

Document ID:	Title: Aetna Medicaid Administrators LLC (AMA) 7100.16 - Benefit Exception - Louisiana	
Parent Documents: Document ID of AMA 7100.16 - Benefit Exception policy		
Effective Date: See Document Information Page	Last Review Date: See Review and Revision History Section	Business Process Owner (BPO): Medical Management - Utilization Management, Regulatory Compliance
Exhibit(s): N/A		
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Effective Date: ~~09/12/2023~~01/01/2023

Last Review Date: ~~09/12/2023~~01/01/2023

Last Revised Date: ~~09/12/2023~~01/01/2023

PURPOSE

This Amendment is written to meet regulatory and legislative requirements under Louisiana law/regulation that impact AMA 7100.16 Benefit Exception policy. This amendment will be used in conjunction with AMA 7100.16 to comply with Louisiana requirements.

SCOPE

Applies to Department:	<input type="checkbox"/> Care Management	<input type="checkbox"/> Precertification (including NME, SCPU, Specialty Medical Precert)	<input type="checkbox"/> NME Case Management	<input type="checkbox"/> Aetna Maternity Program
	<input type="checkbox"/> SCPU Case Management	<input type="checkbox"/> 24-Hour Nurse Line	<input type="checkbox"/> DM	<input type="checkbox"/> BH
	<input type="checkbox"/> Medical Management – Concurrent Review	<input checked="" type="checkbox"/> Medical Management – Prior Authorization	<input type="checkbox"/> Medical Management – Utilization Management	<input type="checkbox"/> Medical Management

Product:	<input type="checkbox"/> HMO	<input type="checkbox"/> EPO	<input type="checkbox"/> PPO	<input type="checkbox"/> MC/POS	<input type="checkbox"/> TC	<input type="checkbox"/> JV
	<input checked="" type="checkbox"/> Medicaid					

These requirements apply when the Controlling State is Louisiana.

POLICY

DEFINITIONS:

Legislation	Policy/Procedure Language Change:
2023 Louisiana Medicaid Managed Care Statement of WorkModel Contract, Attachment A, Section Glossary	<u>Medically Necessary Services*</u> – Those health care services that are in accordance with generally accepted, evidence-based medical standards or that are considered by most physicians (or other independent licensed practitioners) within the community

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PART 1: GLOSSARY AND ACRONYMS

Glossary

** Denotes terms for which the Contractor must use the State-developed definition*

Medically Necessary Services* – Those health care services that are in accordance with generally accepted, evidence-based medical standards or that are considered by most physicians (or other independent licensed practitioners) within the community of their respective professional organizations to be the standard of care. In order to be considered medically necessary, services must be: (1) deemed reasonably necessary to diagnose, correct, cure, alleviate or prevent the worsening of a condition or conditions that endanger life, cause suffering or pain or have resulted or will result in a handicap, physical deformity or malfunction; and (2) those for which no equally effective, more conservative and less costly course of treatment is available or suitable for the Beneficiary. Any such services must be individualized, specific and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and neither more nor less than what the Beneficiary requires at that specific point in time. Although a service may be deemed medically necessary, it doesn't mean the service will be covered under the Louisiana Medicaid Program. Services that are experimental, non-FDA approved, investigational, or cosmetic are specifically excluded from Medicaid coverage and will be deemed "not medically necessary."

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PROCEDURE

N/A

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REVIEW AND APPROVALS

Jess R. Hall~~Richard C. Born~~
 Chief Executive Officer

 Date

Antoinette K. Logarbo~~Madelyn M. Meyn~~, MD
 Chief Medical Officer

 Date

EXHIBIT(S): N/A