08/21/14 04/01/14

CHAPTER 5: PROFESSIONAL SERVICES SECTION: TABLE OF CONTENTS

PAGE(S) 8

PROFESSIONAL SERVICES

TABLE OF CONTENTS

SUBJECT

OVERVIEW

SECTION 5.0

SECTION

COVERED SERVICES

SECTION 5.1

Abortion Induced Abortion Threatened, Incomplete or Missed Abortion Acute Hospital Pre-Certification Medical Necessity **OB** Care and Delivery Precert Inquiry Application Physician Billing When Pre-Certification is Not Authorized **Retrospective Eligibility Pre-Certification** Outpatient Surgery Performed on an Inpatient Basis **Adjunct Services** Reimbursement Advanced Practice Registered Nurses: Clinical Nurse Specialists, Certified Nurse Practitioners and Nurse Midwives **Billing Information** Reimbursement Affordable Care Act - Primary Care Services Enhanced Reimbursement **Provider Eligibility** Physicians **Physician Assistants** Advanced Practice Registered Nurses Effective Date for Enhanced Reimbursement Physicians **Physician Assistants** Advanced Practice Registered Nurses **Claims Related Information** Allergy Testing Testing for Allergies Allergen Immunotherapy

CHAPTER 5: PROFESSIONAL SERVICES SECTION: TABLE OF CONTENTS

08/21/14

04/01/14

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 Vaginal Delivery - Shared Introduction Only by Delivering Physician Introduction Only by Anesthesiologist Monitoring by Anesthesiologist or CRNA Cesarean Delivery - Shared Introduction Only by Delivering Physician Introduction Only by Anesthesiologist Monitoring by Anesthesiologist or CRNA Anesthesia for Tubal Ligation or Hysterectomy Pain Management Pediatric Moderate (Conscious) Sedation **Claims Filing** Reimbursement 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 Chiropractic **Billing Information Cochlear Implant** Medical and Social Criteria Age-Specific Criteria

CHAPTER 5: PROFESSIONAL SERVICES SECTION: TABLE OF CONTENTS

PAGE(S) 8

08/21/14

04/01/14

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 Consultations **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**

CHAPTER 5: PROFESSIONAL SERVICES SECTION: TABLE OF CONTENTS

PAGE(S) 8

08/21/14

04/01/14

Immunizations Laboratory Screening Periodicity Policy **Periodicity Restrictions Off-Schedule Screenings** 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 **Exclusions and Limitations** Eye Care and Vision Services Family Planning Waiver (TAKE CHARGE) **Recipient Eligibility Participating Providers** Diagnosis Procedure/Revenue Codes Pharmaceutical Policy for TAKE CHARGE Global Surgery Period (Pre/Post-Operative Editing) Gynecology **Contraceptive Implants** Intrauterine Contraceptive System Pap Smears **Pelvic Examinations** Hysterectomy Consent for Hysterectomy Exceptions Screening Mammography Abortions (See Obstetrics Section) Hospice **Election of Hospice Services** Payment of Medical Services Related to the Terminal Illness

08/21/14 04/01/14

CHAPTER 5: PROFESSIONAL SERVICES SECTION: TABLE OF CONTENTS

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 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		

08/21/14 04/01/14

CHAPTER 5: PROFESSIONAL SERVICES SECTION: TABLE OF CONTENTS

PAGE(S) 8

Clinical Laboratory Improvement Amendments (CLIA) Certification Specimen Collection Billing for Radiology and Laboratory Procedures 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 Hospital Observation Care Oral and Maxillofacial Surgery

08/21/14 04/01/14

CHAPTER 5: PROFESSIONAL SERVICES SECTION: TABLE OF CONTENTS

PAGE(S) 8

Pre-Certification
Non-Covered Services
Additional Information
Organ Transplants
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 Medicine Evaluation and Management Services (Adult)
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
Same-Day Outpatient Visits
Recipients under Age 21
Exclusions
Recipients Age 21 and Over
Sterilizations

CHAPTER 5: PROFESSIONAL SERVICES SECTION: TABLE OF CONTENTS

Consent Forms and Name Changes	
Consent Forms and Name Changes	
Correcting the Sterilization Consent Form	
Substitute Physician Billing	
Reciprocal Billing Arrangement	
Locum Tenens Arrangement Telemedicine	
Reimbursement	
Billing	
6	
Third Party Liability Vaccines for Children and LINKS	
Vaccines for Children	
	INIZC)
Louisiana Immunization Network for Kids Statewide (L) Vagus Nerve Stimulators	IINKS)
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	
Subsequent implants, Dattery Replacement	
CONTACT INFORMATION	APPENDIX A
FORMS	APPENDIX B
RESTRICTED AUDIOLOGY CODES	APPENDIX C
PSYCHIATRIC CODES	APPENDIX D
CLAIMS FILING	APPENDIX E
GLOSSARY AND ACRONYMS	APPENDIX F

ACA ENHANCED REIMBURSEMENT **APPENDIX H**

PODIATRY CODES

APPENDIX G