

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.

C-100 GENERAL INFORMATION

Enrollees 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.

Enrollees shall present the MEC when health care is requested.

Providers who accept Medicaid payment cannot bill enrollees.

Exceptions:

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

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

Enrollees covered by third parties legally responsible for paying medical claims. Refer to P-0000, Third Party Liability.

C-200 SERVICE LIMITS

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Enrollees 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 enrollees 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, Sexually-Transmitted Disease, and Tuberculosis clinic services.

Dental Services

- ** Limited to dentures and treatment for traumatic injury, malignancies or suspected malignancies for enrollees age 21 and over
- A full range of dental services ** for enrollees 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 enrollees 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

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Eye Care Services

- Eye care for injury or disease ** for enrollees age 21 and over ** (Eyeglasses after cataract surgery are not covered except in QMB coinsurance)
- Routine eye exams and eyeglasses for enrollees 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, and physical therapy ** provided in the enrollee'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 enrollees under age 21 or age 65 and older

Exception:

Enrollees 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 **

**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

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Rehabilitation Services

- Prior-authorized speech, physical and/or occupational therapy by a rehabilitation center or outpatient hospital department

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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C-400 RESERVED