

## **IN LIEU OF SERVICES**

“In lieu of” services (ILOS) are alternative services or settings covered by the MCO as a substitute or alternative to services or settings covered under the Louisiana Medicaid State Plan. In accordance with 42 CFR § 438.3(e)(2), ILOS are medically appropriate and cost-effective substitute services that are offered voluntarily by the MCO. If offered, the MCO may not require enrollees to use any ILOS and the MCO reserves the right to cap or limit the number of enrollees receiving the ILOS at any time and for any reason. This section lists all approved ILOS that may be offered by the MCO.

### **Physical Health Services**

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#### **Chiropractic Services for Adults Age 21 and Older**

The purpose of this ILOS is to provide coverage of chiropractic care for enrollees age 21 and older. Chiropractic services to diagnose and treat neuromusculoskeletal conditions associated with the functional integrity of the spine are a medically appropriate and cost-effective substitute for services currently covered under the Louisiana Medicaid State Plan.

#### **Provider Qualification**

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Qualified providers must be enrolled in Medicaid and meet the following requirements:

- ❖ Current, valid, and unrestricted Louisiana chiropractic license

Nothing herein shall be construed to require the MCO to execute an agreement with any qualified and willing provider. The MCO reserves the right to execute agreements with qualified providers only as needed to successfully provide services, if the MCO elects to offer this ILOS.

#### **Covered Services**

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As part of this ILOS, chiropractic services for the purpose of diagnosing and treating neuromusculoskeletal conditions associated with the functional integrity of the spine are covered and considered medically necessary. The following requirements apply.

#### **Evaluation and Management Services**

The initial visit must include a treatment plan, including:

- ❖ Level of care (duration and frequency of visits);
- ❖ Treatment goals; and
- ❖ Measures to assess the effectiveness of treatment (qualitative and/or quantitative).

Follow-up visits must include information on the enrollee’s progress in the treatment plan, along with the measures used to assess effectiveness.

The level of evaluation and management service shall be determined by using Current Procedural Terminology (CPT) guidelines.

## **X-Rays**

X-rays may be used to assess the enrollee's condition. X-rays must be limited to the level(s) of suspected abnormality and the minimum number of views necessary to establish the diagnosis. Repeat X-rays are not considered medically necessary in the absence of a significant worsening of symptoms despite treatment, a change in the pattern of symptoms which may suggest an alternate diagnosis, or the development of new symptoms.

## **Spinal Manipulation**

Spinal manipulation of up to five regions is covered and considered medically necessary when included in the documented treatment plan.

## **Other Treatments**

Other treatments refer to chiropractic treatments other than spinal manipulation. On each date of service, a maximum of two other treatments are covered and must be tailored to the enrollee's condition and identified in the documented treatment plan.

- ❖ Mechanical traction
- ❖ Whirlpool therapy
- ❖ Ultrasound therapy
- ❖ Electrical stimulation
- ❖ Therapeutic exercises
- ❖ Neuromuscular reeducation
- ❖ Gait training
- ❖ Massage therapy
- ❖ Manual therapy
- ❖ Dry needling

## **Prior Authorization and Referral**

Chiropractic ILOS are covered without the requirement of prior authorization for up to 18 treatment sessions annually. Additional treatment sessions may be reimbursed with authorization by the MCO. A treatment session is defined as all chiropractic services that occur on a single date of service. A referral from a primary care provider or any other provider is not required.

## **Reimbursement**

Reimbursement for chiropractic services is only available to qualifying providers, as determined by the MCO.

## Non-Compliance, Recoupment, and Sanctions

Use of all procedure codes must be in accordance with CPT guidance. Non-compliance with CPT guidance, failure to maintain adequate medical documentation to substantiate services rendered, or non-compliance with any of the provisions described in this document may result in recoupment and/or other sanctions as determined by the MCO.

