

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

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

CITATION
42 CFR
440.170

Medical and
Remedial
Care and Services
Item 24.a.

Any Other Medical Care and Any Other Type of Medical Care Recognized Under State Law Specified by the Secretary

Transportation Services are reimbursed as follows:

I. Method of Payment

A. Emergency Medical Transportation

1. Land-Based Ambulances

Reimbursement for land based ambulances through Title XIX funds is made according to the established State fee schedule (based on Medicare rates) for emergency ambulance transport, basic life support (BLS), advanced life support (ALS) and mileage, oxygen, intravenous fluids, and disposable supplies administered during the emergency ambulance transport minus the amount paid by any liable third party coverage. Rates will be adjusted periodically when significant changes such as Medicare rate increases and allocation of additional funds have taken place.

An increase of 1.4% based on additional funds allocated by the 2001 Regular Session of the Legislature is applied to the reimbursement rates in effect as of June 30, 2001.

Effective for dates of service on or after August 4, 2009, the reimbursement rates for the following supplies shall be reduced by 36 percent of the rate on file as of August 3, 2009.

- Advanced life support special service disposable intravenous supplies; and
- Advanced life support routine disposable supplies.

Governmental and private providers are paid using the same rate. These rates are published on the agency's website, www.lamedicaid.com.

Effective for dates of service on or after January 22, 2010, the reimbursement rates for emergency ambulance transportation services shall be reduced by 5 percent of the rate on file as of January 21, 2010.

The Department ensures through post pay review that all services are medically appropriate for the level of care billed and have been provided in accordance with the ALS or BLS certification level of the ambulance service.

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STATE	Louisiana
DATE REC'D	3-3-10
DATE APP'VD	6-1-10
DATE EFF	1-22-10
HCFA 179	10-09

TN# 10-09 Approval Date 6-1-10 Effective Date 1-22-10
Supersedes
TN# 09-32 SUPERSEDES: TN- 09-32

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CITATION Medical and Remedial
42 CFR Care and Services
440.170 Item 24.a. (cont'd.)

2. Air Transport

The rate of reimbursement for air transport is base rate plus mileage according to rates in effect for Medicare as of January 1, 1995, minus the amount paid by any liable third party coverage.

Separate reimbursement for oxygen and disposable supplies is made when the provider incurs these costs. Reimbursement for these services will be made in accordance with the rates previously established by Medicare and approved by Medicaid effective April 1, 1995.

Payment for air mileage is limited to actual air miles from the pick-up point to the point of delivery of the patient.

Payment for a round trip transport on the same day between two hospitals is the base rate plus the round trip mileage.

Effective for dates of service on or after January 22, 2010, the reimbursement rates for fixed winged emergency ambulance services shall be reduced by 5 percent of the rate on file as of January 21, 2010.

Rotor Winged (Helicopters) Ambulance

Effective for dates of service on or after September 17, 2008, the reimbursement rate paid for rotor winged air ambulance services shall be increased to 100 percent of the 2008 Louisiana Medicare allowable rate. Governmental and non-governmental providers are paid the same.

Effective for dates of service on or after January 22, 2010, the reimbursement rates for rotor winged emergency ambulance services shall be reduced by 5 percent of the rate on file as of January 21, 2010.

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~~SUPERSEDES:~~ TN- 08-22

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