

NOTICE OF INTENT

**Department of Health
Bureau of Health Services Financing**

**Termination of Radiology Utilization Management Services
(LAC 50:V.6105 and XIX.4501)**

The Department of Health, Bureau of Health Services Financing proposes to repeal LAC 50:V.6105 and XIX.4501 in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This proposed Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R. S. 49:950, et seq.

The Department of Health, Bureau of Health Services Financing adopted provisions governing radiology utilization management (RUM) in laboratory and radiology services and outpatient hospital services to implement a prior authorization requirement for certain outpatient high-tech imaging services in order to reduce unnecessary radiology studies (*Louisiana Register*, Volume 35, Number 12) and (*Louisiana Register*, Volume 33, Number 1). The department now proposes to repeal the provisions governing RUM in order to align with current fee-for-service and managed care practices relative to prior authorization of high-end radiology services.

Title 50

**PUBLIC HEALTH—MEDICAL ASSISTANCE
Part V. Hospital Services
Subpart 5. Outpatient Hospital Services**

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.~~ Repealed.

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), repealed by Department of Health, Bureau of Health Services Financing, LR 45:

Part XIX. Other Services
Subpart 3. Laboratory and Radiology Services

Chapter 45. Radiology Utilization Management

§4501. General Provisions

~~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:~~

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

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

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- ~~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.~~ [Repealed.](#)

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), repealed by Department of Health, Bureau of Health Services Financing, LR 45:

Implementation of the provisions of this Rule may be contingent upon the approval of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS), if it is determined that submission to CMS for review and approval is required.

In compliance with Act 1183 of the 1999 Regular Session of the Louisiana Legislature, the impact of this proposed Rule on the family has been considered. It is anticipated that this proposed Rule will have no impact on family functioning, stability and autonomy as described in R.S. 49:972.

In compliance with Act 854 of the 2012 Regular Session of the Louisiana Legislature, the poverty impact of this proposed Rule has been considered. It is anticipated that this proposed Rule will have no impact on child, individual, or family poverty in relation to individual or community asset development as described in R.S. 49:973.

In compliance with House Concurrent Resolution (HCR) 170 of the 2014 Regular Session of the Louisiana Legislature, the provider impact of this proposed Rule has been considered. It is

anticipated that this proposed Rule will have no impact on the staffing level requirements or qualifications required to provide the same level of service, no direct or indirect cost to the provider to provide the same level of service, and will have no impact on the provider's ability to provide the same level of service as described in HCR 170.

Interested persons may submit written comments to Jen Steele, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030. Ms. Steele is responsible for responding to inquiries regarding this proposed Rule. The deadline for submitting written comments is at 4:30 p.m. on July 30, 2019.

Interested persons may submit a written request to conduct a public hearing by U.S. mail to the Office of the Secretary ATTN: LDH Rulemaking Coordinator, Post Office Box 629, Baton Rouge, LA 70821-0629; however, such request must be received no later than 4:30 p.m. on July 10, 2019. If the criteria set forth in R.S. 49:953(A)(2)(a) are satisfied, LDH will conduct a public hearing at 9:30 a.m. on July 25, 2019 in Room 118 of the Bienville Building, which is located at 628 North Fourth Street, Baton Rouge, LA. To confirm whether or not a public hearing will be held, interested persons should first call Allen Enger at (225) 342-9037 after July 10, 2019. If a public hearing is to be held, all interested persons are invited to attend and

present data, views, comments, or arguments, orally or in writing. In the event of a hearing, parking is available to the public in the Galvez Parking Garage which is located between North Sixth and North Fifth/North and Main Streets (cater-corner from the Bienville Building). Validated parking for the Galvez Garage may be available to public hearing attendees when the parking ticket is presented to LDH staff at the hearing.

Rebekah E. Gee MD, MPH

Secretary