



Aetna Better Health® of Louisiana

## **Reimbursement Policy Statement Louisiana Medicaid**

<u>Original Issue Date</u>	<u>Next Annual Review</u>	<u>Effective Date</u>	<u>Retirement Date</u>
<u>Policy Name</u>		<u>Policy Number</u>	
<u>A-LA Mandatory Birth Weight Claim Inclusion</u>		<u>ABHLA-</u>	
<u>Policy Type</u>			
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 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**

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



Aetna Better Health® of Louisiana

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

**All labor and delivery claims require the listing of birth weight in a claim's value code segments of the 8371 Loop 2300 HI value code 54 (Newborn Birth Weight in Grams). The omittance of a birth weight value code should result in the denial of the corresponding diagnosis code with certain exceptions.**

### B. Overview

**All newborn services claims require the listing of birth weight for reimbursement. Birth weight can be reported via a claim's value code segments of the 8371 Loop 2300 HI value code 54 (Newborn Birth Weight in Grams). The omittance of a birth weight should result in the denial of the claim.**

**In some cases, ABHLA may need to crosswalk the diagnosis code from deliveries to populate the patient information for birth weight.**

**Facility claims (claim type UB04) that do not list the appropriate value code but do list revenue codes indicating labor and delivery should deny accordingly or pend for manual review. An exception exists for claims containing certain diagnosis codes.**

### C. Definitions

**Value Code: A required code on institutional claims to identify data elements. For Newborn Services, value code 54 is used to indicate birth weight.**

### D. Reimbursement Guidelines

**UB04 claims containing revenue codes 170, 171, 172, 173, or 174 indicate newborn services. Claims reporting newborn services require birth weight of the newborn.**

**Birth weight can be reported via certain diagnosis codes or via value code 54 with a corresponding numeric value. Claims for newborn services that do not report birthweight are to be denied CARC 16/RARC N207. See Section E for acceptable diagnosis codes.**

**NOTE: Non-EDI claims should be pended for manual review to ensure that the omittance of birth weight is not P2E related.**



Aetna Better Health® of Louisiana

**E. Codes/Condition of Coverage**

**Revenue Codes indicating newborn services are:**

**170 – Nursery, General Classification**

**171 – Well Baby Inpatient Care (NICU Level 1)**

**172 – Nursery/Continuing Care (NICU Level 2)**

**173 – Nursery/Intermediate Care (NICU Level 3)**

**174 – Nursery/Intensive Care (NICU Level 4)**

**Value Code 54 – Newborn Birth Weight in Grams**

**Acceptable Diagnosis Codes Indicating Newborn Birth Weight (value code 54 non required):**

**P07.02 – Extremely low birth weight newborn, 500-749 grams**

**P07.03 – Extremely low birth weight newborn, 750-999 grams**

**P07.14 – Other low birth weight newborns, 1000-1249 grams**

**P07.15 – Other low birth weight newborns, 1250-1499 grams**

**P07.16 – Other low birth weight newborns, 1500-1749 grams**

**P07.17 – Other low birth weight newborns, 1750-1999 grams**

**P07.18 – Other low birth weight newborns, 2000-2499 grams**

**V21.31 – Extremely low birth weight newborn, less than 500 grams**

**V21.32 – Extremely low birth weight newborn, 500-999 grams**

**V21.33 – Other low birth weight newborns, 1000-1499 grams**

**V21.34 – Other low birth weight newborns, 1500-1999 grams**

**V21.35 – Other low birth weight newborns, 2000-2500 grams**

**F. Frequently Asked Questions**

**N/A**

**G. Review/Revision Date**

<b><u>Action</u></b>	<b><u>Date</u></b>	<b><u>Comments</u></b>
<b><u>Date Issued</u></b>		



Aetna Better Health® of Louisiana

## 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>

**Healthy Louisiana Medicaid Managed Care Entities System Companion Guide:**

[https://ldh.la.gov/assets/medicaid/MCE\\_System\\_Companion\\_Guide/HLA\\_MCE\\_SCG\\_v.1.pdf](https://ldh.la.gov/assets/medicaid/MCE_System_Companion_Guide/HLA_MCE_SCG_v.1.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/>