

- ❖ In the expert opinion of the treating physician, there must be reason to believe that QOL will improve as a result of implantation of the VNS. This improvement should occur in addition to the benefit of seizure frequency reduction. The treating physician must document this opinion clearly.

## Exclusion Criteria

Regardless of the criteria for enrollee selection, the MCO shall not cover VNS implantation if the enrollee has one or more of the following criteria:

- ❖ Psychogenic seizures or other non-epileptic seizures;
- ❖ Insufficient body mass to support the implanted system;
- ❖ Systemic or localized infections that could infect the implanted system; or
- ❖ A progressive disorder contraindicated to VNS implantation (e.g., malignant brain neoplasm, Rasmussen's encephalitis, Landau-Kleffner syndrome and progressive metabolic and degenerative disorders).

## Place of Service Restriction

The MCO shall restrict coverage of the surgery to implant the VNS to an outpatient hospital, unless medically contraindicated.

## Coverage Requirements

Coverage for vagus nerve stimulation shall include, but is not limited to, the following:

- ❖ Vagus nerve stimulator;
- ❖ Implantation of VNS;
- ❖ Programming of the VNS; and
- ❖ Battery replacement.

## IN LIEU OF SERVICES

"In lieu of" services (ILOS) are alternative services or settings covered by the MCO as a substitute or alternative to services or settings covered under the Louisiana Medicaid State Plan. In accordance with 42 C.F.R. § 438.3(e)(2), ILOS are medically appropriate and cost-effective substitute services that are offered voluntarily by the MCO. ~~If offered, the MCO may not require enrollees to use any ILOS and it~~ The MCO reserves the right to cap or limit the number of enrollees receiving the ILOS at any time and for any reason.

The following principles must be reflected in each ILOS in order to receive LDH and CMS approval:

- ❖ ILOS must advance the objectives of the Medicaid program;
  - The ILOS must not violate any applicable federal requirements.
- ❖ ILOS must be cost effective;
  - Since ILOS are substitutes for state-plan services and settings, there should be a limit on the amount of expenditures for ILOS to reduce inequities for enrollees across delivery systems.
  - The ILOS cost percentage per program should not exceed 5%.
- ❖ ILOS must be medically appropriate;

- LDH shall determine reasonable medical appropriateness and reserves the authority to deny approval of any ILOS it determines is not a medically appropriate substitute.
- ❖ ILOS must be provided in a manner that preserves enrollee rights and protections;
  - ILOS may not be used to reduce, discourage, or jeopardize enrollee access to state-plan covered services or settings. If an enrollee chooses not to receive an ILOS, they always retain their right to receive the state-plan service or setting on the same terms as would apply if an ILOS were not an option. MCOs may not deny an enrollee a medically appropriate state-plan service or setting on the basis that an enrollee has been offered an ILOS, is currently receiving an ILOS, or has received an ILOS in the past.
- ❖ ILOS must be subject to appropriate monitoring and oversight; and
  - LDH may rescind its approval or require corrective action to address deficiencies for any ILOS if it is no longer medically appropriate or cost effective or if there are other issues of non-compliance.
- ❖ ILOS must be subject to retrospective evaluation when applicable.

LDH may, at its discretion, conduct a retrospective evaluation of any ILOS to determine its adherence to the above-listed requirements.

This section lists all approved ILOS that may be offered by the MCO.

## Physical Health Services

MCOs must notify LDH of their intent to offer any of the authorized ILOS within this section and provide their policies for prior approval. Authorized physical health ILOS include the following:

- ❖ Chiropractic services for adults age 21 and older
- ❖ Doula services
- ❖ Hospital-based care coordination for pregnant and postpartum individuals with substance use disorder and their newborns
- ❖ Outpatient lactation support
- ❖ Remote patient monitoring

## Chiropractic Services for Adults Age 21 and Older

The purpose of this ILOS is to provide coverage of chiropractic care for enrollees age 21 and older. Chiropractic services to diagnose and treat neuromusculoskeletal conditions associated with the functional integrity of the spine are a medically appropriate and cost-effective substitute for services currently covered under the Louisiana Medicaid State Plan.

## Provider Qualification

Qualified providers must be enrolled in Medicaid and meet the following requirements:

- ❖ Current, valid, and unrestricted Louisiana chiropractic license

Nothing herein shall be construed to require the MCO to execute an agreement with any qualified and willing provider. The MCO reserves the right to execute agreements with qualified providers only as needed to successfully provide services, if the MCO elects to offer this ILOS.