



P.O. Box 83580
Baton Rouge, LA 70884

www.amerhealthcaritasla.com

Non-Participating Provider Emergency Services Payment Guidance

AmeriHealth Caritas Louisiana will reimburse non-participating hospital providers for emergency room services that are rendered to treat an Emergency Medical Condition for ACLA members. An Emergency Medical Condition is defined as,

A medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in: (a) placing the health of the individual (or with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy, (b) serious impairment to bodily functions, or (c) serious dysfunction of any bodily organ or part.

Payment

Emergency room services will be reimbursed using the Louisiana Medicaid Rates. No prior authorization or notification is required for non-participating providers or hospitals. AmeriHealth Caritas Louisiana does reserve the right to request the emergency room medical records to audit the encounter if necessary.

Filing Your Claim

Submit claims to AmeriHealth Caritas Louisiana at the following address:

AmeriHealth Caritas Louisiana Claims Processing Department
P.O. Box 7322
London, KY 40742

ACLA encourages all providers to submit claims electronically. For those interested in electronic claim filing, contact your EDI software vendor or Change Healthcare's Provider Support Line at 877-363-3666 to arrange transmission.

You can also obtain additional claims information in the Claims Filing Instructions Manual under Billing and Claims on the Providers tab of our website at www.amerhealthcaritasla.com.

Complaints

ACLA encourages providers to try to resolve their concerns by calling the AmeriHealth Caritas Louisiana Provider Services Line at 1-888-922-0007.

Disputes

Please review the dispute process outlined on the website and submit your information in writing to:

Attn: Provider Disputes
AmeriHealth Caritas Louisiana
P. O. Box 7323
London, KY 40742

Please remember that you are not permitted to balance bill a member for services provided in the emergency room for any additional payment.