## Procedure Codes

The below table represents the procedure codes covered under this ILOS. The fees listed are calculated according to the methodology that would be employed by Medicaid FFS; however, the MCO has the discretion to execute agreements with providers for a different rate, when mutually agreeable. As specified above, a maximum of two other treatments, in addition to spinal manipulation, may be reimbursed per date of service.

<b>Service Category</b>	<b>Code</b>	<b>Description</b>	<b>Reference Fee</b>
<b>Evaluation and management – new patient</b>	<a href="#">99202</a>	Office or other outpatient visit for the evaluation and management of a new patient	<a href="#">\$42.77*</a>
	<a href="#">99203</a>		<a href="#">\$62.18*</a>
	<a href="#">99204</a>		<a href="#">\$96.56*</a>
	<a href="#">99205</a>		<a href="#">\$122.19*</a>
<b>Evaluation and management – established patient</b>	<a href="#">99212</a>	Office or other outpatient visit for the evaluation and management of an established patient	<a href="#">\$24.83*</a>
	<a href="#">99213</a>		<a href="#">\$41.53*</a>
	<a href="#">99214</a>		<a href="#">\$62.65*</a>
	<a href="#">99215</a>		<a href="#">\$84.93*</a>
<b>Spinal X-rays</b>	<a href="#">72020</a>	Radiologic examination, spine, single view, specify level	<a href="#">\$15.31*</a>
	<a href="#">72040</a>	Radiologic examination, spine, cervical; 2 or 3 views	<a href="#">\$23.32*</a>
	<a href="#">72050</a>	Radiologic examination, spine, cervical; 4 or 5 views	<a href="#">\$33.27*</a>
	<a href="#">72052</a>	Radiologic examination, spine, cervical; 6 or more views	<a href="#">\$41.69*</a>
	<a href="#">72070</a>	Radiologic examination, spine, thoracic, 2 views	<a href="#">\$22.60*</a>
	<a href="#">72072</a>	Radiologic examination, spine, thoracic, 3 views	<a href="#">\$24.99*</a>
	<a href="#">72074</a>	Radiologic examination, spine, thoracic, minimum of 4 views	<a href="#">\$29.46*</a>
	<a href="#">72080</a>	Radiologic examination, spine, thoracolumbar, 2 views	<a href="#">\$23.29*</a>
	<a href="#">72100</a>	Radiologic examination, spine, lumbosacral; 2 or 3 views	<a href="#">\$24.49*</a>
	<a href="#">72110</a>	Radiologic examination, spine, lumbosacral; minimum of 4 views	<a href="#">\$34.22*</a>
	<a href="#">72114</a>	Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views.	<a href="#">\$44.25*</a>
	<a href="#">72120</a>	Radiologic examination, spine, lumbosacral; bending views only, 2 or 3 views	<a href="#">\$30.63*</a>
	<a href="#">72220</a>	Radiologic examination, sacrum and coccyx, minimum of 2 views	<a href="#">\$19.65*</a>
<b>Spinal manipulation</b>	<a href="#">98940</a>	Spinal Manipulation 1-2 Regions	<a href="#">\$16.87*</a>
	<a href="#">98941</a>	Spinal Manipulation 3-4 Regions	<a href="#">\$23.40*</a>
	<a href="#">98942</a>	Spinal Manipulation 5 Regions	<a href="#">\$38.13†</a>
	<a href="#">97012</a>	Mechanical Traction	<a href="#">\$10.76†</a>

<b>Other treatments‡</b>	<u>97022</u>	<u>Whirlpool Therapy</u>	<u>\$12.55†</u>
	<u>97035</u>	<u>Ultrasound Therapy</u>	<u>\$10.40†</u>
	<u>97032</u>	<u>Electrical Stimulation</u>	<u>\$11.01*</u>
	<u>97110</u>	<u>Therapeutic Exercises</u>	<u>\$19.15*</u>
	<u>97112</u>	<u>Neuromuscular Reeducation</u>	<u>\$19.59*</u>
	<u>97116</u>	<u>Gait Training</u>	<u>\$16.72*</u>
	<u>97124</u>	<u>Massage Therapy</u>	<u>\$15.20*</u>
	<u>97140</u>	<u>Manual Therapy</u>	<u>\$17.72*</u>
	<u>20560</u>	<u>Needle insertion without injection 1-2</u>	<u>\$19.10†</u>
	<u>20561</u>	<u>Needle insertion without injection 3 or more muscles</u>	<u>\$27.39†</u>

\*From the Medicaid FFS fee schedule, as applicable to adults age 21 and older.

