

Emergency Rules

DECLARATION OF EMERGENCY

Department of Agriculture and Forestry Livestock Sanitary Board

Diseases of Animals
(LAC 7:XXI.Chapter 3)

In accordance with the emergency provisions of the Administrative Procedure Act, R.S. 49:953.B, R.S. 3:2221, and R.S. 3:2228, the Livestock Sanitary Board is declaring an emergency due to the USDA's reclassification for Louisiana as a Brucellosis Class Free state. USDA determined that Louisiana meets the standards for Class Free status. This action relieves certain restrictions on the interstate movement of cattle from Louisiana. The effective date of this Emergency Rule is September 1, 2000, and it shall be in effect for 120 days or until the final Rule takes effect through normal promulgation process, whichever occurs first.

The cattle industry of Louisiana is presently paying \$160,000.00 annually to have heifer calves vaccinated for brucellosis at Louisiana stockyards. Currently, there are about 80,000 calves vaccinated yearly at Louisiana livestock auctions. These vaccinations cost the state about \$32,000 a year (\$.40 per calf). Under the proposed Rule there will be a 90 percent reduction in vaccinations. About 8,000 calves will be vaccinated at a cost of \$3,200. This results in an estimated reduction of costs of \$28,800 to state governmental units.

Ninety percent of the calves produced in Louisiana leave the state at the time of sale and move to feedlots in other states. Over the past few years, many states have dropped brucellosis vaccination entry requirements and now that Louisiana has been officially declared Brucellosis Free by the USDA, all states will accept heifer calves from Louisiana whether they have been vaccinated for brucellosis or not.

The continued imposition of a now useless cost is a burden on Louisiana's cattle industry to such an extent as to constitute an imminent peril to the welfare of that industry, and, consequently, an imminent peril to the welfare of the citizens of Louisiana.

Title 7

AGRICULTURE AND ANIMALS

Part XXI. Diseases of Animals

Chapter 3. Cattle

§305. Brucellosis Vaccination and Fee

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 3:2221 and R.S. 3:2223.

HISTORICAL NOTE: Promulgated by the Department of Agriculture and Forestry, Livestock Sanitary Board, LR 15:75 (February 1989), amended LR 22:960 (October 1996), LR 24:1677 (September 1998), repealed by the Office of the Commissioner, LR 26:

§307. Livestock Auction Market Requirements

A - A.1.d. Y

i. All nonvaccinated heifer calves, between 4 and 12 months of age are to be vaccinated with USDA-approved brucellosis vaccine prior to being sold or at the first point of sale, but in no case shall any heifer calf 4 to 12 months of age remain unvaccinated for brucellosis more than 15 days after the date of sale. Exceptions to this Clause are heifer calves 4 to 12 months of age which are transported out of the state within 15 days of the date of their sale.

A.1.d.ii A.1.g.ii. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 3:2093, R.S. 3:2221, and R.S. 3:2228.

HISTORICAL NOTE: Promulgated by the Department of Agriculture, Livestock Sanitary Board, LR 11:237 (March 1985), amended LR 11:651 (June 1985), amended by the Department of Agriculture and Forestry, Livestock Sanitary Board, LR 12:501 (August 1986), LR 12:598 (September 1986), LR 13:556 (October 1987), LR 14:220 (April 1988), LR 14:695 (October 1988), LR 15:813 (October 1989), LR 17:30 (January 1991), LR 18:837 (August 1992), LR 22:960 (October 1996), amended by the Department of Agriculture and Forestry, Office of the Commissioner, LR 24:1677 (September 1998), LR 26:

§309. Governing the Sale of Cattle in Louisiana by Livestock Dealers

All cattle which are sold or offered for sale by livestock dealers, must meet the general requirements of LAC 7:XXI.115 and the following specific requirements:

A. - A.2.b.ii. ...

3.a. All heifer calves between 4 and 12 months of age are to be vaccinated with USDA-approved brucellosis vaccine prior to being sold or at the first point of sale but in no case shall any heifer calf 4 to 12 months of age remain unvaccinated for brucellosis more than 15 days after the date of sale. Exceptions to this paragraph are heifer calves 4 to 12 months of age which are transported out of the state within 15 days of the date of their sale.

A.3.b. - B. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 3:2093, R.S. 3:2221, and R.S. 3:2228.

HISTORICAL NOTE: Promulgated by the Department of Agriculture, Livestock Sanitary Board, LR 11:237 (March 1985), amended LR 11:651 (June 1985), amended LR 12:502 (August 1986), LR 13:558 (October 1987), LR 14:221 (April 1988), LR 17:31 (January 1991), LR 18:838 (August 1992), LR 22:960 (October 1996), LR 17:30 (January 1991), amended by the Department of Agriculture and Forestry, Office of the Commissioner, LR 24:1678 (September 1998), LR 26:

§311. Governing the Sale of Purchase, within Louisiana, of all Livestock not Governed by Other Regulations (Brucellosis Requirements)

A. It is a violation of this regulation to sell or purchase cattle, not governed by other regulations of the Livestock Sanitary Board, in Louisiana, for any purpose other than immediate slaughter, unless they meet one of the following requirements.

1.a. Heifers 4 to 12 months of age, are to be official brucellosis calfhood vaccinates prior to being sold or be

vaccinated at the first point of sale but in no case shall any heifer 4 to 12 months of age remain unvaccinated for brucellosis more than 15 days after the date of sale. Exceptions to this Paragraph are:

- i. heifers sold to move directly to slaughter;
- ii. heifers sold to be moved directly to a quarantine feed lot;
- iii. heifers which are transported out of Louisiana within 15 days of the date of their sale.

b. Any person found in violation of Paragraph 1.a. of this regulation shall be fined no less than \$1,000 or more than \$5,000 for each count. Each nonvaccinated heifer shall be considered a separate violation and each day on which the violation occurs shall be considered a separate count.

c. Any person who has knowledge of and does not report to the LDAF any violation of Subparagraph 1.a. of this regulation shall be considered in violation of this regulation and subject to the same penalties as stated in Subparagraph 1.b. of this regulation.

A.2. - A.5. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 3:2093, R.S. 3:2221 and R.S. 3:2228.

HISTORICAL NOTE: Promulgated by the Department of Agriculture, Livestock Sanitary Board, LR 11:238 (March 1985), LR 11:615 (June 1985), amended 12:502 (August 1986), LR 13:559 (October 1987), LR 17:31 (January 1991), LR 18:837 (August 1992), amended by the Department of Agriculture and Forestry, Office of the Commissioner, LR 24:1678 (September 1998), LR 26:

Bob Odom
Commissioner

0009#027

DECLARATION OF EMERGENCY

**Office of the Governor
Division of Administration
Board of the Trustees of the State
Employees Group Benefits Program**

Penalty for Late Payment of Premiums

Pursuant to the authority granted by R.S. 42:871(C) and 874(B)(2), vesting the board of Trustees with the responsibility for administration of the State Employees Group Benefits Program and granting the power to adopt and promulgate rules with respect thereto, and in accordance with R.S. 42:876 regarding collection and deposit of contributions, the board of Trustees hereby invokes the emergency rule provisions of R.S. 49:953(B).

The board finds that it is necessary, in the implementation of its responsibility for collection of premium contributions, to provide for assessment of a late payment penalty to participating employers that fail to remit full payment of premiums by the due date. Failure to adopt this Rule on an emergency basis will result in financial impact adversely affecting the availability of services necessary to maintain the health and welfare of the covered employees and their dependents, which is crucial to the delivery of vital services to the citizens of the state.

Accordingly, the following Emergency Rule is effective September 1, 2000, and shall remain in effect for a

maximum of 120 days or until promulgation of the final Rule, whichever occurs first.

