



Aetna Better Health® of Louisiana

Reimbursement Policy Statement Louisiana Medicaid					
Original Issue Date		Next Annual Review		Effective Date	
05/30/2018				08/01/2018	
Policy Name				Policy Number	
Evaluation and Management Services				ABHLA-RP-0138	
Policy Type					
Medical		Administrative		Pharmacy	
				Reimbursement	

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.

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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A. Policy

In accordance with federal guidelines of evaluation and management services and LA Medicaid guidelines, new patient services will be denied if billed within the last three (3) years for bill types 12X, 13X, 14X, 71X, 72X and 73X.

B. Overview

Rationale:

The Recovery audits have identified claims with "New Patient" Evaluation and Management (E&M) services to have inappropriate reimbursement, because the new patient services have been billed two or more times within a 3-year period by the same physician or physician group.

Specifications:

Medicaid defines the phrase "new patient" to mean a patient who has not received any professional services, i.e., E&M service or other face-to-face service (e.g., surgical procedure) from the physician or physician group practice (same physician specialty) within the previous three (3) years.

C. Definitions

Evaluation and Management Services: services that determine the patient type (new or established), setting of service (facility) and level of E/M performed.

D. Reimbursement Guidelines

http://www.lamedicaid.com/provweb1/fee_schedules/FEESCHED.pdf

E. Codes/Condition of Coverage

12X: Hospital inpatient Part B
13X: Hospital outpatient
14X: Hospital other part B
71X: Rural health clinic
72X: Clinic based or independent renal dialysis center
73X: Clinic freestanding
74X: Clinic (other)

F. Frequently Asked Questions

Q: What kind of leveling CPT code sets are utilized when implementing claims for E/M Services?

A: The three types of codes provided are history, examination and medical decision making. Generally, the more complicated the service, the higher level of E/M coding.

Q: What are the elements required for each type of history when utilizing E/M History?



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A: Some elements are the Chief complaint (CC) , the history of present illness (HPI), the review of symptoms (ROS) and the past, family, and/or social history (PFSH) are included in the history of E/M Services.

G. Review/Revision Date

Action	Date	Comments
Date Issued		
Date Revised		
Effective Date		Effective date contingent upon LDH approval

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/>