†Reference fee calculated using the methodology that would be employed by Medicaid FFS.

‡A maximum of two (2) other treatments, in addition to spinal manipulation, are covered per day of service.

Note: These fees are provided for reference purposes only, and the MCO may establish different fees in its agreements with providers.

## **Hospital-Based Care Coordination for Pregnant and Postpartum Individuals with Substance Use Disorder and Their Newborns**

The purpose of this ILOS is to provide coverage of a comprehensive pregnancy medical home model of care to enrollees with substance use disorder (SUD) who are 18 years of age and older and pregnant or up to 12 months postpartum. The model includes care coordination, health promotion, individual and family support, and linkages to community/support services, behavioral, and physical health services. The model does not include coverage of physical and behavioral health services otherwise covered under the Louisiana Medicaid State Plan (e.g., outpatient OB care, SUD treatment services). In addition, this ILOS is not duplicative of MCO case management services.

This ILOS is a medically appropriate substitute for acute care utilization (e.g., emergency department visits, inpatient hospitalizations) due to inadequately-treated SUD during the pregnancy and postpartum periods. The benefit will not serve as a substitute for medically necessary physical and behavioral health services such as obstetrical care or SUD care. Rather, the ILOS will help to ensure that enrollees receive comprehensive physical and behavioral health care services that meet their needs, while avoiding preventable use of acute care.

### **Provider Qualifications**

Eligible and qualified providers are hospitals that are enrolled in Medicaid and provide outpatient services with the following staffing specifications:

- ❖ At least one licensed mental health professional (LMHP), such as an LCSW or LPC with a current, valid, and unrestricted Louisiana license;

- ❖ Additional staff may include LMHPs, registered nurses, or advanced practice registered nurses with a current, valid, and unrestricted Louisiana license; and
- ❖ A staffing ratio of at least one LMHP or nurse for every 40 enrollees must be maintained.

Nothing herein shall be construed to require the MCO to execute an agreement with any qualified and willing provider. The MCO reserves the right to execute agreements with qualified providers only as needed to successfully provide services, if the MCO elects to offer this ILOS.

## **Covered Services**

Services covered under the model are divided into three categories:

- ❖ Intake, assessment, and care plan development;
- ❖ Care coordination; and
- ❖ Outreach for disengaged enrollees.

<u>Description</u>	<u>Services Provided</u>
<p><b><u>Intake, Assessment, Care Plan Development</u></b></p> <p><u>Time requirement: 2.5 hours total time (face-to-face and non-face-to-face time)</u></p>	<p><b><u>Intake:</u></b></p> <ul style="list-style-type: none"> <li>• <u>Pregnancy confirmation; referral to OB if needed</u></li> <li>• <u>Explanation of services</u></li> <li>• <u>Obtaining informed consent for treatment</u></li> <li>• <u>Obtaining detailed medical and social history</u></li> <li>• <u>Create a mapping tool of contacts</u></li> </ul> <p><b><u>Needs assessment through screenings:</u></b></p> <ul style="list-style-type: none"> <li>• <u>Initiate assessment of unmet care needs for physical (medical and nutritional), behavioral and psychosocial needs. At a minimum, these assessments are completed:</u> <ul style="list-style-type: none"> <li>○ <u>5 P’s Screening tool</u></li> <li>○ <u>DSM-5 Opioid Use Disorder Screening</u></li> <li>○ <u>NIDA Substance Use Screen</u></li> <li>○ <u>PHQ9 Depression Screening</u></li> <li>○ <u>GAD-7 Generalized Anxiety Disorder Screening</u></li> <li>○ <u>SDOH Health Leads Screening</u></li> </ul> </li> </ul> <p><b><u>Additional screenings may be added, to include:</u></b></p> <ul style="list-style-type: none"> <li>○ <u>Columbia Suicide Severity Rating Scale</u></li> <li>○ <u>Perinatal Posttraumatic Stress Disorder Questionnaire</u></li> <li>○ <u>PCL-C PTSD Checklist – Civilian version</u></li> <li>○ <u>ACE Adverse Childhood Experience Questionnaire</u></li> <li>○ <u>MDQ Mood Disorder Questionnaire</u></li> <li>○ <u>HITS Intimate Partner Violence Screening</u></li> </ul> <p><b><u>Plan of care development:</u></b></p> <ul style="list-style-type: none"> <li>• <u>Review assessments to identify care needs and discussing results with patient</u></li> <li>• <u>Develop treatment plan of patient-centered goals, including referral to medication-assisted treatment (MAT) or SUD treatment</u></li> </ul>

