

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
1301 Young Street, Room 833
Dallas, Texas 75202



Division of Medicaid & Children's Health, Region VI

March 19, 2010

Our Reference: SPA-LA-09-53

Mr. Don Gregory, Interim State Medicaid Director
Department of Health and Hospitals
Bienville Building
628 North 4th Street
Post Office Box 91030
Baton Rouge, LA 70821-9030

Dear Mr. Gregory:

We have reviewed the proposed amendment to your Medicaid State Plan submitted under Transmittal Number 09-53. This amendment implements a prior authorization process for coverage of certain high-tech imagining services.

In the future, when the State submits a State Plan Amendment (SPA) that may impact Indians or Indian health providers, CMS will look for evidence of the State's tribal consultation process for the SPA. Pursuant to section 1902 (a) (73) of the Act added by section 5006 (e) of the Recovery and Reinvestment Act of 2009, the State must submit evidence to CMS regarding the solicitation of advice prior to submission of the SPA. This consultation must include all federally recognized tribes, Indian Health Service and Urban Indian Organizations within the state.

Transmittal Number 09-53 is approved with an effective date of December 21, 2009 as requested. A copy of the HCFA-179, Transmittal No. 09-53 dated December 21, 2009 is enclosed along with the approved plan pages.

If you have any questions, please contact Cheryl Rupley at (214) 767-6278.

Sincerely,



Bill Brooks
Associate Regional Administrator

Enclosures

Marks, Marsha L. (CMS/SC)

From: Marks, Marsha L. (CMS/SC)
Sent: Tuesday, March 23, 2010 11:16 AM
To: CMS CMSO_508_SPA; Potter, Cynthia J. (CMS/CMSO)
Cc: Rupley, Cheryl A. (CMS/SC); Sampson, Tamara L. (CMS/CMCHO); Carter, Demetria (CMS/SC)
Subject: RE: Approval Pkg for LA 09-53
Attachments: LA0953APPROVAL.doc; Final Approval Pkg for 09-53.pdf

Here are the attachments

Marsha Marks // Dept of Health & Human Services // Centers for Medicare & Medicaid Services // Dallas Regional Office // Division of Medicaid & Children's Health // Dallas Texas 75202 // 214-767-6280 // Fax 214-767-0322 // marsha.marks@cms.hhs.gov

From: Marks, Marsha L. (CMS/SC)
Sent: Tuesday, March 23, 2010 11:14 AM
To: CMS CMSO_508_SPA; Potter, Cynthia J. (CMS/CMSO)
Cc: Rupley, Cheryl A. (CMS/SC); Sampson, Tamara L. (CMS/CMCHO); Carter, Demetria (CMS/SC)
Subject: Approval Pkg for LA 09-53

See attached. Hard copies are being sent by regular mail

State: Louisiana

Brief Description: This amendment implements a prior authorization process for certain outpatient high-tech imaging. This will result in lower utilization which will have a negative impact on FFP

Approval Date: 19 March 2010

Effective Date: 21 December, 2009

Marsha Marks // Dept of Health & Human Services // Centers for Medicare & Medicaid Services // Dallas Regional Office // Division of Medicaid & Children's Health // Dallas Texas 75202 // 214-767-6280 // Fax 214-767-0322 // marsha.marks@cms.hhs.gov

State/ Territory: LOUISIANA

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

1. Inpatient hospital services other than those provided in an institution for medical diseases.

Provided: No limitations With limitations*

2.a. Outpatient Hospital services.

Provided: No limitations With limitations*

b. Rural health clinic services and other ambulatory services furnished by a rural health clinic and covered under the Plan.

Provided: No limitations With limitations*

Not Provided.

c. Federally qualified health center (FQHC) services and other ambulatory services that are covered under the plan and furnished by an FQHC in accordance with section 4231 of the State Medicaid Manual (HCFA-Pub. 45-4).

Provided: No limitations With limitations*

3. Other laboratory and x-ray services

Provided: No limitations With limitations*

* Description provided on attachment.

STATE <u>Louisiana</u>	A
DATE REC'D. <u>12-21-09</u>	
DATE APPV'D <u>3-19-10</u>	
DATE EFF. <u>12-21-09</u>	
HCFA 179 <u>09-53</u>	

TN# 09-53

Approval Date 3-19-10

Effective Date 12-21-09

Supersedes

TN# 00-12

SUPERSEDES: TN- 00-12

State/ Territory: LOUISIANA

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): All groups Listed Under C of Attachment 2.2-A

1. Inpatient hospital services other than those provided in an institution for medical diseases.
 Provided: No limitations With limitations*
- 2.a. Outpatient Hospital services.
 Provided: No limitations With limitations*
- b. Rural health clinic services and other ambulatory services furnished by a rural health clinic and covered under the Plan.
 Provided: No limitations With limitations*
- c. Federally qualified health center (FQHC) services and other ambulatory services that are covered under the plan and furnished by an FQHC in accordance with section 4231 of the State Medicaid Manual (HCFA-Pub. 45-4).
 Provided: No limitations With limitations*
3. Other laboratory and x-ray services
 Provided: No limitations With limitations*
- 4.a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.
 Provided: No limitations With limitations*
- b. Early and periodic screening, diagnostic, and treatment services for individuals under 21 years of age, and treatment of conditions found.
- c. Family planning services and supplies for individuals of childbearing age.
 Provided: No limitations With limitations*

* Description provided on attachment.

STATE <u>Louisiana</u>	A
DATE REC'D <u>12-21-09</u>	
DATE APP'VD <u>3-19-10</u>	
DATE EFF <u>12-21-09</u>	
HCFA 179 <u>09-53</u>	

TN# 09-53 Approval Date 3-19-10 Effective Date 12-21-09
Supersedes
TN# 97-16

SUPERSEDES: TN- 97-16

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
STATE OF LOUISIANA

Attachment 3.1-A
Item 3, Page 1

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 Care and Services
440.30 Item 3

OTHER LABORATORY AND X-RAY SERVICES

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

- 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;
- Provided in an office or similar facility other than a hospital outpatient department or clinic; and
- Furnished by a laboratory that meets the requirements of 42 CFR 493.

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 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 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.

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HCFA 179 <u>09-53</u>	

TN# 09-53 Approval Date 3-19-10 Effective Date 12-21-09
Supersedes
TN# SUPERSEDES: NONE - NEW PAGE