

Aetna Better Health® of Maryland

Provider Notice - New Policy Update

Elective Referral Policy Update

The purpose of Aetna Better Health of Maryland's elective referral policy is to monitor a member's access to medically necessary covered services that are outside the scope of the primary care or treating practitioner's practice or contract. In an effort to keep our providers informed, please see the below policy update regarding elective referrals limitations.

Referral Limitations

Unless otherwise stated in a practitioner's or provider's contract, Aetna Better Health policies, or a member's benefit plan, a referral that requires a prior authorization is valid for three (3) visits within sixty (60) days from the date it is signed and dated by the referring practitioner (if paper) or authorized by the plan (if electronic)—as long as the member is enrolled on each date of service. Exceptions to the sixty- (60) day limit include, but are not limited to:

- Referrals for certain continuing care services (e.g., hematology/oncology continuing care, oncology radiation, and orthopedic continuing care, which may be valid for one hundred twenty [120] days)
- Referrals for obstetrical services (valid through the pregnancy and postpartum period)