

# Provider Relations Newsletter

Winter 2017



## Table of Contents

Has your information changed?.....	1
Opioid Analgesic Treatment.....	1
Partnering with you for cardiovascular care .....	2
Cross claim type adjudication .....	2
Mom and baby claims .....	2
Split Billing.....	3
Clinical Policy Bulletins .....	3
Observation billing .....	4
Evacuateer Continuity Workshop.....	6
Ensuring fast and accurate payment for our Hospice providers.....	6
Scheduling a Peer-to-Peer meeting	7
Credentialing Changes .....	8
Provider Relations Liaisons .....	8

## Has your information changed?

Aetna Better Health of Louisiana is committed to having the most accurate and up-to-date information in our system for you and your group. Please contact our Provider Relations Department **with updates to your phone or fax numbers, physical or mailing address, and to add your email address** to our system.

For updates or changes to your demographic information, contact our Aetna Better Health of Louisiana Provider Relations by calling **1-855-242-0802**, and selecting option 2 then option 6 or send your update via email at **LouisianaProviderRelationsDepartment@aetna.com**.

## Opioid Analgesic Treatment

The Louisiana Department of Health (LDH) has issued a universal prior authorization form for controlled substances, including Opioids. The Opioid Analgesic Treatment Worksheet, went into effect on March 22, 2017 and is available for download on our website by visiting **aetnabetterhealth.com/louisiana/providers/pharmacy**.

For questions regarding the prior authorization of controlled substances, including Opioids, please contact Aetna Better Health of Louisiana Provider Relations by calling **1-855-242-0802**, and **selecting option 2 then option 6**.

Aetna Better Health<sup>®</sup> of Louisiana

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[aetnabetterhealth.com/louisiana](http://aetnabetterhealth.com/louisiana)

## Partnering with you for cardiovascular care

St. Thomas Community Health Center added the St. Thomas Heart & Vascular Center in December 2016. The comprehensive cardiovascular program is the first of its kind offered by a Federally Qualified Health Center (FQHC) in the region, bridging access to quality cardiovascular care in New Orleans. A full-range of highly specialized diagnostic and interventional care is available five days a week from 8 a.m. to 5 p.m. including echocardiography, vascular ultrasound, stress testing, and ambulatory ECG monitoring.

Most importantly, your member will remain your member. St. Thomas has the goal of partnering with you for the best patient care and we support their efforts.

Led by Dr. Arthur “Chip” Grant, the program will utilize the facilities at University Medical Center New Orleans (UMC) for cardiac and vascular angiography and intervention.

You can currently view a complete of the services offered by St. Thomas Heart & Vascular Center at [sthvc.com](http://sthvc.com). St. Thomas Heart & Vascular Center is in the middle of a website rebuild so this page, and the rest of the site can be more comprehensive.

## Mom and baby claims

Aetna Better Health of Louisiana would like to remind our hospitals to bill labor and delivery charges for mom and baby separately. When these charges are billed together, this causes an issue for our system and yours and we would like to ensure fast and accurate payment for you the first time.

If you have any questions regarding correct billing for mom and baby charges, please contact Aetna Better Health of Louisiana Provider Relations by calling **1-855-242-0802**, and selecting **option 2** then **option 6**.

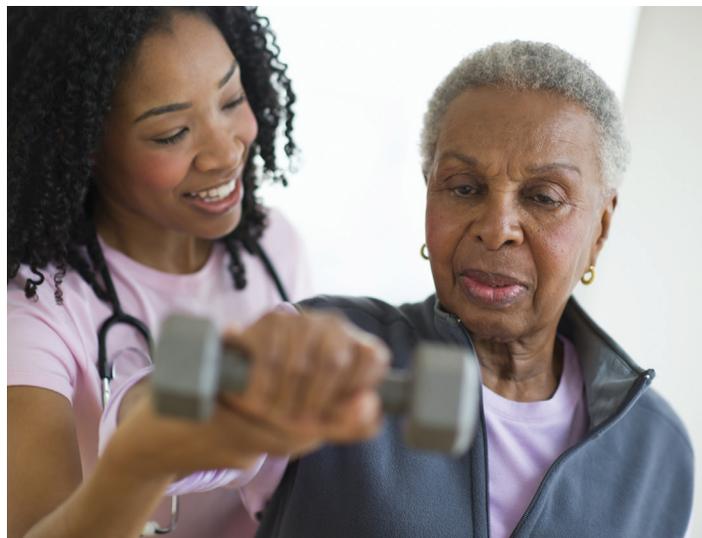
## Cross claim type adjudication

Aetna Better Health of Louisiana has developed the technology to look across claim types during claims adjudication. This will allow Aetna to correctly adjudicate claims where conflicts may exist between professional (CMS-1500) claims and institutional (CMS-1450) claims.

