

To: AmeriHealth Caritas Louisiana Providers

Date: March 13, 2018

Subject: Important Billing and Claims Processing Updates

Summary: Important updates that may affect billing and claims processing.

***Important Note:** All claims submitted to AmeriHealth Caritas Louisiana must comply with applicable state and federal guidelines, state contract requirements, reimbursement policies, and submission requirements. For the most current information on claims submission procedures and health plan policies, please visit our website and refer to the Claims Filing Instructions.*

Fee Schedule Updates, System Updates, and Reminders

- Home Health Rate Updates: **Effective January 5, 2018**, AmeriHealth Caritas Louisiana updated our system with Louisiana Medicaid's Home Health rates. All claims with dates of service 1/01/17 through 1/05/18 were reprocessed on 1/11/18. There is no action required by providers.
- Age Restriction Removed from Code J0696 (Injection, ceftriaxone sodium per 250 mg) – **Effective November 28, 2017**, In accordance with LDH's policy the age restriction on code J0696 was removed. Claims denied beginning **with dates of service January 1, 2017 and forward** that were billed with J0696 have been reprocessed.
- Gender Restriction Removed from HCPCS codes A4267 and A4268 – **Effective January 4, 2018**, AmeriHealth Caritas Louisiana removed the gender restrictions on HCPCS codes A4267 (contraceptive supply, condom male, each) and A4268 (Contraceptive supply, condom female, each) in accordance with LDH's policy beginning 7/1/16 for the Louisiana Medicaid Expansion. Claims with these codes should no longer deny for "invalid gender for procedure". Providers do not need to take action. Claims beginning with dates of service 7/1/2016 and forward will be reprocessed.
- REMINDER: Use Specific CPT/HCPCS Codes When Billing J Codes with NDCs -The most specific CPT/HCPCS code must be used when billing injectable medications.

Please remember the following:

- In most instances, NDC numbers are assigned a CPT or HCPCS code. Most injectable medications begin with a "J", but this is not always the case. It is important that claims be submitted with the most accurate information when billing for injectable medications that are administered in the office during a patient's visit.
- Unclassified code J3490 should only be used when there is not a specific CPT or HCPCS code for the NDC.

- When billing for Compound 17-P you would use the NDC and corresponding CPT or HCPCS code for the main component of the compound.
- **REMINDER: Consent for Sterilization Form is Required** – In accordance with Louisiana Medicaid policy on sterilizations, AmeriHealth Caritas Louisiana requires that a current copy of the completed consent for sterilization form must be attached to all claims for sterilization, including attending physician, assistant surgeon, anesthesiologist, and hospital claims. **Only hard-copy claims will be processed.** If the requirement is not met, the claim(s) will be denied. The form can be found on www.lamedicaid.com under Forms/Files/Surveys/User Manuals.
- **Breast Cancer Susceptibility Gene (BRCA) CPT Codes:** AmeriHealth Caritas Louisiana has updated our system to allow payment for the following BRCA codes. The codes are subject to a lifetime limitation:

BRCA CPT Codes	Description
81211	BRCA1, BRCA2 (breast cancer1 and 2) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis and common duplication/deletion variants in BRCA1 (ie, exon 13 del 3,835kb, exon 13 dup 6kb, exon 14-20 del 26kb, exon 22 del 510bp, exon 8-9 del 7.1kb)
81214	BRCA1 (breast cancer 1) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis and common duplication/deletion variants (ie, exon 13 del 3835kb, exon 13 dup 6kb, exon 14-20 del 26kb, exon 22 del 510bp, exon 8-9 del 7.1 kb)
81216	BRCA2 (breast cancer 2) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis

In order for the above codes to be considered for payment, they must be paired with the following codes:

BRCA CPT Codes	Description
81212	185delAG, 5385insC, 6174delT variants
81213	uncommon duplication/deletion variants
81215	known familial variant
81217	known familial variant

Claims for dates of service on or after January 1, 2017, which were previously denied were reprocessed on 1/17/2018.

- **HCPCS 97530 (therapeutic activities)** – AmeriHealth Caritas Louisiana has updated our system to pay the HCPCS rate on HCPCS code 97350 when billed with revenue code 0420. See descriptions below:

HCPCS Code	Description
97530	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes.
Revenue Code	Description
0420	Physical Therapy-General

Claims for dates of service on or after January 1, 2017, which were previously denied, were reprocessed on 1/12/2018.

- Revenue Code 370: Effective 12/21/2017, AmeriHealth Caritas Louisiana updated our system to allow revenue code 370 when billed without a HCPCS code. Revenue Code 370 is an exempt revenue code and does not require a HCPCS code for payment. Claims beginning with dates of service 1/1/2017 through 12/21/2017 that were denied were reprocessed on 2/21/2018 to be considered for payment. Providers do not need to take action.

