



Aetna Better Health[®] of Louisiana

Reimbursement Policy Statement Louisiana Medicaid

Original Issue Date	Next Annual Review	Effective Date	
01-01-2017		07-07-2017	
Policy Name		Policy Number	
ABHLA Healthy Louisiana Billing for Hospital Services		ABHLA-RP-0080	
Policy Type			
Medical	Administrative	Pharmacy	Reimbursement

Aetna Better Health of Louisiana implements comprehensive and robust policies to ensure alignment with Louisiana Department of Health (LDH) and to warrant that regulatory standards are met.

Aetna Better Health of Louisiana reimbursement policies are intended to provide a general reference for claims filing, coding and documentation guidelines. Coding methodology, regulatory requirements, industry-standard claims logic, benefits design and other factors not listed in this policy statement are considered in the development of reimbursement policies.

In addition to this Policy, reimbursement of rendered services are subject to member benefits, eligibility on the date of service, medical necessity, other plan policies and procedures, claim editing logic, provider contracts and all applicable authorization, notification and utilization management guidelines set forth by the Louisiana Department of Health (LDH) and the Centers for Medicare and Medicaid Services (CMS).

This policy does not ensure either an authorization or reimbursement of services. Please refer to the plan contract for the service(s) referenced therein. If there is a conflict between either this policy or the plan contract, then the plan contract will be the controlling document used to make an authorization or payment determination.



Aetna Better Health[®] of Louisiana

A. Policy

Please use the below information as a guide to accurately submit claims and receive payment for Healthy Louisiana hospital services for Aetna Better Health of Louisiana members.

Newborns Nursery Revenue Codes *(Edit 522)*

- Nursery revenue codes (170, 171, 172, 173, 174, 175 and 179) must be billed separately from other accommodation revenue codes, including pediatric (10x, 11x, 12x, 13x, 14x, 15x, 16x, 20x, including 203).
- A separate claim for a newborn must include only nursery revenue codes (170, 171, 172, 173, 174, 175 and 179) and ancillary charges for the baby.
- Only nursery revenue codes (170, 171, 172, 173, 174, 175 and 179) may be billed when the inpatient admit type is "4" (newborn).
- If there's a transition of care to a pediatric intensive care unit (PICU) or other pediatric bed, the claim must be split.
- Newborns must be billed on a separate claim from the mother.

Inpatient Value Code 80 and 81 *(Edit 60)*

- Value code 80 must be present and greater than zero.
- When the patient status is 30 or the discharge date is the same as the admission date, the statement through date minus the statement from date plus one day must equal the number of billed days (value code 80 and value code 81).
- When patient status isn't 30 and discharge date isn't the same as the admit date, the statement through date minus the statement from date must equal the number of billed days (value code 80 and value code 81).

Outpatient Surgery Revenue Code 490 *(Edit 539)*

- Revenue code 490 can't be billed alone on a claim.
- All other charges associated with the surgery (for example, observation, labs, radiology) **must** be billed on the same claim form.

Emergency Room Revenue Codes 450/459 *(Edit 113)*

- Only one revenue code (450 or 459) may be used per emergency room visit, including when there is a coordination of benefits.
- Care providers must bill revenue code 450 or 459 when submitting claims for outpatient emergency room services, along with the appropriate HCPCS code.



Aetna Better Health[®] of Louisiana

Observation Hours Revenue Code 762 (*Edit 114*)

- For revenue code 762 (observation hours), only procedure codes G0378 or G0379 are valid.

Inpatient Source of Admission Revenue Codes (*Edit 068*)

- Only these sources of admission (point of origin) codes are valid: 1, 2, 4, 5, 6, 8, 9, D, E or F.
- For newborn claims (type of admission is "4"), only these source of admission (point of origin) codes are valid: 5 (born inside the hospital) or 6 (born outside the hospital).

Outpatient National Drug Code (NDC) Reporting (*Edits 120, 127, 231, 545*)

- All HCPCS "J" codes must be accompanied by the appropriate NDC code.
- NDC valid units of measure are required:
 - o F2 (international unit)
 - o GR (gram)
 - o ME (milligram)
 - o ML (milliliter)
 - o UN (unit)
- NDC quantity is required – the NDC quantity is frequently different than the HCPCS code quantity.
- Do not report NDC codes for revenue codes 100-249, 260-629, and 640-999.

