

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

10-45

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

August 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 447, Subpart B

7. FEDERAL BUDGET IMPACT:

a. FFY 2010 (\$768.12) ~~(\$761.24)~~
b. FFY 2011 (\$4,269.88) ~~(\$3,624.92)~~

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-B, Item 4.b, Page 1k

9. PAGE NUMBER OF THE SUPERSEDED PLAN
SECTION OR ATTACHMENT (If Applicable):

None (New Page)

10. SUBJECT OF AMENDMENT: **The purpose of this amendment is to reduce the reimbursement rates for dental services in the EPSDT Dental Program in order to avoid a budget deficit.**

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 review state plan material.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Bruce D. Greenstein

14. TITLE:

Secretary

15. DATE SUBMITTED:

September 28, 2010

16. RETURN TO:

State of Louisiana
Department of Health and Hospitals
628 N. 4th Street
PO Box 91030
Baton Rouge, LA 70821-9030

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 28 September, 2010

18. DATE APPROVED:

29 December, 2010

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

1 August, 2010

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

BILL BROOKS

22. TITLE:

Associate Regional Administrator
Division of Medicaid & Children's Health

23. REMARKS:

Pen and Ink change made to Block 7 per State's E-mail dated 16 November, 2010

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:

Effective for dates of service on or after August 1, 2010, the reimbursement fees for EPSDT dental services are reduced to the following percentages of the 2009 National Dental Advisory Service Comprehensive Fee Report 70th percentile, unless otherwise stated.

1. 69 percent for the following oral evaluation services:
 - a) periodic oral examination;
 - b) oral examination- patients under three years of age; and
 - c) comprehensive oral examination- new patients;

2. 65 percent for the following annual and 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, adult and child (prophylaxis not included; and
 - f) topical fluoride varnish, therapeutic application for moderate to high caries risk patients (under 6 years of age); and

3. 50 percent for the following diagnostic and adjunctive general services:
 - a) oral/facial image
 - b) non-intravenous conscious sedation; and
 - c) hospital call; and;

4. 58 percent for the remainder of the dental services.

Removable prosthodontics and orthodontic services are excluded from the August 1, 2010 rate reduction.

STATE <u>Louisiana</u>	A
DATE REC'D <u>9-28-10</u>	
DATE APP'D <u>12-2-10</u>	
DATE EFF <u>8-1-10</u>	
HCFA 179 <u>10-45</u>	

TN# 10-45

Approval Date 12-2-10

Effective Date 8-1-10

Supersedes

TN# SUPERSEDES: NONE - NEW PAGE