Collection and Deposit of Contributions

A. The board shall be responsible for preparing and transmitting to each participating employer a monthly invoice premium statement delineating the enrolled employees of that agency, the class of coverage, total amount of employer and employees contributions due to the board, and such other items as are deemed necessary by the board.

B. It shall be the responsibility of the participating employer to reconcile the monthly invoice premium statement, collect employee contribution by payroll deduction or otherwise, and remit the reconciled monthly invoice premium statement and both the employer and employee contributions to the board within 30 days after receipt of the monthly premium invoice statement. Payments received by the board shall be allocated as follows:

- 1. first, to any late payment penalty due by the participating employer;
- 2. second, to any balance due from prior invoices; and
- 3. third, to the amount due under the current invoice.

C. If any participating employer fails to remit, in full, both the employer and employee contributions to the board within 30 days after receipt of the monthly invoice premium statement, then:

- 1. at the request of the board, the state treasurer shall withhold from state funds due the participating employer the full amount of the delinquent employer and employee contributions and remit this amount directly to the board; and
- 2. the participating employer shall pay a penalty equal to 1 percent of the total amount due and unpaid, compounded monthly.

D. All employer and employee premium contributions for the payment of premiums for group benefits for state employees provided under the board's authority shall be deposited directly with the board. The board shall pay all monies due for such benefits as they become due and payable.

Kip Wall
Chief Executive Officer

0009#026

DECLARATION OF EMERGENCY

**Department of Health and Hospitals
Office of the Secretary
Bureau of Health Services Financing**

Chiropractic Services C Termination of Services

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing has adopted the following Emergency Rule under the Medical Assistance Program as authorized by R.S. 46:153 and 36:254 and pursuant to Title XIX of the Social Security Act and as directed by the 1999-2000 General Appropriation Act, which states: "The Secretary shall implement reductions in the Medicaid program as necessary to control expenditures to the level approved in this schedule. The Secretary is

hereby directed to utilize various cost containment measures to accomplish these reductions, including but not limited to pre-certification, pre-admission screening, and utilization review, and other measures as allowed by federal law." This Emergency Rule is in accordance with the Administrative Procedure Act, R.S. 49:950 et seq. and shall be in effect for the maximum period allowed under the Administrative Procedure Act or until adoption of the Rule, whichever occurs first.

The Department of Health and Hospitals, Bureau of Health Services Financing provides coverage for chiropractic services under the Medicaid Program. Section 440.225 of the Code of Federal Regulations (42 CFR) states that "any of the services defined in subpart A of this part that are not required under sections 440.210 and 440.220 may be furnished under the state plan at the state's option." Chiropractic services are considered optional under the Title XIX of the Social Security Act and a state may choose to either include or exclude these services under the Medicaid State Plan.

As a result of a budgetary shortfall, the bureau has determined it is necessary to terminate coverage of chiropractic services for recipients aged 21 and older. However, the Medicaid Program will continue to provide coverage of medically necessary manual manipulation of the spine for Early and Periodic Screening, Diagnostic and Treatment Program (EPSDT) recipients under the age of 21 years when the service is rendered as the result of a referral from an EPSDT medical screening provider. Prior authorization shall continue to be required for chiropractic services rendered to recipients under four years of age and for the thirteenth chiropractic service rendered to recipients between the ages of 5 and 21. However, reimbursement shall no longer be made to chiropractors for radiology procedures.

This action is necessary to avoid a budget deficit in the medical assistance programs. This Emergency Rule is being adopted to continue the provisions of the February 21, 2000 Rule.

Emergency Rule

Effective October 20, 2000, the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing terminates coverage and reimbursement for chiropractic services for recipients aged 21 and older. However, the Medicaid Program will continue to provide coverage of medically necessary manual manipulation of the spine for Early and Periodic Screening, Diagnostic and Treatment Program (EPSDT) recipients under the age of 21 years when the service is rendered as the result of a referral from an EPSDT medical screening provider. Prior authorization shall continue to be required for chiropractic services rendered to recipients under four years of age and for the thirteenth chiropractic service rendered to recipients between the ages of 5 and 21. However, reimbursement shall no longer be made to chiropractors for radiology procedures.

Interested persons may submit written comments to Ben A. Bearden, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030. He is responsible for responding to all inquiries regarding this Emergency Rule. A

copy of this Emergency Rule is available for review by interested parties at parish Medicaid offices.

David W. Hood
Secretary

0009#054

DECLARATION OF EMERGENCY

**Department of Health and Hospitals
Office of the Secretary
Bureau of Health Services Financing**

Durable Medical Equipment Customized
Wheelchairs Reimbursement

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing has adopted the following Emergency Rule in the Medical Assistance Program as authorized by R.S. 46:153 and 36:254 and pursuant to Title XIX of the Social Security Act and as directed by the 1999-2000 General Appropriation Act, which states: "The Secretary shall implement reductions in the Medicaid program as necessary to control expenditures to the level approved in this schedule. The Secretary is hereby directed to utilize various cost containment measures to accomplish these reductions, including but not limited to pre-certification, pre-admission screening and utilization review, and other measures as allowed by federal law." This Emergency Rule is adopted in accordance with the Administrative Procedure Act, R.S. 49:950 et seq. and shall be in effect for the maximum period allowed under the Administrative Procedure Act or until adoption of the Rule, whichever occurs first.

The Department of Health and Hospitals, Bureau of Health Services Financing reimburses certain durable medical equipment items using a formula based on a percentage calculation of the Manufacturer's Suggested Retail Price (MSRP). As a result of a budgetary shortfall, the bureau has determined it is necessary to reduce the reimbursement for manual type customized wheelchairs and their components from MSRP minus 15 percent to MSRP minus 20 percent and reduce the reimbursement for motorized type customized wheelchairs from MSRP minus 12 percent to MSRP minus 17 percent.

This action is necessary in order to avoid a budget deficit in the medical assistance programs. This Emergency Rule is being adopted to continue the provisions of the February 8, 2000 Rule.

Emergency Rule

Effective for dates of service October 7, 2000 and after, the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing reduces reimbursement for manual type customized wheelchairs and their components from Manufacturer's Suggested Retail Price (MSRP) minus 15 percent to MSRP minus 20 percent and motorized type customized wheelchairs from MSRP minus 12 percent to MSRP minus 17 percent.

Interested persons may submit written comments to Ben A. Bearden, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030. He is responsible for responding to all inquiries regarding this Emergency Rule. A copy of this Emergency Rule is available for review by interested parties at parish Medicaid offices.

David W. Hood
Secretary

0009#051

DECLARATION OF EMERGENCY

**Department of Health and Hospitals
Office of the Secretary
Bureau of Health Services Financing**

Durable Medical Equipment CE and K
Procedure Codes

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing has adopted the following Emergency Rule under the Medical Assistance Program as authorized by R.S. 46:153 and 36:254 et seq. and pursuant to Title XIX of the Social Security Act and as directed by the 1999-2000 General Appropriation Act, which states: "The Secretary shall implement reductions in the Medicaid program as necessary to control expenditures to the level approved in this schedule. The Secretary is hereby directed to utilize various cost containment measures to accomplish these reductions, including but not limited to pre-certification, pre-admission screening and utilization review, and other measures as allowed by federal law." This Emergency Rule is adopted in accordance with the Administrative Procedure Act, R.S. 49:950 et seq. and shall be in effect for the maximum period allowed under the Administrative Procedure Act or until adoption of the Rule, whichever occurs first.

