The AmeriHealth Caritas Louisiana

# Provider Post

***Special Edition: Claims & Billing Information***

AmeriHealth Caritas Louisiana

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**January 20, 2017**

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## Coverage and Rate Updates

Change in Age Restriction on Procedure Code 81220-CFTR (Cystic Fibrosis Gene Analysis)

AmeriHealth Caritas Louisiana has expanded benefits for procedure code 81220-CFTR or cystic fibrosis transmembrane conductance regulator gene analysis, common variants. This code is now reimbursable for members 0-1 years of age, as well as for female members with a pregnancy diagnosis.

Rate Adjustment for Codes 99201-99215 with "TH" Modifier (Prenatal Visits)

AmeriHealth Caritas Louisiana has identified rates in our system that do not align with Louisiana Department of Health (LDH) rate adjustments for prenatal visits billed with procedure codes 99201-99215 when submitted with a "TH" modifier. The LDH rate adjustments should have been effective January 1, 2015.

AmeriHealth Caritas Louisiana is in the process of aligning these rates with the current LDH Professional Fee Schedule. Impacted claims that have been processed, dating back to January 1, 2015, will be reprocessed with the adjusted rates.

Updates to the AmeriHealth Caritas Louisiana Professional Fee Schedule

As of November 4, 2016, AmeriHealth Caritas Louisiana updated our Professional Fee Schedule to the July 1, 2016 version of the Louisiana Department of Health (LDH) Professional Fee Schedule for:

- Professional services provided to members ages 00-15; and,
- Professional services provided to members ages 00-99, including assistant surgeon, lab, and radiology services.

With this change, claims submitted to AmeriHealth Caritas Louisiana will be processed in accordance with the July 1, 2016 version of the LDH Professional Fee Schedule. That fee schedule is available on the Louisiana Medicaid website at www.lamedicaid.com. Claims are currently being reprocessed from dates of service beginning July 1, 2016 through November 4, 2016.

Updates to the AmeriHealth Caritas Louisiana Inpatient Per Diem and Cost to Charge Rates (CCR)

AmeriHealth Caritas Louisiana is in the process of updating the inpatient per diem and cost to charge rates (CCR) with an effective date of July 1, 2016.

With this change, claims submitted to AmeriHealth Caritas Louisiana will be processed in accordance with the July 1, 2016 version of the LDH Inpatient Per Diem Fee Schedule. That fee schedule is available on the Louisiana Medicaid website at www.lamedicaid.com. Claims processed under the previous rates will be reprocessed and paid under the new rates from dates of service beginning July 1, 2016 through November 4, 2016.

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## Incentive to Improve Outcomes in Comprehensive Diabetes Care

As a reminder, effective October 1, 2015, AmeriHealth Caritas Louisiana added a CPT II code to our fee schedule to indicate eye care provided to members with diabetes. As part of our continued effort to improve outcomes in comprehensive diabetes care, supplemental reimbursement will be paid where the following services are rendered and billed in conjunction with a diagnosis of diabetes:

| CPT Code | Description | Supplemental Reimbursement | Age Limit | Frequency |
|---|---|---|---|---|
| 3072F | Low risk for retinopathy (no evidence of retinopathy in prior year) | $10.00 | 18 and over | One per year per member |

1. AmeriHealth Caritas Louisiana is also simultaneously conducting a member focused outreach campaign regarding the critical importance of an annual retinal eye exam.
2. Negative results do not require another screening until the next year.
3. We will cease outreach when members are identified through your practice's claim submission as low risk for retinopathy.

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## Top Reasons Identified for Paper Claims Rejections

Rejected claims are defined as claims with invalid or missing data elements, such as illegible claim fields, missing or invalid codes, and missing or invalid member/provider ID numbers. Are you curious why your paper claims might be getting rejected? Check out the lists below for the top five reasons that professional and institutional paper claims are getting rejected:

**Top 5 Reasons Paper Claims Get Rejected**

Professional:

- Field 33 of the CMS-1500 claim form requires the provider's physical service address.
- The patient's identity could not be determined based on the information provided.
- Assignment acceptance must be indicated on the claim.
- Diagnosis Pointer is required in ICD Indicator field of 21.
- Invalid diagnosis codes.

Institutional:

- The patient's identity could not be determined based on the information provided.
- Attending Provider Qualifier is missing/invalid.
- Valid Release of Information Certification Indicator is required.
- Unable to Process Claim – Incomplete Data Elements at Far Left (or Right).
- Valid patient's relationship to insured is required.

Rejected claims are returned to you, the provider, without registration in our claim processing system. In order to meet timely filing requirements, rejected claims must be resubmitted within 365 days from the date of service.

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## FQHC/RHC Providers: Required Information on CMS-1500 in 24J and 32

AmeriHealth Caritas Louisiana (ACLA) is receiving claims that ***do not*** have the ***required*** information in blocks 24J and 32 on the CMS 1500 claim forms. Claim forms are being submitted with these fields BLANK. Effective November 5, 2016, AmeriHealth Caritas Louisiana began rejecting ***any*** claim with missing information in 24J or 32 on the claim form.

