

Provider Relations Newsletter

Summer 2019



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New Medicaid Eligibility and Enrollment System

The Louisiana Department of Health launched a new Medicaid eligibility and enrollment system. The new system will improve customer service, boost efficiency and create a more accurate and immediate approval process.

Advanced features offer self-service options for recipients and real-time eligibility decisions for applicants. It also helps Louisiana to meet the changing needs of applicants and enrollees while complying with federal and state requirements.

Benefits of Louisiana's Medicaid Eligibility and Enrollment System

- The new system will allow Louisiana residents to submit an online application and be notified of their eligibility within minutes (real-time eligibility).
- Customers will have a more convenient, self-service system, dramatically improving the customer experience. Specifically, the self-service portal will allow users to edit or change their address, employment and/or other household characteristics.

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Aetna Better Health[®] of Louisiana



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New Medicaid Eligibility and Enrollment System *Continued from page 1*

- The new automated system will also replace inefficient manual processes for caseworkers with modern new tools, technologies and electronic data sources.

How enrollment will change for recipients

- The program is expected to speed up approvals and renewals by using new tools and technology to replace manual processes.
- Medicaid enrollees will no longer receive phone calls during the renewal process. Instead, they will be notified via mail only. This mail will include further instructions on sending the Department proof that they are still eligible for benefits.
- A failure to respond by the given deadline will result in automatic closure and a loss of coverage, with certain exceptions for long-term care. It is critical that members maintain accurate contact information within the system.
- Temporarily, as workers adjust to a new system and technical issues are addressed, we expect some service delays and longer wait times on our toll-free phone line.

- The system will connect with state and federal databases to verify in real-time citizenship, income, disability and lawful presence in the United States.
- This system enables consistent enforcement of Medicaid eligibility policy, with timely, automated terminations for non-compliance.
- Medicaid caseworkers will be freed to focus more on individual clients and their cases. The automated process will increase productivity, efficiency and accuracy.
- The Medicaid Customer Service Unit is available at **1-888-342-6207** to direct anyone needing help navigating the system's new self-service portal or who may have questions about their application.

Improved accuracy

Billing According to the Louisiana Medicaid Specialized Behavioral Health Fee Schedule

Aetna Better Health of Louisiana is writing to inform you of an internal audit of behavioral health claims submitted. Behavioral health claims submitted to Aetna Better Health of Louisiana on and after January 1, 2019, have been reviewed to determine their compliance with the Louisiana Medicaid Specialized Behavioral Health Fee Schedule. **This includes billing with Age and Education modifiers where listed for services.**

Through our audit we determined many HCPCS claims where the individual provider rendering services is not identified on the claims. Instead the facility is listed as the rendering provider, which we determined is out of alignment with the Louisiana Medicaid Specialized Behavioral Health Fee Schedule.

Therefore, claims with the Facility NPI listed as the rendering provider may have been denied. As well,

any paid claims may be recovered by the health plan. Should you receive denials for this reason, you may rebill your denied claim(s) as corrected with the Individual Provider NPI listed as rendering for Aetna to reprocess and pay the claim(s).

Common HCPCS with Rendering Individual Provider Billing Questions

The below codes are to be billed with an Individual Provider NPI as the Rendering Provider (Box 24J on HCFA)

- | | | |
|---------|---------|---------|
| • H0001 | • H0015 | • H2017 |
| • H0004 | • H0036 | • H2033 |
| • H0005 | • H2011 | • S9485 |

Any questions or concerns, please contact Aetna Better Health of Louisiana Provider Relations by calling **1-855-242-0802**, and following the prompts.

Urine Drug Testing

Per LDH Informational Bulletin 19-9: Effective for dates of service on or after July 1, 2019, Medicaid has adopted the following changes to the coverage of urine drug testing:

- Presumptive drug testing is limited to 24 total tests per beneficiary per calendar year. Providers are to consider the methodology used when selecting the appropriate procedure code for the presumptive testing.
- Definitive drug testing is limited to 18 total tests per beneficiary per calendar year. CPT codes 80320-80377 for individual substance(s) or metabolites will no longer be covered. Providers should instead use HCPCS codes G0480 [Drug tests, definitive ... per day, 1-7 drug class(es), including metabolite(s) if performed] or G0481 [Drug tests, definitive ... per day, 8-14 drug class(es), including metabolite(s) if performed] or their successors.
- Testing more than 14 definitive drug classes per day is not reimbursable.

