



Aetna Better Health® of Louisiana

Reimbursement Policy Statement Louisiana Medicaid

<b>Original Issue Date</b>	<b>Next Annual Review</b>	<b>Effective Date</b>
01-01-2018	07-01-2019	07-01-2018
<b>Policy Name</b>		<b>Policy Number</b>
Bundled Facility Payment Policy-Outpatient Services Treated as Inpatient Services-Revised		ABHLA-RP-0125
<b>Policy Type</b>		
<b>Medical</b>	<b>Administrative</b>	<b>Pharmacy</b>
		<b>Reimbursement</b>

Aetna Better Health of Louisiana reimbursement policies are intended to provide a general reference for claims filing, coding and documentation guidelines. Coding methodology, regulatory requirements, industry-standard claims logic, benefits design and other factors not listed in this policy statement are considered in the development of reimbursement policies.

In addition to this Policy, reimbursement of rendered services are subject to member benefits, eligibility on the date of service, medical necessity, other plan policies and procedures, claim editing logic, provider contracts and all applicable authorization, notification and utilization management guidelines set forth by the Louisiana Department of Health (LDH) and the Centers for Medicare and Medicaid Services (CMS).

This policy does not ensure either an authorization or reimbursement of services. Please refer to the plan contract for the service(s) referenced therein. If there is a conflict between either this policy or the plan contract, then the plan contract will be the controlling document used to make an authorization or payment determination.

CONTENTS OF POLICY

Reimbursement Policy Statement	1
Table of Contents	1
A. Policy	2
B. Overview	2
C. Definitions	2
D. Reimbursement Guidelines	2
E. Codes/Conditions of Coverage	2
F. Frequently Asked Questions	3
G. Review/Revision History	3
H. Resources	3



## Aetna Better Health® of Louisiana

### A. Policy

Aetna Better Health of Louisiana implements comprehensive and robust policies to ensure alignment with Louisiana Department of Health (LDH) and to warrant that regulatory standards are met. According to Aetna's policy, services provided by an outpatient hospital during an inpatient admission are not separately billable, as they are included in the inpatient facility bundle payment.

### B. Overview

According to the Louisiana Department of Health Medicaid policy, the payment for certain outpatient services provided to a beneficiary on the date of an inpatient admission or during the 1 calendar day for a non-IPPS hospital, prior to the date of an inpatient admission to be bundled (i.e., included) with the payment for the beneficiary's inpatient admission, if those outpatient services are provided by the admitting hospital or an entity that is wholly owned or wholly operated by the admitting hospital. The policy applies to all diagnostic outpatient services (including non-patient laboratory tests) and non-diagnostic services (i.e., therapeutic) that are related to the inpatient stay. Ambulance and maintenance renal dialysis services are not subject to the payment window.

An outpatient service is related to the admission if it is clinically associated with the reason for a patient's inpatient admission.

### C. Definitions

- 1.) Outpatient - A patient who receives medical treatment without being admitted to a hospital.
- 2.) Inpatient - A patient who stays in a hospital while under treatment.
- 3.) POS - Place of service

### D. Reimbursement Guidelines

Outpatient non-diagnostic services, other than ambulance and maintenance renal dialysis services, provided by the hospital (or an entity wholly owned or wholly operated by the hospital) the first calendar day for non-subsection (d) hospitals preceding the date of a beneficiary's admission are deemed related to the admission, and thus, must be billed with the inpatient stay, unless the hospital attests to specific non-diagnostic services as being unrelated to the hospital claim (that is, the preadmission non-diagnostic services are clinically distinct or independent from the reason for the beneficiary's admission) by adding a condition code 51 (definition "51 - Attestation of Unrelated Outpatient Non-diagnostic Services") to the separately billed outpatient non-diagnostic services claim.

### E. Codes/Condition of Coverage

Please reference the LA Medicaid Fee Schedule and Provider Manual



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<https://www.lamedicaid.com/provweb1/default.htm>  
<http://dhh.louisiana.gov/index.cfm/page/1890>

### F. Frequently Asked Questions

**Q:** What type of hospital inpatient admissions would be subject to a 1-day payment window?

**A:** The hospital and hospital units subject to the 1-day payment window policy are psychiatric hospitals and units, inpatient rehabilitation hospitals and units, long-term care hospitals, children's hospitals and cancer hospitals. A wholly owned or wholly operated physician practice (or other Part B entity) of the aforementioned hospitals would also be subject to a 1-day payment window when furnishing diagnostic services and related non-diagnostic services within 1 calendar day preceding an inpatient admission.

### G. Review/Revision Date

Action	Date	Comments
Date Issued	01/01/2018	
Date Revised	04/12/2018	
Effective Date	05/02/2018	

### H. Resources

Louisiana Department of Health State Contract, regulations, Provider Manual, fee schedules and notices

<http://www.lamedicaid.com/provweb1/Providermanuals/manuals/PS/PS.pdf>

Individual state Medicaid regulations, manuals & fee schedules

[http://www.lamedicaid.com/provweb1/fee\\_schedules/feeschedulesindex.htm](http://www.lamedicaid.com/provweb1/fee_schedules/feeschedulesindex.htm)

American Medical Association, *Current Procedural Terminology (CPT®) Professional Edition* and associated publications and services

<https://www.ama-assn.org/>

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services

<https://www.cms.gov/>