

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 447, Subpart B

7. FEDERAL BUDGET IMPACT:

a. FFY 2010 (\$81.24)
b. FFY 2011 (\$94.99)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-B, Item 7, Page 2a
Attachment 4.19-B, Item 7, Page 2a(1)

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):

Same (Pending TN 09-29)
None (New Page)

10. SUBJECT OF AMENDMENT: **The purpose of this amendment is to reduce the reimbursement rates for durable medical equipment, supplies and appliances under the Home Health Program by 5% in to order avoid a budget deficit.**

11. 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

OTHER, AS SPECIFIED:

The Governor does not review state plan material.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

16. RETURN TO:

13. TYPED NAME:

Alan Levine

14. TITLE:

Secretary

15. DATE SUBMITTED:

March 1, 2010

State of Louisiana
Department of Health and Hospitals
628 N. 4th Street
PO Box 91030
Baton Rouge, LA 70821-9030

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

5 March, 2010

18. DATE APPROVED:

2 June, 2010

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

22 January, 2010

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Bill Brooks

Associate Regional Administrator
Div of Medicaid & Children's Health

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 1902 (A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM, UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

Effective for dates of service on or after January 22, 2010, the reimbursement paid for medical equipment, supplies and appliances shall be reduced by 5 percent of the rates on file as of January 21, 2010. The following medical equipment, supplies and appliances are excluded from this rate reduction:

- a. enteral therapy, pumps and related supplies;
- b. intravenous therapy and administrative supplies;
- c. apnea monitor and accessories;
- d. nebulizers;
- e. hearing aids and related supplies;
- f. respiratory care
- g. tracheostomy and suction equipment and related supplies;
- h. ventilators and related equipment;
- i. vagus nerve stimulator and related supplies; and
- j. augmentative and alternative communication devices.
- k. oxygen, oxygen equipment and related supplies

STATE <u>Louisiana</u>	A
DATE REC'D. <u>3-5-10</u>	
DATE APP'VD. <u>6-2-10</u>	
DATE EFF. <u>1-22-10</u>	
HCFA 179 <u>10-17</u>	

- B. Continuous subcutaneous insulin external infusion pumps shall be reimbursed the lesser of 5 percent over the provider's actual cost or the provider's usual and customary charge, not to exceed \$5,745. Related diabetic supplies shall be reimbursed the lesser of 10 percent over the provider's actual cost or the provider's usual and customary charge.
- C. Ostomy supplies are reimbursed at the lesser of:
 - billed charges; or
 - eighty percent (80%) of 2000 Medicare fee schedule for the procedure codes that were listed on the 2000 Medicare fee schedule and at the same amount for the HIPAA compliant codes which replaced them or 80 % of the Medicare fee schedule under which the procedure code first appeared; or
 - eighty percent (80%) of the Manufacturer's Suggested Retail Price (MSRP)
- D. Tracheostomy tubes and care kits are reimbursed at ninety percent (90%) of the 2000 Medicare fee schedule for the procedure codes that were listed on the 2000 Medicare fee schedule and at the same amount for the HIPAA compliant codes which replaced them or 80 % of the Medicare fee schedule under which the procedure code first appeared.

SUPERSEDES: TN- 09-29

TN# 10-17 Approval Date 6-2-10 Effective 1-22-10
 Supersedes
 TN# 09-29

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 1902 (A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM, UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

- E. Enteral formulas are reimbursed at the lesser of:
- billed charges; or
 - eighty percent (80%) of the 2000 Medicare fee schedule for the procedure codes that were listed on the 2000 Medicare fee schedule and at the same amount for the HIPAA compliant codes which replaced them or 80 % of the Medicare fee schedule under which the procedure code first appeared.
- F. Enteral infusion pumps, standard type wheelchairs, hospital beds, commode chairs, and stationary suction machines are reimbursed at the Medicaid established flat fee amount.

STATE <u>Louisiana</u>	A
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