

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
601 East 12th Street, Suite 0300
Kansas City, Missouri 64106-2898



Medicaid and CHIP Operations Group

June 24, 2021

Ms. Tara LeBlanc, Interim Medicaid Director
State of Louisiana
Department of Health
628 N 4th Street
P.O. Box 91030
Baton Rouge, LA 70821-9030

RE: TN LA 21-0004

Dear Ms. LeBlanc:

We have reviewed the State's proposed amendment to the Louisiana State Plan submitted under Transmittal Number (TN) 21-0004 dated March 31, 2021. This state plan amendment is to amend the provisions governing laboratory and radiology services in order to ensure that the existing language reflects current practices, remove coding and billing instructions and other extraneous information.

Based on the information submitted, we approved the amendment on June 23, 2021, for incorporation into the official Louisiana State Plan with an effective date of February 20, 2021. A copy of the CMS-179 and approved plan pages is enclosed with this letter.

If you have any questions regarding this matter, you may contact Tobias Griffin at (214) 767-4425, or by email at tobias.griffin@cms.hhs.gov.

Sincerely,

James G. Scott, Director
Division of Program Operations

Enclosures

cc: Billy Bob Farrell, Branch Manager
Karen Barnes, LA Department of Health

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER 21-0004	2. STATE Louisiana
	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 February 20, 2021	


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 <p style="text-align:center;">42 CFR 447 Subpart F</p>	7. FEDERAL BUDGET IMPACT a. FFY 2021 \$ 0 b. FFY 2022 \$ 0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1-A Item 3, Page 1 Attachment 3.1-A, Item 3, Page 2 Attachment 3.1-A, Item 5, Pages 3-4 (remove page 4) Attachment 3.1-A, Item 5, Page 5 (remove page) Attachment 4.19-B, Item 3, Page 1 Attachment 4.19-B, Item 3, Pages 2-3 Attachment 4.19-B, Item 3, Page 4	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Same (TN 19-0019) Same (TN 17-0026) Same (TN 13-17) Same (TN-89-39) Same (TN 14-21) Same (TN 17-0026) None – New Page

10. SUBJECT OF AMENDMENT **The purpose of this SPA is to amend the provisions governing laboratory and radiology services in order to ensure that the existing language reflects current practices, remove coding and billing instructions and other extraneous information.**

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 Tara A. LeBlanc, Interim Medicaid Executive Director State of Louisiana Department of Health 628 North 4th Street P.O. Box 91030 Baton Rouge, LA 70821-9030
13. TYPED NAME Ruth Johnson, designee for Dr. Courtney N. Phillips	
14. TITLE Secretary	
15. DATE SUBMITTED March 31, 2021	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED March 31, 2021	18. DATE APPROVED June 23, 2021
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL February 20, 2021	20. SIGNATURE OF REGIONAL OFFICIAL
21. TYPED NAME James G. Scott	22. TITLE Director, Division of Program Operations

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

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 DESCRIBED AS FOLLOWS

CITATION Medical and Remedial
42 CFR 440.30 Care and Services
Item 3

OTHER LABORATORY AND X-RAY SERVICES

Other laboratory and X-ray services means professional and technical laboratory and radiological services that are:

1. Ordered and provided by or under the direction of a physician or other licensed practitioner of the healing arts within the scope of his practice as defined by State law or ordered by a physician but provided by referral laboratory;
2. Provided in an office or similar facility other than a hospital outpatient department or clinic; and
3. Furnished by a laboratory that meets the requirements for 42 CFR 493.
4. Furnished in accordance with laboratory services for which the providers are certified under the clinical laboratory improvement amendments.

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 DESCRIBED AS FOLLOWS:

Coverage of Newborn Screenings Provided in an Inpatient Hospital Setting by the Office of Public Health

Effective for dates of service on or after August 5, 2017, the Department of Health, Bureau of Health Services Financing, shall provide coverage of newborn screenings performed for patients that are in acute care hospital settings, separate and apart from the coverage of the inpatient hospital stay.

