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<p>Anesthesia Services (Removed verbiage since it is included in the Claim Filing Instructions)</p> <p>Minutes must be reported on anesthesia claims;</p> <p>Reimbursement for these services is a flat fee, except for general anesthesia for vaginal delivery.</p> <p>Moderate sedation does not include minimal sedation (anxiolysis), deep sedation, or monitored anesthesia care.</p>	44
<p>Diabetic Supplies (Added from 3/18/24 update in the LA Medicaid DME Provider Manual)</p> <p>NOTE: Insulin pumps requiring tubing and supplies are still covered as DME. All reservoirs and canisters are covered through DME as well.</p>	57
<p>Donor Human Milk – Outpatient (Added new verbiage from the LA Medicaid DME Provider Manual 3/18/24 update)</p> <p>AmeriHealth Caritas Louisiana considers personal use, double and electric breast pumps a covered item for nursing mothers. A new breast pump is covered for each viable pregnancy. The breast pump may be obtained at the gestational age of 32 weeks to expectant mothers who meet the criteria and intend to breastfeed their infant.</p> <p>A prior authorization is not required for breast pump, but it is subject to post payment medical review. Replacement of a breast pump is allowed for a pump older than three years and after expiration of manufacturer's warranty. Electric breast pump supplies will be available to the nursing mother once every 180 days. DME providers must obtain a prior authorization for replacement supplies. The request must include the Fillable Electric Breast Pump Request Form.</p> <p>Physically unable to receive caregiver breast milk or participate in breastfeeding; The enrollee's caregiver has received education on donor human milk, including the risks and benefits.</p> <p>Please refer to the Claim Filing Instructions manual for more details on breast pump claim filing.</p>	58
<p>Laboratory Services (Added verbiage from the update to the LA Medicaid Professional Services manual)</p> <p>Proprietary Laboratory Analyses (PLA) testing is covered when used for the particular "brand" respiratory panel kit as stated within the Current Procedural Terminology (CPT) codebook. PLA codes must be used with the specific device or kit. "Services should not be reported with any other CPT code and other CPT codes should not be used to report services that may be reported with that specific PLA code."</p>	86

The expectation is that the procedure codes are billed in accordance with CPT guidelines.	
<p>Pediatric Day Healthcare Services (Ages 0-20) (Added verbiage from IB 24-5)</p> <p>PDHC providers are not allowed to send enrollees to outside sources to receive the above services.</p>	98
<p>Radiology Services (Added verbiage from the LA Medicaid Professional Services manual)</p> <p>Positron emission tomography, with or without computed tomography, is covered when medically necessary. For oncologic conditions, coverage is in accordance with National Comprehensive Cancer Network guidelines.</p>	108
<p>Telehealth Requirements for Applied Behavior Analysis (ABA) (Added topic and description back)</p>	120



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Federally Qualified Health Center (FQHC)/Rural Health Clinic (RHC) (Added Basic lab services (specific to RHCs).... because it's only listed in the LA Medicaid RHC Provider Manual and not the FQHC Provider Manual.	69
Federally Qualified Health Center (FQHC)/Rural Health Clinic (RHC) (Added verbiage from: FQHC manual, Section 22.1, page 8 of 12 and 10 of 12. RHC manual, Section 40.1, page 9 of 13 and 10 of 13 Note: DSMT and Fluoride Varnish applications are covered but these services alone do not constitute.....	69
Home Health-Extended Services (Ages 0-20) (Updated section according to LDH 12/12/23 revision in Home Health Provider Manual through Act 319 public posting). Changed PAU to Utilization Management because we do not use Prior Authorization Unit (PAU) language for UM.	75
Home Health-Extended Services (Ages 0-20) (Changed verbiage to what is currently in the LA Medicaid Home Health Provider Manual). Medical supplies bullet point	75
Home Health-Extended Services (Ages 0-20) (Changed verbiage to what is currently in the LA Medicaid Home Health Provider Manual). Note: For the initiation of home health services....	75
Home Health-Extended Services (Ages 0-20) (Added verbiage: if not enrolled in NaviNet, through the Medicaid Eligibility Verification System (MEVS)).	76

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<p>Medical Transportation Services</p> <p>(Added from LDH 9/25/23 update to Medical Transportation Provider Manual from Act 319 public posting).</p> <p>Services shall be provided in accordance with Louisiana Administrative Code (LAC), Title 50, Part XXVII, Chapter 5.</p>	87
<p>Portable Oxygen</p> <p>(Removing verbiage from IB 23-3 and 23-17 and changing to updated verbiage in LA Medicaid DME manual as well as separating both out as it is in the manual).</p>	105
<p>Portable Oxygen Concentrators</p> <p>(Removing verbiage from IB 23-3 and 23-17 and changing to updated verbiage in LA Medicaid DME manual as well as separating both out as it is in the manual).</p>	106
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