

STATE OF LOUISIANA

ENTRIES 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 IS INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

CITATION

42 CFR Medical and Remedial  
447.341 Care and Services  
Item 6.

Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioner within the scope of their practice as defined by State law are reimbursed as follows:

Item 6a.

Podiatrists

I. Method of Payment

Podiatrists are reimbursed under the same methodology used to reimburse physician providers.

II. Standards for Payment

Reimbursement is limited to podiatrists who are licensed by the state and who engage in the practice of their profession in accordance with all rules and regulations set forth by the Louisiana State Board of Podiatrists. To be reimbursed for services, a provider must have on file with the Bureau of Health Services Financing a valid provider enrollment form.

Item 6b.

Optometrists

I. Methods of Payment

Optometrists are reimbursed for those procedures recognized as within the scope of optometric training by the Louisiana Board of Optometry in the same manner and to the same extent as physicians for the same service.

II. Standards for Payment

An optometrist must be licensed by the state in which he practices.

|             |                    |   |
|-------------|--------------------|---|
| STATE       | <u>LA</u>          | A |
| DATE REC'D  | <u>MAR 31 1989</u> |   |
| DATE APP'VD | <u>APR 27 1989</u> |   |
| DATE EFF    | <u>JAN 1 1989</u>  |   |
| HCFA 179    | <u>89-05</u>       |   |

TN# 89-05 Approval Date APR 27 1989 Effective Date JAN 1 1989  
Supersedes  
TN# 87-9

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:

CITATION    Medical and Remedial    Certified Registered Nurse Anesthetists (CRNAs)  
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](http://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.

State: Louisiana  
Date Received: 8/20/12  
Date Approved: 8/22/13  
Effective Date: 7/20/12  
Transmittal Number: LA 12-34

Effective for dates of service on or after July 20, 2012, the reimbursement for formula-based anesthesia services rendered by a CRNA shall be reduced by 3.4 percent of the rates in effect on July 19, 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 ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

C. Flat Fee Reimbursement

- J. 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 20, 2012, the flat fee reimbursement for anesthesia services rendered by a CRNA shall be reduced by 3.4 percent of the rates in effect on July 19, 2012.

State: Louisiana  
Date Received: 8/20/12  
Date Approved: 8/22/13  
Effective Date: 7/20/12  
Transmittal Number: LA 12-34

AMOUNT DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

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

2. Other anesthesia services that are performed under the professional licensure of the CRNA are reimbursed a flat fee based on the appropriate procedure code.

|             |                  |
|-------------|------------------|
| STATE       | <u>Louisiana</u> |
| DATE REC'D  | <u>3-30-10</u>   |
| DATE APPV'D | <u>6-17-10</u>   |
| DATE EFF    | <u>1-22-10</u>   |
| HCFA 179    | <u>10-15</u>     |

A

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 flat fees were set as of October 1, 2003, and are published on the agency's website at [www.lamedicaid.com](http://www.lamedicaid.com).

D. 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.

- E. Surgeons shall not be reimbursed for the personal medical direction of a CRNA. The anesthesia service will be considered nonmedically directed and should be billed as such by the CRNA.
- F. Effective for dates of service on or after February 26, 2009, the reimbursement rates paid to CRNAs will be reduced by 3.5 percent of the reimbursement as of February 25, 2009.

**Note:** Reimbursement for anesthesia services performed under the professional licensure of the physician (anesthesiologist or other specialty) is listed in Item 5.

II. Standards for Payment

CRNAs must be enrolled as Medicaid providers in order to be directly reimbursed for their services. CRNAs shall not bill separately for his/her services when he/she is employed by or under contract with a Medicaid enrolled provider whose reimbursement is based on cost reports that include the cost of their salary.

TN# 10-15 Approval Date 6-17-10 Effective Date 1-22-10

Supersedes

TN# 09-17

SUPERSEDES: TN- 09-17

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    Audiologists  
42 CFR                Care and Services  
447.200-                Item 6.d.  
205

I.    Method of Payment

Audiologists are reimbursed under the same methodology used to reimburse physician providers.

II.   Standards for Payment

An audiologist must obtain a referral for audiology services from a licensed physician.

Audiologists are reimbursed for the Physicians' Current Procedural Terminology (CPT) codes currently approved for the reimbursement of audiology services to physicians and in accordance with the current regulations of the Physician Program.