### For example:

- A procedure is reported by a physician in a place of service indicating a physician’s office while the same procedure is also reported by an ambulatory surgical center on a facility claim. This conflict would be identified so that the provider receives the appropriate reimbursement.
- A home infusion service is reported from a member indicating the service took place in a patient’s home on a CMS-1500 but a CMS-1450 claim indicates that the member was an inpatient during that period of time. This conflict would be identified so that the home infusion provider receives appropriate reimbursement.

Implementing this new payment policy capability to evaluate services across claim types will enable Aetna Better Health of Louisiana to more accurately and appropriately adjudicate services.



## Split Billing

Please be advised, if both prior authorized approved and unapproved days of hospital stays are billed on the same claim, the claim will be DENIED and you will be required to resubmit your claim within 90 days or it will deny again for timely filing.

To make it easier for our provider community, we ask that you keep the following in mind and split bill by:

1. Submitting prior authorized approved days will be on one claim **and**
2. Submitting unapproved days will be on a separate claim

For any questions regarding split billing, please contact Aetna Better Health of Louisiana Claims Inquiry Claims Research by calling **1-855-242-0802**, and selecting **option 2** then **option 4**.

## Clinical Policy Bulletins

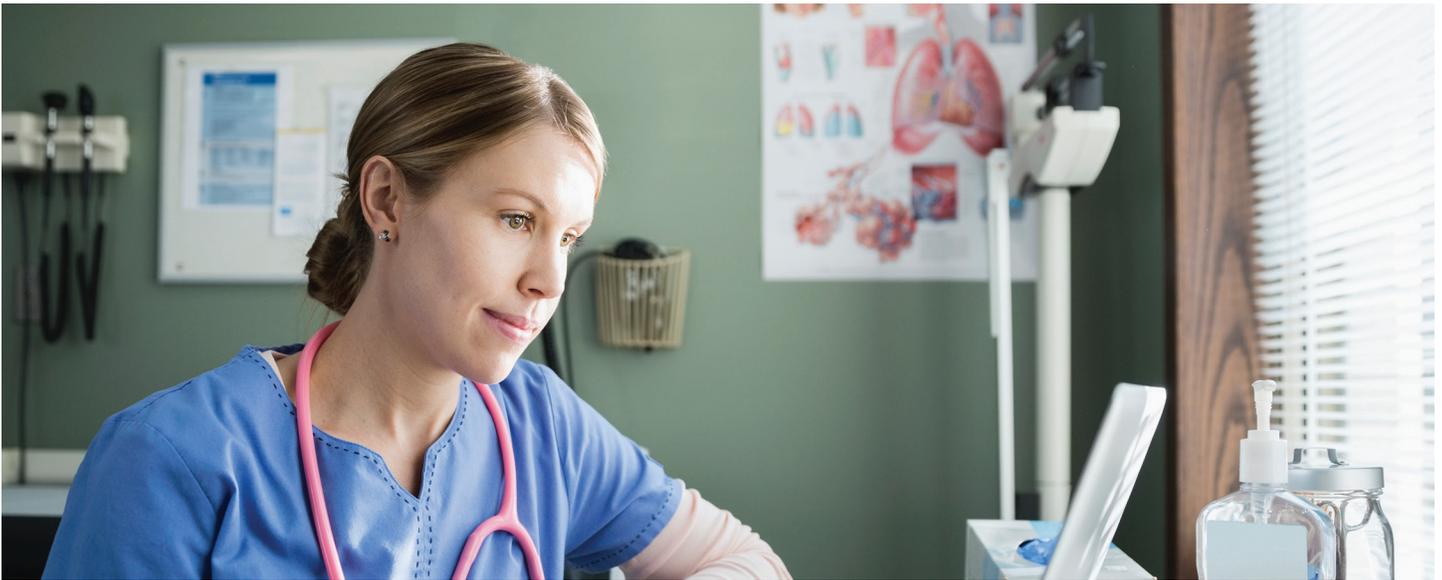
Our Clinical Policy Bulletins (CPBs) explain the medical, dental and pharmacy services we may or may not cover. They are based on objective, credible sources, such as the scientific literature, guidelines, consensus statements and expert opinions.

