

## **Table of Contents**

**State/Territory Name: Louisiana**

**State Plan Amendment (SPA) #: 12-28**

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 12-28

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 12-28. The state plan amendment reduces the reimbursement rates for family planning services rendered by a physician by 3.7 percent in order to avoid a budget deficit.

Transmittal Number 12-28 is approved with an effective date of July 1, 2012 as requested. A copy of the HCFA-179, Transmittal No. 12-28 dated August 3, 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,

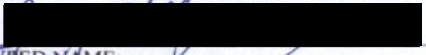
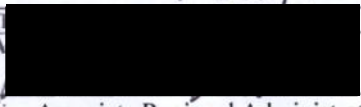
A black rectangular box redacting the signature of Bill Brooks.

Bill Brooks  
Associate Regional Administrator

Enclosures

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

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER: <b>12-28</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 <b>2012</b> <b>(\$11.38)</b> b. FFY <b>2013</b> <b>(\$43.06)</b>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):	
<i>* Attachment 4.19-B, Item 5, Page 2</i> <i>* Attachment 4.19-B, Item 5, Page 2a</i> <i>* Attachment 4.19-B, Item 5, Page 2a(1)</i> <i>* Attachment 4.19-B, Item 5, Page 2a(2)</i> <i>* Attachment 4.19-B, Item 5, Page 2a(3)</i>	<i>Pending (12-26) - Renote</i> <i>Supersedes - Same (TN 10-75)</i> <i>Supersedes - Same (TN 10-15)</i> <i>Supersedes - Same (TN 10-15)</i> <i>Supersedes - None (New Page)</i>	
10. SUBJECT OF AMENDMENT: <b>The purpose of this SPA is to reduce the reimbursement rates for family planning services rendered by a physician by 3.7 percent in order to avoid a budget deficit.</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</b> <b>State of Louisiana</b> <b>Department of Health and Hospitals</b> <b>628 N. 4<sup>th</sup> Street</b> <b>PO Box 91030</b> <b>Baton Rouge, LA 70821-9030</b>	
13. TYPED NAME: <b>Bruce D. Greenstein</b>		
14. TITLE: <b>Secretary</b>		
15. DATE SUBMITTED: <b>July 26, 2012</b>		
<b>FOR REGIONAL OFFICE USE ONLY</b>		
17. DATE RECEIVED: <b>3 August, 2012</b>	18. DATE APPROVED: <b>9 July, 2013</b>	
PLAN APPROVED - ONE COPY AT		
19. EFFECTIVE DATE OF APPROVED MATERIAL: <b>1 July, 2012</b>	20. SIGNATURE: 	
21. TYPED NAME: <b>Bill Brooks</b>	22. TITLE: <b>Associate Regional Administrator</b> <b>Division of Medicaid &amp; Children's Health</b>	
23. REMARKS: <i>* As per email with RAI Response dated May 24, 2013.</i>		



STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM  
STATE OF LOUISIANA

Attachment 4.19-B  
Item 5, Page 2a

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:

Effective for dates of service on or after July 1, 2012, the reimbursement rates for family planning services rendered by a physician shall be reduced by 3.7 percent of the rates in effect on June 30, 2012.

STATE	<u>LOUISIANA</u>
DATE REC'D	<u>8-3-12</u>
DATE APPV'D	<u>7-9-13</u>
DATE EFF	<u>7-1-12</u>
INDEX 179	<u>12-28</u>

**A**

TN# 12-28 Approval Date 7-9-13 Effective Date 7-1-12  
Supersedes  
TN# 10-75

SUPERSEDES: TN- 10-75



**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:**

**Recipients age 16 or older**

Effective for dates of service on or after January 22, 2010, physician services rendered to recipients 16 years of age or older shall be reduced to 75 percent of the 2009 Louisiana Medicare Region 99 allowable or billed charges, whichever is the lesser amount.

Effective for dates of service on or after January 22, 2010, those services rendered to recipients 16 years of age or older that are currently reimbursed at a rate below 75 percent of the 2009 Louisiana Medicare Region 99 allowable will be reimbursed at a rate of 75 percent of the 2009 Louisiana Medicare Region 99 allowable or billed charges, whichever is the lesser amount.

The following physician services rendered to recipients 16 years of age or older shall be reimbursed at 80 percent of the 2009 Louisiana Medicare Region 99 allowable or billed charges, whichever is the lesser amount:

- a. Prenatal evaluation and management services;
- b. Preventive medicine evaluation and management services; and
- c. Obstetrical delivery services.

Effective for dates of service on or after December 1, 2010, reimbursement shall be 90 percent of the 2009 Louisiana Medicare Region 99 allowable for the following obstetric services when rendered to recipients 16 years of age and older:

1. vaginal-only delivery (with or without postpartum care);
2. vaginal delivery after previous cesarean (VBAC) delivery; and
3. cesarean delivery following attempted vaginal delivery after previous cesarean delivery.

The reimbursement for a cesarean delivery remains at 80 percent of the 2009 Louisiana Medicare Region 99 allowable when the service is rendered to recipients 16 years of age and older.

