

## **Table of Contents**

**State/Territory Name: Louisiana**

**State Plan Amendment (SPA) #: LA 22-0036**

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop S2-26-12  
Baltimore, MD 21244-1850



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**Financial Management Group**

February 24, 2023

Tara A. LeBlanc  
Medicaid Executive Director  
Louisiana Medicaid Program  
Louisiana Department of Health Bureau of Health Services Financing  
628 North Fourth Street Post Office Box 91030  
Baton Rouge, Louisiana 70821-9030

RE: Louisiana State Plan Amendment (SPA) 22-0036

Dear Ms. LeBlanc:

We have reviewed the proposed amendment to Attachment 3.1-A and 4.19-A of your Medicaid state plan submitted under transmittal number (TN) 22-0036 effective for services on or after January 1, 2023. The purpose of this SPA is to allow reimbursement, outside of the inpatient hospital per diem, for genetic testing of critically ill infants.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903(a), and 1923 of the Social Security Act and the regulations at 42 CFR 447 Subpart C. We hereby inform you that Medicaid State plan amendment 22-0036 is approved effective January 1, 2023. We are enclosing the CMS-179 and the amended plan pages.

If you have any questions, please call Tom Caughey at (517) 487-8598.

Sincerely,



Rory Howe  
Director

Enclosure

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER  
**22-0036**

2. STATE  
**LA**

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

TO: CENTER DIRECTOR  
CENTERS FOR MEDICAID & CHIP SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
**January 1, 2023**

5. FEDERAL STATUTE/REGULATION CITATION  
**42 CFR 447, Subpart C**

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)  
a. FFY 2023 \$ 2,690,866  
b. FFY 2024 \$ 2,489,316

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

**Attachment 3.1-A, Item 1, Page 46**  
**Attachment 4.19-A, Item 1, Page 15**

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  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

**Same (TN 20-0007)**  
**Same (TN 21-0022)**

9. SUBJECT OF AMENDMENT

**The purpose of this SPA is to allow reimbursement, outside of the inpatient hospital per diem, for genetic testing  
of critically ill infants.**

10. 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.

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME

**Ruth Johnson, designee for Dr. Courtney N. Phillips**

13. TITLE

**Secretary**

14. DATE SUBMITTED

**December 12, 2022**

15. RETURN TO

**Tara A. LeBlanc, Medicaid Executive Director**  
**Louisiana Department of Health**  
**628 North 4<sup>th</sup> Street**  
**P.O. Box 91030**  
**Baton Rouge, LA 70821-9030**

**FOR CMS USE ONLY**

16. DATE RECEIVED

**December 12, 2022**

17. DATE APPROVED

**February 24, 2023**

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL

**January 1, 2023**

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

**Rory Howe**

21. TITLE OF APPROVING OFFICIAL

**Director, Financial Management Group**

22. REMARKS

STATE OF LOUISIANA

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

**Elective Deliveries**

Induced deliveries and cesarean sections shall not be reimbursed when performed prior to 39 weeks gestation. This shall not apply to deliveries when there is a documented medical condition that would justify delivery prior to 39 weeks gestation.

**Coverage of Donor Human Breast Milk**

Effective for dates of service on or after August 20, 2020, coverage shall be provided for donor human breast milk obtained from a member bank of the Human Milk Banking Association of North America, provided to hospitalized infants in acute care hospitals.

**Genetic Testing of Critically Ill Infants**

Effective for dates of service on or after January 1, 2023, inpatient hospitals shall receive reimbursement for rapid whole genome sequencing testing of an infant.

Rapid whole genome sequencing testing includes individual sequencing, trio sequencing of the parents of the infant, and ultra-rapid sequencing.

STATE OF LOUISIANA  
PAYMENT FOR MEDICAL AND REMEDIAL CARE AND SERVICES

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METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - INPATIENT HOSPITAL CARE

**Reimbursement for Donor Human Breast Milk**

Effective for dates of service on or after August 20, 2020, hospitals shall be reimbursed for donor human breast milk provided to hospitalized infants when obtained from a member bank of the Human Milk Banking Association of North America. Reimbursement will be made as an add-on service in addition to the hospital payment for the inpatient hospital stay.

**Reimbursement for COVID-19 Laboratory Testing Services in Acute Inpatient Hospitals**

Effective for dates of service on or after September 20, 2021, acute care hospitals shall receive reimbursement for COVID-19 laboratory testing, in addition to the hospital per diem payment for the inpatient hospital stay. These add-on payments to the inpatient per diem rate shall be applicable only for acute care inpatient stays in state and non-state owned hospitals, small rural hospitals, Children's specialty hospitals and Our Lady of the Lake Regional Medical Center. Psychiatric, rehabilitation, long term acute care hospitals shall not receive these payments.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of COVID-19 laboratory testing in acute care hospitals. The agency's fee schedule rate was set as of June 17, 2021, and is effective for services provided on or after that date. All rates are published on the Louisiana Medicaid website at [www.lamedicaid.com](http://www.lamedicaid.com).

**Genetic Testing of Critically Ill Infants**

Effective for dates of service on or after January 1, 2023, hospitals shall receive reimbursement for rapid whole genome sequencing testing, in addition to the hospital per diem payment for the inpatient stay.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of genetic testing of critically ill infants in inpatient hospitals. The agency's fee schedule rate was set as of July 1, 2022, and is effective for services provided on or after that date. All rates are published on the Louisiana Medicaid website at [www.lamedicaid.com](http://www.lamedicaid.com).