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 440.50

Medical and Remedial Care and Services – Item 5

PHYSICIAN SERVICES WHETHER FURNISHED IN THE OFFICE, THE BENEFICIARY'S HOME, A SKILLED NURSING FACILITY OR ELSEWHERE ARE PROVIDED WITH LIMITATIONS AS FOLLOWS:

A. Physician Services

Physician's services furnished by a physician, whether provided in the office, the beneficiary's home, a hospital, a skilled nursing facility, or elsewhere, means services provided within the scope of practice of medicine, optometry or osteopathy as defined by State law and by or under the personal supervision of an individual licensed under State law to practice medicine or osteopathy; and medical or surgical services furnished by a dentist in accordance with Section 1905(a)(5) of the Act as amended by Section 4103(a) of P.L. 100-203 and within the scope of dentistry as defined by State law.

1. Effective January 1, 2016, there shall be no limits placed on the number of physician visits payable by the Medicaid program for eligible beneficiaries.

2. Pre- and post-operative **inpatient and outpatient visits related to surgery** are not reimbursed when made during the global surgery period assigned to the surgical procedure code. Visits are considered unrelated when the reason for the visit is not the same as the reason for the surgery.

3. Effective for dates of service on or after October 1, 2012, eye care services rendered by a participating optometrist, within their scope of optometric practice, shall be classified and reimbursed under the Medicaid State Plan as a mandatory physician service to the same extent, and according to the same standards as physicians who perform the same eye care services. Beneficiaries in the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program are excluded from optometry service limits.

4. Effective for dates of service on or after August 20, 2014, induced deliveries and cesarean sections by physicians 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.

B. Diabetes Education Services

1. Effective for dates of service on or after February 21, 2011, the Department shall provide coverage of diabetes self-management training (DSMT) services rendered to Medicaid beneficiaries diagnosed with diabetes. The services shall be comprised of individual instruction and group instruction on diabetes self-management, according to the Department's established medical necessity criteria for diabetes education services.

2. Provider Participation Standards

   a. In order to receive Medicaid reimbursement, professional services providers must have a DSMT program that meets the quality standards of one of the following accreditation organizations:

      (1) the American Diabetes Association;
      (2) the American Association of Diabetes Educators; or
      (3) the Indian Health Service.

   b. All DSMT programs must adhere to the national standards for diabetes self-management education.

      (1) Each member of the instructional team must:
         (a) Be a certified diabetes educator (CDE) certified by the National Certification Board of Diabetes Educators; or
         (b) Have a recent didactic and experiential preparation in education and diabetes management.

      (2) At a minimum, the instructional team must consist of one of the following professionals who is a CDE:
         (a) a registered dietician;
         (b) a registered nurse, or
         (c) a pharmacist.

      (3) The instructional team must obtain the nationally recommended annual continuing education hours for diabetes management.

   c. Members of the instructional team must either be employed by, or have a contract with a Medicaid enrolled professional services provider that will submit the claims for reimbursement of DSMT services rendered by the team.

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

C. Fluoride Varnish Application Services

Effective for dates of service on or after September 20, 2016, the Department shall provide Medicaid coverage of fluoride varnish application services to beneficiaries under the age of 21 years and based on medical necessity criteria established by the Medicaid Program.

Fluoride varnish application services performed in a physician office setting shall be reimbursed by the Medicaid Program when rendered by the appropriate professional services providers.

Provider Participation Standards

A. The entity seeking reimbursement for fluoride varnish application services must be an enrolled Medicaid provider in the Professional Services Program. The following Medicaid enrolled providers may receive reimbursement for fluoride varnish applications:

   1. physicians;
   2. nurse practitioners; and
   3. physician assistants.

B. The following providers who have been deemed as competent to perform the service by the certified physician may perform fluoride varnish application services in a physician office setting:

   1. appropriate dental providers;
   2. physicians;
   3. physician assistants;
   4. nurse practitioners;
   5. registered nurses;
   6. licensed practical nurses; or
   7. certified medical assistants.

C. Professional service providers must review the Smiles for Life training module for fluoride varnish and successfully pass the post assessment.

D. Reserved

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

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

CITATION	Medical and Remedial
42 CFR	Care and Services
441.200	Item 5 (cont'd)

Hyde Amendment to Health and Human Services Appropriation Act of 1993

E. Payment for Physician Services for Abortions

Payment will be made to the attending physician for abortions when the physician has found, and certified in writing to the Medicaid Agency, that on the basis of his professional judgement, the mother suffers from a physical disorder, physical injury, or physical illness, including a life endangering physical condition caused or arising from the pregnancy itself, placing the mother in danger of death unless an abortion is performed.

Payment will be made to the attending physician for abortions terminating pregnancies resulting from rape or incest in accordance with provisions of State law La.R.S. 40:1299.34.5 and La.R.S. 40:1299.35.7 as amended and enacted by Act 1 of the Fourth Extraordinary Session of the 1994 Legislature.

STATE Louisiana
DATE REC'D 3-3-10
DATE APPV'D 6-1-10
DATE EFF 1-22-10
HCFA 179 10-06

A

SUPERSEDES: TN 07-01

AMOUNT DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

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

CITATION
42 CFR 440.50

Medical and Remedial Care and Services
Item 5 (cont.)

F. Ambulatory (Outpatient) Surgery on an Inpatient Basis

Certain surgical procedures that are performable on an outpatient or ambulatory basis, require authorization from the Bureau of Health Services Financing (BHSF) when performance of the procedure occurs on an inpatient basis, for payment to be made.

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

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