

OB/Anesthesia Subcommittee Meeting Minutes

Wednesday, March 29, 2017 ■ 10:00am – Noon ■ LDH, Bienville Room 118

Conference Number: 1-888-278-0296

Access Code: 7004531

Attendees:

Provider Community: Allison Hagan, Berkley Durbin, Cara Delee, Deidre Davis, Myron Page, Shan McDaniel, Sherry Poss

Aetna: Angela Warren, Candi Meredith

Amerigroup: Dexter Trivett, Janel Gary, Scott Thevenot

AmeriHealth Caritas: Anita Gregoire, Kelli Nolan

Louisiana Healthcare Connections: Tara Allen

United Healthcare: Susan Mieras

Louisiana Department of Health: Addie Imseis, Alicia Prevost, Kristi Bonvillain, Libby Gonzales, Stacy Guidry, Whitney Martinez

Introduction – presented by Whitney Martinez

Old Business – presented by Whitney Martinez with group discussion

- **New Patient OB Billing**

- There are several providers statewide that are still denied. All MCOs confirmed their configuration is correct or in the process of being corrected for the new patient OB codes. Whitney sent email asking all MCOs to recycle/reprocess/pay any new patient OB claims that are still denied and not paid that need to be paid within 10 business days, except for potential exceptions. She requested the MCOs have knowledgeable staff review the denials to see what needs to be reprocessed and noted that any claims to be paid meet all the requirements for appropriate billing/clean claims. There should be no problems in the future with these claims and any outstanding issues should go to Whitney.
- The MCOs questioned if MFMs, family medicine physicians doing OB, etc. would qualify to be reimbursed for the claims. Details should be emailed to Whitney so that she may get an answer.

New Business – presented by Whitney Martinez with group discussion

- **17P Claims** – There were no providers, present or on the phone, receiving denials for J3490 with the TH modifier (represents compounded 17P).
 - Reminder of how providers should be billing and how MCOs should be paying:
 - At this time, providers cannot bill an administrative code with J3490-TH.
 - LDH staff to confirm O09.211 should not be included (because the injection is not applicable in the first trimester).
 - Providers must bill in accordance with [Informational Bulletin 16-5](#).
- Concerns with Informational Bulletins/Health Plan Advisories not matching to provider manuals – The MCOs' take away is that IBs supersede provider manuals. LDH is embarking

on huge process to update provider manuals to align them with best practices. All subcommittees for Quality and ASC will be brought back to provide input on manuals. LDH to let the subcommittee know the extent to which they can help update the manuals.

- **LARC Claims**
 - [Informational Bulletin 16-11](#) is correct.
 - LDH has heard outpatient LARC claims have some problems. LDH may hold a call specific to LARC and will get clarification on Place of Service (POS) for billing. Specific examples regarding modifier 51 with multiple surgeries specific to LARCs and outpatient hospitals (POS 22) should be sent to Whitney.Martinez@la.gov.
- **OB/Anesthesia Fee Schedule Update**
 - Open floor for questions.
 - Whitney requested specifics from all MCOs regarding the OB/Anesthesia Fee Schedule update (timeframes, what will be done, etc.).
- **CRNA/Anesthesia Billing** – no concerns raised.
- **Tomography**
 - Status of 77063 with the MCOs:
 - Aetna – identified some claims that need to be reprocessed, and will further research the root issue.
 - Amerigroup – made an update and will reprocess claims within the next few weeks.
 - AmeriHealth Caritas – acknowledged some issues with 77063 missing revenue code 403 in their outpatient configuration.
 - LHCC – is paying the code appropriately.
 - UHC – stated none of their denials looked suspicious.
- **Two Updates:**
 - LaHIPP - providers should be getting more information starting April 1st. Webinar will take place (likely split between hospitals and providers).
 - ProviderRelations@la.gov should be used complaints and questions/comments pertaining to providers. Providers should continue to follow Information Bulletins [12-27](#) and [13-2](#). Providers can email LDH after 30 days if they are not happy with the outcome at the MCO level.
- **Pap Smears**
 - At this time, LDH is standing firm on the ACOG policy regarding pap smears for women under 21. Medicaid is not reimbursing for claims outside of ACOG guidelines; however, LDH will grandfather in past patients.

Wrap Up and Next Steps

- The goal is for these meetings to become proactive in addressing issues.