

# Clinical Policy: Outpatient Applied Behavior Analysis Medical Necessity

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Date of Revision: 5/23

[Coding Implications](#)

[Revision Log](#)

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

## Policy/Criteria

It is the policy of Louisiana Healthcare Connections Medical Management (LHCC) that Applied Behavior Analysis (ABA) outpatient services under the age of 21 is **medically necessary** for the following indications:

*Note: LHCC will follow the guidelines published in the Louisiana Department of Health (LDH) Applied Behavior Analysis Provider Manual which is attached to this policy and can be located at: <https://www.lamedicaid.com/provweb1/Providermanuals/manuals/ABA/ABA.pdf>*

## COVERED SERVICES

Medicaid covered applied behavior analysis (ABA)-based therapy is the design, implementation, and evaluation of environmental modification using behavioral stimuli and consequences to produce socially significant improvement in human behavior, including the direct observation, measurement, and functional analysis of the relations between environment and behavior. ABA-based therapies teach skills through the use of behavioral observation and reinforcement, or prompting, to teach each step of targeted behavior. ABA-based therapies are based on reliable evidence and are not experimental.

Medicaid covered ABA-based therapy must be:

- Medically necessary;
- Prior authorized by managed care organizations (MCOs); and
- Delivered in accordance with the recipient's behavior treatment plan.

Services must be provided by, or under the supervision of, a behavior analyst who is currently licensed by the Louisiana Behavior Analyst Board, or a licensed psychologist or licensed medical psychologist, hereafter referred to as the *licensed professional*. Payment for services must be billed by the licensed professional.

Prior to requesting ABA services, the recipient must have documentation indicating medical necessity for the services through a completed comprehensive diagnostic evaluation (CDE) which has been performed by a qualified health care professional (QHCP).

**NOTE:** Medical necessity for ABA-based therapy services must be determined according to the provisions of the *Louisiana Administrative Code* (LAC), Title 50, Part I, Chapter 11.

A QHCP is defined as a:

- Pediatric Neurologist;
- Developmental Pediatrician;

- Psychologist (which includes a Medical Psychologist);
- Psychiatrist (particularly Pediatric and Child Psychiatrist); or
- Nurse Practitioner practicing under the supervision of a Pediatric Neurologist Developmental Pediatrician, Psychologist, or Psychiatrist; or Licensed individual that has been approved by the recipient's MCO medical director as meeting the requirements of a QHCP when:
  - The individual's scope of practice includes differential diagnosis of Autism Spectrum Disorder and comorbid disorders for the age and/or cognitive level of the recipient; and
  - The individual has at least two years of experience providing such diagnostic assessments and treatments or is being supervised by someone who is listed as a QHCP under 1-5 above; and
  - If the licensed individual is working under the supervision of a QHCP the QHCP must sign off on the CDE, as having reviewed the document and being in agreement with the diagnosis and recommendation.

The CDE must include at a minimum:

- A thorough clinical history with the informed parent/caregiver, inclusive of developmental and psychosocial history;
- Direct observation of the recipient, to include but not be limited to, assessment of current functioning in the areas of social and communicative behaviors and play or peer interactive behaviors;
- A review of available records;
- A valid *Diagnostic and Statistical Manual of Mental Disorders*, (DSM) V (or current edition) diagnosis;
- Justification/rationale for referral/non-referral for an ABA functional assessment and possible ABA services; and
- Recommendations for any additional treatment, care or services, specialty medical or behavioral referrals, specialty consultations, and/or any additional recommended standardized measures, labs or other diagnostic evaluations considered clinically appropriate and/or medically necessary.

When the results of the screening are borderline, or if there is any lack of clarity about the primary diagnosis, comorbid conditions or the medical necessity of services requested, the following categories of assessment should be included as components of the CDE and must be specific to the recipient's age and cognitive abilities:

- Autism specific assessments;
- Assessments of general psychopathology;
- Cognitive/developmental assessment; and
- Assessment of adaptive behavior.

**a. Assessment and Treatment Plan Development**

The licensed professional supervising treatment is required to perform a functional assessment of the recipient utilizing the outcomes from the CDE, and develop a behavior treatment plan.

Services for “Behavior identification assessment by Non-Physician” must be prior authorized by LHCC. This is for the initial assessment only. The initial assessment will be authorized only once. The authorization period for the initial assessment shall not exceed 180 days.

In exceptional circumstances, at the discretion of the MCO prior authorizing the service, an additional assessment may be authorized.

The behavior identification supporting assessment must be prior authorized. Supporting assessments may be approved to allow technicians to gather information that support the licensed professional completing the assessment. The authorization period for such assessments shall not exceed 180 days.

