



Aetna Better Health® of Louisiana

Reimbursement Policy Statement Louisiana Medicaid

Original Issue Date	Next Annual Review	Effective Date	
05/30/2018	06-25-2019	06-25-2018	
Policy Name		Policy Number	
LA Policy- Limit reimbursement and Frequency for Multiple General Anesthesia Service Codes on Same Date of Service		ABHLA-RP-0120	
Policy Type			
Medical	Administrative	Pharmacy	Reimbursement

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. The effective date of implementation for this reimbursement policy is contingent upon the Louisiana Department of Health's endorsement. Aetna will limit reimbursement and frequency for multiple general anesthesia service codes billed for the same date of service to the code with the highest submitted charge amount.

B. Overview

Rationale:

Procedure codes in the Anesthesia section of the *Current Procedural Terminology* (CPT) manual are to be used to bill for surgical anesthesia procedures.

Specifications:

Several general anesthesia codes, particularly CPT codes 00100-01999, will be limited to Aetna reimbursement. The highest amount charged will be the one paid for primarily when the claim has several anesthesia codes on the same date of service.

C. Definitions

Anesthesia: medically induced coma and loss of protective reflexes resulting from the administration of one or more general anesthetic agents.

D. Reimbursement Guidelines

1. Providers must use CMS 1500;
2. http://www.lamedicaid.com/provweb1/fee_schedules/Anesthesia_Current.pdf

E. Codes/Condition of Coverage

CPT Codes:

00100-01999

F. Frequently Asked Questions

Q: In what section of the CMS 1500 form are additional Anesthesia services billed?

A: Additional services are billed on line 19 of the CMS 1500.

G. Review/Revision Date

Action	Date	Comments
Date Issued	05/30/2018	
Date Revised		



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Effective Date	06/25/2018	
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H. Resources

Louisiana Department of Health State Contract, regulations, Provider Manual, fee schedules and notices

<http://www.lamedicaid.com/provweb1/Providermanuals/manuals/PS/PS.pdf>

Individual state Medicaid regulations, manuals & fee schedules

http://www.lamedicaid.com/provweb1/fee_schedules/feeschedulesindex.htm

American Medical Association, *Current Procedural Terminology (CPT[®]) Professional Edition* and associated publications and services

<https://www.ama-assn.org/>

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services

<https://www.cms.gov/>