

STATE OF LOUISIANA

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

Substance Abuse Screening and Intervention

Effective for dates of service on or after April 1, 2011, the Department shall provide coverage of substance abuse screening and brief intervention services rendered to Medicaid eligible pregnant women. These services may be performed based on medical necessity.

1. Screening services shall include the screening of pregnant women for the use of alcohol, tobacco, and/or drugs.
2. Intervention services shall include a brief 15-30 minute counseling session with a health care professional intended to help motivate the recipient to develop a plan to moderate their use of alcohol, tobacco, or drugs.

Substance abuse screening and intervention services shall be limited to one occurrence each per pregnancy, or once every 270 days.

STATE <u>Louisiana</u>	A
DATE REC'D <u>4-21-11</u>	
DATE APP'D <u>7-20-11</u>	
DATE EFF <u>4-1-11</u>	
HCFR 179 <u>11-15</u>	

STATE OF LOUISIANA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – OTHER TYPES OF CARE OR SERVICES LISTED IN SECTION 1905 (A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

Substance Abuse Screening and Intervention

Effective for dates of service on or after April 1, 2011, the Medicaid Program shall provide reimbursement for substance abuse screening and intervention services rendered to Medicaid eligible pregnant women.

Reimbursement for these services shall be a flat fee based on the appropriate Healthcare Common Procedure Coding (HCPC) code.

Except as otherwise noted in the plan, state developed reimbursement rates are the same for both governmental and private providers. The flat fees were set as of April 1, 2011. Fee schedules are published on the Medicaid provider website at www.lamedicaid.com.

STATE <u>Louisiana</u>	A
DATE REC'D <u>4-21-11</u>	
DATE APP'D <u>7-20-11</u>	
DATE EFF <u>4-1-11</u>	
HCFA 179 <u>11-15</u>	

TN # 11-15 Approval Date 7-20-11 Effective Date 4-1-11

Supersedes **SUPERSEDES: NONE - NEW PAGE**

TN # _____