

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 DESCRIBED AS FOLLOWS

CITATION Medical and Remedial
42 CFR 440.30 Care and Services
Item 3

OTHER LABORATORY AND X-RAY SERVICES

Other laboratory and X-ray services means professional and technical laboratory and radiological services that are:

1. Ordered and provided by or under the direction of a physician or other licensed practitioner of the healing arts within the scope of his practice as defined by State law or ordered by a physician but provided by referral laboratory;
2. Provided in an office or similar facility other than a hospital outpatient department or clinic; and
3. Furnished by a laboratory that meets the requirements for 42 CFR 493.
4. Furnished in accordance with laboratory services for which the providers are certified under the clinical laboratory improvement amendments.

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MEDICAL AND REMEDIAL CARE AND SERVICES DESCRIBED AS FOLLOWS:

Coverage of Newborn Screenings Provided in an Inpatient Hospital Setting by the Office of Public Health

Effective for dates of service on or after August 5, 2017, the Department of Health, Bureau of Health Services Financing, shall provide coverage of newborn screenings performed for patients that are in acute care hospital settings, separate and apart from the coverage of the inpatient hospital stay.

Enrolled and qualified laboratory providers will be eligible to provide these services.

Proton Beam Radiation Therapy

Effective for dates of service on or after February 20, 2018, the Medicaid Program terminates coverage for proton beam radiation therapy (PBRT) for beneficiaries 21 years of age and older.