

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:

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.c. Medical supplies, equipment and appliances suitable for use in the home

Medicaid fee schedules are published on the Medicaid provider website at 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 complaint codes which replaced them: or

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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:

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.

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STATE	Louisiana
DATE REC'D	9-3-09
DATE APP'D	3-29-10
DATE EFF	8-4-09
HCFA 179	09-29

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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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:

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

State: Louisiana
Date Received: 3 August, 2012
Date Approved: 22 August, 2013
Effective Date: 1 July, 2012
Transmittal Number: LA 12-42

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:
- billed charges; or
 - 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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- eighty percent (80%) of the Manufacturer's Suggested Retail Price (MSRP).
- D. Tracheostomy tubes and care kits are reimbursed at ninety percent (90%) of the 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.
- E. Enteral formulas are reimbursed at the lesser of:
- billed charges; or
 - 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.
- 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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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:

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
DATE REC'D <u>9-30-05</u>	
DATE APPV'D <u>12-19-05</u>	
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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:

- Item 7.d. 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:

http://www.lamedicaid.com/provweb1/fee_schedules/feeschedulesindex.htm

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 EPSDT – Pediatric Day Health Program.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

ATTACHMENT 4.19-B
Item 7, Page 4a

STATE OF LOUISIANA

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STATE OF LOUISIANA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

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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.
- C. "Home Health Care Agency" means a public or private agency which is licensed by DHH, 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.

05-15

STATE	<u>Louisiana</u>	
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STATE OF LOUISIANA

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"Home Health Care and Services" are provided on the basis of a treatment plan as certified by a licensed and appropriate physician to a patient in his place of residence, but not including as a residence a hospital or skilled nursing facility. However, rehabilitation services may be provided by a home health agency in an Intermediate Care Facility I or II when a Title XIX recipient who is admitted or retained by the facility is in need of such services. A written agreement must be executed between the facility and the home health agency for the provision of these services.

All written plans of care must be on file at the home health agency and reviewed by the physician every sixty (60) days.

D. Medical Necessity Criteria for Medicaid Recipients

The Bureau will provide reimbursement for approved home health services for Medicaid recipients based upon the certification of a licensed physician and a determination by the Medicaid agency that the recipient meets the medical necessity criteria outlined in Attachment 3.1-A, Item 7. C.

STATE <u>Louisiana</u>	A
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