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<p><b>Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services Program (Ages 0-20)</b></p> <p>(Removed effective date January 1, 2026)</p>	60
<p><b>Emergency Services</b></p> <p>(Removed effective date January 1, 2026)</p>	66
<p><b>Eye Care and Vision Services</b></p> <p>(Removing old allowance from 2025; adding new allowance)</p> <ul style="list-style-type: none"> <li>○ <del>\$100</del> \$150 allowance toward the purchase of eyeglasses (frame and lenses) or contact lenses once per year.</li> </ul>	68
<p><b>Family Planning Services</b></p> <p>(Removed effective date January 1, 2026)</p>	69
<p><b>Federally Qualified Health Center (FQHC)/Rural Health Clinic (RHC) Services</b></p> <p>(Removed effective date January 1, 2026)</p>	71
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<p><b>Pap Testing for Cervical Cancer</b></p> <p>(Removed effective date January 1, 2026)</p>	76-77
<p><b>Hospice</b></p> <p>(Adding from the LA Medicaid Hospice Manual per Dr. Spooner’s and Lesli Boudreaux’s request)</p> <p><a href="https://www.lamedicaid.com/provweb1/providermanuals/manuals/Hospice/Hospice.pdf">https://www.lamedicaid.com/provweb1/providermanuals/manuals/Hospice/Hospice.pdf</a></p> <ul style="list-style-type: none"> <li>○ Enrollees who elect hospice services may also receive early and periodic screening, diagnostic, and treatment (EPSDT), pediatric day health care (PDHC), PCS, and intermittent or extended home health services concurrently.</li> </ul>	79



<b>Immunizations/Vaccines</b>  (Removed effective date January 1, 2026)	84
<b>Obstetrics</b>  (Removed effective date January 1, 2026)	98
<b>Preventive Services for Adults (Ages 21 and older)</b>  (Removed effective date January 1, 2026)	111
<b>Fraud and Abuse</b>  (Added verbiage for fraud from LA Medicaid MCO Model Contract per Amendment 12)  <b>Fraud-</b> as relates to Medicaid Program Integrity, an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to him or some other person. It includes any act that constitutes Fraud under applicable Federal or State law, including but not limited to, the Medical Assistance Programs Intergrity Law, La. R.S 46:437.1 et seq and the Federal False Claims Act 31 U.S.C 3729 et seq. Fraud may include, but is not limited to, deliberate misrepresentation of need or eligibility; providing false information concerning costs or conditions to obtain reimbursement or certification; or Claiming payment for services which were never delivered or received.	168
<b>Quality Management</b>  (Added verbiage) The AmeriHealth Caritas Louisiana QAPI Program provides a framework for the evaluation of the delivery of health care, behavioral healthcare and services provided to enrollees. The health plan pursues its goals through the measurement of the outcomes of care and service, the analysis of barriers to care and service, development and implementation of interventions and evaluation of the effectiveness of these interventions.  (Removed verbiage)  Provides a framework for the evaluation and delivery of health care and services provided to enrollees.	181
<b>Quality and Utilization Management</b> <b>Purpose and Scope</b>  (Added verbiage)  The scope of the QAPI Program encompasses enrollees, providers and health care delivery systems across all dimensions of quality, both clinical and non-clinical. The program includes all care management processes, performance-monitoring activities, clinical and behavioral healthcare service improvement activities, clinical and non-clinical outcome measures and satisfaction assessments. The program is consistent with applicable laws, federal regulations, contractual requirements and standards set forth by National Committee for Quality Assurance (NCQA).  (Removed verbiage) provide the infrastructure to systematically monitor, objectively evaluate and ultimately improve the quality, appropriateness, efficiency, effectiveness and safety of the care and service provided to AmeriHealth Caritas Louisiana enrollees in accordance with the following organizational mission statement:  We help people: Get care, Stay well, Build healthy communities.  (Added verbiage)	181

<p>The health plan develops goals and strategies considering:</p> <ul style="list-style-type: none"> <li>• Applicable state and federal laws and regulations</li> <li>• Other regulatory and contractual requirements</li> <li>• NCQA accreditation standards</li> <li>• Best practice and evidence-based guidelines established by medical specialty boards and societies</li> <li>• Public health goals</li> <li>• National medical criteria</li> <li>• Payer best practices</li> </ul> <p>(Removed verbiage) Reducing health care disparities by measuring, analyzing and redesigning of services and programs to meet the health care needs of AmeriHealth Caritas Louisiana’s diverse membership.</p>	
<p><b>Quality and Utilization Management Objectives</b></p> <p>(Revised verbiage) The objectives of the QAPI Program are to systematically develop, monitor, assess and take action to improve access to care and quality of services through the following activities:</p> <ul style="list-style-type: none"> <li>• Maximizing utilization of collected information about the quality of clinical care, medical and behavioral health outcomes and service, and identifying clinical and service improvement initiatives for targeted interventions</li> <li>• Ensuring adequate physical health, behavioral health and delegated service practitioner and provider availability, accessibility and diversity to effectively serve enrollees</li> <li>• Maintaining timely and thorough credentialing/re-credentialing processes to ensure the plan’s network is comprised of qualified practitioners</li> <li>• Overseeing the provision of quality services by delegated entities</li> <li>• Communicating priorities and performance status to participating practitioners through provider profiling and information dissemination</li> <li>• Coordinating services between various levels of care, network practitioners, and community resources to ensure continuity of care and promote optimal physical, psychosocial and functional wellness</li> <li>• Designing and implementing programs to coordinate care and maximize health outcomes for enrollees with complex and/or special health needs</li> <li>• Optimizing utilization management to ensure care rendered is based on established clinical criteria, and clinical practice guidelines, and complies with contractual, regulatory and accrediting agency standards</li> <li>• Employing assessments and interventions to identify and correct over-, under- and mis-utilization of enrollees benefits and services to ensure enrollees benefits are not underutilized</li> <li>• Utilizing results of enrollees and practitioner/provider satisfaction measures when identifying and prioritizing quality activities</li> <li>• Implementing and evaluating condition management local, regional and national programs and community partnerships to effectively address chronic illnesses affecting enrollees</li> <li>• Designing and implementing outreach and health education activities that lead to healthy lifestyles</li> <li>• Maintaining compliance with evolving NCQA accreditation standards</li> <li>• Communicating results of clinical medical, behavioral and service measures and quality initiatives to practitioners, providers and enrollees</li> <li>• Identifying and implementing activities that promote enrollee safety in the least-restrictive environment</li> <li>• Documenting and reporting monitoring activities (internal and delegated) to appropriate committees</li> <li>• Analyzing data, including social determinants of health, to determine differences in quality of care and utilization, as well as the underlying reasons for variations in the provision of care to enrollees</li> <li>• Facilitating the delivery of culturally competent health care to reduce health care disparities</li> <li>• Coordinating care and transitions of care for enrollees who receive multiple services, whose benefits end, and during transitions from pediatric to adult care</li> <li>• Evaluating the effectiveness of the Quality Improvement program</li> </ul> <p>(Added verbiage) The goals, objectives and related measures used to monitor and evaluate performance are incorporated into the Quality Management (QM) work plan. The work plan identifies objectives for the year and program scope, activities supporting objectives, quality improvements and monitoring activities for the coming year, planned monitoring of</p>	181-182

previously identified issues through continuous tracking, Healthcare Effectiveness Data and Information Set (HEDIS®) and NCOA accreditation requirements, enrollees and provider engagements, External Quality Review (EQR) tasks and a scheduled annual evaluation. The work plan also identifies the responsible party and a time frame for completion for all activities. The work plan is revised as necessary to add new initiatives.

The annual work plan is initiated by the QM department and presented to the Quality Assessment and Performance Improvement (QAPI) Committee for review and recommendations. QM Program activity is reported throughout the year to the Quality Assessment and Performance Improvement Committee, with an annual update to the plans' Board of Directors. Activity and outcomes are reported using internal tools in addition to the reporting tools and specifications required by the Louisiana Department of Health.

The work plan focuses on five goals of access, clinical quality, satisfaction, qualified providers and compliance, as well as initiatives, barriers, performance and analysis that support each of these goals. The annual Quality Improvement Program Evaluation is incorporated into the work plan, encompassing a thorough assessment of the five designated goal areas.

In addition, the key elements noted above, the annual work plan also includes the following elements:

Program Documents	Enrollee Experience
Quality of Clinical Care	Delegation Oversight
Safety of Clinical Care	Subcommittee Reports
Quality of Service	Identified Regulations and Accreditation Standards

(Removed verbiage)

An annual QAPI work plan is derived from the QAPI Program goals and objectives. The work plan provides a roadmap for achievement of program goals and objectives and is also used by the Quality Department as well as the various quality committees as a method of tracking progress toward achievement of goals and objectives.

QI Program effectiveness is evaluated on an annual basis. This assessment allows AmeriHealth Caritas Louisiana to determine how well it has deployed its resources in the recent past to improve the quality of care and service provided to AmeriHealth Caritas Louisiana membership. When the program has not met its goals, barriers to improvement are identified and appropriate changes are incorporated into the subsequent annual QAPI work plan. Feedback and recommendations from various councils and committees are incorporated into the evaluation. Please go to

[www.amerhealthcaritasla.com](http://www.amerhealthcaritasla.com) for more information about our Quality Program and our annual goals.

**Quality and Utilization Management  
QM Program Authority and Structure**

(Added verbiage)

The AmeriHealth Caritas LA Board of Directors provides strategic direction for the QI program and retains ultimate responsibility for ensuring that the QI program is incorporated into the plan's operations. Operational responsibility for the development, implementation, monitoring, impact and evaluation of the QI program is delegated by the Board of Directors through the Regional President to the ACLA Market President and the Quality Assessment Performance Improvement Committee (QAPIC).

(Removed verbiage)

The Board of Directors of AmeriHealth Caritas Louisiana provides strategic direction for the Quality Assessment Performance Improvement (QAPI) Program and retains ultimate responsibility for ensuring that the QAPI Program is incorporated into AmeriHealth Caritas Louisiana's operations. Operational responsibility for the development, implementation, monitoring, and evaluation of the QAPI Program are delegated by the AmeriHealth Caritas Louisiana, Inc. Board of Directors to the AmeriHealth Caritas Louisiana Market President and Quality Assessment Performance Improvement Committee (QAPIC).



<p><b>Quality and Utilization Management Quality Assessment Performance Improvement Committee</b></p> <p>(Added verbiage)</p> <p>The Quality Assessment and Performance Improvement (QAPI) Committee demonstrates commitment to the delivery of high quality care and services to enrollees and the organization’s performance improvement philosophy. The committee oversees ACLA’s efforts to measure, manage and improve quality of care and services delivered to AmeriHealth Caritas Louisiana enrollees. The QAPI Committee provides direction and oversight for the Quality Management, Population Health Management, Credentialing, Provider Network Management, Care Coordination and Utilization Management activities.</p> <p>(Removed verbiage)</p> <p>The Quality Assessment Performance Improvement Committee (QAPIC) oversees AmeriHealth Caritas Louisiana’s efforts to measure, manage and improve quality of care and services delivered to AmeriHealth Caritas Louisiana enrollees, and evaluate the effectiveness of the QAPI Program. The QAPIC directs and reviews AmeriHealth Caritas Louisiana’s Quality Improvement and Utilization Management activities.</p>	
<p><b>Quality and Utilization Management Credentialing Committee</b></p> <p>(Added verbiage)</p> <p>Practitioners/providers from the health plan’s network are invited to participate as voting members on the QAPI and Credentialing Committees. QAPIC members play an active role in shaping the direction and specific initiatives of that comprise the QI Program. Credentialing Committee members have the final say on which practitioners and providers participate in the health plan’s network. Committee members also recommend topics for provider symposiums, programs and initiatives, as well as serve as valuable feedback mechanisms for program design.</p>	183-184
<p><b>January 2026 Provider Manual Updates</b></p>	<b>Page</b>
<p><b>Table of Contents</b></p> <p>(Added Cell and Gene Therapy Sickle Cell Disease Carve-Out Drugs)</p>	2
<p><b>Covered Services</b></p> <p>(Added Cell and Gene Therapy Sickle Cell Disease Carve-Out Drugs )</p>	38
<p><b>Cardiovascular Services</b></p> <p>(Added verbiage from LA Medicaid Hospitals Manual Update)</p> <p><a href="#">Cell and Gene Therapy Sickle Cell Disease Carve-Out Drugs</a> Gene therapies for sickle cell disease administered during an inpatient stay shall be reimbursed outside of the per diem rate for the inpatient stay. Claims for gene therapies for sickle cell disease shall be reimbursed at actual acquisition cost (AAC). The AAC is the hospital’s invoice price for the drug, net of all on or off invoice reductions, discounts, rebates, charge backs and similar adjustments that the hospital has, or will, receive from the drug manufacturer or other party for the drug, including any efficacy, outcome, or performance based guarantees (or similar arrangements), whether received prepayment or post payment. Please refer to the <a href="#">Claim Filing Instructions</a> manual for billing instructions for cell and gene therapy sickle cell disease carve-out drugs, Casgevey and Lyfgenia.</p>	51

December 2025 Provider Manual Updates	Page
<p><b>Table of Contents</b></p> <p>(Added Advanced Registered Nurses)</p> <p>(Added Doula Services)</p>	2
<p><b>Important AmeriHealth Caritas Louisiana Telephone Numbers</b></p> <p>(Removed Edi Technical Support Hotline 1-866-428-7419)</p>	12
<p><b>Covered Services</b></p> <p>(Added Donor Human Milk, Human Milk Storage Bags and Doula Services, and Pain Management)</p>	38-39
<p><b>Doula Services</b></p> <p><b>(Added verbiage</b> from LA Medicaid Professional Services Manual update: <a href="https://ldh.la.gov/assets/medicaid/PC-PM/11_13_25/Professional-Services---5.1---Obstetrics---11.13.25---PC.pdf">https://ldh.la.gov/assets/medicaid/PC-PM/11_13_25/Professional-Services---5.1---Obstetrics---11.13.25---PC.pdf</a>)</p> <p>Doula services are covered if qualified doulas meet the following criteria and policy outlined below.</p> <p><b>Doula Qualifications</b></p> <p>Doula services offer continuous, non-clinical support to individuals and families throughout pregnancy, labor and delivery, and the postpartum period. This support includes emotional, physical, and informational assistance to help individuals navigate the childbirth experience and promote positive maternal and infant health outcomes.</p> <p>A qualified doula is an individual who:</p> <ul style="list-style-type: none"> <li>• Has been trained to provide physical, emotional, and educational support, but not medical or midwifery care, to pregnant and birthing women and their families;</li> <li>• Has approved registration with the Louisiana Doula Registry Board;</li> <li>• Has been enrolled as a Louisiana Medicaid provider.</li> </ul> <p><b>Covered Doula Services</b></p> <p>Coverage is provided for the following core doula services:</p> <ul style="list-style-type: none"> <li>• Up to five prenatal visits, each lasting up to 90 minutes;</li> <li>• Up to three postpartum visits, each lasting up to 90 minutes;</li> <li>• Attendance and support during labor and delivery, including cesarean births.</li> </ul> <p>In addition, the following supportive doula services are covered:</p> <ul style="list-style-type: none"> <li>• Continuous support during labor and immediately following childbirth;</li> <li>• Prenatal and postpartum education and support;</li> <li>• Breastfeeding and lactation assistance;</li> <li>• Parenting education and guidance;</li> <li>• Support services following pregnancy loss.</li> </ul> <p>Please refer to the <a href="#">Claim Filing Instructions</a> manual for doula services reimbursement and billing guidelines.</p>	60
<p><b>Emergency Services</b></p> <p><b>(added verbiage)</b></p> <p><b>Note: Effective January 1, 2026</b>, enrollees are eligible to receive \$25 for completing a follow-up visit within 30 days of an emergency room visit for substance use and/or mental illness.</p>	66



<p><b>Home Health-Extended Services (Ages 0-20)</b></p> <p><b>(Added verbiage)</b></p> <p>LDH will provide a one-time recruitment lump sum payment contingent upon the nurse meeting service thresholds. Individual nurses are only eligible to receive the recruitment lump sum bonus once.</p>	78
<p><b>Coverage of 340B Drugs and Drug Pricing Program</b></p> <p>(Removed from Pharmacy section and added to Claim Filing Instructions. Additional Information found on IB 25-27)</p> <p><b>Coverage of 340B Drugs and Drug Pricing Program</b></p> <p>If you are a covered 340B provider, please use the following modifiers as appropriate when filing claims:</p> <ul style="list-style-type: none"> <li>JG: Drug or biological acquired with the 340B drug pricing program discount for Medicare Part B drugs for dual-eligible members.</li> <li>UD: Drug or biological acquired with the 340B drug pricing program discount.</li> <li>UC: Drug or biological acquired without the 340B drug pricing program discount.</li> </ul> <p><b>Note:</b> Effective January 1, 2026, revisions are being made to be in accordance with CMS 2434-F 2024 Final Rule, which directs state Medicaid programs to invoice for rebate on all rebate eligible physician-administered drug claims. Additional information can be found on <a href="#">Informational Bulletin 25-27</a>.</p>	135-136
<p><b>Claim Mailing Instructions</b></p> <p>(Removed Edi Technical Support Phone Number and added email address)</p> <p><a href="mailto:edi@amerihealthcaritasla.com">edi@amerihealthcaritasla.com</a></p>	148
<p><b>Pay and Chase</b></p> <p><b>(Removed link to EPSDT FS since it has been archived and adding list of codes for EPSDT services eligible)</b></p>	149
<p><b>Risk Adjustment Vendors</b></p> <p><b>Care Optimization Program</b></p> <p>AmeriHealth Caritas Louisiana collaborates with healthcare providers to gather comprehensive and accurate health histories for our members, to help ensure that individuals with chronic conditions receive appropriate monitoring and treatment services. To support these initiatives, we have engaged two vendors: Signify Health, and UST HealthProof.</p> <p><b>Program Objectives</b></p> <ul style="list-style-type: none"> <li>Identify Members with chronic and/or complex medical needs.</li> <li>Conduct In-Home Health Evaluation (IHE) visits to assist in documenting member’s healthcare conditions, diseases, and other social demographic related factors.</li> <li>Assure chronically ill members are routinely accessing Primary Care services.</li> <li>Report complete and accurate diagnosis and disease acuity information.</li> <li>Update the Plan on chronically ill patients and submit claims for reimbursement.</li> </ul> <p><b>Vendor Overview</b></p> <ul style="list-style-type: none"> <li><b>Signify Health</b> <ul style="list-style-type: none"> <li>Conducts in-person or online video IHE visits at no additional cost.</li> <li>An IHE provides an opportunity for the Signify Health clinician to: <ul style="list-style-type: none"> <li>Receive a comprehensive view of the member’s medications and home environment.</li> <li>Give the member a summary of all diagnoses and recommendations for follow-up care.</li> </ul> </li> </ul> </li> </ul>	192

