



Aetna Better Health® of Louisiana

Reimbursement Policy Statement Louisiana Medicaid

<b>Original Issue Date</b>	<b>Next Annual Review</b>	<b>Effective Date</b>	
<b>01/01/2018</b>	<b>05/02/2019</b>	<b>05/02/2018</b>	
<b>Policy Name</b>		<b>Policy Number</b>	
<b>Place of Service Policy-Inpatient-Only Procedures and Non-Inpatient Surgical Services</b>		<b>ABHLA-RP-0121</b>	
<b>Policy Type</b>			
<b>Medical</b>	<b>Administrative</b>	<b>Pharmacy</b>	<b>Reimbursement</b>

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 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 both this policy and the plan contract, then the plan contract will be the controlling document used to make an authorization or payment determination.

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## Aetna Better Health® of Louisiana

### A. Policy

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. The effective date of implementation for this reimbursement policy is contingent upon the Louisiana Department of Health's endorsement.

Any services billed on the same date as a denied Inpatient only procedure will be denied unless a non-inpatient surgical service is also billed.

### B. Overview

All hospital services must be medically necessary and provided by or under the supervision of a physician, dentist or other provider. You must bill hospital outpatient facility surgical services with a revenue code, as cited in the Codes and Conditions of Coverage section of this policy, and the appropriate surgical CPT and HCPCS procedure codes in order to be subject to the hospital outpatient facility surgical benefit cost shares.

### C. Definitions

Place of Service- two-digit code used on health care professional claims to indicate the setting in which a service was provided.

Inpatient- procedures that should be performed only in an inpatient setting that follows Medicare/Medicaid guidelines for payment for inpatient-only procedures and will pay for these procedures only on inpatient claims. Also, you formally admitted to the hospital with a doctor's order. The day before you're discharged is your last inpatient day.

Outpatient- procedures that must be medically necessary and provided by or under the supervision of a physician, dentist, or other provider having medical staff privileges in the facility.

### D. Reimbursement Guidelines

1. If an outpatient claim is submitted and paid before the inpatient claim, the inpatient claim denies for explanation of benefits (EOB) code 6515, which instructs the provider to bill services on the inpatient claim.
2. If the inpatient claim pays before the outpatient claim, the outpatient claim denies for EOB code 6516, which instructs the provider to perform a replacement to add the outpatient charges to the inpatient claim.

### E. Codes/Condition of Coverage



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### Revenue Codes

0360, 0361, 0369, 0490-0499, 0750

<http://www.lamedicaid.com/provweb1/default.htm>

### F. Frequently Asked Questions

**Q:** What is the rule for choosing the POS for physician services?

**A:** The POS code to be used by the physician and other suppliers will be the same setting in which the beneficiary received the face-to-face service

### G. Review/Revision Date

Action	Date	Comments
Date Issued	01/01/2018	
Date Revised	04/16/2018	
Effective Date	Tentative	

### 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/provweb1/fee\\_schedules/feeschedulesindex.htm](http://www.lamedicaid.com/provweb1/fee_schedules/feeschedulesindex.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/>