



STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM  
STATE OF LOUISIANA  
PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

Attachment 4.19-B  
Item 24.a. Page 4

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:

CITATION      Medical and  
42 CFR            Remedial  
440.170          Care and Services  
                      Item 24.a. (Contd.)

Trips for non-ambulatory recipients are reimbursed at an enhanced rate to accommodate the cost associated with more expensive vehicles, more time in loading, and less capacity in transporting.

STATE	<u>Louisiana</u>	<b>A</b>
DATE REC'D.	<u>3-3-10</u>	
DATE APPV'D.	<u>6-1-10</u>	
DATE EFF.	<u>1-22-10</u>	
HCTA 179	<u>10-10</u>	

An enhanced payment is negotiated by the Bureau for the least costly feasible method of transport when transportation is not available at the above rates.

Effective for dates of service on or after January 22, 2010, the ground mileage and ancillary services reimbursement rates for non-emergency ambulance transportation services shall be reduced by 5 percent of the rate in effect on January 21, 2010.

**II. Standards for Participation**

Emergency and non-emergency medical transportation providers must be certified by the Bureau of Health Services Financing in order to participate in Medicaid.

All advanced life support (ALS) and basic life support (BLS) ambulance services must be certified by the Department of Health and Hospitals, Bureau of Health Services Financing in order to receive Medicaid reimbursement and all ALS or BLS services must be provided in accordance with the state law and regulations governing the administration of these services. All (ALS and BLS) ambulance services must comply with the state law and regulations governing the personnel certifications of the emergency medical technicians administered by the Department of Health and Hospital's Bureau of Emergency Medical Services.

SUPERSEDES: TN- 95-43

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Item 24.a. Page 3a

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:

**d. Aircraft and Buses**

Medically necessary non-emergency transportation provided by commercial aircraft and buses are reimbursed at their usual and customary rate, subject to maximum limitations based on historical costs for such trips.

**e. Ambulances**

Medically necessary non-emergency ambulance transportation services are reimbursed at rates negotiated between participating providers and the Bureau of Health Services Financing minus the amount which any third party would pay for that provider.

SUPERSEDES: NONE - NEW PAGE

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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:

CITATION      Medical and      For dates of service on or after February 1, 2005, non-emergency medical  
 42 CFR      Remedial Care      transportation services will be reimbursed at rates in effect on October 31,  
 440.170      and Services      2004.  
                   Item 24.a  
                   (cont'd.)

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

**b. Family and Friend Providers**

Effective on September 12, 2003, non-emergency medical transportation provided by friends and family will be reimbursed at one half of the for profit rate in effect July 31, 2003.

Effective for dates of service on or after January 22, 2010, the reimbursement rates for non-emergency, medical transportation services provided by friends and family shall be reduced by 5 percent of the rate in effect on January 21, 2010.

**c. Non-Profit Providers**

For round trips up to 65 miles, providers are reimbursed at the for-profit rate reduced by \$3. For each 30 mile increment over 65 miles, the rate is increased by \$7.50 per increment.

Effective for dates of services on or after August 1, 2003, Local Nonprofit – Wheelchair and Nonprofit – Local Trip will be increased by 20 percent of the rate in effect on July 31, 2003.

Effective for dates of services November 1, 2004 through January 31, 2005, the reimbursement for non-emergency medical transportation services is increased by 15 percent of the rates in effect on October 31, 2004.

For dates of service on or after February 1, 2005, non-emergency medical transportation services will be reimbursed at rates in effect on October 31, 2004.

The reimbursement for transportation provided by Local Education Agencies (LEAs) is specified in Item 4.b. Effective for dates of service on or after January 22, 2010, the reimbursement rates for non-emergency medical transportation services provided by non-profit providers shall be reduced by 5 percent of the rate in effect on January 21, 2010.

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STATE OF LOUISIANA

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METHODS OF PROVIDEING TRANSPORTATION:

CITATION

Non-Emergency Medical Transportation

42 CFR

431.53

STATE <u>Louisiana</u>	A
DATE REC'D <u>3-3-10</u>	
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The Bureau of Health Services Financing assures the provision of non-emergency medical transportation where it is needed to secure a Title XIX covered medical service. Based upon the beneficiary giving two days advance notice, Louisiana's Medical Assistance Program or its designated contractor arranges for the provision of non-emergency medical transportation, at no cost to the beneficiary, through the actual provision of transportation by arrangement for transportation service through community resources, or by payment to providers of non-emergency medical transportation who are enrolled in the Title XIX Program. In instances when Title XIX funds are authorized to provide transportation, the beneficiary shall be given freedom to choose among medical transportation providers in the service area who are enrolled in the Title XIX Program except when such services can be provided by the Local Transit Authority. If the beneficiary does not make a choice, Bureau of Health Services Financing will assign the least expensive transportation suitable to meet the beneficiary's medical needs. If there is no difference in cost among providers, the beneficiary will be assigned on a rotating basis to available providers. In instances when the Local Transit Authority can provide transportation the beneficiary does not have a choice. Bureau of Health Services Financing will attempt to provide non-emergency medical transportation even if two days advance notice is not given.

Vendor payment shall be made for non-emergency transportation subject to the following conditions:

SUPERSEDES: TN- 93-15

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