ISSUED: 02/10/22 REPLACED: 12/14/21

CHAPTER 5: PROFESSIONAL SERVICES

SECTION: TABLE OF CONTENTS PAGE(S) 9

PROFESSIONAL SERVICES

TABLE OF CONTENTS

<u>SUBJECT</u> <u>SECTION</u>

OVERVIEW SECTION 5.0

COVERED SERVICES SECTION 5.1

Abortion

Induced Abortion

Threatened, Incomplete or Missed Abortion

Outpatient Surgery Performed on an Inpatient Basis

After Hours Care on Evenings, Weekends, and Holidays

Reimbursement

Advanced Practice Registered Nurses: Clinical Nurse Specialists, Certified Nurse

Practitioners and Nurse Midwives

Billing Information

Reimbursement

Allergy Testing

Testing for Allergies

Allergen Immunotherapy

Allergen Immunotherapy Treatment

Allergy Testing and Allergen Immunotherapy Billing

Ambulatory Surgical Centers (Non-Hospital)

Reimbursement

Anesthesia Services

Medical Direction

Maternity-Related Anesthesia

Billing Add-on Codes for Maternity-Related Anesthesia

Billing for Maternity Related Anesthesia

Vaginal Delivery - Complete Anesthesia Service by Delivering Physician

Dates of Service On or Before May 31, 2015

Dates of Service On or After June 1, 2015

Vaginal Delivery – Shared

Introduction Only by Delivering Physician for Dates of Service On or

Before May 31, 2015

ISSUED: 02/10/22 REPLACED: 12/14/21

CHAPTER 5: PROFESSIONAL SERVICES

SECTION: TABLE OF CONTENTS PAGE(S) 9

Introduction Only by Delivering Physician for Dates of Service On or

After June 1, 2015

Introduction Only by Anesthesiologist

Monitoring by Anesthesiologist or CRNA

Cesarean Delivery - Shared

Introduction Only by Delivering Physician for Dates of Service On or

Before May 31, 2015

Introduction Only by Delivery Physician for Dates of Service On or

After June 1, 2015

Introduction Only by Anesthesiologist

Monitoring by Anesthesiologist or CRNA

Anesthesia for Tubal Ligation or Hysterectomy

Pain Management

Pediatric Moderate (Conscious) Sedation

Claims Filing

Assistant Surgeon/Assistant at Surgery

ClaimCheck

Audiology Services

Reimbursement

Restrictions

Audiologist Employed by Hospitals

Frequency

Bariatric Surgery

Prior Authorization

Eligibility Criteria

Lipectomy or Panniculectomy Subsequent to Bariatric Surgery

Breast Surgery

Mastectomy

Breast Reconstruction

Reduction Mammaplasty and Removal of Breast Implants

Cardiovascular Services

Invasive Coronary Angiography and Percutaneous Coronary Intervention

Eligibility Criteria

Elective ICA

Elective PCI

Endovascular Revascularization for Peripheral Artery Disease

Peripheral Arterial Disease Rehabilitation for Symptomatic Peripheral

Arterial Disease

Chiropractic

ISSUED: 02/10/22 REPLACED: 12/14/21

CHAPTER 5: PROFESSIONAL SERVICES

SECTION: TABLE OF CONTENTS PAGE(S) 9

Billing Information

Cochlear Implant

Medical and Social Criteria

Age-Specific Criteria

Children – 2 Years through 9 Years

Children – 10 Years through 17 Years

Adults – 18 Years through 20 Years

Prior Authorization

Covered Expenses

Non-covered Expenses

Billing for the Device

Billing for the Implantation

Billing for the Preoperative Speech and Language Evaluation

Billing for the Postoperative Rehabilitative Costs

Billing for Subsequent Speech, Language, and Hearing Therapy

Billing for Speech Processor Repairs, Batteries, Headset Cords, Etc.

