

**DECLARATION OF EMERGENCY**

**Department of Health and Hospitals  
Bureau of Health Services Financing**

**Professional Services Program  
Physicians Services  
Reimbursement Methodology  
(LAC 50:IX.15113)**

The Department of Health and Hospitals, Bureau of Health Services Financing amends LAC 50:IX.15113 in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This Emergency Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:953(B)(1) et seq., and shall be in effect for the maximum period allowed under the Act or until adoption of the final Rule, whichever occurs first.

The Department of Health and Hospitals, Bureau of Health Services Financing amended the provisions governing the reimbursement methodology for physician services to increase the reimbursement rates for obstetric delivery services (*Louisiana Register*, Volume 37, Number 3).

As a result of a budgetary shortfall in state fiscal year 2013, the department promulgated an Emergency Rule which amended the provisions governing the reimbursement methodology for physician services to reduce the reimbursement rates and discontinue reimbursement for certain procedures (*Louisiana Register*, Volume 38, Number 7). [The department subsequently](#)

amended the provisions of the July 1, 2012 Emergency Rule in order to revise the formatting to ensure that these provisions are promulgated in a clear and concise manner (Louisiana Register, Volume 38, Number 10).

The Patient Protection and Affordable Care Act (PPACA) requires states to reimburse certain primary care services at ~~the rates that would be paid for the services (if they were covered) under Medicare.~~ an increased rate. In compliance with PPACA and federal regulations, the department ~~amends~~ promulgated an Emergency Rule which amended the provisions governing the reimbursement methodology for physician services in order to increase the reimbursement rates- (Louisiana Register, Volume 39, Number 1).

The department now proposes to amend the provisions of the January 1, 2013 Emergency Rule in order to revise the payment methodology and to correct the formatting of these provisions as a result of the promulgation of the October 20, 2012 Emergency Rule governing the reimbursement methodology for physician services. This action is being taken to avoid federal sanctions and to secure enhanced federal funding. This action is being taken to avoid federal sanctions and to secure enhanced federal funding. ~~It is anticipated that implementation of this Emergency Rule will increase expenditures in the Medicaid Program by approximately \$171,367 for state fiscal year 2012-2013.~~

Effective ~~January 1~~ February 20, 2013, the Department of Health and Hospitals, Bureau of Health Services Financing amends the provisions of the January 1, 2013 Emergency Rule governing the reimbursement methodology for physician services covered in the Professional Services Program.

**Title 50**  
**PUBLIC HEALTH—MEDICAL ASSISTANCE**  
**Part IX. Professional Services Program**  
**Subpart 15. Reimbursement**

**Chapter 151. Reimbursement Methodology**

**Subchapter B. Physician Services**

**§15113. Reimbursement Methodology**

A. - ~~JI~~.3. ...

~~KJ~~. Effective for dates of service on or after January 1, 2013 through December 31, 2014, certain physician services shall be reimbursed at ~~the~~ payment rates consistent with the methodology that ~~apply~~ applies to such services and physicians under Part B of Title XVIII of the Social Security Act (Medicare).

1. The following physician service codes, when covered by the Medicaid Program, shall be reimbursed at an ~~the~~ ~~Medicare~~ an increased rate:

a. evaluation and management ~~(E&M)~~ codes 99201 through 99499; or

b. their successor codes as specified by the U.S. Department of Health and Human Services.

2. Qualifying Criteria. Reimbursement shall be limited to specified services furnished by or under the personal supervision of a physician, either a doctor of osteopathy or a medical doctor, who attests to a specialty or subspecialty designation in family medicine, general internal medicine or pediatrics, and who also attests to meeting one or more of the following criteria:

a. certification as a specialist or subspecialist in family medicine, general internal medicine or pediatric medicine by the American Board of Medical Specialists (ABMS), the American Board of Physician Specialties (ABPS), or the American Osteopathic Association (AOA); or

b. specified evaluation and management ~~(E&M)~~ and vaccine services that equal at least 60 percent of total Medicaid codes paid during the most recently completed calendar year, or for newly eligible physicians the prior month.

3. Payment Methodology. For primary care services provided in calendar years 2013 and 2014, the reimbursement shall be the lesser of the:

a. Medicare Part B fee schedule rate in calendar years 2013 or 2014 that is applicable to the ~~office setting~~ place of service and reflects the mean value over all

parishes (counties) of the rate for each of the specified ~~E&M~~ codes ~~using the Medicare physician fee schedule rate in effect in calendar years 2013 and 2014~~ or, if greater, the payment rates that would be applicable in those years using the calendar year 2009 Medicare physician fee schedule conversion factor multiplied by the calendar year 2013 and 2014 relative value units in accordance with 42 CFR 447.405. If there is no applicable rate established by Medicare, the reimbursement shall be the rate specified in a fee schedule established and announced by the Centers for Medicare and Medicaid Services (CMS); or

b. provider's actual billed charge for the service.

4. The department shall make payment to the provider for the difference between the ~~Medicare and Medicaid rates~~ and the increased rate, if any ~~on a quarterly basis or other period as approved by CMS.~~

K. - K.1. Reserved

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 36:1252 (June 2010), amended LR 36:2282 (October 2010), LR 37:904 (March 2011), LR 39:

Implementation of the provisions of this Rule may be contingent upon the approval of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS), if it is determined that submission to CMS for review and approval is required.

Interested persons may submit written comments to J. Ruth Kennedy, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030. She is responsible for responding to all inquiries regarding this Emergency Rule. A copy of this Emergency Rule is available for review by interested parties at parish Medicaid offices.

Bruce D. Greenstein

Secretary