<ul style="list-style-type: none"><li>▪ Provide routine monitoring and treatment services for members with chronic conditions and guide members to appropriate disease management programs, as needed.</li><li>○ Signify Health healthcare providers are all trained and certified doctors, nurse practitioners, and physician assistants.</li><li>● <b>UST HealthProof</b><ul style="list-style-type: none"><li>○ UST HealthProof helps ensure that medical records for our plan members with chronic health conditions are coded and documented in compliance with Health &amp; Human Services (HHS), Centers for Medicaid &amp; Medicare Services (CMS), and/or state specific documentation guidelines. UST HealthProof supports providers by providing on-site and remote Provider Engagement Coordination (PEC) services.</li><li>○ The PEC program uses a Clinical Documentation Improvement (CDI) Alert—delivered in paper or electronic format—to identify potential diagnosis and quality measure gaps. UST works directly with the provider—either on-site, remotely, or electronically—to support timely and accurate documentation of chronic conditions and member care.</li></ul></li></ul>	
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November 2025 Provider Manual Updates	Page
<p><b>Important AmeriHealth Caritas Louisiana Telephone Numbers</b></p> <p><b>(Changed Name and Phone Number ):</b></p> <p>Removed Behavioral Health member Crisis Intervention center Hotline 1-844-211-0971 and changed it to Louisiana Crisis Hub (LCH) 1-855-24CARES 1-855-242-2735</p>	12
<p><b>Important AmeriHealth Caritas Louisiana Telephone Numbers</b></p> <p><b>(Removed National Imaging Associates and changed to Evolent)</b></p>	13
<p><b>Enrollment Process</b></p> <p><b>Changed 24 hour Mental Health and Substance Use Crisis Line to Louisiana Crisis Hub (LCH) 1-855-242-2735</b></p>	16
<p><b>Enrollee Reassignment Policy</b></p> <p><b>(Added email address)</b> Disputes may be submitted to PCP assignment at <a href="mailto:PCPassignment@amerihealthcaritas.com">PCPassignment@amerihealthcaritas.com</a>.</p>	27
<p><b>Transfer of Non-Compliant/Compliant Enrollees (PCP or Enrollee Request)</b></p> <p><b>(Removed verbiage)</b> (To ensure that AmeriHealth Caritas Louisiana enrollees are not subject to discriminatory practices, such as separate waiting rooms or separate appointment days. Enrollees must be provided all covered services without regard to race, color, religion, sex, age, national origin, ancestry, nationality, creed, citizenship, alienage, marital or domestic partnership or civil union status, affectional or sexual orientation, physical, cognitive or mental disability, veteran status, whistleblower status, gender identity and/or expression, genetic information, health status, pre-existing condition, income status, source of payment, program memberships or physical or behavioral disability, except where medically indicated, or any other characteristic protected under federal, state, or local law.)</p>	28
<p><b>PCP and Specialist Cultural and Linguistic Requirements</b></p> <p><b>(Added verbiage to advise that the website is under review for updates)</b> The U.S. Department of Health &amp; Human Services webpage, Think Cultural Health, offers training that meets this requirement, including:</p> <ul style="list-style-type: none"> <li>• <a href="#">A Physician's Practical Guide to Culturally Competent Care</a> (website is currently under review for updates)</li> </ul>	35
<p><b>Preventive Health Guidelines</b></p> <p><b>(Revised the hyperlink; removed www.amerihealthcaritasla.com)</b> The Preventive Health Guidelines are now available in the Provider area of the AmeriHealth Caritas Louisiana website at <a href="https://www.amerihealthcaritasla.com/provider/preventive-care">https://www.amerihealthcaritasla.com/provider/preventive-care</a> or you can call your Provider Network Account Executive to request hard copies.</p>	35
<p><b>Ambulatory Surgical Services</b></p> <p><b>(Added hyperlink)</b></p>	42



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<p>ASCs are reimbursed a flat fee per service. The minimum reimbursement is in accordance with the four payment groups specified in the <a href="#">Louisiana Medicaid Ambulatory Surgical Center (Non-Hospital) Fee Schedule</a>.</p>	
<p><b>Anesthesia Services</b></p> <p><b>(Added Subheading)</b></p> <p>Surgical Anesthesia          Medical Direction          Maternity Related Anesthesia          Add-on Codes for Maternity-Related Anesthesia          Pediatric Moderate 9 Conscious Sedation</p> <p><b>(Added verbiage)</b>          Anesthesia reimbursement for tubal ligations and hysterectomies shall be formula-based, with the exception for cesarean hysterectomy.</p> <p><b>(Moved this verbiage under Maternity-Related Anesthesia)</b></p> <p><b>(Added verbiage)</b>          Reimbursement for maternity related procedures, other than general anesthesia for vaginal delivery, is a flat fee.</p>	<p>42-44</p>
<p><b>Cardiovascular Services</b></p> <p><b>(Added verbiage)</b></p> <p><b>NOTE:</b> Effective January 1, 2026, enrollees are offered an incentive payment for high blood pressure medication fills up to \$60 a year (\$15/every 3 months).</p>	<p>50</p>

<p><b>Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services Program (Ages 0-20)</b></p> <p><b>(Added verbiage)</b></p> <p><b>NOTE:</b> Effective January 1, 2026, enrollees are offered up to \$120 incentive payment for 6 well visits and establishing a PCP for birth-15 months (\$20/visit) and \$25 incentive payment for completing yearly well visit and establishing a PCP, ages 2-20.</p>	60
<p><b>Eye Care and Vision Services</b></p> <p><b>(Moved verbiage to a note at the bottom of the section to ensure it will not be mistaken for a provider payment benefit allowance)</b></p> <p><b>NOTE:</b> Enrollees 18 years of age to 75 are eligible to receive the following incentive payments <b>effective January 1, 2026:</b></p> <ul style="list-style-type: none"> <li>• \$25 for completing diabetic eye exam</li> <li>• \$30 for completing one HbA1c test per year</li> </ul>	68
<p><b>Family Planning Service</b></p> <p><b>(Added verbiage)</b></p> <p><b>NOTE:</b> Effective January 1, 2026, enrollees are offered a \$35 incentive payment for completing an STI screening.</p>	69
<p><b>Genetic Counseling Testing</b></p> <p><b>(Added verbiage)</b></p> <p><b>NOTE:</b> Effective January 1, 2026, enrollees are offered \$50 incentive payment for a completed colorectal cancer screening for ages 45-75.</p>	72

**Hysterectomies**

**(Added verbiage)**

Reimbursement of hysterectomies is prohibited under the following circumstances:

- If it is performed solely for the purpose of terminating reproductive capability; or
- If there is more than one purpose for performing the hysterectomy, but the procedure would not be performed except for the purpose of rendering the individual permanently incapable of reproducing.

**(Changed verbiage to mirror the MCO manual)**

AmeriHealth Caritas Louisiana only covers a hysterectomy when:

- The person securing authorization to perform the hysterectomy has informed the individual and her representative (if any), both orally and in writing, that the hysterectomy will make the individual permanently incapable of reproducing; and
- The individual or their representative (if any) has signed a written acknowledgement of receipt of that information.

**NOTE:** These regulations apply to all hysterectomy procedures, regardless of the enrollee's age, fertility, or reason for surgery.

**(Added sub heading and revised the verbiage)**

**Consent for Hysterectomy**

The Acknowledgement of Receipt of Hysterectomy Information (hysterectomy consent form) (available online at <https://www.amerhealthcaritasla.com/provider/resources/forms>) must be signed and dated by the enrollee on or before the date of the hysterectomy, and include signed acknowledgement from the enrollee stating the enrollee has been informed orally and in writing that the hysterectomy will make the enrollee permanently incapable of reproducing. Enrollees who undergo a covered hysterectomy must complete a hysterectomy consent form but are not required to complete a sterilization consent form.

The physician who obtains the consent must share the consent form with all providers involved in that enrollee's care (e.g., attending physician, hospital, anesthesiologist, and assistant surgeon).

**(Added the following subheading)**

Exceptions

Long – Acting Reversible Contraceptives

Mammograms

Pap Testing for Cervical Cancer

Pelvic Examinations

Saline Infusion Sono hystero-graphy or Hysterosalpingography

**(Removed date from sentence)**

Effective June 1, 2024, one mammogram (either film or digital) is covered per calendar year for enrollees meeting one or more of the following criteria:

  
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**(Added verbiage)**

**NOTE:** Effective January 1, 2026, enrollees are offered an incentive payment of \$25 after completing an annual breast cancer screening.

**NOTE:** Effective January 1, 2026, enrollees are offered \$50 incentive payment for cervical cancer screenings ages 21-64.

<p><b>Home Health Extended Services (Ages 0-20)</b></p> <p><b>(Added subheading)</b></p> <p><b>Payment for Recruitment and Retention Incentives for Nurses Providing Skilled Nursing Services in the Extended Home Health Program</b></p>	76
<p><b>Immunizations/Vaccines</b></p> <p><b>(Added verbiage)</b></p> <p><b>NOTE:</b> Effective January 1, 2026, enrollees are offered incentive payment of \$25 for completing needed vaccines by age 2 and \$50 for completing needed vaccines by age 13.</p>	84
<p><b>Laboratory Services</b></p> <p><b>(Changed to bullet points)</b></p> <p><b>PLEASE NOTE:</b> Regarding the previous two bullets, an exception may be made within geographic locations where the specialist(s) cannot be reasonably reached by the beneficiary and:</p> <ul style="list-style-type: none"> <li>• the beneficiary is under the care of one of these providers: infectious diseases, oncology, transplant (for any panel), or pulmonologist; and</li> <li>• the ordering provider is located closer to the beneficiary's place of residence than the nearest specialist.</li> </ul>	89
<p><b>Medical Transportation Services</b></p> <p><b>(Moved verbiage placement)</b></p> <p>Emergency Ambulance Transportation</p> <p>Ambulance Service Exclusions</p> <p>Air Ambulance</p> <p>Non-Emergency Medical Transportation</p>	90-92
<p><b>Obstetrics</b></p> <p><b>(Added verbiage)</b></p> <p><b>NOTE:</b> Effective January 1, 2026, enrollees are offered a \$50 incentive payment for prenatal visit within the first 12 weeks of pregnancy.</p> <p><b>NOTE:</b> Effective January 1, 2025, enrollees are offered a \$50 incentive payment for postpartum visit within 7-84 days after delivery.</p>	97

<p><b>Physician Administered Drugs</b></p> <p><b>(Added verbiage from IB 25-32)</b> Only medically necessary rebate eligible physician-administered drugs <u>for claims with direct reimbursement</u> are covered. All drugs on the Louisiana Medicaid FFS fee schedules are covered as a medical benefit but also may be elected to be covered in the pharmacy benefit. Rebate eligible drugs that are not on the Louisiana Medicaid FFS fee schedules, may be covered in either the medical benefit, the pharmacy benefit, or both.</p> <p><u>Physician-administered drugs provided in an outpatient hospital setting for which claim payment is calculated using a hospital specific cost to charge ratio are exempt from this requirement.</u></p>	106
<p><b>Preventive services for Adults (Ages 21 and older)</b></p> <p><b>NOTE:</b> Effective January 1, 2026, enrollees 21 + are offered \$50 incentive payment for yearly well visit and establishing a PCP</p>	110
<p><b>Therapy Services</b></p> <p><b>(Added hyperlink)</b></p> <p>Please refer to our <a href="#">Prior Authorization Lookup Tool</a> and enter the service code for authorization requirements</p>	117
<p><b>Physical Health In Lieu of Services (ILOS)</b></p> <p><b>(Removed Doula Services since it is a covered service and no longer an ILOS)</b></p>	121
<p><b>Coverage of 340B Drugs and Drug Pricing Program</b></p> <p><b>(Added verbiage)</b> <b>Note:</b> Effective January 1, 2026, revisions are being made to be in accordance with CMS 2434-F 2024 Final Rule, which directs state Medicaid programs to invoice for rebate on all rebate eligible physician-administered drug claims. Additional information can be found on <a href="#">Informational Bulletin 25-27</a>.</p>	133-134
<p><b>Claims Editing Policy</b></p> <p><b>(Changed verbiage to mirror MCO contract)</b></p> <p>CMS mandated edits and NCCI edits are implemented quarterly as directed by CMS and adhere to LDH timelines for the updates.</p>	147
<p><b>Claims Mailing Instructions</b></p> <p><b>(Added CST)</b> Monday - Friday, 7am to 5:30pm CST.</p>	147
<p><b>Claims Filing Deadlines</b></p> <p><b>(Added verbiage are paid)</b></p> <p>One hundred percent (100%) of all clean claims of each claim type are processed, paid, or denied as appropriate within thirty (30) calendar days of receipt. One hundred percent (100%) of pended claims are paid within sixty (60) calendar days of the date of receipt.</p>	147

<p><b>Third Party Liability (TPL)</b></p> <p><b>(Removed of from ACLA)</b></p>	150
<p><b>Provider Demographic Information</b></p> <p><b>(Provider Change Form – added hyperlink)</b></p> <p><a href="https://www.amerhealthcaritasla.com/content/dam/amerihealth-caritas/acla/pdf/provider/resources/forms/provider-change-form.pdf.coredownload.inline.pdf">https://www.amerhealthcaritasla.com/content/dam/amerihealth-caritas/acla/pdf/provider/resources/forms/provider-change-form.pdf.coredownload.inline.pdf</a></p>	159
<p><b>Practitioner Requirements</b></p> <p><b>(Removed verbiage from bullet point: A current, active license. AmeriHealth Caritas Lousiana considers a practitioner if the license is in probationary status.)</b></p> <p>Pursuant to Section 1.R.S.46:460.63, AmeriHealth Caritas Louisiana never enforces any conditions in its credentialing program that are more restrictive than those conditions established by the State of Louisiana’s Medicaid program or by State or Federal guidelines.</p>	175
<p><b>Facility and Organizational Provider Requirements</b></p> <p><b>(Removed verbiage)</b></p> <ul style="list-style-type: none"> <li>○ Evidence of eligibility with State and Federal regulatory bodies, including Medicare and Medicaid, as applicable.</li> </ul>	177
<p><b>Purpose and Scope</b></p> <p><b>(Removed verbiage)</b></p> <p>We have a special concern for those who are poor.</p>	182
<p><b>Screening for Basic Medical Health Services</b></p> <p><b>(Move placement to the top of the page)</b></p>	200
<p><b>Behavioral Health Personal Care Services</b></p> <p><b>(Refer to the <a href="#">Claim Filing Instructions</a> manual for Behavioral Health PCS billing guidelines).</b></p>	202
<p><b>Behavioral Health In Lieu of Services (ILOS)</b></p> <p><b>(Removed Visions of Hope)</b></p>	201
<p><b>Behavioral Health Access and Appointment Standards</b></p> <p><b>(Moved to the bottom of the page)</b></p>	205-206
<p><b>Member Grievance and Appeal Process</b></p> <p><b>(Changed address title)</b></p> <p style="padding-left: 40px;">AmeriHealth Caritas Louisiana Attention: Member Grievance Department P.O. Box 83580 Baton Rouge, LA 70884</p>	224

