



State of Louisiana
Department of Health and Hospitals
Bureau of Health Services Financing

VIA ELECTRONIC MAIL ONLY

May 23, 2014

Bill Brooks
Centers for Medicare and Medicaid Services
Division of Medicaid and Children's Health Operations
Dallas Regional Office
1301 Young Street, Suite 833
Dallas, TX 75202

RE: LA SPA 13-38 RAI Response
Behavioral Health Services-Physician Reimbursement Methodology (Outpatient)

Bill
Dear Mr. Brooks:

Please refer to our proposed amendment to the Medicaid State Plan submitted under transmittal number (TN) 13-38 with a proposed effective date of September 1, 2013. The purpose of this amendment is to amend the provisions governing the reimbursement methodology for physician services covered under the Louisiana Behavioral Health Partnership (LBHP) to exclude certain procedure codes from the January 2013 Medicare rate changes due to the federal sequestration. We are providing the following additional information as requested in your RAI correspondence dated December 12, 2013.

CMS-179

1. Please explain why the State is indicating in block 7 of the CMS-179 that the SPA will have no Federal budget impact.

Response: The State requests to continue the rate of these 5 codes as reimbursed prior to 1/1/13. The revised Medicare rates for 1/1/13 were much lower than the Louisiana Behavioral Health Partnership (LBHP) rates. As the LBHP was recently implemented 3/1/12, Louisiana is seeking to continue the rates on file as of December 31, 2012 in order to promote provider participation.

Attachments 4.19-B and 3.1-G

2. The proposed plan language states "Effective for dates of service on or after September 1, 2013, the reimbursement for procedure codes 90791, 90792, 90832, 90834, 90837 shall be excluded from the January 2013 Medicare rate changes and shall remain at the Medicare fee schedule on file as of

December 31, 2012". Please provide a history of the level of reimbursement for these codes beginning December 31, 2012 through the present date.

Response: The State has provided reimbursement for codes paid from December 31, 2012 to present as noted below.

OUTPATIENT CHILD have been verified and are mapped to pay the below rates:

MGL paid on file

90791	\$108.49
90792	\$108.49
90832	\$47.65
90834	\$67.08
90837	\$98.78

Please consider this a formal request to begin the 90-day clock. We trust that this additional information will be sufficient to result in the approval of the pending plan amendment. We look forward to negotiating with CMS to ensure approval.

As always, we appreciate the assistance of Ford Blunt in resolving these issues.

If further information is required, you may contact Darlene Adams at Darlene.Adams@la.gov or by phone (225)342-3881.

Sincerely,



J. Ruth Kennedy
Medicaid Director

Attachments
JRK:DA:YE