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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**

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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 [ford.blunt@cms.hhs.gov](mailto:ford.blunt@cms.hhs.gov).

Sincerely,

A large, solid black rectangular redaction box covering the signature of the sender.

Bill Brooks  
Associate Regional Administrator

Cc: Darlene Adams, Roberta Diaz, Jodie Hebert



**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:

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

State: Louisiana
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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:

1. 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.

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