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State/Territory Name: Louisiana

State Plan Amendment (SPA) LA: 25-0016

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
230 South Dearborn
Chicago, Illinois 60604



Financial Management Group

January 27, 2026

Seth J. Gold
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 TN 25-0016

Dear Medicaid Executive Seth J. Gold:

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Louisiana state plan amendment (SPA) to Attachment 4.19B 25-0016 which was submitted to CMS on September 22, 2025. The purpose of this SPA is to amend the provisions governing professional services by aligning its payment rates and methodologies with Medicare payment structures.

We reviewed your SPA submission for compliance with statutory requirements including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2), of the Social Security Act and the applicable implementing Federal regulations.

Based upon the information provided by the state, we have approved the amendment with an effective date of July 3, 2025. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Monica Neiman at via email at: Monica.Neiman@cms.hhs.gov.

Sincerely,

Todd McMillion

Todd McMillion
Director
Division of Reimbursement Review

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER
25-0016

2. STATE
LA

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
July 3, 2025

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR 440.130
42 CFR 447 Part 447
42 CFR 447.201
Section 1928(c)(2)(C)(ii) of the Social Security Act

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2025 \$ 43,949,745
b. FFY 2026 \$ 175,204,890

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-B, Item 3, Page 3
Attachment 4.19-B, Item 5, Page 2a
Attachment 4.19-B, Item 5, Pages 2a(1)-2a(2)
Attachment 4.19-B, Item 6, Pages 2-2a
Attachment 4.19-B, Item 13c, Page 1
Section 4.19, Page 66(b)

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Same (TN 21-0004)
Same (TN 21-0009)
Same (TN 12-34)
Same (TN 12-34)
Same (TN 23-0013)
Same (TN 08-19)

9. SUBJECT OF AMENDMENT

The purpose of the SPA is to amend provisions governing professional services reimbursement methodology in order to better align Medicaid rates to Medicare rates. This change will encourage providers to enroll in Medicaid and improve the quality of care and the health outcomes of Louisiana Medicaid beneficiaries.

10. GOVERNOR'S REVIEW (Check One)

- ☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:

The Governor does not review State Plan material.

11. SIGNATURE OF STATE AGENCY OFFICIAL

DocuSigned by:

Drew Maranto

12. TYPED NAME

Drew Maranto, designee for Bruce D. Greenstein

13. TITLE

Undersecretary

14. DATE SUBMITTED

September 22, 2025

15. RETURN TO

Drew Maranto
Undersecretary / Interim Medicaid Executive Director
Louisiana Department of Health
628 North 4th Street
P.O. Box 91030
Baton Rouge, LA 70821-9030

FOR CMS USE ONLY

16. DATE RECEIVED

September 22, 2025

17. DATE APPROVED

January 27, 2026

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

July 3, 2025

19. SIGNATURE OF APPROVING OFFICIAL

Todd McMillion

20. TYPED NAME OF APPROVING OFFICIAL

Todd McMillion

21. TITLE OF APPROVING OFFICIAL

Director, Division of Reimbursement Review

22. REMARKS

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.

Effective for dates of service on or after July 3, 2025, the Medicaid fee for radiology services shall be set at 85 percent of the 2024 Louisiana Region 99 Medicare allowable fee. This applies to both current and newly added procedure codes. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of radiology services. The agency's fee schedule rate was set as of July 3, 2025 and is effective for services provided on or after that date. All rates are published on the Louisiana Medicaid website www.lamedicaid.com.

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 1905(a) OF THE ACT THAT IS INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

For newly added procedure codes for beneficiaries age 0 through 15 years old, the Medicaid fee shall be set at 90 percent of the current year's Louisiana Region 99 Medicare allowable fee. For newly added procedure codes for beneficiaries age 16 years and older, the Medicaid fee shall be set at 75 percent of the current year's Louisiana Region 99 Medicare allowable fee.

1. If there is no equivalent Medicare fee, the Medicaid fee shall be set based on the Medicare fee for a similar service. In the absence of any applicable Medicare fee, the fee shall be set at the Medicaid fee for a similar service or the Medicaid fee for other states.
2. If establishing a Medicaid fee based on Medicare rates results in a fee that is reasonably expected to be insufficient to ensure that the service is available to beneficiaries, an alternate methodology shall be used. The fee shall be set at the Medicaid fee for a similar service or the Medicaid fee for other states.