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<p><b>Important AmeriHealth Caritas Louisiana Telephone Numbers</b></p> <p><b>(Changed Effective Date and Phone Number ):</b></p> <p>Non-Emergency Medical and Behavioral Health Transportation-MediTrans Provider Transportation Line <b>(Effective November 1, 2025)</b></p> <p>Pharmacy Benefit Manger – PerformRx 1-866-452-1040</p>	12
<p><b>Covered Services</b></p> <p><b>(Added hyperlink to clinical policy – Bariatric Surgery)</b></p> <p><b>(Removed hyperlink to clinical policy – Hospital Services due to policy no longer on the website)</b></p>	39
<p><b>Dental Care</b></p> <p><b>(Removed verbiage due to us having the VAB Dental for adults again)</b></p> <p style="text-align: center;"><b>Routine adult dental care is not covered.</b></p>	55
<p><b>Durable Medical Equipment, Prosthetics, Orthotics and Certain Supplies</b></p> <p><b>(Removed date since it’s over a year) On or after September 1, 2024</b></p>	60
<p><b>Early and periodic Screening, Diagnostic, and Treatment (EPSDT) Services Program (Ages 0-20)</b></p> <p><b>Updated link to Office of Public Health’s Childhood Lead Poisoning Prevention Program</b></p>	62
<p><b>Genetic Counseling and Testing</b></p> <p><b>(Added verbiage that directs to Claim Filing Instructions regarding IB 25-26 page 123)</b></p>	72
<p><b>Gynecology</b></p> <p><b>(Updated link to Acknowledgement of Receipt of Hysterectomy Information (hysterectomy consent form)</b></p>	75
<p><b>Home Health Extended Services (Ages 0-20)</b></p> <p><b>(Added verbiage)</b></p> <p><b>Payment for Recruitment and Retention Incentives for Nurses Providing Skilled Nursing Services in the Extended Home Health Program</b></p> <p>LDH will utilize a directed payment arrangement to disburse recruitment and retention bonuses for skilled nursing services provided under the extended home health program. The payment arrangement will be dependent upon the nurse meeting monthly service thresholds. AmeriHealth Caritas Louisiana will make directed payments to qualified Network Providers as directed by LDH and in accordance with the written approval from CMS for the applicable rating period.</p> <p>LDH will provide a one-time recruitment lump sum payment contingent upon the nurse meeting service thresholds. Individual nurses are only eligible to receive the recruitment lump sum bonus once.</p>	77
<p><b>Home Health Services</b></p> <p><b>(Updated link to Electronic Visit Verification and removed effective date of April 1, 2024 for services not payable if providers are not utilizing EVV system)</b></p>	78



<b>Immunizations/Vaccines</b>  <b>(Updated link for OPH Immunization Section and removed old date)</b>	84
<b>Physical Health in Lieu of services (ILOS)</b>  <b>(Updated link for Hospital Based Care Coordination of Pregnant and Postpartum Individual with SUD and their Newborns)</b>	120
<b>Pharmacy Services</b>  <b>(Removed 90 days and changed it to 60 days)</b>  The enrollee is allowed to continue that prescription medication for at least 60 days in which time a prior authorization must be submitted for the enrollee to continue beyond that timeframe. Also, if an enrollee is discharged from a psychiatric facility or residential substance use facility, and AmeriHealth Caritas Louisiana is notified of the behavioral health discharge medications, then prior authorization restrictions are overridden for a sixty (60) day period.  <b>(Added header and verbiage Coverage of 340B Drugs and Drug Pricing Program per IB 25-27)</b>  If you are a covered 340B provider, please use the following modifiers as appropriate when filing claims: <ul style="list-style-type: none"> <li>▪ JG: Drug or biological acquired with the 340B drug pricing program discount for Medicare Part B drugs for dual-eligible members.</li> <li>▪ UD: Drug or biological acquired with the 340B drug pricing program discount.</li> <li>▪ UC: Drug or biological acquired without the 340B drug pricing program discount.</li> </ul> <b>(Removed verbiage)</b>  AmeriHealth Caritas Louisiana provides supplies of antidepressant and antipsychotic medicines for at least 90 days after the transition.	131-132

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<p><b>Important AmeriHealth Caritas Louisiana Telephone Nunbers</b></p> <p><b>(Added MediTrans):</b></p> <p>Non-Emergency Medical and Behavioral Health Transportation-MediTrans Provider Transportation Line <b>(Effective October 1, 2025)</b></p>	12
<p><b>Dental Care</b></p> <p><b>(Added verbiage)</b></p> <p>Members aged 21 and older are eligible for up to \$500 a year (Effective January 1, 2026, it goes up to \$750 a year) for exams, cleanings, filings, extractions, and x-rays when services are performed by a participating Federally Qualified Health Center (FQHC). For a list of participating providers, please call Member Services at 1-888-756-0004.</p>	55
<p><b>Eye Care and Vision Services</b></p> <p><b>(Added verbiage)</b></p> <ul style="list-style-type: none"> <li>• Enrollees 21 years of age and older are eligible for: <ul style="list-style-type: none"> <li>○ Routine eye examinations once per year.</li> <li>○ \$100 allowance <b>(Effective January 1, 2026, it goes up to \$150)</b> toward the purchase of eyeglasses (frame and lenses) or contact lenses once per year.</li> </ul> </li> <li>• Enrollees 18 years of age to 75 are eligible for: <b>Effective January 1, 2026</b> <ul style="list-style-type: none"> <li>○ \$25 diabetic eye exam</li> <li>○ \$30 for one HbA1c blood test per year</li> </ul> </li> </ul>	69
<p><b>Laboratory Services</b></p> <p><b>(Removed effective date)</b></p> <p><a href="#">Respiratory viral panel</a> codes <b>87631, 87632</b> and <b>87633</b> are covered as follows</p>	89
<p><b>Pharmacy Services</b></p> <p><b>(Added effective date for PerformRx)</b></p> <p>Effective <b>October 1, 2025</b>, our Pharmacy Benefit Manager, PerformRx manages AmeriHealth Caritas Louisiana’s prescription pharmacy services. Through valid prescriptions, AmeriHealth Caritas Louisiana covers all medically necessary prescription medicines on the Louisiana Medicaid Single Preferred Drug List. AmeriHealth Caritas Louisiana also covers certain diabetic supplies. A list of those supplies can be found on link below: <a href="https://www.amerihhealthcaritasla.com/pdf/pharmacy/preferred-diabetic-supplies.pdf">https://www.amerihhealthcaritasla.com/pdf/pharmacy/preferred-diabetic-supplies.pdf</a>.</p>	129
<p><b>Preferred Drug List</b></p> <p><b>(Removed effective date)</b></p> <p>Retail pharmacy (prescription) prior authorizations requests should be directed to PerformRx Medicaid Administration at 1-800-424-1664 or fax to 1-800-424-7402.</p>	130

  
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<p><b>Pharmacy Prior Authorization</b></p> <p><b>(Removed effective date)</b></p> <p>In a continuing effort to improve patient care and pharmaceutical utilization, AmeriHealth Caritas Louisiana, in conjunction with PerformRx has implemented a prior authorization (PA) program for certain medications. AmeriHealth Caritas Louisiana utilizes the LDH prior authorization criteria for determining the medical necessity of a medication.</p>	131

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<p><b>Third Party Liability and Medicare Advantage Plan Update Requests</b></p> <p><b>(Added hyperlink):</b></p> <p>Private TPL and Medicare Advantage Plan Update Request Change Forms can be found here: <a href="#">Recipient Insurance Update.pdf</a>.</p> <p>The Traditional Medicare Update Form can be found here: <a href="#">TraditionalMedicare.pdf</a>.</p>	149
<p><b>Third Party Liability and Medicare Advantage Plan Update Requests</b></p> <p><b>(Changed verbiage from source IB 25-19):</b></p> <p><b>General Private TPL and Medicare Advantage Plan Update Requests</b> All general private TPL and Medicare Advantage Plan update requests must be submitted to AmeriHealth Caritas Louisiana via fax, email or phone. Fax: (215) 863-5423 Email: <a href="mailto:tpl@amerihealthcaritas.com">tpl@amerihealthcaritas.com</a> Phone: (888) 922-0007</p> <p><b>Urgent Private TPL and Urgent Medicare Advantage Plan Update Requests</b> Providers should submit all urgent TPL and urgent Medicare Advantage Plan update requests for members who are enrolled with AmeriHealth Louisiana Caritas using the contact information above. Urgent TPL requests are defined as the inability of a member to either have a prescription filled or access immediate care because of incorrect third-party insurance coverage. All other requests are considered “general” TPL update requests.</p> <p><b>Traditional Medicare and Escalations:</b> All TPL update requests for traditional Medicare should be submitted to the <b>Louisiana Department of Health (LDH) TPL Unit</b> via email, fax or phone. Escalations requests may also be sent to this unit in the following situations:</p> <ul style="list-style-type: none"> <li>• More than <b>5 business days</b> have passed since the initial request, and the change is not reflected in the Medicaid Eligibility Verification System (MEVS).</li> <li>• Urgent pharmacy requests that have not been resolved in 4 business hours.</li> <li>• Emergency updates needed to ensure immediate medical care access.</li> </ul> <p><b>LDH TPL Unit Contact Information</b> Email: <a href="mailto:tpl.inquiries@la.gov">tpl.inquiries@la.gov</a> Fax: (225) 389-2709 Phone: (225) 342-4510 Hours: Monday through Friday, 8 a.m. – 4:30 p.m. (excluding Louisiana state holidays) Private TPL and Medicare Advantage Plan Update Request Change Forms can be found here: <a href="#">Recipient Insurance Update.pdf</a>. The Traditional Medicare Update Form can be found here: <a href="#">TraditionalMedicare.pdf</a>. Please sent any questions regarding TPL to <a href="mailto:tpl.inquiries@la.gov">tpl.inquiries@la.gov</a>.</p>	149

July 2025 Provider Manual Updates	Page
<p><b>Covered Services</b></p> <p><b>(Added hyperlink):</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Assertive Community Treatment</a> (Ages 18 and older)</li> <li>• <a href="#">Applied Behavior Analysis (ABA) Therapy</a> (Ages 0-20):</li> </ul>	41
<p><b>Cochlear Implant for Enrollees (Ages 0-20)</b></p> <p><b>(Added hyperlink):</b></p> <p>Unilateral or bilateral cochlear implants are <a href="#">covered</a> when deemed medically necessary for the treatment of severe-to-profound, bilateral sensorineural hearing loss in enrollees under 21 years of age.</p>	52
<p><b>Diabetic Supplies</b></p> <p><b>(Added hyperlink):</b></p> <ul style="list-style-type: none"> <li>• <a href="#">External insulin pumps</a> (e.g., CeQur Simplicity, Omnipod and V-Go)</li> </ul>	58
<p><b>Durable Medical Equipment, Prosthetics, Orthotics and Certain Supplies</b></p> <p><b>(Added hyperlink):</b></p> <p>Enrollees are eligible to receive medically necessary durable medical equipment (DME), <a href="#">prosthetics</a>, <a href="#">orthotics</a>, certain supplies, appliances, and assistive devices including but not limited to hearing aids for and disposable incontinence supplies for enrollees under the age of 21.</p>	60
<p><b>Eye care and Vision Services</b></p> <p><b>(Removed verbiage):</b></p> <p><a href="#">No referrals are needed for routine eye exams.</a>  <a href="#">Routine eye examinations once per year with no co pay. No referral is needed for the first routine eye exam.</a></p>	69
<p><b>Genetic Counseling and Testing</b></p> <p><b>(Added hyperlink):</b></p> <p>Genetic testing for Lynch Syndrome is <a href="#">covered</a> and considered to be medically necessary when an enrollee meets the following criteria:</p>	73
<p><b>Laboratory Services</b></p> <p><b>(Added hyperlink):</b></p> <p>Effective <b>September 1, 2024</b>, <a href="#">respiratory viral panel</a> codes <b>87631</b>, <b>87632</b> and <b>87633</b> are covered as follows:</p>	89

<p><b>Newborn Care and Discharge</b></p> <p><b>(Added hyperlink):</b></p> <p><a href="#">Circumcisions</a> are covered as a value-added benefit in the hospital or physician’s office setting without an authorization.</p>	95
<p><b>Obstetrics</b></p> <p><b>(Added hyperlink):</b></p> <p><a href="#">Non-Invasive Prenatal Testing (NIPT)</a> is a genetic test which uses maternal blood that contains cell-free fetal DNA from the placenta. NIPT is completed during the pre-natal period of pregnancy to screen for the presence of some common fetal</p>	97
<p><b>Pain Management</b></p> <p><b>(Added hyperlink):</b></p> <p>Epidurals that are administered for the prevention or control of acute pain are <a href="#">covered</a>, such as that which occurs during delivery or surgery, as professional services for this purpose only.</p>	99
<p><b>Podiatry Services</b></p> <p><b>(Added hyperlink):</b></p> <p>Network podiatrists may dispense any medically necessary <a href="#">orthotic device</a> compensable under the Plan upon receiving prior authorization from our Utilization Management Department at 1-888-913-0350. Questions regarding an item should be directed to the Provider Services Department at 1-888-922-0007.</p>	108
<p><b>Therapy Services</b></p> <p><b>(Added hyperlink):</b></p> <p><a href="#">Speech therapy</a>, physical therapy, and occupational therapy services are covered to enrollees of any age without restrictions to place of service.</p>	117



<p><b>Pharmacy Services</b></p> <p><b>(Removed highlighted verbiage):</b></p> <p>Direct questions related to retail pharmacy (prescription) pharmacy services, including those about claims and prior authorizations, to <a href="tel:1-800-424-1664">Prime Therapeutics Medicaid Administration at 1-800-424-1664</a> or fax to <a href="tel:1-800-424-7402">1-800-424-7402</a>.</p> <p><b>(Added verbiage):</b></p> <p>PerformRx Pharmacy Services at 1-800-684-5502 or fax to 1-855-452-9131.</p> <p><b>(Removed highlighted verbiage):</b></p> <p>Our Pharmacy Benefit Manager, <a href="#">PerformRx (prior to 10/28/23)</a> <a href="#">Prime Therapeutics (10/28/23 and after)</a>, manages AmeriHealth Caritas Louisiana’s prescription pharmacy services.</p> <p><b>(Changed verbiage):</b></p> <p>Our Pharmacy Benefit Manager, PerformRx manages AmeriHealth Caritas Louisiana’s prescription pharmacy services.</p>	130-131
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<p><b>Enrollee Reassignment Policy</b></p> <p><b>(Changed verbiage:</b> An enrollee will be eligible for reassignment if they have been assigned to a current PCP for at least 90 days, as follows:)</p> <p><b>(Removed verbiage:</b> Have been assigned to a current PCP at least once within 12 months)</p> <ul style="list-style-type: none"> <li>• An enrollee will also be eligible for reassignment to another PCP if they have not visited any PCP within the previous 12 months.</li> <li>• An enrollee will also be eligible for reassignment to another PCP if they have not visited any PCP within the previous 12 months.</li> </ul> <p><b>(Added verbiage:</b> Month 2 of each quarter)</p> <ul style="list-style-type: none"> <li>• 15th of the month – AmeriHealth Caritas Louisiana will send panel analysis results to providers for review via portal. If the due date falls on a weekend or a State-recognized holiday, the results will be published on the next business day.</li> <li>• A provider alert will be sent notifying providers the report has been posted to the portal to ensure they are informed of any potential reassignment changes. The alert will also include a link on our website to the Navinet User Training Guide.</li> <li>• The results shall identify all enrollees eligible for reassignment from the PCP along with enrollees eligible for reassignment to the PCP. Enrollees identified as eligible for reassignment to the PCP shall be shared as informational only considering this data is subject to change via the dispute protocol below. <ul style="list-style-type: none"> <li>○ The results of the analysis shall be published in a format that is able to be downloaded/exported into Excel.</li> </ul> </li> </ul> <p><b>(Removed verbiage: Month 4)</b></p> <ul style="list-style-type: none"> <li>• The Plan shall report the following to LDH on a quarterly basis:</li> <li>• Number of PCPs included in the analysis.</li> <li>• Number of PCPs with at least one enrollee reassigned from their panel.</li> <li>• Number of PCPs with at least one enrollee reassigned to their panel.</li> <li>• The name of any PCP that has no changes to their panel from the reassignment analysis.</li> </ul>	25 - 26
<p><b>Physician Administered Drugs</b></p> <p><b>(Changed verbiage:</b> Only medically rebate eligible physician-administered drugs are covered. All drugs on the Louisiana Medicaid FFS fee schedules are covered as a medical benefit but also may be elected to be covered in the pharmacy benefit. Rebate eligible drugs that are not on the Louisiana Medicaid FFS fee schedules, may be covered in either the medical benefit, the pharmacy benefit, or both)</p>	105

May 2025 Provider Manual Updates	Page
<p><b>Table of Contents</b></p> <p>(<b>Changed verbiage:</b> Changed Medication to Drugs in TOC for Physician Administered Medication. Per update in 4/23/25 MCO Manual revision).</p>	3
<p><b>Physical Health Services</b></p> <p><b>Hyperlinked the following services:</b></p> <ul style="list-style-type: none"> <li>○ Chiropractic Services (Ages 0-20)</li> <li>○ Cochlear Implant (Ages 0-20)</li> <li>○ Durable Medical Equipment, Prosthetics, Orthotics and Certa</li> <li>○ Early Periodic Screening, Diagnostic, and Treatment (EPSDT) Services (Ages 0-20)</li> <li>○ Genetic Counseling and Testing</li> <li>○ Home Health Services</li> <li>○ Hospice Services</li> <li>○ Hospital Services</li> <li>○ Hyperbaric Oxygen Therapy</li> <li>○ Pediatric day Healthcare Services (Ages 0-20)</li> <li>○ Personal Care Services (Ages 0-20)</li> <li>○ Portable Oxygen Concentrators</li> </ul>	39-40
<p><b>Behavioral Health Services</b></p> <p><b>Hyperlinked the following services:</b></p> <ul style="list-style-type: none"> <li>○ Psychosocial Rehabilitation (PSR)</li> <li>○ Peer Support Services (Ages 21+)</li> <li>○ Therapeutic Group Homes (TGH) (Ages 0-20)</li> <li>○ Psychiatric Residential Treatment Facilities (PRTF) (Ages 0-20)</li> <li>○ Opioid Treatment Program (OTPs)</li> <li>○ Individual Placement and Support (IPS)</li> </ul>	41
<p><b>Eye Care and Vision Services</b></p> <p>(<b>Added verbiage</b>)</p> <p>AmeriHealth Caritas Louisiana will not limit an enrollee’s free choice of providers by restricting access to eyewear from a single optical lab. Enrollees will be given a choice of using a local provider for eyewear.</p>	69