AmeriHealth Caritas Louisiana's Claims Filing Instructions are available online at www.amerihealthcaritasla.com and outline that 24J and 32 are **required as indicated below.**

| | | |
|---|---|---|
| **24J** | Rendering Provider ID NPI in the bottom (unshaded) portion. Enter the AmeriHealth Caritas Louisiana Provider ID number in the top (shaded) portion. | The individual rendering the service is reported in 24J. Enter the AmeriHealth Caritas Louisiana ID number in the shaded area of the field.<br><br>**Enter the NPI number in the unshaded area of the field.** |
| **32** | Name and Address of Facility Where Services Were Rendered | **Required.** Enter the physical location. **(P.O. Box #'s are not acceptable here.)** |

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## Hospital Delivery Authorization and Billing Requirements

AmeriHealth Caritas Louisiana does not require clinical review and authorization of inpatient stays for deliveries when the length of stay is as follows:

| Service Description | Labor Days | Requirement |
|---|---|---|
| Standard vaginal | 2 inpatient | If the delivery occurs on the day after admission, payment will be allowed for up to 3 days. Days exceeding this timeframe will require prior authorization. |
| Cesarean section | 4 inpatient | If the delivery occurs on the day after admission, payment will be allowed for up to 5 days. Days exceeding this timeframe will require prior authorization. |

## Hospitals and Facilities: Guidelines for Teaching Residents

The following information offers guidelines for the billing of services provided by residents under the supervision of faculty members. Teaching physicians may bill for the services performed by residents in teaching facilities if the following criteria are met and the services are covered by the Medicaid Program. This information is sourced from Louisiana Department of Health's Louisiana Medicaid website: https://www.lamedicaid.com/provweb1/recent_policy/FIMS3073.pdf.

**Emergency Services**
If there is on-site supervision or retrospective supervision within 24 hours of the services being rendered and the teaching physician signs or initials approval/concurrence with the treatment/services, the service may be billed. Emergency services include, but are not limited to:

- Emergency Department visits
- Surgical procedures
- Laboratory procedures
- Radiology procedures

**Planned Surgical Services**
If the teaching physician is present and available in the suite, on call or otherwise available in the event intervention is necessary, the service may be billed. The teaching physician must document supervision by signing, initialing, or initialing a signature stamp on the operative notes and the pre- and post-surgery evaluations. Planned surgical services include, but are not limited to:

- Primary surgery
- Assistant surgery
- Anesthesiology, and
- Other physician specialty services necessary to the primary surgery.

**Non-Surgical Hospital Admissions and Subsequent Visits**
If the admission and discharge summaries are signed or initialed, non-surgical admissions may be billed for services rendered by a resident. A signature stamp which has been initialed by the teaching physician may also be used to indicate approval of services. If the hospital stay is routine and exceeds seven days, the teaching physician should sign or initial the progress notes at least once a week. In acute care or serious illness situations, the teaching physician's signature or initials should appear on the daily notes.

**Obstetrical Care/Delivery**
If the progress notes for each prenatal visit are signed or initialed by the teaching physicians, the teaching physician may bill for prenatal visits and other services associated with prenatal care. Deliveries may be billed by the teaching physician if the record documents his/her presence in the suite or participation in the delivery or if he/she is on call in the facility or on call at a reasonable distance. Reasonable distance is defined as a distance of no more than twenty minutes from the delivery suite. Signature or initials should appear on the chart within 12-14 hours of delivery if the teaching physicians' presence was not necessary in the delivery room.

**All Other Services**
The teaching physician may bill for services such as interpretation of x-rays, laboratory services, etc., by signing and initialing the appropriate report and charts. Sign off of resident notes should be done at the time of service or within a maximum of one week to assure supervision of the resident and to allow a reasonable time to sign off on the electronic and/or hard copy record. This time allowance for record sign off does not negate the obligation of standard oversight/supervision in real time. Residents must have faculty supervision for all direct patient care in accordance with national Residency Review Committee (RRC) requirements. Residents cannot be enrolled as participating providers if

practicing in a teaching facility. They can be enrolled as participating providers for services rendered outside of the teaching facility.

Remember, only the professional component of pathology and laboratory services performed in inpatient and outpatient hospital settings may be billed to Louisiana Medicaid by the teaching or supervising physician. One must own, rent, or lease laboratory or x-ray equipment in order to bill full service.

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## Billing for Durable Medical Equipment (DME)

Avoid Claim Denials for Ostomy Dressing Supplies

Claims submitted to AmeriHealth Caritas Louisiana for ostomy dressing supplies are reimbursable without a modifier in range A1-A9 when billed with ostomy diagnosis codes.

DME Enteral Therapy Update

Claims submitted with HCPCS codes for enteral therapy must also include National Drug Code (NDC) number and units. The NDC must appear on the *Louisiana Medicaid DME Enteral Nutrition Fee Schedule.* Additionally, prescriptions for enteral feedings must be written for an average of at least 750 calories per day over the prescribed period and must constitute at least 70 percent of the daily caloric intake for the member. Authorization for the Enteral Therapy HCPC code does not guarantee payment. The NDC must be present on *Louisiana Medicaid DME Enteral Nutrition Fee Schedule to be reimbursed by ACLA.*

Nutritional supplements given between meals to boost daily protein-caloric intake, or as the mainstay of a daily nutritional plan, may be covered for recipients younger than 21 years of age where medical necessity is established. Nutritional supplements are not covered for recipients age 21 years or older.

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## Questions

Thank you for your continued support and commitment to the care of our members. If you have questions about this communication, please contact AmeriHealth Caritas Louisiana's Provider Services department at 1-888-922-0007 or your Provider Network Management Account Executive.