The Department of Health and Hospitals, Bureau of Health Services Financing reimburses certain durable medical equipment items at 80 percent of the Medicare Fee Schedule amount or billed charges whichever is the lesser amount for specific Health Care Financing Administration Common Procedure Codes (HCPC). As a result of a budgetary shortfall, the bureau has determined it is necessary to reduce reimbursement for these specified HCPC procedure codes. Reimbursement will be reduced to 70 percent of the Medicare fee schedule amount or billed charges, whichever is the lesser amount for the following HCPC procedure codes:

E1050-E1060	Wheelchairs with special features
E1070-E1110	
E1170-E1213	
E1221-E1224	
E1240-E1295	
K0002-K0014	
L7803-L8030	Breast Prosthesis
L8039	
L8400-L8435	Prosthetic Sheaths
L8470-L8485	Prosthetic Socks

L8100-L8230	Elastic Support Stockings
L8239	
A7003-A7017	Nebulizer Administrative Supplies
K0168-K0181	
K0529-K0530	
E0840-E0948	Traction Equipment
E0781, K0455	External Ambulatory Infusion Pumps
E0621	Patient Lift Slings
E0480	Percussors
E0550-E0560	Humidifiers
E0565	Compressors

If an item is not available at the rate of 70 percent of the Medicare fee schedule amount, the flat fee to be utilized will be the lowest cost at which the item has been determined to be widely available by analyzing usual and customary fees charged in the community for the HCPC procedure code.

This action is necessary in order to avoid a budget deficit in the medical assistance programs. This Emergency Rule is being adopted to continue the provisions of the February 8, 2000 Rule.

Emergency Rule

Effective for dates of service October 7, 2000 and after, the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing reduces the reimbursement for certain durable medical equipment items identified by specific HCPC procedure codes. Reimbursement will be reduced to 70 percent of the Medicare Fee Schedule amount or billed charges whichever is the lesser amount for the following HCPC procedure codes:

E1050-E1060	Wheelchairs with special features
E1070-E1110	
E1170-E1213	
E1221-E1224	
E1240-E1295	
K0002-K0014	
L7803-L8030	Breast Prosthesis
L8039	
L8400-L8435	Prosthetic Sheaths
L8470-L8485	Prosthetic Socks
L8100-L8230	Elastic Support Stockings
L8239	
A7003-A7017	Nebulizer Administrative Supplies
K0168-K0181	
K0529-K0530	
E0840-E0948	Traction Equipment
E0781, K0455	External Ambulatory Infusion Pumps
E0621	Patient Lift Slings
E0480	Percussors
E0550-E0560	Humidifiers
E0565	Compressors

If an item is not available at the rate of 70 percent of the Medicare fee schedule amount, the flat fee to be utilized will be the lowest cost at which the item has been determined to

be widely available by analyzing usual and customary fees charged in the community for the HCPC procedure code.

Interested persons may submit written comments to Ben A. Bearden, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030. He is responsible for responding to all inquiries regarding this Emergency Rule. A copy of this Emergency Rule is available for review by interested parties at parish Medicaid offices.

David W. Hood
Secretary

0009#052

DECLARATION OF EMERGENCY

**Department of Health and Hospitals
Office of the Secretary
Bureau of Health Services Financing**

**Durable Medical Equipment/Enteral
Formulas Reimbursement**

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing has adopted the following Emergency Rule in the Medical Assistance Program as authorized by R.S. 46:153 and 36:254 and pursuant to Title XIX of the Social Security Act and as directed by the 1999-2000 General Appropriation Act, which states: "The Secretary shall implement reductions in the Medicaid program as necessary to control expenditures to the level approved in this schedule. The Secretary is hereby directed to utilize various cost containment measures to accomplish these reductions, including but not limited to pre-certification, pre-admission screening and utilization review, and other measures as allowed by federal law." This Emergency Rule is adopted in accordance with the Administrative Procedure Act, R.S. 49:950 et seq. and shall be in effect for the maximum period allowed under the Administrative Procedure Act or until adoption of the Rule, whichever occurs first.

The Department of Health and Hospitals, Bureau of Health Services Financing reimburses for various groupings of enteral formulas either at 100 percent of the Medicare Fee Schedule, or billed charges, whichever is the lesser amount, or at an established flat fee amount, or billed charges, whichever is the lesser amount, or at MSRP, or billed charges, whichever is the lesser amount. As a result of a budgetary shortfall, the bureau has determined it is necessary to reduce reimbursement for these enteral formulas. Reimbursement will be reduced to 80 percent of the Medicare Fee Schedule, or billed charges, whichever is the lesser amount, or to a rate of 80 percent of the established flat fee amount, or billed charges, whichever is the lesser amount, or at 80 percent of Manufacturer's Suggested Retail Price (MSRP), or billed charges, whichever is the lesser amount. If an enteral formula is not available at the rate of 80 percent of the Medicare Fee Schedule, 80 percent of the established flat fee amount, or at 80 percent of MSRP, the flat fee to be utilized will be the lowest cost at which the enteral formula has been determined to be widely available

by analyzing usual and customary fees charged in the community.

This action is necessary in order to avoid a budget deficit in the medical assistance programs. This Emergency Rule is being adopted to continue the provisions of the February 8, 2000 Rule.

Emergency Rule

Effective for dates of service October 7, 2000 and after, the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing reduces reimbursement for enteral formulas. Reimbursement will be reduced to 80 percent of the Medicare Fee Schedule, or billed charges, whichever is the lesser amount, or to a rate of 80 percent of the established flat fee amount, or billed charges, whichever is the lesser amount, or at 80 percent of Manufacturer's Suggested Retail Price (MSRP), or billed charges, whichever is the lesser amount. If an enteral formula is not available at the rate of 80 percent of the Medicare Fee Schedule, 80 percent of the established flat fee amount, or at 80 percent of MSRP, the flat fee to be utilized will be the lowest cost at which the enteral formula has been determined to be widely available by analyzing usual and customary fees charged in the community.

Interested persons may submit written comments to Ben A. Bearden, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030. He is responsible for responding to all inquiries regarding this Emergency Rule. A copy of this Emergency Rule is available for review by interested parties at parish Medicaid offices.

David W. Hood
Secretary

0009#048

DECLARATION OF EMERGENCY

**Department of Health and Hospitals
Office of the Secretary
Bureau of Health Services Financing**

**Durable Medical Equipment/Equipment
and Supplies Delivery Reimbursement**

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing has adopted the following Emergency Rule under the Medical Assistance Program as authorized by R.S. 46:153 and 36:254 and pursuant to Title XIX of the Social Security Act and as directed by the 1999-2000 General Appropriation Act, which states: "The Secretary shall implement reductions in the Medicaid program as necessary to control expenditures to the level approved in this schedule. The Secretary is hereby directed to utilize various cost containment measures to accomplish these reductions, including but not limited to pre-certification, pre-admission screening and utilization review, and other measures as allowed by federal law." This Emergency Rule is adopted in accordance with the Administrative Procedure Act, R.S. 49:950 et seq. and shall be in effect for the maximum period allowed under the Administrative Procedure Act or until adoption of the Rule, whichever occurs first.

The Department of Health and Hospitals, Bureau of Health Services Financing provides reimbursement in the Durable Medical Equipment Program for the delivery of medical equipment and supplies. The reimbursement is either the lesser of billed charges or 10 percent of the total shipping amount of the prior authorized medical equipment and supplies up to a maximum amount of \$75. As a result of a budgetary shortfall, the bureau has determined it is necessary to reduce the reimbursement rate for delivery of medical equipment and supplies to either the lesser of billed charges or 5 percent of the total shipping amount of the prior authorized medical equipment and supplies up to a maximum of \$50. This action is necessary in order to avoid a budget deficit in the medical assistance programs. This Emergency Rule is being adopted to continue the provisions of the February 8, 2000 Rule.

Emergency Rule

Effective for dates of service October 7, 2000 and after, the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing reduces the reimbursement rate for delivery of medical equipment and supplies to either the lesser of billed charges or 5 percent of the total shipping amount of the prior authorized medical equipment and supplies up to a maximum of \$50.

Interested persons may submit written comments to Ben A. Bearden, Office of the Secretary, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030. He is responsible for responding to inquiries regarding this Emergency Rule. A copy of this Emergency Rule is available at the parish Medicaid office for review by interested parties.

