LOUISIANA STATE PLAN SERVICES					
Services	**CMS Classification**	**Children Age 0 through Age 20**	**Pregnant*** Women**	**Adult Ages 21 & Older**	**Service Limits and/or Prior Authorization**
Audiology Services	**Mandatory**	**√**	**√**	**N/A**	**√**
Early, Periodic Screening, Diagnostic and Treatment (EPSDT)	**Mandatory**	**√**	**√**	**N/A**	**√**
Family Planning	**Mandatory**	**√**	**√**	**√**	**√**
Federally Qualified Health Center	**Mandatory**	**√**	**√**	**√**	**√**
Home Health	**Mandatory**	**√**	**√**	**√**	**√**
Inpatient & Outpatient Hospital Services	**Mandatory**	**√**	**√**	**√**	**√**
Emergency Room Services	**Mandatory**	**√**	**√**	**√**	**√**
Lab & X-Ray	**Mandatory**	**√**	**√**	**√**	**√**
Medical and Surgical Dental Services	**Mandatory**	**√**	**√**	N/A	**√**
Nurse Midwife	**Mandatory**	**√**	**√**	**√**	**√**
Nursing Facility	**Mandatory**	**√**	**√**	**√**	**√**
Pediatric and Family Nurse Practitioner	**Mandatory**	**√**	**√**	**√**	**√**
Personal Care Services (EPSDT)	**Mandatory**	N/A	N/A	**√**	**√**
Physician Services	**Mandatory**	**√**	**√**	**√**	**√**
Pregnancy Related Services	**Mandatory**	**√**	**√**	**√**	**√**
Rural Health Clinic	**Mandatory**	**√**	**√**	**√**	**√**
Adult Denture	Optional	N/A	**√**	**√**	**√**
Adult Immunizations	Optional	**√**	**√**	**√**	**√**
Ambulatory Surgical Services	Optional	**√**	**√**	**√**	**√**
Behavioral / Mental Health (Non-EPSDT)	Optional	N/A	**√**	**√**	**√**
Chiropractic Services	Optional	**√**	N/A	N/A	**√**
Clinic Services*	Optional	**√**	**√**	**√**	**√**
Community Mental Health Services	Optional	**√**	**√**	**√**	**√**
Durable Medical Equipment - Appliances & Supplies	Optional	**√**	**√**	**√**	**√**
Emergency Dental Services	Optional	**√**	**√**	**√**	**√**
End Stage Renal Disease Services	Optional	**√**	**√**	**√**	**√**
Expanded Dental For Pregnant Women	Optional	N/A	**√**	N/A	**√**
Home Health Extended	Optional	**√**	N/A	N/A	**√**
Hospice	Optional	**√**	**√**	**√**	**√**
Inpatient Psychiatric Services for Children under 21 and Adults over 65	Optional	**√**	**√**	**√**	**√**
Laboratory and X-ray Services	Optional	**√**	**√**	**√**	**√**
Medical Transportation - Emergency	Optional	**√**	**√**	**√**	**√**
Medical Transportation - Non-Emergency	Optional	**√**	**√**	**√**	**√**
Optometrist (Non-EPSDT)	Optional	N/A	**√**	**√**	**√**
Organ Transplants	Optional	**√**	**√**	**√**	**√**
Orthodontia	Optional	**√**	N/A	N/A	**√**
Personal Care Services (LT-PCS)	Optional	N/A	**√**	N/A	**√**
Pharmacy	Optional	**√**	**√**	**√**	**v**

LOUISIANA STATE PLAN SERVICES					
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Podiatry	Optional	√	√	√	√
Prosthetic & Orthotic Devices	Optional	√	√	√	√
Rehabilitative Services **	Optional	√	√	√	√
Targeted Case Management	Optional	√	√	√	√
Legend: √ = Covered Service / √ = Service has Limits and/or Requires Prior Authorization / Required N/A = Not Applicable					

*Including non-IEP Medicaid covered services provided in schools, and when such services are not funded through certified public expenditures.

** Excludes specifed early steps services.

***Shall provide pregnancy-related services that are necessary for the health of the pregnant woman and fetus, or that have become necessary as a result of being pregnant and includes but is not limited to prenatal care, delivery, postpartum care, and family planning service for pregnant women in accordance with 42 CFR Part 440 Subpart B