Reimbursement is made at the lower of:

- A.    the provider's billed charge for the services or
- B.    the maximum allowable fee for audiology services covered under the Medical Assistance Program's provider reimbursement fee schedule.

|             |                  |   |
|-------------|------------------|---|
| STATE       | <i>Louisiana</i> | A |
| DATE REC'D  | JUL 20 1993      |   |
| DATE APP'VD | AUG 25 1993      |   |
| DATE EFF    | JUL 01 1993      |   |
| HCFA 179    | 93-23            |   |

TN# 93-23 Approval Date AUG 25 1993 Effective Date JUL 01 1993  
Supersedes  
TN# 93-23

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> | <u>Medical and Remedial</u> | <u>Physician Assistants</u> |
| 42 CFR          | Care and Services           |                             |
| 447.200-205     | Item 6.d.                   |                             |

I. Reimbursement Methodology

The reimbursement rate for physician assistant services shall be 80 percent of the rate on file on the professional services fee schedule for covered services and 100 percent of the rate on file for a designated group of procedures as determined by the Medicaid Program. The fee schedule can be found on the Louisiana Medicaid Provider website at [www.lamedicaid.com](http://www.lamedicaid.com).

II. Standards for Payment

- A. Claims for services provided by a physician assistant must identify the physician assistant as the attending provider.
- B. A physician assistant shall not bill separately for his/her services when he/she is employed by or under contract with a Medicaid enrolled provider whose reimbursement is based on cost reports that include the cost of the physician assistant's salary.

Clinical Nurse Specialists

I. Reimbursement Methodology

The reimbursement rate shall be 80 percent of the rate on file on the professional services fee schedule for covered services and 100 percent of the rate on file for a designated group of procedures as determined by the Medicaid Program. State developed fee schedule rates are the same for both public and private providers of the service and the fee schedule and any annual/periodic adjustments to the fee schedule are published on the Louisiana Medicaid Provider website at [www.lamedicaid.com](http://www.lamedicaid.com).

II. Standards for Payment

- A. Claims for reimbursement must identify the clinical nurse specialist as the attending provider if he/she is employed by or under contract with a Medicaid enrolled physician or physician group.

|               |                  |   |
|---------------|------------------|---|
| STATE         | <u>Louisiana</u> | A |
| DATE REC'D    | <u>9-30-05</u>   |   |
| DATE APPROV'D | <u>9-13-06</u>   |   |
| DATE EFF.     | <u>8-1-05</u>    |   |
| HCFA 179      | <u>05-27</u>     |   |

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:

- B. Clinical nurse specialists shall not bill separately for his/her services when he/she is employed by or under contract with a Medicaid enrolled provider whose reimbursement is based on cost reports that include the cost of their salary.

|               |                  |   |
|---------------|------------------|---|
| STATE         | <u>Louisiana</u> | A |
| DATE REC'D    | <u>9-30-05</u>   |   |
| DATE APPROV'D | <u>4-13-06</u>   |   |
| DATE EFF      | <u>8-1-05</u>    |   |
| HCFA 179      | <u>05-27</u>     |   |

SUPERSEDES NONE NEW PAGE

TN# 05-27 Approval Date 4-13-06 Effective Date 8-1-05

Supersedes

TN# SUPERSEDES NONE NEW PAGE

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:

CITATION    Medical and Remedial    Pharmacists  
42 CFR        Care and Services  
447.201       Item 6.d.                                **Medication Administration**

Reimbursement Methodology:

Effective for dates of service on or after January 1, 2011, reimbursement to qualified pharmacists for immunization administration is \$15.22 for subcutaneous or intramuscular injection, \$10.80 for nasal/oral administration, or billed charges, whichever is the lesser amount. This fee includes counseling, when performed.

Reimbursement for a dispensing fee will not be allowed when an administration fee is paid.

SUPERSEDES: TN- 09-50

|                            |   |
|----------------------------|---|
| STATE <u>Louisiana</u>     | A |
| DATE REC'D <u>12-20-10</u> |   |
| DATE APP'D <u>3-9-11</u>   |   |
| DATE EFF <u>1-1-11</u>     |   |
| HCFA 179 <u>10-79</u>      |   |

TN# 10-79                      Approval Date 3-9-11                      Effective Date 1-1-11  
Supersedes 09-50  
TN# 09-50