<p><b>Laboratory Services</b></p> <p>(Removed verbiage <u>underlined</u> since year timely filing is up. No longer needed).</p> <p>Effective May 1, 2024, Coverage of the CPT Proprietary Laboratory Analyses codes <b>0202U, 0223U, 0224U, 0225U, 0226U, 0240U</b> and <b>0241U</b> will be limited solely to services performed in a (UB-04) facility, observation and/or inpatient setting. These procedure codes are no longer covered in an outpatient setting as such they have been removed from the Louisiana Medicaid Laboratory and Radiology Fee Schedule.</p>	89
<p><b>Physician Administered Drugs</b></p> <p>(Removed the word medication)</p> <p>(Made all changes per 4/23/25 MCO Manual revision).</p> <p>Medically necessary rebate eligible physician-administered drugs. All drugs on the Louisiana Medicaid FFS fee schedules are covered as a medical benefit but also may be elected to be covered in the pharmacy benefit. Rebate eligible drugs that are not on the Louisiana Medicaid FFS fee schedules, may be covered in either the medical benefit, the pharmacy benefit, or both.</p> <p>Physician administered drugs that are included on the PDL have the same preferred status and prior authorization criteria as the PDL, even when billed and paid as a medical benefit (except Antiemetic/Antivertigo Agents therapeutic class). According to 42 CFR 438.3(s)(6), a prior authorization response for a drug shall be provided by telephone or other telecommunication device within 24 hours of a request for prior authorization.</p>	105-106
<p><b>Claim Mailing Instructions</b></p> <p>(Changed verbiage due to Corporate Provider Network Communication Notes)</p> <p>All providers are encouraged to submit claims electronically. For those interested in electronic claim filing, please contact your EDI software vendor or one of the following clearinghouses:  Optum/Change Healthcare’s Provider Support Line, available via online chat or by calling 1-800-527-8133, option 2, Monday - Friday, 7am to 5:30pm CT.  Availity Client Services at 1-800-AVAILITY (282-4548). Assistance is available Monday through Friday from 7 AM to 7 PM CT.</p> <p>(Removed verbiage)  Change Healthcare’s Provider Support Line at 1-877-363-3666 to arrange transmission.</p>	145
<p><b>Standard Appeals</b></p> <p>(Removed verbiage “expedited” since we have a section for expedited)  The enrollee, an authorized representative, or provider acting on behalf of the enrollee with the enrollee’s written consent may file an appeal either orally or in writing within 60 calendar days from the date on the determination letter.</p>	221



April 2025 Provider Manual Updates	Page
<p><b>Applied Behavior Analysis (ABA) Ages 0-20</b></p> <p><b>(Added verbiage from Updated LDH ABA Provider Manual (IB 25-9).</b></p> <p>A QHCP is defined as a:</p> <p>Pediatricians using the MCHAT-R/F, and clinical judgment may diagnosis and complete a CDE. For children who receive a high-risk score of <math>\geq 8</math> on the MCHAT-R/F, pediatricians can independently make a diagnosis of autism (if their clinical judgment concurs with this score). For children who receive a moderate risk score of 3 to 7 on the MCHAT-R/F, pediatricians can complete the MCHAT-R/F follow-up interview, and based on their confidence in their clinical judgment, either independently make a diagnosis of autism or refer to a subspecialist listed below for a diagnostic evaluation:</p> <p><b>(Removed verbiage per IB 25-9 update)</b></p> <ul style="list-style-type: none"> <li>Any pediatrician, general practitioner, or NP who has, as part of their practice diagnosed and treated children with ASD and related disorders for at least five years or any pediatrician, or NP whose CDEs were approved to determine the medical necessity for ABA prior to 2023.</li> </ul>	122 - 123
<p><b>Member Grievance and Appeal Process Grievance</b></p> <p><b>Procedures</b></p> <p><b>(Removed verbiage)</b></p> <p>The enrollee's written approval to file a grievance may be obtained in advance as part of the enrollee intake process</p>	220
<p><b>Informal Reconsideration</b></p> <p><b>(Removed verbiage)</b></p> <p>The enrollee's written approval to file an informal reconsideration may be obtained in advance as part of the enrollee intake process.</p>	221

## Standard Appeals

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### (Changed verbiage from 90 to 60)

The enrollee, an authorized representative, or provider acting on behalf of the enrollee with the enrollee's written consent may file an expedited appeal either orally or in writing within 60 calendar days from the date on the determination letter.

### (Removed verbiage underlined)

The enrollee's written approval may be obtained in advance.

Requests for an enrollee appeal review, to include providers appealing on behalf of the enrollee, should be mailed to the appropriate post office box below and must contain the word "Appeal" at the top of the request or the appeal may be submitted online via the NaviNet portal:

#### "Appeal"

AmeriHealth Caritas Louisiana Attn:  
Appeals Department  
P.O. Box 7328  
London, KY 40742

## Expedited Appeals

### **(Added verbiage underlined)**

AmeriHealth Caritas Louisiana must conduct an expedited review of an appeal upon request from enrollee or provider at any point prior to the appeal decision.

### **(Removed the word *level* from the above sentence)**

### **(Removed verbiage due to not required per contract rules)**

A signed provider certification that the enrollee 's life, health, or ability to attain, maintain or regain maximum function would be placed in jeopardy by following the standard appeal process must be provided to AmeriHealth Caritas Louisiana per CFR 42 Sec. 438.410 (a). The provider certification is required regardless of whether the expedited appeal is filed verbally or in writing by the enrollee or the provider acting on behalf of the enrollee. No action is taken against the provider, acting on behalf of the enrollee with the enrollee's consent, who supports the enrollee's appeal.

Upon receipt of a verbal or written request for expedited review, AmeriHealth Caritas Louisiana verbally informs the enrollee or enrollee representative of the right to present evidence and allegations of fact or of law in person as well as in writing and of the limited time available to do so.

### **(Added verbiage)**

If AmeriHealth Caritas Louisiana does not agree with the need to expedite an appeal, AmeriHealth Caritas Louisiana may deny the request to expedite. AmeriHealth Caritas Louisiana will notify the enrollee and other appropriate parties within two (2) calendar days that the appeal will not be reviewed as an expedited appeal. AmeriHealth Caritas Louisiana will then conduct the review under the standard appeal process and make a decision within thirty (30) calendar days.

### **(Removed verbiage)**

A written report from a licensed physician or other appropriate provider in the same or similar specialty that typically manages or consults on the service/item in question is required

### **(Added verbiage)**

For appeals involving specialty care, input to the appeal determination may be obtained from a clinician in the same or similar specialty as the care being requested.

### **(Removed verbiage underlined)**

AmeriHealth Caritas Louisiana issues the decision resulting from the expedited review in person or by phone to the enrollee and other appropriate parties within seventy-two (72) hours of receiving the enrollee's request for an expedited review. In addition, AmeriHealth Caritas Louisiana gives oral notification within seventy-two (72) hours of the request and mails the written notice of the decision to the enrollee and other appropriate parties within two (2) business days of the decision within seventy-two (72) hours of the request.

March 2025 Provider Manual Updates	Page
<p><b>Table of Contents</b></p> <p><b>(Added Third Party Liability and Medicare Advantage Plan Update Requests)</b></p>	8
<p><b>Covered Services</b></p> <p><b>(Added hyperlink)</b></p> <p><a href="#">Crisis Stabilization for Youth</a>  <a href="#">Behavioral Health Crisis Care</a>  <a href="#">Crisis Stabilization for Adults</a></p>	41
<p><b>Bariatric Surgery</b></p> <p><b>(Changed verbiage)</b></p> <p>Bariatric surgery is clinically proven and, therefore, may be medically necessary for open or laparoscopic procedures that revise the gastrointestinal anatomy to restrict the size of the stomach, reduce absorption of nutrients, or both when the following criteria are met. An authorization must be obtained for bariatric surgery.</p> <p>Bariatric surgery criteria:</p>	46

<p><b>Outpatient Hospital Services</b></p> <p><b>(Changed verbiage)</b></p> <p>The only exceptions to this criteria are as follows:</p> <p>If either of the above exceptions are met, separate billing and payment for the outpatient hospital service is allowed.</p>	82
<p><b>Medical Transportation Services</b></p> <p><b>(Changed verbiage)</b></p> <p>Air ambulances may be used for emergency and non-emergency ambulance transportation when medically necessary. Licensure by the LDH Bureau of Emergency Medical Services (EMS) is also required. Licensure for air ambulance services is governed by La. R.S. 40:1135.8. Rotor winged (helicopters) and fixed winged emergency aircraft must be certified by Bureau of Health Services Financing (BHSF) to receive reimbursement.</p> <p><b>(Added hyperlink)</b></p> <p>Please reference our <a href="#">Air Ambulance Transport clinical policy</a> for more details.</p>	93-94
<p><b>Personal Care Services (0-20)</b></p> <p><b>(Added bullet point)</b></p> <ul style="list-style-type: none"> <li>• Assisting the enrollee with transferring and bed mobility.</li> </ul> <p><b>(Added verbiage from our clinical policy CCP.1511-04)</b></p> <p>The agency must use an electronic visit verification (EVV) system for time and attendance tracking and billing for EPSDT – PCS. EPSDT – PCS providers identified by the Plan must use the following:</p> <ul style="list-style-type: none"> <li>• The (EVV) system designated by the Department; or</li> <li>• An alternate system that has successfully passed the data integration process to connect to the designated EVV system and is approved by the Department.</li> </ul>	93, 105- 106

Reimbursement for services may be withheld or denied if an EPSDT – PCS provider fails to use the EVV system or uses the system not in compliance with Medicaid’s policies and procedures for EVV.

Please reference our [EPSDT-PCS clinical policy](#) for more details.

**(Removed verbiage)**

The Louisiana Service Reporting Systems (LaSRS) is LDH’s electronic visit verification (EVV) system for providers of EPSDT personal care services (PCS) and behavioral health personal care services. Utilization of an EVV system is a federal requirement that applies to all managed care PCS providers.

In accordance with the 21st Century Cures Act, LDH collects the following identifiable information for Home and Community-Based Services (HCBS) waiver and Louisiana Medicaid State Plan services through LaSRS:

- The type of service performed;
- The enrollee receiving the service;
- The date of the service;
- The location of service delivery;
- The individual providing the service; and
- The time the service begins and ends.

LaSRS does not “track” direct service workers—it only collects the location of service delivery at the time of clock in and clock out. LaSRS can be accessed by devices with internet connectivity (e.g., computer, smartphone, tablet). When a worker “clocks in” or “clocks out”, the system collects the location of the device being used at that time, as well as the time, date, individual providing the service, and the individual receiving the service. The intent of this system is to ensure that enrollees receive services authorized in their plans of care, reduce inappropriate billing/payment, safeguard against fraud, replace paper timesheets, and improve program oversight.

PCS providers are required to use LaSRS and if it is not used, reimbursement will be denied for services.

**Telehealth Requirements for Applied Behavior Analysis (ABA)**

124

**(Changed verbiage)**

The use of telehealth is reimbursed, when appropriate, for rendering certain ABA services for the care of or to support the caregivers of enrollees.

<p>Telehealth requires prior authorization for services. Subsequent assessments and behavior treatment plans can be performed remotely via telehealth only if the same standard of care can be met.</p>	
<p><b>Third Party Liability and Medicare Advantage Plan Update Requests</b></p> <p><b>(Added verbiage from IB 16-15 revised 2.20.25)</b></p> <p><b>General Private TPL and Medicare Advantage Plan Update Requests</b></p> <p>Providers may submit all private TPL and Medicare Advantage Plan updates to HMS, the Louisiana Department of Health (LDH) TPL vendor.  All general private TPL and Medicare Advantage Plan update requests can be submitted to HMS via the TPL Portal, fax, email or phone.  Fax: (877) 204-1325  Email: <a href="mailto:latpr@gainwelltechnologies.com">latpr@gainwelltechnologies.com</a> Phone: (877) 204-1324</p> <p>Providers can access the TPL Portal at the following URL:  <a href="https://tplportal.hms.com/?ClientCd=LA">https://tplportal.hms.com/?ClientCd=LA</a>.</p> <p>For any questions on logging into the TPL Portal, or requesting credentials, refer to the User Manual at  <a href="https://www.lamedicaid.com/Provweb1/Forms/UserGuides/TPL_Portal_User_Manual_External.pdf">https://www.lamedicaid.com/Provweb1/Forms/UserGuides/TPL_Portal_User_Manual_External.pdf</a>.</p> <p>Private TPL and Medicare Advantage Plan Update Request Change Forms can be found here:  <a href="https://www.lamedicaid.com/ProvWeb1/ProviderTraining/Packets/2008ProviderTrainingMater">https://www.lamedicaid.com/ProvWeb1/ProviderTraining/Packets/2008ProviderTrainingMater</a></p> <p>Questions concerning HMS updates should be addressed to HMS at (877) 204-1324.  HMS hours of operation are Monday through Friday, 8 a.m. – 5 p.m. Louisiana state holiday are excluded.</p> <p><b>Urgent Private TPL and Urgent Medicare Advantage Plan Update Requests</b></p> <p>Providers should submit all urgent TPL requests for members who are enrolled with AmeriHealth Louisiana Caritas using the contact information above.  Urgent TPL requests are defined as the inability of a member to either have a prescription filled or access immediate care because of incorrect third-party insurance coverage. All other requests are considered “general” TPL update requests.</p> <p><b>Escalations:</b>  For escalated requests, submit the TPL information to the LDH TPL Unit. Escalation requests are:</p> <ul style="list-style-type: none"> <li>• After five business days, when a provider has sent a request to add, term, or change policy to HMS and policy has not changed in the BTPL Portal</li> <li>• Pharmacy, Awaiting add/term/ or change request</li> <li>• Emergency updates due to awaiting immediate medical care to add, term or change a policy</li> </ul>	<p>149 - 150</p>

<ul style="list-style-type: none"> <li>• Traditional Medicare updates</li> </ul> <p>All TPL escalation requests can be submitted to LDH via email, fax or phone. Email: <a href="mailto:tpl.inquiries@la.gov">tpl.inquiries@la.gov</a>  Fax: (225) 389-2709  Phone: (225) 342-4510</p> <p>Traditional Medicare update request forms can be found here:  <a href="http://www.lamedicaid.com/ProvWeb1/ProviderTraining/TraditionalMedicare.pdf">http://www.lamedicaid.com/ProvWeb1/ProviderTraining/TraditionalMedicare.pdf</a></p>	
<p><b>Member Grievance and Appeal Process</b></p> <p><b>Grievance Procedures</b></p> <p><b>(Changed verbiage to 5 business days per our contract -removed 1 business day)</b>  An acknowledgement letter to the enrollee (with a copy to the provider filing on behalf of the enrollee) is mailed within 5 business days of AmeriHealth Caritas Louisiana’s receipt of the grievance.</p> <p><b>(Per the contract)</b>  AmeriHealth Caritas Louisiana sends a decision letter within (90) days of receiving the request. In, some cases, AmeriHealth Caritas Louisiana or the enrollee may need more information. If the enrollee needs more time to get the information, he/she may request up to 14 days more. AmeriHealth Caritas Louisiana can also have an additional 14 days if we document that additional time is needed and the delay is in the enrollee’s best interest. If AmeriHealth Caritas Louisiana needs more time, the enrollee is informed orally of the reason for the extension by the end of the day of the decision and in writing within 2 calendar days from the decision date.</p>	220
<p><b>Standard Appeals</b></p> <p><b>(Added verbiage)</b>  AmeriHealth Caritas Louisiana provides the enrollee and his or her Authorized Representative, at no cost, with records, reports, and documents relevant to the subject of the appeal within seven (7) calendar days of receipt of the request.</p> <p><b>(Per the contract)</b>  AmeriHealth Caritas Louisiana sends the enrollee a letter acknowledging receipt of the request for an appeal review within five (5) business days.</p>	221 - 222
<p><b>Expedited Appeals</b></p> <p><b>(Added verbiage)</b></p>	223

<p>AmeriHealth Caritas Louisiana provides the enrollee and his or her Authorized Representative, at no cost, with records, reports, and documents relevant to the subject of the expedited appeal within seven (7) calendar days of receipt of the request.</p>	
<p><b>State Fair Hearing</b></p> <p><b>(Added verbiage)</b></p> <p>AmeriHealth Caritas Louisiana provides the enrollee and his or her Authorized Representative, at no cost, with records, reports, and documents relevant to the subject of the Fair Hearing with seven (7) calendar days of receipt of the request. The Fair Hearing Decision is issued within ninety (90) days the filing and is binding on AmeriHealth Caritas Louisiana If the Division of Administrative Law rules in favor of the claimant/appellant, AmeriHealth Caritas Louisiana receives a Directive from the Division of Administrative Law. The Directive shall be executed within ten days and reported to the LDH within 14 days of the date of the Directive or by the state level appeal's 90th day deadline, whichever is earliest.</p>	224

February 2025 Provider Manual Updates	Page	
<b>Table of Contents</b>  <b>(Added Dialectical Behavioral Therapy)</b>	8	
<b>Covered Services (Added bullet points)</b> <ul style="list-style-type: none"> <li>▪ Inpatient Hospitalization in a District Part Psychiatric Unit, Medication Assisted Treatment</li> <li>▪ Freestanding Psychiatric Hospital</li> </ul>	41	
<b>Hospital Services – Inpatient and Outpatient</b>  <b>(Added verbiage)</b>  Trade area is defined as the counties located in Mississippi, Arkansas, and Texas that border the state of Louisiana. Acute care out-of-state providers in the trade area are treated the same as in-state providers.  The following is a list of counties located in the trade area:	80	
Louisiana Trade Area		
Arkansas Counties	Mississippi Counties	Texas Counties
Chicot County	Hancock County	Cass County
Ashley County	Pearl River County	Marion County
Union County	Marion County	Harrison County
Columbia County	Walthall County	Panola County
Lafayette County	Pike County	Shelby County
Miller County	Amite County	Sabine County
	Wilkerson County	Newton County
	Adams County	Orange County
	Jefferson County	Jefferson County

	Claiborne County		
	Washington County		
	Issaquena County		
	Warren County		

## Covered Behavioral Health Benefits

(Removed verbiage as it was duplicative)

Behavioral Health Services include:

- Basic Behavioral Health Services: Services provided through primary care, including but not limited to, screening for mental health and substance abuse issues, prevention, early intervention, medication management, and treatment and referral to specialty services.

