

# AETNA BETTER HEALTH®

## d/b/a Aetna Better Health of Louisiana

### Policy



Aetna Better Health® of Louisiana

Policy Name:	<b><u>Revenue Code 370</u></b>	Page:	<b><u>1 of 2</u></b>
Department :	<b><u>Reimbursement</u></b>	Policy Number:	<b><u>ABHLA-RP-A1374</u></b>
Subsection:		Effective Date:	
Applies to:	<b><u>Aetna Better Health of Louisiana</u></b>		

#### ***PURPOSE:***

To establish reimbursement guidelines for anesthesia services administered by a provider in an outpatient setting to avoid duplicate payment. This policy will become effective upon receipt of LDH's approval.

#### ***STATEMENT OF OBJECTIVE/OVERVIEW:***

Standard coding guidelines instruct hospitals, except for Critical Access Hospitals (CAH), to use Revenue Code 370 for the technical component or sedation services (CPT 99151-99153). Charges should reflect the expense of the nurse monitor and other sedation resources, not the actual anesthesia services on outpatient claims. Under CMS guidance, these services would be considered packaged.

Cotiviti, a post-payment review vendor, has a sophisticated analysis mining process to identify instances in which anesthesia services have already been paid to the anesthesiologist. The recommendation is to recover facility payment of anesthesia services as a duplicate payment when payment has already been rendered for the same service to the anesthesiologist.

A provider may request a claim reconsideration within 180 calendar days of the date of the remit or EOB, orally or in writing. The provider will receive an acknowledgement letter within 5 calendar days from receipt of the claim reconsideration. The claim reconsideration will be resolved within thirty (30) calendar days from receipt and the provider will be notified of the decision in writing within the processing timeframe.

If the provider remains dissatisfied with the reconsideration, a provider may request an appeal within 60 calendar days of the date of the claim reconsideration denial letter in writing. The provider will receive an acknowledgement letter within 5 calendar days from receipt of the appeal. The appeal will be resolved within thirty (30) calendar days from receipt. The provider will be notified of the decision in writing within the processing timeframe.

#### ***DEFINITIONS:***


#### ***LEGAL/CONTRACT REFERENCE:***

[CMS Guidance Section 10.4 Packaging](#)

Review/Revision History
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#### **ADMINISTRATION**

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