David W. Hood
Secretary

0009#044

DECLARATION OF EMERGENCY

**Department of Health and Hospitals
Office of the Secretary
Bureau of Health Services Financing**

Durable Medical Equipment
Flat Fee Reimbursement

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing has adopted the following Emergency Rule under the Medical Assistance Program as authorized by R.S. 46:153 and 36:254 and pursuant to Title XIX of the Social Security Act and as directed by the 1999-2000 General Appropriation Act, which states: "The Secretary shall implement reductions in the Medicaid program as necessary to control expenditures to the level approved in this schedule. The Secretary is hereby directed to utilize various cost containment measures to accomplish these reductions, including but not limited to pre-certification, pre-admission screening and utilization review, and other measures as allowed by federal law." This Emergency Rule is adopted in accordance with the Administrative Procedure Act, R.S. 49:950 et seq. and shall be in effect for the maximum period allowed under the

Administrative Procedure Act or until adoption of the Rule, whichever occurs first.

The Department of Health and Hospitals, Bureau of Health Services Financing currently provides reimbursement for the certain durable medical equipment items at a rate of 80 percent of the Medicare allowable fee, or billed charges, whichever is the lesser amount. As a result of a budgetary shortfall, the bureau has determined it is necessary to change the reimbursement methodology for these items from a percentage of the Medicare allowable fee to a Medicaid established flat fee amount, or billed charges, whichever is the lesser amount. The Medicaid established flat fee amount will be as follows:

Enteral infusion pumps

B9000, B9002	\$595 purchase	\$92 rental per month
B0777, B0778		

Standard type wheelchairs

E1130 and K0001	\$250 purchase	\$35 rental per month
E1140	\$412.50 purchase	\$38.50 rental per month
E1150	\$453.75 purchase	\$42.35 rental per month
E1160	\$375 purchase	\$50 rental per month

Hospital beds

E0255	\$650 purchase	\$75 rental per month
E0265	\$1250 purchase	\$75 rental per month

Artificial eyes

V2623	\$500 purchase	
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Commode chairs

E0163	\$55 purchase	
E0164	\$83.55 purchase	
E0165	\$85 purchase	
E0166	\$142.80 purchase	

Stationary suction machines

Z0500	\$225 purchase	\$35 rental per month
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If an item is not available at the established flat fee, the flat fee to be utilized will be the lowest cost at which the item has been determined to be widely available by analyzing usual and customary fees charged in the community. This action is necessary in order to avoid a budget deficit in the medical assistance programs. This Emergency Rule is being adopted to continue the provisions of the February 8, 2000 Rule.

Emergency Rule

Effective for dates of service October 7, 2000 and after, the Department of Health and Hospitals, Office of the

Secretary, Bureau of Health Services Financing changes the reimbursement methodology for the following durable medical equipment items from 80 percent of the Medicare allowable fee, or billed charges, whichever is the lesser amount, to the following Medicaid established flat fee amounts, or billed charges, whichever is the lesser amount:

Enteral infusion pumps

B9000, B9002	\$595 purchase	\$92 rental per month
B0777, B0778		

Standard type wheelchairs

E1130 and K0001	\$250 purchase	\$35 rental per month
E1140	\$412.50 purchase	\$38.50 rental per month
E1150	\$453.75 purchase	\$42.35 rental per month
E1160	\$375 purchase	\$50 rental per month

Hospital beds

E0255	\$650 purchase	\$75 rental per month
E0265	\$1250 purchase	\$75 rental per month

Artificial eyes

V263	\$500 purchase	
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Commode chairs

E0163	\$55 purchase	
E0164	\$83.55 purchase	
E0165	\$85 purchase	
E0166	\$142.80 purchase	

Stationary suction machines

Z0500	\$225 purchase	\$35 rental per month
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If an item is not available at the established flat fee, the flat fee to be utilized will be the lowest cost at which the item has been determined to be widely available by analyzing usual and customary fees charged in the community.

Interested persons may submit written comments to Ben A. Bearden, Office of the Secretary, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030. He is responsible for responding to inquiries regarding this Emergency Rule. A copy of this Emergency Rule is available at the parish Medicaid office for review by interested parties.

David W. Hood
Secretary

0009#043

DECLARATION OF EMERGENCY

**Department of Health and Hospitals
Office of the Secretary
Bureau of Health Services Financing**

Durable Medical Equipment
Medicare Part B

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing has adopted the following Emergency Rule under the Medical Assistance Program as authorized by R.S. 46:153 and 36:254 and pursuant to Title XIX of the Social Security Act and as directed by the 1999-2000 General Appropriation Act, which states: "The Secretary shall implement reductions in the Medicaid program as necessary to control expenditures to the level approved in this schedule. The Secretary is hereby directed to utilize various cost containment measures to accomplish these reductions, including but not limited to pre-certification, pre-admission screening and utilization review, and other measures as allowed by federal law." This Emergency Rule is adopted in accordance with the Administrative Procedure Act, R.S. 49:950 et seq. and shall be in effect for the maximum period allowed under the Administrative Procedure Act or until adoption of the Rule, whichever occurs first.

The Department of Health and Hospitals, Bureau of Health Services Financing currently provides reimbursement for full co-insurance and deductibles for Medicare Part B claims for durable medical equipment and supplies. Section 1902(a)(10) of the Social Security Act provides states flexibility in the payment of Medicare cost sharing for dually eligible Medicare/Medicaid recipients who are not Qualified Medicare Beneficiaries (QMBs). Section 4714 of the Balanced Budget Act of 1997 clarifies that states have flexibility in complying with the requirements to pay Medicare cost-sharing for Qualified Medicare Beneficiaries and the protections against payment liability for QMBs. Section 4714 states that "a state is not required to provide any payment for any expenses incurred relating to payment for deductibles, coinsurance, or co-payments for Medicare cost sharing to the extent that payment under Title XVIII for the service would exceed the payment amount that otherwise would be made under the state plan under this title for service if provided to an eligible recipient other than a Medicare beneficiary."

When a state's payment for Medicare cost sharing for an item or service rendered to a dually eligible Medicare/Medicaid recipient or a Qualified Medicare Beneficiary is reduced or eliminated to limit the amount under Title XVIII that the beneficiary may be billed or charged for the service, the amount of payment made under Title XVIII plus the amount of payment (if any) under the Medicaid State Plan shall be considered to be payment in full for the service. The beneficiary does not have any legal liability to make payment for the service.

As a result of a budgetary shortfall, the bureau has determined that it is necessary to compare the Medicare payment and the Medicaid rate on file for Medicare Part B claims for medical equipment or supply items. If the

Medicare payment exceeds the Medicaid rate, the claim will be adjudicated as a paid claim with a zero payment. If the Medicaid rate would exceed the Medicare payment, the claim will be reimbursed at the lesser of the co-insurance and deductible or up to the Medicaid maximum payment. This action is necessary in order to avoid a budget deficit in the medical assistance programs. This Emergency Rule is being adopted to continue the provisions of the February 8, 2000 Rule.

Emergency Rule

Effective with dates of service October 7, 2000, and thereafter, the Department of Health and Hospitals, Bureau of Health Services Financing shall compare the Medicare payment to the Medicaid rate on file for Medicare Part B claims for medical equipment or supply items. If the Medicare payment exceeds the Medicaid rate, the claim will be adjudicated as a paid claim with a zero payment. If the Medicaid rate would exceed the Medicare payment, the claim will be reimbursed at the lesser of the co-insurance and deductible or up to the Medicaid maximum payment. If the Medicaid payment is reduced or eliminated as a result of the Medicare/Medicaid payment comparison, the amount of the Medicare payment plus the amount of the Medicaid payment (if any) shall be considered to be payment in full for the service. The recipient does not have any legal liability to make payment for the service.

