

RULE

**Department of Health
Bureau of Health Services Financing**

**Crisis Receiving Centers
Licensing Standards
(LAC 48:I.Chapters 53 and 54)**

The Department of Health, Bureau of Health Services Financing has amended LAC 48:I.Chapters 53 and 54 as authorized by R.S. 36:254 and R.S. 40:2180.11 et seq. This Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49.950 et seq. This Rule is hereby adopted on the day of promulgation.

**Title 48
PUBLIC HEALTH—GENERAL
Part I. General Administration
Subpart 3. Licensing**

Chapter 53. Level III Crisis Receiving Centers

Subchapter A. General Provisions

§5301. Introduction

A. — A.3. ...

B. The purpose of a CRC is to provide intervention and stabilization services in order for the client to achieve stabilization and be discharged and referred to the lowest appropriate level of care that meets the client's needs. The estimated length of short term stay in a CRC is 3-7 days.

C. ...

AUTHORITY NOTE: Promulgated in accordance with R.S.
36:254 and R.S. 40:2180.14.

HISTORICAL NOTE: Promulgated by the Department of Health
and Hospitals, Bureau of Health Services Financing, LR 41:101
(January 2015), amended by the Department of Health, Bureau of
Health Services Financing, LR 47:

§5303. Definitions

Cessation of Business—provider is non-operational and/or
has stopped offering or providing services to the community.

Change of Ownership (CHOW)—the addition, substitution, or
removal, whether by sale, transfer, lease, gift or otherwise, of
a licensed health care provider subject to this rule by a
person, corporation, or other entity, which results in a change
of ownership (CHOW) or change of controlling interest of assets
or other equity interests of the licensed entity may constitute
a CHOW of the licensed entity. An example of an action that
constitutes a CHOW includes, but is not limited to, the leasing
of the licensed entity.

Department—the Louisiana Department of Health.

Disaster or Emergency—a local, community-wide, regional or
statewide event that may include, but is not limited to:

1. - 8. ...

9. declared public health crisis.

Division of Administrative Law (DAL)—the Division of Administrative Law or its successor entity.

HSS—the Health Standards Section of the Department of Health, Office of the Secretary, Office of Management and Finance.

Level III Crisis Receiving Center (or Center or CRC)—an agency, business, institution, society, corporation, person or persons, or any other group, licensed by the Department of Health to provide crisis identification, intervention and stabilization services for people in behavioral crisis. CRCs receive, examine, triage, refer, or treat people in behavioral health crisis. A CRC shall have no more than:

a. 36 chairs for crisis stabilization/observation;
and

b. 24 beds for short term stay (three to seven days).

NOTE: Refer to physical environment Section of this Chapter for physical space requirements.

Major Alteration—any repair or replacement of building materials and equipment which does not meet the definition of minor alteration.

Minor Alteration—repair or replacement of building materials and equipment with materials and equipment of a similar type that does not diminish the level of construction below that which existed prior to the alteration. This does not include any alteration to the function or original design of the construction.

OBH—the Department of Health, Office of Behavioral Health.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2180.14.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 41:102 (January 2015), amended by the Department of Health, Bureau of Health Services Financing, LR 47:

Subchapter B. Licensing

§5311. Initial Licensure Application Process

A. ...

B. A person/entity/organization applying for an initial license must submit a completed initial licensing application packet which shall include:

1. - 6. ...

7. except for governmental entities or organizations, proof of financial viability, comprised of the following:

a. ...

b. general liability insurance of at least \$500,000 per occurrence;

c. worker's compensation insurance in the amount as required by state law;

d. professional liability insurance of at least \$100,000 per occurrence/\$500,000 per annual aggregate, or proof of self-insurance of at least \$100,000, along with proof of enrollment as a qualified health care provider with the Louisiana Patient's Compensation Fund (PCF):

i. if the CRC is not enrolled in the PCF, professional liability limits shall be \$1,000,000 per occurrence/\$3,000,000 per annual aggregate; and

e. the LDH-HSS shall specifically be identified as the certificate holder on any policies and any certificates of insurance issued as proof of insurance by the insurer or producer (agent);

B.8. - C.2. ...

D. Once the initial licensing application is approved by LDH, notification of such approval shall be forwarded to the applicant.

E. The applicant shall notify LDH of initial licensing survey readiness within the required 90 days of receipt of application approval. If an applicant fails to notify LDH of initial licensing survey readiness within 90 days, the application will be closed.

