Exclusions and Limitations

Physicians and all other professionals must abide by the professional guidelines set forth by their certifying and licensing agencies in addition to complying with Louisiana Medicaid regulations.

In general, services that are not approved by the Food and Drug Administration or services that are experimental, investigational, or cosmetic are excluded from Medicaid coverage and will be deemed not medically necessary.

The following includes a non-exhaustive list of services excluded or limited by Louisiana Medicaid, which often generate clarifying inquiries from participating providers:

- **Aborted Surgical Procedures**

  Medicaid will not pay professional, operating room, or anesthesia charges for an aborted surgical procedure, regardless of the reason.

- **Billing for Services Not Provided/Not Documented**

  Providers shall not bill Medicaid or the recipient for a missed appointment or any other services not actually provided.

  NOTE: Services that have not been documented are considered services not rendered and are subject to recoupment.

- **Never Events**

  Medicaid will not pay for "never events" or medical procedures performed in error that are preventable and have a serious, adverse impact to the health of the Medicaid recipient. Reimbursement will not be provided when the following "never events" occur:

  - The wrong surgical procedure is performed on a recipient;
  - The surgical or invasive procedures are performed on the wrong body part; or
  - The surgical or invasive procedures are performed on the wrong recipient.

- **Billing for Services Related to Non-Covered Services**

  Louisiana Medicaid does not reimburse for services related to a non-covered service. Any payment received for non-covered and related services is subject to post-payment review and recovery.

- **Billing and Reimbursement for Federally Qualified Health Centers and Rural Health Centers**

  Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) are reimbursed for Medicaid covered services under an all-inclusive Prospective Payment System (PPS) as specified under Section 1902(bb) of the Social Security Act.

  Payments specified at the PPS rates are all inclusive of professional charges and must be billed by the facilities' provider ID and Tax Identification Number (TIN).

  NOTE: Professional services performed in an FQHC or RHC will be subject to recoupment if billed under a physician/practitioner's individual Medicaid number.

- **Infertility**

  Louisiana Medicaid does not pay for services relating to the diagnosis or correction of infertility, including sterilization reversal procedures. This policy extends to any surgical, laboratory, or radiological service when the primary purpose is to diagnose infertility or to enhance reproductive capacity.

- **"New Patient" Evaluation and Management Codes**

  Consistent with *Current Procedural Terminology* (CPT) guidelines, Louisiana Medicaid defines a new patient as one who has not received any professional services from the physician or another physician of the same specialty, who belongs to the same group practice, within the past three years.

  Exception: The initial pre-natal visit of each new pregnancy. (See Obstetrics policy)

- **Pain Management**

  Louisiana Medicaid covers the epidural injection of an anesthetic substance for the prevention or control of acute pain such as that which occurs during delivery or surgery. Billing of these procedures subsequently for pain management, pain control, or any another reason is not covered. Medicaid does not cover spinal injections to alleviate chronic, intractable pain.

  Louisiana Medicaid does not cover any services for chronic pain management.

- **Outpatient Visit Service**

  Louisiana Medicaid covers outpatient visit service when the service is medically necessary and has no limit. Recipients under 21 years of age are not subject to program limitations.

  Professional services provided in emergency rooms, outpatient hospital clinics, physician's offices, Federally Qualified Health Centers (FQHC's) and Rural Health Centers (RHC's) are not subject to visit limits when medically necessary. All visits and services provided must be medically necessary but do not require prior authorization for reimbursement. Nursing home and skilled nursing facility visits should be billed with the appropriate place of service and not as inpatient hospitals.