

November 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 impacting reimbursement, the details will be outlined by ABHLA in a supporting reimbursement policy.

In alignment with the Medicaid Service Manual, ABHLA uses edits and audits subjecting claims to frequency limitations per code definition, coding/clinical guidelines, anatomical consideration, nature of service/procedure, nature of analyte, prescribing information, internal policy, or National Correct Coding Initiative (NCCI).

Providers may receive denials on procedures when billed in a manner other than that defined in the Medicaid Services Manual. Claims are adjudicated based on the value of services as determined by the Centers for Medicare and Medicaid Services (CMS).

Claims where frequency limitations are exceeded, considering the date of service and any modifiers billed, will be considered overpaid and the payment retracted.

Additional Information about NCCI and the MUE edit values can be found at <https://www.medicaid.gov/medicaid/program-integrity/national-correct-coding-initiative/medicaid-ncci-reference-documents/index.html>

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 reminder notification.

Questions and Support:

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