

Table of Contents

State/Territory Name: Louisiana
State Plan Amendment (SPA)#: 13-35

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 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

November 21, 2013

Our Reference: SPA LA 13-35

Ms. Ruth Kennedy, State Medicaid Director
Department of Health and Hospitals
628 North 4th St.
P.O. Box 91030
Baton Rouge, LA 70821-9030

Dear Ms. Kennedy:

We have reviewed the proposed amendment to your Medicaid State Plan submitted under Transmittal Number 13-35. The State plan amendment reduces the reimbursement rates for Early and Periodic Screening Diagnosis and Treatment dental services by 1.5 percent.

Transmittal Number 13-35 is approved with an effective date of August 1, 2013 as requested. A copy of the HCFA-179, Transmittal No. 13-35, dated September 11, 2013 is enclosed along with the approved plan pages.

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

Sincerely,

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

Bill Brooks
Associate Regional Administrator

Cc: Darlene Adams, Roberta Diaz, Jodie Hebert

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

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

13-35

2. STATE

Louisiana

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

August 1, 2013

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ 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 F

7. FEDERAL BUDGET IMPACT:

a. FFY **2013**

(\$1,305.93)

b. FFY **2014**

(\$1,163.89)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-B, Item 4.b, Page 1.1(a)

9. PAGE NUMBER OF THE SUPERSEDED PLAN
SECTION OR ATTACHMENT (If Applicable):

Same TN (12-38)

10. SUBJECT OF AMENDMENT: **The SPA proposes to revise the reimbursement methodology for EPSDT dental services to reduce reimbursement rates by 1.5 percent of the rate on file July 31, 2013.**

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:

The Governor does not review state plan material.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Kathy H. Kliebert

14. TITLE:

Secretary

15. DATE SUBMITTED:

September 11, 2013

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:

11 September, 2013

18. DATE APPROVED:

21 November, 2013

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

1 August, 2013

20. SIGN/

21. TYPED NAME:

Bill Brooks

22. TITLE: **Associate Regional Administrator
Division of Medicaid & Children's Health**

23. REMARKS:

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:

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

1. 65 percent for the following oral evaluation services:
 - a) periodic oral examination;
 - b) oral examination- patients under three years of age; and
 - c) comprehensive oral examination- new patients;
2. 62 percent for the following annual and periodic diagnostic and preventive services:
 - a) radiographs – periapical, first film;
 - b) radiographs- periapical, each additional film;
 - c) radiographs- panoramic film;
 - d) diagnostic casts;
 - e) prophylaxis- adult and child;
 - f) topical application of fluoride, adult and child (prophylaxis not included); and
 - g) topical fluoride varnish, therapeutic application for moderate to high caries risk patients (under 6 years of age);
3. 45 percent for the following diagnostic and adjunctive general services:
 - a) oral/facial image;
 - b) non-intravenous conscious sedation; and
 - c) hospital call; and
4. 56 percent for the remainder of the dental services.

Removable prosthodontics and orthodontic services are excluded from the July 1, 2012 rate reduction.

Effective for dates of service on or after August 1, 2013, the reimbursement fees for EPSDT dental services shall be reduced by 1.5 percent of the rate on file July 31, 2013, unless otherwise stated.

1. The following services shall be excluded from the August 1, 2013 rate reduction:
 - a. removable prosthodontics; and
 - b. orthodontic services

TN# 13-35
Supersedes
TN# 12-38

Approval Date 11/21/13
Effective Date: 8/1/13

State: Louisiana
Date Received: 9/11/13
Date Approved: 11/21/13
Date Effective: 8/1/13
Transmittal Number: LA 13-35