



Aetna Better Health® of Louisiana

Reimbursement Policy Statement Louisiana Medicaid

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|-----------------------------------|---------------------------|-----------------------|----------------------|
| Original Issue Date | Next Annual Review | Effective Date | |
| 01/01/2018 | | Tentative | |
| Policy Name | | Policy Number | |
| LA Policy-Hair Analysis of Metals | | ABHLA-RP-0044 | |
| 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 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.

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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.

If CPT Codes 82175 or 83015, Hair Analysis, is billed without certain diagnosis codes, then the claim will be denied for reimbursement. The denied reasoning would be "Experimental/Investigational."

B. Overview

Rationale:

Clinical information or mathematically calculated values, which are not specifically requested by the ordering physician and are derived from the results of other ordered or perform laboratory tests, are considered part of the ordered test procedures and therefore are not separately reportable services.

Specifications:

When an analyte is measured in multiple specimens from different sources, or in specimens that are obtained at different times, the analyte is reported separately for each source and for each specimen.

C. Definitions

82175: Arsenic metal screening

83015: Heavy metal; qualitative, any number of analytes

T37.8x1+ - T37.96x+: Unintentional poisoning by other specified systemic anti-infectives; underdosing

T57.0x1+ - T57.0x4+: Unintentional effect of arsenic and its compounds

Z13.88: Unintentional toxic effect of Arsenic

Experimental/Investigational: Experimental procedures and items may include any procedure, study, test, drug, equipment or facility still undergoing study and which is generally not accepted as standard therapy in the medical community where alternative therapy exists.

D. Reimbursement Guidelines

1. When a code describes a method where measurement of multiple analytes may require



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one or several procedures, each procedure is coded separately;

2. Clinical information or mathematically calculated values, which are not specifically requested by the ordering physician and are derived from the results of other ordered or perform laboratory tests, are considered part of the ordered test procedures and therefore are not separately reportable services;
3. Deny reimbursement if the diagnosis codes are not coupled with the CPT codes.

E. Codes/Condition of Coverage

CPT Codes:

82175 and 83015

ICD-10 Diagnoses codes:

T37.8x1+-T37.96x+

T57.0x1+-T57.0x4

Z13.88

F. Frequently Asked Questions

Q: What does Aetna cover that is considered experimental/investigational?

A: Aetna covers experimental or investigational technologies (i.e., drugs, procedures and devices) when ALL of the following criteria are met.

- The member has a current diagnosis that will most likely cause death within one year or less despite therapy with currently accepted treatment; and
- Standard therapies have not been effective in significantly improving the condition of the member or would not be medically appropriate; and
- The proposed treatment is likely to be beneficial to the member based on at least two documents of medical and scientific evidence.

G. Review/Revision Date

| Action | Date | Comments |
|----------------|------------|----------|
| Date Issued | 01/01/2018 | |
| Date Revised | | |
| Effective Date | Tentative | |

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>



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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/>

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

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