Specialized Behavioral Health Services:

- Licensed Practitioner Outpatient Therapy (Evidence Based Services \*Refer to [Claim Filing Instructions](#) manual for Tracking Codes)
  - Parent-Child Interaction Therapy (PCIT) Child Parent Psychotherapy (CPP) Preschool PTSD Treatment (PPT) and Youth PTSD Treatment (YPT)
  - Triple P Positive Parenting Program
  - Trauma-Focused Cognitive Behavioral Therapy
  - Eye Movement Desensitization and Reprocessing (EMDR) Therapy
  - Dialectical Behavior Therapy (DBT)
- Mental Health Rehabilitation Services
  - Community Psychiatric Support and Treatment (CPST)
    - Multi-Systemic Therapy (MST) (Ages 0-20)
    - Functional Family Therapy (FFT) and Functional Family Therapy-Child Welfare (Ages 0-20)
    - Homebuilders (Ages 0-20)
    - Assertive Community Treatment (Ages 18 and older)
  - Psychosocial Rehabilitation (PSR)
  - Crisis Intervention
  - Crisis Stabilization (Ages 0-20)
  - Crisis Response Services:
    - Mobile Crisis Response (MCR) (age 21 and over)
      - Ages 0-20, effective April 1, 2024
    - Community Brief Crisis Support (CBCS) (age 21 and over)
      - Age 0 – 20, effective April 1, 2024
    - Behavioral Health Crisis Care (BHCC) (age 21 and over)
  - Crisis Stabilization for Adults (age 21 and over)
    - Therapeutic Group Homes (TGH) (Ages 0-20)
    - Psychiatric Residential Treatment Facilities (PRTF) (Ages 0-20)
    - Inpatient Hospitalization (Ages 0-21; 65 and older)
    - Outpatient, Inpatient, and Residential Substance Use Disorder Services
    - Opioid Treatment Programs (OTPs)
    - Behavioral Health Personal Care Services for DOJ Agreement Target Population
    - Individual Placement and Support (IPS) Services for DOJ Agreement Target Population

<p><b>Behavioral health Access and Appointment Standards (Added verbiage)</b></p> <p>Dialectical Behavioral Therapy (DBT) helps adults, children, and teenagers deal with many different mental disorders. In DBT, people learn about themselves and learn skills so they can make changes in their feelings, actions, and thoughts. People may hurt themselves or try to end their lives when their emotions are too strong and they feel out of control. DBT skills help people get through tough moments and gain control.</p> <p>Effective <b>March 1, 2025</b>, “If DBT is recommended by your providers, AmeriHealth Caritas Louisiana will pay for it.”</p>	201
<p><b>Behavioral Health Provider Monitoring Plan Procedure</b></p> <p><b>(Added verbiage)</b></p> <ul style="list-style-type: none"> <li>Practicesites that fall below the required performance benchmark of 80% are notified of the deficiencies via email. Sites scoring below 80% on the audit are placed on a corrective action plan and receive a re-review within six (6) months from date of notification to determine if deficiencies have been remediated. After re-review, if a provider continues to fall below the required benchmark, the Behavioral Health department and PNM department work together to determine what further action is to be taken. This can include another CAP, referral to SIU and up to termination of the provider’s contract.</li> </ul>	209
<p><b>Websites Resources (Revised link)</b></p> <p><a href="#">Find a Pharmacy</a></p>	232



January 2025 Provider Manual Updates	Page
<p><b>Table of Contents</b></p> <p>(Added Dental Care)</p>	2
<p><b>Dental Care</b></p> <p>(Added verbiage for Dental Care)</p> <p>Members younger than age 21 are eligible to receive dental care, including exams, cleanings, X-rays, teeth sealants, and fluoride treatments. The Louisiana Department of Health offers members the option to choose DentaQuest or Managed Care of North America (MCNA) as the child dental provider. For more information, call DentaQuest at 1-800-685-0143 or TTY 1-800-466-7566, Monday to Friday, 7 a.m. to 7 p.m.; or MCNA at 1-855-702-6262 TTY 1-800-846-5277, Monday to Friday, 7 a.m. to 7 p.m. You can also visit DentaQuest on the web at <a href="http://www.DentaQuest.com">www.DentaQuest.com</a> or MCNA at <a href="http://www.mcnala.net">www.mcnala.net</a>.</p> <p>Members aged 21 and older are eligible for up to \$500 a year for exams, cleanings, fillings, extractions, and x-rays when services are performed by a participating Federally Qualified Health Center (FQHC). For a list of participating providers, please call Member Services at 1-888-756-0004.</p>	55
<p><b>Non-Covered Services</b></p> <p>(Added verbiage for children to bullet point Routine dental services for children)</p>	126
<p><b>Introduction to Credentialing</b></p> <p>(Moved verbiage to the beginning of the Credentialing section)</p> <p>Effective 8/1/2022 ACLA – Act 143 HB 286: All of the following providers shall be considered to have satisfied, and shall otherwise be exempt from having to satisfy, any credentialing requirements of a managed care organization:</p> <ol style="list-style-type: none"> <li>(1) Any provider who maintains hospital privileges or is a member of a hospital medical staff with a hospital licensed in accordance with the Hospital Licensing Law, R.S. 40:2100 et seq.</li> <li>(2) Any provider who is a member of the medical staff of a rural health clinic licensed in accordance with R.S. 40:2197 et seq.</li> <li>(3) Any provider who is a member of the medical staff of a federally qualified health center as defined in R.S. 40:1185.3.</li> </ol>	170



December 2024 Provider Manual Updates	Page
<p><b>Important AmeriHealth Caritas Louisiana Telephone Numbers</b></p> <p>(Changed Dental Phone Numbers)            Dental Benefits through LDH (Louisiana Medicaid beneficiaries under 21 years of age and Adult Dental Services 21 years of age and older)</p> <ul style="list-style-type: none"> <li>• MCNA (LDH Dental Benefit Manager) 1-855-702-6262</li> <li>• DentaQuest (LDH Dental Benefit Manager) 1-800-685-0143</li> <li>• AmeriHealth Caritas Louisiana Member Services 1-888-756-0004</li> </ul> <p>(Removed Magellan)            Pharmacy Benefits Manager – Prime Therapeutics</p>	12
<p><b>Provider Enrollment in the Louisiana Medicaid Provider Enrollment Portal (Changed verbiage per IB 24-22 revised 10.28.24)</b></p>	18
<p><b>Enrollee Reassignment Policy</b></p> <p><b>Reassignment</b>            (Added verbiage)</p> <ul style="list-style-type: none"> <li>• An enrollee will also be eligible for reassignment to another PCP if they have not visited any PCP within the previous 12 months.</li> <li>• An enrollee will also be eligible for reassignment to another PCP under the following conditions:               <ul style="list-style-type: none"> <li>❖ If they have not visited any PCP within the previous 12 months. π</li> <li>❖ If they are under 4 years of age and have not visited a PCP within the previous 6 months.</li> <li>❖ If they have not visited a PCP within 6 months of giving birth</li> </ul> </li> <li>• Once enrollee reassignment is completed, provider must make a good faith effort to outreach enrollee and establish PCP relationship. A good faith effort includes but is not limited to:               <ul style="list-style-type: none"> <li>• Three outreaches to enrollee with no response.</li> <li>• Documentation of three outreaches and request for disenrollment must be sent to PCP assignment <a href="mailto:PCPassignment@amerihealthcaritas.com">PCPassignment@amerihealthcaritas.com</a>.</li> </ul> </li> </ul>	26
<p><b>Provider Enrollment in the Louisiana Medicaid Provider Enrollment Portal</b></p> <p>(Changed training title)</p> <ul style="list-style-type: none"> <li>• <a href="#">Culturally and Linguistically Appropriate Services (CLAS) in Nursing</a></li> </ul>	34
<p><b>Durable Medical Equipment, Prosthetics, Orthotics and Certain Supplies</b></p> <p>(Added verbiage from IB 24-41 <a href="https://ldh.la.gov/assets/docs/BayouHealth/Informational_Bulletins/2024/IB24-41.pdf">https://ldh.la.gov/assets/docs/BayouHealth/Informational_Bulletins/2024/IB24-41.pdf</a>)</p> <p>DME policy related to access to oxygen equipment and supplies during an official state and/or federally declared emergency are outlined below:</p> <ul style="list-style-type: none"> <li>• Medically necessary backup oxygen and equipment provided during an official state and/or federally declared emergency cannot be considered non-covered.</li> </ul>	58



**AmeriHealth Caritas**  
Louisiana

- |  |  |
|--|--|
| <ul style="list-style-type: none"><li>• Backup oxygen and equipment provided outside an official state and/or federally declared emergency is non-covered.</li></ul> |  |
|--|--|

<ul style="list-style-type: none"> <li>• Providers are responsible for ensuring that medical oxygen and oxygen-related equipment are available during official state and/or federally declared emergencies, if medically necessary.</li> <li>• DME providers are not reimbursed for unused equipment and supplies picked up after an emergency.</li> </ul>	
<p><b>Medical Transportation Services</b></p> <p>(Removed verbiage)</p> <p>TIP terminated</p> <p>12.31.23 (Changed verbiage)</p> <p>“Ambulance 911-Non-emergency” services are not covered. If the enrollee’s medical condition does not present itself as an emergency in accordance with the criteria in this Manual, the service may be considered a non-covered service.</p>	88
<p><b>Telemedicine/Telehealth</b></p> <p>(Made change to verbiage)</p> <p>When otherwise covered, services located in the Telemedicine appendix of the CPT manual, or its successor, when provided by telemedicine/telehealth are covered. In addition, other services provided by telemedicine/telehealth are covered when indicated as covered via telemedicine/telehealth in Medicaid program policy.</p>	113
<p><b>Therapy Services</b></p> <p>(Made change to verbiage)</p> <p>Speech therapy, physical therapy, and occupational therapy services are covered to enrollees of any age</p>	114
<p><b>Tobacco Cessation Services</b></p> <p>(Made change to verbiage)</p> <p>Tobacco cessation counseling services are covered For dates of service on or after December 1, 2023</p>	114
<p><b>Vagus Nerve Stimulators (VNS)</b></p> <p>(Made change to verbiage)</p> <p>Implantation of the vagus nerve stimulator (VNS) is covered Coverage of the surgery to implant the VNS is restricted</p>	116-117

<p><b>Applied Behavior Analysis (ABA) Ages 0-20</b></p> <p>(Made change to verbiage)  Telehealth services must be based on ABA methodology and rendered or directed by an RLT, LBA, or CaBA. The caregivers/patients and RLT/LBA/CaBA must be linked through an interactive audio/visual telecommunications system.</p> <p>(Corrected link)  Please reference our <a href="#">Applied Behavior Analysis (ABA)</a> clinical policy.</p>	<p>120-121</p>
<p><b>Provider Preventive Conditions</b></p> <p>(Made change to verbiage)  Any days that are attributable to the OPPC are not reimbursed.</p>	<p>125</p>

<p><b>Pharmacy Services</b></p> <p>(Removed Magellan, changed verbiage) Prime Therapeutics</p>	128
<p><b>Pharmacy Prior Authorization</b></p> <p>(Removed Magellan, changed verbiage) Prime Therapeutics</p>	129
<p><b>Claims Filing Guidelines</b></p> <p>(Made change to verbiage)  Emailed claim forms are not accepted with no exception.  Verification that alldiagnosis and procedure codes</p> <p>When required data elements are missing or are invalid, claims are <b>rejected</b> for correction and re-submission.  Rejected claims are not identified in our claims adjudication system.</p> <p>Claims for billable services provided to enrollees must be submitted by the provider who performed the services. Claims filed are subject to the following procedures:</p> <ul style="list-style-type: none"> <li>• Verification that all required fields are completed on the CMS 1500 or UB-04 forms.</li> <li>• Verification that all diagnosis and procedure codes are valid for the date of service.</li> <li>• Verification of enrollee eligibility for services under AmeriHealth Caritas Louisiana during the time in which services were provided.</li> <li>• Verification that the services were provided by a participating provider or that the “out of plan” provider has received authorizationt</li> <li>• provide services to the eligible enrollee.</li> <li>• Verification that the provider is eligible to participate with the Medicaid Program at the time of service.</li> <li>• Verification that an authorization has been given for services that require prior authorization.</li> <li>• Verification of whether there are any other third-party resources and, if so, verification that AmeriHealth Caritas Louisiana is the “payer last resort” on all claims submitted.</li> </ul>	141
<p><b>Completion of Encounter Data</b></p> <p><b>(Changed verbiage)</b>  Emailed claim forms are not accepted</p>	141
<p><b>Claims Mailing Instructions</b></p> <p>(Changed verbiage)  All providers are encouraged to submit claims electronically. For those interested in electronic claim filing, please contact your EDI software vendor or <b>Change Healthcare’s Provider Support Line at 1-877-363-3666</b> to arrange transmission.</p>	143

**Claims Filing Deadlines**

(Changed verbiage)

See **exception** below for retro enrollees and Medicare primary enrollees.

Claims that do not need additional investigation are generally processed more quickly. A large percentage of EDI claims submitted are processed within 10 to 15 days of their receipt.

(Changed verbiage)

Ninety percent (90%) of all clean claims of each claim type are processed, paid, or denied as appropriate within fifteen (15) calendar day receipt. One hundred percent (100%) of all clean claims of each claim type are processed, paid, or denied as appropriate within thirty (30) calen days of receipt. One hundred percent (100%) of pended claims within sixty (60) calendar days of the date of receipt. The date of receipt is date AmeriHealth Caritas Louisiana receives the claim, as indicated by its date stamp on the claim. The date of payment is the date of the ch or other form of payment.