**Recipients under the age of 16**

Effective for dates of service on or after January 22, 2010, physician services rendered to recipients under the age of 16 shall be reimbursed at 90 percent of the 2009 Louisiana Medicare Region 99 allowable or billed charges, whichever is the lesser amount.

Effective for dates of service on or after January 22, 2010, those services rendered to recipients under the age of 16 that are currently reimbursed at a rate below 90 percent of the 2009 Louisiana Medicare Region 99 allowable will be reimbursed at a rate of 90 percent of the 2009 Louisiana Medicare Region 99 allowable or billed charges, whichever is the lesser amount.

**Physician administered drugs**

Effective for dates of service on or after January 22, 2010, all physician-administered drugs shall be reimbursed at 90 percent of the 2009 Louisiana Medicaid Region 99 allowable or billed charges, whichever is the lesser amount.

State developed fee schedule rates are the same for both public and private providers of the service, except as noted elsewhere in the plan; and the fee schedule and any annual/periodic adjustments to the fee schedule are published on the Louisiana Medicaid Provider website at [www.lamedicaid.com](http://www.lamedicaid.com).

TN# 12-28 Approval Date 7-9-13 Effective Date 7-1-12  
Supersedes  
TN# 10-15



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:

Effective for dates of service on or after October 21, 2007, the Medicaid Program shall provide reimbursement for the payment of adjunct services in addition to the reimbursement for evaluation and management services and the associated ancillary services when these professional services are rendered in settings other than hospital emergency departments during evening, weekend or holiday hours. Reimbursement is limited to services rendered between the hours of 5 p.m. and 8 a.m. Monday through Friday, on weekends and State legal holidays.

Effective for dates of service on or after October 21, 2007, the reimbursement for adjunct services is a flat fee, based on the adjunct CPT code, in addition to the reimbursement for the associated evaluation and management service, and associated ancillary services. The same methodology is used for both governmental and non-governmental providers.

Anesthesia Services

A. The most appropriate procedure codes and modifiers shall be used when billing for surgical anesthesia procedures and/or other services performed under the professional licensure of the physician (anesthesiologist or other specialty).

B. Formula Based Reimbursement.

Reimbursement is based on formulas related to 100 percent of the 2003 Medicare Region 99 payable.

Effective for the dates on or after January 22, 2010, the reimbursement for formula based anesthesia services rendered by a physician shall be:

1. 75 percent of the 2009 Louisiana Medicare Region 99 allowable for services rendered to Medicaid recipients ages 16 and older; and
2. 90 percent of the 2009 Louisiana Medicare Region 99 allowable for services rendered to Medicaid recipients under the age of 16.

C. Flat Fee Reimbursement:

Reimbursement for maternity related anesthesia services is a flat fee except for general anesthesia related to a vaginal delivery which is reimbursed according to a formula.

Other anesthesia services that are performed under the professional licensure of the physician (anesthesiologist or other specialty) are reimbursed a flat fee based on the appropriate procedure code.

STATE	<u>LOUISIANA</u>
DATE REC'D	<u>8-3-12</u>
DATE APPV'D	<u>7-9-13</u>
DATE EFF	<u>7-1-12</u>
INDEX 179	<u>12-28</u>

**A**

TN# 12-28 Approval Date 7-9-13 Effective Date 7-1-12

Supersedes

TN# 10-15

**SUPERSEDES: TN- 10-15**



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:

D. Maternity Related Anesthesia Services

The delivering physician will be reimbursed when he initiates the epidural procedure with inclusion of the appropriate procedure code and modifier.

The anesthesiologist or CRNA who is called in to continue administering the anesthesia after the epidural was inserted will be reimbursed for the continued administration of the anesthesia.

Anesthesiologists and/or CRNAs may not bill for both continued administration and general anesthesia.

- E. Surgeons shall not be reimbursed for the personal medical direction of a CRNA. The anesthesia service will be considered non-medically directed and should be billed as such by the CRNA.

- F. Effective for dates of service on or after August 4, 2009, the reimbursement rates paid for anesthesia services that are performed under the professional licensure of a physician (anesthesiologist or other specialty) shall be reduced by 3.5 percent of the rates in effect on August 3, 2009.

Effective for dates of service on or after November 20, 2009, maternity-related anesthesia services and anesthesia services rendered to recipients under the age of 16 shall be exempt from the August 4, 2009 rate reduction on anesthesia services performed by a physician (anesthesiologist or other specialty).

Note: Reimbursement for anesthesia services performed by certified registered nurse anesthetists (CRNAs) is listed in Item 6.d.

STATE	<u>LOUISIANA</u>
DATE REC'D	<u>8-3-12</u>
DATE APPV'D	<u>7-9-13</u>
DATE EFF	<u>7-1-12</u>
IDEA 179	<u>12-28</u>

A

TN# 12-28 Approval Date 7-9-13 Effective Date 7-1-12

Supersedes

TN# NONE - NEW PAGE

SUPERSEDES: NONE - NEW PAGE