F. - H.4. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2180.14.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 41:104 (January 2015), amended by the Department of Health, Bureau of Health Services Financing, LR 47:

§5317. Changes in Licensee Information or Personnel

A. - A.4. ...

B. Any change to the CRC's name or "doing business as" name requires the applicable nonrefundable fee for the issuance of an amended license with the new name.

C. - E.3. ...

F. Any request for a duplicate license shall be accompanied by the applicable fee.

AUTHORITY NOTE: Promulgated in accordance with R.S.
36:254 and R.S. 40:2180.14.

HISTORICAL NOTE: Promulgated by the Department of Health
and Hospitals, Bureau of Health Services Financing, LR 41:106
(January 2015), amended by the Department of Health, Bureau of
Health Services Financing, LR 47:

§5319. Renewal of License

A. ...

B. To renew a license, the CRC shall submit a completed
license renewal application packet to the department at least 30
days prior to the expiration of the current license. The license
renewal application packet includes:

1. - 5. ...

6. except for governmental entities or
organizations, proof of financial viability, comprised of the
following:

a. a line of credit issued from a federally
insured, licensed lending institution in the amount of at least
\$100,000;

b. general liability insurance of at least
\$500,000 per occurrence;

c. worker's compensation insurance in the
amount as required by state law;

d. professional liability insurance of at least \$100,000 per occurrence/\$500,000 per annual aggregate, or proof of self-insurance of at least \$100,000, along with proof of enrollment as a qualified health care provider with the Louisiana Patient's Compensation Fund (PCF):

i. if the CRC is not enrolled in the PCF, professional liability limits shall be \$1,000,000 per occurrence/\$3,000,000 per annual aggregate; and

e. the LDH-HSS shall specifically be identified as the certificate holder on any policies and any certificates of insurance issued as proof of insurance by the insurer or producer (agent).

C. - G.3.d. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2180.14.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 41:106 (January 2015), amended by the Department of Health, Bureau of Health Services Financing, LR 47:

§5327. Cessation of Business

A. Except as provided in §5407 and §5409 of these licensing regulations, a license shall be immediately null and void if a provider ceases to operate.

B. - H. ...

AUTHORITY NOTE: Promulgated in accordance with R.S.
36:254 and R.S. 40:2180.14.

HISTORICAL NOTE: Promulgated by the Department of Health
and Hospitals, Bureau of Health Services Financing, LR 41:108
(January 2015), amended by the Department of Health, Bureau of
Health Services Financing, LR 47:

Subchapter C. Organization and Administration

§5337. General Provisions

A. Purpose and Organizational Structure. The CRC shall
develop and implement a statement maintained by the center that
clearly defines the purpose of the CRC. The statement shall
include:

1. - 3. ...

4. the geographic area served;

A.5. - D.3. ...

AUTHORITY NOTE: Promulgated in accordance with R.S.
36:254 and R.S. 40:2180.14.

HISTORICAL NOTE: Promulgated by the Department of Health
and Hospitals, Bureau of Health Services Financing, LR 41:110
(January 2015), amended by the Department of Health, Bureau of
Health Services Financing, LR 47:

§5339. Governing Body

A. - B.4. ...

C. The responsibilities of a CRC's governing body include, but are not limited to:

1. - 7. ...

8. informing the department, or its designee, prior to initiating any substantial changes in the services provided by the center;

9. ensuring statewide criminal background checks are conducted as required in this Chapter and state law; and

10. ensuring verification of the Louisiana Adverse Action website and the nurse aide registry for direct care staff as required in this Chapter and state law.

D. - E.6. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2180.14.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 41:111 (January 2015), amended by the Department of Health, Bureau of Health Services Financing, LR 47:

§5341. Policies and Procedures

A. Each CRC shall develop, implement and comply with center-specific written policies and procedures governing all requirements of this chapter, including, but not limited to the following areas:

1. - 18. ...

19. infection control practices that meets current state and federal infection control guidelines;

20. - 25. ...

B. A center shall develop, implement and comply with written personnel policies in the following areas:

1. - 11. ...

12. obtaining criminal background checks, adverse action, and registry checks.

