

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
1301 Young Street, Room 833
Dallas, Texas 75202



Division of Medicaid & Children's Health, Region VI

May 7, 2010

Our Reference: SPA-LA-10-04

Mr. Don Gregory, State Medicaid Director
Department of Health and Hospitals
Bienville Building
628 North 4th Street
Post Office Box 91030
Baton Rouge, LA 70821-9030

Dear Mr. Gregory:

We have reviewed the proposed amendment to your Medicaid State Plan submitted under Transmittal Number 10-04. This state plan amendment reduces the reimbursement rates for dental services in the Early Periodic Screening, Diagnosis and Treatment (EPSDT) program.

In the future, when the State submits a State Plan Amendment (SPA) that may impact Indians or Indian health providers, CMS will look for evidence of the State's tribal consultation process for that SPA. Pursuant to section 1902 (a) (73) of the Act added by section 5006 (e) of the Recovery and Reinvestment Act of 2009, the State must submit evidence to CMS regarding the solicitation of advice prior to submission of the SPA. This consultation must include all federally recognized tribes, Indian Health Service and Urban Indian Organizations within the state.

Transmittal Number 10-04 is approved with an effective date of January 22, 2010 as requested. A copy of the HCFA-179, Transmittal No. 10-04 dated March 3, 2010 is enclosed along with the approved plan pages.

If you have any questions, please contact Cheryl Rupley at (214) 767-6278.

Sincerely,



Bill Brooks
Associate Regional Administrator

Enclosures

PAYMENT OF 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:

SUPERSEDES: TN-08-26

- h. all fixed prosthodontic procedures except unspecified fixed prosthodontic procedure, by report;
- i. tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth;
- j. surgical access of an unerupted tooth;
- k. biopsy of oral tissue;
- l. transeptal fiberotomy/supra crestal fiberotomy;
- m. aveoloplasty in conjunction with extractions;
- n. incision and drainage of abscess;
- o. occlusal orthotic device;
- p. suture of recent small wounds;
- q. frenulectomy;
- r. fixed appliance therapy; and
- s. all adjunctive general services except:
 - i. palliative (emergency) treatment of dental pain, and
 - ii. unspecified adjunctive procedure, by report.

The reimbursement for all other covered dental procedures shall remain at the rate on file as of December 23, 2008.

Effective for dates of service on or after January 22, 2010, the reimbursement fees for EPSDT dental services are reduced to the following percentages of the 2008 National Dental Advisory Service Comprehensive Fee Report 70th percentile, unless otherwise stated.

A	
STATE	Louisiana
DATE REC'D	3-3-10
DATE APP'VD	5-7-10
DATE EFF	1-22-10
HCPA 179	16-04

- 1. 73 percent for diagnostic oral evaluation services;
- 2. 70 percent for the following periodic, diagnostic and preventive services:
 - a) radiographs – periapical, first film;
 - b) radiographs- periapical, each additional film;
 - c) radiographs- panoramic film;
 - d) prophylaxis- adult and child;
 - e) topical application of fluoride, 0-15 years of age (prophylaxis not included; and
 - f) topical fluoride varnish, therapeutic application for moderate to high caries risk patients (under 6 years of age); and
- 3. 65 percent for the remainder of the dental services.

TN# 10-04
Supersedes

Approval Date 5-7-10

Effective Date 1-22-10

TN# 08-26

Marks, Marsha L. (CMS/SC)

From: Marks, Marsha L. (CMS/SC)
Sent: Thursday, May 13, 2010 7:48 AM
To: CMS CMSO_508_SPA
Subject: Approval Pkg for LA 10-04
Attachments: Final Approval Pkg for 10-04.pdf

See Attached.

State: Louisiana

Brief Description: The plan reduces reimbursement rates for dental services under the EPSDT Program. The State indicated that the fee schedule was posted on the website and the payment is uniform for governmental and private providers. This does not have a direct impact on Indians, Indian health programs or Urban Indian organizations.

Approval Date: 7 May, 2010

Effective Date : 22 January, 2010

Marsha Marks // Dept of Health & Human Services // Centers for Medicare & Medicaid Services // Dallas Regional Office // Division of Medicaid & Children's Health // Dallas Texas 75202 // 214-767-6280 // Fax 214-767-0322 // marsha.marks@cms.hhs.gov