# PROFESSIONAL SERVICES

## TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>SUBJECT</th>
<th>SECTION</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>OVERVIEW</strong></td>
<td>SECTION 5.0</td>
</tr>
<tr>
<td><strong>COVERED SERVICES</strong></td>
<td>SECTION 5.1</td>
</tr>
</tbody>
</table>

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
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 Reconstruction
  Clinical Guidelines and Criteria
  Covered Procedures
  Prior Authorization
  Reimbursement
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
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 Self-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
    Subjective Hearing Screening
    Objective Hearing Screening
Dental Screening
Immunizations
Laboratory
Screening Periodicity Policy
  Periodicity Restrictions
CHAPTER 5: PROFESSIONAL SERVICES

SECTION: TABLE OF CONTENTS

- 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
- 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
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-Ahpa 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
Reimbursement for Laboratory Procedures
Reimbursement for Radiology Services
Medical Review
CHAPTER 5: PROFESSIONAL SERVICES
SECTION: TABLE OF CONTENTS

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
  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
Routine Care Provided to Beneficiaries Enrolled in Clinical Trials
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  
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

RESTRICTED AUDIOLOGY CODES
  APPENDIX C

RESERVED
  APPENDIX D

CLAIMS FILING
  APPENDIX E

GLOSSARY AND ACRONYMS
  APPENDIX F

PODIATRY CODES
  APPENDIX G