

STATE OF LOUISIANA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE OR SERVICES LISTED IN SECTION 1902-(Aa) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM, UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

<u>CITATION</u>	Medical and Remedial	<u>Home Health Services</u>
42 CFR	Care and Services	
447.201	Item 7.	

~~State developed reimbursement rates are the same for both public and private providers of the service and these rates and any annual/periodic adjustments to these rates are published on the Medicaid provider website~~

I. Method of Payment

Item 7.a. Reimbursement for all home health services shall be based on the Louisiana Medicaid fee schedule. Except as otherwise noted in this plan, state-developed fee schedule rates are the same for both governmental and private providers of home health services. The agency's fee schedule was set as of April 3, 2023, and is effective for services provided on or after that date. All rates are published on the agency's website at www.lamedicaid.com.

~~Intermittent or part time nursing services provided by a home health agency~~

~~Intermittent or part time nursing services provided by a home health agency will be reimbursed using a prospective payment methodology based on the audited 1992 cost reports at the weighted thirtieth (30th) percentile based on cost and number of services trended forward at July 1 of each preceding year using the Consumer Price Index—All Urban Consumers (Southern Region). Reimbursement for nursing services provided by a licensed practical nurse (LPN) is made at 80 percent (80%) of the established fee for nursing in effect as of January 31, 2000. Nursing services provided by a licensed registered nurse (RN) will continue to be reimbursed at the established fee in effect as of January 31, 2000. Reimbursement is limited to one visit per day for either nurse or home health aide.~~

~~Home health extended nursing and/or multiple daily nursing visits for recipients up to age 21 are reimbursed according to a published fee schedule effective July 20, 2007.~~

- ~~Effective for dates of service on or after January 1, 2011, the reimbursement rates for extended nursing services shall be reduced by 2 percent of the rates in effect on December 31, 2010.~~
- ~~Effective for dates of service on or after July 1, 2012, the reimbursement rates for extended nursing services shall be reduced by 3.7 percent of the rates in effect on June 30, 2012.~~

~~Effective for dates of service on or after February 9, 2010, the reimbursement rates for intermittent nursing services (performed by either a RN or LPN) shall be reduced by 5 percent of the rates in effect on February 8, 2010.~~

~~Effective for dates of service on or after July 1, 2012, the reimbursement rates for intermittent nursing services shall be reduced by 3.7 percent of the rates in effect on June 30, 2012.~~

~~Effective on or after July 21, 2010 for nursing services provided in conjunction with the Pediatric Day Health Program, reimbursement is made pursuant to the methodology described on page 4.19 B, Item 4b, Page 5 under EPSDT—Pediatric Day Health Program.~~

~~Item 7.b.—Home health aide services provided by a home health agency~~

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~~Home health aide services provided by a home health agency will be reimbursed using a prospective payment methodology based on the audited 1992 cost reports at the weighted thirtieth (30th) percentile based on cost and number of services trended forward at July 1 of each preceding year using the Consumer Price Index—All Urban Consumers (Southern Region). Reimbursement is limited to one visit per day for either nurse or home health aide. The fee schedule rates are effective January 31, 2000.~~

~~Effective for dates of service on or after February 9, 2010, the reimbursement rates for home health aide services shall be reduced by 5 percent of the rates in effect on February 8, 2010.~~

~~Effective for dates of service on or after July 1, 2012, the reimbursement rates for home health aide services shall be reduced by 3.7 percent of the rates in effect on June 30, 2012.~~

Item 7.eb. ~~Medical supplies, equipment and appliances~~ Durable medical equipment suitable for use in ~~the home~~ any care setting.

Louisiana Medicaid fee schedules are published on the ~~Medicaid provider agency's~~ website at www.lamedicaid.com

- A. Unless otherwise stated, the reimbursement for all durable medical equipment ~~supplies and items~~ is established at:
1. seventy percent (70%) of the 2000 Medicare fee schedule for all procedure codes that were listed on the 2000 Medicare fee schedule and at the same amount for the ~~HIPPA-HIPAA complaint-compliant~~ codes which replaced them: or

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2. Seventy percent (70%) of the Medicare fee schedule under which the procedure code first appeared; or
3. Seventy percent (70%) of the manufacturer's suggested retail price (MSRP) amount; or
4. Billed charges, whichever is the lesser amount; or
5. If an item is not available at the rate of seventy percent (70%) of the applicable established flat fee or seventy percent (70%) of the MSRP, the flat fee that will be utilized is the lowest cost at which the item has been determined to be widely available by analyzing usual and customary fees charged in the community.