C. - E.3. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2180.14.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 41:111 (January 2015), amended by the Department of Health, Bureau of Health Services Financing, LR 47:

Subchapter E. Personnel

§5357. General Requirements

A. - D.3. ...

E. The CRC shall review the Louisiana state nurse aide registry and the Louisiana direct service worker registry included in the Louisiana Adverse Action website, or its successor, to ensure that each unlicensed direct care staff member prior to hire or employment and at least annually thereafter, does not have a negative finding on either registry.

F. - F.1.b. ...

2. The center providing services to adults is prohibited from knowingly employing or contracting with, or retaining the employment of or contract with, a member of the direct care staff who:

a. - a.v. ...

b. has a finding placed on the Louisiana state nurse aide registry or the Louisiana direct service worker registry on the Louisiana Adverse Action website, or its successor.

G. - I.2. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2180.14.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 41:113 (January 2015), amended by the Department of Health, Bureau of Health Services Financing, LR 47:

Subchapter G. Program Operations

§5375. Treatment Services

A. A CRC shall:

1. ...

2. operate no more than 24 licensed beds;

3. operate no more than 36 chairs/recliners for observation and crisis stabilization

4. provide services to either adults or minors but not both; and

a. - f. Repealed.

5. provide services that include, but are not limited to:

a. emergency screening;

b. assessment;

c. crisis intervention and stabilization;

d. 24 hour observation;

e. medication administration; and

f. referral to the most appropriate and least restrictive setting available consistent with the client's needs.

B. Short Term Stay. A CRC shall admit clients for a short term stay with an estimated length of 3-7 days. If a greater length of stay is needed, the CRC shall maintain documentation of clinical justification for the extended stay.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2180.14.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 41:118 (January 2015), amended by the Department of Health, Bureau of Health Services Financing, LR 47:

§5383. Food and Diet

A. - A.9. ...

B. The CRC may provide meal service and preparation pursuant to a written agreement with an outside food management company. If provided pursuant to a written agreement, the CRC shall:

1. - 2. ...

3. ensure that the outside food management company possesses a valid OPH retail food permit and meets all requirements for operating a retail food establishment that serves a highly susceptible population, in accordance with the special requirements for highly susceptible populations as promulgated in the current *Louisiana Sanitary Code* provisions governing food display and service for retail food establishments; and

4. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2180.14.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 41:119 (January 2015), amended by the Department of Health, Bureau of Health Services Financing, LR 47:

Subchapter I. Physical Environment

§5397. Interior Space

A. - N.6. ...

O. Observation Area(s)

1. The CRC shall have one or more spaces for the placement of chair/recliners in an observation area. This space may be of a permanent configuration or may be re-arranged based on the needs of the clients in the CRC. There shall be at least three feet between each chair and at least six feet at the foot of each chair/recliner. The head of the chair/recliner may be positioned at a wall.

P. Smoking

1. The CRC shall prohibit smoking in the interior of the center.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2180.14.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 41:121 (January 2015), amended by the Department of Health, Bureau of Health Services Financing, LR 47:

Chapter 54. Crisis Receiving Centers

Subchapter A. Safety and Emergency Preparedness

§5403. Infection Control

A. ...

B. The CRC shall have an active Infection Control Program that requires:

1. reporting of infectious disease in accordance with current OPH and federal guidelines;
2. - 3. ...
4. a designated infection control coordinator who:
 - a. ...
 - b. develops and implements policies and procedures governing the infection control program that is compliant with most recently published/current state and federal infection control guidelines in preparation for, during, and after a public health emergency or disaster;
 - c. takes universal precautions, including proper handwashing and face masks, as needed; and

B.4.d. - E.3. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2180.14.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 41:123 (January 2015), amended by the Department of Health, Bureau of Health Services Financing, LR 47:

§5405. Emergency Preparedness

- A. The CRC shall have a written emergency preparedness plan to:
 1. maintain continuity of the center's operations in preparation for, during and after an emergency or disaster;

2. manage the consequences of all disasters or emergencies that disrupt the center's ability to render care and treatment, or threaten the lives or safety of the clients; and

3. comply with recently published/current state and federal infection control guidelines in preparation for, during, and after a public health emergency or disaster.