<p><b>Wait and See</b></p> <p>(Changed verbiage)</p> <p>The “Wait and See” policy is followed on claims for enrollees on whose behalf child support enforcement is being carried out by the state. “Wait and See” is defined as payment of a claim after documentation is submitted demonstrating 100 days have passed since the provider initially billed the third party and payment has not been received. AmeriHealth Caritas Louisiana reviews for third party liability using TPL files transmitted by LDH’s fiscal intermediary.</p> <p>The provider can only bill for the unpaid balance from the liable third party and payment can only be made up to the allowable amount for services covered under the Plan.</p> <p>Providers must complete the attestation forms and submit them along with hard copy claim submissions.</p>	145
<p><b>Post-Payment Recoveries (TPL/COB/Encounters/Claim Audits)</b></p> <p>(Changed verbiage) a letter is sent</p> <p>AmeriHealth Caritas Louisiana reviews TPL information and audits claim payments on a routine basis. Providers receive notification of our intent to recover overpayments identified during these reviews and audits. To assist the provider in reconciling claims, a letter is sent to the provider detailing the claims impacted by TPL coverage. This letter indicates the 60-day timeline for provider to submit a check or dispute the TPL information. If a response is not received within 60 days, the recoupment process is then initiated. We strive to identify and recover claim overpayments within 365 days from the claim’s last date of service; however, this timeframe may be extended in the following circumstances:</p> <ul style="list-style-type: none"> <li>• There is evidence of fraud,</li> <li>• There is an established pattern of inappropriate billing,</li> <li>• Enrollee retro-enrollment (Removed verbiage)</li> <li>• A system error is identified.</li> </ul>	145
<p><b>Exclusions to Post Payment Recoveries from Providers</b></p> <p>(Changed verbiage)</p> <p>payment is recovered</p>	145
<p><b>Third Party Liability (TPL)</b></p> <p>(Removed verbiage)</p>	146
<p><b>Weekly Check Cycles</b></p> <p>(Changed verbiage)</p> <p>Three (3) provider payment check cycles are run per week</p>	150
<p><b>Provider Demographic Information</b></p> <p>(Corrected title)</p> <p>AmeriHealth Caritas Louisiana Health Plan Provider Network Management Department</p>	153

<p><b>Provider Marketing Activities and Compliance</b></p> <p>(Removed or, changed verbiage) Added and</p>	161
<p><b>Member Fraud, Waste and Abuse</b></p> <p>(Changed phone number &amp; mailing address for Beneficiary FWA Complaints)</p> <ul style="list-style-type: none"> <li>○ Medicaid beneficiary FWA reporting call toll-free 1-833-920-1773</li> <li>○ By mail to: <ul style="list-style-type: none"> <li>Louisiana Department of Health</li> <li>Program Integrity Unit – Beneficiary Complaints</li> <li>P. O. Box 91030</li> <li>Baton Rouge, LA 70821</li> </ul> </li> </ul>	165
<p><b>Objectives</b></p> <p>(Hyperlink website)</p> <p><a href="http://www.amerhealthcaritasla.com">www.amerhealthcaritasla.com</a></p>	177
<p><b>Benefits and Service Descriptions</b></p> <p>(Added statute)</p> <p>ACT 582 La R.S.40:2162</p>	203
<p><b>Behavioral Health Services Requiring Prior Authorization</b></p> <p><b>(Removed hyperlink to Behavioral Health and Substance Use Disorder Utilization Management Guide)</b></p> <p>(Added hyperlink)</p> <p>For additional information on how to submit a request for prior authorization, please refer to the provider area of our website <a href="https://www.amerhealthcaritasla.com/provider/resources/priorauth/index.aspx">https://www.amerhealthcaritasla.com/provider/resources/priorauth/index.aspx</a></p>	204-205
	205
<p><b>Adverse Incident Reporting</b></p> <p>(Added verbiage)</p> <p>If appropriate, AmeriHealth Caritas Louisiana and providers must report allegations of abuse, neglect, critical incidents, exploitation, or extortion, death, eviction, major medication incident, use of restraints, seclusion or restrictive intervention, self-neglect, human trafficking, involvement with law enforcement/member is victim of a crime, loss or destruction of home and major behavioral disturbance directly and immediately to the appropriate protective services agency or licensing agency. The following agencies are responsible for investigating such allegations:</p>	207
<p><b>State Fair Hearing</b></p> <p>(Corrected email address)</p> <p>Email: <a href="mailto:LDHProcessing@adminlaw.state.la.us">LDHProcessing@adminlaw.state.la.us</a></p>	221
<p><b>Additional Resources</b></p>	230

(hyperlinked website)

Medicaid Website – <a href="http://www.lamedicaid.com">www.lamedicaid.com</a>	
<b>Appendix</b>  (Changed link to Find a Provider and Find a Pharmacy) <a href="https://www.amerhealthcaritasla.com/member/eng/tools/find-provider.aspx">https://www.amerhealthcaritasla.com/member/eng/tools/find-provider.aspx</a>	230

<p><b>Emergency Services</b></p> <p>(Removed verbiage) AmeriHealth Caritas Louisiana</p>	65
<p><b>Family Planning Services</b></p> <p>(Removed verbiage) AmeriHealth Caritas Louisiana addresses</p>	69
<p><b>Home Health Services</b></p> <p>(Removed verbiage) Beginning October 2, 2023</p>	76
<p><b>Immunizations/Vaccines</b></p> <p>(Added verbiage from IB 24-42) Effective for dates of service <b>on and after August 1, 2024</b>, LDH has updated immunization fee schedules to include immunization coverage for some ages that were not previously included. A listing of the immunization CPT codes that have been added for certain ages is in our <b>Claims Filing instructions</b> manual (link below).</p>	83

**Transcranial Magnetic Stimulation (TMS)**

(Removed verbiage per IB 24-27 revised 10.28.24)

Failure of a full course of evidence based psychotherapy, such as cognitive behavioral therapy for the current depressive episode

(Added verbiage per IB 24-27 revised 10.28.24)

**NOTE:** Maintenance therapy is considered not medically necessary, as there is insufficient evidence to support this treatment at the present time.

Retreatment is considered medically necessary when all of the following criteria have been met:

- Current major depressive symptoms have worsened by 50 percent from the prior best response of the PHQ-9 score
- Prior response demonstrated a 50 percent or greater reduction from baseline depression scores
- No contraindications to TMS are present (see section on

contraindications) Contraindications:

- Individuals who are actively suicidal
- Individuals with a history of or risk factors for seizures during TMS therapy
- Individuals with vagus nerve stimulators or implants controlled by physiologic signals, including pacemakers, and implantable cardioverter defibrillators
- Individuals who have conductive, ferromagnetic, or other magnetic-sensitive metals implanted in their head within 30 cm of the treatment coil (e.g. metal plates, aneurysm coils, cochlear implants, ocular implants, deep brain stimulation devices, and stents)
- Individuals who have active or inactive implants (including device leads), including deep brain stimulators, cochlear implants, and vagus nerve stimulators
- History of seizure disorder except seizures induced by ECT
- Metal implants or devices present in the head or neck
- Substance use at the time of treatment
- Diagnosis of severe dementia
- Diagnosis of severe cardiovascular disease

A referral from a psychiatrist is required and must be submitted prior to treatment.

<p><b>Physical Health In Lieu of Services (ILOS)</b></p> <p><b>Added links to the following:</b></p> <p><b>Care at Home</b> <a href="https://www.amerihealthcaritasla.com/pdf/provider/resources/care-at-home-in-lieu-of.pdf">https://www.amerihealthcaritasla.com/pdf/provider/resources/care-at-home-in-lieu-of.pdf</a></p> <p><b>Hospital-Based Care Coordination of Pregnant and Postpartum Individuals with Substance Use Disorder (SUD) and their Newborns</b> <a href="https://www.amerihealthcaritasla.com/pdf/provider/resources/provider-hospital-based-care-coordination.pdf">https://www.amerihealthcaritasla.com/pdf/provider/resources/provider-hospital-based-care-coordination.pdf</a></p> <p><b>Outpatient Lactation Support</b> <a href="https://www.amerihealthcaritasla.com/pdf/provider/newsletters/2024/103024-provider-alert-outpatient-lactation-support.pdf">https://www.amerihealthcaritasla.com/pdf/provider/newsletters/2024/103024-provider-alert-outpatient-lactation-support.pdf</a></p>	119
<p><b>Applied Behavior Analysis (ABA) Ages 0-20</b></p> <p>(Changing verbiage to mirror 2024-ABA-2 <a href="https://ldh.la.gov/page/medicaid-provider-manuals">https://ldh.la.gov/page/medicaid-provider-manuals</a>)</p> <p>A QHCP is defined as a:</p> <ul style="list-style-type: none"> <li>• Pediatric neurologist;</li> <li>• Developmental pediatrician;</li> <li>• Psychologist (including a medical psychologist);</li> <li>• Psychiatrist (particularly pediatric and child psychiatrist)</li> <li>• Pediatrician under a joint working agreement with an interdisciplinary team of providers who are qualified to diagnose developmental disabilities;</li> <li>• Nurse practitioner (NP) practicing under the supervision of a pediatric neurologist developmental pediatrician, psychologist, or psychiatrist; or</li> <li>• Licensed individual, including speech and language pathologist, licensed clinical social worker (LCSW), or licensed professional counselor (LPC), who meets the requirements of a QHCP when: <ul style="list-style-type: none"> <li>○ Individual’s scope of practice includes a differential diagnosis of autism spectrum disorder and comorbid disorders for the age and/or cognitive level of the enrollee;</li> <li>○ Individual has at least two years of experience providing such diagnostic assessments and treatments or is being supervised by someone who is listed as a QHCP under bullets 1-5 above; and</li> <li>○ If the licensed individual is working under the supervision of a QHCP, the QHCP must sign off on the CDE as having reviewed the document and agrees with the diagnosis and recommendation.</li> </ul> </li> </ul> <p>(Adding verbiage from 2024-ABA-2)</p> <ul style="list-style-type: none"> <li>• Any pediatrician, general practitioner, or NP who has, as part of their practice diagnosed and treated children with ASD and related disorders for at least five years or any pediatrician, or NP whose CDEs were</li> </ul>	120-122

approved to determine the medical necessity for ABA prior to 2023.

(Removed verbiage)

The purpose of this service is to provide family adaptive behavior treatment guidance, which helps parents and/or caregivers properly use treatment procedures designed to teach new skills and reduce challenging behaviors.

(Updated hyperlink)

Please reference our [Applied Behavior Analysis \(ABA\)](#) clinical policy.

**Pay and Chase**

(Removed dash per CMS guidelines)

CMS 1500

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November 2024 Provider Manual Updates	Page
<p><b>Ambulatory Surgery – (Outpatient Hospital)</b></p> <p>(Removed verbiage)</p> <p>AmeriHealth Caritas Louisiana pays</p>	43
<p><b>Anesthesia Services</b></p> <p>(Removed verbiage)</p> <p>AmeriHealth Caritas Louisiana requires</p> <p>AmeriHealth Caritas Louisiana reimburses</p>	44
<p><b>Chiropractic Services for Enrollees (Ages 0-20)</b></p> <p>(Added verbiage) (s) to treatment</p>	51
<p><b>Diabetes Self-Management Training</b></p> <p>(Removed verbiage)</p> <p>AmeriHealth Caritas Louisiana requires</p> <p>(Removed verbiage by the PCP to duplicate the current MCO manual) After receiving 10 hours of initial training, an enrollee shall be eligible to receive a maximum of two hours of follow-up training each year, if ordered.</p> <p>(Changed verbiage and removed as requested, to Louisiana Medicaid, its authorized representatives, or the state’s Attorney General’s Medicaid Fraud Control Unit)</p> <p>Enrollee records, facility accreditation, and proof of staff licensure, certification, and educational requirements must be kept readily available to be furnished when requested.</p>	55- 57
<p><b>Diabetic Supplies</b></p> <p>(Removed verbiage)</p> <p>Starting October 28, 2023 and Effective with dates of service on or after October 28, 2023, the following diabetic supplies will be reimbursed as a pharmacy benefit as well as a durable medical equipment (DME) service.</p> <p>For dates of service on or after December 1, 2023</p>	57

<p><b>Donor Human Milk - Outpatient</b></p> <p>(Removed verbiage) AmeriHealth Caritas Louisiana considers</p> <p>(Added from IB 24-07) <b>NOTE:</b> Single, manual and hospital-grade breast pumps are still not covered.</p>	59
<p><b>Durable Medical Equipment, Prosthetics, Orthotics and Certain Supplies</b></p> <p>(Removed verbiage) Continued Medicaid eligibility and AmeriHealth Caritas Louisiana</p>	59

<p><b>Emergency Services</b></p> <p>(Removed verbiage) AmeriHealth Caritas Louisiana</p>	65
<p><b>Family Planning Services</b></p> <p>(Removed verbiage) AmeriHealth Caritas Louisiana addresses</p>	69
<p><b>Home Health Services</b></p> <p>(Removed verbiage) Beginning October 2, 2023</p>	76
<p><b>Immunizations/Vaccines</b></p> <p>(Added verbiage from IB 24-42) Effective for dates of service <b>on and after August 1, 2024</b>, LDH has updated immunization fee schedules to include immunization coverage for some ages that were not previously included. A listing of the immunization CPT codes that have been added for certain ages is in our <b>Claims Filing instructions</b> manual (link below).</p>	83

**Transcranial Magnetic Stimulation (TMS)**

(Removed verbiage per IB 24-27 revised 10.28.24)

Failure of a full course of evidence based psychotherapy, such as cognitive behavioral therapy for the current depressive episode

(Added verbiage per IB 24-27 revised 10.28.24)

**NOTE:** Maintenance therapy is considered not medically necessary, as there is insufficient evidence to support this treatment at the present time.

Retreatment is considered medically necessary when all of the following criteria have been met:

- Current major depressive symptoms have worsened by 50 percent from the prior best response of the PHQ-9 score
- Prior response demonstrated a 50 percent or greater reduction from baseline depression scores
- No contraindications to TMS are present (see section on

contraindications) Contraindications:

- Individuals who are actively suicidal
- Individuals with a history of or risk factors for seizures during TMS therapy
- Individuals with vagus nerve stimulators or implants controlled by physiologic signals, including pacemakers, and implantable cardioverter defibrillators
- Individuals who have conductive, ferromagnetic, or other magnetic-sensitive metals implanted in their head within 30 cm of the treatment coil (e.g. metal plates, aneurysm coils, cochlear implants, ocular implants, deep brain stimulation devices, and stents)
- Individuals who have active or inactive implants (including device leads), including deep brain stimulators, cochlear implants, and vagus nerve stimulators
- History of seizure disorder except seizures induced by ECT
- Metal implants or devices present in the head or neck
- Substance use at the time of treatment
- Diagnosis of severe dementia
- Diagnosis of severe cardiovascular disease

A referral from a psychiatrist is required and must be submitted prior to treatment.

<p><b>Physical Health In Lieu of Services (ILOS)</b></p> <p><b>Added links to the following:</b></p> <p><b>Care at Home</b> <a href="https://www.amerihealthcaritasla.com/pdf/provider/resources/care-at-home-in-lieu-of.pdf">https://www.amerihealthcaritasla.com/pdf/provider/resources/care-at-home-in-lieu-of.pdf</a></p> <p><b>Hospital-Based Care Coordination of Pregnant and Postpartum Individuals with Substance Use Disorder (SUD) and their Newborns</b> <a href="https://www.amerihealthcaritasla.com/pdf/provider/resources/provider-hospital-based-care-coordination.pdf">https://www.amerihealthcaritasla.com/pdf/provider/resources/provider-hospital-based-care-coordination.pdf</a></p> <p><b>Outpatient Lactation Support</b> <a href="https://www.amerihealthcaritasla.com/pdf/provider/newsletters/2024/103024-provider-alert-outpatient-lactation-support.pdf">https://www.amerihealthcaritasla.com/pdf/provider/newsletters/2024/103024-provider-alert-outpatient-lactation-support.pdf</a></p>	119
<p><b>Applied Behavior Analysis (ABA) Ages 0-20</b></p> <p>(Changing verbiage to mirror 2024-ABA-2 <a href="https://ldh.la.gov/page/medicaid-provider-manuals">https://ldh.la.gov/page/medicaid-provider-manuals</a>)</p> <p>A QHCP is defined as a:</p> <ul style="list-style-type: none"> <li>• Pediatric neurologist;</li> <li>• Developmental pediatrician;</li> <li>• Psychologist (including a medical psychologist);</li> <li>• Psychiatrist (particularly pediatric and child psychiatrist)</li> <li>• Pediatrician under a joint working agreement with an interdisciplinary team of providers who are qualified to diagnose developmental disabilities;</li> <li>• Nurse practitioner (NP) practicing under the supervision of a pediatric neurologist developmental pediatrician, psychologist, or psychiatrist; or</li> <li>• Licensed individual, including speech and language pathologist, licensed clinical social worker (LCSW), or licensed professional counselor (LPC), who meets the requirements of a QHCP when: <ul style="list-style-type: none"> <li>○ Individual’s scope of practice includes a differential diagnosis of autism spectrum disorder and comorbid disorders for the age and/or cognitive level of the enrollee;</li> <li>○ Individual has at least two years of experience providing such diagnostic assessments and treatments or is being supervised by someone who is listed as a QHCP under bullets 1-5 above; and</li> <li>○ If the licensed individual is working under the supervision of a QHCP, the QHCP must sign off on the CDE as having reviewed the document and agrees with the diagnosis and recommendation.</li> </ul> </li> </ul> <p>(Adding verbiage from 2024-ABA-2)</p> <ul style="list-style-type: none"> <li>• Any pediatrician, general practitioner, or NP who has, as part of their practice diagnosed and treated children with ASD and related disorders for at least five years or any pediatrician, or NP whose CDEs were</li> </ul>	120-122

approved to determine the medical necessity for ABA prior to 2023.

(Removed verbiage)

The purpose of this service is to provide family adaptive behavior treatment guidance, which helps parents and/or caregivers properly use treatment procedures designed to teach new skills and reduce challenging behaviors.

(Updated hyperlink)

Please reference our [Applied Behavior Analysis \(ABA\)](#) clinical policy.

**Pay and Chase**

(Removed dash per CMS guidelines)

CMS 1500

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October 2024 Provider Manual Updates	Page
<p><b>Durable Medical Equipment, Prosthetics, Orthotics and Certain Supplies</b></p> <p>(Added verbiage from IB 24-34)</p> <p>Effective with dates of service <b>on or after September 1, 2024</b>, elastomeric, disposable infusion pumps and supplies as a benefit for short-term use (less than 30 days) for antibiotic infusion therapy is covered. Prior authorization is required and the request for approval must include the following:</p> <ul style="list-style-type: none"> <li>• Information on the underlying diagnosis or condition</li> <li>• A physician’s order and documentation supporting medical necessity</li> <li>• The name of the antibiotic, dosage, the duration of therapy, and the frequency of administration</li> </ul>	59
<p><b>Laboratory Services</b></p> <p>(Added verbiage from IB 24-31)</p> <p>Effective <b>September 1, 2024</b>, respiratory viral panel codes <b>87631, 87632</b> and <b>87633</b> are covered as follows: CPT code <b>87631</b> is deemed medically necessary in the following instances:</p> <ul style="list-style-type: none"> <li>• Infants receiving monthly RSV prophylaxis with palivizumab because of high-risk conditions such as prematurity, respiratory disease or cardiac disease.</li> <li>• Long-term care facility residents returning to a facility, or a person of any age returning to a congregate setting.</li> </ul> <p><b>PLEASE NOTE:</b> A primary care physician may perform this 3-5 panel test if medically necessary. CPT codes <b>87632</b> and <b>87633</b> are deemed potentially medically necessary only for:</p> <ul style="list-style-type: none"> <li>• Beneficiaries with serious or critical illness or at imminent risk of becoming seriously or critically ill, immunodeficiency, and/or severe underlying condition contributory to testing using an expanded syndromic panel.</li> </ul> <p>Testing is approved for the following places of service (POS):</p> <ul style="list-style-type: none"> <li>• Places of service (POS) <b>19</b> – off-campus outpatient hospital, <b>21</b> – inpatient hospital, <b>22</b> – on-campus outpatient hospital, <b>23</b> – emergency room.</li> </ul> <p><b>PLEASE NOTE:</b> Tests should be ordered as follows (for healthcare POS other than those listed in the above bullet):</p> <p>Testing for these services should only occur in accordance with one or more of the following instances:</p> <ul style="list-style-type: none"> <li>• For immune-competent beneficiaries, the test must be ordered by an infectious disease specialist or</li> </ul>	87-88

pulmonologist who is diagnosing and treating the beneficiary.

