
CHAPTER 5: PROFESSIONAL SERVICES

SECTION: TABLE OF CONTENTS**PAGE(S) 8**

PROFESSIONAL SERVICES**TABLE OF CONTENTS**

SUBJECT	SECTION
----------------	----------------

OVERVIEW	SECTION 5.0
-----------------	--------------------

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

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

CHAPTER 5: PROFESSIONAL SERVICES

SECTION: TABLE OF CONTENTS

PAGE(S) 8

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	
CommunityCARE Program Referral	
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	
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	

CHAPTER 5: PROFESSIONAL SERVICES

SECTION: TABLE OF CONTENTS

PAGE(S) 8

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	
CommunityCARE 2.0 Basics for Non-Primary Care Physicians	
Recipient Participation Requirements	
How to Identify CommunityCARE 2.0 Recipients	
Primary Care Provider	
Services Exempt from Referrals	
Important CommunityCARE 2.0 Referral/Authorization Information	
Concurrent Care – Inpatient	
Consultations	
Billing for 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) and the KIDMED 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	

CHAPTER 5: PROFESSIONAL SERVICES

SECTION: TABLE OF CONTENTS

PAGE(S) 8

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	
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	
Supplemental Payments	
Adult Immunizations	
Billing a Single/First Administration	
Billing Multiple Administrations	
Appropriate use of CPT Evaluation/Management Codes with	
Immunization Administrations	

CHAPTER 5: PROFESSIONAL SERVICES

SECTION: TABLE OF CONTENTS**PAGE(S) 8**

“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 Radiology and Laboratory Procedures	
Prenatal Lab Panels	
Reimbursement for Laboratory Procedures	
Reimbursement for Radiology Services	
Radiology Utilization Management	
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 Mammoplasty	
Prior Authorization	
Payment Requirements	
Modifiers	
Site Specific Modifiers	
List of Site specific Modifiers	

CHAPTER 5: PROFESSIONAL SERVICES

SECTION: TABLE OF CONTENTS**PAGE(S) 8**

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	
Expanded Dental Services for Pregnant Women	
Eligibility Information	
Referral Information	
Oral and Maxillofacial Surgery	
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	
Podiatry	
Preventive Medicine Evaluation and Management Services (Adult)	

CHAPTER 5: PROFESSIONAL SERVICES

SECTION: TABLE OF CONTENTS**PAGE(S) 8**

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	
Radiopharmaceutical Diagnostic Imaging Agents	
Same-Day Outpatient Visits	
Recipients under Age 21	
Exclusions	
Recipients Age 21 and Over	
Sterilizations	
Sterilization Consent Form Requirements	
Consent Forms and Name Changes	
Correcting the Sterilization Consent Form	
Substitute Physician Billing	
Reciprocal Billing Arrangement	
Locum Tenens Arrangement	
Telemedicine	
Reimbursement	
Billing	
Third Party Liability	
Vaccines for Children and LINKS	
Vaccines for Children	
Louisiana Immunization Network for Kids Statewide (LINKS)	
Supplemental Payments	
Vagus Nerve Stimulators	
Criteria for Recipient Selection	
Exclusion Criteria	
Place of Service Restriction	
Prior Authorization	

CHAPTER 5: PROFESSIONAL SERVICES

SECTION: TABLE OF CONTENTS

PAGE(S) 8

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**

PSYCHIATRIC CODES **APPENDIX D**

CLAIMS FILING **APPENDIX E**

GLOSSARY AND ACRONYMS **APPENDIX F**

PODIATRY CODES **APPENDIX G**