	<ul style="list-style-type: none"> <li>• <u>Assessing urgency of identified goals, prioritizing referrals based on needs, including housing referrals</u></li> <li>• <u>Obtain plan of care developed by MCO case management, if applicable, for incorporation</u></li> <li>• <u>Assessing Care Plan understanding through teach back to uncover any misunderstanding of the plan, the medical condition and objections. Adjusting plan and referrals as needed.</u></li> <li>• <u>Providing warm handoff to referral sources.</u></li> <li>• <u>Notification to MCO case managers of enrollment</u></li> </ul> <p>All activities shall be documented fully.</p>
<p><b>Care Coordination</b></p> <p><u>Time requirement: 10 hours per month of total time (face-to-face and non-face-to-face time). Non-face-to-face-time can include, but is not limited to:</u></p> <ul style="list-style-type: none"> <li>• <u>Warm handoffs to other providers and community services</u></li> <li>• <u>Contacting and communicating with physical and behavioral health providers</u></li> <li>• <u>Following up on outcomes of referrals or visits</u></li> <li>• <u>Updating the enrollee's care plan</u></li> </ul>	<p><b>PRENATAL</b></p> <p><b>General Activities</b></p> <ul style="list-style-type: none"> <li>• <u>Confirmation of consent</u></li> <li>• <u>Confirm and update birth plans</u></li> <li>• <u>Confirm and update contact information</u></li> <li>• <u>Assisting with benefit reinstatement, if indicated</u></li> </ul> <p><b>Care Coordination</b></p> <ul style="list-style-type: none"> <li>• <u>Coordination of referrals identified from treatment plan, incorporating collaboration with the MCOs as needed to improve effectiveness and prevent duplication</u></li> <li>• <u>Review and revision of care plan, as needed</u></li> <li>• <u>Visit preparation, navigation, and follow up for key OB services</u></li> <li>• <u>Coordination with MCO Case Manager to enhance care and prevent duplication</u></li> <li>• <u>Multidisciplinary long-term postpartum follow-up includes referrals for medical, developmental, and social support for mother and infant</u></li> </ul> <p><b>Risk Assessment</b></p> <ul style="list-style-type: none"> <li>• <u>Reviewing patient history from referral source (if applicable) and medical charts</u></li> <li>• <u>Reassess physical, mental and social needs; identifying gaps</u></li> <li>• <u>Providing assistance to close gaps for physical, mental and social needs</u></li> <li>• <u>Review risks identified during assessment and addressing those risks</u></li> <li>• <u>Assisting with development of peer support</u></li> </ul> <p><b>Alcohol/Substance Use Disorder Treatment</b></p> <ul style="list-style-type: none"> <li>• <u>Interdisciplinary case conference with hospital care team during pregnancy, delivery and postpartum periods, including patient care plan.</u></li> <li>• <u>Participation at SUD Treatment Case Conference, if indicated</u></li> <li>• <u>Providing referral and/or education for Naloxone</u></li> </ul> <p><b>Health Education and Promotion</b></p>