Enrolled and qualified laboratory providers will be eligible to provide these services.

Proton Beam Radiation Therapy

Effective for dates of service on or after February 20, 2018, the Medicaid Program terminates coverage for proton beam radiation therapy (PBRT) for beneficiaries 21 years of age and older.

MEDICAL ASSISTANCE PROGRAM

STATE OF LOUISIANAAMOUNT DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

LIMITATIONS IN THE AMOUNT, DURATION, AND SCOPE OF CERTAIN ITEMS OF PROVIDED MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED BELOW:

CITATION Medical and Remedial Care and Services
42 CFR 440.50 Item 5 (cont.)

F. Ambulatory (Outpatient) Surgery on an Inpatient Basis

Certain surgical procedures that are performable on an outpatient or ambulatory basis, require authorization from the Bureau of Health Services Financing (BHSF) when performance of the procedure occurs on an inpatient basis, for payment to be made.

Documentation of the medical circumstances which substantiate the performance of the procedure(s) on an inpatient basis must be submitted with the request to BHSF for authorization.

- G. Services related to organ transplants to be performed at a designated transplant center must be authorized by BHSF. Requests for organ transplant for Title XIX recipients will be reviewed on a case-by-case basis applying the criteria, equally, to all similarly situated beneficiaries.

STATE OF LOUISIANA

PAYMENTS FOR 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:

CITATION Medical and Remedial Care and Services Item 3
42 CFR 447 Subpart F

Other Laboratory and Radiology Services in a Setting Other Than a Hospital Outpatient Department or Clinic are Reimbursed as Follows:

I. Method of Payment

The state developed fee schedule rates are the same for both governmental and private providers. The fee schedule and any annual/periodic adjustments to the fee schedule are published on the Medicaid provider website at www.lamedicaid.com.

A. Laboratory Services Reimbursement Methodology

Reimbursement for clinical laboratory services shall not exceed 100 percent of the current year's Medicare allowable. Reimbursement of clinical laboratory services shall be paid at the lower of billed charges or the fee on file, minus the amount which any third party coverage would pay.

Those services not subject to the Medicare fee schedule shall continue to be reimbursed to physicians and independent laboratories based on the published Medicaid fee schedule or billed charges, whichever is lower.

Providers shall be reimbursed according to the established fee schedule or billed charges, whichever is the lesser amount.

Effective for dates of service on or after February 20, 2021, the Medicaid fee for newly added laboratory services shall be set at 75 percent of the current year's Medicare allowable fee. In the absence of a Medicare fee, the fee shall be set at the Medicaid fee for a similar service or the Medicaid fee for other states. In the absence of a similar service or a Medicaid fee for other states, the fee shall be set at the cost of performing the service.

Effective for dates of service on or after February 26, 2009, the reimbursement rates for laboratory services shall be reduced by 3.5 percent of the fee amounts on file as of February 25, 2009.

STATE OF LOUISIANA

PAYMENTS FOR 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 August 4, 2009, the reimbursement rates for laboratory services shall be reduced by 4.7 percent of the fee amounts on file as of August 3, 2009.

Effective for dates of service on or after January 22, 2010, the reimbursement rates for laboratory services shall be reduced by 4.42 percent of the fee amounts on file as of January 21, 2010.

Effective for dates of service on or after August 1, 2010, the reimbursement rates for laboratory services shall be reduced by 4.6 percent of the fee amounts on file as of July 31, 2010.

Effective for dates of service on or after January 1, 2011, the reimbursement rates for laboratory services 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 rates for laboratory services 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 May 20, 2014, the reimbursement for laboratory services shall be based on usual and customary billed charges or the Medicaid fee on file as of May 19, 2014, whichever is lesser. If laboratory, radiology and portable radiology services do not have Medicare established rates, fees will be based on review of statewide billed charges for that service in comparison with set charges for similar services. If there is no similar service, fees are based upon the consultant physicians' review and recommendations. Reimbursement shall be the lesser of the billed charges or the Medicaid fee on file.

