



**State of Louisiana**  
Louisiana Department of Health  
Office of the Secretary

March 14, 2024

James G. Scott, Director  
Division of Program Operations  
Medicaid & CHIP Operations Group  
601 East 12<sup>th</sup> Street, Room 0300  
Kansas City, Missouri 64106-2898

RE: Louisiana Title XIX State Plan  
Transmittal No. 24-0002

Dear Mr. Scott:

I have reviewed and approved the enclosed Louisiana Title XIX State Plan material.

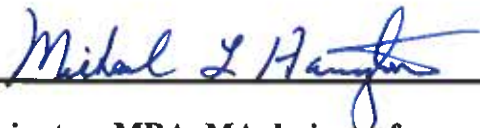
I recommend this material for adoption and inclusion in the body of the State Plan.  
Should you have any questions or concerns regarding this matter, please contact Karen  
Barnes at (225) 342-3881 or via email at Karen.Barnes@la.gov.

Sincerely,

 for *Designee*  
Ralph L. Abraham, M.D.  
Secretary

Attachments (2)

RLA:KS:KC

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> <b>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>		1. TRANSMITTAL NUMBER <b>24-0002</b>	2. STATE <b>LA</b>
		3. PROGRAM IDENTIFICATION: TITLE <u>XIX</u> OF THE SOCIAL SECURITY ACT	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE <b>January 1, 2024</b>	
5. FEDERAL STATUTE/REGULATION CITATION		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2024</u> <b>\$0</b> b. FFY <u>2025</u> <b>\$0</b>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  <b>Attachment 3.1-A, Item 4.b., Page 8</b> <b>Attachment 4.19-B, Item 4.b., Page 2</b> <b>Attachment 4.19-B, Item 4.b., Page 3</b>		8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  <b>Same (TN 04-05)</b> <b>Same (TN 22-0037)</b> <b>Same (TN 11-10)</b>	
9. SUBJECT OF AMENDMENT <b>The purpose of this SPA is to amend the provisions governing the Professional Services program in order to align with current practices.</b>			
10. GOVERNOR'S REVIEW (Check One) <div><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><input checked="" type="checkbox"/> OTHER, AS SPECIFIED: The Governor does not review State Plan material.</div>			
11. SIGNATURE OF STATE AGENCY OFFICIAL 		15. RETURN TO <b>Kimberly Sullivan, J.D.</b> <b>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>Michael Harrington, MBA, MA designee for Ralph L. Abraham, M.D.</b>			
13. TITLE <b>Secretary</b>			
14. DATE SUBMITTED <b>March 14, 2024</b>			
FOR CMS USE ONLY			
16. DATE RECEIVED		17. DATE APPROVED	
PLAN APPROVED - ONE COPY ATTACHED			
18. EFFECTIVE DATE OF APPROVED MATERIAL		19. SIGNATURE OF APPROVING OFFICIAL	
20. TYPED NAME OF APPROVING OFFICIAL		21. TITLE OF APPROVING OFFICIAL	
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 DESCRIBED AS FOLLOWS:

Medical and Remedial Care and Services

Item 4.b., EPSDT Services (cont'd)

Chiropractors

Chiropractic care service is medically necessary manual manipulation of the spine performed on one to three areas of the spine.

**Covered Services**

Beneficiaries age five through twenty years of age, may receive chiropractic services for a maximum of twelve different dates of service per fiscal year without prior authorization when the service is provided as a result of a referral from an EPSDT medical screening provider. Coverage of the thirteenth and subsequent dates of service shall pend for medical review and shall be paid only if provided as the result of a referral from an EPSDT medical screening provider.

Beneficiaries from birth through four years of age are eligible to receive chiropractic care services only if each date of service is prior authorized by the fiscal intermediary. Requests to treat a child under four years of age must be received and prior authorized before the first treatment is administered.

Any limitations on services for children under age 21 may be exceeded based on medical necessity, as specified in 1905(a) of the Act.

**Non-covered Services**

Services provided before the prior authorization date, will not be covered.

STATE OF LOUISIANA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1905 (A) OF THE ACT THAT IS INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

CITATION

42 CFR

447.304

447.200-205  
and Section  
1905(r)(5) of  
the Act

Medical and Remedial Care and Services  
Item 4.b.(contd.)

- II. The following services that are not otherwise covered under the Louisiana State Plan will be reimbursed when provided to an EPSDT beneficiary:

**A. Hospice Services**

Effective for the dates of service on or after May 1, 2012, reimbursement for hospice services are pursuant to the methodology as outlined under Attachment 4.19-B, Item 18.

**B. Personal Care Services**

Personal Care Services (PCS) for EPSDT eligibles shall be paid the lesser of billed charges or the maximum unit rate set by the Department. The maximum rate is a prospective flat rate for each approved unit of service that is provided to the beneficiary. One quarter hour is the standard unit of service, excluding travel time to arrive at the beneficiary's home.

Except as otherwise noted in the Plan, state-developed fee schedule rates are the same for both governmental and non-governmental providers of personal care services. The agency's fee schedule rate was set as of February 20, 2023 and is effective for services provided on or after that date. All rates are published on the agency's website at [www.lamedicaid.com](http://www.lamedicaid.com)

**C. Chiropractors**

Reimbursement Methodology

Chiropractors are reimbursed under the same methodology used to reimburse physicians. Reimbursement is made at the lower of the provider's billed charge for the services or the maximum allowable fee for chiropractic services under the Department's provider reimbursement fee schedule.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and non-governmental providers of chiropractor services. The agency's fee schedule rate was set as of January 1, 2024, and is effective for services provided on or after that date. All rates are published on the agency's website at [www.lamedicaid.com](http://www.lamedicaid.com)

STATE OF LOUISIANA

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

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – OTHER TYPES OF CARE OR SERVICE LISTED  
IN SECTION 1902(A) OF THE ACT THAT IS INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS  
FOLLOWS:

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