



Aetna Better Health® of Louisiana

Reimbursement Policy Statement Louisiana Medicaid

Original Issue Date	Next Annual Review	Effective Date	
01-01-2018	06-24-2019	06-24-2018	
Policy Name			Policy Number
LA Policy Anesthesia - Maternity Related			ABHLA-RP-0038
Policy Type			
Medical	Administrative	Pharmacy	Reimbursement

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 of 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.

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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. The effective date of implementation for this reimbursement policy is contingent upon the Louisiana Department of Health's endorsement.

Maternity related anesthesia codes will be paid at a flat fee instead of using the standard anesthesia minutes formula.

B. Overview

Health Plans that relied on the Professional Services Provider Manual for anesthesia rate updates may have overpaid for anesthesia services. Health Plans are required to correct separate payment errors identified during the claims investigation which led to the discovery of the fee schedule issue. Specifically, LDH policy permits billing for multiple maternity anesthesia claims on the same date of service. Some Health Plans have incorrectly interpreted this policy and inappropriately denied such claims as duplicates or for other reasons.

Remediation of claims denied in error will require Health Plans to make system modifications to appropriately apply Medicaid policy for anesthesia services as identified in the Professional Services Manual. Claims previously denied in error shall be reprocessed by the Plans, and payment shall be based on no less than the applicable anesthesia fee schedule rate in effect on the date of service. Capitation rates will not be adjusted as the correct anesthesia rates were used in actuarial calculations.

C. Definitions

Certified Registered Nurse Anesthetist (CRNA): The Certified Registered Nurse Anesthetist (CRNA) must have a diploma or certificate evidencing his/her successful completion of an educational program from a school of anesthesia accredited by the American Association of Nurse Anesthetists. The CRNA must submit a copy of the hospital's approval through the credentialing and delineation of privileges process to the Bureau of Medical Services enrollment unit for inclusion in the CRNA's enrollment record.

Anesthesiologist Assistant (AA): Anesthesiologist Assistants are highly skilled, non-physician anesthetists who work under the direction of licensed anesthesiologists to implement anesthesia care plans and may also be a part of the anesthesia team. Anesthesiologist Assistants are not licensed to administer general, regional, or monitored anesthesia

D. Reimbursement Guidelines

Reimbursement for maternity-related procedures, other than general anesthesia for vaginal delivery, will be a flat fee.

Minutes must be reported on all maternity-related anesthesia claims.



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E. Codes/Condition of Coverage

The billing guideline for maternity-related anesthesia is listed in the table under Maternity-Related Anesthesia section.

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

F. Frequently Asked Questions

Q: How are add-on codes used for Maternity related Anesthesia?

A: When an add-on code is used to fully define a maternity-related anesthesia service, the date of delivery must be the date of service for both the primary and add-on code.

An add-on code in and of itself is not a full service and typically cannot be reimbursed separately to different providers. The exception is when more than one provider performs services over the duration of labor and delivery.

A group practice frequently includes anesthesiologists and/or CRNA providers. One member may provide the pre-anesthesia examination/evaluation, and another may fulfill other criteria. The medical record must indicate the services provided and must identify the provider who rendered the service.

G. Review/Revision Date

Action	Date	Comments
Date Issued	01-01-2018	
Date Revised	04-16-2018	
Effective Date	06-24-2018	

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

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

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



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

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