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State/Territory Name: Louisiana

State Plan Amendment (SPA) #: 13-36

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services Dallas Regional Office 1301 Young Street, Suite 833 Dallas, Texas 75202



## DIVISION OF MEDICAID & CHILDREN'S HEALTH - REGION VI

December 5, 2013

Our Reference: SPA LA 13-36

Ms. Ruth Kennedy, State Medicaid Director Department of Health and Hospitals 628 North 4<sup>th</sup> St. P.O. Box 91030 Baton Rouge, LA 70821-9030

Dear Ms. Kennedy:

We have reviewed the proposed amendment to your Medicaid State Plan submitted under Transmittal Number 13-36. The State plan amendment removes exclusion language for physician services because the State has approved the ACA Primary Care Payment Bump.

Transmittal Number 13-36 is approved with an effective date of August 20, 2013 as requested. A copy of the HCFA-179, Transmittal No. 13-36, dated September 24, 2013 is enclosed along with the approved plan pages.

If you have any questions, please contact Ford Blunt III at 214-767-6381 by phone or by email at <a href="mailto:ford.blunt@cms.hhs.gov">ford.blunt@cms.hhs.gov</a>.

Sincerely,

Bill Brooks Associate Regional Administrator

Cc: Darlene Adams, Roberta Diaz, Jodie Hebert

STATE PLAN MATERIAL  FOR: HEALTH CARE FINANCING ADMINISTRATION  FOR REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES  5. TYPE OF PLAN MATERIAL (Check One):  COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)  FOR FEDERAL STATUEREGULATION CITATION:  42 CFR 447, Subpart F  8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  9. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  10. SUBJECT OF AMENDMENT: The SPA proposes to amend the provisions governing the reimbursement methodology for physician services in order to remove the exclusion language.  11. GOVERNOR'S REVIEW (Check One): GOVERNOR'S REVIEW (Check One): GOVERNOR'S REVIEW (Check One): GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL  12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYPE NAME: Secretary 15. DATE SUBMITTED: September 24, 2013  FOR REGIONAL OFFICE USE ONLY  16. RETURN TO: J. Ruth Kennedy, Medicaid Director State of Louisiana  17. PAGE NAME STATE COMMENT COMMENT COMMENT COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED: 25 September, 2013  FOR REGIONAL OFFICE USE ONLY  17. DATE RECEIVED: 25 September, 2013 PLAN APPROVED — ONE COPY ATTACHED  19. EFFECTIVE DATE OF APPROVED MATERIAL: 20 August, 2013  21. TYPED NAME: Bill Brooks  10. SUBJECT OF MEGICAL AND APPROVED BASED OF MEDICAL AND APPROVED APPROVED AND APPROVED APPROVE			1
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## PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -- OTHER TYPES OF CARE OR SERVICES LISTED IN SECTION 1905(A) OF THE ACT THAT IS INCLUDED IN THE PROGRAM UNDER THE PLAN ARE **DESCRIBED AS FOLLOWS:** 

Reimbursement for certain bilateral procedures listed in the Professional Services Provider Manual shall be at 150% of the fee on the published Medicaid fee schedule when performed bilaterally.

Surgical services modified with modifier 63 (procedure performed on infants less than 4kg) shall be reimbursed at 125 percent of the Medicaid fee on file.

Effective for dates of service on or after January 1, 2008, the reimbursement for selected physician services shall be 90 percent of the 2008 Louisiana Medicare Region 99 allowable or billed charges, whichever is the lesser amount, unless otherwise stipulated.

The reimbursement shall remain the same for those services that are currently being reimbursed at a rate that is between 90 percent and 120 percent of the 2008 Louisiana Medicare Region 99 allowable.

For those services that are currently reimbursed at a rate above 120 percent of the 2008 Louisiana Medicare Region 99 allowable, effective for dates of service on or after January 1, 2008, the reimbursement for these services shall be reduced to 120 percent of the 2008 Louisiana Medicare Region 99 allowable.

Effective for dates of service on or after August 4, 2009, the reimbursement for all physician services rendered to recipients 16 years of age or older shall be reduced to 80 percent of the 2009 Louisiana Medicare Region 99 allowable or billed charges, whichever is the lesser amount.

Effective for dates of services on or after August 4, 2009, those services that are currently reimbursed at a rate below 80 percent of the Louisiana Medicare Region 99 allowable, will be reimbursed at a rate of 80 percent of the Louisiana Medicare Region 99 allowable or billed charges, whichever is the lesser amount.

The following physician services are excluded from the rate adjustment: |State: Louisiana

- Preventive medicine evaluation and management;
- · Immunizations:
- Family planning services;
- · Select orthopedic reparative services; and
- · Prenatal evaluation & management and delivery services.

Date Received: 9/25/13 Date Approved: 12/5/13 Date Effective: 8/20/13 Transmittal Number: 13-36

Effective for the dates of service on or after January 22, 2010, the reimbursement rates for family planning services shall be reduced to 75 percent of the 2009 Louisiana Medicare Region 99 allowable or billed charges, whichever is less.

Effective for dates of service on or after July 1, 2012, reimbursement shall be as follows for the designated physician services:

- Reimbursement for professional services procedure (consult) codes 99241-99245 and 99251-99255 shall be discontinued;
- 2. Cesarean delivery fees (procedure codes 59514-59515) shall be reduced to equal corresponding vaginal delivery fees (procedure codes 59409-59410); and
- 3. Reimbursement for all other professional services procedure codes, shall be reduced by 3.4 percent of rates on file as of June 30, 2012.

TN#	13-36	Approval Date 12/5/13	Effective Date 8/20/13
Supersedes			
Supersedes TN#	12-26		