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Preventive Services (Adult)

Louisiana Medicaid covers all United States Preventive Services Task Force Grade A and B preventive services for adults, aged 21 years and older without restrictions or prior authorization. In addition, one preventive medicine evaluation/management (E/M) service for adults' age 21 years and older is covered per calendar year.

When submitting claims for preventive medicine E/M services, providers must use the appropriate "new patient" or "established patient" procedure code based on the age of the beneficiary on the date of service. Preventive medicine E/M services are comprehensive in nature and must reflect age and gender specific services.

The medical record documentation must include, but is not limited to:

1. Physical examination;
2. Medical and social history review;
3. Counseling/anticipatory guidance/risk factor reduction intervention; and
4. Screening test(s) and results.

In addition, one preventive gynecological examination per calendar year for beneficiaries aged 21 and over is covered, when performed by a primary care provider or gynecologist. This is to allow beneficiaries to receive both the necessary primary care and gynecological components of their annual preventive screening visits. The visit must include:

1. Examination;
2. Sexually Transmitted Infection (STI) screening and counseling;
3. Breast and pelvic examination;
4. Pap smear, if appropriate; and
5. Contraceptive methods and counseling, as age appropriate.

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If an abnormality or pre-existing problem is encountered and treatment is significant enough to require additional work to perform the key components of a problem-oriented E/M service on the same date of service by the provider performing the preventive medicine service visit, no additional office visit of a higher level than CPT code 99212 is reimbursable.

Payments to providers are subject to post payment review and recovery of overpayments.