



Aetna Better Health® of Louisiana

Reimbursement Policy Statement Louisiana Medicaid

Original Issue Date	Next Annual Review	Effective Date	
05/25/2018		07/23/2018	
Policy Name		Policy Number	
LA Policy-Invalid Bill Code Types		ABHLA-RP-0051	
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.

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A. Policy

La Medicaid provides specific bill types to be utilized with electronic claims. Claims must be billed correctly utilizing the 837I format and the UB-04. Claims billed with an invalid bill type will be denied.

B. Overview

Rationale:

LA Medicaid utilizes the 837I format to transmit health care claims electronically for institutions. More specifically, an extension must be entered with this 837I to make a distinction between types of institutions for reimbursement.

C. Definitions

UB-04: standard billing form used by insurance carriers for medical claims. The form was developed by the Centers for Medicare and Medicaid Services (CMS).

837P: (professional) crosses over to the CMS-1500 paper form

837I: (institutional) crosses over to the UB-04 paper form

837D: (dental) crosses over to the ADA-2012 paper form

D. Reimbursement Guidelines

1. Providers using a Bill Type from the list that is not acceptable for the specific provider type/medical program will receive a denial;
2. Providers must use form UB-04 with appropriate extension;
3. http://www.lamedicaid.com/ramessages/09_17_13.htm .

E. Codes/Condition of Coverage

Acceptable Extension codes:

1. 837I UB-9: 11X, 12X, 13X, 14X, 18X, 71X, 72X, 76X, 81X, 82X, 83X, 85X, 86X; 89X
2. 837I HOM: 33X
3. 837I LTC: 21X, 65X, 66X

F. Frequently Asked Questions

Q: When did LA Medicaid reiterate the importance of incorporating the extensions into the bill code claim?



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A: In September of 2013, Remittance Advice message posted a reminder on the LA Medicaid website.

Q: What is the actual edit that LA Medicaid issued for these billing discrepancies?

A: LA Medicaid implemented Edit 42 as Invalid Bill Code Type.

G. Review/Revision Date

Action	Date	Comments
Date Issued		
Date Revised		
Effective Date	07/23/2018	Effective date contingent upon LDH approval

H. Resources

Louisiana Department of Health State Contract, regulations, Provider Manual, fee schedules and notices

<http://www.lamedicaid.com/provweb1/Providermanuals/manuals/PS/PS.pdf>

Individual state Medicaid regulations, manuals & fee schedules

http://www.lamedicaid.com/ramessages/09_17_13.htm

American Medical Association, *Current Procedural Terminology (CPT®) Professional Edition* and associated publications and services

<https://www.ama-assn.org/>

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services

<https://www.cms.gov/>