

## **Table of Contents**

**State/Territory Name: Louisiana**

**State Plan Amendment (SPA) #: 12-26**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Dallas Regional Office  
1301 Young Street, Suite 833  
Dallas, Texas 75202



**DIVISION OF MEDICAID & CHILDREN'S HEALTH - REGION VI**

---

July 9, 2013

Our Reference: SPA LA 12-26

Ms. Ruth Kennedy, State Medicaid Director  
Department of Health and Hospitals  
Bienville Building  
628 North 4<sup>th</sup> Street  
Post Office Box 91030  
Baton Rouge, LA 70821-9030

Attn: Darlene Adams  
Jodie Hebert

Dear Ms. Kennedy:

We have reviewed the proposed amendment to your Medicaid State Plan submitted under Transmittal Number 12-26. The state plan amendment changes the reimbursement methodology for physician services to reduce the reimbursement rates for certain procedures and discontinue reimbursement for other procedures.

Transmittal Number 12-26 is approved with an effective date of July 1, 2012 as requested. A copy of the HCFA-179, Transmittal No. 12-26 dated August 1, 2012 is enclosed along with the approved plan pages.



If you have any questions, please contact Ford Blunt III at [ford.blunt@cms.hhs.gov](mailto:ford.blunt@cms.hhs.gov) or by phone at (214) 767-6381.

Sincerely,

A black rectangular redaction box covering the signature of Bill Brooks.

Bill Brooks  
Associate Regional Administrator

Enclosures

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>	
<b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>	
1. TRANSMITTAL NUMBER: <b>12-26</b>	2. STATE <b>Louisiana</b>
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE <b>July 1, 2012</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>42 CFR 447 Subpart B</b>	7. FEDERAL BUDGET IMPACT: a. FFY <u>2012</u> <b>(\$816.09)</b> b. FFY <u>2013</u> <b>(\$3,087.58)</b>
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: <b>Attachment 4.19-B, Item 5, Page 2</b>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): <b>Same (10-06)</b>
10. SUBJECT OF AMENDMENT: <b>The purpose of this SPA is to amend the reimbursement methodology for physician services to reduce the reimbursement rates for certain procedures and discontinue reimbursement for other procedures.</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 <b>The Governor does not review state plan material.</b> <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	
12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: <b>J. Ruth Kennedy, Medicaid Director State of Louisiana Department of Health and Hospitals 628 N. 4<sup>th</sup> Street PO Box 91030 Baton Rouge, LA 70821-9030</b>
13. TYPED NAME: <b>Bruce D. Greenstein</b>	
14. TITLE: <b>Secretary</b>	
15. DATE SUBMITTED: <b>July 27, 2012</b>	
<b>FOR REGIONAL OFFICE USE ONLY</b>	
17. DATE RECEIVED: <b>8/1/12</b>	18. DATE APPROVED: <b>7/9/13</b>
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: <b>7/1/12</b>	20. SIGNATURE: 
21. TYPED NAME: <b>Bill Brooks</b>	22. TITLE: <b>Associate Regional Administrator Division of Medicaid &amp; Children's Health</b>
23. REMARKS:	



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:

Reimbursement for certain bilateral procedures listed in the Professional Services Provider Manual shall be at 150% of the fee on the published Medicaid fee schedule when performed bilaterally.

Surgical services modified with modifier 63 (procedure performed on infants less than 4kg) shall be reimbursed at 125 percent of the Medicaid fee on file.

Effective for dates of service on or after January 1, 2008, the reimbursement for selected physician services shall be 90 percent of the 2008 Louisiana Medicare Region 99 allowable or billed charges, whichever is the lesser amount, unless otherwise stipulated.

The reimbursement shall remain the same for those services that are currently being reimbursed at a rate that is between 90 percent and 120 percent of the 2008 Louisiana Medicare Region 99 allowable.

For those services that are currently reimbursed at a rate above 120 percent of the 2008 Louisiana Medicare Region 99 allowable, effective for dates of service on or after January 1, 2008, the reimbursement for these services shall be reduced to 120 percent of the 2008 Louisiana Medicare Region 99 allowable.

Effective for dates of service on or after August 4, 2009, the reimbursement for all physician services rendered to recipients 16 years of age or older shall be reduced to 80 percent of the 2009 Louisiana Medicare Region 99 allowable or billed charges, whichever is the lesser amount.

Effective for dates of services on or after August 4, 2009, those services that are currently reimbursed at a rate below 80 percent of the Louisiana Medicare Region 99 allowable, will be reimbursed at a rate of 80 percent of the Louisiana Medicare Region 99 allowable or billed charges, whichever is the lesser amount.

The following physician services are excluded from the rate adjustment:

- Preventive medicine evaluation and management;
- Immunizations;
- Family planning services;
- Select orthopedic reparative services; and
- Prenatal evaluation & management and delivery services.

STATE	<u>LOUISIANA</u>
DATE REC'D	<u>8-1-12</u>
DATE APPV'D	<u>7-9-13</u>
DATE EFF	<u>7-1-12</u>
HOSEA 179	<u>12-26</u>

**A**

Effective for the dates of service on or after January 22, 2010, the reimbursement rates for family planning services shall be reduced to 75 percent of the 2009 Louisiana Medicare Region 99 allowable or billed charges, whichever is less.

Effective for dates of service on or after July 1, 2012, reimbursement shall be as follows for the designated physician services:

1. Reimbursement for professional services procedure (consult) codes 99241-99245 and 99251-99255 shall be discontinued;
2. Cesarean delivery fees (procedure codes 59514-59515) shall be reduced to equal corresponding vaginal delivery fees (procedure codes 59409-59410); and
3. Reimbursement for all other professional services procedure codes, exclusive of Affordable Care Act primary care procedure codes, shall be reduced by 3.4 percent of the rates on file as of June 30, 2012.

TN# 12-26 Approval Date 7-9-13 Effective Date 7-1-12  
Supersedes  
TN# 10-06

**SUPERSEDES: TN- 10-06**