Value Added Services

- Codes 96160-U1, 96160-U4, 96161-U1, and 96161-U4 (physical and behavioral health screenings) - AmeriHealth Caritas Louisiana is updating our system to allow payment for codes 96160-U1, 96160-U4, 96161-U1, and 96161-U4. Claims for dates of service on or after January 1, 2017, which were previously denied, will be reprocessed. Please see below for description of codes and reimbursement.

Code	Description	Fee
96160-U1	BH screening performed by a physical health provider, administered to the member (PHQ-9/PSQ).	\$15.00
96160-U4	Physical health screening performed by a behavioral health provider, administered to the member (Health & Wellness Questionnaire).	\$15.00
96161-U1	BH screening performed by a physical health provider, administered to the member’s parent or guardian for the benefit of the member (PHQ-9/PSQ).	\$15.00
96161-U4	Physical health screening performed by a behavioral health provider, administered to the member’s parent or guardian for the benefit of the member (Health & Wellness Questionnaire).	\$15.00

- Follow-up: Policy Changes for Papanicolaou (PAP) Test / Cervical Cancer Screenings – This is a follow-up to the notification included in AmeriHealth Caritas Louisiana’s Provider Post regarding Pap Tests for members under 21 years of age.

AmeriHealth Caritas Louisiana has chosen to continue covering Pap Tests (or cervical cancer screenings) for pregnant members under 21 years of age as a value-added service regardless of ACOG criteria. The claims must be submitted with the appropriate diagnosis **within the ICD-10 code set of O00.XX-O99.XX** or they will deny.

Behavioral Health Providers

- Coordination of Benefits (COB) Bypass for Some Specialized Behavioral Health Services Providers (BHSP) – In accordance with the LDH Informational Bulletin IB 15-17, AmeriHealth Caritas Louisiana updated our system to bypass COB edits on professional claims for Specialized Behavioral Health services billed by Licensed Professional Counselors (LPC), Licensed Marriage and Family Therapists (LMFT), and Licensed Addiction Counselors (LAC). **This only applies to dual eligible enrollees who have specialized behavioral health benefits under AmeriHealth Caritas Louisiana.**

Previously, these claims required an Explanation of Benefits (EOB) in order to be considered for payment. **Effective November 8, 2017**, these claims no longer deny for an EOB. Claims denied prior to the effective date will be automatically reprocessed.

IB 15-17 can be found on the Louisiana Department of Health's website at www.ldh.louisiana.gov > Healthy Louisiana > Informational Bulletins.

Neonatal Services

- Neonatal Providers: New Policy for Billing Identical Services – **Effective November 28, 2017**, AmeriHealth Caritas Louisiana began reimbursing practitioner affiliates of Neonatal Group Practices for Neonatology and Infant Critical when a claim for the identical service is billed by another provider. Claims will no longer deny for units exceeding allowed amount.
- New Circumcision Prior Authorization Policy for Neonatal Providers – **Effective November 30, 2017**, AmeriHealth Caritas Louisiana ACLA waived the prior authorization requirement for routine circumcisions of premature/ill infants during the initial hospitalization when billed with:
 - an appropriate diagnosis code for Encounter for Routine Circumcision, and
 - one or more applicable diagnosis code(s) from range P00.0-P96.9.

Claims that meet the above criteria will be reimbursed without prior authorization. Claims that do not meet both criteria are subject to prior authorization requirements. Eligible claims for dates of service on or after January 1, 2017 will be reprocessed automatically.

Podiatry Providers

- Podiatry Codes Update – **Effective March 30, 2017**, LDH discontinued use of the Podiatry table (Appendix D of the Professional Services Provider Manual) in its reimbursement methodology. In accordance with this new policy, AmeriHealth Caritas Louisiana updated our system to include CPTs that are published on the Louisiana Medicaid Professional Services Fee Schedule and fall within the podiatrist's scope of practice.

Claims for dates of service on or after January 1, 2016, were reprocessed on October 20, 2017.

- DME Code L1920 Covered for Podiatrist – **Effective December 13, 2017**, AmeriHealth Caritas Louisiana added DME code L1920 as a covered code when billed by Podiatrists. Previously this code was not payable when billed by Podiatrist.
- REMINDER: Place of Service Codes for Podiatry DME Claims - Podiatrists are allowed to bill some DME items when provided during an office visit. Podiatry DME claims billed must be billed with

place of service 11 “Office” or 20-“Urgent Care”. Podiatry DME claims billed with any other place of service are subject to recovery.

Questions:

Thank you for your continued support and commitment to the care of our members. If you have questions about this communication, please contact AmeriHealth Caritas Louisiana’s Provider Services department at 1-888-922-0007 or your Provider Network Management Account Executive.