Our Medical Clinical Policy Bulletins (CPBs) detail the services and procedures we consider medically necessary, cosmetic, or experimental and unproven. They help us decide what we will and will not cover. CPBs are based on:

- Peer-reviewed, published medical journals
- A review of available studies on a particular topic
- Evidence-based consensus statements
- Expert opinions of health care professionals
- Guidelines from nationally recognized health care organizations

To review our CPBs, visit [aetnabetterhealth.com/louisiana/providers/guidelines](https://www.aetnabetterhealth.com/louisiana/providers/guidelines) and select the Clinical policy bulletins section.





## Observation billing

Please find below a comprehensive list of CPT codes that may be utilized for observation level of care in the areas of behavioral health and medical/surgical inpatient hospital stays. These codes require no prior authorization and can be submitted on your claims.

Initial Observation		
CPT Code	Description	Prior Authorization Requirement
99218	Initial observation care, per day, for the evaluation and management of a patient which requires these three key components: a detailed or comprehensive history, a detailed or comprehensive examination and medical decision-making that is straightforward or of low complexity. Counseling and/or coordination of care with other providers or agencies are provided, consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission to "observation status" are of low severity.	No authorization required.
99219	Initial observation care, per day, for the evaluation and management of a patient which requires these three key components: a comprehensive history, a comprehensive examination and medical decision-making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided, consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission to "observation status" are of moderate severity.	No authorization required.
99220	Initial observation care, per day, for the evaluation and management of a patient which requires these three key components: a comprehensive history, a comprehensive examination and medical decision-making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided, consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission to "observation status" are of high severity.	No authorization required for participating providers.  Authorization required for non-participating based on the availability of contracted providers.  There are no predetermined restrictions or limitations placed on this LOC

## Same Date Admit and Discharge

CPT Code	Description	Prior Authorization Requirement
<b>99234</b>	Observation or Inpatient Care Services (Including Admission and Discharge), detailed or comprehensive, straight-forward or low complexity (40 min)	No authorization is required for observation for participating providers. Inpatient Authorization is required post emergency admissions, post-stabilization of an emergency presentation or for planned (elective) admissions (prior authorization).
<b>99235</b>	Observation or Inpatient Care Services (Including Admission and Discharge), comprehensive, moderate (50 min)	No authorization is required for observation for participating providers. Authorization is required post emergency admissions, post-stabilization of an emergency presentation or for planned (elective) admissions (prior authorization).  There are no predetermined restrictions or limitations placed on this level of care (LOC).  Participating vs. non-participating is not a factor for this LOC.
<b>99236</b>	Observation or Inpatient Care Services (Including Admission and Discharge), comprehensive, high (55 min)	No authorization is required for observation for participating providers. Authorization is required post emergency admissions, post-stabilization of an emergency presentation or for planned (elective) admissions (prior authorization).  There are no predetermined restrictions or limitations placed on this level of care (LOC).  Participating vs. non-participating is not a factor for this LOC.

## Subsequent

CPT Code	Description	Prior Authorization Requirement
<b>99224</b>	Observation or Inpatient Care Services (Including Admission and Discharge), detailed or comprehensive, straight-forward or low complexity (40 min)	No authorization is required for observation for participating providers. Authorization is required post emergency admissions, post-stabilization of an emergency presentation or for planned (elective) admissions (prior authorization).  There are no predetermined restrictions or limitations placed on this level of care (LOC).  Participating vs. non-participating is not a factor for this LOC.
<b>99235</b>	Observation or Inpatient Care Services (Including Admission and Discharge), comprehensive, moderate (50 min)	No authorization is required for observation for participating providers. Authorization is required post emergency admissions, post-stabilization of an emergency presentation or for planned (elective) admissions (prior authorization).  There are no predetermined restrictions or limitations placed on this level of care (LOC).  Participating vs. non-participating is not a factor for this LOC.
<b>99236</b>	Observation or Inpatient Care Services (Including Admission and Discharge), comprehensive, high (55 min)	No authorization is required for observation for participating providers. Authorization is required post emergency admissions, post-stabilization of an emergency presentation or for planned (elective) admissions (prior authorization).  There are no predetermined restrictions or limitations placed on this level of care (LOC).  Participating vs. non-participating is not a factor for this LOC.

For questions or concerns, please contact Aetna Better Health of Louisiana Prior Authorization by calling **1-855-242-0802**, and selecting **option 2** then **option 5**.

# Evacuteer Continuity Workshop

Evacuteer is once again offering our popular Continuity of Operations Planning (COOP) Workshop for local businesses and organizations that want to learn how to create or improve their existing continuity plan in case of emergency or disaster.

Continuity of Operations Planning (COOP) is the process of developing and practicing a logical plan for how a business or organization will recover and restore critical functions within a certain period of time after an emergency or extended disruption. Our goal is to support the resilience of the businesses

and organizations in our community and help you to reduce the level of risk and cost to your organization and the impact on your staff, customers, clients, and suppliers.

