Non-Covered Benefits

Plan: AmeriHealth Caritas Louisiana

Clinical Policy ID: CCP.4019

Recent review date: 3/2021

Next review date: 3/2023

Policy contains: Non-covered benefits; cosmetic; aborted surgical procedures; never events; infertility; pain management.

AmeriHealth Caritas has developed clinical policies to assist with making coverage determinations. AmeriHealth Caritas' clinical policies are based on guidelines from established industry sources, such as the Centers for Medicare & Medicaid Services (CMS), state regulatory agencies, the American Medical Association (AMA), medical specialty professional societies, and peer-reviewed professional literature. These clinical policies along with other sources, such as plan benefits and state and federal laws and regulatory requirements, including any state- or plan-specific definition of medically necessary, and the specific facts of the particular situation are considered by AmeriHealth Caritas when making coverage determinations. In the event of conflict between this clinical policy and plan benefits and/or state or federal laws and/or regulatory requirements, the plan benefits and/or state and federal laws and/or regulatory requirements shall control. AmeriHealth Caritas' clinical policies are for informational purposes only and not intended as medical advice or to direct treatment. Physicians and other health care providers are solely responsible for the treatment decisions for their patients. AmeriHealth Caritas' clinical policies are reflective of evidence-based medicine at the time of review. As medical science evolves, AmeriHealth Caritas will update its clinical policies as necessary. AmeriHealth Caritas' clinical policies are not guarantees of payment.

Policy statement

Physicians and all other professionals must abide by the professional guidelines set forth by their certifying and licensing agencies in addition to complying with AmeriHealth Caritas Louisiana regulations.

In general, services that are not approved by the Food and Drug Administration or services that are experimental, investigational, or cosmetic are excluded from Medicaid coverage and will be deemed not medically necessary.

The following includes a non-exhaustive list of services excluded or limited by AmeriHealth Caritas Louisiana, which often generate clarifying inquiries from participating providers:

- **Aborted Surgical Procedures**

  Medicaid will not pay professional, operating room, or anesthesia charges for an aborted surgical procedure, regardless of the reason.

- **Billing for Services Not Provided/Not Documented**

Providers shall not bill Medicaid or the recipient for a missed appointment or any other services not actually provided.

NOTE: Services that have not been documented are considered services not rendered and are subject to recoupment.

- **Never Events**

  Medicaid will not pay for "never events" or medical procedures performed in error that are preventable and have a serious, adverse impact to the health of the Medicaid recipient. Reimbursement will not be provided when the following "never events" occur:

  - The wrong surgical procedure is performed on a recipient;
  - The surgical or invasive procedures are performed on the wrong body part; or
  - The surgical or invasive procedures are performed on the wrong recipient.

- **Billing for Services Related to Non-Covered Services**

  AmeriHealth Caritas Louisiana does not reimburse for services related to a non-covered service. Any payment received for non-covered and related services is subject to post-payment review and recovery.

- **Billing and Reimbursement for Federally Qualified Health Centers and Rural Health Centers**

  Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) are reimbursed for Medicaid covered services under an all-inclusive Prospective Payment System (PPS) as specified under Section 1902(bb) of the Social Security Act.

  Payments specified at the PPS rates are all inclusive of professional charges and must be billed by the facilities' provider ID and Tax Identification Number (TIN).

  NOTE: Professional services performed in an FQHC or RHC will be subject to recoupment if billed under a physician/practitioner's individual Medicaid number.

- **Infertility**

  AmeriHealth Caritas Louisiana does not pay for services relating to the diagnosis or correction of infertility, including sterilization reversal procedures. This policy extends to any surgical, laboratory, or radiological service when the primary purpose is to diagnose infertility or to enhance reproductive capacity.

- **"New Patient" Evaluation and Management Codes**

  Consistent with Current Procedural Terminology (CPT) guidelines, AmeriHealth Caritas Louisiana defines a new patient as one who has not received any professional services from the physician or another physician of the same specialty, who belongs to the same group practice, within the past three years.

  Exception: The initial pre-natal visit of each new pregnancy. (See Obstetrics policy)

- **Pain Management**

  AmeriHealth Caritas Louisiana covers the epidural injection of an anesthetic substance for the prevention or control of acute pain such as that which occurs during delivery or surgery. Billing of these procedures subsequently for pain management, pain control, or any another reason is not covered. Medicaid does not cover spinal injections to alleviate chronic, intractable pain.

  AmeriHealth Caritas Louisiana does not cover any services for chronic pain management.

- **Outpatient Visit Service**

  AmeriHealth Caritas Louisiana covers outpatient visit service when the service is medically necessary and has no limit. Recipients under 21 years of age are not subject to program limitations.

  Professional services provided in emergency rooms, outpatient hospital clinics, physician's offices, Federally Qualified Health Centers (FQHC's) and Rural Health Centers (RHC's) are not subject to visit limits when medically necessary. All visits and services provided must be medically necessary but do not require prior authorization for reimbursement.

References

Louisiana Department of Health. 2010. Professional Services Provider Manual. Exclusions and Limitations. Chapter 5, Section 5.1. Issued 03/13/2018.

Policy updates

Initial review date: 3/2/2021