

C-0000 MEDICAL SERVICES

The following is a brief overview of medical services covered by Medicaid. Refer questions regarding specific medical services to the appropriate medical provider. Medical providers have access to Provider Manuals, the fiscal intermediary, and appropriate personnel within BHSF.

Managed care organizations are the way most of Louisiana's Medicaid and LaCHIP beneficiaries receive health care services. Medicaid included populations are enrolled into a Healthy Louisiana plan. These plans all offer the same basic benefits but can differ by provider networks, referral policies, health management programs, extra services, and incentives. These plans are accountable to the Louisiana Department of Health (LDH).

C-100 GENERAL INFORMATION

Beneficiaries receive a Medical Eligibility Card (MEC) and are entitled to the services listed below, if the health services provider:

- is enrolled in the Medicaid Program, and
- agrees to bill Medicaid for services to the eligible person listed on the MEC.

Beneficiaries shall present the MEC when health care is requested.

Providers who accept Medicaid payment cannot bill beneficiaries.

Exceptions:

Medically Needy Spend-Down beneficiaries may be billed for partial payment of a medical bill on the Spend-Down date.

Long Term Care beneficiaries may be billed for a portion of the monthly facility fee.

Beneficiaries covered by third parties legally responsible for paying medical claims. Refer to [P-0000, Third Party Liability](#).

C-200 SERVICE LIMITS

Beneficiaries shall be advised of any limitations and/or prior authorization requirements prior to obtaining services, such as:

- Non-covered prescriptions
- Services only covered a specific number of times per calendar year
- Medical procedures or equipment that must be pre-approved

C-300 COVERED SERVICES

Behavioral Health

- A comprehensive package of behavioral health services for eligible beneficiaries provided through the Louisiana Behavioral Health Partnership (LBHP). Delivery of services is managed by a single Statewide Management Organization (SMO)

Case Management

- Individualized planning and service coordination for certain defined groups

Clinic Services

- Rural Health, Family Planning, Mental Health, Substance Abuse, Free-Standing End-Stage Renal Disease, Radiation Therapy, Prenatal, Ambulatory Surgical Centers, Sexually-Transmitted Disease, and Tuberculosis clinic services

Dental Services

- Limited to dentures and treatment for traumatic injury, malignancies or suspected malignancies for beneficiaries age 21 and over
- A full range of dental services for beneficiaries under age 21 as EPSDT services, in accordance with an approved treatment plan

Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services

- Medically necessary and preventive health care services provided to beneficiaries under age 21 including comprehensive assessments of physical and mental health, immunizations, lab tests, vision, hearing, and dental screenings, diagnostic and treatment services, and rehabilitation services

Eye Care Services

- Eye care for injury or disease for beneficiaries age 21 and over (Eyeglasses after cataract surgery are not covered except in QMB coinsurance)
- Routine eye exams and eyeglasses for beneficiaries under age 21 as EPSDT services

Home and Community Based Services

- Alternatives to institutional care such as, Personal Assistance Services (PAS), Long Term Personal Care Services (LT-PCS), and Waiver services

Home Health Services

- Part-time skilled nursing services, home health aide services, medical supplies, equipment and appliances, and physical or occupational therapy, speech pathology, and audiology services provided in the beneficiary's home

Hospital Services

- Inpatient, outpatient, and emergency room
- Inpatient psychiatric services in Free Standing Psychiatric Hospitals and Distinct Part Psychiatric Units of Acute Care General Hospitals

Institution for Mental Diseases (IMD)

- Psychiatric services provided in an IMD for beneficiaries under age 21 or age 65 and older

Exception:

Beneficiaries that are inpatient in an IMD on the day before their 21st birthday are eligible for benefits through the day before their 22nd birthday as long as they remain an inpatient and all other eligibility requirements are met.

Laboratory and X-Ray Services

- Medically necessary tests and x-rays that are not performed as routine procedures

Long Term Care (LTC) Services

- Residential care in a nursing facility

Medical Equipment, Appliances, & Supplies

- Medical equipment, appliances, and supplies provided with prior approval

Personal Care Services

- Services with an approved plan of care that provide assistance with distinct tasks, allowing the individual to remain at home instead of being an inpatient or a resident of a facility

Prescribed Medication

- Most prescriptions other than cosmetic drugs, cough and cold preparations, and minor tranquilizers

Professional Services

- Services provided by health care professionals in response to symptoms or diagnosed medical conditions indicating illness, injury, or trauma

Rehabilitation Services

- Prior-authorized speech, language, hearing, physical and/or occupational therapy provided by a rehabilitation center or outpatient hospital department. Does not include vocational or developmental evaluation, or voice evaluations or therapy.

Transportation

- Prior-authorized, non-emergency trips to obtain Medicaid-covered services.

Exception:

Transportation for pharmacy services is not covered.

- Emergency transportation services (prior authorization is not required).

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RESERVED