

**RULE**

**Department of Health and Hospitals  
Bureau of Health Services Financing**

**Early and Periodic Screening, Diagnosis and Treatment  
Durable Medical Equipment  
Cochlear Devices  
(LAC 50:XV.8717 and 8719)**

The Department of Health and Hospitals, Bureau of Health Services Financing has amended LAC 50:XV.8717 and §8719 in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq.

**Title 50  
PUBLIC HEALTH - MEDICAL ASSISTANCE  
Part XV. Services for Special Populations  
Subpart 5. Early and Periodic Screening, Diagnosis, and  
Treatment**

**Chapter 87. Durable Medical Equipment-Hearing Devices**

**Subchapter B. Cochlear Device**

**§8717. Eligibility and Prior Authorization**

A. Coverage is available for cochlear implantation for recipients 1 year of age through 20 years of age with profound bilateral sensorineural hearing loss.

B. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 24:1300 (July 1998), repromulgated LR 29:181 (February 2003), amended by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 42:

**§8719. Recipient Criteria**

A. Recipient Criteria (General). The following criteria apply to all candidates. Recipient must:

1. ...
2. be a profoundly deaf child, age 1 year or older or be a post-linguistically deafened adult through the age of 20 years;

3. - 8. ...

B. Recipient Criteria (Specific)

1. Children 1 Year through 9 Years. In addition to documentation that candidates meet general criteria, the requestor shall provide documentation that:

1.a. - 4. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 24:1300 (July 1998), repromulgated LR

29:181 (February 2003), amended by the Department of Health and  
Hospitals, Bureau of Health Services Financing, LR 42:

Rebekah E. Gee MD, MPH

Secretary

**RULE**

**Department of Health and Hospitals  
Bureau of Health Services Financing**

**Inpatient Hospital Services  
Public-Private Partnerships  
Reimbursement Methodology  
(LAC 50:V.1703)**

The Department of Health and Hospitals, Bureau of Health Services Financing has adopted LAC 50:V.1703 in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq.

**Title 50**

**PUBLIC HEALTH—MEDICAL ASSISTANCE  
Part V. Hospital Services  
Subpart 1. Inpatient Hospital Services**

**Chapter 17. Public-Private Partnerships**

**§1703. Reimbursement Methodology**

A. Reserved.

B. Effective for dates of service on or after April 15, 2013, a major teaching hospital that enters into a cooperative endeavor agreement with the Department of Health and Hospitals to provide acute care hospital services to Medicaid and uninsured patients and which assumes providing services that were previously delivered and terminated or reduced by a state owned and operated facility shall be reimbursed as follows:

1. The inpatient reimbursement shall be reimbursed at 95 percent of allowable Medicaid costs. The interim per diem reimbursement may be adjusted not to exceed the final reimbursement of 95 percent of allowable Medicaid costs.

C. - E.3. Reserved.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 42:

Rebekah E. Gee MD, MPH

Secretary

**RULE**

**Department of Health and Hospitals  
Bureau of Health Services Financing**

**Outpatient Hospital Services  
Public-Private Partnerships  
Reimbursement Methodology  
(LAC 50:V.6703)**

The Department of Health and Hospitals, Bureau of Health Services Financing has adopted LAC 50:V.6703 in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq.

**Title 50**

**PUBLIC HEALTH-MEDICAL ASSISTANCE  
Part V. Hospital Services  
Subpart 5. Outpatient Hospital Services**

**Chapter 67. Public-Private Partnerships**

**§6703. Reimbursement Methodology**

A. Payments to qualifying hospitals shall be made on a quarterly basis in accordance with 42 CFR 447.321.

B. Effective for dates of service on or after April 15, 2013, a major teaching hospital that enters into a cooperative endeavor agreement with the Department of Health and Hospitals to provide acute care hospital services to Medicaid and uninsured patients, and which assumes providing services that were previously delivered and terminated or reduced by a state owned and operated facility shall be reimbursed as follows.

1. Outpatient Surgery. The reimbursement amount for outpatient hospital surgery services shall be an interim payment equal to the Medicaid fee schedule amount on file for each service, and a final reimbursement amount of 95 percent of allowable Medicaid cost.

2. Clinic Services. The reimbursement amount for outpatient clinic services shall be an interim payment equal to the Medicaid fee schedule amount on file for each service, and a final reimbursement amount of 95 percent of allowable Medicaid cost.

3. Laboratory Services. The reimbursement amount for outpatient clinical diagnostic laboratory services shall be the Medicaid fee schedule amount on file for each service.

4. Rehabilitative Services. The reimbursement amount for outpatient clinic services shall be an interim payment equal to the Medicaid fee schedule amount on file for each service, and a final reimbursement amount of 95 percent of allowable Medicaid cost.

5. Other Outpatient Hospital Services. The reimbursement amount for outpatient hospital services other than clinical diagnostic laboratory services, outpatient surgeries, rehabilitation services and outpatient hospital facility fees shall be an interim payment equal to 95 percent of allowable Medicaid cost.

AUTHORITY NOTE: Promulgated in accordance with R.S.  
36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health  
and Hospitals, Bureau of Health Services Financing, LR 42:

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