



**State of Louisiana**  
Department of Health and Hospitals  
Office of the Secretary

**VIA ELECTRONIC MAIL ONLY**

May 30, 2014


Bill Brooks  
Associate Regional Administrator  
Division of Medicaid & Children's Health  
DHHS/Centers for Medicare and Medicaid Services  
1301 Young Street, Room #833  
Dallas, Texas 75202

Dear Mr. Brooks:

**RE: Louisiana Title XIX State Plan  
Transmittal No. 14-22**

I have reviewed and approved the enclosed Louisiana Title XIX State Plan material. I recommend this material for adoption and inclusion in the body of the State Plan.

Sincerely,

  
Kathy H. Kliebert  
Secretary

Attachments (2)

KHK/JRK/DA

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:

**14-22**

2. STATE

**Louisiana**

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE  
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

**June 1, 2014**

5. TYPE OF PLAN MATERIAL (*Check One*):

NEW STATE PLAN

AMENDMENT TO BE CONSIDERED AS NEW PLAN

AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate Transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION:

**42 CFR 440.20**

7. FEDERAL BUDGET IMPACT:

a. FFY **2014** \$0

b. FFY **2015** \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

**Attachment 3.1-A, Item 2a, Pages 1 & 1a**

9. PAGE NUMBER OF THE SUPERSEDED PLAN  
SECTION OR ATTACHMENT (*If Applicable*):

**Same (TN 09-54)**

10. SUBJECT OF AMENDMENT: **The purpose of this SPA is to amend the provisions governing outpatient hospital services to remove the visit limits on emergency room services.**

11. GOVERNOR'S REVIEW (*Check One*):

GOVERNOR'S OFFICE REPORTED NO COMMENT

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

**The Governor does not review state plan material.**

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

**Kathy H. Kliebert**

14. TITLE:

**Secretary**

15. DATE SUBMITTED:

**May 30, 2014**

16. RETURN TO:

**J. Ruth Kennedy, Medicaid Director  
State of Louisiana  
Department of Health and Hospitals  
628 N. 4<sup>th</sup> Street  
PO Box 91030  
Baton Rouge, LA 70821-9030**

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

18. DATE APPROVED:

**PLAN APPROVED – ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

22. TITLE:

23. REMARKS:

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED  
LIMITATION ON THE AMOUNT, DURATION AND SCOPE OF CERTAIN ITEMS OF PROVIDED MEDICAL  
AND REMEDIAL CARE AND SERVICES ARE DESCRIBED AS FOLLOWS:

CITATION  
42 CFR  
440.20(a)

MEDICAL AND REMEDIAL  
CARE AND SERVICES  
Item 2a

OUTPATIENT HOSPITAL SERVICES

Effective September 1, 1983, the Bureau of Health Services Financing will make payment to a licensed hospital for outpatient hospital services in accordance with the following limits:

- A. Rehabilitation services (Physical Therapy, Occupational Therapy, and Speech Therapy - number of visits in accordance with a rehabilitation plan approved by the Prior Authorization Unit of the Bureau of Health Services Financing; and
- B. Clinic services-services provided by a physician in a clinic in an outpatient hospital setting shall be considered physician services, not outpatient services, and shall be counted toward applicable limitations per year per recipient.

Effective January 1, 2006, the applicable visit limitations will be accumulated per calendar year for services rendered to Medicaid recipients who are 21 years of age and older. When the service cap has been reached, any additional services must meet medical necessity criteria established by the Bureau of Health Services Financing, and will be retroactively authorized on a case by case basis.

- C. All other outpatient services-including, but not limited to, therapeutic and diagnostic radiology services (except for services under the Radiology Utilization Management), chemotherapy, hemodialysis and laboratory services, shall have no limit imposed other than the medical necessity for the service.

Radiology Utilization Management – Radiology utilization management establishes provisions requiring prior authorization for certain outpatient high-tech imaging. Prior authorization (PA) is based on best evidence medical practices as

TN# 1422  
Supersedes  
TN# 09-54

Approval Date \_\_\_\_\_

Effective Date 6-1-2014

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED  
LIMITATION ON THE AMOUNT, DURATION AND SCOPE OF CERTAIN ITEMS OF PROVIDED MEDICAL  
AND REMEDIAL CARE AND SERVICES ARE DESCRIBED AS FOLLOWS:

developed and evaluated by board-certified physician reviewers, including board-certified radiologists and additional medical specialists. Services requiring PA will be published on the agency's provider website at [www.lamedicaid.com](http://www.lamedicaid.com) 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.

Reimbursement for these services is contingent upon prior authorization.

- D. Services related to organ transplants to be performed at a designated transplant center must be authorized by the BHSF. Requests for organ transplants for Title XIX recipients will be reviewed on a case by case basis applying the criteria equally to all similarly situated individuals.

There are no provisions for any additional visits beyond the limits specified above.

EPSDT recipients are excluded from service limits.

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TN# 1422 Approval Date \_\_\_\_\_ Effective Date 6-1-2014  
Supersedes  
TN# 09-54