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****LOUISIANA CRISIS RESPONSE SYSTEM** **LA MEDICAID PROVIDER ENROLLMENT** Louisiana Medicaid-Specific Resources LA NILC Medicaid Roster Submission Form - Please use this form to provide all necessary information needed to submit your roster of unlicensed or non-independently licensed clinicians (NILCs). Before submitting, verify that the NILCs have obtained individual NPI numbers and are ready to be registered with the UHC Community Plan. By initialing this document, you and the individual providers are attesting that all information is true and accurate and all requirements have been completed as identified in the Louisiana Department of Health, Behavioral Health Services Provider Manual, Medicaid Provider Manuals and Other Resources Fee Schedules Provider Manuals Provider Forms Policy Home The intent of the service provider manual is to present useful information and guidance to providers participating in the Louisiana Medicaid Program. The first chapter, "General Information and Administration," contains information applicable to all enrolled providers. Each remaining chapter is dedicated to a specific program or service and outlines the policies, procedures, qualifications, services and limitations to that service or program. Medicaid Administrative Claiming Program Description: Pursuant to the Louisiana Legislature's passage of R.S. 46:2721 in the 2001 Legislative Session creating the Medicaid School-Based Administrative Claiming Trust Fund, the Department of Health (LDH), Bureau of Health Service Financing (BHSF) initiated the creation of the Medicaid Administrative Claiming Program (MAC). Schools have a unique advantage and opportunity to outreach potential and current Medicaid recipients to help them access Medicaid covered services. The MAC Program is a Medicaid program in which school districts can be reimbursed for medically related administrative functions which the school district staff performs on behalf of Medicaid eligible and potentially eligible students. The reimbursement is contingent upon availability of state and federal matching funds. Administrative functions include such activities as outreach and assisting children in accessing Medicaid covered services. The school district agrees to follow a prescribed methodology of invoice claiming which must meet specific requirements including entering into interagency agreements with LDH and participating in approved uniform Centers for Medicare and Medicaid Services (CMS) time-studies. Issued: 10-01-2010 Revision Log Obsolete Pages Adult Day Health Care Waiver Description: This provider manual chapter specifies the requirements for reimbursement for services provided through an approved waiver of the Title XIX regulations. Issued: 10-18-2013 Revision Log Obsolete Pages Ambulatory Surgical Center Description: Sets forth the conditions and requirements an ASC must meet in order to qualify for reimbursement under the Louisiana Medicaid program. The manual is a ready reference for information and procedural material needed for the prompt and accurate filing of claims for services furnished to Medicaid recipients. Issued: 10-01-2010 Revision Log Obsolete Pages American Indian 638 Clinics Description: The Centers for Medicare and Medicaid Services (CMS) entered into a Memorandum of Agreement (MOA) with the Indian Health Services (IHS) to allow states to claim 100 percent federal medical assistance for payments made by the state for services rendered to Medicaid eligible American Indians and Alaska Natives through an IHS owned or leased facility or a tribal "638" facility. This manual outlines the covered services, recipient and provider requirements for IHS. Issued: 12-01-2009 Revision Log Obsolete Pages Applied Behavior Analysis Description: Claims/authorizations for dates of service on or after October 1, 2015 must use the applicable ICD-10 diagnosis code that reflects the policy intent. References in this manual to ICD-9 diagnosis codes only apply to claims/authorizations with dates of service prior to October 1, 2015. Issued: 10-21-2014 Revision Log Obsolete Pages Behavioral Health Services Description: Specialized behavioral health services (SBHS) are mental health services and substance use/addiction disorder services, specifically defined in the Medicaid State Plan and/or applicable waivers. Issued: 03-14-2017 Revision Log Obsolete Pages Case Management Services Description: A provider's comprehensive resource for knowledge on a wide variety of Medicaid's operating practices and policies. Issued: 07-01-2002 Revision Log : No pages available. Obsolete Pages: No pages available. Children's Choice Waiver Description: This chapter specifies the requirements for reimbursement for services provided through an approved waiver of the Title XIX regulations. This document is a combination of federal and state laws and LDH policy that provide support to such individuals. Issued: 04-01-2011 Revision Log Obsolete Pages Community Choices Waiver Description: This chapter is intended to give providers of Community Choices Waiver services information necessary to fulfill their vendor contract with the State of Louisiana, and is the basis for federal and state reviews of the program. Full implementation of these regulations is necessary for a provider to remain in compliance with federal and state laws and Department rules. Issued: 07-01-2013 Revision Log Obsolete Pages Dental Description: This chapter provides information on the Medicaid guidelines, policies, procedures, and claims filing requirements applicable to dental services provided to Medicaid recipients. Issued: 03-15-2012 Revision Log Obsolete Pages Durable Medical Equipment Description: Defines the services, limitations, provider and recipient requirements, and prior authorization rules regarding Durable Medical Equipment Issued: 09-01-2010 Revision Log Obsolete Pages End Stage Renal Disease (ESRD) Description: The purpose of this chapter is to set forth the conditions and requirements of ESRD facilities for reimbursement under the Louisiana Medicaid program. Issued: 02-01-2012 Revision Log Obsolete Pages EPSDT Health & Idea - Related Services Description: This chapter provides information on the covered services, eligibility criteria, provider and program requirements of the EPSDT Medicaid program and IDEA-related services for Medicaid recipients under 21 years of age. Issued: 03-01-2013 Revision Log Obsolete Pages Family Planning Clinics