

July 2022

OVERVIEW:

Per our [notification, "Alignment with LDH Medicaid Services Manual," from July 2020](#), Aetna Better Health of Louisiana (ABHLA) is continuing to align to the [Louisiana Department of Health's \(LDH\) Medicaid Services Manuals](#) as well as the MCO contract which requires the implementation of National Correct Coding Initiative (NCCI) and Medically Unlikely Edits (MUE) editing as they are released by CMS. It is critical for providers to adhere to their contracts, which can help ensure a clean claims experience with ABHLA. We wish to remind providers of several, important data, and billing requirements:

- Data Requirements – The following are basic information elements needed for the accurate and timely processing of claims:
 - Taxonomy code – use the correct taxonomy code for your classification and specification in the correct context for the service(s) being billed. For additional information, please see our ["Provider Taxonomy Code Claims Requirement" notification](#).
 - NPI – Ensure that you are registered with the [National Plan & Provider Enumeration System \(NPPES\)](#) and that your National Provider Identifier (NPI) record is current.
 - Certifications and licensures – ensure that your most current certifications and licenses are on file with ABHLA.
 - Contact information – always keep us informed of your current address, telephone number, and email address.

NOTE: Ensure that the above data are up to date with [NPPES](#) and/or ABHLA. Email updated information to LouisianaProviderRelationsDepartment@aetna.com. To find your Provider Services Representative, see our Provider Services page at <https://www.aetnabetterhealth.com/louisiana/providers/resources/services>.

- Billing Requirements – The following are general guidelines that should be met for accurate and timely processing of claims:
 - Bill according to [LDH Medicaid Services Manuals](#) and [ABHLA policies](#).
 - Bill according to the appropriate [LDH Medicaid Fee Schedules](#).
 - Use modifiers appropriately.
 - Follow [National Correct Coding Initiative \(NCCI\) Guidelines](#).

NCCI Reminders: The NCCI contains two types of edits that providers should note:

1. NCCI procedure-to-procedure (PTP) edits that define pairs of Healthcare Common Procedure Coding System (HCPCS)/Current Procedural Terminology (CPT) codes that should not be reported together for a variety of reasons. The purpose of the PTP edits is to prevent improper payments when incorrect code combinations are reported.

2. Medically Unlikely Edits (MUEs) define for each HCPCS/CPT code the maximum units of service (UOS) that a provider would report under most circumstances for a single beneficiary on a single date of service.

Please note that missing or incorrect data on file with ABHLA and/or incorrect billing of claims may result in denials.

Questions and Support:

For questions, please contact LAProvider@AETNA.com or call 1-855-242-0802 and follow the prompts.

To keep informed of CMS NCCI and MUE edit releases, please reference the CMS website links and manuals below, edits are released at least quarterly:

<https://www.cms.gov/Medicare/Coding/NCCI-Coding-Edits>

For the NCCI Policy Manual, please visit:

<https://www.cms.gov/medicare/national-correct-coding-initiative-edits/ncci-policy-manual-medicare>

For NCCI FAQ's, please visit:

<https://www.cms.gov/medicare/national-correct-coding-initiative-edits/ncci-faqs>

For Medically Unlikely Edits (MUE) and Files, please visit:

<https://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/MUE>