

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

September 24, 2010

Our Reference: SPA LA 10-29

Mr. Don Gregory, State Medicaid Director
Department of Health and Hospitals
Bienville Building
628 North 4th St.
P.O. Box 91030
Baton Rouge, LA 70821-9030
Attention: Allyson Lamy

Dear Mr. Gregory:

We have reviewed the proposed amendment to your Medicaid State Plan submitted under Transmittal Number 10-29. This state plan amendment clarifies that hospital pre-certification and length of stay criteria apply to reimbursement for inpatient physician services.

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 the 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 10-29 is approved with an effective date of April 1, 2010 as requested. A copy of the HCFA – 179, Transmittal No. 10-29 dated June 28, 2010 is enclosed along with the approved plan pages.

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

Sincerely,

A black rectangular redaction box covering the signature of Bill Brooks.

Bill Brooks
Associate Regional Administrator

Enclosures

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
42 CFR
440.50

Medical and Remedial Care and Services-Item 5 (cont'd)

2. Effective for dates of service on or after January 1, 2007, the reimbursement of up to three medically necessary inpatient evaluation and management services by providers of different specialties per recipient, per day, for recipients age 21 and older will be allowed.
3. Pre- and post-operative **inpatient and outpatient visits related to surgery** are not reimbursed when made during the global surgery period assigned to the surgical procedure code. Visits are considered unrelated when the reason for the visit is not the same as the reason for the surgery.
4. Reimbursement for inpatient physician services rendered in hospitals is subject to hospital pre-certification and length of stay assignment criteria.

- B. Reserved
C. Reserved
D. Reserved

SUPERSEDES: TN- 07-01

STATE <u>Louisiana</u>	A
DATE REC'D <u>6-28-10</u>	
DATE APPV'D <u>9-24-10</u>	
DATE EFF <u>4-1-10</u>	
HC FA 179 <u>10-29</u>	

TN# 10-29
Supersedes
TN# 07-01

Approval Date 9-24-10

Effective Date 4-1-10