<ul style="list-style-type: none"> <li>For immune-compromised beneficiaries, the test must be ordered by a clinician specialist in one of the following: infectious diseases, oncology, transplant (for any panel), or pulmonologist who is diagnosing and treating the beneficiary.</li> </ul> <p><b>PLEASE NOTE:</b> Regarding the previous two bullets, an exception may be made with geographic locations where the specialist(s) cannot be reasonably reached by the beneficiary; AND the beneficiary is under the care of one of these providers: infectious diseases, oncology, transplant (for any panel), or pulmonologist; and the ordering provider is located closer to the beneficiary's place of residence than the nearest specialist.</p> <p><b>This exception is intended for beneficiaries living in rural locations with limited clinical specialist access only.</b></p>	
<p><b>Pain Management</b>  <b>Chronic Intractable Pain</b></p> <p>(Removed verbiage)  AmeriHealth Caritas Louisiana's coverage policy includes the provisions within this section</p>	98
<p><b>Pharmacy Services</b></p> <p>(Removed verbiage)</p> <p>AmeriHealth Caritas  Louisiana</p>	104
<p><b>Physician Administered Medication</b></p> <p>(Removed verbiage)  AmeriHealth Caritas  Louisiana</p>	104
<p><b>Physician/Professional Services</b></p> <p>(Removed verbiage)  AmeriHealth Caritas  Louisiana</p>	105-106
<p><b>Physical Health In Lieu of Services (ILOS)</b></p> <p>(Added link to policy)  Care at Home</p>	118



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<b>Table of Contents</b>  (Added verbiage Transcranial Magnetic Stimulation (TMS))	4
<b>Bariatric Surgery</b>  (Changed symbol to 2)      40 kg/m <sup>2</sup>	45-46
<b>Cardiovascular Services</b>  (Changed verbiage) Endovascular revascularization procedures for the lower extremity are not considered and	50
<b>Diabetic Supplies</b>  (Changed verbiage)  In accordance with La. R.S. 46:450.8, continuous glucose monitors, and other diabetic supplies are reimbursed as a pharmacy benefit	57
<b>Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services Program (Ages 0-20)</b>  (Changed verbiage)  Though the screening is administered to the caregiver, this service is reimbursed under the child’s Medicaid coverage.	63
<b>Emergency Services</b>  (Changed verbiage)  Emergency services, including those for specialized behavioral health, may be rendered  Payment is not denied for treatment when a representative of AmeriHealth Caritas Louisiana instructs the enrollee to seek emergency services and payment is not denied for treatment	65
<b>End Stage Renal Disease Services</b>  (Removed verbiage AmeriHealth Caritas provides)	67

<p><b>Family Planning Services</b></p> <p>(Changed verbiage)</p> <p>Family planning providers are encouraged</p> <p>Assisted reproductive technology is not reimbursed</p>	69
<p><b>Genetic Counseling and Testing</b></p> <p>(Changed verbiage)</p> <p>services using the procedure code specific to genetic counseling are reimbursed counseling under an applicable evaluation and management code is reimbursed</p>	70
<p><b>Immunizations/Vaccines</b></p> <p>(Changed verbiage)</p> <p>only vaccine administration for immunizations recommended by the Advisory Committee on Immunization practices (ACIP) are covered</p>	81
<p><b>Laboratory Services</b></p> <p>(Changed verbiage)</p> <p>CLIA claim edits are applied</p> <p>Claims are edited</p> <p>Laboratory services furnished in an office or similar facility other than a hospital outpatient department or clinic are covered Specimen collection are not reimbursed separately</p> <p>Presumptive and definitive urine drug testing is covered</p>	85-86
<p><b>Limited Abortion Services</b></p> <p>(Changed verbiage)</p> <p>Providers are not reimbursed</p>	87

<p><b>Medical Transportation Services</b></p> <p>(Changed verbiage)</p> <p>NEMT is covered for the least costly means of transportation available that accommodates the level of service required by the enrollee to and/or from a</p> <p>Oxygen and disposable supplies are reimbursed</p> <p>“Ambulance 911-Non-emergency” services are not covered</p> <p>Every effort is made to schedule urgent transportation requests and a request is not denied</p> <p>Ambulance providers are prohibited from charging the enrollee or anyone else for the transportation of additional passengers and any claims submitted for transporting additional passengers is not reimbursed</p>	<p>88-90</p>
<p><b>Newborn Care and Discharge</b></p> <p>(Changed verbiage)</p> <p>Up to three normal newborn subsequent care days are covered</p> <p><b>NOTE:</b> Refer to the <i>EPSDT Services Program (Ages 0-20)</i> section in this manual for additional information on obtaining the results of newborn screenings for genetic disorders.</p> <p>A baby <b>detained</b> after the mother's discharge is regarded as a new admission requiring separate authorization. The admission must be reported to our</p>	<p>92</p>
<p><b>Nursing Facility/Non-Hospital Facility</b></p> <p>(Changed verbiage)</p> <p>our Utilization Management (UM) Department. Necessary arrangements are coordinated by UM</p> <p>Placement in a Nursing Facility for rehabilitation, skilled nursing, or short-term needs for nursing facility services is covered.</p>	<p>93</p>
<p><b>Obstetrics</b></p> <p>(Changed verbiage)</p> <p>up to four tobacco cessation counseling sessions per quit attempt, up to two quit attempts per calendar year, for a maximum of eight counseling sessions per calendar year are covered</p>	<p>94</p>

**Transcranial Magnetic Stimulation (TMS)**

114-115

(Adding from IB 24-27 revised 8.23.24,since the TMS procedure codes have been added to the LA Medicaid Professional Services and not only to the Specialized Behavioral Health Fee Schedule it's ok to add TMS to PH covered services)

Effective August 2, 2024, Transcranial Magnetic Stimulation (TMS) is covered for major depression

only. TMS is considered medically necessary when all the following criteria are met:

- Member is 18 years of age or older
- Diagnosis of major depressive disorder (DSM 5 diagnostic terminology)
- Failure of a full course of evidence-based psychotherapy, such as cognitive behavioral therapy for the current depressive episode
- Failure or intolerance to psychopharmacologic agents, choose one of the following:
  - Failure of psychopharmacologic agents, both of the following:
    - Lack of clinically significant response in the current depressive episode to four trials of agents from at least two different agent classes
    - At least two of the treatment trials were administered as an adequate course of mono- or poly-drug therapy with antidepressants, involving standard therapeutic doses of at least six weeks duration
  - The member is unable to take anti-depressants due to one of the following:
    - Drug interactions with medically necessary medications
    - Inability to tolerate psychopharmacologic agents, as evidenced by trials of four such agents with distinct side effects in the current episode
- No contraindications to TMS are present (see section on contraindications)
- Electroconvulsive therapy has previously been attempted, is medically contraindicated, or has been offered and declined by the member.

Please refer to the [Claim Filing Instructions](#) manual for billing guidelines on TMS.

**Prescription Co-Payments**

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(Added co-payments)

\$0.00	\$5.00 or less
\$0.50	\$5.01 to \$10.00





August 2024 Provider Manual Updates	Page
<b>Table of Contents</b>  (Added verbiage Cardiovascular Services)	2
<b>Allergy Testing and Allergen Immunotherapy</b>  (Removed verbiage AmeriHealth Caritas Louisiana covers)	41
<b>Cardiovascular Services</b>  (Added exclusions from page 132 in the current MCO manual)  AmeriHealth Caritas Louisiana does not consider endovascular revascularization procedures for the lower extremity not medically necessary in the following circumstances: <ul style="list-style-type: none"> <li>• Claudication due to isolated infrapopliteal artery disease (anterior tibial, posterior tibial or peroneal) including enrollees with coronary artery disease, diabetes mellitus, or both;</li> <li>• To prevent the progression of claudication to chronic limb-threatening ischemia in an enrollee who does not otherwise meet medical necessity criteria;</li> <li>• Enrollee is asymptomatic; or</li> <li>• Treatment of a nonviable limb.</li> </ul>	50
<b>Gynecology</b>  (Added verbiage from the Louisiana Medicaid Professional Services manual)  Under the following instances reimbursement is allowed for an annual magnetic resonance imaging (MRI): <ul style="list-style-type: none"> <li>• Women at least 25 years of age with hereditary susceptibility from pathogenic mutation carrier status or prior chest wall radiation.</li> <li>• Provider recommendation for any woman 35 years of age or older with a predicted lifetime risk greater than 20 percent.</li> <li>• Any woman 40 or older, with increased breast density (C and D density), if recommended by their physician.</li> <li>• Women with a prior history of breast cancer below 50 years of age or women with a prior history of breast cancer at any age and dense breast (C and D density).</li> </ul> <p><b>NOTE:</b> A breast ultrasound is the initial preferred modality, followed by MRI if found to be inconclusive, in this instance.</p>	75
<b>Home Health Services</b>  (Changing the verbiage for the PHB and adding the claims denied verbiage to the CFI)  Effective April 1, 2024, services are not payable if providers are not utilizing EVV system.	77
<b>Immunizations/Vaccines</b>  (Moved to the CFI and added reference to CFI at the bottom of this section)	82-83

<p>AmeriHealth Caritas Louisiana requires providers to indicate the CPT code for the specific vaccine in addition to the appropriate administration CPT code(s) to receive reimbursement for the administration of appropriate immunizations. The listing of the vaccine on the claim form is required for federal reporting purposes.</p> <p>Vaccines from the Vaccines for Children Program are available at no cost to the provider and are required to be used for Medicaid enrollees through 18 years of age. Therefore, AmeriHealth Caritas Louisiana reimburses CPT codes for vaccines available from the VFC Program at zero (\$0) for every enrollee from birth through 18 years of age.</p>	
<p><b>Second-Level Claim Disputes</b></p> <p>(Changed 30 days to 90 days)</p>	156
<p><b>Behavioral Health In Lieu of Services (ILOS)</b></p> <p>(Removed verbiage Therapeutic Day Center for Ages 5-20 due to center closing in April 2024)</p> <p>The Center for Resilience is a therapeutic day center which provides educational and intensive mental health supports in an innovative partnership with the Tulane University Medical School Department of Child and Adolescent Psychiatry to ensure the emotional well-being and academic readiness of children with behavioral health needs. Children receive instructional, medical, and therapeutic services at the day program sitewith the goal of building the skillsnecessary to successfully transition back to the traditionalschoolsetting.</p> <p>Center for Resilience provides a caring, non-punitive, therapeutic milieu with positive behavioral supports, trauma-informed approaches, evidence-based mental health practices, small-group classroom instruction, and therapeutic recreation activities. The leadership team is comprised of clinicians, educators, and medicaldoctors, and the therapeuticmilieu isa result of this intentionally interdisciplinary collaboration. The goal of this ILOS is to reduce incidents of crisis hospitalization and residential psychiatric care.</p>	192-193
<p><b>Behavioral Health Personal Care Services</b></p> <p>(Removed verbiage since it is related to claims filing and moving it to the CFI. Inserting reference to CFI for BH Personal Care Services (PCS) billing instructions at the end of the section)</p> <p>Claims may deny for reimbursement if providers fail to use the system as directed</p> <p>(Changed the number sequencing and added verbiage Please refer to the <a href="#">Claim Filing Instructions</a> manual for Behavioral Health PCSbilling guidelines)</p>	193-194
<p><b>Behavioral Health Services Requiring Prior Authorization</b></p> <p>(Removed verbiage In Lieu of: Therapeutic Day Center (age 5-20))</p>	203

**Standard Appeals**

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(Changed verbiage to mirror the upcoming verbiage update to the MCO manual)

[https://ldh.la.gov/assets/medicaid/MCPP/MCO\\_Manual\\_3.0\\_Claim\\_Reconsideration\\_Appeal\\_and\\_Arbitration\\_06.27.24.pdf](https://ldh.la.gov/assets/medicaid/MCPP/MCO_Manual_3.0_Claim_Reconsideration_Appeal_and_Arbitration_06.27.24.pdf)

Enrollees may file appeals either orally or in writing. The enrollee, an authorized representative, or provider acting on behalf of the enrollee with the enrollee's written consent may file an expedited appeal either orally or in writing within 90 calendar days from the date on the determination letter, from the original request for claim reconsideration .



July 2024 Provider Manual Updates	Page
<p><b>Cardiovascular Services</b></p> <p>(Added verbiage LDH MCO manual draft for upcoming update to manual from link below):</p> <p><a href="https://ldh.la.gov/assets/medicaid/MCPP/6.6.24/2024-LDH-11_ICA_Policy_Correction.pdf">https://ldh.la.gov/assets/medicaid/MCPP/6.6.24/2024-LDH-11 ICA Policy Correction.pdf</a></p> <p>ICA for non-acute, stable coronary artery disease is not considered medically necessary, including for patients with stable angina who are not interested in revascularization or who are not candidates for PCI or coronary artery bypass graft surgery.</p>	48
<p><b>Preferred Drug List</b></p> <p>(Corrected the link for the complete list of preferred products)</p>	126
<p><b>Standard Appeals</b></p> <p>(Removed 60 calendar days and changed it to 90 calendar days)</p>	217



June 2024 Provider Manual Updates	Page
<b>Table of Contents</b> (Added Concurrent Care-Inpatient and Corneal Collagen Cross-Linking)	2
<b>Covered Services</b> (Added Corneal Collagen Cross-Linking to Physical Health Services)	38
<b>Behavioral Health Services</b> (Removed verbiage refer to the Behavioral Health Services Manual chapter of the Medicaid Services Manual and its appendices for a specialized behavioral health services).  (Removed Individual Evidenced Based Practices) (Added Dialectical Behavior Therapy) (Added Evidence-Based Programs specialized for high-risk populations, including from 6.5.24 update to MCO manual) (Removed Group Evidenced Based Practices as CPST per 6.5.24 MCO Manual) (Added verbiage for youth by Crisis Stabilization per 6.5.24 MCO Manual)	39
<b>Crisis Responses Services</b> (Added verbiage to mirror 6.5.24 MCO Manual) <ul style="list-style-type: none"> <li>○ Mobile Crisis Response (Ages 21+)               <ul style="list-style-type: none"> <li>➤ Ages 0-20, effective April 1, 2024</li> </ul> </li> <li>○ Community Brief Crisis Support (Ages 21+)               <ul style="list-style-type: none"> <li>➤ Ages 0-20, effective April 1, 2024</li> </ul> </li> <li>○ Behavioral Health Crisis Care (Ages 21+)</li> <li>○ Crisis Stabilization for Adults (Ages 21+)</li> <li>○ Peer Support Services (Ages 21+)</li> </ul> (Added Inpatient to Substance Use Disorder Services per 6.5.24 MCO Manual) (Added OTPs to Opioid Treatment Program Services per 6.5.24 MCO Manual) (Added Behavioral Health Personal Care Services for DOJ Agreement Target Population and Individual Placement and Support (IPS Services for DOJ Agreement Target Population per 6.5.24 MCO Manual) (Removed bullet points from under Individual Placement and Support Services for DOJ Agreement Target Population: Personal Care Services, Mobile Crisis Response, Community Brief Crisis Support, Behavioral Health Crisis Care, Crisis Stabilization per 6.5.24 MCO Manual)	40

<p><b>Concurrent Care-Inpatient</b></p> <p>(Added verbiage) Inpatient concurrent care is covered when an enrollee's condition requires the care of more than one provider on the same day and the services rendered by each individual provider are medically necessary and not duplicative.</p> <p>Providers from different specialties/subspecialties are reimbursed separately, whether from the same group or a different group. Each provider</p>	53
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<p>from a different specialty/subspecialty can be reimbursed for one initial hospital visit per admission plus a maximum of one subsequent hospital visit per day.</p> <p>Within the same specialty/subspecialty, only one provider can be reimbursed for one initial hospital visit per admission and, subsequently, only one provider can be reimbursed for a maximum of one subsequent hospital visit per day. Only the provider responsible for discharging the enrollee for hospital discharge services on the discharge day is reimbursed.</p>	
<p><b>Corneal Collagen Cross-Linking</b></p> <p>(Added all verbiage under title per IB 24-17).</p>	53
<p><b>Gynecology</b></p> <p>(Removed verbiage because this is claim filing instructions)</p> <p>The primary surgeon's claim requires hard copy submission with a valid consent form and the primary surgeon is expected to share copies of the completed consent forms to facilitate ancillary provider billing for hysterectomy services. Ancillary providers include the assistant surgeon, anesthesiologist, hospital, and/or ambulatory surgical center.</p> <p>If an ancillary provider submits a claim for hysterectomy services without the appropriate consent form, the claim is paid only if the primary surgeon's claim has been approved.</p> <p>The ancillary provider's claim may be held for up to 30 days pending review of the primary surgeon's claim. If the primary surgeon's claim has not been approved during this timeframe, the claim will deny. If the claim is denied, ancillary providers may resubmit after allowing additional time for the primary surgeon's claim to be paid or submit the claim hard-copy with the appropriate consent form.</p> <p>(Added verbiage) Please refer to the <a href="#">Claim Filing Instructions</a> manual for detailed instructions on filing for a hysterectomy claim).</p> <p>(Added verbiage 5/21/24 update to the LA Medicaid Prof Services manual page 3 of 9 under Gynecology section that was approved through Act 319 public posting and from IB 24-18)</p>	73-74

Effective June 1, 2024, AmeriHealth Caritas Louisiana covers one mammogram (either film or digital) per calendar year for enrollees meeting one or more of the following criteria:

- Any woman age 30 or older with hereditary susceptibility from pathogenic mutation carrier status or prior chest wall radiation.
- Provider recommendation for any woman 35 years of age or older with a predicted lifetime risk greater than 20 percent.