Interested persons may submit written comments to Ben A. Bearden, Office of the Secretary, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030. He is responsible for responding to inquiries regarding this Emergency Rule. A copy of this Emergency Rule is available at parish Medicaid offices for review by interested parties.

David W. Hood
Secretary

0009#042

DECLARATION OF EMERGENCY

**Department of Health and Hospitals
Office of the Secretary
Bureau of Health Services Financing**

Durable Medical Equipment
Orthotics
and Prosthetics Reimbursement

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing has adopted the following Emergency Rule in the Medical Assistance Program as authorized by R.S. 46:153 and 36:254 and pursuant to Title XIX of the Social Security Act and as directed by the 1999-2000 General Appropriation Act, which states: "The Secretary shall implement reductions in the Medicaid program as necessary to control expenditures to the level approved in this schedule. The Secretary is hereby directed to utilize various cost containment measures to accomplish these reductions, including but not limited to pre-certification, pre-admission screening and utilization review, and other measures as allowed by federal law." This Emergency Rule is adopted in accordance with the Administrative Procedure Act, R.S. 49:950 et seq. and shall

be in effect for the maximum period allowed under the Administrative Procedure Act or until adoption of the Rule, whichever occurs first.

The Department of Health and Hospitals, Bureau of Health Services Financing reimburses certain durable medical equipment items identified by specific Health Care Financing Administration Common Procedure Codes (HCPC) at 80 percent of the Medicare Fee Schedule amount or billed charges, whichever is the lesser amount. As a result of a budgetary shortfall, the bureau has determined it is necessary to reduce reimbursement for orthotic and prosthetic. Reimbursement will be reduced to 70 percent of the Medicare Fee Schedule amount or billed charges, whichever is the lesser amount, for the following HCPC procedure codes:

L0100-L2999	Orthotics
L3650-L4380	
L5000-L7499	Prosthetics

If an item is not available at the rate of 70 percent of the Medicare fee schedule amount, the flat fee to be utilized will be the lowest cost at which the item has been determined to be widely available by analyzing usual and customary fees charged in the community for the HCPC procedure code. This action is necessary in order to avoid a budget deficit in the medical assistance programs. This Emergency Rule is being adopted to continue the provisions of the February 8, 2000 Rule.

Emergency Rule

Effective for dates of service October 7, 2000 and after, the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing reduces the reimbursement for certain durable medical equipment items identified by specific HCPC procedure codes. Reimbursement will be reduced to 70 percent of the Medicare Fee Schedule amount or billed charges, whichever is the lesser amount, for the following HCPC procedure codes:

L0100-L2999	Orthotics
L3650-L4380	
L5000-L7499	Prosthetics

If an item is not available at the rate of 70 percent of the Medicare fee schedule amount, the flat fee to be utilized will be the lowest cost at which the item has been determined to be widely available by analyzing usual and customary fees charged in the community for the HCPC procedure code.

Interested persons may submit written comments to Ben A. Bearden, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030. He is responsible for responding to all inquiries regarding this Emergency Rule. A copy of this Emergency Rule is available for review by interested parties at parish Medicaid offices.

David W. Hood
Secretary

0009#046

DECLARATION OF EMERGENCY

**Department of Health and Hospitals
Office of the Secretary
Bureau of Health Services Financing**

**Durable Medical Equipment
Ostomy and Urological Supplies Reimbursement**

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing has adopted the following Emergency Rule under the Medical Assistance Program as authorized by R.S. 46:153 and 36:254 et seq. and pursuant to Title XIX of the Social Security Act and as directed by the 1999-2000 General Appropriation Act, which states: "The Secretary shall implement reductions in the Medicaid program as necessary to control expenditures to the level approved in this schedule. The Secretary is hereby directed to utilize various cost containment measures to accomplish these reductions, including but not limited to pre-certification, pre-admission screening and utilization review, and other measures as allowed by federal law." This Emergency Rule is adopted in accordance with the Administrative Procedure Act, R.S. 49:950 et seq. and shall be in effect for the maximum period allowed under the Administrative Procedure Act or until adoption of the Rule, whichever occurs first.

The Department of Health and Hospitals, Bureau of Health Services Financing reimburse certain durable medical equipment items identified by specific Health Care Financing Administration Common Procedure Codes (HCPC) at either 80 percent of the Medicare Fee Schedule, or billed charges, whichever is the lesser amount, or 80 percent of the Manufacturer's Suggested Retail Price (MSRP), or billed charges, whichever is the lesser amount. As a result of a budgetary shortfall, the bureau has determined it is necessary to reduce the reimbursement rate for these items. The reimbursement will be reduced to 70 percent of the Medicare Fee Schedule, or billed charges, whichever is the lesser amount, or 70 percent of the MSRP amount, or billed charges, whichever is the lesser amount for the following HCPC codes:

A4200- A4460	Ostomy and Urological supplies
A4927-A5149	
K0133-K0139	
A6020-A6406	Wound dressings and supplies
K0216-K0437	

If an item is not available at 70 percent of the Medicare Fee Schedule amount, or 70 percent of the MSRP amount, the flat fee to be utilized will be the lowest cost at which the item has been determined to be widely available by analyzing usual and customary fees charged in the community.

This action is necessary in order to avoid a budget deficit in the medical assistance programs. This Emergency Rule is being adopted to continue the provisions of the February 8, 2000 Rule.

Emergency Rule

Effective for dates of service October 7, 2000 and after, the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing reduces the

reimbursement for certain durable medical equipment items identified by specific Health Care Financing Administration Common Procedure Codes. The reimbursement will be reduced to 70 percent of the Medicare Fee Schedule, or billed charges, whichever is the lesser amount, or 70 percent of the Manufacturer's Suggested Retail Price (MSRP) amount, or billed charges, whichever is the lesser amount for the following HCPC codes:

A4200- A4460	Ostomy and Urological supplies
A4927-A5149	
K0133-K0139	
A6020-A6406	Wound dressings and supplies
K0216-K0437	

If an item is not available at 70 percent of the Medicare Fee Schedule amount, or 70 percent of the MSRP amount, the flat fee to be utilized will be the lowest cost at which the item has been determined to be widely available by analyzing usual and customary fees charged in the community.

Interested persons may submit written comments to Ben A. Bearden, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030. He is responsible for responding to all inquiries regarding this Emergency Rule. A copy of this Emergency Rule is available for review by interested parties at parish Medicaid offices.

David W. Hood
Secretary

0009#045

DECLARATION OF EMERGENCY

**Department of Health and Hospitals
Office of the Secretary
Bureau of Health Services Financing**

**Durable Medical Equipment
Oxygen Concentrators
and Glucometers Reimbursement**

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing has adopted the following Emergency Rule under the Medical Assistance Program as authorized by R.S. 46:153 and 36:254 and pursuant to Title XIX of the Social Security Act and as directed by the 1999-2000 General Appropriation Act, which states: "The Secretary shall implement reductions in the Medicaid program as necessary to control expenditures to the level approved in this schedule. The Secretary is hereby directed to utilize various cost containment measures to accomplish these reductions, including but not limited to pre-certification, pre-admission screening and utilization review, and other measures as allowed by federal law." This Emergency Rule is adopted in accordance with the Administrative Procedure Act, R.S. 49:950 et seq. and shall be in effect for the maximum period allowed under the Administrative Procedure Act or until adoption of the Rule, whichever occurs first.

