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

EPARTMENT OF HEALTH AND HUMAN SERVICES EALTH CARE FINANCING ADMINISTRATION		FORM APPROVED OMB NO. 0938-019	
TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE	
STATE PLAN MATERIAL	09-53	Louisiana	
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)		
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE		
HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	December 21, 2009		
5. TYPE OF PLAN MATERIAL (Check One):			
■ NEW STATE PLAN ■ AMENDMENT TO BE CONSI		MENDMENT	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMEN		ch amendment)	
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	(00.080.42)	
42 CFR 440.30	a. FFY <u>2010</u> b. FFY <u>2011</u>	(\$2,053.13) (\$1,683.53)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPE		
	SECTION OR ATTACHMENT	If Applicable):	
Attachment 3.1-A, Page 1	Same (TN 00-12)		
Attachment 3.1-B, Page 2	Same (TN 97-16)		
Attachment 3.1-A, Item 3, Page 1	None (New Page)		
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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

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HCFA - Region VI October 1991

Attachment 3.1-A

Page 1

	October 199	7 1	rage I
	State/ Territ	ory: <u>LOUI</u>	<u>SIANA</u>
AN	D REMEDIAL (AND SCOPE OF MEDICAL ROVIDED TO THE CATEGORICALLY NEEDY
1.	Inpatient hospi	tal services other than thos	se provided in an institution for medical diseases.
	Provided:	☐ No limitations	☑ With limitations*
2.a.	Outpatient Hos	spital services.	
	Provided:	☐ No limitations	☑ With limitations*
b.	Rural health cl covered under		bulatory services furnished by a rural health clinic and
	Provided:	☐ No limitations	☑ With limitations*
	☐ Not Provid	ed.	
c.	covered under		services and other ambulatory services that are an FQHC in accordance with section 4231 of the State
	Provided:	☐ No limitations	☑ With limitations*
3.	Other laborato	ry and x-ray services	
	Provided:	☐ No limitations	☑ With limitations*
* Desc	cription provided	on attachment.	STATE <u>Louisiana</u> 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>09-63</u>
TN121	~^ ==	Approval Date 3 - 1	9-10 Effective Date 12-21-09
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SUPERSEDES: TN- 00-12

Revision: HCFA - Region VI October 1991

Attachment 3.1-B

Page 2

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	State/ Territo	ry: <u>LOUISI</u>	ANA		
		-	COPE OF SERVICES PROVIDED groups Listed Under C of Attachment 2.2-A		
1.	Inpatient hospita	al services other than those	provided in an institution for medical diseases.		
	Provided:	☐ No limitations	☑ With limitations*		
2.a.	Outpatient Hosp	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.	covered under th		ervices and other ambulatory services that are FQHC in accordance with section 4231 of the State		
	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.		lic screening, diagnostic, an	nd treatment services for individuals under 21 years of		
c.	Family planning	services and supplies for in	ndividuals of childbearing age.		
* Desc	Provided:	No limitations n attachment.	With limitations* STATE 600131000 DATE REC'D 12-21-09 DATE APPV'D 3-19-10 DATE EFF 12-21-09		
TN# Superse	09-53	Approval Date3 -19	HGFA 179 09-53		

SUPERSEDES: IN- 97-16

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT MEDICAL ASSISTANCE PROGRAM 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 42 CFR

440.30

Medical and Remedial 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:

- 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:

- STATE <u>LOUISIA DA</u>

 DATE REC'D. 12-21-09

 DATE APPV'D <u>3-19-10</u>

 DATE EFF 12-21-09

 HCFA 179 09-53
- 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.

TN# <u>09-53</u> Approval Date <u>3-19-10</u>
Supersedes
TN# SUPERSEDES: NONE - NEW PAGE

Effective Date 12-21-09