

September 2020

OVERVIEW:

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

Per the [Louisiana Department of Health Medicaid Services manual Chapter 22, Federally Qualified Health Centers](#) (FQHC), are reminded of the following Behavioral Health (BH) and Physical Health (PH) guidelines.

General

- Only one encounter per type of service (BH or PH) per day, per provider, per member is covered.
- BH (encounter code H2020) and PH (encounter code T1015) encounters must always be billed separately.
- Claims including both H2020 and T1015 encounter codes will be denied.

Behavioral Health

- Claims must have a Behavioral Health diagnosis and be billed with the Behavioral Health encounter (H2020 encounter code) as the first line.
- Providers must also submit the required detail line(s) for services provided to the member on the date of service.
- Psychiatric Evaluation and Management and Psychological Testing are reimbursable once per 365 days, per attending provider for the same member.
- Unlicensed providers are prohibited from rendering community psychiatric support and treatment (CPST) services, psychosocial rehabilitation (PSR), or crisis intervention (CI) in an FQHC.
- Claims submitted for services which do not match those of the billing provider and rendering provider will not be paid.
- Claims must be billed with the FQHC as the billing provider and the individual practitioner as the rendering provider.
- All other BH services must be enumerated and billed according to standard Behavioral Health billing requirements, and must include the appropriate age modifier and credential modifier or education modifier of the rendering provider.

Physical Health

- Claims must have a Physical Health diagnosis and be billed with the medical encounter (T1015 encounter code) as the first line.
- Providers must also submit the required detail line(s) for services provided to the member on the date of service.
- Providers must bill appropriate procedure codes for long acting reversible contraceptives (LARC) and LARC insertion per the [Louisiana Department of Health Medicaid Services manual Chapter 22, Federally Qualified Health Centers](#), Section 22.4: Reimbursement. Claims including only a code for LARC or LARC insertion without an accompanying T code (encounter code) will be denied.
- Obstetrical services must bill the encounter code T1015 with modifier TH and all services performed on that date of service.

Please note that providers may see reimbursement impacted if not aligned to the Louisiana Department of Health's Medicaid services manual within 30 days of the date of this notification.

Questions and Support:

For questions, please contact LAProvider@AETNA.com or call 1-855-242-0802 and follow the prompts.