Replacement of the External Speech Processor

Billing for Replacement of the External Speech Processor

Billing for Re-performance of the Implantation Surgery

Post-Operative Programming

Concurrent Care – Inpatient

Critical Care Services

Diabetes Education Management Training

Provider Qualifications

Accreditation

Coverage Requirements

Medicaid Beneficiaries Not Eligible for DSMT

Initial DSMT

Follow-Up DSMT

Provider Responsibilities

Reimbursement

Early Periodic Screening, Diagnosis and Treatment (EPSDT)

Screening

Medical Screening

Neonatal/Newborn Screenings

Vision Screening

Subjective Vision Screening

Objective Vision Screening

Hearing Screening

ISSUED: 02/10/22 **REPLACED:** 12/14/21

CHAPTER 5: PROFESSIONAL SERVICES

SECTION: TABLE OF CONTENTS PAGE(S) 9

> Subjective Hearing Screening Objective Hearing Screening

Dental Screening

Immunizations

Laboratory

Screening Periodicity Policy

Periodicity Restrictions

Off-Schedule Screenings

Interperiodic Screenings

Diagnosis and Treatment

Diagnosis

Initial Treatment

Providing or Referring Beneficiaries for Services

Dental Treatment

Fluoride Varnish Application

EarlySteps Program

Electronic Health Records Incentive Payments

Qualifying Criteria for Professional Practitioners

Registration

Payments

End Stage Renal Disease

Eye Care and Vision Services

Global Surgery Period (Pre/Post-Operative Editing)

Gynecology

Pelvic Examinations

Papanicolaou Testing for Cervical Cancer

Eligibility Criteria

Reimbursement

Screening Mammography

Contraceptive Implants

Intrauterine Contraceptive Systems

Saline Infusion Sonohysterography or Hysterosalpingography

Hysterectomy

Consent for Hysterectomy

Exceptions

Sterilizations

Sterilization Consent Form Requirements

Consent Forms and Name Changes

Correcting the Sterilization Consent Form

ISSUED: 02/10/22 REPLACED: 12/14/21

CHAPTER 5: PROFESSIONAL SERVICES

SECTION: TABLE OF CONTENTS PAGE(S) 9

Hospice

Election of Hospice Services

Payment of Medical Services Related to the Terminal Illness

Payment for Medical Services Not Related to the Terminal Illness

Revocation of Hospice Services

Hyperbaric Oxygen Therapy

Covered Conditions

Non-covered Conditions

Topical Application of Oxygen

Immunizations

Vaccine Codes

Early and Periodic Screening, Diagnosis and Treatment (EPSDT)

Immunizations

Immunization Administration Coding

Reimbursement

Billing for a Single Administration

Billing for Multiple Administrations

Hard Copy Claim Filing for Greater Than Four Immunizations

Coverage of Vaccines for Beneficiaries Age 19 through 20 Years

Pediatric Flu Vaccine: Special Situations

Adult Immunizations

Billing a Single/First Administration

Billing Multiple Administrations

Appropriate use of CPT Evaluation/Management Codes with

Immunization Administrations

"Incident To" Services

Provider Alert

Intrathecal Baclofen Therapy

Criteria for Beneficiary Selection

Inclusive Criteria for Candidates with Spasticity of Cerebral Origin

Inclusive Criteria for Candidates with Spasticity of Spinal Cord

Origin

Exclusive Criteria for Candidates

Prior Authorization

Billing for the Implantation of the Infusion Pump and Catheter

Billing for the Cost of the Infusion Pump

Billing for Replacement Pumps and Catheters

Billing for Reservoir Refills and Pump Maintenance

Laboratory and Radiology Services

ISSUED: 02/10/22 REPLACED: 12/14/21

CHAPTER 5: PROFESSIONAL SERVICES

SECTION: TABLE OF CONTENTS PAGE(S) 9

Clinical Laboratory Improvement Amendments (CLIA) Certification

Specimen Collection

Billing for Laboratory and Radiology Procedures

Non-Invasive Prenatal Testing

Prenatal Lab Panels

Reimbursement for Laboratory Procedures

Reimbursement for Radiology Services

Medical Review

Expediting Correct Payment

Billing Information

Bilateral Procedures

Multiple Surgical Reductions

Multiple Modifiers

Saline Infusion Sonohysterography or Hysterosalpingography

Fetal Non-Stress Test

Unlisted Procedures

Reduction Mammaplasty

Prior Authorization

Payment Requirements

Modifiers

Site Specific Modifiers

List of Site Specific Modifiers

Newborn Care and Discharge

Discharge Services

Routine Circumcision

Newborn Pre-certification

Obstetrics

Initial Prenatal Visit(s)

