
CHAPTER 5: PROFESSIONAL SERVICES

SECTION 5.1: COVERED SERVICES**PAGE(S) 2**

Preventive Services (Adult)

~~Louisiana Medicaid reimburses preventive medicine services for adults, aged 21 years and older. Providers are to use the appropriate Preventive Medicine Services “New Patient” or “Established Patient” Current Procedural Terminology (CPT) code based on the age of the recipient when submitting claims for the services.~~

~~One preventive medicine service will be reimbursed per recipient per calendar year. The information gathered during the preventive medicine visit is to be forwarded to any requesting provider in order to communicate findings and prevent duplicative services.~~

~~Preventive medicine services CPT codes are comprehensive in nature and should reflect age and gender specific services. Separately reported screening procedures performed by the physician, or referrals for those services, should be based on nationally recognized standards of care/best practices (e.g., screening mammography, prostate cancer screening, etc.).~~

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 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:

- Physical examination;
- Medical and social history review;
- Counseling/anticipatory guidance/risk factor reduction intervention; and
- 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:

CHAPTER 5: PROFESSIONAL SERVICES

SECTION 5.1: COVERED SERVICES**PAGE(S) 2**

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

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.