

**To: AmeriHealth Caritas Louisiana Providers**

**Date: June 8, 2018**

**Subject: Important Billing and Claims Processing Updates**

**Summary:** Important updates that may affect billing and claims processing.

**Important Note:** All claims submitted to AmeriHealth Caritas Louisiana must comply with applicable state and federal guidelines, state contract requirements, reimbursement policies, and submission requirements. For the most current information on claims submission procedures and health plan policies, please visit our website and refer to the Claims Filing Instructions. For a detailed description of codes listed in this notice, please refer to the current CPT Professional Codebook.

#### **Fee Schedule Updates, System Updates, and Reminders**

**Claims Billed with CPT 77427 (radiation treatment management; 5 treatments)** - In accordance with Louisiana Medicaid policy outlined below, AmeriHealth Caritas Louisiana will deny claims that are billed with more than one unit on CPT 77427.

CPT 77427 represents units of five fractions or treatment sessions regardless of the actual time period in which the services are furnished. Reimbursement reflects payment for the entire service. This code must be billed with "1" in the "units" field using a single date of service. The single date of service must be the last date of the treatment sessions. Providers should refer to the most current CPT manual for further guidance.

**Update to Procedure Code 97110** – AmeriHealth Caritas Louisiana has identified an issue where hospital claims billed with procedure code 97110 and revenue codes 430, 431, and 432 were denying with code Z98. Our claims system has been updated to allow procedure code 97110 to be billed with revenue codes 430, 431, and 432.

All claims that were denied beginning with dates of service January 1, 2017 and forward have been reprocessed. You do not need to take action.

**Proton Beam Radiation Therapy Age Restriction** – In accordance with the Louisiana Department of Health's (LDH) new policy, effective February 20, 2018, AmeriHealth Caritas Louisiana will no longer reimburse Proton Beam Radiation Therapy (PRBT) for individuals over 20 years of age. We are in the process of updating our claims adjudication system to accommodate this new LDH policy.

This project was complete on April 10, 2018. Paid claims with dates of service on or after February 20, 2018 for PRBT services on members over 20 years of age will be reprocessed and the payments will be recouped. There will be no action required of the provider.

**Reimbursement of Injection and Infusion Services with High Level Outpatient Emergency Room Services on Facility Emergency Department Claims** – Effective April 19, 2018, AmeriHealth Caritas Louisiana updated our claims system to allow payment of facility claims for injection and/or infusion services rendered in conjunction with a High Level (Level 4 or 5) or Critical Care Evaluation and Management visit claims for dates of service on or after February 20, 2016. These claims have been denying for edit denial “107-M51 – Missing Incomplete/Invalid procedure code.”

Denied claims with dates of service on or after July 1, 2016 will be reprocessed upon completion of the system update. Louisiana Medicaid billing requirements are still applicable to these services. **(See LA Medicaid Hospital Services Provider Manual, Section 25.3, Emergency Room Services for more information.)**

**CPT/HCPCS Codes 30460, 30462, 30465, 30520, and 30620 Require an Authorization**

Effective May 11, 2018, AmeriHealth Caritas Louisiana began denying the following codes with “X01” for no authorization if there is no authorization on file. Historically these codes denied with denial code “N09 – Cosmetic procedure”.

CPT/HCPCS Code	Description
30460	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip only
30462	tip, septum, osteotomies
30465	Repair of nasal vestibular stenosis (e.g., spreader grafting, lateral nasal wall reconstruction)
30520	Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft
30620	Septal or other intranasal dermatoplasty (does not include obtaining graft.

