TEALTH CARC FINANCING ADMINISTRATION		OMB NO 0958-0195
TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE
STATE PLAN MATERIAL	09-19	Louisiana
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
IO. REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	March 7, 2009	
S. TYPE OF PLAN MATERIAL (Check One):		
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMEN		MENDMENT
6 FEDERAL STATUTE/REGULATION CITATION.	7. FEDERAL BUDGET IMPACT:	CH anenament
42 CFR 447 Subpart B	a. FFY 2009	(\$62.05)
•	b. FFY <u>2010</u>	(<u>\$131.19)</u>
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):	
Attachment 4.19-B, Item 12c, Pages 1, 2	Same (TN 07-22)	
11. 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 rev	iew state plan material.
12. SIGNATURE OF STATE AGENCY OF CAL:	16. RETURN TO:	
	State of Louisiana	
13. TYPED NAME:	Department of Health and Hospitals	
Alan Levine	628 N. 4 th Street PO Box 91030	
14. TITLE:		
Secretary	Baton Rouge, LA 70821-9	0030
15. DATE SUBMITTED: March 27, 2009		
FOR REGIONAL OFF	ICE USE ONLY	
30 March, 2009	8. DATE APPROVED S June,	2009
CONTROL OF THE PROPERTY OF THE	COPY ATTACHED 20. SIGNATORE OF REGIONAL OF	FICIAL
	or signaryond or involved or	F PROFF Block
March, 2009	22 TITLE Associate Region	ancel Administro
7 March, 2009 21 TYPED NAME: 2 Bill Brooks	in title hosociate negic	The Morning
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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:

- D. Effective for dates of service on or after March 7, 2009, the reimbursement for prosthetic and orthotic devices shall be reduced by 3.5 percent of the fee amounts on file as of March 6, 2009. The rate reduction shall not apply to items that do not appear on the fee schedule and are individually priced.
- II. Standards for Payment

Prior authorization is required for prosthetic devices. Authorization is made by the Prior Authorization Unit (PAU).

SUPERSEDED: IN 01-22

STATE LOUISIANA

DATE REC'D 3-30-09

DATE APPLID 6-5-09

A

DATE EFF 3-17-09

HCTA 179 09-19

TN# 09-19

Approval Date 6

6-5-09

Effective Date 3-7-09

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:

CITATION Medical and Remedial Prosthetic Devices (including artificial eyes, braces, and other prosthetic devices)

42 CFR Care and Services devices

447.300-304 Item 12c

I. Methods of Payment

A. Unless otherwise stated, the reimbursement for all prosthetic devices is ninety percent (90%) of the 2007 Medicare Fee Schedule amount or billed charges, whichever is the lesser amount. If an item is not available at ninety percent (90%) of the 2007 Medicare fee schedule amount, 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.

The reimbursement rate is the same for both governmental and non-governmental providers.

B. 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 beneficiary'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.

Effective January 1, 2009, reimbursements for prosthetic or orthotic services or devices shall only be paid to an accredited provider in accordance with Louisiana R.S. 40.1300.281.

SUPERSEDES: IN 07-22

STATE LOUISIANA

DATE REC'D 3-30-09

DATE APPLID 6-5-09

DATE OFF 3-7-09

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TN# 09-19

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Effective Date 3-7-09

Supersedes TN# 07-22