

LOUISIANA STATE PLAN SERVICES

Services	CMS Classification	Children Age	Pregnant	Adult Ages	Service Limits	CCN-P
		0 through Age 20	Women	21 & Older	and/or Prior Authorization	Required Services
Audiology Services	Mandatory	√	N/A	N/A	√	√
Early, Periodic Screening, Diagnostic and treatment	Mandatory	√	N/A	N/A	N/A	√
Family Planning	Mandatory	√	N/A	√	√	√
Federally Qualified Health Center	Mandatory	√	N/A	√	√	√
Home Health	Mandatory	√	N/A	√	√	√
Inpatient & Outpatient Hospital Services	Mandatory	√	N/A	√	√	√
Emergency Room Services	Mandatory	√	N/A	√	√	√
Lab & X-Ray	Mandatory	√	N/A	√	√	√
Medical and Surgical Dental Services	Mandatory	√	N/A	N/A	√	√
Nurse Midwife	Mandatory	√	N/A	√	√	√
Nursing Facility	Mandatory	√	N/A	√	√	Not Required
Pediatric and Family Nurse Practitioner	Mandatory	√	N/A	√	√	√
Physician Services	Mandatory	√	N/A	√	√	√
Pregnancy Related Services	Mandatory	√	N/A	√	√	√
Rural Health Clinic	Mandatory	√	N/A	√	√	√
Adult Denture	Optional	N/A	N/A	√	√	Not Required
Adult Immunizations	Optional	N/A	N/A	√	√	√
Ambulatory Surgical Services	Optional	√	N/A	√	√	√
Behavioral / Mental Health (Non-EPSDT)	Optional	N/A	N/A	√	√	Basic Level only
Chiropractic Services	Optional	√	N/A	N/A	√	√
Clinic Services*	Optional	√	N/A	√	√	√
Community Mental Health Services	Optional	√	N/A	√	√	Not Required
Diagnostic Services	Optional	√	N/A	√	√	√
Durable Medical Equipment - Appliances & Supplies	Optional	√	N/A	√	√	√
Emergency Dental Services	Optional	√	N/A	√	√	√
Expanded Dental For Pregnant Women	Optional	N/A	√	N/A	√	Not Required
End Stage Renal Disease Services	Optional	√	N/A	√	√	√
Home Health Extended	Optional	√	N/A	N/A	√	√
Hospice	Optional	√	N/A	√	√	Not Required
Inpatient Psychiatric Services for Children under 21 and Adults over 65	Optional	√	N/A	√	√	Not Required
Medical Transportation	Optional	√	N/A	√	√	√
Optometrist (Non-EPSDT)	Optional	N/A	N/A	√	√	√
Organ Transplants	Optional	√	N/A	√	√	√
Orthodontia	Optional	√	N/A	N/A	√	Not Required
Personal Care Services (Non-EPSDT)	Optional	N/A	N/A	√	√	Not Required
Pharmacy - Cost Share \$.50 - \$3	Optional	√	N/A	√	√	Not Required
Podiatry	Optional	√	N/A	√	√	√
Private Duty Nursing	Optional	√	N/A	√	√	√
Prosthetic & Orthotic Devices	Optional	√	N/A	√	√	√
Rehabilitative Services **	Optional	√	N/A	√	√	√

Legend: √ = Covered Service / √ = Service has Limits and/or Requires Prior Authorization / Required N/A = Not Applicable

*Including non-IEP Medicaid covered services provided in schools, and when such services are not funded through certified public expenditures.

** Excludes specified early steps services.