Workshops are scheduled for either Wednesday, April 5 from 9 a.m. to 12 p.m. or Thursday, April 6 from 5:30 p.m. to 8 p.m..

For more information and to register, visit <http://www.evacuteer.org/partners/>.

## Ensuring fast and accurate payment for our Hospice providers

Please be advised of the following billing guidelines for Hospice providers. We ask that you follow the Louisiana Medicaid Program Hospice Provider Manual and bill your hospice claims with only Rev Codes. Adding a HCPCS to Hospice services will cause your claims to deny.

You may find the Louisiana Medicaid Program Hospice Manual at <http://www.lamedicaid.com/provweb1/Providermanuals/manuals/Hospice/Hospice.pdf>

<b>LOUISIANA MEDICAID PROGRAM</b>										<b>ISSUED: 06/07/16</b>	
										<b>REPLACED: 10/14/15</b>	
<b>CHAPTER 24: HOSPICE</b>											
<b>APPENDIX E: UB-04 FORM AND INSTRUCTIONS</b>										<b>PAGE(S) 43</b>	

<b>SAMPLE HOSPICE CLAIM FORM</b>											
<b>WITH AN ATTENDING PROVIDER ONLY</b>											
<b>(WITH ICD-10 DIAGNOSIS CODE DATES ON OR AFTER 10/1/15)</b>											

1 HOSPICE CARES		2		5a. ICD-10 CODE #		11111111		4 TYPE OF BILL		814			
987 CORN ST.				5 MED. REC. #		111111111111							
ANYWHERE, LA 71111				6 FED. TAX NO.				9 STATEMENT COVERS PERIOD FROM		100115			
								THROUGH		102015			
8 PATIENT NAME a. DOE, JOHN				3 PATIENT ADDRESS a. 1235 ANYSTREET				c. LA		d. 71111		e.	
10 BIRTHDATE		11 SEX		12 DATE OF ADMISSION		13 ICD-10 CODE		14 D-H-R		17 STAT		18	
MMDDYY		M		080515		40				19		20	
21 OCCURRENCE DATE		22 OCCURRENCE CODE		23 OCCURRENCE DATE		24 OCCURRENCE CODE		25 OCCURRENCE SPAN FROM		26 OCCURRENCE SPAN THROUGH		27	
28		39 VALUE CODES		40 VALUE CODES		41 VALUE CODES		42		43		44	
		AMOUNT		AMOUNT		AMOUNT							
a		61 3880.00		61 3880.00		61 3880.00							
b		61 3880.00		61 3880.00		61 3880.00							
c													
d													
42 REV. CL.		43 DESCRIPTION		44 HCPCS / RATE / HPPS CODE		45 SERV. DATE		46 SERV. UNITS		47 TOTAL CHARGES		48 NON-COVERED CHARGES	
651		ROUTINE HOME CARE				100115		5		400.00			
651		ROUTINE HOME CARE				100815		1		80.00			
652		CONTINUOUS HOME CARE				102015		18		1800.00			
656		GENERAL INPATIENT CARE				101515		4		500.00			
657		PHYSICIAN SERVICES		99231		101615		1		75.00			

For questions or concerns, please contact Aetna Better Health of Louisiana Provider Relations by calling **1-855-242-0802**, and selecting **option 2** then **option 6**.

# Scheduling a Peer-to-Peer meeting

**PURPOSE:** A peer to peer is an opportunity for a doctor-to-doctor discussion related to a denial decision that will allow the provider an opportunity to explain why a service/medication was completed or authorized and should be paid or otherwise overturned.

There are three (3) types of peer to peers: 1) pharmacy, 2) medical, or 3) radiology denials. Each request is scheduled differently and explained below for quick reference.

**The Aetna Better Health of Louisiana employee should follow the directions below based on the peer to peer request type.**

