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,

Bill Brooks

Associate Regional Administrator

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE		
STATE PLAN MATERIAL	10-29	Louisiana		
FOR: HEALTH CARE FINANCING ADMINISTRATION	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 April 1, 2010			
5. TYPE OF PLAN MATERIAL (Check One):				
■ NEW STATE PLAN ■ AMENDMENT TO BE CONSIDERED AS NEW PLAN ■ 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	7. FEDERAL BUDGET IMPACT: a. FFY 2010 b. FFY 2011	\$0.00 \$0.00		
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A, Item 5, Page 1a	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Same (TN 07-01)			
10. SUBJECT OF AMENDMENT: The purpose of this amendment is to clarify that reimbursement for physician services rendered in an inpatient hospital setting is subject to pre-certification and length of stay assignment criteria. 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 The Governor does not review state plan material.				
12. SIGNATURE OF STATE AGENCY/OFFICIAL:	16. RETURN TO: State of Louisiana			
TYPED NAME: Alan Levine Department of Health and Hospitals 628 N. 4 th Street		ospitals		
14. TITLE:	PO Box 91030			
Secretary 15. DATE SUBMITTED: June 28, 2010	Baton Rouge, LA 70821-9030			
FOR REGIONAL OFFICE USE ONLY				
17. DATE RECEIVED: 28 June, 2010	8. DATE APPROVED: 24 Sept 2010			
PLAN APPROVED - ONE	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	1 >		
19. EFFECTIVE DATE OF APPROVED MATERIAL: 2 1 April, 2010	20. SIGNA	AL:		
21. TYPED NAME: Bill Brooks	22. TITLE: Associate Regional Additional Add			
23. REMARKS:				

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

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

	STATE Louisiana	<u>.</u>
	DATE REC'D 4-28-10	
	DATE APP\"D 9-24-10	A
1	DATE EFF 4-1-10	
	HC TA 179 10-Z9	

SUPERSEDES: TN- 07-01

TN#	10-29	Approval Date 9-24-70	Effective Date 4-1-10
Superse	des		
TN#	07-01		