Effective for dates of service on or after July 1, 2012, the reimbursement rates for family planning services rendered by a physician 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 1, 2013, the reimbursement for certain physician services shall be reduced by 1 percent of the rate in effect on January 31, 2013. Specified primary care services rendered by a physician with a specialty designation of family medicine, internal medicine, or pediatrics shall be excluded from the February 1, 2013 rate reduction. Rates for such services are exempt from the rate reduction, paralleling the January 1, 2013 implementation of Affordable Care Act requirements for Medicaid to reimburse at the Medicare rate for such services rendered in calendar years 2013 and 2014.

Effective for dates of services on or after February 20, 2013, the 3.7 percent reimbursement rate reduction for family planning services rendered by a physician shall be adjusted to 3.4 percent of the rates in effect on June 30, 2012.

Effective for dates of service on or after May 1, 2021, the fee on file for inpatient neonatal critical care services (as specified in CPT), shall be increased by five percent. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of inpatient neonatal critical care services. The agency's fee schedule rate was set as of January 1, 2021 and is effective for services provided on or after that date. All rates are published on the Louisiana Medicaid website www.lamedicaid.com.

Effective for dates of service on or after July 3, 2025, the Medicaid fee shall be set at 85 percent of the 2024 Louisiana Region 99 Medicare allowable fee for both current and newly added procedure codes. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of professional services. The agency's fee schedule rate

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 1905(a) OF THE ACT THAT IS INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

was set as of July 3, 2025, and is effective for services provided on or after that date. All rates are published on the Louisiana Medicaid website www.lamedicaid.com.

Anesthesia Services

The most appropriate procedure codes and modifiers shall be used when billing for surgical anesthesia procedures and/or other services performed under the professional licensure of the physician (anesthesiologist or other specialty).

A. Formula Based Reimbursement.

Reimbursement is based on formulas related to 100 percent of the 2003 Medicare Region 99 payable.

Effective for dates of service on or after July 1, 2012, the reimbursement for formula-based anesthesia 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 July 20, 2012, the 3.7 percent reimbursement rate reduction for formula-based anesthesia services shall be adjusted to 3.4 percent of the rates in effect on June 30, 2012.

Effective for dates of service on or after July 3, 2025, the Medicaid fee for formula-based anesthesia services rendered by a physician shall be 85 percent of the 2024 Louisiana Medicare Region 99 allowable for services rendered to Medicaid beneficiaries.

B. Flat Fee Reimbursement.

Reimbursement for maternity related anesthesia services is a flat fee except for general anesthesia related to a vaginal delivery which is reimbursed according to a formula.

Other anesthesia services that are performed under the professional licensure of the physician (anesthesiologist or other specialty) are reimbursed a flat fee based on the appropriate procedure code.

Effective for dates of service on or after July 1, 2012, the flat fee reimbursement rates paid for anesthesia 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 July 20, 2012, the 3.7 percent reimbursement rate reduction for flat fee reimbursement of anesthesia services shall be adjusted to 3.4 percent of the rates in effect on June 30, 2012.

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -- OTHER TYPES OF CARE OR SERVICES LISTED IN SECTION 1905(a) OF THE ACT THAT IS INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

Effective for dates of service on or after July 3, 2025, the flat fee for reimbursement of maternity-related anesthesia services shall be 85 percent of the 2024 Louisiana Medicare Region 99 allowable for services rendered to Medicaid beneficiaries. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of maternity related anesthesia services. The agency's fee schedule rate was set as of July 3, 2025, and is effective for services provided on or after that date. All rates are published on the Louisiana Medicaid website www.lamedicaid.com.

C. Maternity Related Anesthesia Services

The delivering physician will be reimbursed when he initiates the epidural procedure with inclusion of the appropriate procedure code and modifier.

The anesthesiologist or CRNA who is called in to continue administering the anesthesia after the epidural was inserted will be reimbursed for the continued administration of the anesthesia.

Anesthesiologists and/or CRNAs may not bill for both continued administration and general anesthesia.

Surgeons shall not be reimbursed for the personal medical direction of a CRNA. The anesthesia service will be considered non-medically directed and should be billed as such by the CRNA. Reimbursement methodology for anesthesia services performed by CRNAs is listed in Attachment 4.19-B, Item 6.d.

Effective for dates of service on or after August 4, 2009, the reimbursement rates paid for anesthesia services that are performed under the professional licensure of a physician (anesthesiologist or other specialty) shall be reduced by 3.5 percent of the rates in effect on August 3, 2009.

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 1905(a) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

<u>CITATION</u>	Medical and Remedial	<u>Certified Registered Nurse Anesthetists (CRNAs)</u>
42 CFR	Care and Services	
447.201	Item 6.d.	