<ul style="list-style-type: none"> <li>• Any woman who is 35 through 39 years of age. Please note: Only one baseline mammogram is allowable between this age range for beneficiaries not meeting other criteria.</li> <li>• Any woman who is 40 years of age or older.</li> </ul>	
<p><b>Laboratory Services</b></p> <p>(Added verbiage from IB 24-16)</p> <p>Effective May 1, 2024, coverage of the CPT Proprietary Laboratory Analyses codes 0202U, 0223U, 0224U, 0225U, 0226U, 0240U and 0241U will be limited solely to services performed in a (UB-04) facility, observation and/or inpatient setting. These procedure codes are no longer covered in an outpatient setting as such they have been removed from the Louisiana Medicaid Laboratory and Radiology Fee Schedule.</p>	86

**Sterilization**

(Removed verbiage and adding to the CFI)

For services requiring a sterilization consent form, the enrollee's name on the Medicaid file for the date of service must be the same as the name signed at the time of consent. If the enrollee's name is different, the provider must attach a letter from the provider's office from which the consent was obtained. The letter must be signed by the physician and must state the enrollee's name has changed and must include the enrollee's social security number and date of birth.

The informed consent must be obtained and documented prior to the performance of the sterilization.

Errors in the following sections can be corrected, but only by the person over whose signature they appear:

- "Consent to Sterilization,"
- "Interpreter's Statement,"
- "Statement of Person Obtaining Consent," and
- "Physician's Statement".

If either the enrollee, the interpreter, or the person obtaining consent returns to the office to make a correction to his/her portion of the consent form, the medical record must reflect his/her presence in the office on the day of the correction.

To make an allowable correction to the form, the individual making the correction must line through the mistake once, write the corrected information above or to the side of the mistake, and initial and date the correction. Erasures, "write-overs," or use of correction fluid in making corrections are unacceptable.

Only the enrollee can correct the date to the right of their signature. The same applies to the interpreter, to the person obtaining consent, and to the doctor. The corrections of the enrollee, the interpreter, and the person obtaining consent must be made before the claim is submitted.

The date of the sterilization may be corrected either before or after submission by the doctor over whose signature it appears. However, the operative report must support the corrected date.

The sterilization consent form or a physician's written

certification must be obtained before providers may be reimbursed. Ancillary providers and hospitals may submit claims without the hard copy consent. However, providers may only be reimbursed if the surgeon submitted a valid sterilization consent and was reimbursed for the procedure.

(Added Please refer to the [Claim Filing Instructions](#) manual for more details on filing a claim for a sterilization).

<p><b>Therapy Services</b>  (Added verbiage LA Medicaid Hospital Services manual).</p> <p>Therapy evaluations do not require an authorization but are limited to one evaluation per 180 days.</p> <p>(Added verbiage)</p> <p><b>Please refer to the <a href="#">Claim Filing Instructions</a> manual for specific CPT/HCPCS codes limited to 180 days.</b></p>	<p>114</p>
<p><b>Covered Behavioral Health Benefits</b>  (Added Dialectical Behavior Therapy (DBT)) (Added verbiage)</p> <ul style="list-style-type: none"> <li>○ Crisis Response Services: <ul style="list-style-type: none"> <li>○ Mobile Crisis Response (MCR) (age 21 and over) <ul style="list-style-type: none"> <li>▪ Ages 0-20, effective April 1, 2024</li> </ul> </li> <li>○ Community Brief Crisis Support (CBCS) (age 21 and over) <ul style="list-style-type: none"> <li>▪ Age 0 – 20, effective April 1, 2024</li> </ul> </li> <li>○ Behavioral Health Crisis Care (BHCC) (age 21 and over)</li> </ul> </li> </ul> <p>(Added Inpatient to bullet point Outpatient, Inpatient, and Residential Substance Use Disorder Services)  (Removed Medication Assisted Treatment)  (Added Opioid Treatment Programs (OTPs); Behavioral Health Personal Care Services for DOJ Agreement Target Population and Individual Placement and Support (IPS) Services for DOJ Agreement Target Population)</p>	<p>197</p>



May 2024 Provider Manual Updates	Page
<b>Table of Contents</b> (Added Vaccines to Immunizations)	3
<b>Covered Services</b> (Added Vaccines to Immunizations)	38
<b>After Hours Care on Evenings, Weekends, and Holidays</b> (Removed definition of CPT).  AmeriHealth Caritas Editorial Style Standards on page 15 includes CPT as abbreviations that do not need to be defined.	41
<b>Diabetic Supplies</b> (Added verbiage from IB 23-11) External insulin pumps (e.g., CeQur Simplicity, Omnipod and V-Go)	56
<b>Newborn Care and Discharge</b> (Removed verbiage because this is in CFI and is a billing instruction).  These services must be billed under the newborn’s Medicaid ID.  AmeriHealth Caritas Louisiana ‘s policy for discharge services shall include the following:  When the date of discharge is after the admission date, the provider shall submit claims for newborn hospital discharge services using the appropriate CPT code for hospitalday management code. When newborns are admitted and discharged on the same date, the provider shall use the appropriate code for these services. All detained baby or other newborn admission charges must be billed on a separate invoice.  (Added link to CFI) Please refer to the <a href="#">Claim Filing Instructions</a> manual for details on billing for Newborn Care and Discharge.	91-93
<b>Obstetrics</b> (Removed verbiage) The appropriate level E&M CPT procedure code is required to be billed for the initial prenatal visit with the TH modifier. A pregnancy-related diagnosis code must also be used on the claim form as either the primary or secondary diagnosis.  If the pregnancy is not verified, or if the pregnancy test is negative, the service may only be submitted with the	93 -95

appropriate level E&M without the TH modifier.	
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<p>AmeriHealth Caritas Louisiana requires the provider to submit the appropriate level E&amp;M CPT code from the range of procedure codes used for an established patient for the subsequent prenatal visit(s). The E&amp;M CPT code for each of these visits must be modified with the TH modifier.</p> <p>The postpartum care CPT code (which is not modified with –TH) shall be reimbursed for the postpartum care visit when performed.</p> <p>In addition, reimbursement for CPT codes 76811 and 76812 is restricted to maternal fetal medicine specialists.</p> <p>(Added verbiage) Please refer to the <a href="#">Claim Filing Instructions</a> manual for detailed instructions on how to bill all claims related to obstetrics/maternity services.</p>	
<p><b>Substitute Physician Billing</b></p> <p>(Removed verbiage)</p> <p>The enrollee’s regular physician may submit the claim and receive payment for covered services which the regular physician arranges to be provided by a substitute physician on an occasional reciprocal basis:</p> <ul style="list-style-type: none"> <li>• The regular physician is unavailable to provide the services.</li> <li>• The substitute physician does not provide the services to Medicaid enrollees over a continuous period of longer than 60 days.</li> </ul> <p>If the regular physician does not come back after the 60 days, the substitute physician must bill for the services under his/her own Medicaid provider number.</p> <ul style="list-style-type: none"> <li>• The regular physician identifies the services as substitute physician services by entering the HCPCS modifier - Q5 after the procedure code on the claim. By entering the -Q5 modifier, the regular physician (or billing group) is certifying that the services billed are covered services furnished by the substitute physician for which the regular physician is entitled to submit Medicaid claims.</li> </ul> <p>(Added verbiage) Please refer to the <a href="#">Claim Filing Instructions</a> manual for billing instructions on substitute physician and locum tenens arrangement billing.</p>	112-113

**Applied Behavior Analysis (ABA) Ages 0-20**

(Updated verbiage according to the 4/22/24 revision of the LA Medicaid Applied Behavior Analysis manual (from Act 319 public posting) and IB 24-13).

- Psychiatrist (particularly Pediatric and Child Psychiatrist)
- A pediatrician under a joint working agreement with an interdisciplinary team of providers who are qualified to diagnose developmental disabilities;

A valid Diagnostic and Statistical Manual of Mental Disorders 5 (DSM-5) or current edition, diagnosis;

The licensed supervising professional shall provide case oversight and management of the treatment team by supervising and consulting with the beneficiary's team. The licensed supervising professional must also conduct regular meetings with family members to plan, review the beneficiary's progress and make any necessary adjustments to the behavior treatment plan. Part of the supervision must be done in the presence of the beneficiary receiving treatment and state-certified assistant behavior analyst or the registered line technician.

Supervision shall be approved on a 2:10 basis that is two hours of supervision for every ten hours of therapy. Supervision will not be approved if the licensed supervising professional is delivering the direct therapy. One-on-one supervision may be conducted and billed simultaneously and concurrently with one-on-one therapeutic behavioral services. Supervision can only occur when a non-licensed professional is providing the therapeutic behavioral services.

The licensed supervising professional should supervise no more than 24 technicians a day. More technicians may be supervised if a Certified Assistant Behavior Analysis (CaBA) is part of the professional support team or depending on the mix of needs in the supervisor's caseload. The licensed professional can supervise no more than 10 CaBAs.

**Telehealth Requirements for Applied Behavior Analysis (ABA)** (Updated verbiage according to the 4/22/24 revision of the LA Medicaid Applied Behavior Analysis manual(from Act 319 publicposting).

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Louisiana Medicaid reimburses the use of telehealth, when appropriate, for rendering certain ABA services for the care of or to support the caregivers of enrollees.

(Removed verbiage) An established patient is defined as one who already has an approved and a prior authorized treatment plan. An existing prior authorization does not need an addendum to be eligible for telehealth delivery. However, new patients still

(Added verbiage) Telehealth requires prior authorization for services. Subsequent assessments and behavior treatment plans can be performed remotely via telehealth only if the same standard of care can be met.

<p><b>Guidance for Telehealth ABA</b>  (Added verbiage)  Please refer to the <a href="#">Claim Filing Instructions</a> manual for billing guidelines on ABA therapy.</p>	120
<p><b>Tobacco Cessation for Pregnant Women</b>  (Removed verbiage)</p> <p>Claims for services exceeding the limits must be submitted via hardcopy with supporting documentation. The documentation must detail the enrollee’s failed attempts to stop using tobacco products, and that the enrollee still desires to quit.</p> <p>Documentation must demonstrate at a minimum that the enrollee was: Asked about tobacco use;  Informed of the impact of smoking and advised to quit;  Assessed for the willingness to attempt to quit; Assisted with setting a quit date;  Assisted with the attempt to quit by providing methods and skills for quitting; and  Arranged for follow-up counseling.</p> <p>AmeriHealth Caritas Louisiana requires the -TH modifier to be included on claims for tobacco cessation counseling within the prenatal period. The -TH modifier is not to be used for services in the postpartum period.</p> <p>If tobacco cessation counseling is provided as a significant and separately identifiable service on the same day as an E&amp;M visit, and is supported by clinical documentation, a modifier to indicate a separate service may be used, when applicable.</p> <p>(Added verbiage)  Please refer to the <a href="#">Claim Filing Instructions</a> manual for billing guidelines on tobacco cessation for pregnancy women.</p>	188



April 2024 Provider Manual Updates	Page
<p>Anesthesia Services (Removed verbiage since it is included in the Claim Filing Instructions) 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 postpayment 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 <a href="#">Fillable Electric Breast Pump Request Form</a>.</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 <a href="#">Claim Filing Instructions</a> 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>	<p>86</p>
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<p>The expectation is that the procedure codes are billed in accordance with CPT guidelines.</p>	
<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>	<p>98</p>
<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>	<p>108</p>
<p>Telehealth Requirements for Applied Behavior Analysis (ABA) (Added topic and description back)</p>	<p>120</p>



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Anesthesia Services (Changed verbiage to the LDH 10/16/23 revision of the Professional Services Provider Manual through Act 319 public posting).	44
Diabetic Supplies (Added this from the 10/30/23 update to LA Medicaid DME Provider Manual through Act 319 public posting. Condensed verbiage.	57
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

Page numbers are valid per month and year currently displayed on grid.

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

<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
<p>AmeriHealth Caritas Louisiana's Corporate Confidentiality Policy</p> <p>(Added bullet point: Certain sensitive demographic data)</p>	224



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Tobacco Cessation Services (Added verbiage from current MCO Manual dated December 13, 2023)	113-114
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Enrollee Reassignment Policy (Added verbiage medical records, proof of billed claims, etc. for at least one date of service)	23
Enrollee Reassignment Policy (Added verbiage under How does ACLA determine enrollee reassignments and Where can you find reports to review your roster?)	24
Americans with Disabilities Act (ADA) (Corrected link to Department of Justice's ADA Home Page)	27
Covered Services (Added Pregnancy-Related Services)	36
Eye Care and Vision Services (Added missing bullet point – routine eye examinations)	64
Routine Care provided to Enrollees Participating in Clinical Trials (Corrected link to Medicaid.gov)	104
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Medical Necessity Decision Making (Removed verbiage not at Medical Director's discretion)	128
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Medical Transportation Services (added content starting with including carved-out services) (correcting AmeriHealth Caritas Louisiana must inform transportation providers if an enrollee intends to bring accompanying children or if an attendant is required.	83
Medical Transportation Services (added content starting with however, can be subject to a post-payment review after service delivery) (added content starting with including carved-out services)	84
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Routine Care Provided to Enrollees Participating in Clinical Trials (removed <a href="https://">https://</a> and added <a href="http://www. to medicaid.gov/resources-for-states/downloads/medicaid-attest-form.docx">www. to medicaid.gov/resources-for-states/downloads/medicaid-attest-form.docx</a> )	103
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Preferred Drug List and Coverage of Brand Name Products (removed <a href="https://">https://</a> and added <a href="http://">www.</a> to <a href="http://ldh.la.gov/assets/HealthyLa/Pharmacy/PDL.pdf">ldh.la.gov/assets/HealthyLa/Pharmacy/PDL.pdf</a> )	120
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Independent Review Process (added content starting with An IRR may be mailed to)	149
Request for Independent Review (removed <a href="https://">https://</a> and added <a href="http://">www.</a> to <a href="http://amerihealthcaritasla.com/pdf/provider/resources/forms/independent-review-provider-reconsideration-form.pdf">amerihealthcaritasla.com/pdf/provider/resources/forms/independent-review-provider-reconsideration-form.pdf</a> )	150
Follow-Up Procedure for Identified Deficiencies (added bolded content .If the site meets and/or exceeds the passing score, the Provider Network Management Representative, the Site Visit Evaluation Form is signed and dated by both AmeriHealth Caritas Louisiana’s <b>Representative</b> and the office contact person.	153
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Table of Contents (added title Finding a Specialist)	1, 20 (content)
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Important AmeriHealth Caritas Louisiana Telephone Numbers (added provider portal and note under Navinet about claim reconsiderations)	12
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Table of Contents (removed Glucose Monitoring Devices in TOC and added Diabetic Supplies)	1, 54 (content)
Portable Oxygen (added verbiage from IB 23-17 dated 9-15-23)	99
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Pharmacy Prior Authorization (added the term date for PerformRx and effective date/contact information for Magellan Medicaid Administration)	120
TPL Payment & TPL Payment Calculation (Adding TPL Payment & TPL Payment Calculation)	137
Weekly Check Runs (removed the number two and corrected it to three for provider payment cycles per week)	140

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<p>Table 1: Special Health Needs Population</p> <p>(added acronym Enrollees <u>with Special Health Care Needs (SHCN)</u>)</p>	177
<p>Benefit &amp; Service Descriptions:</p> <p>(added Child Parent Psychotherapy, Parent Child Interaction Therapy, Preschool PTSD Treatment and Youth PTSD Treatment, Triple P Positive Parenting Program, Trauma focused Cognitive Behavioral Therapy, and Eye Movement Desensitization and Reprocessing)</p>	193
<p>Behavioral Health Services Requiring Prior Authorization (added  In Lieu of: Therapeutic Day Center(age 5-20)  In Lieu of: Intensive Outpatient Program  In Lieu of: Mental Health Intensive Outpatient Program)</p>	195
<p>Behavioral Medical Records Requirements</p> <p>(added verbiage on member rights, assessments, crisisplan, continuity and coordination of care, medication management, discharge plan, organization of records/record entries and corrections, service/progress notes, progress summaries, discharge summary for transfers and closures)</p>	198



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