Description: Defines the covered services, recipient and provider requirements and claims related information for Family Planning clinics. Issued: 04-01-2011 Revision Log Obsolete Pages Family Planning - Take Charge Plus Description: Defines the waiver designed to decrease the rate of unintended pregnancies for women in the targeted population through access to family planning, and to decrease Medicaid expenditures for unintended pregnancy and related services through provision of family planning services. Issued: 10-16-2014 Revision Log Obsolete Pages Federally Qualified Health Centers (FQHC) Description: The purpose of this chapter is to set forth the conditions and requirements that FQHCs must meet in order to qualify for reimbursement under the Louisiana Medicaid program. The manual chapter is intended to make available to Medicaid providers of FQHC services a ready reference for information and procedural material needed for the prompt and accurate filing of claims for services furnished to Medicaid recipients. Issued: 12-01-2010 Revision Log Obsolete Pages Free Standing Birthing Centers Description: Free-standing birthing centers (FSBCs) provide delivery services to eligible Medicaid recipients not requiring hospitalization and which the expected duration of services would not exceed 24 hours following an admission. Issued: 04-20-2016 Revision Log Obsolete Pages General Information & Administration Description: The purpose of this chapter is to present useful information and guidance to providers participating in the Louisiana Medicaid program. Policies and information applicable to provider requirements, recipient eligibility, program integrity and claims filing are provided in this reference guide. Issued: 06-01-2011 Revision Log Obsolete Pages Home Health Description: Provides information on coverage, procedures, and claims filing requirements related to hospice services. Issued: 04-15-2012 Revision Log Obsolete Pages Hospital Services Description: This manual chapter provides information relative to coverage policies for inpatient and outpatient hospital services. Information on provider requirements and claims related information are also included. Issued: 07-01-2011 Revision Log Obsolete Pages Independent Laboratories Description: Outlines the conditions and requirements that independent laboratories must meet in order to qualify for reimbursement under the Louisiana Medicaid program. This chapter is a ready reference for information and procedural material needed for the prompt and accurate filing of claims for services furnished to Medicaid recipients. Issued: 03-23-2011 Revision Log Obsolete Pages Intermediate Care Facilities For Individuals With Developmental Disabilities Description: This chapter specifies the requirements in maintaining an ICF/DD. This document is a combination of federal laws, state laws and Department of Health (LDH) policy. Issued: 10-01-2010 Revision Log Obsolete Pages LAHIPP TPL Claims Payments Description: Federal regulations and applicable state laws require that third-party resources be used before Medicaid is billed. Issued: 04-07-2017 Revision Log Obsolete Pages Medical Transportation Description: This chapter specifies the requirements of providing Non-Emergency Medical Transportation (NEMT), a non-ambulance transportation provided to Medicaid recipients to and from Medicaid covered services. Issued: 11-01-2010 Revision Log Obsolete Pages New Opportunities Waiver Description: Provides a NOW provider the information needed to fulfill its vendor agreement with the State of Louisiana, and is the basis for federal and state reviews of the program. Issued: 03-01-2011 Revision Log Obsolete Pages PACE Description: Provides information to aid the provider in understanding and implementing federal and state Program of All-inclusive Care for the Elderly (PACE) policies and procedures. Issued: 05-01-2012 Revision Log Obsolete Pages Pediatric Day Health Care Description: Outlines Pediatric Day Health Care (PDHC) Program which provides services to meet the medical, social and developmental needs of medically fragile children with complex medical conditions from birth up to 21 years of age. Issued: 12-01-2011 Revision Log Obsolete Pages Personal Care Services (LT-PCS AND EPSDT-PCS) Description: This chapter outlines the PDHC program which provides services for Medicaid recipients who require assistance with the activities of daily living and are either in a nursing home or at imminent risk of nursing facility placement. Issued: 11-1-2009 Revision Log Obsolete Pages Pharmacy Description: This chapter explains coverage, policies, procedures, and claims filing requirements applicable to the Pharmacy Program. Issued: 12-1-2005 Revision Log Obsolete Pages Portable X-Ray Description: Outlines the conditions and requirements that portable X-ray providers must meet in order to qualify for reimbursement under the Louisiana Medicaid program. Issued: 9-27-2012 Revision Log Obsolete Pages Professional Services Description: This chapter offers the provider a description of Medicaid benefits in the professional services program and the policies relating to those benefits. Issued: 2-01-2012 Revision Log Obsolete Pages Residential Options Waiver Description: This chapter offers the provider a description of the Residential Options Waiver (ROW), a 1915(c) waiver, which is a service system centered on the needs and preferences of the recipients and integration of recipients within their communities. Issued: 12-01-2011 Revision Log Obsolete Pages Rural Health Clinics Description: This chapter sets forth the conditions and requirements that RHCs must meet in order to qualify for reimbursement under the Louisiana Medicaid program. Issued: 12-01-2010 Revision Log Obsolete Pages Supports Waiver Description: Outlines the regulations and requirements that providers must follow for participation in home and community-based waiver providers. Supported Employment, Day Habilitation, Prevocational, Habilitation, Respite, Housing Stabilization Transition, Housing Stabilization, Personal Emergency Response System, and Support Coordination are each defined in this chapter. Issued: 06-10-2011 Revision Log Obsolete Pages Vision (Eye Wear) Description: Outlines the specific benefits and limitations involving Medicaid coverage for vision services and hardware. Issued: 04-10-2011 Revision Log Obsolete Pages Archived Provider Manuals BACK TO TOP OF PAGE**

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