B. - D.8.e. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2180.14.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 41:124 (January 2015), amended by the Department of Health, Bureau of Health Services Financing, LR 47:

§5407. Inactivation of License due to a Declared Disaster or Emergency

A. A CRC located in a parish which is the subject of an executive order or proclamation of emergency or disaster issued in accordance with R.S. 29:724 or R.S. 29:766, may seek to inactivate its license for a period not to exceed one year, provided that the center:

1. submits written notification to HSS within 60 days of the date of the executive order or proclamation of emergency or disaster that:

a. ...

b. the CRC intends to resume operation as a CRC in the same service area; and

c. the CRC attests that the emergency or disaster is the sole causal factor in the interruption of the provision of services;

NOTE: Pursuant to these provisions, an extension of the 60-day deadline for initiation of request may be granted at the discretion of the department.

A.1.d. - B. ...

C. In order to obtain license reinstatement, a CRC with a department-issued notice of inactivation of license shall:

1. submit a written license reinstatement request to HSS 60 days prior to the anticipated date of reopening that includes:

a. the anticipated date of reopening, and a request to schedule a licensing survey;

b. - c. ...

2. The CRC shall resume operating in the same service area within one year of the issuance of an executive order or proclamation of emergency or disaster in accordance with R.S. 29:724 or R.S. 29:766.

D. - H. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2180.14.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 41:124 (January 2015), amended by the Department of Health, Bureau of Health Services Financing, LR 47:

**§5409. Inactivation of License due to a Non-Declared
Emergency or Disaster**

A. A CRC in an area or areas which have been affected by a non-declared emergency or disaster may seek to inactivate its license, provided that the following conditions are met:

1. the CRC shall submit written notification to the HSS within 30 days of the date of the non-declared emergency or disaster stating that:

a. the CRC has experienced an interruption in the provisions of services as a result of events that are due to a non-declared emergency or disaster;

b. the facility intends to resume operation as a CRC in the same service area;

c. the CRC attests that the emergency or disaster is the sole causal factor in the interruption of the provision of services; and

d. the inactivation due to a non-declared emergency or disaster does not exceed one year receipt of notice of approval of renovation/construction plans by OSFM and OPH as required;

NOTE: Pursuant to these provisions, an extension of the 30-day deadline for initiation of request may be granted at the discretion of the department.

EXCEPTION: If the CRC requires an extension of this timeframe due to circumstances beyond the CRC's control, upon written request, the department may consider an extended time period to complete construction or repairs. Such written request for extension shall show the CRC's active efforts to complete construction or repairs and the reasons for request for extension of the CRC's inactive license. Any approvals for extension are at the sole discretion of the department.

2. the CRC continues to pay all fees and costs due and owed to the department including, but not limited to, annual licensing fees and outstanding civil monetary penalties and/or civil fines; and

3. the CRC continues to submit required documentation and information to the department, including but not limited to, cost reports.

B. Upon receiving a completed written request to temporarily inactivate the CRC license due to a non-declared emergency or disaster, the department shall issue a notice of inactivation of license to the CRC.

C. Upon the CRC's receipt of the department's approval of request to inactivate the license, the CRC shall have 90 days to

submit plans for the repairs, renovations, rebuilding, or replacement of the CRC to OSFM and OPH as required.

D. The CRC shall resume operating as a CRC in the same service area within one year of the approval of renovation/construction plans by OSFM and OPH as required.

E. Upon completion of repairs, renovations, rebuilding, or replacement of the CRC, a CRC which has received a notice of inactivation of its license from the department shall be allowed to reinstate its license upon the following conditions being met:

1. the CRC shall submit a written license reinstatement request to the licensing agency of the department;

2. the license reinstatement request shall inform the department of the anticipated date of re-opening and shall request scheduling of a licensing or physical environment survey; and

3. the license reinstatement request shall include a completed licensing application with appropriate licensing fees.

F. Upon receiving a completed written request to reinstate a CRC license, the department may conduct a licensing or physical environment survey. The department may issue a notice of reinstatement if the CRC has met the requirements for licensure including the requirements of this Subsection.

G. No change of ownership of the CRC shall occur until such CRC has completed repairs, renovations, rebuilding, or replacement construction and has resumed operations as a CRC.

H. The provisions of this Section shall not apply to a CRC that has voluntarily surrendered its license and ceased operation.

I. Failure to comply with any of the provisions of this Section shall be deemed a voluntary surrender of the CRC license.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2180.14.

HISTORICAL NOTE: Promulgated by the Department of Health, Bureau of Health Services Financing, LR 47:

Dr. Courtney N. Phillips

Secretary

RULE

Department of Health Bureau of Health Services Financing

Nursing Facilities Supplemental Payments Non-State Governmental Organizations (LAC 50:II.20029)

The Department of Health, Bureau of Health Services Financing has amended LAC 50:II.20029 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. This Rule is hereby adopted on the day of promulgation.