**Allowance of Place of Service 56 on CPT Inpatient Hospital Care Codes**

Effective April 26, 2018, AmeriHealth Caritas Louisiana systems have been updated to allow the following CPT codes to be billed with place of service (POS) 56-Psychiatric Residential Treatment Center (PRTC) according to standard CPT coding guidelines:

CPT Code	Description	POS	Description
99221	Initial hospital care, per day, for the evaluation and management of a patient...	56	Psychiatric Residential Treatment Center
99222	Initial hospital care, per day, for the evaluation and management of a patient...	56	Psychiatric Residential Treatment Center
99223	Initial hospital care, per day, for the evaluation and management of a patient...	56	Psychiatric Residential Treatment Center
99231	Subsequent hospital care, per day, for the evaluation and management ...	56	Psychiatric Residential Treatment Center
99232	Subsequent hospital care, per day, for the evaluation and management ...	56	Psychiatric Residential Treatment Center
99233	Subsequent hospital care, per day, for the evaluation and management ...	56	Psychiatric Residential Treatment Center

CPT Code	Description	POS	Description
99238	Hospital discharge day management 30 minutes or less	56	Psychiatric Residential Treatment Center
99239	Hospital discharge day management more than 30 minutes	56	Psychiatric Residential Treatment Center

These codes have been denying with denial code “H92 – Inappropriate place of service”. All claims that have been denied beginning with dates December 1, 2015 and after will be reprocessed. No action is required from providers.

#### **List of Allowable DME HCPCS Codes for Podiatry Providers**

Effective May 30, 2018, the following list of Durable Medical Equipment (DME) HCPCS codes billed by a Podiatrist will be payable for dates of service on and after January 1, 2016. All other DME HCPCS codes must be billed by a provider credentialed as a DME provider.

HCPCS Code	Description
A4208	3 Cc Sterile Syringe Needle
A4570	Splint
A4590	Special Casting Material
A6010	Collagen based wound filler, dry form, per gram of collagen
A6010-A1	Collagen based wound filler, dry form, per gram of collagen
A6250	Skin Seal Protect Moisturizer
A6402	Sterile Gauze <= 16 Sq. In
A6449	Light compression bandage, elastic, knitted/woven, width 3-5 in. per yard
A6456	Zinc paste impregnated bandage, non-elastic, knitted/woven, width 3-5 in. per yard
E0114-NU	Crutch Underarm Pair No Wood
L3260	Ambulatory Surgical Boot Each
L3260-LT	Ambulatory Surgical Boot Each
L3260-RT	Ambulatory Surgical Boot Each
L3265-RT	Plastazote Sandal Each
L4360-KT	Pneumatic Walking Splint
L4360-KX	Pneumatic Walking Splint
L4360-LT	Pneumatic Walking Splint
L4360-RT	Pneumatic Walking Splint
L4361-KX	Walking boot, pneumatic and/or vacuum, with or without joints, with or without interface material, prefabricated, off-th
L4361-LT	Walking boot, pneumatic and/or vacuum, with or without joints, with or without interface material, prefabricated, off-th
L4361-NU	Walking boot, pneumatic and/or vacuum, with or without joints, with or without interface material, prefabricated, off-th
L4361-RT	Walking boot, pneumatic and/or vacuum, with or without joints, with or without interface material, prefabricated, off-th

HCPCS Code	Description
L4386-KX	Non-Pneumatic Walking Splint, With Or Without Joints, Prefabricated, I
L4386-LT	Non-Pneumatic Walking Splint, With Or Without Joints, Prefabricated, I
L4387-LT	Walking boot, non-pneumatic, with or without joints, with or without interface material, prefabricated, off-the-shelf
L4387-NU	Walking boot, non-pneumatic, with or without joints, with or without interface material, prefabricated, off-the-shelf
Q4038	Cast supplies, short leg cast, adult (11 years +), fiberglass
Q4038-LT	Cast supplies, short leg cast, adult (11 years +), fiberglass
Q4038-RT	Cast supplies, short leg cast, adult (11 years +), fiberglass
Q4040	Cast supplies, short leg cast, pediatric (0-10 years), fiberglass
Q4045	Cast supplies, short leg splint, adult (11 years +), plaster
Q4046	Cast supplies, short leg splint, adult (11 years +), fiberglass

If you wish to be credentialed as a DME provider, please complete a contract request form located on our website at [www.amerihealthcaritasla.com](http://www.amerihealthcaritasla.com) > Providers > Non-contracted providers > Contracting 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.