorizations approved as quickly as possible. And your patients can get the care they need right away.

1. Fix incorrect contact information

If you're sharing a computer, the Contact Information field will have the name of the last person who submitted a request on that computer. Simply type over their name with your own, so we know who to contact if we have questions. (And make sure you're not sharing a user ID — that isn't allowed. Everyone needs to have their own user ID. Your office's Availity administrator can create Availity user IDs for everyone in your office.)

2. Fill in the facility NPI for all the Provider fields

We need to see the correct National Provider Identifier (NPI) for the servicing, attending and admitting providers. Don't have their NPIs with you? Search for a provider's NPI on the **NPI Registry**.

3. Use the right code for inpatient detoxification services

Select the Service Type Code for alcoholism, then select the appropriate Place of Service Code.

4. Skip inpatient Current Procedural Terminology (CPT®*) codes

Did you know that submitting CPT codes for inpatient requests is optional for behavioral health services? Save yourself some time. Skip the "Procedure codes" field.

*CPT is a registered trademark of the American Medical Association.

Have provider questions about applied behavior analysis?

Here are answers to the most popular questions we get.

1. Does applied behavior analysis (ABA) require precertification?

Yes, ABA is on the Aetna® precertification list for behavioral health services.

2. Whom can I contact regarding benefit and claims questions?

Contact us or just call the number on the member's ID card.

3. How do I get services precertified?

You can call the number on the back of the member's ID card and speak to a customer service representative.
Or, read:

- **Precertification**
- **ABA Treatment Request form**

4. Where can I find the Aetna medical necessity guidelines for ABA?

See the current **Applied Behavior Analysis Medical Necessity Guide**.

Note: The ABA Medical Necessity Guide is undergoing revision and is expected to be published this summer.

5. Where can I find the Aetna clinical policy bulletin on autism spectrum disorders?

See **autism spectrum disorders** and **applied behavior analysis**.

6. What procedure codes does Aetna use for ABA?

Aetna continues to use the American Medical Association (AMA) Current Procedural Terminology (CPT®*) codes for adaptive behavior treatment. The AMA replaced or revised these codes, effective January 1, 2019:

- Eight new Category I codes for adaptive behavior assessments (97151 and 97152) and adaptive behavior treatments (97153 to 97158) were added.
- Fourteen associated Category III codes (0359T, 0360T, 0361T, 0363T to 0372T, and 0374T) have been deleted.
- Two Category III codes (0362T and 0373T) have been revised and maintained.

7. How do I join the Aetna network?

Start by filling out the **Behavioral Health Provider Application Request form**.

*CPT is a registered trademark of the American Medical Association.

Contacts and connections

Contact us however you want. We're here to help you.

Update your email address

Please make sure your email address is correct so you don't miss the next edition of the Aetna® Behavioral Health Insights™ newsletter.

Visit our provider portal

Go to **Aetna.com/health-care-professionals.html** to get access to our Availity® provider portal. To log in or register, click the Login button.

Get in touch by phone

- General questions about Aetna® Behavioral Health: **1-888-632-3862 (TTY: 711)**
- Questions about joining our Aetna Behavioral Health network: **1-800-999-5698 (TTY: 711)**
- HMO-based and Aetna Medicare Advantage plan claims, benefits, eligibility, precertification, case management or demographic changes: **1-800-624-0756 (TTY: 711)**
- All other plan claims, benefits, eligibility, precertification, case management or demographic changes: **1-888-MD Aetna (TTY: 711)** or **1-888-632-3862 (TTY: 711)**
- Employee Assistance Program Call Center: **1-888-238-6232 (TTY: 711)**

Send us mail

Aetna Behavioral Health
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Learn more about our **behavioral health** programs today.
Or call us at **1-888-632-3862 (TTY: 711)**.

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