STATE OF LOUISIANA

PAYMENTS FOR 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:

B. Radiology Services Reimbursement Methodology

Providers shall be reimbursed according to the established fee schedule or billed charges, whichever is the lesser amount.

Effective for dates of service on or after February 20, 2021, the Medicaid fee for newly added radiology services shall be set at 75 percent of the current year's Louisiana Region 99 Medicare allowable fee. In the absence of a Medicare fee, the fee shall be set at the Medicaid fee for a similar service or the Medicaid fee for other states. In the absence of a similar service or a Medicaid fee for other states, the fee shall be set at the cost of performing the service.

Effective for dates of service on or after February 26, 2009, the reimbursement rates for radiology services shall be reduced by 3.5 percent of the fee amounts on file as of February 25, 2009.

Effective for dates of service on or after August 4, 2009, the reimbursement rates for radiology services shall be reduced by 4.7 percent of the fee amounts on file as of August 3, 2009.

Effective for dates of service on or after January 22, 2010, the reimbursement rates for radiology services shall be reduced by 4.42 percent of the fee amounts on file as of January 21, 2010.

Effective for dates of service on or after August 1, 2010, the reimbursement rates for radiology services shall be reduced by 4.6 percent of the fee amounts on file as of July 31, 2010.

Effective for dates of service on or after January 1, 2011, the reimbursement rates for radiology services 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 rates for radiology services shall be reduced by 3.7 percent of the fee amounts on file as of June 30, 2012.

Effective for dates of services on or after May 20, 2014, the reimbursement for radiology services shall be based on usual and customary billed charges or the Medicaid fee on file as of May 19, 2014, whichever is lesser. If laboratory, radiology and portable radiology services do not have Medicare established rates, fees will be based on review of statewide billed charges for that service in comparison with set charges for similar services. If there is no similar service, fees are based upon the consultant physicians' review and recommendations. Reimbursement shall be the lesser of the billed charges or the Medicaid fee on file.

Effective February 20, 2018, the Medicaid Program terminates reimbursement for proton beam radiation therapy (PBRT) for beneficiaries 21 years of age and older.

STATE OF LOUISIANA

PAYMENTS FOR 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:

C. Portable Radiology Services

Reimbursement of portable radiology services shall be the lower of billed charges or the fee on file, minus the amount which any third party coverage would pay.

Effective for dates of service on or after February 26, 2009, the reimbursement rates for portable radiology services shall be reduced by 3.5 percent of the fee amounts on file as of February 25, 2009.

Effective for dates of service on or after August 4, 2009, the reimbursement rates for portable radiology services shall be reduced by 4.7 percent of the fee amounts on file as of August 3, 2009.

Effective for dates of service on or after January 22, 2010, the reimbursement rates for portable radiology services shall be reduced by 4.42 percent of the fee amounts on file as of January 21, 2010.

Effective for dates of service on or after August 1, 2010, the reimbursement rates for portable radiology services shall be reduced by 4.6 percent of the fee amounts on file as of July 31, 2010.

Effective for dates of service on or after July 1, 2012, the reimbursement rates for portable radiology services shall be reduced by 3.7 percent of the fee amounts on file as of June 30, 2012.

Effective for dates of services on or after May 20, 2014, the reimbursement for portable radiology services shall be based on usual and customary billed or the Medicaid fee on file as of May 19, 2014, whichever is lesser. If laboratory, radiology and portable radiology services do not have Medicare established rates, fees will be based on review of statewide billed charges for that service in comparison with set charges for similar services. If there is no similar service, fees are based upon the consultant physicians' review and recommendations. Reimbursement shall be the lesser of the billed charges or the Medicaid fee on file.

II. Standards for Payment

Payment as indicated above will be made for services provided by physicians, portable radiology providers, and by independent laboratories (other than a hospital outpatient department or clinic). Providers of these services must meet all provider enrollment criteria.