PROVIDER**ALERT**



To: AmeriHealth Caritas Louisiana Providers

Date: December 22, 2017

Subject: Corrections to December 2017 Provider Post – Long Acting

Reversible Contraceptives (LARCS) and Hospital Outpatient Services

Summary: Corrections to Long Acting Reversible Contraceptives (LARCs) and Hospital Outpatient Services notifications previously included in the December 2017 Provider Post faxed to providers on December 15, 2017.

LONG ACTING REVERSIBLE CONTRACEPTIVES (LARCS) UPDATE

Please note corrected dates below:

Effective October 25, 2017, AmeriHealth Caritas Louisiana updated its systems to pay according to Louisiana Department of Health's (LDH) policy on LARCs. The actual device will be paid at 100% of the Louisiana Medicaid DME POS Fee Schedule instead of 80% of the Fee Schedule. In addition, in accordance with the revised Informational Bulletin from LDH (IB 16-11), AmeriHealth Caritas Louisiana now accepts place of service 11 (office), 19 (off campus-outpatient hospital), 22 (on campus-outpatient hospital), and 21 (inpatient hospital) for dates of service January 1, 2017 and forward.

Providers do not need to take action. Claims with dates of service 06/20/2014 to 10/24/17 will automatically be reprocessed by December 31, 2017.

Reminder: The LARC device must be billed on a CMS 1500.

For additional information, please refer to Informational Bulletin 16-11 on LDH's website at www.ldh.louisiana.gov.

HOSPITAL OUTPATIENT SERVICES UPDATES

Please note correction regarding HCPCS code 77067 below:

Effective September 30, 2017, AmeriHealth Caritas Louisiana updated its systems to pay the hospital outpatient services listed below according to the following guidelines:

- HCPCS code range 97161-97168 will be reimbursed when appropriately billed with revenue codes 424, 434, and 454;
- HCPCS code 77067 will be reimbursed at the Cost to Charge Ratio (CCR) on the LDH Outpatient Hospital Fee Schedule; and

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• HCPCS code 77063 will be reimbursed at the Cost to Charge Ratio (CCR) when appropriately billed with revenue code 403 per the LDH Outpatient Hospital Fee Schedule.

Claims will be automatically reprocessed for dates of service January 1, 2017 to September 29, 2017. Please refer to the Professional Fee Schedule located at www.lamedicaid.com for additional information.

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.