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**CHAPTER 5: PROFESSIONAL SERVICES**

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**Allergy Testing and Allergen Immunotherapy Billing**

When billing for allergy testing and allergen immunotherapy, providers are to use the most appropriate and inclusive *Current Procedural Terminology* (CPT) codes that describe the services provided. Unless otherwise listed, Louisiana Medicaid uses the definitions and criteria found in the CPT Manual.

The number of allergy tests performed should be judicious and dependent upon the history, physical findings, and clinical judgment of the provider. All recipients should not necessarily receive the same test or number of tests.

The procedure codes used for allergen immunotherapy include the necessary professional services associated with this therapy which includes the monitoring of the injection site and observation of the recipient to adverse reactions. Office visit codes may be billed in addition to immunotherapy only if other significant identifiable services are provided at that time.

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**Ambulatory Surgical Centers (Non-Hospital)**

An ambulatory surgical center (ASC) is a free-standing facility, separate from a hospital, which meets the needs of eligible recipients for outpatient surgery usually on a single day basis.

Ambulatory surgical centers must be licensed and certified by Louisiana's licensing and certification agency, and shall continuously meet Louisiana Medicaid standards as determined by the Bureau of Health Services Financing's Health Standards Section.

ASCs are reimbursed a flat fee per occurrence that includes all charges by the facility for the care of the recipient while the recipient is in the center. The costs of contract physicians are included in the flat fee rate.

Payment does not include the private fees of physicians, dentists, anesthesiologists, radiologists, or osteopaths. These services are billed by the physician or other provider on the CMS-1500 claim form.

ASC claims should be completed on the CMS 1500 claim form or electronically on the 837P. Only one line item is allowed per claim form. Louisiana Medicaid allows only one procedure code to be reimbursed per outpatient surgical session.

**Reimbursement**

ASCs are reimbursed a flat fee per occurrence based on reasonable charges not to exceed the Medicare maximum. Reimbursement is in accordance with four payment groups as specified on the "Ambulatory Surgical Centers ASC (Non-Hospital) Fee Schedule." (See Appendix A for information on how to access this fee schedule)

Chronic pain management is not a covered service. Funds reimbursed for this purpose are subject to recoupment.

**NOTE:** For additional information regarding ASCs, refer to the Ambulatory Surgical Center provider manual. (See Appendix A for information on how to access this manual)