

LOUISIAITA	
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Table of Contents	
( <b>Changed verbiage</b> : Changed Medication to Drugs in TOC for Physician Administered Medication. Per update in 4/23/25 MCO Manual revision).	
Physical Health Services	39-40
Hyperlinked the following services:	
<ul> <li>Chiropractic Services (Ages 0-20)</li> </ul>	
• Cochlear Implant (Ages 0-20)	
• Durable Medical Equipment, Prosthetics, Orthotics and Certa	
<ul> <li>Early Periodic Screening, Diagnostic, and Treatment (EPSDT) Services (Ages 0-20)</li> <li>Constitution and Testing</li> </ul>	
<ul> <li>Genetic Counseling and Testing</li> <li>Home Health Services</li> </ul>	
<ul> <li>Home recard services</li> <li>Hospice Services</li> </ul>	
• Hospital Services	
• Hyperbaric Oxygen Therapy	
• Pediatric day Healthcare Services (Ages 0-20)	
<ul> <li>Personal Care Services (Ages 0-20)</li> <li>Portable Oxygen Concentrators</li> </ul>	
• Portable Oxygen Concentrators	
Behavioral Health Services	41
Hyperlinked the following services:	
• Psychosocial Rehabilitation (PSR)	
<ul> <li>Peer Support Services (Ages 21+)</li> </ul>	
• Therapeutic Group Homes (TGH) (Ages 0-20)	
• Psychiatric Residential Treatment Facilities (PRTF) (Ages 0-20)	
• Opioid Treatment Program (OTPs)	
• Individual Placement and Support (IPS)	
Eye Care and Vision Services	69
(Added verbiage)	
(radion versinge)	
AmeriHealth Caritas Louisiana will not limit an enrollee's free choice of providers by restricting access to eyewear from a single optical lab. Enrollees will be given a choice of using a local provider for eyewear.	
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Laboratory Services	89
Laboratory Services	
(Removed verbiage underlined since year timely filing is up. No longer needed).	
Effective May 1, 2024, Coverage of the CPT Proprietary Laboratory Analyses codes <b>0202U</b> , <b>0223U</b> , <b>0224U</b> , <b>0225U</b> , <b>0226U</b> , <b>0240U</b> and <b>0241U</b> will be limited solely to services performed in a (UB-04) facility, observation and/or inpatient setting. These procedure codes are no longer covered in an outpatient setting as such they have been removed from the Louisiana Medicaid Laboratory and Radiology Fee Schedule.	
Physician Administered Drugs	105- 106
( <b>Removed</b> the word medication)	
(Made all changes per 4/23/25 MCO Manual revision).	
Medically necessary rebate eligible physician-administered drugs. All drugs on the Louisiana Medicaid FFS fee schedules are covered as a medical benefit but also may be elected to be covered in the pharmacy benefit. Rebate eligible drugs that are not on the Louisiana Medicaid FFS fee schedules, may be covered in either the medical benefit, the pharmacy benefit, or both.	
Physician administered drugs that are included on the PDL have the same preferred status and prior authorization criteria as the PDL, even when billed and paid as a medical benefit (except Antiemetic/Antivertigo Agents therapeutic class). According to 42 CFR 438.3(s)(6), a prior authorization response for a drug shall be provided by telephone or other telecommunication devise within 24 hours of a request for prior authorization.	
Claim Mailing Instructions	145
(Changed verbiage due to Corporate Provider Network Communication Notes)	
All providers are encouraged to submit claims electronically. For those interested in electronic claim filing, please contact your EDI software vendor or one of the following clearinghouses: Optum/Change Healthcare's Provider Support Line, available via online chat or by calling 1-800-527-8133, option 2, Monday - Friday, 7am to 5:30pm CT. Availity Client Services at 1-800-AVAILITY (282-4548). Assistance is available Monday through Friday from 7 AM to 7 PM CT.	
( <b>Removed verbiage</b> ) Change Healthcare's Provider Support Line at 1-877-363-3666 to arrange transmission.	
Standard Appeals	221
(Removed verbiage "expedited" since we have a section for expedited) The enrollee, an authorized representative, or provider acting on behalf of the enrollee with the enrollee's written consent may file an appeal either orally or in writing within 60 calendar days from the date on the determination letter.	