Inpatient and Outpatient Revenue Codes (*Edits 022, 055*)

- The total charges for each revenue code must be greater than zero.

International Classification of Disease (ICD) Procedure Codes on Surgical Revenue Codes (*Edit 048, 267*)

- At least one ICD procedure code (surgery) must be submitted on inpatient claims for revenue codes 360, 361, 362, 367, 369, 370, 374, 379, 490, 710 or 719.

Inpatient Blood Revenue Codes 380 - 389 (*Edit 094*)

- When a blood infusion revenue code (380 - 389) is indicated, value code 37 must be used to specify the volume of blood given to the member.



Aetna Better Health[®] of Louisiana

Outpatient Revenue Codes Requiring HCPCS (*Edit 513*)

• These revenue codes must be accompanied by the appropriate, covered CPT/HCPCS code:

- 251-257
- 259-269
- 278
- 300-359
- 371-444
- 460-636
- 730-761
- 790
- 820-929
- 942

Deliveries With Non-Payable Sterilizations (*Edit 332*)

• Sterilization isn't covered for members younger than 21.

• If the sterilization consent form is missing or invalid (due to member age, for example), the ICD procedure code for the sterilization and the diagnosis code associated with the sterilization shouldn't be reported on the claim form. Charges related to the sterilization process shouldn't be included on the claim form, per the Louisiana Medicaid Hospital Services manual at lamedicaid.com > Provider Manuals > Hospital Services.

Mammograms (*Edit 234*)

• The Louisiana Medicaid Fee Schedule allows one screening mammogram, either film or digital, per calendar year for women ages 40 and older.

Age Restrictions (*Edit 234*)

• Use the appropriate CPT code where age restrictions are built in. For example:

- o 42820: Tonsillectomy and adenoidectomy; younger than 12
- o 42821: Tonsillectomy and adenoidectomy; ages 12 and older
- o 42830: Adenoidectomy, primary; younger than 12
- o 42831: Adenoidectomy, primary; ages 12 and older
- o 49582: Repair umbilical hernia, younger than 5
- o 49585: Repair umbilical hernia, ages 5 and older
- o 90655: Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, when administered to children ages 6-35 months, for intramuscular use



Aetna Better Health[®] of Louisiana

- o 90656: Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, when administered to individuals ages 3 or older, for intramuscular use
- o 90657: Influenza virus vaccine, trivalent (IIV3), split virus, when administered to children ages 6-35 months, for intramuscular use
- o 90658: Influenza virus vaccine, trivalent (IIV3), split virus, when administered to individuals ages 3 or older, for intramuscular use
- Use the appropriate CPT code where age is restricted by Louisiana Medicaid covered services. For example:
 - o 81220: CFTR (cystic fibrosis transmembrane)/infants younger than 12 months
 - o 90632: Hepatitis A vaccine (HepA), adult dosage, for intramuscular use (ages 19 and older)
 - o 90633: Hepatitis A vaccine (HepA), pediatric/adolescent dosage, two-dose schedule, for intramuscular use (ages 21 and younger)
 - o 90649: Human papillomavirus vaccine, types 6, 11, 16, 18, quadrivalent (4vHPV), three-dose schedule, for intramuscular use (females, ages 26 and younger)
 - o 90651: Human papillomavirus vaccine types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonavalent (9vHPV), three-dose schedule, for intramuscular use (ages 9-26)
 - o 90744: Hepatitis B vaccine (HepB), pediatric/adolescent dosage, three-dose schedule, for intramuscular use (ages 20 and younger)
 - o 90746: Hepatitis B vaccine (HepB), adult dosage, three-dose schedule, for intramuscular use (ages 19 and older)
 - o 90748: Hepatitis B and haemophilus influenzae type B vaccine (Hib-HepB), for intramuscular use (ages 21 and younger)

Outpatient and Inpatient Hospital Services on the Same Day (Edit 622)

- Inpatient hospital claims and outpatient hospital claims can't overlap dates of service.