

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

Outpatient Surgery Performed on an Inpatient Basis

After Hours Care on Evenings, Weekends, and Holidays

Reimbursement

Advanced Practice Registered Nurses (RNs): Clinical Nurse Specialists (CNSs), Certified Nurse Practitioners (CNPs) and Certified Nurse Midwives (CNMs)

Billing Information

Reimbursement

Allergy Testing

Testing for Allergies

Allergen Immunotherapy

Allergen Immunotherapy Treatment

Allergy Testing and Allergen Immunotherapy Billing

Ambulatory Surgical Centers (ASCs) (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

CHAPTER 5: PROFESSIONAL SERVICES**SECTION: TABLE OF CONTENTS****PAGE(S) 8**

Monitoring by Anesthesiologist or Certified Register Nurse Anesthetist (CRNA)	
Cesarean (C-section) 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 (PA)	
Eligibility Criteria	
Lipectomy or Panniculectomy Subsequent to Bariatric Surgery	
Breast Surgery	
Mastectomy	
Breast Reconstruction	
Reduction Mammoplasty and Removal of Breast Implants	
Cardiovascular Services	
Invasive Coronary Angiography (ICA) and Percutaneous Coronary Intervention (PCI)	
Eligibility Criteria	
Elective ICA	
Elective PCI	
Endovascular Revascularization for Peripheral Artery Disease	
Peripheral Arterial Disease Rehabilitation for Symptomatic Peripheral Arterial Disease	
Chiropractic	
Billing Information	
Cochlear Implant	
Medical and Social Criteria	
Age-Specific Criteria	
Children – 2 years through 9 years	

CHAPTER 5: PROFESSIONAL SERVICES

SECTION: TABLE OF CONTENTS

PAGE(S) 8

Children – 10 years through 17 years	
Adults – 18 years through 20 years	
PA	
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	
Community Health Worker (CHW) Services	
Concurrent Care – Inpatient	
Critical Care Services	
Diabetes Self-Management Training (DSMT)	
Provider Qualifications	
Accreditation	
Coverage Requirements	
Medicaid Beneficiaries Not Eligible for DSMT	
Initial DSMT	
Follow-Up DSMT	
Provider Responsibilities	
Reimbursement	
Early Periodic Screening, Diagnostic 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	
Off-Schedule Screenings	

CHAPTER 5: PROFESSIONAL SERVICES**SECTION: TABLE OF CONTENTS****PAGE(S) 8**

Interperiodic Screenings	
Diagnosis and Treatment	
Diagnosis	
Initial Treatment	
Providing or Referring Beneficiaries 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 (ESRD)	
Eye Care and Vision Services	
Global Surgery Period (Pre/Post-Operative Editing)	
Gynecology	
Pelvic Examinations	
Papanicolaou Testing for Cervical Cancer	
Eligibility Criteria	
Reimbursement	
Screening Mammography	
Contraceptive Implants	
Intrauterine Contraceptive Systems	
Saline Infusion Sonohysterography or Hysterosalpingography (HSG)	
Hysterectomy	
Consent for Hysterectomy	
Exceptions	
Sterilizations	
Sterilization Consent Form Requirements	
Consent Forms and Name Changes	
Correcting the Sterilization Consent Form	
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	
EPSDT Immunizations	

CHAPTER 5: PROFESSIONAL SERVICES

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

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 Beneficiaries Age 19 years through 20 years	
Pediatric Flu Vaccine: Special Situations	
Adult Immunizations	
Billing a Single/First Administration	
Billing Multiple Administrations	
Appropriate use of Current Procedural Terminology (CPT)	
Evaluation/Management Codes with Immunization Administrations	
“Incident To” Services	
Provider Alert	
Intrathecal Baclofen (ITB) Therapy	
Criteria for Beneficiary Selection	
Inclusive Criteria for Candidates with Spasticity of Cerebral Origin	
Inclusive Criteria for Candidates with Spasticity of Spinal Cord Origin	
Exclusive Criteria for Candidates	
PA	
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 (NIPT)	
Prenatal Laboratory 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 HSG	
Fetal Non-Stress Test	
Unlisted Procedures	
Reduction Mammoplasty	
PA	

CHAPTER 5: PROFESSIONAL SERVICES

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

Payment Requirements	
Modifiers	
Site Specific Modifiers	
List of Site Specific Modifiers	
Newborn Care and Discharge	
Discharge Services	
Routine Circumcision	
Newborn Pre-Certification	
Obstetrics (OB)	
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	
Tobacco Cessation Counseling During Pregnancy	
Oral and Maxillofacial Surgery	
Pre-Certification	
Non-Covered Services	
Additional Information	
Organ Transplants	
Billing Reminders	
Outpatient Chemotherapy	
Pediatric Critical Care Transport	
Pharmacy Services	
Physician Administered Drugs	
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 Services (Adult)	
Prohibited and Non-Covered Services	
PA	
Routine PA Requests	

CHAPTER 5: PROFESSIONAL SERVICES

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

Post Authorization	
Reconsiderations	
Electronic Prior Authorization (e-PA)	
Emergency Requests for PA	
PA 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	
Beneficiaries under Age 21	
Exclusions	
Beneficiaries Age 21 and Over	
Skin Substitutes for Chronic Diabetic Lower Extremity Ulcers	
Coverage Limitations	
PA	
Substitute Physician Billing	
Reciprocal Billing Arrangement	
Locum Tenens Arrangement	
Telemedicine	
Reimbursement	
Billing	
Take Charge Plus	
Third-Party Liability (TPL)	
Tobacco Cessation Counseling Services	
Provider Qualifications	
Reimbursement	
Vaccines for Children and Louisiana Immunization Network for Kids Statewide (LINKS)	
Vaccines for Children	
LINKS	
Vagus Nerve Stimulators (VNSs)	
Criteria for Beneficiary Selection	
Exclusion Criteria	
Place of Service Restriction	
PA	
Billing for the Cost of the VNS	
Billing for Implantation of the VNS	

CHAPTER 5: PROFESSIONAL SERVICES

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

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