

October 2021

OVERVIEW:

Aetna Better Health of Louisiana (ABHLA) is aligned with the Louisiana Department of Health Medicaid Services Manual, and would like to remind providers to refer to these manuals when submitting claims. If the manual requires additional guidance impacting reimbursement, the details will be outlined by ABHLA in the Provider Manual or in a supporting reimbursement policy.

On 9/30/2021, the Louisiana Department of Health (LDH) issued [Informational Bulletin \(IB\) 21-21, Changes to Behavioral Health Services in Federally Qualified Health Centers \(FQHC\) and Rural Health Clinics \(RHC\)](#).

Changes to the coverage of behavioral health (BH) services in FQHCs and RHCs have been made for dates of service on or after 4/1/2021. These changes will ensure that all BH services claims are submitted using the H2020 encounter code. In addition, the changes allow the billing of Evaluation and Management (E/M)-only codes by certain Provider Type (PT) and Provider Specialty (PS) combinations.

Providers are asked to review the example scenarios in this notification.

Scenario One

Billing PT 72, 79, 87, and 95 with rendering provider types 31/6A-6F, AK/8E, AH/8E and 73/73 must render a behavioral health-specific service as listed in the [Specialized Behavioral Health Fee Schedule](#) to bill a behavioral health encounter (H2020).

For the following Provider Type/Provider Specialty combinations:

Provider Type	Provider Specialty
31 – Psychologist (LIC/MED) (IN-ST)	6A – Psychologist – Clinical 6B – Psychologist – Counseling 6C – Psychologist – School 6D – Psychologist – Developmental 6E – Psychologist – Non-Declared 6F – Psychologist – All Other
AK – Licensed Professional Counselor	8E – CSoC/Behavioral Health
AH – Licensed Marriage & Family Therapist	8E – CSoC/Behavioral Health
73 – Licensed Clinical Social Worker (IN-ST)	73 – Social Worker Enrollment

- T1015 or D0999 cannot be billed. Encounters will deny with edit 210 (provider not eligible).
- If an E/M service detail line (procedure code 90792 or 99202 through 99215) is submitted with an accepted H2020 and Specialized Behavioral Health (SBH) procedure code line, ONLY the E/M service detail line will be denied.
- If there are no accepted SBH service detail lines, the encounter will be denied with edit 136 (no eligible service).
- If there is not an accepted all-inclusive code H2020, the encounter will be denied with edit 136 (no eligible service).

Scenario Two

Billing PT 72, 79, 87, and 95 with rendering provider types 31/6A-6F, AK/8E, AH/8E and 73/73, billing H2020 must also include an accepted SBH service detail line on the claim. E/M codes are not acceptable and will be denied at the line level. E/M procedure codes are 90792 or 99202 through 99215. SBH services are identified in the [Specialized Behavioral Health Fee Schedule](#).

Scenario Three

Billing PT 72, 79, 87, and 95 with rendering provider types 20/26, 20/2W, 78/26, 93/26, 94/26 and 31/6G billing H2020 must include an accepted E/M detail line (procedure codes between 99202 through 99215) OR accepted SBH service detail line. SBH services are identified in the [Specialized Behavioral Health Fee Schedule](#).

For the following Provider Type/Provider Specialty combinations:

Provider Type	Provider Specialty
20 – Physician (IND & GP)	26 – Psychiatry 2W – Addiction Specialist
78 – Nurse Practitioner (IND & GP)	26 – Psychiatry
93 – Clinical Nurse Specialist	26 – Psychiatry
94 – Physician Assistant	26 – Psychiatry
31 – Psychologist (LIC/MED) (IN-ST)	6G – Psychologist – Medical

- There must be an accepted H2020 line, and:
 - at least one accepted E/M detail line (procedure codes 99202 through 99215), or
 - at least one accepted SBH service detail line
- If there are no accepted/paid detail lines with at least one E/M service detail line or at least one SBH service detail line, the encounter will deny with edit 136 (no eligible service).
- Both SBH and E/M codes may be reported and accepted on the encounter.
- If H2020 is not accepted, the encounter will deny with edit 136 (no eligible service)
- The above provider type/specialty combinations are the only behavioral health providers allowed to be reimbursed for claims with an evaluation and management HCPCS code as the only detailed line.

ABHLA is updating its claims processing systems to properly adjudicate behavioral health claims in FQHCs and RHCs, with the update being completed within 30 days from the date of this notification.

For dates of service on or after 4/1/2021, ABHLA will recycle any claims that were not paid in accordance with these changes.

Please note that providers may see reimbursement impacted if not aligned to the Louisiana Department of Health Medicaid Services Manual within 30 days of the date of this reminder notification.

Questions and Support:

For questions regarding these changes, email LAProvider@AETNA.com or call 1-855-242-0802 and follow the prompts.