The Department of Health and Hospitals, Bureau of Health Services Financing provides reimbursement for

oxygen concentrators and glucometers in the Durable Medical Equipment (DME) Program. Currently, oxygen concentrators are reimbursed at a flat fee of \$1500 for purchase and \$175 per month rental, or billed charges, whichever is the lesser amount. Glucometers are reimbursed at a flat fee of \$100 for purchase, or billed charges, whichever is the lesser amount (rental is not applicable). As a result of a budgetary shortfall, the bureau has determined it is necessary to reduce the reimbursement fees for oxygen concentrators to \$1250 for purchase and \$150 per month for rental, or billed charges, whichever is the lesser amount. The reimbursement fees for glucometers will be reduced to \$30 for purchase, or billed charges, whichever is the lesser amount. If an item is not available at the established rate, the flat fee to be utilized will be the lowest cost at which the item has been determined to be widely available by analyzing usual and customary fees charged in the community. This action is necessary in order to avoid a budget deficit in the medical assistance programs. This Emergency Rule is being adopted to continue the provisions of the February 8, 2000 Rule.

Emergency Rule

Effective for dates of service October 7, 2000 and after, the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing reduces the reimbursement provided under the Durable Medical Equipment Program for oxygen concentrators to \$1250 for purchase and \$150 per month for rental, or billed charges, whichever is the lesser amount. The reimbursement fees for glucometers will be reduced to \$30 for purchase, or billed charges, whichever is the lesser amount. If an item is not available at the established rate, the flat fee to be utilized will be the lowest cost at which the item has been determined to be widely available by analyzing usual and customary fees charged in the community.

Interested persons may submit written comments to the following address: Ben A. Bearden, Office of the Secretary, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030. He is the person responsible for responding to inquiries regarding this Emergency Rule. A copy of this Emergency Rule is available at the parish Medicaid office for review by interested parties.

David W. Hood
Secretary

0009#047

DECLARATION OF EMERGENCY

**Department of Health and Hospitals
Office of the Secretary
Bureau of Health Services Financing**

Durable Medical Equipment Parenteral
and Enteral Supplies Reimbursement

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing has adopted the following Emergency Rule under the Medical Assistance Program as authorized by R.S. 46:153 and 36:254 et seq.,

and pursuant to Title XIX of the Social Security Act and as directed by the 1999-2000 General Appropriation Act, which states: "The Secretary shall implement reductions in the Medicaid program as necessary to control expenditures to the level approved in this schedule. The Secretary is hereby directed to utilize various cost containment measures to accomplish these reductions, including but not limited to pre-certification, pre-admission screening, and utilization review, and other measures as allowed by federal law." This Emergency Rule is adopted in accordance with the Administrative Procedure Act, R.S. 49:950 et seq. and shall be in effect for the maximum period allowed under the Administrative Procedure Act or until adoption of the Rule, whichever occurs first.

The Department of Health and Hospitals, Bureau of Health Services Financing reimburses certain durable medical equipment items identified by specific Health Care Financing Administration Common Procedure Codes (HCPC) at either 80 percent of the Medicare Fee Schedule, or billed charges, whichever is the lesser amount, or at 100 percent of the Medicare Fee Schedule, or billed charges, whichever is the lesser amount. As a result of a budgetary shortfall, the bureau has determined it is necessary to reduce the reimbursement rate for these items. The reimbursement will be reduced to 70 percent of the Medicare Fee Schedule amount, or billed charges, whichever is the lesser amount, for the following HCPC codes:

B4034-B4084, B9004-B9999	Parenteral and Enteral supplies
E0776, E0791	
A4624-A4625	Suction Catheters
A4621	Tracheostomy masks or collars
A4623	Tracheostomy cannulas

If an item is not available at the rate of 70 percent of the Medicare fee schedule amount, the flat fee to be utilized will be the lowest cost at which the item has been determined to be widely available by analyzing usual and customary fees charged in the community for the HCPC procedure code.

The reimbursement will be reduced to 90 percent of the Medicare Fee Schedule amount, or billed charges, whichever is the lesser amount, for the following HCPC codes:

A4622	Tracheostomy tubes
A4629	Tracheostomy care kits

If an item is not available at 90 percent of the Medicare Fee Schedule amount, the flat fee to be utilized will be the lowest cost at which the item has been determined to be widely available by analyzing usual and customary fees charged in the community.

This action is necessary in order to avoid a budget deficit in the medical assistance programs. This Emergency Rule is being adopted to continue the provisions of the February 8, 2000 Rule.

Emergency Rule

Effective for dates of service October 7, 2000 and after, the Department of Health and Hospitals, Office of the

Secretary, Bureau of Health Services Financing reduces the reimbursement for certain durable medical equipment items identified by specific Health Care Financing Administration Common Procedure Codes. The reimbursement will be reduced to 70 percent of the Medicare Fee Schedule amount, or billed charges, whichever is the lesser amount, for the following HCPC codes:

B4034-B4084, B9004-B9999	Parenteral and Enteral supplies
E0776, E0791	
A4624-A4625	Suction Catheters
A4621	Tracheostomy masks or collars
A4623	Tracheostomy cannulas

If an item is not available at the rate of 70 percent of the Medicare fee schedule amount, the flat fee to be utilized will be the lowest cost at which the item has been determined to be widely available by analyzing usual and customary fees charged in the community for the HCPC procedure code.

The reimbursement will be reduced to 90 percent of the Medicare Fee Schedule amount, or billed charges, whichever is the lesser amount, for the following HCPC codes:

A4622	Tracheostomy tubes
A4629	Tracheostomy care kits (HCPC) codes

If an item is not available at 90 percent of the Medicare Fee Schedule amount, the flat fee to be utilized will be the lowest cost at which the item has been determined to be widely available by analyzing usual and customary fees charged in the community.

Interested persons may submit written comments to Ben A. Bearden, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030. He is responsible for responding to all inquiries regarding this Emergency Rule. A copy of this Emergency Rule is available for review by interested parties at parish Medicaid offices.

David W. Hood
Secretary

0009#050

DECLARATION OF EMERGENCY
Department of Health and Hospitals
Office of the Secretary
Bureau of Health Services Financing

Durable Medical Equipment
Z and E Procedure Codes

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing has adopted the following Emergency Rule under the Medical Assistance Program as authorized by R.S. 46:153 and 36:254 et seq. and pursuant to Title XIX of the Social Security Act and as directed by the 1999-2000 General Appropriation Act,

which states: "The Secretary shall implement reductions in the Medicaid program as necessary to control expenditures to the level approved in this schedule. The Secretary is hereby directed to utilize various cost containment measures to accomplish these reductions, including but not limited to pre-certification, pre-admission screening and utilization review, and other measures as allowed by federal law." This Emergency Rule is adopted in accordance with the Administrative Procedure Act, R.S. 49:950 et seq. and shall be in effect for the maximum period allowed under the Administrative Procedure Act or until adoption of the Rule, whichever occurs first.

The Department of Health and Hospitals, Bureau of Health Services Financing provides a flat fee reimbursement, or reimbursement at billed charges, whichever is the lesser amount, for all durable medical equipment items identified by Health Care Financing Administration Common Procedure Codes (HCPC) beginning with the letter "Z", except codes for enteral formulas; all miscellaneous equipment items identified with the HCPC code E1399; and all home health supply items and other miscellaneous supplies identified with the HCPC code Z1399. As a result of a budgetary shortfall, the bureau has determined it is necessary to reduce the reimbursement for medical equipment and home health supply items in the Durable Medical Equipment Program that are identified by a HCPC code beginning with the letter "Z" (except codes for enteral formulas), or HCPC code E1399 or Z1399, or HCPC code Z1399, to 70 percent of the established flat fee, or billed charges, whichever is the lesser amount, or 70 percent of MSRP, or billed charges, whichever is the lesser amount. If an item is not available at the rate of 70 percent of the established flat fee, or 70 percent of MSRP, the flat fee to be utilized will be the lowest cost at which the item has been determined to be widely available by analyzing usual and customary fees charged in the community. This action is necessary in order to avoid a budget deficit in the medical assistance programs. This Emergency Rule is being adopted to continue the provisions of the February 8, 2000 Rule.