Title 50

PUBLIC HEALTH—MEDICAL ASSISTANCE Part II. Nursing Facilities Subpart 5. Reimbursement

Chapter 200. Reimbursement Methodology

§20029. Supplemental Payments

A. Non-State Governmental Organization Nursing Facilities

1. Effective for dates of service on or after January 20, 2016, any nursing facility that is owned or operated by a non-state governmental organization (NSGO), and that has entered into an agreement with the department to participate, shall qualify for a Medicaid supplemental payment adjustment, in

addition to the uniform Medicaid rates paid to nursing facilities. The only qualifying nursing facilities are:

- a. Gueydan Memorial Guest Home;
- b. LaSalle Nursing Home;
- c. Natchitoches Parish Hospital LTC Unit; and
- d. St. Helena Parish Nursing Home.
- e. Repealed.

2. - 5. ...

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 42:63 (January 2016), amended by the Department of Health, Bureau of Health Services Financing, LR 43:529 (March 2017), LR 47:

Implementation of the provisions of this Rule may be contingent upon the approval of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS), if it is determined that submission to CMS for review and approval is required.

Dr. Courtney N. Phillips

Secretary

RULE

Department of Health Bureau of Health Services Financing

Professional Services Program Reimbursement Methodology (LAC 50:IX.Chapter 151)

The Department of Health, Bureau of Health Services Financing has amended LAC 50:IX.Chapter 151 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. This Rule is hereby adopted on the day of promulgation.

Title 50 PUBLIC HEALTH—MEDICAL ASSISTANCE Part IX. Professional Services Program Subpart 15. Reimbursement

Chapter 151. Reimbursement Methodology

Subchapter B. Physician Services

§15111. General Provisions

A. Physicians shall be reimbursed according to the established fee schedule or billed charges, whichever is the lesser amount.

B. Optometrists rendering eye care services shall be reimbursed using the same methodology as physicians rendering the same eye care services.

1. - 3. Repealed.

C. Advanced practice registered nurses, physician assistants, and licensed midwives shall be reimbursed as a percentage of physician reimbursement, as specified by the Medicaid Program.

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 39:3300 (December 2013), amended by the Department of Health, Bureau of Health Services Financing, LR 47:

§15113. Reimbursement Methodology

A. For newly added procedure codes for beneficiaries age 0 through 15 years old, the Medicaid fee shall be set at 90 percent of the current year's Louisiana Region 99 Medicare allowable fee. For newly added procedure codes for beneficiaries age 16 years and older, the Medicaid fee shall be set at 75 percent of the current year's Louisiana Region 99 Medicare allowable fee.

1. If there is no corresponding Medicare fee, the Medicaid fee shall be set based on a review of other state Medicaid Program fees, other health insurer fees in Louisiana, or as determined by either the Louisiana Medicaid Medical

Director or the contracted physician consultant of the department's fiscal intermediary.

2. If establishing a Medicaid fee based on Medicare rates results in a fee that is reasonably expected to be insufficient to ensure that the service is available to beneficiaries, an alternate methodology shall be used. The Medicaid fee shall be set based on a review of other state Medicaid Program fees, other health insurer fees in Louisiana, or as determined by either the Louisiana Medicaid Medical Director or the contracted physician consultant of the department's fiscal intermediary.

B. Effective for dates of service on or after October 15, 2007, the reimbursement for selected physician services shall be 90 percent of the 2007 Louisiana Medicare Region 99 allowable or billed charges, whichever is the lesser amount, unless otherwise stipulated.

1. The reimbursement shall remain the same for those services that are currently being reimbursed at a rate that is between 90 percent and 120 percent of the 2007 Louisiana Medicare Region 99 allowable.

2. For those services that are currently reimbursed at a rate above 120 percent of the 2007 Louisiana Medicare Region 99 allowable, effective for dates of service on or after

October 15, 2007, the reimbursement for these services shall be reduced to 120 percent of the 2007 Louisiana Medicare Region 99 allowable.

C. Effective for dates of service on or after January 1, 2008, the reimbursement for selected physician services shall be 90 percent of the 2008 Louisiana Medicare Region 99 allowable or billed charges, whichever is the lesser amount, unless otherwise stipulated.

