

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. 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
- B. 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.

- C. 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

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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.

- D. 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.

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PAYMENT OF MEDICAL AND REMEDIAL CARE AND SERVICES

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

F. Diabetes Education Services

1. Effective for dates of service on or after February 21, 2011, the Department shall provide coverage of diabetes self-management training (DSMT) services rendered to Medicaid recipients diagnosed with diabetes. DSMT services shall be comprised of one hour of individual instruction and nine hours of group instruction on diabetes self-management.
 - a. Recipients of DSMT services shall receive up to 10 hours of services during the first 12-month period beginning with the initial training date.
 - b. After the first 12-month period has ended, recipients shall only be eligible for two hours of individual instruction on diabetes self-management per calendar year.
2. Provider Participation Standards
 - a. In order to receive Medicaid reimbursement, an outpatient hospital must have a DSMT program that meets the quality standards of one of the following accreditation organizations:
 - (1) the American Diabetes Association;
 - (2) the American Association of Diabetes Educators; or
 - (3) the Indian Health Service.
 - b. All DSMT programs must adhere to the national standards for diabetes self-management education.
 - (1) Each member of the instructional staff must:
 - (a) be a certified diabetes educator (CDE) certified by the National Certification Board for Diabetes Educators; or
 - (b) have recent didactic and experiential preparation in education and diabetes management.
 - (2) At a minimum, the instructional team must consist of one of the following professionals who is a CDE:
 - (a) a registered dietician;
 - (b) a registered nurse, or
 - (c) a pharmacist.
 - (3) All members of the instructional team must obtain the nationally recommended annual continuing education hours for diabetes management.
 - c. Members of the instructional team who render DSMT services must be either employed by or have a contract with a Medicaid enrolled outpatient hospital that will submit the claims for reimbursement of outpatient DSMT services rendered by the team.

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