Emergency Rule

Effective for dates of service October 7, 2000 and after, the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing reduces the reimbursement for all durable medical equipment items identified by Health Care Financing Administration Common Procedure Codes (HCPC) beginning with the letter "Z", except codes for enteral formulas; all miscellaneous equipment items authorized with the HCPC codes E1399; and all home health supply items and other miscellaneous supplies identified with the HCPC code Z1399 to 70 percent of the established flat fee, or billed charges, whichever is the lesser amount, or 70 percent of MSRP, or billed charges, whichever is the lesser amount. If an item is not available at the rate of 70 percent of the established flat fee, or 70 percent of MSRP, the flat fee to be utilized will be the lowest cost at which the item has been determined to be widely available by analyzing usual and customary fees charged in the community.

Interested persons may submit written comments to Ben A. Bearden, Bureau of Health Services Financing, P.O. Box

91030, Baton Rouge, LA 70821-9030. He is responsible for responding to all inquiries regarding this Emergency Rule. A copy of this Emergency Rule is available for review by interested parties at parish Medicaid offices.

David W. Hood
Secretary

0009#049

DECLARATION OF EMERGENCY

**Department of Health and Hospitals
Office of the Secretary
Bureau of Health Services Financing**

Emergency Ambulance Transportation
Services Medicare Part B

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing has adopted the following Emergency Rule under the Medical Assistance Program as authorized by R.S. 46:153 and 36:254 and pursuant to Title XIX of the Social Security Act and as directed by the 1999-2000 General Appropriation Act, which states: "The Secretary shall implement reductions in the Medicaid program as necessary to control expenditures to the level approved in this schedule. The Secretary is hereby directed to utilize various cost containment measures to accomplish these reductions, including but not limited to pre-certification, pre-admission screening and utilization review, and other measures as allowed by federal law." This Emergency Rule is adopted in accordance with the Administrative Procedure Act, R.S. 49:950 et seq. and shall be in effect for the maximum period allowed under the Administrative Procedure Act or until adoption of the Rule, whichever occurs first.

The Department of Health and Hospitals, Bureau of Health Services Financing currently provides reimbursement for full co-insurance and deductibles for Medicare Part B claims for emergency ambulance services. Section 1902(a)(10) of the Social Security Act provides States flexibility in the payment of Medicare cost sharing for dually eligible Medicare/Medicaid recipients who are not Qualified Medicare Beneficiaries (QMBs). Section 4714 of the Balanced Budget Act of 1997 clarifies that States have flexibility in complying with the requirements to pay Medicare cost sharing for Qualified Medicare Beneficiaries and the protections against payment liability for QMBs. Section 4714 states that "a State is not required to provide any payment for any expenses incurred relating to payment for deductibles, coinsurance, or copayments for Medicare cost-sharing to the extent that payment under Title XVIII for the service would exceed the payment amount that otherwise would be made under the State plan under this title for service if provided to an eligible recipient other than a Medicare beneficiary."

When a State's payment for Medicare cost sharing for an item or service rendered to a dually eligible Medicare/Medicaid recipient or a Qualified Medicare Beneficiary is reduced or eliminated to limit the amount under Title XVIII that the beneficiary may be billed or charged for the service, the amount of payment made under Title XVIII plus the amount of payment (if any) under the

Medicaid State Plan shall be considered to be payment in full for the service. The beneficiary does not have any legal liability to make payment for the service.

As a result of a budgetary shortfall, the bureau has determined it is necessary to compare the Medicare payment and the Medicaid rate on file for emergency ambulance services. If the Medicare payment exceeds the Medicaid rate, the claim will be adjudicated as a paid claim with a zero payment. If the Medicaid rate would exceed the Medicare payment, the claim will be reimbursed at the lesser of the co-insurance and deductible or up to the Medicaid maximum payment. This action is being taken in order to avoid a budget deficit in the medical assistance programs. This Emergency Rule is being adopted to continue the provisions of the March 1, 2000 Rule.

Emergency Rule

Effective for dates of services on or after October 29, 2000, the Department of Health and Hospitals, Bureau of Health Services Financing shall compare the Medicare payment and the Medicaid rate on file for emergency ambulance services. If the Medicare payment exceeds the Medicaid rate, the claim will be adjudicated as a paid claim with a zero payment. If the Medicaid rate would exceed the Medicare payment, the claim will be reimbursed at the lesser of the co-insurance and deductible or up to the Medicaid maximum payment. If the Medicaid payment is reduced or eliminated as a result of applying the limit of the Medicaid maximum payment, the amount of the Medicare payment plus the amount of the Medicaid payment (if any) shall be considered to be payment in full for the service. The recipient does not have any legal liability to make payment for the service.

Interested persons may submit written comments to Ben A. Bearden, Office of the Secretary, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030. He is responsible for responding to inquiries regarding this Emergency Rule. A copy of this Emergency Rule is available at parish Medicaid offices for review by interested parties.

David W. Hood
Secretary

0009#055

DECLARATION OF EMERGENCY

**Department of Health and Hospitals
Office of the Secretary
Bureau of Health Services Financing**

Hemodialysis Centers Medicare Part B

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing has adopted the following Emergency Rule under the Medical Assistance Program as authorized by R.S. 46:153 and 36:254 and pursuant to Title XIX of the Social Security Act and as directed by the 1999-2000 General Appropriation Act, which states: "The Secretary shall implement reductions in the Medicaid program as necessary to control expenditures to the level approved in this schedule. The Secretary is hereby directed to utilize various cost containment measures

to accomplish these reductions, including but not limited to pre-certification, pre-admission screening and utilization review, and other measures as allowed by federal law." This Emergency Rule is adopted in accordance with the Administrative Procedure Act, R.S. 49:950 et seq. and shall be in effect for the maximum period allowed under the Administrative Procedure Act or until adoption of the Rule, whichever occurs first.

The Department of Health and Hospitals, Bureau of Health Services Financing currently provides reimbursement for full co-insurance and deductibles for Medicare Part B claims for hemodialysis services. Section 1902(a)(10) of the Social Security Act provides states flexibility in the payment of Medicare cost sharing for dually eligible Medicare/Medicaid recipients who are not Qualified Medicare Beneficiaries (QMBs). Section 4714 of the Balanced Budget Act of 1997 clarifies that states have flexibility in complying with the requirements to pay Medicare cost-sharing for Qualified Medicare Beneficiaries and the protections against payment liability for QMBs. Section 4714 states that "a state is not required to provide any payment for any expenses incurred relating to payment for deductibles, co-insurance, or co-payments for Medicare cost sharing to the extent that payment under Title XVIII for the service would exceed the payment amount that otherwise would be made under the state plan under this title for service if provided to an eligible recipient other than a Medicare beneficiary."

When a state's payment for Medicare cost sharing for an item or service rendered to a dually eligible Medicare/Medicaid recipient or a Qualified Medicare Beneficiary is reduced or eliminated to limit the amount under Title XVIII that the beneficiary may be billed or charged for the service, the amount of payment made under Title XVIII plus the amount of payment (if any) under the Medicaid State Plan shall be considered to be payment in full for the service. The beneficiary does not have any legal liability to make payment for the service.

As a result of a budgetary shortfall, the bureau has determined that it is necessary to do a comparison of the Medicare payment and the Medicaid rate on file for hemodialysis services. If the Medicare payment exceeds the Medicaid rate, the claim will be adjudicated as a paid claim with a zero payment. If the Medicaid rate would exceed the Medicare payment, the claim will be reimbursed at the lesser of the co-insurance and deductible or up to the Medicaid maximum payment. This action is necessary in order to avoid a budget deficit in the medical assistance programs. This Emergency Rule is being adopted to continue the provisions of the February 8, 2000 Rule.

