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State/Territory Name: Louisiana

State Plan Amendment (SPA) #: 19-0019

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved Page

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



Regional Operations Group

August 30, 2019

Our Reference: SPA LA 19-0019

Ms. Jen Steele, State Medicaid
Director Department of Health
628 North 4th St.
Post Office Box 91030
Baton Rouge, LA 70821-9030

Attention: Karen Barnes

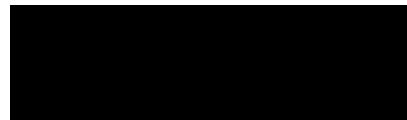
Dear Ms. Steele:

We have reviewed the State's proposed amendment to the Louisiana State Plan submitted under Transmittal Number 19-0019, dated August 2, 2019. This state plan amendment proposes to repeal the provisions governing radiation utilization management services in order to align with the current fee-for-service and managed care practices relative to prior authorization of high-end radiology services.

Based on the information submitted, we have approved the amendment for incorporation into the official Louisiana State Plan with an effective date change of September 20, 2019. A copy of the CMS-179 and approved plan page are enclosed with this letter.

If you have any questions, please contact Tobias Griffin at (214) 767-6278 or by email at Tobias.Griffin@cms.hhs.gov.

Sincerely,



Bill Brooks
Director
Centers for Medicaid & CHIP Services
Regional Operations Group

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER
19-0019

2. STATE
Louisiana

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
September 20, 2019

5. TYPE OF PLAN MATERIAL (Check One)

- NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION

42 CFR 440.30

7. FEDERAL BUDGET IMPACT

- a. FFY **2020** \$ **0**
b. FFY **2021** \$ **0**

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1-A, Item 3, Page 1

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Same (TN 09-53)

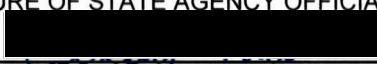
10. SUBJECT OF AMENDMENT **The purpose of this SPA is to repeal the provisions governing radiology utilization management services in order to align with current fee-for-service and managed care practices relative to prior authorization of high-end radiology services.**

11. GOVERNOR'S REVIEW (Check One)

- GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

- OTHER, AS SPECIFIED
The Governor does not review State Plan material.

12. SIGNATURE OF STATE AGENCY OFFICIAL



13. TYPED NAME

Cindy Rives, designee for Rebekah E. Gee MD, MPH

14. TITLE

Secretary

15. DATE SUBMITTED

August 2, 2019

16. RETURN TO

**Jen Steele, Medicaid Director
State of Louisiana
Department of Health
628 North 4th Street
P.O. Box 91030
Baton Rouge, LA 70821-9030**

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED

August 2, 2019

18. DATE APPROVED

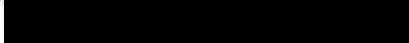
August 30, 2019

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL

September 20, 2019

20. SIGNATURE OF REGIONAL OFFICIAL



21. TYPED NAME

Bill Brooks

22. TITLE

**Director
Regional Operations Group**

23. REMARKS

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.

State: Louisiana
Date Received: 8-2-2019
Date Approved: 8-30-2019
Date Effective: 9-20-2019
Transmittal Number: 19-0019

TN# 19-0019 Approval Date 08-30-2019 Effective Date 09-20-19
Supersedes
TN# 09-53