



## Third-Party Liability Act 486 (HB655)

Starting July 1, 2024, the Centers for Medicare & Medicaid Services approved an update to the State Plan Amendment (SPA) to align with the passage of HB655/Act 486 of the 2024 regular legislative session.

Provisions governing third party liability have been amended to:

1. Require third parties to accept authorization from the Louisiana Department of Health for items or services covered under the State Plan, treating it as if it were their own prior authorization.
2. Prevent third parties from denying claims due to lack of prior authorization when specific criteria are met.
3. Require that a third party respond to inquiries made from the Department within 60 days of receipt; and
4. Prevent third parties from denying claims submitted by the Department solely based on the claim's submission, the type or format of the claim form, or the absence of proper documentation of proper documentation at the point of sale.

This update can be found in the State Plan Amendment: 1902(a)(25)(I) of the Act:

- (i) In accordance with the Consolidated Appropriations Act (CAA) of 2022, the State ensures that laws are in effect that bar liable third parties from refusing payment for an item or service solely on the basis that such item or service did not receive prior authorization under the third-party payer's rules. These laws also comply with the provisions of section 202 of the CAA 2022.

LDH has published Informational Bulletin 24-35 for your reference [IB24-35.pdf \(la.gov\)](#).

For questions or concerns regarding any bulletin, contact UnitedHealthcare Community Plan at 1-866-675-1607