- Orientation to labor and delivery process, including pain management plan and discussion of post-partum family planning, education on the importance of post-partum care
- Provide individualized education on pregnancy, childbirth, parenting, physical well-being, lactation support and information on Neonatal Abstinence Support and related topics

#### **DELIVERY CARE**

- In-hospital, rooming in and assessment of neonatal opioid withdrawal syndrome (NOWS), if required staffing and space are available
- Lactation support and follow up education
- Assessing baby safety needs
- Navigating and educating mother for potential NICU admission, as needed
- Assessment of care transition to home

#### **POSTPARTUM CARE**

##### **Care Coordination**

- Identifying/connecting patient with peer support
- Provide referrals for medical, developmental and social support, (WIC, Healthy Start, Early Steps)
- Follow meconium drug screening and report to DCFS, if appropriate
- Visit preparation and follow up for pediatric visits
- Assist with/make referral to pediatrician
- Identifying NOWS and neonatal abstinence syndrome (NAS) support by care partners

##### **Health Education and Promotion**

- Discussion of postpartum needs, including importance of postpartum care, red flag warnings for postpartum hygiene, signs and symptoms of illness for mother, sleep and nutritional needs.
- Discussion of red flag warnings for signs and symptoms of newborn illness, feeding and lactation support, care of baby's skin, mouth, umbilical cord and circumcision

##### **Risk Assessment**

- Reassessment for depression and anxiety screening with on-site treatment or referral as indicated
- Provide education and advocacy for DCFS reporting and the justice system
- Documentation of activities and progress across all categories of care coordination activities

<p><b><u>Outreach for Disengaged Enrollees</u></b></p> <p>Time requirement: 8 hours per month total time (face-to-face and non-face-to-face time).</p>	<ul style="list-style-type: none"> <li>• <u>Maintaining and reviewing call log for potential disengagement</u></li> <li>• <u>Medical record review for missed physician or diagnostic appointments</u></li> <li>• <u>Checking with SUD treatment providers for missed appointments</u></li> <li>• <u>Contact attempts by preferred contact method at least three times on different days and different times of day</u></li> <li>• <u>Escalating contact tracking to friends, family, employer, judicial, social services, etc., from contact mapping</u></li> <li>• <u>Documentation of efforts made for outreach attempts</u></li> </ul>
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## **Prior Authorization and Referral**

Services under this ILOS are covered without the requirement of prior authorization or referral. The MCO may make referrals to providers of this service at its discretion.

## **Reimbursement**

Reimbursement for these services is only available to qualifying providers, as determined by the MCO. Providers are advised to contact the MCOs for specific additional guidance prior to rendering services.

## **Non-Compliance, Recoupment, and Sanctions**

Use of all procedure codes must be in accordance with this terms and conditions described in this document. Failure to maintain adequate medical documentation to substantiate services rendered or non-compliance with any of the provisions described in this document may result in recoupment and/or other sanctions as determined by the MCO.

## **Procedure Codes**

The below table represents the procedure codes covered under this ILOS. The fees listed are estimated by Medicaid’s actuarial consultant based on a time study; however, the MCO has the discretion to execute agreements with provider for a different rate, when mutually agreeable.

<u>Service</u>	<u>Service Code</u>	<u>Maximum Units per Pregnancy and Postpartum Period</u>	<u>Estimated Fee</u>
<u>Intake, Assessment, Care Plan Development</u>	<u>H0002</u>	<u>1</u>	<u>\$77.60/unit</u>
<u>Care Coordination</u>	<u>H0006</u>	<u>20</u>	<u>\$221.06/unit</u> <u>(1 unit = 1 month)</u>
<u>Outreach for Disengaged Enrollees</u>	<u>H0023</u>	<u>4</u>	<u>\$133.63/unit</u> <u>(1 unit = 1 month)</u>

The primary diagnosis code on the claim should reflect the primary substance use disorder experienced by the enrollee.