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Effective Date: 01/01/26
Last Review Date: 01/01/2026
Last Revised Date: 01/01/2026

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 type="checkbox"/> Medical Management – Prior Authorization	<input checked="" 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

N/A

PROCEDURE

N/A

DEFINITIONS

Legislation	Policy/Procedure Language Change:
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2023 Louisiana Medicaid Managed Care Statement of Work, Section Glossary

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"

2.2.7.1

The Contractor shall comply with

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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2.2.7.1

the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008, which requires parity between mental health or substance use disorder benefits and medical/surgical benefits with respect to financial requirements and treatment limitations. The Contractor shall comply with all requirements set forth in 42 CFR Part 438, Subpart K, for all Enrollees.

2.2.7.1.1

~~The Contractor must comply with parity requirements for aggregate lifetime or annual dollar limits on mental health or substance use disorder benefits, including prescription drugs as specified in 42 CFR §438.905~~ The Contractor shall complete and submit documentation and reporting when requested by LDH as part of the Readiness Review process or for ongoing parity compliance review.

2.2.7.1.2

~~All financial requirements or treatment limitations, including nonquantitative treatment limitations (NQTL), to mental health or substance use disorder benefits shall not be more restrictive than the predominant financial requirement or treatment limitation applied to substantially all medical/surgical benefits, in accordance with 42 CFR §438.910. Financial requirements cannot accumulate separately for medical/surgical benefits and mental health/SUD benefits.~~

The health plan will comply with the Paul Wellstone and Pete Domenici Mental Health Parity and Addictions Equity Act of 2008 which requires parity between mental health or substance use disorder benefits and medical/surgical benefits with respect to financial requirements and treatment limitations. The health plan will comply with all requirements set forth in 42 CFR Part 438, Subpart K, for all members.

2.2.7.1.1

~~The health plan will comply with parity requirements for aggregate lifetime or annual dollar limits on mental health or substance use disorder benefits, including prescription drugs as specified in 42 CFR §438.905.~~ The plan shall complete and submit documentation and reporting when requested by LDH as part of the Readiness Review process or for ongoing parity compliance review.

2.2.7.1.2

~~All financial requirements or treatment limitations, including nonquantitative treatment limitations (NQTL), to mental health or substance use disorder benefits shall not be more restrictive than the predominant financial requirement or treatment limitation applied to substantially all medical/surgical benefits, in accordance with 42 CFR §438.910. Financial requirements cannot accumulate separately for medical/surgical benefits and mental health/SUD benefits.~~

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