

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
 MEDICAL ASSISTANCE PROGRAM
 STATE OF LOUISIANA

ATTACHMENT 3.1-A
 ITEM 2a, Page 1

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED
LIMITATION ON THE AMOUNT, DURATION AND SCOPE OF CERTAIN ITEMS OF PROVIDED MEDICAL
AND REMEDIAL CARE AND SERVICES ARE DESCRIBED AS FOLLOWS:

CITATION
 42 CFR
 440.20(a)

MEDICAL AND REMEDIAL
CARE AND SERVICES
 Item 2a

OUTPATIENT HOSPITAL SERVICES

Effective September 1, 1983, the Bureau of Health Services Financing will make payment to a licensed hospital for outpatient hospital services in accordance with the following limits:

- A. Emergency room services-three emergency room visits per calendar year per recipient;
- B. Rehabilitation services (Physical Therapy, Occupational Therapy, and Speech Therapy) - number of visits in accordance with a rehabilitation plan approved by the Prior Authorization Unit of the Bureau of Health Services Financing; and
- C. Clinic services-services provided by a physician in a clinic in an outpatient hospital setting shall be considered physician services, not outpatient services, and shall be counted toward applicable limitations per year per recipient.

Effective January 1, 2006, the applicable visit limitations will be accumulated per calendar year for services rendered to Medicaid recipients who are 21 years of age and older. When the service cap has been reached, any additional services must meet medical necessity criteria established by the Bureau of Health Services Financing, and will be retroactively authorized on a case by case basis.

- D. All other outpatient services-including, but not limited to, therapeutic and diagnostic radiology services (except for services under the Radiology Utilization Management), chemotherapy, hemodialysis and laboratory services, shall have no limit imposed other than the medical necessity for the service.

Radiology Utilization Management – Radiology utilization management establishes provisions requiring prior authorization for certain outpatient high-tech imaging. Prior authorization (PA) is based on best evidence medical practices as

SUPERSEDES: ~~TN- 09-34~~

STATE <u>Louisiana</u>	A
DATE REC'D <u>12-23-09</u>	
DATE APPV'D <u>2-24-10</u>	
DATE EFF <u>1-21-10</u>	
HCFA 179 <u>09-54</u>	

TN# 09-54 Approval Date 2-24-10 Effective Date 1-21-10
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developed and evaluated by board-certified physician reviewers, including board-certified radiologists and additional medical specialists. Services requiring PA will be published on the agency's provider website at www.lamedicaid.com and shall include, but are not limited to, the following radiology service groups:

- a. magnetic resonance (MR);
- b. positron emission tomography (PET);
- c. computerized tomography (CT); and
- d. nuclear cardiology.

Reimbursement for these services is contingent upon prior authorization.

- E. Services related to organ transplants to be performed at a designated transplant center must be authorized by the BHSF. Requests for organ transplants for Title XIX recipients will be reviewed on a case by case basis applying the criteria equally to all similarly situated individuals.

There are no provisions for any additional visits beyond the limits specified above.

EPSDT recipients are excluded from service limits.

SUPERSEDES: TN- 90-19

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