~~Effective for dates of service on or after February 1, 2009, the reimbursement paid for the following medical equipment, supplies, appliances and repairs shall be reduced by 3.5 percent of the rate on file as of January 31, 2009:~~

- ~~1. ambulatory equipment;~~
- ~~2. bathroom equipment;~~
- ~~3. hospital beds, mattresses and related equipment; and~~
- ~~4. the cost for parts used in the repair of medical equipment, including parts used in the repair of wheelchairs.~~

~~Effective for dates of service on or after August 4, 2009, the reimbursement paid for medical equipment, supplies and appliances for recipients 21 years of age and older shall be reduced by 4 percent of the rates on file as of August 3, 2009. The following medical equipment, supplies and appliances are excluded from this rate reduction:~~

- ~~a. enteral therapy pumps and related supplies;~~
- ~~b. intravenous therapy and administrative supplies;~~
- ~~c. apnea monitor and accessories;~~
- ~~d. nebulizers;~~
- ~~e. hearing aids and related supplies;~~
- ~~f. respiratory care (other than ventilators and oxygen);~~
- ~~g. tracheostomy and suction equipment and related supplies;~~
- ~~h. ventilator equipment;~~
- ~~i. oxygen equipment and related supplies;~~
- ~~j. vagus nerve stimulator and related supplies; and~~
- ~~k. augmentative and alternative communication devices.~~

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~~Effective for dates of service on or after January 22, 2010, the reimbursement paid for medical equipment, supplies and appliances shall be reduced by 5 percent of the rates on file as of January 21, 2010. The following medical equipment, supplies and appliances are excluded from this rate reduction:~~

- ~~a. enteral therapy, pumps and related supplies;~~
- ~~b. intravenous therapy and administrative supplies;~~
- ~~c. apnea monitor and accessories;~~
- ~~d. nebulizers;~~
- ~~e. hearing aids and related supplies;~~
- ~~f. respiratory care~~
- ~~g. tracheostomy and suction equipment and related supplies;~~
- ~~h. ventilators and related equipment;~~
- ~~i. vagus nerve stimulator and related supplies; and~~
- ~~j. augmentative and alternative communication devices.~~
- ~~k. oxygen, oxygen equipment and related supplies~~

~~Effective for dates of service on or after July 1, 2012, the reimbursement paid for medical equipment, supplies and appliances shall be reduced by 3.7 percent of the rates on file as of June 30, 2012.~~

~~Effective for services on or after July 21, 2010 for respiratory care services provided in conjunction with the Pediatric Day Health Program, reimbursement is made pursuant to the methodology described on page 4.19-B, Item 4b, Page 5 under EPSDT Pediatric Day Health Program.~~

- B. Continuous subcutaneous insulin external infusion pumps shall be reimbursed the lesser of 5 percent over the provider's actual cost or the provider's usual and customary charge, not to exceed \$5,745. Related diabetic supplies shall be reimbursed the lesser of 10 percent over the provider's actual cost or the provider's usual and customary charge.
- C. Ostomy supplies are reimbursed at the lesser of:
 - 1. Billed charges; or
 - 2. Eighty percent (80%) of 2000 Medicare fee schedule for the procedure codes that were listed on the 2000 Medicare fee schedule and at the same amount for the HIPAA compliant codes which replaced them or 80 % of the Medicare fee schedule under which the procedure code first appeared; or

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Item 7.~~d~~c. Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency.

The Medicaid Program provides reimbursement for physical therapy, occupational therapy and speech-/language therapy covered under the Home Health program.

Effective for dates of service on or after February 13, 2014, reimbursement for physical and occupational therapy services shall be 85 percent of the 2013 Medicare published rate. The Medicare published rate shall be the rate in effect on February 13, 2014. There shall be no automatic enhanced rate adjustment for physical and occupational therapy services.

Speech/language therapy services shall continue to be reimbursed at the flat fee in place as of February 13, 2014 and in accordance with the Medicaid published fee schedule found on the Louisiana Medicaid provider website using the following link: www.lamedicaid.com

Effective for services on or after July 21, 2010, for physical therapy, occupational therapy or speech-language therapy services provided in conjunction with the Pediatric Day Health Program, reimbursement is made pursuant to the methodology described on page 4.19-B, Item 4b, Page 5 under [Early and Periodic Screening, Diagnostic and Treatment \(EPSDT\)](#) – Pediatric Day Health Program.

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~~RESERVED~~ MARKED FOR DELETION

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II. Standards for Payment

A. For items 7.a., 7.b., 7.c., ~~7.d~~ see Attachment 3.1-C regarding standards and methods of assuring high quality care.

~~B. Medical Supplies, Equipment and Appliances~~

~~1. Prior authorization for medically necessary medical supplies, equipment and appliances is required except for intraocular lens implanted during a covered surgery. Authorization is granted by the Prior Authorization Unit (PAU). Items may be authorized to existing durable medical equipment providers or to home health agencies which enroll as durable medical equipment providers.~~

~~a. Diapers and blue pads are not reimbursable items.~~

~~EPSDT RECIPIENTS ARE EXCLUDED FROM THIS LIMITATION.~~

~~b. Certain supplies for wound care and dressing will be covered but will be authorized exclusively for the use of home health agencies when delivering home health services.~~

~~c. Disposable supplies for Medicare Part B eligibles do not require prior authorization, regardless of the cost.~~

~~d. Approval is based upon the recommendation of the attending physician that the requested item is suitable for use in the home.~~

~~2. All home health rehabilitation services must be prior authorized through the fiscal intermediary's Prior Authorization Unit in order to receive payment.~~

CB. "Home Health Care Agency" means a public or private agency which is licensed by ~~DHH~~ LDH, Bureau of Health Services Financing, Health Standards Section, and qualified to participate as a home health agency under Title XVIII of the Social Security Act, and is determined currently to meet the requirements for Title XIX participation.