

Chapter 61. Other Outpatient Hospital Services

Subchapter A. General Provisions

§6105. Radiology Utilization Management

A. Radiology utilization management establishes provisions requiring prior authorization for certain outpatient high-tech imaging.

B. Prior authorization (PA) is based on best evidence medical practices as developed and evaluated by board-certified physician reviewers, including board-certified radiologists and additional physical specialists who will assist in the claim evaluation process.

1. Services requiring PA will be noted on the Medicaid fee schedule and shall include, but are not limited to, the following radiology service groups:

- a. magnetic resonance (MR);
- b. positron emission tomography (PET);
- c. computerized tomography (CT); and
- d. nuclear cardiology.

C. Reimbursement for these services is contingent upon prior authorization.

D. The following Medicaid recipients are excluded from radiology utilization management:

1. Family Planning Waiver recipients;
2. LaCHIP Affordable Plan recipients;
3. Program of All Inclusive Care for the Elderly (PACE) recipients;
4. Native American recipients; and
5. recipients who have primary health insurance coverage provided by:
 - a. Medicare; or
 - b. a private health insurance carrier.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 36:67 (January 2010), amended LR 36:1782 (August 2010).

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AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 35:2758 (December 2009), amended LR 36:1781 (August 2010).

Chapter 45. Radiology Utilization Management

§4501. General Provisions

A. Radiology utilization management establishes provisions requiring prior authorization for certain outpatient high-tech imaging.