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State/Territory Name: Louisiana

State Plan Amendment (SPA) #: 12-44

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 23, 2013

Our Reference: SPA LA 12-44

Ms. Ruth Kennedy, State Medicaid Director
Department of Health and Hospitals
Bienville Building
628 North 4th 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 12-44. This state plan amendment reduces reimbursement fees for adult denture services in order to avoid a budget deficit.

Transmittal Number 12-44 is approved with an effective date of July 1, 2012 as requested. A copy of the HCFA-179, Transmittal No. 12-44 dated August 3, 2012 is enclosed along with the approved plan pages.

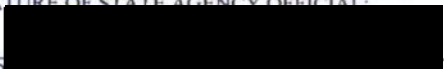
If you have any questions, please contact Ford Blunt III at ford.blunt@cms.hhs.gov or by phone at (214) 767-6381.

Sincerely,

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

Bill Brooks
Associate Regional Administrator

Enclosures

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	1. TRANSMITTAL NUMBER: 12-44 2. STATE Louisiana 3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) 4. PROPOSED EFFECTIVE DATE July 1, 2012
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: 42 CFR 447 Subpart B	7. FEDERAL BUDGET IMPACT: a. FFY <u>2012</u> (\$1.50) b. FFY <u>2013</u> (\$5.69)
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B, Item 12b, Page 1 <i>* Attachment 3.1-A, Item 12 b, Page 1</i>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Same (78-16) <i>Same (95-16)</i>
10. SUBJECT OF AMENDMENT: The purpose of this SPA is to amend the reimbursement methodology for adult denture services to reduce the reimbursement fees on file in order to avoid a budget deficit.	
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: The Governor does not review state plan material.	
12. SIGNATURE OF STATE AGENCY OFFICIAL:  13. TYPED NAME: Bruce D. Greenstein 14. TITLE: Secretary 15. DATE SUBMITTED: July 25, 2012	16. RETURN TO: J. Ruth Kennedy, Medicaid Director 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: 3 August, 2012	18. DATE APPROVED: 23 JULY, 2013
19. EFFECTIVE DATE OF APPROVED MATERIAL: 1 July, 2012	
21. TYPED NAME: Bill Brooks	22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health
23. REMARKS: <i>* AS PER PEN AND INK EMAIL REQUEST DATED 7/18/13</i>	

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

ATTACHMENT 4.19-B

Item 12b, Page 1

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 1905 (A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM, UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

CITATION
42 CFR 447

Medical and Remedial
Care and Services
Item 12b

Dentures

I. Methods of Payment

Adult denture services are reimbursed the lower of the dentist's billed charges or the state established schedule of fees. This fee schedule is reviewed annually.

Effective for dates of service on or after July 1, 2012, the reimbursement fees on file for the following adult denture services shall be reduced to the following percentages of the 2009 National Dental Advisory Service Comprehensive Fee Report 70th percentile, unless otherwise stated:

1. 65 percent for the comprehensive evaluation exam; and
2. 56 percent for full mouth x-ray.

Removable prosthodontics shall be excluded from the July 1, 2012 reimbursement rate reduction.

II. Standards for Payment

Only the services of dentists who are licensed by the State Board of Dental Examiners are reimbursed.

STATE	<u>LOUISIANA</u>
DATE REC'D	<u>8-3-12</u>
DATE APPV'D	<u>7-23-13</u>
DATE EFF	<u>7-1-12</u>
INDEX 179	<u>12-44</u>

A

TN# 12-44 Approval Date 7-23-13 Effective Date 7-1-12
Supersedes
TN# 78-16 **SUPERSEDES: TN- 78-16**

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

ATTACHMENT 3.1-A
Item 12b, Page 1

LIMITATIONS ON THE AMOUNT, DURATION AND SCOPE OF CERTAIN ITEMS OF
PROVIDED MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED AS
FOLLOWS :

CITATION
42 CFR
440.120(b)

MEDICAL AND
REMEDIAL CARE
AND SERVICES
Item 12b

Dentures - The Bureau of Health Services Financing makes
payments to dentists for dentures under the following
conditions:

- (1) Prior Approval - In addition to prior approval items
specified in (2), (3), (4) , and (5) below, prior
approval for specific services is required. Services
subject to prior approval are listed in the Bureau's
Provider Manual. New dentures are only allowable
eight (8) years after the original dentures are
provided.

The Adult Dental Program shall no longer
reimburse for cast partial dentures (Procedure
Codes 05213 and 05214).

- (2) Complete Dentures - Complete dentures are subject
to prior authorization. Immediate dentures may also
be available through prior approval. Replacement of
complete dentures are only allowable eight (8) years
after the original dentures were provided.

- (3) Denture Relines - Complete and partial denture
relines are authorized only if one year has elapsed
since the denture was constructed or last relined. A
combination of two relines or one complete denture
and one reline may be allowed within an eight (8)
year period if prior authorized by the Bureau of
Health Services Financing or its designee. Reline of
existing dentures must be given priority over the
construction of new dentures, if it is judged that the
existing dentures are serviceable for at least seven
years. Chairside relines (cold cure acrylics) are not
reimbursable.

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TN# 12-44 Approval Date 7-23-13 Effective Date 7-1-12
Supersedes
TN# 95-16 **SUPERSEDES: TN- 95-16**