1. The reimbursement shall remain the same for those services that are currently reimbursed at a rate that is between 90 percent and 120 percent of the 2008 Louisiana Medicare Region 99 allowable.

2. For those services that are currently reimbursed at a rate above 120 percent of the 2008 Louisiana Medicare Region 99 allowable, effective for dates of service on or after January 1, 2008, the reimbursement for these services shall be reduced to 120 percent of the 2008 Louisiana Medicare Region 99 allowable.

2.a - 3.b. Repealed.

D. Effective for dates of service on or after August 4, 2009, the reimbursement for all physician services rendered to recipients 16 years of age or older shall be reduced to 80

percent of the 2009 Louisiana Medicare Region 99 allowable or billed charges, whichever is the lesser amount.

1. For those services that are currently reimbursed at a rate below 80 percent of the Louisiana Medicare Region 99 allowable, effective for dates of service on or after August 4, 2009, the reimbursement for these services shall be increased to 80 percent of the Louisiana Medicare Region 99 allowable or billed charges, whichever is the lesser amount.

a. - c. Repealed.

2. The following physician services are excluded from the rate adjustment:

- a. preventive medicine evaluation and management;
- b. immunizations;
- c. family planning services; and
- d. select orthopedic reparative services.

3. Effective for dates of service on or after November 20, 2009, the following physician services are excluded from the rate adjustment:

- a. prenatal evaluation and management; and
- b. delivery services.

E. ...

1. The following physician services rendered to recipients 16 years of age or older shall be reimbursed at 80 percent of the 2009 Louisiana Medicare Region 99 allowable or billed charges, whichever is the lesser amount:

- a. prenatal evaluation and management services;
- b. preventive medicine evaluation and management services; and
- c. obstetrical delivery services.

F. Effective for dates of service on or after January 22, 2010, physician services rendered to recipients 16 years of age or older shall be reduced to 75 percent of the 2009 Louisiana Medicare Region 99 allowable or billed charges, whichever is the lesser amount.

G. - H.3. ...

I. Effective for dates of service on or after July 1, 2012, reimbursement shall be as follows for the designated physician services:

1. reimbursement for professional consultation services (procedure codes 99241-99245 and 99251-99255) shall be discontinued;

2. reimbursement for cesarean delivery (procedure codes 59514-59515) shall be reduced to equal reimbursement for vaginal delivery fees (procedure codes 59409-59410); and

3. ...

J. Effective for dates of service on or after February 1, 2013, the reimbursement for certain physician services shall be reduced by 1 percent of the rate in effect on January 31, 2013.

1. - 4. Repealed.

K. Effective for dates of service on or after February 1, 2018, physicians, who qualify under the provisions of §15110 for services rendered in affiliation with a state-owned or operated entity that has been designated as an essential provider, shall receive enhanced reimbursement rates up to the community rate level for qualifying services as determined in §15110.C.

L. Effective for dates of service on or after May 1, 2021, the fee on file for inpatient neonatal critical care services (as specified in CPT) shall be increased by 5 percent.

L.1. - N. Repealed.

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 36:1252 (June 2010), amended LR 36:2282 (October 2010), LR 37:904 (March 2011), LR 39:3300, 3301 (December 2013), LR 41:541 (March 2015), LR 41:1119 (June 2015), LR 41:1291 (July 2015), amended by the

Department of Health, Bureau of Health Services Financing, LR 44:62 (January 2018), LR 47:

Subchapter E. Family Planning Services

§15141. General Provisions

A. Reimbursement for family planning services shall be made according to the established fee schedule or billed charges, whichever is the lesser amount.

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, Bureau of Health Services Financing, LR 47:

§15143. Reimbursement Methodology

A. The reimbursement methodology for family planning services is the same as for physician services.

B. - E.3.a. Repealed.

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 36:2566 (November 2010), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Public Health, LR 39:96 (January 2013), amended by the Department of Health and Hospitals, Bureau of Health Services

Financing, LR 39:1781 (July 2013), amended by the Department of Health, Bureau of Health Services Financing, LR 47:

§15145. Long-Acting Reversible Contraceptives

Repealed.

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 40:2261 (November 2014), repealed by the Department of Health, Bureau of Health Services Financing, LR 47:

Implementation of the provisions of this Rule may be contingent upon the approval of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS), if it is determined that submission to CMS for review and approval is required.

Dr. Courtney N. Phillips

Secretary