Follow-Up Prenatal Visits

Delivery Codes

Postpartum Care Visit

Laboratory Services

Ultrasounds

Injections

Fetal Testing

Fetal Oxytocin Stress Test

Fetal Non-Stress Test

Fetal Biophysical Profile

Tobacco Cessation Counseling During Pregnancy

ISSUED: 02/10/22 REPLACED: 12/14/21

CHAPTER 5: PROFESSIONAL SERVICES

SECTION: TABLE OF CONTENTS PAGE(S) 9

Oral and Maxillofacial Surgery

Pre-Certification

Non-Covered Services

Additional Information

Organ Transplants

Billing Reminders

Outpatient Chemotherapy

Pediatric Critical Care Transport

Pharmacy Services

Physician Administered Drugs

Physician Assistants

Billing Information

Assistant at Surgery

Physician Supplemental Payments

Qualifying Criteria - State Owned or Operated Professional Service

Practices

Qualifying Criteria – Non-State Owned or Operated Professional Services

Practices with Tulane School of Medicine

Podiatry

Preventive Services (Adult)

Prohibited and Non-Covered Services

Prior Authorization

Routine Prior Authorization Requests

Post Authorization

Reconsiderations

Electronic Prior Authorization (e-PA)

Emergency Requests for Prior Authorization

Prior Authorization of Surgical Procedures

Professional Fee Schedule

Psychiatric Services

Public Health Surveillance Mandates

Mandatory Case Reporting by Health Care Providers

Reporting Requirements of Blood Lead Levels by Laboratories and by Health Care Providers Performing Office-Based Blood Lead Analyses for

Public Health Surveillance

Radiation Treatment Management

Radiopharmaceutical Diagnostic Imaging Agents

Routine Care Provided to Beneficiaries Enrolled in Clinical Trials

ISSUED: 02/10/22 REPLACED: 12/14/21

CHAPTER 5: PROFESSIONAL SERVICES

SECTION: TABLE OF CONTENTS PAGE(S) 9

Same-Day Outpatient Visits

Beneficiaries under Age 21

Exclusions

Beneficiaries Age 21 and Over

Sinus Procedures

Coverage Limitations

Skin Substitutes for Chronic Diabetic Lower Extremity Ulcers

Coverage Limitations

Prior Authorization

Substitute Physician Billing

Reciprocal Billing Arrangement

Locum Tenens Arrangement

Telemedicine

Reimbursement

Billing

Take Charge Plus

Third Party Liability

Vaccines for Children and LINKS

Vaccines for Children

Louisiana Immunization Network for Kids Statewide (LINKS)

Vagus Nerve Stimulators

Criteria for Beneficiary Selection

Exclusion Criteria

Place of Service Restriction

Prior Authorization

Billing for the Cost of the Vagus Nerve Stimulator

Billing for Implantation of the VNS

Programming

Subsequent Implants/Battery Replacement

CONTACT INFORMATION

APPENDIX A

FORMS APPENDIX B

RESTRICTED AUDIOLOGY CODES APPENDIX C

RESERVED APPENDIX D

| LOUISIANA MEDICAID PROGRAM | ISSUED: REPLACED: | 02/10/22 12/14/21 |
|-------------------------------------|--------------------------|----------------------|
| CHAPTER 5: PROFESSIONAL SERVICES | | |
| SECTION: TABLE OF CONTENTS | PAGE(S) 9 | |
| CLAIMS FILING GLOSSARY AND ACRONYMS | APPENDIX E APPENDIX F | |
| PODIATRY CODES | | PPENDIX G |