

Table of Contents

State/Territory Name: Louisiana

State Plan Amendment (SPA) #: 12-61

This file contains the following documents in the order listed:

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

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

September 23, 2013

Our Reference: SPA LA 12-61

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 12-61. The state plan revises the physician services covered in the Professional Services Program in order to reclassify optometry services as a mandatory physician service under the Medicaid State Plan.

Transmittal Number 12-61 is approved with an effective date of October 1, 2012 as requested. A copy of the HCFA-179, Transmittal No. 12-61 dated November 30, 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		1. TRANSMITTAL NUMBER: 12-61	2. STATE Louisiana
FOR: HEALTH CARE FINANCING ADMINISTRATION		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 October 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> \$0 b. FFY <u>2013</u> \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B Item 5, Page 7 Attachment 4.19-B, Item 5, Page 3a Deleted Attachment 3.1-A, Item 5 pages 1 & 1a Attachment 3.1-A pages 2 & 3 Section 3.1, Page 27		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Same (TN 78-13) None (New page) Deleted Same 05-39 & 11-02 Same 93-21 & 09-50 Same 87-24	
10. SUBJECT OF AMENDMENT: The SPA proposes to revise physician services covered in the Professional Services Program in order to reclassify optometry services as a mandatory physician service under the Medicaid State Plan.			
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 The Governor does not review state plan material. <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		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	
13. TYPED NAME: Bruce D. Greenstein			
14. TITLE: Secretary			
15. DATE SUBMITTED: November 28, 2012			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 30 November, 2012		18. DATE APPROVED: 23 September, 2013	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 1 October, 2012		20.  <small>U.S. Social Security Administration, Office of Health, OHS, CMS, OHS, People, 039050, cms/Billy D. Brooks - S</small>	
21. TYPED NAME: Bill Brooks		22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health	
23. REMARKS: Pen and Ink Change made per State submission of RAI requesting changes to Blocks 8 & 9 dated 24 June, 2013 Also Pen and Ink changes as per e-mail sent on 9/20/13 from State.			

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

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

CITATION

42 CFR 440.50

Medical and Remedial Care and Services – Item 5

PHYSICIAN SERVICES WHETHER FURNISHED IN THE OFFICE, THE RECIPIENT'S HOME, A SKILLED NURSING FACILITY OR ELSEWHERE ARE PROVIDED WITH LIMITATIONS AS FOLLOWS:

A. Physician Services

Physician's services furnished by a physician, whether provided in the office, the recipient's home, a hospital, a skilled nursing facility, or elsewhere, means services provided within the scope of practice of medicine, optometry or osteopathy as defined by State law and by or under the personal supervision of an individual licensed under State law to practice medicine or osteopathy; and medical or surgical services furnished by a dentist in accordance with Section 1905(a)(5) of the Act as amended by Section 4103(a) of P.L. 100-203 and within the scope of dentistry as defined by State law.

1. Outpatient physician visits are counted toward applicable visit limitations. Effective January 1, 2006, the applicable visit limitations will be accumulated per calendar year per recipient. When the service cap has been reached, any additional services must meet medical necessity criteria established by the Bureau of Health Services Financing, and will be retroactively authorized on a case by case basis.

EPSDT RECIPIENTS ARE EXCLUDED FROM SERVICE LIMITATIONS BASED ON MEDICAL NECESSITY.

State: Louisiana
Date Received: 30 November, 2012
Date Approved: 23 September, 2013
Date Effective: 1 October, 2012
Transmittal Number: 12-61

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

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

CITATION

Medical and Remedial Care and Services-Item 5 (cont'd)

42 CFR
440.50

2. Effective for dates of service on or after January 1, 2007, the reimbursement of up to three medically necessary inpatient evaluation and management services by providers of different specialties per recipient, per day, for recipients age 21 and older will be allowed.
3. Pre- and post-operative **inpatient and outpatient visits related to surgery** are not reimbursed when made during the global surgery period assigned to the surgical procedure code. Visits are considered unrelated when the reason for the visit is not the same as the reason for the surgery.
4. Reimbursement for inpatient physician services rendered in hospitals is subject to hospital pre-certification and length of stay assignment criteria.
5. Effective for dates of service on or after October 1, 2012, eye care services rendered by a participating optometrist, within their scope of optometric practice, shall be classified and reimbursed under the Medicaid State Plan as a mandatory physician service to the same extent, and according to the same standards as physicians who perform the same eye care services. Recipients in the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program are excluded from optometry service limits.

State: Louisiana
Date Received: 30 November, 2012
Date Approved: 23 September, 2013
Date Effective: 1 October, 2012
Transmittal Number: 12-61

TN# 12-61
Supersedes
TN# 11-02

Approval Date 9/23/13

Effective Date 10/1/12

Revision: HCFA-PM-93-5 (MB)
May 1993

ATTACHMENT 3.1-A
Page 2
OMB No.: 0938-

State/Territory: LOUISIANA

**AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE
AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY**

4. a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.