Type	Responsible Party	Directions
<b>Pharmacy</b>	Pharmacy Prior Auth Agent – AZ	<p>Inform the provider of the instructions below:</p> <ol style="list-style-type: none"> <li>1. Provider should dial the main Aetna Better Health of Louisiana line: <b>855-242-0802</b></li> <li>2. Select Option 2 (Are you a provider?)</li> <li>3. Select Option 2 (Calling about Pharmacy Prior Auth?)</li> <li>4. Agent will answer to schedule the Pharmacy P2P</li> <li>5. Schedule the P2P with the Pharmacy Prior Auth Agent</li> </ol>
<b>Medical</b>	<p><b>Brigetta Larkins</b> E-mail: <b>LarkinsB@aetna.com</b></p> <p>Inform the provider of the instructions below:</p> <ol style="list-style-type: none"> <li>1. Providers should call the main Aetna Better Health of Louisiana number: <b>1-855-242-0802</b></li> <li>2. Select Option 2 (Are you a provider?)</li> <li>3. Select Option 1 (Request a PA Rep. to schedule the P2P.)</li> </ol>	<p>Aetna Better Health of Louisiana staff should contact Brigetta Larkins as follows:</p> <p><b>E-Mail:</b></p> <ol style="list-style-type: none"> <li>1. Secure the following information and send e-mail <ul style="list-style-type: none"> <li>- Physician Name:</li> <li>- Hospital/Facility Name:</li> <li>- Physician Phone No.:</li> <li>- Preferred Time for Call:</li> <li>- Auth. No.:</li> <li>- Member Name:</li> </ul> </li> </ol> <p><b>Phone Calls:</b></p> <ol style="list-style-type: none"> <li>2. Internal calls should be transferred to Brigetta Larkins at <b>959-299-6520.</b></li> </ol>
<b>Radiology Services</b>	eviCore	<p>Note: These cases are identified with an Authorization number that starts with an "A" (Ex. A33729822). These cases do not have the template format in the notes of Aetna Better Health of Louisiana cases.</p> <p>Inform the provider of the instructions below:</p> <ol style="list-style-type: none"> <li>1. Provider should dial the number below to reach an Intake Agent <b>eviCore: 1-888-693-3211</b></li> <li>2. Provider should explain desire to schedule a P2P.</li> <li>3. Schedule the peer to peer with the eviCore representative.</li> </ol>



## Credentialing Changes

We are in the middle stages of implementing some changes to our credentialing process. These changes are to ensure our members are receiving quality care from our providers. And to ensure our providers are properly credentialed and receiving the benefits of being contracted and credentialed with Aetna Better Health of Louisiana in a timely manner. Our changes are as follows and applicable to new provider credentialing and recredentialing:

1. **CAQH:** Please complete your Credentialing Council for Affordable Quality Health Care (CAQH®) application and reattest at least every 90 days. The credentialing process is easier and faster when a complete application (including initial attestation or reattestation) is available on the CAQH® web portal.

2. **OIG Form:** Aetna Better Health of Louisiana Provider & Subcontractor Disclosure of Ownership & Controlling Interest Worksheet. To comply with Federal law (42 CFR 455.100-106), health plans with Medicaid business must obtain certain information about the ownership and control of entities with which the health plan contracts for services for which payment is made under the Medicaid program.

For any questions regarding changes to our credentialing requirements, please contact Aetna Better Health of Louisiana Provider Relations by calling **1-855-242-0802**, and selecting **option 2** then **option 6**.

## Provider Relations Liaisons

If you have any issues or concerns, please contact your Aetna Better Health of Louisiana Provider Relations Liaison; listed below by their regional assignment.

For any questions or to contact your Provider Relations Liaison, please contact Aetna Better Health of Louisiana Provider Relations by calling **1-855-242-0802**, and selecting **option 2** then **option 6**.

Region	Provider Relations Liaison and Email Address	Phone number
1	Kathleen Dickerson <a href="mailto:DickersonK2@aetna.com">DickersonK2@aetna.com</a>	504-462-9986
2	Aieta Davis <a href="mailto:DavisA12@aetna.com">DavisA12@aetna.com</a>	225-316-3106
3	Eve Serbert <a href="mailto:SerbertE@aetna.com">SerbertE@aetna.com</a>	504-220-1413
4	Clarence Grant <a href="mailto:GrantJrC@aetna.com">GrantJrC@aetna.com</a>	504-220-1367
5	Adrian Lozano <a href="mailto:LozanoA@aetna.com">LozanoA@aetna.com</a>	504-402-3417
6	Eve Serbert <a href="mailto:SerbertE@aetna.com">SerbertE@aetna.com</a>	504-220-1413
7	Chemeka Turner <a href="mailto:TurnerC7@aetna.com">TurnerC7@aetna.com</a>	318-349-6493
8	Chemeka Turner <a href="mailto:TurnerC7@aetna.com">TurnerC7@aetna.com</a>	318-349-6493
9	Marion Dunn <a href="mailto:DunnM7@aetna.com">DunnM7@aetna.com</a>	504-444-6569
<b>Regions 1-9</b>	<b>Behavioral Health Provider Relations Liaison</b> Brandy Wilson <a href="mailto:WilsonB8@aetna.com">WilsonB8@aetna.com</a>	504-264-4016

Thank you,

Aetna Better Health of Louisiana