Behavior identification supporting assessment conducted with two or more technicians, must be prior authorized and treated in the same manner as the behavior identification supporting assessment above. However, such assessment may be administered by the physician or other QHCP who is on-site but not necessarily face-to-face; with the assistance of two or more technicians. This is only medically necessary when the recipient’s behavior is so destructive that it requires the presence of a team and an environment customizable to the recipient’s behavior.

All three assessment services can occur on the same day and continue as prior authorized until the assessment is completed.

#### **b. Behavior Treatment Plan**

The behavior treatment plan identifies the treatment goals along with providing instructions to increase or decrease the targeted behaviors. Treatment goals and instructions target a broad range of skill areas such as communication, sociability, self-care, play and leisure, motor development and academic, and must be developmentally appropriate. Treatment goals should emphasize skills required for both short- and long-term goals. Treatment plans should include parent/caregiver training and support. The instructions should break down the desired skills into manageable steps that can be taught from the simplest to more complex.

The behavior treatment plan must:

- Be person-centered and based upon individualized goals;
- Delineate the frequency of baseline behaviors and the treatment development plan to address the behaviors;
- Identify long-term, intermediate, and short-term goals and objectives that are behaviorally defined;
- Identify the criteria that will be used to measure achievement of behavior objectives;
- Clearly identify the schedule of services planned and the individual providers responsible for delivering the services;
- Include care coordination, involving the parents or caregiver(s), school, state disability programs, and others as applicable;
- Include parent/caregiver training, support, education, and participation;
- Have objectives that are specific, measurable, based upon clinical observations of the outcome measurement assessment and tailored to the recipient; and
- Ensure that interventions are consistent with ABA techniques.

The provider may use the treatment plan template provided in the LDH ABA Provider Manual or the provider may use their own form. If the provider chooses to use their own form, the provider must address ALL of the relevant information specified in the Louisiana Department of Health (LDH) treatment plan template. Any missing information may delay approval of prior authorization of service.

The behavior treatment plan must indicate that direct observation occurred and describe what happened during the direct observation. If there are behaviors being reported that did not occur and these behaviors are being addressed in the plan, indicate all situations and frequencies at which these behaviors have occurred and have been documented. If there is documentation from another source, that documentation must be attached. If there is any other evidence of the behaviors observed during the direct observation and that are proof of these behaviors, these must be reported on the behavior treatment plan as well.

The behavior treatment plan shall include a weekly schedule detailing the number of expected hours per week and the location for the requested ABA services. In addition, the provider shall indicate both the intensity and frequency of the therapy being requested and the justification for this level of service.

The location of service should be specific and indicate home, clinic, school, camp, etc. If the place of service changes during the prior authorization period, an addendum to the behavior treatment plan must be submitted. The treatment plan should detail the ABA programming delivered in each location.

When developing a treatment plan, it is necessary to request only services that are medically necessary as determined through the assessment. Any model of ABA services can be approved if it achieves the goals set forth in the assessment. All services do not need to be part of the treatment plan, or used in conjunction with each other, unless technician services are being provided. If technician services are being provided, supervision by a licensed behavior analyst must be a part of the treatment plan.

### **c. Therapeutic Behavioral Services**

Therapeutic behavioral services include the design, implementation and evaluation of environmental modification using behavioral stimuli and consequences to produce socially significant improvement in human behavior, including the direct observation, measurement and functional analysis of the relations between environment and behavior. This includes one-on-one services that teach skills for each step of targeted behavior(s) through the use of behavioral observation and reinforcement or prompting.

The licensed supervising professional must frequently review the recipient's progress using ongoing objective measurement and adjust the instructions and goals in the behavior treatment plan as needed.

**d. Supervision**

The licensed supervising professional shall provide case oversight and management of the treatment team by supervising and consulting with the recipient's team. The licensed supervising professional must also conduct regular meetings with family members/enrollees to plan ahead, review the recipient's progress and make any necessary adjustments to the behavior treatment plan. Part of the supervision must be done in the presence of the recipient receiving treatment and state-certified assistant behavior analyst or the registered line technician. Supervision shall be approved on a 2:10 basis that is two hours of supervision for every ten hours of therapy. Supervision will not be approved if the licensed supervising professional is delivering the direct therapy.

**e. Role of the Parent/Caregiver**

To facilitate ABA service authorization and delivery, the parent/caregiver should provide supporting documentation (e.g., IEP) as requested by the provider.

