



## Aetna Better Health® of Louisiana

### Reimbursement Policy Statement Louisiana Medicaid

<b>Original Issue Date</b>	<b>Next Annual Review</b>	<b>Effective Date</b>	
01-27-2020	11-01-2020	03-01-2020	
<b>Policy Name</b>			<b>Policy Number</b>
OUT OF STATE OUTPATIENT CCR			ABHLA-RP-0153
<b>Policy Type</b>			
Medical	Administrative	Pharmacy	<b>Reimbursement</b>

Aetna Better Health of Louisiana reimbursement policies are intended to provide a general reference for claims filing, coding and documentation guidelines. Coding methodology, regulatory requirements, industry-standard claims logic, benefits design and other factors not listed in this policy statement are considered in the development of reimbursement policies.

In addition to this Policy, reimbursement of rendered services are subject to member benefits, eligibility on the date of service, medical necessity, other plan policies and procedures, claim editing logic, provider contracts and all applicable authorization, notification and utilization management guidelines set forth by the Louisiana Department of Health (LDH) and the Centers for Medicare and Medicaid Services (CMS).

This policy does not ensure either an authorization or reimbursement of services. Please refer to the plan contract for the service(s) referenced therein. If there is a conflict between either this policy or the plan contract, then the plan contract will be the controlling document used to make an authorization or payment determination.

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## Aetna Better Health® of Louisiana

### A. Policy

Aetna Better Health of Louisiana implements comprehensive and robust policies to ensure alignment with Louisiana Department of Health (LDH) and to warrant that regulatory standards are met. Per the Hospital Services Provider Manual, out of state outpatient hospital services not otherwise reimbursed on a fee schedule should be reimbursed at 31.04% of covered services. The effective date of implementation for this reimbursement policy is contingent upon the Louisiana Department of Health's endorsement.

### B. Overview

Aetna Better Health of Louisiana will reimburse out of state outpatient hospital services not otherwise reimbursed on a fee schedule or single case agreement (SCA) at 31.04% of covered services in accordance with the Hospital Services Provider Manual.

### C. Definitions

**Outpatient Hospital Ambulatory Surgery:** outpatient surgeries that are paid based on grouping rates and must be billed with revenue code 490 (ambulatory surgery care) and the appropriate procedure code.

**Outpatient Hospital Services:** sometimes called ambulatory care, are defined as medical care or treatment that does not require an overnight stay in a hospital or medical facility.

### D. Reimbursement Guidelines

Aetna Better Health of LA will employ a claim edit that will pay out of state outpatient hospital claims at 31.04% of covered services not otherwise reimbursed on the Louisiana Medicaid Outpatient Hospital Ambulatory Surgery Fee Schedule for Non-Rural and Non-State Hospitals or the Louisiana Medicaid Outpatient Hospital Services Fee Schedule for State Hospitals.

### E. Review/Revision Date

Action	Date	Comments
Date Issued	1/27/2020	
Effective Date	3/1/2020	



## Aetna Better Health® of Louisiana

### F. Resources

**Louisiana Department of Health, Hospital Services Provider Manual**

<https://www.lamedicaid.com/provweb1/providermanuals/manuals/Hosp/Hosp.pdf>

**Louisiana Department of Health Medicaid Outpatient Hospital Ambulatory Surgery Fee Schedule for Non-Rural and Non-State Hospitals**

[https://www.lamedicaid.com/provweb1/fee\\_schedules/Out\\_Amb\\_FS\\_non-Rural\\_non-State.pdf](https://www.lamedicaid.com/provweb1/fee_schedules/Out_Amb_FS_non-Rural_non-State.pdf)

**Louisiana Department of Health Medicaid Outpatient Hospital Services Fee Schedule for State Hospitals**

[https://www.lamedicaid.com/provweb1/fee\\_schedules/RF-0-76SH\\_FEESCHED.PDF](https://www.lamedicaid.com/provweb1/fee_schedules/RF-0-76SH_FEESCHED.PDF)