

Chapter 7. Out-of-State Services

§701. Out-of-State Medical Care

A. Medicaid coverage is provided to eligible individuals who are absent from the state.

B. Medical claims for out-of-state services are honored when:

1. an emergency arises from an accident or illness;
2. the health of the recipient would be endangered if he undertook travel or if care and services are postponed until he returns to the state;
3. it is general practice for residents of a particular locality to use medical resources in the medical trade areas outside the state; and
4. the medical care and services or needed supplementary resources are not available within the state. Prior authorization is required for out-of-state care.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, LR 5:24 (February 1979), amended LR 6:491 (August 1980), amended by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 2:847 (May 2006).