No more than one presumptive and one definitive test will be reimbursed per day per recipient, from the same or different provider.

Information regarding this policy is forthcoming and will be found on www.lamedicaid.com under the Provider Manuals link, within the Professional Services and Independent Laboratory Services manual chapters. Fee schedules will be updated accordingly and can be found at the appropriate link on www.lamedicaid.com.

Questions regarding this message and Fee-For-Service claims should be directed to **DXC Technology Provider Relations** at **1-800-473-2783** or **225-924-5040**. Questions regarding managed care claims should be directed to the appropriate managed care organization.

CLIA Number Information

Per LDH Informational Bulletin 19-8: Effective for dates of service on or after Aug. 1, 2019, Medicaid will require all providers to include a valid Clinical Laboratory Improvement Amendments (CLIA) number on all claims submitted for laboratory services. Claims submitted with an absent, incorrect or invalid CLIA number will deny.

For claims submitted using the CMS-1500 form, the CLIA number will be required in block 23. Providers should refer to the CMS 1500 Billing Instructions under the Billing Information link at www.lamedicaid.com, where complete instructions will be provided.

Information regarding this policy change is forthcoming and will be found on www.lamedicaid.com under the Provider Manuals link, within the Professional Services and Independent Laboratory manuals.

Questions regarding this message and Fee-For-Service claims should be directed to **DXC Technology Provider Relations** at **1-800-473-2783** or **225-924-5040**. Questions regarding managed care claims should be directed to the appropriate managed care organization.

CLIA Billing Information

Aetna Better Health of Louisiana Revised 10/22/2019
Louisiana Department of Health Program Policy Updated 08/26/2019

Per the Louisiana Medicaid Provider Manual, Chapter 5, Section 5.1 on Laboratory and Radiology Services:

“Providers with regular accreditation, partial accreditation, or registration certificate types are allowed by CLIA to bill for all lab codes. Providers must include their CLIA certification number on claim forms.

Providers with waiver or provider-performed microscopy (PPM) certificate types may be paid for only those waiver and/or PPM codes approved for billing by CMS.

Providers with waiver or PPM certificate wishing to bill for codes outside their restricted certificate types shall obtain the appropriate certificate through the Louisiana Medicaid’s Health Standards Section.

Claim payments can only be made for dates of service falling within the particular certification dates governing those services.

Providers are to add the QW modifier to the procedure code for all CLIA waived tests.

Providers are notified of additions and deletions to the CLIA file through the Louisiana Medicaid Provider Update and remittance advice messages.”

To review the Louisiana Medicaid Provider Manual, visit www.lamedicaid.com/provweb1/Providermanuals/manuals/PS/PS.pdf.

Any questions or concerns, please contact Aetna Better Health of Louisiana Provider Relations by calling **1-855-242-0802** and following the prompts.

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** or send your update via email at LAProvider@aetna.com.



Aetna Better Health Mobile App

Our members can get on demand access to tools they need to stay healthy with the Aetna Better Health Mobile Application. Members can find a doctor, view or request a Member ID card, change their Primary Care Physician (PCP), see their medical and pharmacy claims, view the member handbook, send us secure messages and more at any time, from anywhere.

The mobile app uses the same login ID and password as our website’s secure Member Portal. There’s no cost for the app and it’s easy to use. Members can download the app to their smart phone or tablet from the **Apple App Store** or **Google Play Store**.

Louisiana Department of Health

Informational Bulletin 19-10 - Durable Medical Equipment (DME) Coverage of Oxygen Probes

June 10, 2019

Effective with date of service June 1, 2019, new Medicaid guidelines apply for oxygen probes used with an oximeter device. Prior authorization is required for oximeter supplies, including oxygen probes and tape. For rented equipment, coverage for these supplies is included in the rental reimbursement rate on file. For purchased equipment, coverage for the supplies will have the following limitations:

- Disposable oxygen probes are limited to four per month;
- Replacement oxygen probes are limited to one every six months; and
- Oxygen probes and tape cannot be billed with pulse oximeter equipment in the same month of service. (Billing of probes and equipment in the same month will result in denial of the probes.)

