
CHAPTER 5: PROFESSIONAL SERVICES

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Prohibited and Non-Covered Services

Physicians and all other professionals must abide by the scope of practice set forth by their licensing or certifying agencies in addition to complying with Louisiana Medicaid regulations and policies.

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

- **Services that are not medically necessary**

Louisiana Medicaid does not reimburse for services that are not medically necessary including services that are not approved by the Food and Drug Administration, experimental or investigational services, and cosmetic services.

- **Aborted surgical procedures**

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

- **Services not provided or not documented**

Providers shall not bill Medicaid or the beneficiary 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 beneficiary. Reimbursement will not be provided when the following “never events” occur:

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

- **Services related to non-covered services**

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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.

- **Infertility services**

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 visits with an established provider**

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/provider or another physician of the exact same specialty and subspecialty 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)