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**CHAPTER 5: PROFESSIONAL SERVICES**

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**SECTION 5.1: COVERED SERVICES****PAGE(S) 1**

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**Preventive Medicine Evaluation and Management Services (Adult)**

Louisiana Medicaid reimburses preventive medicine services for adults, aged 21 years and older. Providers are to use the appropriate Preventive Medicine Services “New Patient” or “Established Patient” *Current Procedural Terminology* (CPT) code based on the age of the recipient when submitting claims for the services. The preventive medicine services will be included in the 12 outpatient visit service limit allowed per calendar year.

**One** preventive medicine service will be reimbursed per recipient per calendar year. The information gathered during the preventive medicine visit is to be forwarded to any requesting provider in order to communicate findings and prevent duplicative services.

Preventive medicine services CPT codes are comprehensive in nature and should reflect age and gender specific services. Separately reported screening procedures performed by the physician, or referrals for those services, should be based on nationally recognized standards of care/best practices (e.g., screening mammography, prostate cancer screening, etc.).

The medical record documentation must include, but is not limited to:

- Physical examination,
- Medical and social history review,
- Counseling/anticipatory guidance/risk factor reduction intervention, and
- Screening test(s) and results.

If an abnormality or pre-existing problem is encountered and treatment is significant enough to require additional work to perform the key components of a problem oriented Evaluation and Management (E/M) service on the same date of service by the provider performing the preventive medicine service visit, no additional office visit of a higher level than CPT code 99212 is reimbursable.

**In the event two allowable E/M codes are paid on the same date of service as indicated above, both services will apply to the 12 outpatient visit service limit.** Providers should assist recipients in the management of their limited yearly outpatient visits.

Payments to providers are subject to post payment review and recovery of overpayments.