

## **Table of Contents**

**State/Territory Name: Louisiana**

**State Plan Amendment (SPA) #: LA 21-0022**

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**

December 15, 2021

Patrick Gillies  
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) 21-0022

Dear Mr. Gillies:

We have reviewed the proposed amendment to Attachment 4.19-A and Attachment 4.19-B of your Medicaid state plan submitted under transmittal number (TN) 21-0022 effective for services on or after September 20, 2021. The purpose of this SPA is to amend the provisions governing inpatient hospital services and ambulatory surgical centers in order to provide for reimbursement of laboratory testing for Coronavirus Disease 2019 (COVID-19) separately from inpatient hospital per diem payments and ambulatory surgical center flat fee reimbursement amounts.

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 21-0022 is approved effective September 20, 2021. 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

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER <b>21-0022</b>	2. STATE <b>Louisiana</b>
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE <b>September 20, 2021</b>	

5. TYPE OF PLAN MATERIAL (Check One)  
 NEW STATE PLAN       AMENDMENT TO BE CONSIDERED AS NEW PLAN       AMENDMENT

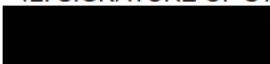
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION  <b>42 CFR 447 Subpart C</b>	7. FEDERAL BUDGET IMPACT a. FFY <u>2022</u> \$ <u>11,408,074</u> b. FFY <u>2023</u> \$ <u>10,020,182</u>
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  <del>Attachment 4.19-A, Item 1, Page 1</del> <del>Attachment 4.19-A, Item 1, Page 1a</del> Attachment 4.19-B, Item 9, Pages 4-4a <b>Attachment 4.19-A, Item 1, Page 15</b>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <b>Same (TN 12-06)</b> <b>Same (TN 19-0025)</b> <b>Same (TN 12-35)</b> <b>Same (TN 20-0007)</b>
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10. SUBJECT OF AMENDMENT The purpose of this SPA is to amend the provisions governing inpatient hospital services and ambulatory surgical centers in order to provide for reimbursement of laboratory testing for Coronavirus Disease 2019 (COVID-19) separately from inpatient hospital per diem payments and ambulatory surgical center flat fee reimbursement amounts.

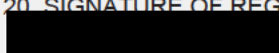
11. GOVERNOR'S REVIEW (Check One)  
 GOVERNOR'S OFFICE REPORTED NO COMMENT       OTHER, AS SPECIFIED  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED      The Governor does not review State Plan material.  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL 	16. RETURN TO <b>Patrick Gillies</b> <b>Medicaid Executive Director</b> <b>State of Louisiana</b> <b>Department of Health</b> <b>628 North 4<sup>th</sup> Street</b> <b>P.O. Box 91030</b> <b>Baton Rouge, LA 70821-9030</b>
13. TYPED NAME <b>Ruth Johnson, designee for Dr. Courtney N. Phillips</b>	
14. TITLE <b>Secretary</b>	
15. DATE SUBMITTED <b>September 20, 2021</b>	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED September 20, 2021	18. DATE APPROVED December 15, 2021
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL September 20, 2021	20. SIGNATURE OF REGIONAL OFFICIAL 
21. TYPED NAME Rory Howe	22. TITLE Director, Financial Management Group

23. REMARKS **The State requests a pen and ink change to boxes 8 and 9.**

STATE OF LOUISIANA

PAYMENT FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING 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).

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

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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 Medical and  
42 CFR 447 Remedial Care  
Subpart F and Services  
Item 9 (cont'd.)

four groupings, not to exceed the Medicare maximums for ambulatory surgeries. Surgeries not included in these groupings continue to be reimbursed at the State's flat fee amount.

The flat fee amounts for the four groupings and the State's flat fee amount cover all operative functions attendant to medically necessary surgery performed at the center by a private physician, osteopathic physician, or dentist (for emergency and life threatening conditions and for EPSDT eligibles) including admitting and laboratory tests, patient history and physical, operating room staffing and attendants, recovery room charges and discharge, except for those certain procedures that have been identified as having a separate reimbursement. It includes all supplies related to the surgical care of the patient while in the center. The flat fee payment excludes the physician fee, the radiologist fee, or the anesthesiology fee for private physicians not under contract to the Center as well as any prosthetic devices related to the surgery which must be billed separately.

Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers and the fee schedule and any adjustments to the fee schedule are published on the agency's provider website at [www.lamedicaid.com](http://www.lamedicaid.com). The agency's fee schedule rate was set as of December 1, 1985 and is effective for services provided on or after that date. All rates are published on the agency's website.

Effective for dates of service on or after February 26, 2009, the reimbursement for surgical services provided by an ambulatory surgical center shall be reduced by 3.5 percent of the rate in effect on February 25, 2009.

Effective for dates of service on or after February 5, 2010, the reimbursement for surgical services provided by an ambulatory surgical center shall be reduced by 5 percent of the rate in effect on February 4, 2010.

Effective for dates of service on or after August 1, 2010, the reimbursement for surgical services provided by an ambulatory surgical center shall be reduced by 4.4 percent of the fee amounts on file as of July 31, 2010.

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

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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 January 1, 2011, the reimbursement for surgical services provided by an ambulatory surgical center shall be reduced by 2 percent of the fee amounts on file as of December 31, 2010.

Effective for dates of service on or after July 1, 2012, the reimbursement for surgical services provided by an ambulatory surgical center shall be reduced by 3.7 percent of the fee amounts on file as of June 30, 2012.

Effective for dates of service on or after September 20, 2021, reimbursement for COVID-19 laboratory testing shall be made, in addition to the ambulatory surgical center flat fee reimbursement amount.

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 ambulatory surgical centers. 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).

C. Tuberculosis (TB) and Sexually Transmitted Disease (STD) Control Clinics

Effective for services on or after October 1, 2003, TB and STD clinics are reimbursed according to fee schedule amounts which in the aggregate are less than or equal to the Medicare payment.