



**MCO Amendment 5**  
**Attachment C5 – Changes to Attachment C, In Lieu of Services**

Item	New ILOS				Justification								
1	<table border="1"> <thead> <tr> <th data-bbox="220 448 838 626"><u>Name and description</u></th> <th data-bbox="838 448 1112 626"><u>Covered Medicaid State Plan service or setting for which each ILOS is a substitute</u></th> <th data-bbox="1112 448 1688 626"><u>Clinically oriented definition(s) for the target population(s) for each ILOS</u></th> <th data-bbox="1688 448 1972 626"><u>Specific coding for each ILOS to be used on claims and encounter data</u></th> </tr> </thead> <tbody> <tr> <td data-bbox="220 626 838 1409"> <p><b><u>Remote Patient Monitoring Effective 7/1/2023</u></b></p> <p><u>Remote patient monitoring (RPM) means digital technologies to collect medical and other forms of health data from individuals in one location and electronically transmit that information securely to health care providers in a different location for assessment, recommendations, and interventions. RPM devices include (1) non-invasive remote monitoring devices that measure or detect common physiological parameters, and (2) non-invasive monitoring devices that wirelessly transmit the beneficiary’s medical information to their health care provider or other monitoring entity. The device must be reliable and valid, and the beneficiary must be trained or sufficiently knowledgeable in the proper use/wearing of the device to ensure appropriate recording of medical information. Medical information may include, but is not limited to, blood pressure and heart rate and</u></p> </td> <td data-bbox="838 626 1112 1409"> <p><u>Physician services (office visits), emergency services, and inpatient hospitals</u></p> </td> <td data-bbox="1112 626 1688 1409"> <p><u>Members with hypertensive disorders and/or diabetes, ages 18-75 (HEDIS), with the following characteristics:</u></p> <ul style="list-style-type: none"> <li><u>Members with hypertension and a PPA/PPR/PPV* event within the last 18 months.</u></li> <li><u>Members with diabetes and a PPA/PPR/PPV events within last 18 months</u></li> <li><u>Poorly controlled hypertension (&gt;140/90), at risk for PPA/PPR/PPV</u></li> <li><u>Poorly controlled diabetes (HbA1c &gt;9.0%), at risk for PPA/PPR/PPV</u></li> <li><u>Smart phone or tablet access</u></li> </ul> <p><u>Pregnant women with hypertensive disorders and/or diabetes, ages 16-50, with the following characteristics:</u></p> <ul style="list-style-type: none"> <li><u>Poorly controlled hypertension (&gt;140/90)</u></li> </ul> </td> <td data-bbox="1688 626 1972 1409"> <p><u>99453</u>  <u>99454</u>  <u>99199 – with appropriate modifiers</u></p> </td> </tr> </tbody> </table>				<u>Name and description</u>	<u>Covered Medicaid State Plan service or setting for which each ILOS is a substitute</u>	<u>Clinically oriented definition(s) for the target population(s) for each ILOS</u>	<u>Specific coding for each ILOS to be used on claims and encounter data</u>	<p><b><u>Remote Patient Monitoring Effective 7/1/2023</u></b></p> <p><u>Remote patient monitoring (RPM) means digital technologies to collect medical and other forms of health data from individuals in one location and electronically transmit that information securely to health care providers in a different location for assessment, recommendations, and interventions. RPM devices include (1) non-invasive remote monitoring devices that measure or detect common physiological parameters, and (2) non-invasive monitoring devices that wirelessly transmit the beneficiary’s medical information to their health care provider or other monitoring entity. The device must be reliable and valid, and the beneficiary must be trained or sufficiently knowledgeable in the proper use/wearing of the device to ensure appropriate recording of medical information. Medical information may include, but is not limited to, blood pressure and heart rate and</u></p>	<p><u>Physician services (office visits), emergency services, and inpatient hospitals</u></p>	<p><u>Members with hypertensive disorders and/or diabetes, ages 18-75 (HEDIS), with the following characteristics:</u></p> <ul style="list-style-type: none"> <li><u>Members with hypertension and a PPA/PPR/PPV* event within the last 18 months.</u></li> <li><u>Members with diabetes and a PPA/PPR/PPV events within last 18 months</u></li> <li><u>Poorly controlled hypertension (&gt;140/90), at risk for PPA/PPR/PPV</u></li> <li><u>Poorly controlled diabetes (HbA1c &gt;9.0%), at risk for PPA/PPR/PPV</u></li> <li><u>Smart phone or tablet access</u></li> </ul> <p><u>Pregnant women with hypertensive disorders and/or diabetes, ages 16-50, with the following characteristics:</u></p> <ul style="list-style-type: none"> <li><u>Poorly controlled hypertension (&gt;140/90)</u></li> </ul>	<p><u>99453</u>  <u>99454</u>  <u>99199 – with appropriate modifiers</u></p>	<p>This addition seeks to improve enrollee outcomes and reduce preventable hospitalizations.</p>
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	<u>rhythm monitoring for members with hypertension and blood glucose control for members with diabetes. Members enrolled should have smart phone or tablet access and connectivity for data reporting.</u>		<ul style="list-style-type: none"> <li><u>Insulin dependent diabetes in pregnancy</u></li> <li><u>Smart phone or tablet access</u></li> </ul>		
2	<b>Physical Health</b>				This addition seeks to provide additional breastfeeding support which promotes health benefits for both the Enrollee and their infant.
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<u>Outpatient Lactation Support Effective 1/1/2024</u>  <u>Outpatient lactation support services for the purpose of providing breastfeeding care and for the diagnosis and treatment of breastfeeding or pumping issues are covered without the requirement of prior authorization for up to six total treatment sessions that occur during pregnancy or while less than 24 months postpartum. Qualified lactation support providers must have achieved and maintain certification as a Breastfeeding Counselor or Lactation Consultant, as described by the United States Breastfeeding Committee.</u>	<u>Physician services, outpatient hospital services.</u>	<u>Any Enrollee who is pregnant, breastfeeding, or expressing breastmilk for the purposes of providing nutrition to an infant.</u>	<u>S9445 – with modifier 33</u> <u>S9443</u>		

