
CHAPTER 5: PROFESSIONAL SERVICES

SECTION 5.1: COVERED SERVICES**PAGE(S) 1**

Newborn Care and Discharge

The appropriate *Current Procedural Terminology* (CPT) codes for the initial care of the normal newborn may be submitted when the service provided meets the criteria as defined by CPT. This procedure code is limited to once per lifetime of the beneficiary.

The CPT code for subsequent care of the normal newborn may be submitted for each day care is rendered subsequent to the date of birth, other than the discharge date. Louisiana Medicaid covers up to three normal newborn subsequent care days.

Discharge Services

When the date of discharge is subsequent to the admission date, the provider shall submit claims for newborn hospital discharge services using the appropriate CPT code for discharge day management.

When newborns are admitted and discharged on the same date, the provider shall use the appropriate code for these services.

Routine Circumcision

In fee-for-service Medicaid, routine newborn circumcision is a non-covered service and is billable to the beneficiary's responsible party. The provider shall inform the responsible party that the service is not covered by Medicaid before performing the service.

For newborns covered by a managed care organization, routine circumcision is covered as a value-added benefit.

All medically necessary circumcisions are a covered benefit for all beneficiaries.

Newborn Screenings

Newborn screening (via heel stick) includes testing for certain specified conditions recommended by the American College of Medical Genetics. Louisiana Revised Statute 40:1081.1 and 1081.2 requires hospitals with delivery units to screen all newborns before discharge, regardless of the newborn's length of stay at the hospital. Louisiana Administrative Code Title 48, Part V, Subpart 18, Chapter 63, provides the requirements related to newborn screenings.