

<u>Document ID:</u>	<u>Title: National Clinical Services (NCS) 520 Reviewing Additional Information Following Initial Denial Policy & Procedure - Louisiana Medicaid</u>		
<u>Parent Documents: AETCSPS-073805</u>			
<u>Effective Date:</u> <u>See Document Information Page</u>	<u>Last Review Date:</u> <u>See Review and Revision History Section</u>	<u>Business Process Owner (BPO):</u> <u>Ld Dir, Business Consulting, CS Utilization Management Ops</u>	
<u>Exhibit(s): N/A</u>			
<u>Document Type: Tool</u>			

PURPOSE

This Amendment is written to meet regulatory and legislative requirements under Louisiana law/regulation that impact NCS 520 Reviewing Additional Information Following Initial Denial policy. This amendment will be used in conjunction with NCS 520 to comply with Louisiana requirements.

SCOPE

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

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

These requirements apply when the Controlling State is Louisiana.

POLICY

N/A

PROCEDURE

N/A

DEFINITIONS:

<u>Legislation</u>	<u>Policy/Procedure Language Change:</u>
<u>2023 Louisiana Medicaid Managed Care Organization Statement of Work, Section</u>	<u>Medically Necessary Services:</u>

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<p><u>Glossary and Acronyms:</u></p> <p><u>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-Food and Drug Administration (FDA) approved, investigational, or cosmetic are specifically excluded from Medicaid coverage and will be deemed "not medically necessary."</u></p>	<p><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 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-Food and Drug Administration (FDA) approved, investigational, or cosmetic are specifically excluded from Medicaid coverage and will be deemed "not medically necessary."</u></p>
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REVIEW AND APPROVALS

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Date

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EXHIBIT(S): N/A