CHAPTER 5: PROFESSIONAL SERVICES SECTION: TABLE OF CONTENTS

### **PROFESSIONAL SERVICES**

#### TABLE OF CONTENTS

**SUBJECT** 

**OVERVIEW** 

#### **COVERED SERVICES**

#### **SECTION 5.1**

**SECTION 5.0** 

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

07/06/21 04/08/21

PAGE(S) 8

**SECTION** 

07/06/21 04/08/21

### CHAPTER 5: PROFESSIONAL SERVICES SECTION: TABLE OF CONTENTS

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 Chiropractic **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

07/06/21 04/08/21

# CHAPTER 5: PROFESSIONAL SERVICES SECTION: TABLE OF CONTENTS

## PAGE(S) 8

**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 Recipients 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 Subjective Hearing Screening **Objective Hearing Screening Dental Screening** Immunizations Laboratory Screening Periodicity Policy **Periodicity Restrictions Off-Schedule Screenings** 

CHAPTER 5: PROFESSIONAL SERVICES SECTION: TABLE OF CONTENTS 07/06/21

04/08/21

Interperiodic Screenings **Diagnosis and Treatment** Diagnosis **Initial Treatment** Providing or Referring Recipients 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 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

07/06/21 04/08/21

## CHAPTER 5: PROFESSIONAL SERVICES SECTION: TABLE OF CONTENTS

PAGE(S) 8

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 Recipients 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			
Injectable Medications			
Antibiotic Injections for Recipients under the Age of 21			
17-Alpha Hydroxyprogesterone Caproate			
Intrathecal Baclofen Therapy			
Criteria for Recipient 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			
Clinical Laboratory Improvement Amendments (CLIA) Certification			
Specimen Collection			
Billing for Laboratory and Radiology Procedures			
Non-Invasive Prenatal Testing			
Prenatal Lab Panels			

## CHAPTER 5: PROFESSIONAL SERVICES SECTION: TABLE OF CONTENTS

PAGE(S) 8

07/06/21

04/08/21

**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 Hospital Observation Care Oral and Maxillofacial Surgery **Pre-Certification** Non-Covered Services Additional Information **Organ Transplants** 

07/06/21 04/08/21

# CHAPTER 5: PROFESSIONAL SERVICES SECTION: TABLE OF CONTENTS

PAGE(S) 8

Billing Reminders
Outpatient Chemotherapy
Pediatric Critical Care Transport
Pharmacy Services
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
Same-Day Outpatient Visits
Recipients under Age 21
Exclusions
Recipients Age 21 and Over
Substitute Physician Billing
Reciprocal Billing Arrangement
Locum Tenens Arrangement

## **CHAPTER 5: PROFESSIONAL SERVICES SECTION: TABLE OF CONTENTS**

07/06/21

04/08/21

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 Recipient 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
<b>RESTRICTED AUDIOLOGY CODES</b>	APPENDIX C
RESERVED	APPENDIX D
CLAIMS FILING	APPENDIX E
GLOSSARY AND ACRONYMS	APPENDIX F
PODIATRY CODES	APPENDIX G