

**DEPARTMENT OF HEALTH & HUMAN SERVICES**  
Centers for Medicare & Medicaid Services  
601 East 12th Street, Suite 0300  
Kansas City, Missouri 64106-2898



Medicaid and CHIP Operations Group

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June 14, 2021

Ms. Tara LeBlanc, Interim Medicaid Director  
State of Louisiana  
Department of Health  
628 N 4th Street  
P.O. Box 91030  
Baton Rouge, LA 70821-9030

RE: TN LA 21-0003

Dear Ms. LeBlanc:

We have reviewed the State's proposed amendment to the Louisiana State Plan submitted under Transmittal Number (TN) 21-0003 dated March 31, 2021. This state plan amendment is to amend the provisions governing the Professional Services Program in order to remove specific clinical information and procedural language from the State Plan and to reflect current practices.

Based on the information submitted, we approved the amendment on June 14, 2021, for incorporation into the official Louisiana State Plan with an effective date of January 20, 2021. A copy of the CMS-179 and approved plan pages is enclosed with this letter.

If you have any questions regarding this matter, you may contact Tobias Griffin at (214) 767-4425, or by email at [tobias.griffin@cms.hhs.gov](mailto:tobias.griffin@cms.hhs.gov).

Sincerely,

A handwritten signature in blue ink that reads 'James G. Scott'.

Digitally signed by James G.  
Scott -S  
Date: 2021.06.14 11:45:40 -05'00'

James G. Scott, Director  
Division of Program Operations

Enclosures

cc: Billy Bob Farrell, Branch Manager  
Karen Barnes, LA Department of Health

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER <b>21-0003</b>	2. STATE <b>Louisiana</b>
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	

TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE <b>January 20, 2021</b>
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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  <b>42 CFR 447, Subpart F</b>	7. FEDERAL BUDGET IMPACT  a. FFY <b>2021</b> <b>\$ 0</b> b. FFY <b>2022</b> <b>\$ 0</b>
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  <b>Attachment 3.1-A, Item 5, Page 1</b> <b>Attachment 3.1-A, Item 5, Page 1a</b> <b>Attachment 3.1-A, Item 5, Page 1b</b> <b>Attachment 3.1-A, Item 5, Page 1b(1) - remove page</b>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  <b>Same (TN 15-0036)</b> <b>Same (TN 14-0030)</b> <b>Same (TN 16-0016)</b> <b>Same (TN 16-0016)</b>
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10. SUBJECT OF AMENDMENT **The purpose of this SPA is to amend the provisions governing the Professional Services Program in order to remove specific clinical information and procedural language from the State Plan and to reflect current practices.**

11. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT       OTHER, AS SPECIFIED  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED      The Governor does not review State Plan material.  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL 	16. RETURN TO <b>Tara A. LeBlanc, Interim Medicaid Executive Director</b> <b>State of Louisiana</b> <b>Department of Health</b> <b>628 North 4<sup>th</sup> Street</b> <b>P.O. Box 91030</b> <b>Baton Rouge, LA 70821-9030</b>
13. TYPED NAME <b>Ruth Johnson, designee for Dr. Courtney N. Phillips</b>	
14. TITLE <b>Secretary</b>	
15. DATE SUBMITTED <b>March 31, 2021</b>	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED <b>March 31, 2021</b>	18. DATE APPROVED <b>June 14, 2021</b>

PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL <b>January 20, 2021</b>	20. SIGNATURE OF REGIONAL OFFICIAL  <small>Digitally signed by James G. Scott -S Date: 2021.06.14 11:46:21 -05'00'</small>
21. TYPED NAME <b>James G. Scott</b>	22. TITLE <b>Director, Division of Program Operations</b>

23. REMARKS **The State requests pen and ink changes to box 8 and box 9.**

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

LIMITATION ON 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  
42 CFR 440.50

PHYSICIAN SERVICES WHETHER FURNISHED IN THE OFFICE, THE BENEFICIARY'S HOME, A SKILLED NURSING FACILITY OR ELSEWHERE ARE PROVIDED WITH LIMITATIONS AS FOLLOWS:

**A. Physician Services**

Physician's services furnished by a physician, whether provided in the office, the beneficiary's home, a hospital, a skilled nursing facility, or elsewhere, means services provided within the scope of practice of medicine, optometry or osteopathy as defined by State law and by or under the personal supervision of an individual licensed under State law to practice medicine or osteopathy; and medical or surgical services furnished by a dentist in accordance with Section 1905(a)(5) of the Act as amended by Section 4103(a) of P.L. 100-203 and within the scope of dentistry as defined by State law.

1. Effective January 1, 2016, there shall be no limits placed on the number of physician visits payable by the Medicaid program for eligible beneficiaries.
2. 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.
3. Effective for dates of service on or after October 1, 2012, eye care services rendered by a participating optometrist, within their scope of optometric practice, shall be classified and reimbursed under the Medicaid State Plan as a mandatory physician service to the same extent, and according to the same standards as physicians who perform the same eye care services. Beneficiaries in the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program are excluded from optometry service limits.
4. Effective for dates of service on or after August 20, 2014, induced deliveries and cesarean sections by physicians shall not be reimbursed when performed prior to 39 weeks gestation. This shall not apply to deliveries when there is a documented medical condition that would justify delivery prior to 39 weeks gestation.

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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:

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**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 beneficiaries diagnosed with diabetes. The services shall be comprised of individual instruction and group instruction on diabetes self-management, according to the Department's established medical necessity criteria for diabetes education services.
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.
    - (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.

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:

**C. Fluoride Varnish Application Services**

Effective for dates of service on or after September 20, 2016, the Department shall provide Medicaid coverage of fluoride varnish application services to beneficiaries under the age of 21 years and based on medical necessity criteria established by the Medicaid Program.

Fluoride varnish application services performed in a physician office setting shall be reimbursed by the Medicaid Program when rendered by the appropriate professional services providers.

**Provider Participation Standards**

A. The entity seeking reimbursement for fluoride varnish application services must be an enrolled Medicaid provider in the Professional Services Program. The following Medicaid enrolled providers may receive reimbursement for fluoride varnish applications:

1. physicians;
2. nurse practitioners; and
3. physician assistants.

B. The following providers who have been deemed as competent to perform the service by the certified physician may perform fluoride varnish application services in a physician office setting:

1. appropriate dental providers;
2. physicians;
3. physician assistants;
4. nurse practitioners;
5. registered nurses;
6. licensed practical nurses; or
7. certified medical assistants.

C. Professional service providers must review the Smiles for Life training module for fluoride varnish and successfully pass the post assessment.

D. Reserved