

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:

<u>CITATION</u>	<u>Medical and Remedial Care and Services</u>	<u>Any Other Medical Care and Any Other Type of Medical Care Recognized Under State Law Specified by the Secretary</u>
42 CFR 440.170	Item 24.a.	

Transportation Services are reimbursed as follows:

I. Method of Payment

A. Emergency Medical Transportation

1. Ground Ambulances

Reimbursement for ground ambulances through Title XIX funds is made according to the established State fee schedule for emergency ambulance transport, basic life support (BLS), advanced life support (ALS) and mileage, oxygen, intravenous fluids, and disposable supplies administered during the emergency ambulance transport minus the amount paid by any liable third party coverage.

Except as otherwise noted in the plan, state-developed fee schedule rates are identified for governmental, New Orleans governmental and private providers of Ambulance Transportation Services. The agency's fee schedule rate was set as of July 1, 2023, and is effective for services provided on or after that date. All rates are published on the agency's website at: <https://www.lamedicaid.com>

The fee schedule was established as a function of historical rates in effect as of January 1, 2023, plus an enhancement which was calculated to achieve total fee schedule reimbursement as a percentage of Average Commercial Rates (ACR), with the clarifications listed within subpart (a) through (e) below:

- a) Governmental ambulance providers, shall be reimbursed at 100 percent of ACR. Government providers include those ambulance providers who are owned or operated by a public organization such as state, federal, parish or city entities.
- b) New Orleans-based governmental ambulance providers, shall be reimbursed at 100 percent of ACR and include ambulance providers located within the city of New Orleans.
- c) All other ambulance providers, including private ambulance transportation providers, shall be reimbursed at 80 percent of ACR. Private providers include corporations, limited liability companies, partnerships, or sole proprietors. Private providers must comply with all state laws and the regulations of any governing state agency, commission, or local entity to which they are subject as a condition of enrollment and continued participation in the Medicaid program.

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- d) Fees for ground ambulance mileage shall be reimbursed at a rate that is 80 percent of ACR.
- e) Fees for new services are established utilizing the most current ACR information available.

The ACR is the average amount payable by the commercial payers for the same services. The State will align the paid Medicaid claims with the Medicare fees for each HCPCS or CPT code for the ambulance provider and calculate the Medicare payment for those claims. The State will then calculate an overall Medicare to commercial conversion factor for each ambulance provider by dividing the total amount of the average commercial payments for the claims by the total Medicare payments for the claims.

2. Air Ambulance Transportation

The reimbursement rates for emergency and non-emergency, rotor winged and fixed winged air ambulance transportation services shall be reimbursed based on the Louisiana Medicaid fee schedule. These rates include both in state and out-of-state air ambulance transportation. The agency's fee schedule rate was set as of January 1, 2022, and is effective for services provided on or after that date. All rates are published on the agency's website at: <https://www.lamedicaid.com>

When the provider incurs the cost for oxygen and disposable supplies, submission of a separate reimbursement for these supplies is required.

Payment for air mileage is limited to actual air miles from the pick-up point to the point of delivery of the patient.

Payment for a round trip transport on the same day between two hospitals is the base rate plus the round trip mileage.

Certification by the Bureau of Emergency Medical Services (EMS) for rotor winged and fixed winged aircrafts shall be required for reimbursement.

The parish of trip origin is used to assign each encounter as rural/super-rural or non-rural.

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Effective for dates of service on or after August 1, 2012, the reimbursement rates for fixed winged emergency ambulance services shall be reduced by 5 percent of the rate on file as of July 31, 2012.

Rotor Winged (Helicopters) Ambulance

Effective for dates of service on or after September 17, 2008, the reimbursement rate paid for rotor winged air ambulance services shall be increased to 100 percent of the 2008 Louisiana Medicare allowable rate. Governmental and non-governmental providers are paid the same.

Effective for dates of service on or after January 22, 2010, the reimbursement rates for rotor winged emergency ambulance services shall be reduced by 5 percent of the rate on file as of January 21, 2010.

Effective for dates of service on or after January 1, 2011, the reimbursement rates for rotor winged emergency ambulance services shall be reduced by 2 percent of the rate on file as of December 31, 2010.

Effective for dates of service on or after July 1, 2012, the reimbursement rates for rotor winged emergency air ambulance services shall be reduced by 5.25 percent of the rate on file as of June 30, 2012.

Effective for dates of service on or after August 1, 2012, the reimbursement rates for rotor winged emergency air ambulance services shall be reduced by 5 percent of the rate on file as of July 31, 2012.

Effective for dates of service on or after September 1, 2014, the reimbursement rates for rotor winged emergency air ambulance services, which originate in areas designated as rural and/or super rural by the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services, shall be increased to the following rates:

1. base rate, \$4,862.72 per unit; and
2. mileage rate, \$33.65 per unit.

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CITATION Medical and Remedial Care and Services
42 CFR 440.170 Item 24.a. (cont'd)

State: Louisiana
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B. Non-Emergency Medical Transportation

General Provisions- Reimbursement for Services

Effective for dates of service on or after October 1, 2014 reimbursement for transportation services shall be based on the published fee schedule

(http://www.lamedicaid.com/provweb1/fee_schedules/NEMT_Index.htm) and made in accordance with rules and regulations issued by the Department.

1. Non-emergency non-ambulance

a. Individually scheduled trips

Reimbursement shall be based on mileage according to the published fee schedule. An additional per-mile rate may be included when the Department determines that a provider requires compensation for travelling far outside of their service area. This additional payment shall only be made when there are no providers in the beneficiary's service area.

b. Recurring Trips

Payment for non-emergency transportation to regular, predictable, recurring medical services such as hemodialysis, chemotherapy, or rehabilitation therapy, may be based on capitated monthly rates when determined appropriate by the Department.

2. Ambulance

Non-emergency ambulance services are reimbursed at base rate plus mileage as shown on the published fee schedule.

3. Aircraft and Buses

Non-emergency transportation provided by commercial aircraft and buses are reimbursed at their usual and customary rate, subject to maximum limitations based on historical costs for such trips.

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CITATION Medical and Remedial Care and Services
42 CFR 440.170 Item 24.a. (cont'd)

4. Public Transit

Effective for dates of service on or after October 1, 2014 reimbursement for non-emergency medical transportation services rendered by public transit providers are reimbursed according to the published fee schedule (http://www.lamedicaid.com/provweb1/fee_schedules/NEMT_Index.htm).

C. Auditing

The Department shall conduct regular audits of service authorization, reimbursement, service delivery and documentation in order to ensure compliance with published rules and regulations. Lack of compliance on the part of transportation providers shall be addressed as described in the provider policy manual. Lack of compliance on the part of Department contractors shall be met with corrective action as described in contract documents.

State: Louisiana Date Received: December 31, 2014 Date Approved: March 25, 2015 Date Effective: October 1, 2014 Transmittal Number: 14-0039