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3	<b>Behavioral Health</b>				This addition seeks to reduce incidents of crisis hospitalization and residential psychiatric care.
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<u><b>Therapeutic Day Center for ages 5-20 Effective 7/1/2023</b></u>  <u>The Center for Resilience is a therapeutic day center which provides educational and intensive mental health supports in an innovative partnership with the Tulane University Medical School Department of Child and Adolescent Psychiatry to ensure the emotional well-being and academic readiness of children with behavioral health needs. Children receive instructional, medical, and therapeutic services at the day program site with the goal of building the skills necessary to successfully transition back to the traditional school setting. Center for Resilience provides a caring, non-punitive, therapeutic milieu with positive behavioral supports, trauma-informed approaches, evidence-based mental health practices, small-group classroom instruction, and therapeutic recreation activities. The leadership team is comprised of clinicians, educators, and medical doctors, and the therapeutic milieu is a result of this intentionally interdisciplinary collaboration. The goal of this ILOS is to reduce incidents of</u>	<u>Inpatient psychiatric hospitals, psychiatric residential treatment facility (PRTF)</u>	<u>Children and adolescents with behavioral health diagnoses, 5 to &lt;21, with the following characteristics:</u> <ul style="list-style-type: none"> <li>• <u>PTSD, anger, depression, mood disorders, developmental disabilities, learning disabilities, psychosis</u></li> <li>• <u>High risk behaviors &amp; juvenile justice-involvement</u></li> <li>• <u>Unresponsive to school and agency/MHR intervention</u></li> </ul>	<u>G0177</u> <u>H0035</u>		

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	<ul style="list-style-type: none"> <li>• <u>Health promotion;</u></li> <li>• <u>Comprehensive transitional care and follow-up;</u></li> <li>• <u>Patient and family support; and</u></li> <li>• <u>Referrals to community and social support services.</u></li> </ul> <p><u>The eligible population will be identified by the MCO and assigned to the participating providers within the eligible population's geographical area. This is an opt-in model and does not require enrollees to change or adjust any of their existing provider relationships.</u></p>				