Durable medical equipment (DME) providers will submit the appropriate Healthcare Common Procedure Coding System (HCPCS) code and modifier from the Durable Medical Equipment, Prosthetics, Orthotics & Supplies (DMEPOS) fee schedule to bill for these supplies. The rate on file for the HCPCS code includes reimbursement for the tape. The U5 modifier (oxygen probe for use with oximeter device, disposable) must be included on the prior authorization and claim for disposable oxygen probes. If the DME provider bills for a replacement oxygen probe, a modifier would not be used.

Questions regarding this message and fee-for-service claims should be directed to DXC Technology Provider Relations at **1-800-473-2783** or **225-924-5040**.

Informational Bulletin 19-11 - Telemedicine/Telehealth Billing Changes

June 19, 2019

Centers for Medicare and Medicaid Services change request has eliminated the requirement to use the GT modifier on professional claims for telemedicine/telehealth services.

Effective August 1, 2019, providers are required to use Place of Service (POS) 02 with modifier 95

for the billing of telemedicine/telehealth services. Upon implementation, claims submitted without the combination of the POS 02 and modifier 95 will deny. Providers will be required to resubmit with the correct POS and modifier in order for claims to process. Providers must use procedure codes appropriate to telemedicine/telehealth services to receive reimbursement.

Fee for service policy regarding this billing change will be published on www.lamedicaid.com under the Provider Manuals link, within the Professional Services manual.

Questions regarding this message and fee for service claims should be directed to DXC Technology Provider Relations at **1-800-473-2783** or **225-924-5040**.

Questions regarding managed care claims should be directed to the appropriate managed care organization.

Informational Bulletin 19-12 - Extended Home Health Modifiers

June 20, 2019

The Home Health fee schedule has been updated to include all modifiers available for Extended Home Health services (HCPCS codes S9123 and S9124). Providers should submit any new prior authorization (PA) requests with the appropriate and applicable modifier to the PA department at DXC Technology with documentation supporting the request.

Providers may also submit a reconsideration request for currently approved PAs for Extended Home Health services. For cases currently identified as chronic needs, a PA may be submitted as normal for continuation of services. Providers may later submit a reconsideration request if they wish to apply for any applicable modifiers, along with any supporting documentation.

For any claims previously paid and adjudicated as part of a currently approved PA, providers should submit an adjustment, including the newly approved modifier(s) for reevaluation.

Information regarding the available modifiers, criteria and documentation required for PA requests can be found at www.lamedicaid.com under the Provider Manuals link within the Home Health manual chapter.

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The updated Home Health fee schedule, including current reimbursement rates, can be found at www.lamedicaid.com under the Fee Schedules link.

Questions regarding this message and fee for service claims should be directed to DXC Technology Provider

Relations at **1-800-473-2783** or **225-924-5040**. Questions regarding managed care claims should be directed to the appropriate managed care organization.

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.

Aetna Better Health of Louisiana Program Service Area

Region	Provider Relations Liaison and Email Address	Phone number
1	Kathleen Dickerson DickersonK2@aetna.com	504-462-9986
Jefferson Parish	Adrian Lozano LozanoA@aetna.com	504-402-3417
2	Eve Serbert SerbertE@aetna.com	225-316-3106
3	Adrian Lozano LozanoA@aetna.com	504-402-3417
4	Brandy Wilson WilsonB8@aetna.com	504-264-4016
5	Eve Serbert SerbertE@aetna.com	504-220-1413
6	Jennifer Thurman ThurmanJ@aetna.com	318-413-0725
7	Chemeka Turner TurnerC7@aetna.com	318-349-6493
8	Jennifer Thurman ThurmanJ@aetna.com	318-413-0725
9	Marion Dunn DunnM7@aetna.com	504-444-6569

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**.