Treatment plan services must include care coordination involving the recipient's parent/caregiver. Services should also include parent/caregiver training, support and participation. ABA is a recipient-focused service, and it is not practical or within the standard of practice to require the parent/caregiver to be present at all times while services are being rendered to the recipient. Recipients may be unaccompanied by a parent/caregiver while receiving services at a center-based program, especially for recipients receiving services for multiple hours per day. To the extent that parental/caregiver presence is required is a therapeutic decision, even when therapy is provided in the home.

Services for "Family adaptive behavior treatment guidance", administered by a physician or other qualified health care professional, should be included in a behavior treatment plan for prior authorization in order to transfer skills to the parents or caregivers of the recipients to ensure that the recipient has consistency across environments, and therapy can be reinforced at home and in other locations with their caregiver.

Services for "Multiple-family group adaptive behavior treatment guidance", administered by a physician or other qualified health care professional, should be included in a behavior treatment plan for prior authorization in order to transfer skills to the parents or caregivers of the recipient to ensure that the recipient has consistency across environments, and therapy can be reinforced at home and in other locations with their caregiver.

The multiple-family group therapy should be used when caregivers of two or more recipients are present. The recipients should have similar diagnosis, behaviors and treatment needs.

**f. Limitations**

A prior authorization period shall not exceed 180 days. Services provided without prior authorization will not be considered for reimbursement, except in the case of retroactive Medicaid eligibility.

**g. Group Therapy**

When part of the approved behavior treatment plan, services for “Adaptive behavior treatment social skills group” administered by physician or other qualified health care professional shall be face-to-face with two or more patients. The recipients should have similar diagnosis, behaviors and treatment needs.

When part of the approved behavior treatment plan, “Registered Line Tech Group adaptive behavior treatment” may be administered by a registered line technician. This shall be face-to-face with two or more patients. The recipients should have similar diagnosis, behaviors and treatment needs.

**h. Place of Service**

Services must be provided in a natural setting (e.g., home and community-based settings, including clinics and school). Medically necessary ABA services provided by ABA service providers in school settings are allowed.

**i. Telehealth Requirements for Applied Behavior Analysis (ABA)**

Louisiana Medicaid will reimburse the use of telehealth, when appropriate, for rendering certain ABA services for the care of new or established patients or to support the caregivers of new or established patients. An established patient is defined as one who already has an approved and a prior authorized treatment plan. An existing prior authorization does not need an addendum to be eligible for telehealth delivery. However, new patients still require approval and prior authorization for services, and subsequent new assessments and behavior treatment plans can be performed remotely via telehealth only if the same standard of care can be met. Previously approved prior authorizations can be amended to increase units of care and/or to reflect re-assessment goals. The codes listed below can be performed via telehealth; however, requirements for reimbursement are otherwise unchanged from Section 4.5 – Reimbursement of the Louisiana Department of Health (LDH) Applied Behavior Analysis Provider Manual chapter.

Relevant CPT codes and description included in table below.

**j. Guidance for Telehealth ABA**

Telehealth services must be based on ABA methodology and rendered or directed by a registered line technician (RLT), licensed behavior analyst (LBA), or certified assistant behavior analyst (CaBA). The caregivers/patients and RLT/LBA/CaBA must be linked through an interactive audio/visual telecommunications system. The purpose of this service is to provide family adaptive behavior treatment guidance, which helps parents and/or caregivers properly use treatment procedures designed to teach new skills and reduce challenging behaviors.

**k. Supervision**

Telehealth supervision of in-home therapy rendered by a RLT must utilize a LBA/CaBA to provide remote supervision. Each RLT must obtain ongoing supervision as approved in the

patient's plan of care. Supervision may be conducted via telehealth in lieu of the LBA/CaBA being physically present. The purpose of supervision is to improve and maintain the behavior analytic, professional, and ethical repertoires of the RLT and facilitate and maintain the delivery of high-quality services to his or her patients.

### **I. Exclusions**

The following services do not meet medical necessity criteria, and do not qualify as Medicaid covered ABA-based therapy services:

- Therapy services rendered when measurable functional improvement or continued clinical benefit is not expected, and therapy is not necessary or expected for maintenance of function or to prevent deterioration;
- Service that is primarily educational in nature;
- Services delivered outside of the school setting that duplicate services under an individualized family service plan (IFSP) or an IEP, as required under the federal Individuals with Disabilities Education Act (IDEA);
- Treatment whose purpose is vocationally or recreationally-based;
- Custodial care that:
  - Is provided primarily to assist in the activities of daily living (ADLs), such as bathing, dressing, eating and maintaining personal hygiene and safety;
  - Is provided primarily for maintaining the recipient's, or anyone else's, safety; or
  - Could be provided by persons without professional skills or training; and