I. Reimbursement Methodology

A. The most appropriate procedure codes and modifiers shall be used when billing for surgical anesthesia procedures and/or other services performed under the professional licensure of the certified registered nurse anesthetist (CRNA).

B. Formula-Based Reimbursement.

Reimbursement is based on formulas related to 100 percent of the 2003 Medicare Region 99 payable and includes the base unit rate multiplied by the time unit (1 time unit=15 minutes), the conversion factor, and the modifier detail.

Except as otherwise noted in the plan, state developed reimbursement rates are the same for both governmental and private providers and the rates and any annual/periodic adjustments to the rates are published on the agency's provider website. The components of the rate were set as of October 1, 2003, and are published on the agency's provider website at www.lamedicaid.com.

Effective for dates of service on or after January 22, 2010, the reimbursement for formula-based anesthesia services rendered by a CRNA shall be:

1. 75 percent of the 2009 Louisiana Medicare Region 99 allowable for services rendered to Medicaid recipients ages 16 and older; and
2. 90 percent of the 2009 Louisiana Medicare Region 99 allowable for services rendered to Medicaid recipients under the age of 16.

Effective for dates of service on or after July 1, 2012, the reimbursement for formula-based anesthesia services rendered by a Certified Registered Nurse Anesthetists (CRNAs) shall be reduced by 3.7 percent of the rates in effect on June 30, 2012.

Effective for dates of service on or after July 3, 2025, the reimbursement for formula-based anesthesia services rendered by a CRNA shall be 85 percent of the 2024 Louisiana Medicare Region 99 allowable for services rendered to Medicaid beneficiaries.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of formula-based anesthesia services provided by a CRNA. The agency's fee schedule rate was set as of July 3, 2025, and is effective for services provided on or after that date. All rates are published on the agency's website at www.lamedicaid.com.

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 1905(a) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

C. Flat Fee Reimbursement

Reimbursement for maternity related anesthesia services is a flat fee except for general anesthesia related to a vaginal delivery which is reimbursed according to a formula.

Effective for dates of service on or after July 1, 2012, the reimbursement for formula-based anesthesia services rendered by a Certified Registered Nurse Anesthetists (CRNAs) shall be reduced by 3.7 percent of the rates in effect on June 30, 2012.

STATE OF LOUISIANA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1902(a) OF THE ACT THAT IS INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

CITATION
42 CFR Part 447

Reimbursement Methodology

Tobacco Cessation Counseling Services

The Medicaid program shall provide reimbursement for tobacco cessation counseling services rendered by the beneficiary's primary care provider (PCP) or other appropriate healthcare professionals, as defined in Attachment 3.1-A, Item 13c, Page 2.

Reimbursement for tobacco cessation counseling services shall be a flat fee based on the appropriate Health Care Procedure Coding Scheme (HCPCS) code. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of tobacco cessation counseling services. The agency's fee schedule rate was set as of May 12, 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.

Adult Vaccine Administration Services

Effective for dates of service on or after July 3, 2025, the reimbursement for adult vaccine administration (beneficiaries age 19 and older) shall be set at 85 percent of the 2024 Louisiana Region 99 Medicare allowable fee or billed charges, whichever is the lesser amount.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of adult vaccine administration services. The agency's fee schedule rate was set as of July 3, 2025, and is effective for services provided on or after that date. All rates are published on the agency's website at www.lamedicaid.com.

Revision: HCFA-PM-94-8 (MB)
OCTOBER 1994

State/Territory: LOUISIANA

CITATION
1928(c)(2)
(C)(ii) of
the Act

4.19 (m) Medicaid Reimbursement for Administration of Vaccines under the Pediatric Immunization Program

- (i) A provider may impose a fee for the administration of a qualified pediatric vaccine as stated in 1928(c)(2)(C)(ii) of the Act. Within this overall provision, Medicaid reimbursement to providers will be administered as follows.
- (ii) The State:
 - _____ sets a payment rate at the level of the regional maximum established by the DHHS Secretary.
 - _____ is a Universal Purchase State and sets a payment rate at the level of the regional maximum established in accordance with State law.
 - X sets a payment rate below the level of the regional maximum established by the DHHS Secretary.*

Effective for dates of service on or after July 3, 2025, reimbursement for the administration of childhood and adolescent vaccines shall be set at 85 percent of the 2024 Louisiana Region 99 Medicare allowable fee, or billed charges, whichever is the lesser amount.

_____ is a Universal Purchase State and sets a payment rate below the level of the regional maximum established by the Universal Purchase State.