

## **Table of Contents**

**State/Territory Name: Louisiana**

**State Plan Amendment (SPA) #: 21-0009**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Centers for Medicare & Medicaid Services  
Center for Medicaid & CHIP Services  
233 North Michigan Ave., Suite 600  
Chicago, Illinois 60601



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**Financial Management Group**

September 9, 2021

Michael Boutte  
Interim Medicaid Executive Director  
Louisiana Medicaid Program  
Louisiana Department of Health  
Bureau of Health Services Financing  
628 North Fourth Street  
Post Office Box 91030  
Baton Rouge, Louisiana 70821-9030

RE: TN 21-0009

Dear Mr. Michael Boutte,

We have reviewed the proposed Louisiana State Plan Amendment (SPA) to Attachment 4.19-B, 21-0009, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on June 29, 2021. The purpose of this SPA is to amend the reimbursement rates for professional services.

Based upon the information provided by the State, we have approved the amendment with an effective date of May 1, 2021. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Tamara Sampson at 214-767-6431 or [Tamara.Sampson@cms.hhs.gov](mailto:Tamara.Sampson@cms.hhs.gov).

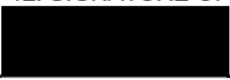
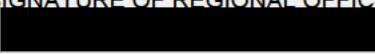
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Sincerely,



Todd McMillion  
Director  
Division of Reimbursement Review

Enclosures

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>		1. TRANSMITTAL NUMBER <b>21-0009</b>	2. STATE <b>Louisiana</b>
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE <b>May 1, 2021</b>	
5. TYPE OF PLAN MATERIAL (Check One) <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION  <b>1905(a)(4)(C) 42 CFR 447.201</b>		7. FEDERAL BUDGET IMPACT  a. FFY <b>2021</b> <b>\$ 174,521</b> b. FFY <b>2022</b> <b>\$ 363,478</b>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  <b>Attachment 4.19-B, Item 5, Page 2a Attachment 4.19-B, Item 5, Page 5 Attachment 4.19-B, Item 5, Page 7</b>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <b>Same (TN 13-17) Same (TN 13-17) Same (TN 15-0015)</b>	
10. SUBJECT OF AMENDMENT <b>The purpose of this SPA is to amend the provisions governing the Professional Services Program in order to remove information related to programs no longer in operation, clarify the reimbursement methodology for certain providers and services, and to provide for a rate restoration related to neonatal critical care services.</b>			
11. GOVERNOR'S REVIEW (Check One) <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED              The Governor does not review State Plan material. <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL 		16. RETURN TO <b>Tara A. LeBlanc Interim Medicaid Executive Director State of Louisiana Department of Health 628 North 4<sup>th</sup> Street P.O. Box 91030 Baton Rouge, LA 70821-9030</b>	
13. TYPED NAME <b>Ruth Johnson, designee for Dr. Courtney N. Phillips</b>			
14. TITLE <b>Secretary</b>			
15. DATE SUBMITTED <b>June 29, 2021</b>			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED <b>June 29, 2021</b>		18. DATE APPROVED <b>September 9, 2021</b>	
<b>PLAN APPROVED - ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL <b>May 1, 2021</b>		20. SIGNATURE OF REGIONAL OFFICIAL 	
21. TYPED NAME <b>Todd McMillion</b>		22. TITLE <b>Director, Division of Reimbursement Review</b>	
23. REMARKS			

STATE OF LOUISIANA

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:

For newly added procedure codes for beneficiaries age 0 through 15 years old, the Medicaid fee shall be set at 90 percent of the current year's Louisiana Region 99 Medicare allowable fee. For newly added procedure codes for beneficiaries age 16 years and older, the Medicaid fee shall be set at 75 percent of the current year's Louisiana Region 99 Medicare allowable fee.

1. If there is no equivalent Medicare fee, the Medicaid fee shall be set based on the Medicare fee for a similar service. In the absence of any applicable Medicare fee, the fee shall be set at the Medicaid fee for a similar service or the Medicaid fee for other states.

2. If establishing a Medicaid fee based on Medicare rates results in a fee that is reasonably expected to be insufficient to ensure that the service is available to beneficiaries, an alternate methodology shall be used. The fee shall be set at the Medicaid fee for a similar service or the Medicaid fee for other states. Effective for dates of service on or after July 1, 2012, the reimbursement rates for family planning services rendered by a physician shall be reduced by 3.7 percent of the rates in effect on June 30, 2012.

Effective for dates of service on or after February 1, 2013, the reimbursement for certain physician services shall be reduced by 1 percent of the rate in effect on January 31, 2013. Specified primary care services rendered by a physician with a specialty designation of family medicine, internal medicine, or pediatrics shall be excluded from the February 1, 2013 rate reduction. Rates for such services are exempt from the rate reduction, paralleling the January 1, 2013 implementation of Affordable Care Act requirements for Medicaid to reimburse at the Medicare rate for such services rendered in calendar years 2013 and 2014.

Effective for dates of services on or after February 20, 2013, the 3.7 percent reimbursement rate reduction for family planning services rendered by a physician shall be adjusted to 3.4 percent of the rates in effect on June 30, 2012.

Effective for dates of service on or after May 1, 2021, the fee on file for inpatient neonatal critical care services (as specified in CPT), shall be increased by five percent.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of inpatient neonatal critical care services. The agency's fee schedule rate was set as of January 1, 2021 and is effective for services provided on or after that date. All rates are published on the Louisiana Medicaid website [www.lamedicaid.com](http://www.lamedicaid.com).

STATE OF LOUISIANA

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 ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

In these situations reimbursement for the combined segments of patient care may not exceed the rate set for that physician had he/she been the attending physician for the entire service.

C. Physician Services for Abortion

Payment will be made to the attending physician for abortions when the physician has found, and certified in writing to the Medicaid Agency, that on the basis of his professional judgment, the mother suffers from a physical disorder, physical injury, or physical illness, including a life endangering physical condition caused or arising from the pregnancy itself placing the mother in danger of death unless an abortion is performed.

Payment will be made to the attending physician for abortions terminating pregnancies resulting from rape or incest in accordance with provisions of State law (La R.S. 40:1299.34.5 and La. R.S. 40:1299.35.7 as amended and enacted by Act 1 of the Fourth Extraordinary Session of the 1994 Legislature.)

- D. Physicians shall be reimbursed according to the established fee schedule or billed charges, whichever is the lesser amount. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of physician services. The agency's fee schedule rate was set as of January 1, 2021 and is effective for services provided on or after that date. All rates are published on the Medicaid provider website at [www.lamedicaid.com](http://www.lamedicaid.com).

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:

**RESERVED**