



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:

- D. Effective for dates of service on or after March 7, 2009, the reimbursement for prosthetic and orthotic devices shall be reduced by 3.5 percent of the fee amounts on file as of March 6, 2009. The rate reduction shall not apply to items that do not appear on the fee schedule and are individually priced.
- E. Effective for dates of service on or after August 4, 2009, the reimbursement for prosthetic and orthotic devices for recipients 21 years of age and older shall be reduced by 4 percent of the fee amounts on file as of August 3, 2009. The rate reduction shall not apply to items that do not appear on the fee schedule and are individually priced.
- F. Effective for dates of service on or after January 22, 2010, the reimbursement for prosthetic and orthotic devices shall be reduced by 5 percent of the fee amounts on file as of January 21, 2010. The rate reduction shall not apply to items that do not appear on the fee schedule and are individually priced.

II. Standards for Payment

Prior authorization is required for prosthetic devices. Authorization is made by the Prior Authorization Unit (PAU).

SUPERSEDES: TN- 09-37

STATE <u>Louisiana</u>	A
DATE REC'D <u>3-5-10</u>	
DATE APPV'D <u>6-3-10</u>	
DATE EFF <u>1-22-10</u>	
HCFA 179 <u>10-20</u>	

---

TN# 10-20 Approval Date 6-3-10 Effective Date 1-22-10  
Supersedes

TN# 09-37