### **II. RECIPIENT REQUIREMENTS**

Applied behavior analysis (ABA)-based services are available to Medicaid recipients under 21 years of age who:

- Exhibit the presence of excesses and/or deficits of behaviors that significantly interfere with home or community activities (e.g., aggression, self-injury, elopement, etc.);
- Have been diagnosed with a condition for which ABA-based therapy services are recognized as therapeutically appropriate, including autism spectrum disorder, by a qualified health care professional;
- Had a comprehensive diagnostic evaluation by a qualified health care professional that recommends ABA services;
- Have a prescription for ABA-based therapy services ordered by a qualified health care professional.

**NOTE:** All of the above criteria must be met to receive ABA-based services. If there is a recommendation in the comprehensive diagnostic evaluation (CDE) for ABA therapy, a separate prescription is not needed.

### **III. SERVICE AUTHORIZATION PROCESS**

All Applied Behavior Analysis (ABA) services must be prior authorized by LHCC.

Prior authorization (PA) is a two-fold process. An authorization is first requested for approval to perform a functional assessment and to develop a behavior treatment plan. A second authorization is needed for approval to provide the ABA-based derived therapy services.

**NOTE:** If a member has primary coverage available for ABA services through another insurer, the MCO may bypass the prior authorization process and acknowledge the prior authorization granted by the primary insurer.

All service authorizations are completed by following the LHCC Outpatient Treatment Request (OTR) processes on the LHCC website. The OTR form lists the required documents to be included with the request (Individualized Educational Plan, waiver plan profile table, if applicable). Further information related to these documents are covered in the attached LDH ABA Provider Manual in the Coordination of Care section.

#### **a. Functional Assessment and Development of the Behavior Treatment Plan**

A PA request must be submitted by the ABA provider to conduct a functional assessment and to develop a behavior treatment plan (Mental Health Services Plan Development by Non-Physician). The prior authorization request must include a comprehensive diagnostic evaluation (CDE) that has been conducted by a qualified health care professional (QHCP) prescribing and/or recommending ABA services.

All CDEs completed by QHCPs will be reviewed and considered when making prior authorization decisions.

MCOs shall not deny services based solely on the age of the CDE. The MCO should deny service if no CDE exist. If the MCO requests a new CDE (either for initial or continuation of service) they shall not deny or delay available ABA services while waiting for a CDE. MCOs are responsible for arranging CDEs that are requested.

#### **b. Request to Provide ABA-Based Therapy Services**

A separate authorization request must be submitted by the ABA provider to request approval to provide the ABA-based therapy services to the recipient. This authorization request must include:

- The CDE;
- The behavior treatment plan;
- The IEP; and
- The waiver plan profile table and the schedule from the certified plan of care (if the recipient is in a waiver and services are being requested that will occur at the same time as waiver services).

Authorizations for ABA-derived therapy services shall be authorized for a time period not to exceed 180 days.

**c. Reconsideration Requests**

If the prior authorization request is not approved as requested, or an existing authorization needs to be adjusted, the provider may submit a request for reconsideration of the previous decision to LHCC.

**d. Changing Providers**

Recipients have the right to change providers every 180 days unless a change is requested for good cause. If a provider change is requested based on good cause before the authorization period ends, the recipient, or case manager (if the recipient has one) must contact LHCC.

Good Cause is defined as allegation of abuse, recipient doesn't progress, new provider opens in area that previously lacked access, or when a dispute arises between the parent/caregiver and provider that cannot be resolved

**IV. COORDINATION OF CARE**

In order to help LHCC understand all the services a recipient needs and is receiving, the provider should enclose the Behavior Treatment Plan and a copy of the child's individualized educational plan (IEP), if accessible. If the provider does not enclose the IEP, the provider must explain why he or she is unable to furnish a copy of the IEP.

A behavior treatment plan calling for services to be delivered in a school setting will not be approved until an IEP is provided to LHCC. ABA therapy recommended in an IEP and delivered by the Local Education Authority is eligible for reimbursement from Louisiana Medicaid, provided all other conditions for coverage of ABA therapy are met (e.g., the service is medically necessary).

The behavior treatment plan should indicate if the recipient is in a waiver and which waiver the recipient is in. (This can be determined by checking the MEVS/REVS system.) If the child is in a waiver, the treatment plan must include a copy of the Plan Profile Table and the Schedule page from the certified plan of care. This can be obtained by contacting the Waiver Support Coordinator. Communication should be maintained between the ABA provider and the Waiver Support Coordinator.

