

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Dallas Regional Office  
1301 Young Street, Suite 833  
Dallas, Texas 75202



**DIVISION OF MEDICAID & CHILDREN'S HEALTH - REGION VI**

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December 12, 2013

**Our Reference: SPA LA 13-38**

Ms. Ruth Kennedy, State Medicaid Director  
Department of Health and Hospitals  
628 North 4<sup>th</sup> St.  
P.O. Box 91030  
Baton Rouge, LA 70821-9030

Attention: Darlene York  
Jodie Hebert

Dear Ms. Kennedy:

We have reviewed your request to amend the Louisiana State Plan submitted under Transmittal No. 13-38, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on September 26, 2013. This amendment changes the provisions governing the reimbursement methodology for physician services covered under the Louisiana Behavioral Health Partnership (LBHP) to exclude certain procedure codes from the January 2013 Medicare rate changes.

We conducted our review of your submittal according to the applicable federal regulations and guidelines. Before we can continue processing this amendment, we need additional or clarifying information. Since the plan is the basis for Federal financial participation, it is important that the plan's language be clear and unambiguous. Therefore, we have the following questions/concerns regarding TN 13-38.

***Please note: This SPA has a page that is directly related to LA SPA 13-16A which has an earlier effective date. This SPA cannot be approved until LA SPA 13-16A has been adjudicated.***

**CMS-179**

1. Please explain why the State is indicating in block 7 of the CMS-179 that the SPA will have no Federal budget impact.

**Attachments 4.19-B and 3.1-G**

2. The proposed plan language states "Effective for dates of service on or after September 1, 2013, the reimbursement for procedure codes 90791, 90792, 90832, 90834, 90837 shall be excluded from the January 2013 Medicare rate changes and shall remain at the Medicare

fee schedule on file as of December 31, 2012". Please provide a history of the level of reimbursement for these codes beginning December 31, 2012 through the present date.

We are requesting this additional/clarifying information under provisions of Section 1915(f) of the Social Security Act. This has the effect of stopping the 90-day time frame for CMS to take action on the material. A new 90-day time frame will not begin until we receive your response to this request.

In accordance with our guidelines to all State Medicaid directors dated January 2, 2001, if we have not received the State's response to our request for additional information within 90 days from the date of this letter, we will initiate disapproval action on the amendment. If you have any questions regarding this letter, please contact Ford Blunt at 214-767-6381 by phone or by email at [ford.blunt@cms.hhs.gov](mailto:ford.blunt@cms.hhs.gov).

Sincerely,

Bill Brooks  
Associate Regional Administrator