

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

June 6, 2011

Our Reference: SPA LA 11-02

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 11-02. This state plan amendment establishes the program criteria and reimbursement methodology for diabetes self-management training services as a physician service in the Louisiana state plan.

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 11-02 is approved with an effective date of February 21, 2011 as requested. A copy of the HCFA-179, Transmittal No. 11-02 dated March 17, 2011 is enclosed along with the approved plan pages.

If you have any questions, please contact Ford Blunt III at ford.blunt@cms.hhs.gov or by phone at (214) 767-6381.

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

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:

B. Diabetes Education Services

1. Effective for dates of service on or after February 21, 2011, the department shall provide coverage of diabetes self-management training (DSMT) services rendered to Medicaid recipients diagnosed with diabetes. The services shall be comprised of one hour of individual instruction and nine hours of group instruction on diabetes self-management.
 - a. Recipients of DSMT services shall receive up to 10 hours of services during the first 12-month period beginning with the initial training date. .
 - b. After the first 12-month period has ended, recipients shall only be eligible for two hours of individual instruction on diabetes self-management per calendar year.

2. Provider Participation Standards

- a. In order to receive Medicaid reimbursement, professional services providers must have a DSMT program that meets the quality standards of one of the following accreditation organizations:
 - (1) the American Diabetes Association;
 - (2) the American Association of Diabetes Educators; or
 - (3) the Indian Health Service.

- b. All DSMT programs must adhere to the national standards for diabetes self-management education.

A	
STATE <u>Louisiana</u>	
DATE REC'D <u>3-17-11</u>	
DATE APP'D <u>6-6-11</u>	
DATE EFF <u>2-21-11</u>	
HC:FA 179	<u>11-02</u>

- (1) Each member of the instructional team must:
 - (a) Be a certified diabetes educator (CDE) certified by the National Certification Board of Diabetes Educators; or
 - (b) Have a recent didactic and experiential preparation in education and diabetes management.
- (2) At a minimum, the instructional team must consist of one of the following professionals who is a CDE:
 - (a) a registered dietician;
 - (b) a registered nurse, or
 - (c) a pharmacist.
- (3) The instructional team must obtain the nationally recommended annual continuing education hours for diabetes management.

- c. Members of the instructional team must either be employed by, or have a contract with a Medicaid enrolled professional services provider that will submit the claims for reimbursement of DSMT services rendered by the team.

- C. Reserved
- D. Reserved

SUPERSEDES: NONE NEW PAGE

TN# 11-02
Supersedes
TN# New page

Approval Date 6-6-11

Effective 2-21-11

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 IS INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

C. Diabetes Education Services Reimbursement

1. Effective for dates of service on or after February 21, 2011, the Medicaid Program shall provide reimbursement for diabetes self-management training services rendered by qualified health care professionals.
2. Reimbursement for DSMT services shall be a flat fee based on the appropriate Healthcare Common Procedure Coding (HCPC) code.

Payment is uniform for both governmental and private providers. The fee schedule is published on the Louisiana Medicaid provider website, lamedicaid.com.

STATE <u>LOUISIANA</u>	A
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DATE APPV'D <u>6-6-11</u>	
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HCFA 179 <u>11-02</u>	

TN# 11-02
Supersedes
TN# 01-33

Approval Date 6-6-11

Effective 2-21-11

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

42 CFR
440.50

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.

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