Provided: No limitations X With limitations *

4. b. Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found.*

4. c. Family planning services and supplies for individuals of child-bearing age.

Provided: X No limitations With limitations*

5. a. Physicians' services whether furnished in the office, the patient's home, a hospital, a nursing facility or elsewhere.

Provided: No limitations X With limitations*

Services of the type an optometrist is legally authorized to perform are specifically included in the term "physicians' services."

- b. Medical and surgical services furnished by a dentist (in accordance with section 1905(a) (5) (B) of the Act).

Provided: No limitations X With limitations

6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.

- a. Podiatrists' services.

Provided: No limitations X With limitations*

State: Louisiana
Date Received: 30 November, 2012
Date Approved: 23 September, 2013
Date Effective: 1 October, 2012
Transmittal Number: 12-61

TN# 12-61 Approval Date 9/23/13 Effective 10/1/12
~~Date~~
Supersedes
TN# 93-21

Revision: HCFA-PM-91-4 (BPD)
August 1991

ATTACHMENT 3.1-A
Page 3
OMB No.: 0938-

State/Territory: LOUISIANA

**AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE
AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY**

b. Optometrists' services.

☐ Provided: ☐ No limitations ☐ With limitations*
☒ Not provided.

c. Chiropractors' services.

☐ Provided: ☐ No limitations ☐ With limitations*
☒ Not provided.

d. Other practitioners' services.

☒ Provided: **Identified on attached sheet with description of limitations, if any.** Description is provided on Attachment 3.1-A, Item 6, Pages 3, 4, and 5.

☐ Not provided.

7. Home health services.

a. Intermittent or part-time nursing services provided by a home health agency or by a registered nurse when no home health agency exists in the area.

Provided: ☐ No limitations ☒ With limitations*

b. Home health aide services provided by a home health agency.

Provided: ☐ No limitations ☒ With limitations*

c. Medical supplies, equipment, and appliances suitable for use in the home.

Provided: ☐ No limitations ☒ With limitations*

*Description provided on attachment.

State: Louisiana
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Transmittal Number: 12-61

TN# 12-61 Approval Date 9/23/13

Effective Date 10/1/12

Supersedes

TN# 09-50

HCFA ID: 7986E

Revision: HCFA-PM-87-5 (BERC)
April 1987

OMB No.: 0938-0193

State / Territory: LOUISIANA

Citation
42 CFR 441.30
AT-78-90

3.1 (f) (1) Optometric Services

Optometric services (other than those provided under §§ 435.531) and 436.531) are not now but were previously provided under the plan. Services of the type an optometrist is legally authorized to perform are specifically included in the term “physicians’ services” under this plan and are reimbursed whether furnished by a physician or an optometrist.



Yes.



No. The conditions described in the first sentence apply but the term “physicians’ services” does not specifically include legally authorized to perform.



Not applicable. The conditions in the first sentence do not apply.

1903 (i) (1)
Of the Act.
P.L. 99-272
(Section 9507)

(2) Organ Transplant Procedures

Organ transplant procedures are provided.



Yes. Similarly situated individuals are treated alike and any restriction on the facilities that may, or practitioners who may, provide those procedures is consistent with the accessibility of high quality care to individuals eligible for the procedures under this plan. Standards for the coverage of organ transplant procedures are described at ATTACHMENT 3.1-E.



No.

State: Louisiana

Date Received: 30 November, 2012

Date Approved: 23 September, 2013

Date Effective: 1 October, 2012

Transmittal Number: 12-61

TN# 12-61

Supersedes

TN# 87-24

Approval Date 9/23/13 Effective Date 10/1/12

PAYMENT OF MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1905(A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

CITATION

42 CRF 450.30:

Medical and Remedial Care and Services
Item 5. (cont.)

(3) Provision for Written Consent

The patient shall be given a written consent document, by the physician or clinic detailing all of the basic elements of informed consent. Each consent document shall display the following legend printed prominently at the top:

“NOTICE: Your decision at any time not to be sterilized will not result in the withdrawal or withholding of any benefits provided by programs or projects.”

E. Optometry Services

1. Effective October 1, 2012, eye care services rendered by a participating optometrist, within their scope of optometric practice, shall be classified and reimbursed under the Medicaid State Plan as a mandatory physician service to the same extent, and according to the same standards as physicians who perform the same eye care services.
2. Recipients in the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program are excluded from optometry service limits.
3. The Medicaid Program shall not provide reimbursement for eyeglasses provided to Medicaid recipients 21 years of age or older.

State: Louisiana
Date Received: 30 November, 2012
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TN# 12-61

Date

Supersedes

TN# 78-13

Approval Date 9/23/13

Effective 10/1/12