

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(a) 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.	

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](http://www.lamedicaid.com).
- Item 7.b. Durable medical equipment suitable for use in any care setting. Care setting is the place in which care is being given, i.e., patient's home, a hospital, a care facility or another place of residence.

Louisiana Medicaid fee schedules are published on the agency's website at [www.lamedicaid.com](http://www.lamedicaid.com)

- A. Unless otherwise stated, the reimbursement for all durable medical equipment is established at:
1. seventy percent of the Medicare fee schedule for all procedure codes that were listed on the Medicare fee schedule and at the same amount for the HIPAA compliant codes which replaced them; or
  2. Seventy percent of the Medicare fee schedule under which the procedure code first appeared; or
  3. Seventy percent 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 of the applicable established flat fee or seventy percent 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.

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- B. Continuous subcutaneous insulin external infusion pumps shall be reimbursed the lesser of five 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 of Medicare fee schedule for the procedure codes that were listed on the Medicare fee schedule and at the same amount for the HIPAA compliant codes which replaced them or 80 percent of the Medicare fee schedule under which the procedure code first appeared; or
  3. Eighty percent of the Manufacturer's Suggested Retail Price (MSRP).
- D. Tracheostomy tubes and care kits are reimbursed at ninety percent of the Medicare fee schedule for the procedure codes that were listed on the Medicare fee schedule and at the same amount for the HIPAA compliant codes which replaced them or 80 percent of the Medicare fee schedule under which the procedure code first appeared.
- E. Enteral Formulas

Enteral formulas are reimbursed a flat fee amount. This flat fee per unit is based on:

1. The Medicare rate, where available;
2. Manufacturer's Suggested Retail Price (MSRP);
3. Invoice pricing; or
4. The rate at which providers can obtain the formula in the community.

One unit of enteral formula is equal to 100kcal, one packet, one can, one brik or one bottle, as identified on the fee schedule. Except as otherwise noted in the Plan, state-developed fee schedule rates are the same for both governmental and private providers of enteral formulas. The agency's fee schedule rates were set as of October 1, 2022, and is effective for services provided on or after that date. All rates will be published on the agency's website at [www.lamedicaid.com](http://www.lamedicaid.com).

- F. Enteral infusion pumps, standard type wheelchairs, hospital beds, commode chairs, and stationary suction machines are reimbursed at the Medicaid established flat fee amount.

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G. Reimbursement fee for the following items is the Medicaid established flat fee amount, or billed charges, whichever is the lesser amount.

- purchase or rental of oxygen concentrators
- glucometers
- stationary and portable suction machines

If the item is not available at the established rate, 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.

H. Reimbursement for a nebulizer with compressor is the lower of the Medicaid established flat fee amount or the provider's usual and customary charge.

I. Another group of equipment is priced on an individual basis. Pricing of this equipment group is based on an item-by-item analysis due to the unique specifications of each item and the recipient's needs. These are items which are customized to meet the special medical needs or physical specifications of a particular individual.

Pricing on an item-by-item basis because of unique specifications may include analysis of such factors as invoiced costs to providers, comparative prices of the providers, manufacturer's suggested retail prices for equipment or system components and negotiated rates based on an accumulation of data from private insurers as to their allowable reimbursement for these types of equipment.

Exception: Reimbursement for customized wheelchairs shall be based on the manufacturer's suggested retail price minus twenty percent (20%) for manual custom wheelchairs and minus seventeen percent (17%) for electric custom wheelchairs.

SUPERSEDES TN# 04-07

STATE <u>Louisiana</u>	A
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- Item 7.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](http://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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II. Standards for Payment

- A. For items 7.a., 7.b., 7.c., see Attachment 3.1-C regarding standards and methods of assuring high quality care.
- B. Home Health Care Agency is a public or private agency licensed by LDH, Bureau of Health Services Financing, Health Standards Section, qualified to participate as a home health agency under Title XVIII of the Social Security Act, and meets the requirements for Title XIX participation.