

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: 09-17	2. STATE Louisiana
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE February 26, 2009	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 440.50 and 440.60; 42 CFR 447 Subpart B		7. FEDERAL BUDGET IMPACT: a. FFY <u>2009</u> (\$134.68) b. FFY <u>2010</u> (\$317.04)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B, Item 5, Page 2a(1) Attachment 4.19-B, Item 6, Pages 2, 3 Attachment 3.1-A, Item 6, Page 3		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): None (New Page) Same (TN 03-42) Same (TN 96-19)	
10. SUBJECT OF AMENDMENT: The purpose of this amendment is to reduce the reimbursement for anesthesia services paid to certified registered nurse anesthetists (CRNAs) by 3.5% due to a budgetary shortfall. Additionally, the reimbursement for anesthesia services paid to physicians is being moved to the physicians section of the State Plan.			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED The Governor does not review state plan material. <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: <i>[Signature]</i>		16. RETURN TO: State of Louisiana Department of Health and Hospitals 628 N. 4th Street PO Box 91030 Baton Rouge, LA 70821-9030	
13. TYPED NAME: Alan Levine		14. TITLE: Secretary	
15. DATE SUBMITTED: March 27, 2009			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 30 March, 2009		18. DATE APPROVED: 14 October, 2009	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 26 February, 2009		20. SIGNATURE OF REGIONAL OFFICIAL: <i>[Signature]</i>	
21. TYPED NAME: Bill Brooks		22. TITLE: Associate Regional Administrator Div of Medicaid & Children's Health	
23. REMARKS:			

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:

CITATION Medical and
42 CFR Remedial Care and
440.60 Services Item 6.d.

1. Certified Registered Nurse Anesthetists (CRNAs)

Certified registered nurse anesthetist (CRNA) means a person who:

- a. is a registered nurse licensed by the Louisiana State Board of Nursing; and
- b. has met any other Louisiana licensure requirements applicable to non-physician anesthetists.

Only anesthesia services provided in accordance with State law are reimbursable to CRNAs. Payment for surgical anesthesia services is allowable only for the day of the surgery or delivery.

2. Audiologists

- a. Audiology services are defined as diagnostic, preventive, or corrective services for individuals with speech, hearing, and language disorders provided by or under the direction of an audiologist.
- b. A referral must be made by a licensed physician for these services.
- c. Qualification requirements:

1) Licensure - An audiologist must be licensed by Louisiana Board of Examiners for Speech Pathology and Audiology.

2) Certification

- a) An audiologist must have a certificate of clinical competence from the American Speech-Language and Hearing Association (ASHA); or
- b) Must have completed the equivalent educational and work experience requirements for the certificate; or

SUPERSEDES: TN- 96-19

STATE	<u>Louisiana</u>	A
DATE REC'D	<u>3-30-09</u>	
DATE APPV'D	<u>10-14-09</u>	
DATE EFF	<u>2-26-09</u>	
HCFA 179	<u>09-17</u>	

TN# 09-17
Supersedes
TN# 96-19

Approval Date 10-14-09

Effective Date 2-26-09

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:

Anesthesia Services

SUPERSEDES: NONE - NEW PAGE

A	
STATE	Louisiana
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- 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 physician (anesthesiologist or other specialty).
- B. Formula Based Reimbursement.
Reimbursement is based on formulas related to 100 percent of the 2003 Medicare Region 99 payable.
- C. Flat Fee Reimbursement.
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.
Other anesthesia services that are performed under the professional licensure of the physician (anesthesiologist or other specialty) are reimbursed a flat fee based on the appropriate procedure code.
- 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.

Note: Reimbursement for anesthesia services performed by certified registered nurse anesthetists (CRNAs) is listed in Item 6.d.

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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.

1. 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.

C. Flat Fee Reimbursement

1. 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.
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.

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.

SUPERSEDES: TN- 03-42

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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:

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.

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