

October 2020

#### OVERVIEW:

Aetna Better Health of Louisiana (ABHLA) is aligned with the Louisiana Department of Health's Medicaid Services Manual, and would like to remind providers to refer to these manuals when submitting claims. If the manual requires additional guidance impacting reimbursement, the details will be outlined by ABHLA in a supporting reimbursement policy.

ABHLA reviews claims for the same provider, same patient, and same date of service. Authorizations, where applicable, and contract rates will be used to ensure full payment is remitted only once to a provider for the service provided.

In the event that a duplicate payment is made to a provider for the same service for the same patient for the same date of service, that payment will be retracted.

#### Correcting Claims

Providers have 180 days from the retracted date to submit a corrected version of the processed claim. The review and reprocessing of a claim do not constitute reconsideration or claim dispute.

Providers submitting corrected claims should ensure that the claim is clearly identified as a replacement or a cancellation.

#### CMS-1500 Claims

1. Designate the frequency type of the claim with one of the following qualifier codes in the 2300 Loop of the CLM segment CLM05-03:
  - 7 – REPLACEMENT (Replace a prior claim.)
  - 8 – VOID (Void or cancel a prior claim.)
2. Enter the original claim number from the remittance advice in the 2300 loop of the REF segment.

#### UB04 Claims

1. Designate the bill type of the claim with one of the following as the third digit for "frequency" in the 2300 Loop of the CLM segment CLM05-01:
  - 7 – REPLACEMENT (Replace a prior claim.)
  - 8 – VOID (Void or cancel a prior claim.)
2. Enter the original claim number from the remittance advice in the 2300 loop of the REF segment.

See the [ABHLA Provider Manual](#) for additional information about claims submission.



Aetna Better Health® of Louisiana

Please note that providers may see reimbursement impacted if not aligned to the Louisiana Department of Health's Medicaid services manual within 30 days of the date of this reminder notification.

**Questions and Support:**

For questions, please contact [LAProvider@AETNA.com](mailto:LAProvider@AETNA.com) or call 1-855-242-0802 and follow the prompts.