

STATE OF LOUISIANA

AMOUNT DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED
LIMITATIONS ON THE AMOUNT, DURATION AND SCOPE OF CERTAIN ITEMS OF PROVIDED
MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED BELOW:

CITATION

42 CFR 440.10

SRS PR 40-4 (C-3), July 2, 1971

Inpatient hospital services (other than those provided in an institution for tuberculosis or mental diseases) are limited to:

- A. "Essential medical care requiring hospitalization" in the judgment of the attending physician or by a dentist, , providing the individual is hospitalized in a short term general hospital as defined in Section 1861, Item (e) of the Social Security Act. General hospitals include the following:
1. A private hospital (except one for tuberculosis or mental diseases), either in Louisiana or in another state, which participates in the vendor payment plan; or
 2. A Louisiana state general hospital (except one for tuberculosis or mental diseases); or
 3. A public hospital (except one for tuberculosis or mental diseases) in another state which pays public hospitals for hospitalization of recipients in that state.
- B. "Essential medical care requiring hospitalization" is defined as care needed for treatment of illness or injury which can be provided safely and adequately only in a hospital and includes basic services the hospital is expected to provide. It does not include:
1. Care which can be provided in a home, in an intermediate care facility, or in a skilled nursing home;
 2. The primary purpose of which is convalescent care; rest, or cosmetic care; or
 3. Diagnostic or surgical procedures when such diagnostic survey or surgery can be performed on an outpatient basis (See Item 1, E.)

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- C. Each hospital is required to have a Utilization Review Committee.
- D. Effective December 2, 1994, there will be no Medicaid payment for reservation of a bed for a recipient who is temporarily absent from that facility.
- E. Outpatient Surgeries on an Inpatient Basis

Certain surgical procedures, as specified in the *Hospital Services Manual*, which are performable on an outpatient or ambulatory basis, require authorization from BHSF for payment to be made when performance of the procedure occurs on an inpatient basis.

Documentation of the medical circumstances which substantiate the need for performance of the procedure(s) on an inpatient basis must be submitted with the request to BHSF for authorization.

- F. Criteria for Reimbursement of Organ Transplants

Services related to organ transplants to be performed at a designated transplant center must be authorized by BHSF. Requests for organ transplants for Title XIX recipients will be reviewed on a case by case basis applying the criteria set forth in the *Medicaid Eligibility Manually* equally to all similarly situated individuals.

Organ transplant units must be in compliance with the requirements for such units as contained in Attachment 4.19-A, Standards for Payment.

- G. Those services provided in Distinct Part Psychiatric Units and Hospital-Based Alcohol and Drug Treatment Units must be in compliance with the *Standards for Payment for Distinct Part Psychiatric Units and Hospital-Based Alcohol and Drug Treatment Units*.

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CITATION MEDICAL AND REMEDIAL
 CARE AND SERVICES

Item 1. (a)

BLOOD

The cost of all blood not covered by other sources or replaced in the amount used, shall be paid by the Title XIX program.

All efforts to have the blood replaced shall be made.

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I. Criteria for Specialized Units

Acute care hospitals that wish to be reimbursed for high-intensity services (neonatal care, pediatric intensive care, or burn care) at a rate commensurate with the greater resource allocation required for such services must meet the criteria for specialized units as described in Attachment 4.19-A, Standards for Payment. Establishment of specialized units is discretionary. Enrollment of a specialized unit can only occur at the beginning of the subsequent state fiscal year (July 1), and a change in level of care of an approved unit shall be effective only at the beginning of the hospital's subsequent cost reporting period, and after a completed attestation form indicating compliance with specialized unit criteria has been received from the provider. Compliance with specialized unit criteria shall be verified via an on-site survey according to established procedures within thirty (30) days after receipt of application.

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Elective Deliveries

Induced deliveries and cesarean sections shall not be reimbursed when performed prior to 39 weeks gestation. This shall not apply to deliveries when there is a documented medical condition that would justify delivery prior to 39 weeks gestation.

Coverage of Donor Human Breast Milk

Effective for dates of service on or after August 20, 2020, coverage shall be provided for donor human breast milk obtained from a member bank of the Human Milk Banking Association of North America, provided to hospitalized infants in acute care hospitals.

Genetic Testing of Critically Ill Infants

Effective for dates of service on or after January 1, 2023, inpatient hospitals shall receive reimbursement for rapid whole genome sequencing testing of an infant. Rapid whole genome sequencing testing includes individual sequencing, trio sequencing of the parents of the infant, and ultra-rapid sequencing.