



Regional Operations Group

August 30, 2019

Our Reference: SPA LA 19-0019

Ms. Jen Steele, State Medicaid
Director Department of Health
628 North 4th St.
Post Office Box 91030
Baton Rouge, LA 70821-9030

Attention: Karen Barnes

Dear Ms. Steele:

We have reviewed the State's proposed amendment to the Louisiana State Plan submitted under Transmittal Number 19-0019, dated August 2, 2019. This state plan amendment proposes to repeal the provisions governing radiation utilization management services in order to align with the current fee-for-service and managed care practices relative to prior authorization of high-end radiology services.

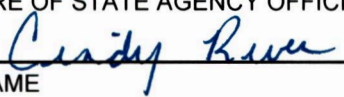

Based on the information submitted, we have approved the amendment for incorporation into the official Louisiana State Plan with an effective date change of September 20, 2019. A copy of the CMS-179 and approved plan page are enclosed with this letter.

If you have any questions, please contact Tobias Griffin at (214) 767-6278 or by email at Tobias.Griffin@cms.hhs.gov.

Sincerely,

A handwritten signature in black ink, reading "Bill Brooks", is positioned above the typed name and title.

Bill Brooks
Director
Centers for Medicaid & CHIP Services
Regional Operations Group

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER 19-0019	2. STATE Louisiana
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
		4. PROPOSED EFFECTIVE DATE September 20, 2019	
5. TYPE OF PLAN MATERIAL (Check One) <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION 42 CFR 440.30		7. FEDERAL BUDGET IMPACT a. FFY 2020 \$ 0 b. FFY 2021 \$ 0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1-A, Item 3, Page 1		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Same (TN 09-53)	
10. SUBJECT OF AMENDMENT The purpose of this SPA is to repeal the provisions governing radiology utilization management services in order to align with current fee-for-service and managed care practices relative to prior authorization of high-end radiology services.			
11. GOVERNOR'S REVIEW (Check One) <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL <input checked="" type="checkbox"/> OTHER, AS SPECIFIED The Governor does not review State Plan material.			
12. SIGNATURE OF STATE AGENCY OFFICIAL 		16. RETURN TO Jen Steele, Medicaid Director State of Louisiana Department of Health 628 North 4th Street P.O. Box 91030 Baton Rouge, LA 70821-9030	
13. TYPED NAME Cindy Rives, designee for Rebekah E. Gee MD, MPH			
14. TITLE Secretary			
15. DATE SUBMITTED August 2, 2019			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED August 2, 2019		18. DATE APPROVED August 30, 2019	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL September 20, 2019		20. SIGNATURE OF REGIONAL OFFICIAL 	
21. TYPED NAME Bill Brooks		22. TITLE Director Regional Operations Group	
23. REMARKS			

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
STATE OF LOUISIANA

Attachment 3.1-A
Item 3, Page 1

AMOUNT DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES
PROVIDED

LIMITATIONS ON THE AMOUNT, DURATION AND SCOPE OF CERTAIN ITEMS OF PROVIDED
MEDICAL AND REMEDIAL CARE AND SERVICES DESCRIBED AS FOLLOWS

CITATION
42 CFR
440.30

Medical and Remedial
Care and Services
Item 3

OTHER LABORATORY AND X-RAY SERVICES

Other laboratory and X-ray services means professional and technical laboratory and radiological services that are:

- Ordered and provided by or under the direction of a physician or other licensed practitioner of the healing arts within the scope of his practice as defined by State law or ordered by a physician but provided by referral laboratory;
- Provided in an office or similar facility other than a hospital outpatient department or clinic; and
- Furnished by a laboratory that meets the requirements of 42 CFR 493.

State: Louisiana
Date Received: 8-2-2019
Date Approved: 8-30-2019
Date Effective: 9-20-2019
Transmittal Number: 19-0019

TN# 19-0019
Supersedes
TN# 09-53

Approval Date 08-30-2019

Effective Date 09-20-19