

## **Table of Contents**

**State/Territory Name: Louisiana**

**State Plan Amendment (SPA) #: LA 22-0036**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop S2-26-12  
Baltimore, MD 21244-1850



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**Financial Management Group**

February 24, 2023

Tara A. LeBlanc  
Medicaid Executive Director  
Louisiana Medicaid Program  
Louisiana Department of Health Bureau of Health Services Financing  
628 North Fourth Street Post Office Box 91030  
Baton Rouge, Louisiana 70821-9030

RE: Louisiana State Plan Amendment (SPA) 22-0036

Dear Ms. LeBlanc:

We have reviewed the proposed amendment to Attachment 3.1-A and 4.19-A of your Medicaid state plan submitted under transmittal number (TN) 22-0036 effective for services on or after January 1, 2023. The purpose of this SPA is to allow reimbursement, outside of the inpatient hospital per diem, for genetic testing of critically ill infants.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903(a), and 1923 of the Social Security Act and the regulations at 42 CFR 447 Subpart C. We hereby inform you that Medicaid State plan amendment 22-0036 is approved effective January 1, 2023. We are enclosing the CMS-179 and the amended plan pages.

If you have any questions, please call Tom Caughey at (517) 487-8598.

Sincerely,

A handwritten signature in black ink that reads "Rory Howe". The signature is written in a cursive, flowing style.

Rory Howe  
Director

Enclosure

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> <b>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>		1. TRANSMITTAL NUMBER <b>22-0036</b>	2. STATE <b>LA</b>
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		3. PROGRAM IDENTIFICATION: TITLE <u>XIX</u> OF THE SOCIAL SECURITY ACT	
5. FEDERAL STATUTE/REGULATION CITATION <b>42 CFR 447, Subpart C</b>		4. PROPOSED EFFECTIVE DATE <b>January 1, 2023</b>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  <b>Attachment 3.1-A, Item 1, Page 46</b> <b>Attachment 4.19-A, Item 1, Page 15</b>		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2023</u> \$ <u>2,690,866</u> b. FFY <u>2024</u> \$ <u>2,489,316</u>	
9. SUBJECT OF AMENDMENT <b>The purpose of this SPA is to allow reimbursement, outside of the inpatient hospital per diem, for genetic testing of critically ill infants.</b>		8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  <b>Same (TN 20-0007)</b> <b>Same (TN 21-0022)</b>	
10. GOVERNOR'S REVIEW (Check One) <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT  <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL         </div> <div style="width: 50%;"> <input checked="" type="checkbox"/> OTHER, AS SPECIFIED:            The Governor does not review State Plan material.         </div> </div>			
11. SIGNATURE OF STATE AGENCY OFFICIAL 		15. RETURN TO  <b>Tara A. LeBlanc, Medicaid Executive Director</b> <b>Louisiana 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>	
12. TYPED NAME <b>Ruth Johnson, designee for Dr. Courtney N. Phillips</b>		14. DATE SUBMITTED <b>December 12, 2022</b>	
13. TITLE <b>Secretary</b>			
16. DATE RECEIVED December 12, 2022			
<b>FOR CMS USE ONLY</b>			
17. DATE APPROVED <b>February 24, 2023</b>		18. EFFECTIVE DATE OF APPROVED MATERIAL January 1, 2023	
<b>PLAN APPROVED - ONE COPY ATTACHED</b>			
19. SIGNATURE OF APPROVING OFFICIAL 		20. TYPED NAME OF APPROVING OFFICIAL Rory Howe	
21. TITLE OF APPROVING OFFICIAL Director, Financial Management Group		22. REMARKS	

STATE OF LOUISIANA

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED  
LIMITATIONS ON THE AMOUNT, DURATION, AND SCOPE OF CERTAIN ITEMS OF PROVIDED  
MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED AS FOLLOWS:

**Elective Deliveries**

Induced deliveries and cesarean sections 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.

**Coverage of Donor Human Breast Milk**

Effective for dates of service on or after August 20, 2020, coverage shall be provided for donor human breast milk obtained from a member bank of the Human Milk Banking Association of North America, provided to hospitalized infants in acute care hospitals.

**Genetic Testing of Critically Ill Infants**

Effective for dates of service on or after January 1, 2023, inpatient hospitals shall receive reimbursement for rapid whole genome sequencing testing of an infant.

Rapid whole genome sequencing testing includes individual sequencing, trio sequencing of the parents of the infant, and ultra-rapid sequencing.

STATE OF LOUISIANA  
PAYMENT FOR MEDICAL AND REMEDIAL CARE AND SERVICES

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METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - INPATIENT HOSPITAL CARE

**Reimbursement for Donor Human Breast Milk**

Effective for dates of service on or after August 20, 2020, hospitals shall be reimbursed for donor human breast milk provided to hospitalized infants when obtained from a member bank of the Human Milk Banking Association of North America. Reimbursement will be made as an add-on service in addition to the hospital payment for the inpatient hospital stay.

**Reimbursement for COVID-19 Laboratory Testing Services in Acute Inpatient Hospitals**

Effective for dates of service on or after September 20, 2021, acute care hospitals shall receive reimbursement for COVID-19 laboratory testing, in addition to the hospital per diem payment for the inpatient hospital stay. These add-on payments to the inpatient per diem rate shall be applicable only for acute care inpatient stays in state and non-state owned hospitals, small rural hospitals, Children's specialty hospitals and Our Lady of the Lake Regional Medical Center. Psychiatric, rehabilitation, long term acute care hospitals shall not receive these payments.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of COVID-19 laboratory testing in acute care hospitals. The agency's fee schedule rate was set as of June 17, 2021, and is effective for services provided on or after that date. All rates are published on the Louisiana Medicaid website at [www.lamedicaid.com](http://www.lamedicaid.com).

**Genetic Testing of Critically Ill Infants**

Effective for dates of service on or after January 1, 2023, hospitals shall receive reimbursement for rapid whole genome sequencing testing, in addition to the hospital per diem payment for the inpatient stay.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of genetic testing of critically ill infants in inpatient hospitals. The agency's fee schedule rate was set as of July 1, 2022, and is effective for services provided on or after that date. All rates are published on the Louisiana Medicaid website at [www.lamedicaid.com](http://www.lamedicaid.com).