ABA and waiver services can overlap depending on the service description in the waiver document and the need for the services to overlap. This should be clearly documented in an addendum to the behavior treatment plan.

This addendum must detail the frequency and duration of sessions when the ABA provider and the direct support worker are required to be present at the same time, and include an outline of information the direct support worker needs to correctly implement the skill, several measurable and objective goals defining and leading to the direct support worker's competency (i.e., correct implementation), and the methods for collecting data on the direct support worker's performance. Strategies the ABA provider will use should be identified, such as, but not limited to,

demonstration, modeling, coaching and feedback, and providing repeated opportunities for direct support worker practice (role playing and in “real life” situations with the recipient). This pairing of the direct support worker and the ABA provider should be specific, time limited, measurable and individualized.

### **Coding Implications**

This clinical policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT codes and descriptions are copyrighted 2019, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only and may not support medical necessity. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

<b><u>CPT® Codes</u></b>	<b><u>Description</u></b>
97151	Behavior identification assessment, administered by a physician or other qualified health care professional
97152	Behavior identification supporting assessment, administered by one technician under direction of a physician or other qualified health care professional.
97153	Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional.
97154	Group adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional.
97155	Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional.
97156	Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present)
97157	Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without the patient present)
97158	Group adaptive treatment with protocol modification, administered by physician or other qualified health care professional

<b>Reviews, Revisions, and Approvals</b>	<b>Review Date</b>	<b>Approval Date</b>
Original approval date		8/1/2017
Page 1, #5 – added “when necessary for child to progress” related to parent/caregiver participation	9/18/17	
Page 3, III # 5 – deleted reference to ABA therapy not covered in school setting. Added new #5 – “Continued observation of skills	9/18/17	

Reviews, Revisions, and Approvals	Review Date	Approval Date
once already acquired (i.e.; naps, toileting)” – for non-covered services		
Page 4, # 1 – added “A CDE older than 18 months may be accepted at the discretion of the physician reviewer”.	9/18/17	
Page 1 – removed requirement for CDE within 18 months	11/21/17	
Entire policy reformatted to align with the LDH ABA Provider Manual	3/18	
Added sections IV through VIII per request of LDH ABA Program Leadership	3/18	
Revised to include attachment of LDH ABA Provider Manual Addition of sections IV, X, XI, XII	3/18	
Revised Assessment and Treatment Plan development to include LDH Manual Update	5/19	
Removed attachment named LDH ABA Provider Manual and added it in references	2/20	
Removed the requirement for a script for ABA services per Rene Huff	06/2021	
Removed hyperlink. Format change. Changed all instances of members to members/enrollees. Changed “Last Review Date” to “Date of Last Revision” in header. Added “Review” to Date in Revision Log. To section 3, added: The specifics regarding location and verbiage regarding developing the treatment plan. Removed. Exclusions now mirror those of LDH.	07/2022	12/9/22
Revisions made to update qualified health care professional (QHCP) criteria. Added prescription language to section XI. Added NOTE section to XII.	4/23	
Reformatted numbering and included added section I(i) Guidance for Telehealth ABA. Added CPT code and description table relevant to Telehealth. Updated reference section.	5/23	7/26/23

## References

- 1) *Louisiana Department of Health (LDH) Applied Behavior Analysis Provider Manual*. Chapter 4:4.1 Covered Services Pg. (5-13). Issued 5/22/23, Replaced 3/17/23. <https://www.lamedicaid.com/provweb1/providermanuals/manuals/ABA/ABA.pdf>
- 2) *Louisiana Department of Health (LDH) Applied Behavior Analysis Provider Manual*. Chapter 4:4.2 Beneficiary Requirements Pg. (14). Issued 1/20/22, Replaced 7/16/21. <https://www.lamedicaid.com/provweb1/providermanuals/manuals/ABA/ABA.pdf>
- 3) *Louisiana Department of Health (LDH) Applied Behavior Analysis Provider Manual*. Chapter 4:4.6 Coordination of Care Pg. (22-23). Issued 1/20/22, Replaced 7/16/21. <https://www.lamedicaid.com/provweb1/providermanuals/manuals/ABA/ABA.pdf>

## **Important Reminder**

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. LHCC makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions, and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable LHCC administrative policies and procedures.

This clinical policy is effective as of the date determined by the LHCC. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. LHCC retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment, or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care and are solely responsible for the medical advice and treatment of members/enrollees. This clinical policy is not intended to recommend treatment for members/enrollees. Members/enrollees should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the LHCC has no control or right of control. Providers are not agents or employees of the Health Plan.

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