Emergency Rule

Effective with date of service October 7, 2000, and thereafter, the Department of Health and Hospitals, Bureau of Health Services Financing shall compare the Medicare payment to the Medicaid rate on file for hemodialysis services. If the Medicare payment exceeds the Medicaid rate, the claim will be adjudicated as a paid claim with a zero payment. If the Medicaid rate would exceed the Medicare payment, the claim will be reimbursed at the lesser of the co-insurance and deductible or up to the Medicaid maximum

payment. If the Medicaid payment is reduced or eliminated as a result of the Medicare/Medicaid payment comparison, the amount of the Medicare payment plus the amount of the Medicaid payment (if any) shall be considered to be payment in full for the service. The recipient does not have any legal liability to make payment for the service.

Interested persons may submit written comments to Ben A. Bearden, Office of the Secretary, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030. He is responsible for responding to inquiries regarding this Emergency Rule. A copy of this Emergency Rule is available at parish Medicaid offices for review by interested parties.

David W. Hood
Secretary

0009#041

DECLARATION OF EMERGENCY

**Department of Health and Hospitals
Office of the Secretary
Bureau of Health Services Financing**

Home Health Program Rehabilitation Services

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing adopts the following Emergency Rule in the Medical Assistance Program as authorized by R.S. 46:153 and pursuant to Title XIX of the Social Security Act. This Emergency Rule is adopted in accordance with the Administrative Procedure Act, R.S. 49:953(B)(1) et seq., and shall be in effect for the maximum period allowed under the Act or until adoption of the Rule, whichever occurs first.

The Department of Health and Hospitals, Bureau of Health Services Financing currently provides coverage under the Medicaid Program for skilled nursing visits, home health aide visits and physical therapy services provided by home health agencies. Reimbursement for these services is made at a prospective rate established by the bureau (*Louisiana Register*, Volume 22, Number 3). As a result of a court order, the bureau will expand the Home Health Program to include coverage of occupational therapy and speech therapy. In addition, the bureau proposes to amend the March 20, 1996 Rule to establish new rates for home health rehabilitation services that are the same as the rates paid for outpatient hospital rehabilitation services. The bureau also proposes to amend the February 1, 2000 Emergency Rule to discontinue the separate reimbursement rate established for physical therapy services when the services are provided by a physical therapist assistant. Home health rehabilitation services include physical, occupational and speech therapies. All home health rehabilitation services must be prior authorized through the fiscal intermediary's Prior Authorization Unit in order to receive payment.

This action is necessary to ensure access to rehabilitation services for Medicaid recipients who are homebound. It is anticipated that implementation of this Emergency Rule will increase expenditures in the Home Health Program by approximately \$130,564 for state fiscal year 2000-2001.

Emergency Rule

Effective September 21, 2000, the Department of Health and Hospitals, Bureau of Health Services Financing expands home health services under the Medicaid Program to include coverage of occupational therapy and speech therapy. In addition, the bureau amends the March 20, 1996 Rule governing reimbursement for home health services to establish new reduced rates for home health rehabilitation services that are the same as the rates paid for outpatient hospital rehabilitation services. The bureau also amends the February 1, 2000 Rule to discontinue the separate reimbursement rate established for physical therapy services when the services are provided by a physical therapist assistant. Home health rehabilitation services include physical, occupational and speech therapies. All home health rehabilitation services must be prior authorized through the fiscal intermediary's Prior Authorization Unit in order to receive payment.

Interested persons may submit written comments to Ben A. Bearden, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, Louisiana 70821-9030. He is responsible for responding to inquiries regarding this Emergency Rule. A copy of this Emergency Rule is available for review by interested parties at parish Medicaid offices.

David W. Hood
Secretary

0009#030

DECLARATION OF EMERGENCY

Department of Health and Hospitals Office of the Secretary Bureau of Health Services Financing

Home Health Services
Skilled Nursing
and Physical Therapy Reimbursement

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing has adopted the following Emergency Rule under the Medical Assistance Program as authorized by R.S. 46:153 and 36:254 and pursuant to Title XIX of the Social Security Act and as directed by the 1999-2000 General Appropriation Act, which states: "The Secretary shall implement reductions in the Medicaid program as necessary to control expenditures to the level approved in this schedule. The Secretary is hereby directed to utilize various cost containment measures to accomplish these reductions, including but not limited to pre-certification, pre-admission screening, and utilization review, and other measures as allowed by federal law." This Emergency Rule is adopted in accordance with the Administrative Procedure Act, R.S. 49:950 et seq. and shall be in effect of the maximum period allowed under the Administrative Procedure Act or until adoption of the Rule, whichever occurs first.

The Department of Health and Hospitals, Bureau of Health Services Financing provides reimbursement for skilled nursing and physical therapy services provided by home health agencies. Reimbursement is made at a prospective rate established by the bureau. As a result of a

budgetary shortfall, the bureau has determined it is necessary to create a separate reimbursement rate of 80 percent of the current skilled nursing rate when services are performed by a licensed practical nurse (LPN). However, the current fee on file will continue to be paid when a registered nurse (RN) provides the skilled nursing service. The bureau has decided to discontinue the separate reimbursement rate contained in the February 1, 2000 Rule regarding the reimbursement of physical therapy when services are provided by a physical therapist assistant. This Emergency Rule is being adopted to continue the provisions of the February 1, 2000 Rule. This action is necessary in order to avoid a budget deficit in the medical assistance programs.

Emergency Rule

Effective for dates of service September 30, 2000, and after, the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing establishes a separate reimbursement rate of 80 percent of the current Home Health skilled nursing rate when the skilled nursing service is provided by a licensed practical nurse (LPN). However, the current fee on file will continue to be paid when a licensed registered nurse (RN) provides the skilled nursing service. The separate reimbursement rate set at 80 percent of the current Home Health physical therapy rate when the physical therapy services are provided by a physical therapist assistant is discontinued.

Interested persons may submit written comments to Ben A. Bearden, Office of the Secretary, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030. He is responsible for responding to inquiries regarding this Emergency Rule. A copy of this Emergency Rule is available at the parish Medicaid office for review by interested parties.

David W. Hood
Secretary

0009#035

DECLARATION OF EMERGENCY

Department of Health and Hospitals Office of the Secretary Bureau of Health Services Financing

Hospital Program
Outpatient
Services Reimbursement

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing adopts the following Emergency Rule under the Medical Assistance Program as authorized by R.S. 46:153 and 36:254 and pursuant to Title XIX of the Social Security Act and as directed by the 1999-2000 General Appropriation Act, which states: "The Secretary shall implement reductions in the Medicaid program as necessary to control expenditures to the level approved in this schedule. The Secretary is hereby directed to utilize various cost containment measures to accomplish these reductions, including but not limited to pre-certification, pre-admission screening, and utilization review, and other measures as allowed by federal law." This Emergency Rule is adopted in accordance with the Administrative Procedure Act, R.S. 49:950 et seq. and shall

be in effect for the maximum period allowed under the Administrative Procedure Act or until adoption of the Rule, whichever occurs first.

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing adopted a Rule in January of 1996 which established the reimbursement methodology for outpatient hospital services at an interim rate of 60 percent of billed charges and cost settlement adjusted to 83 percent of allowable costs documented in the cost report, except for laboratory services subject to the Medicare Fee Schedule and outpatient surgeries (*Louisiana Register*, Volume 22, Number 1).

As a result of a budgetary shortfall, the bureau has determined it is necessary to reduce the interim reimbursement rate for hospital outpatient services to a hospital specific cost to charge ratio calculation based on filed cost reports for the period ending in state fiscal year 1997. The final reimbursement for these services will continue to be cost settlement at 83 percent of allowable costs. This action is necessary in order to avoid a budget deficit in the medical assistance programs. This Emergency Rule is being adopted to continue the provisions of the March 8, 2000 Rule.

Emergency Rule

Effective for dates of service on or after November 5, 2000, the Department of Health and Hospitals, Bureau of Health Services Financing amends the interim payment for outpatient hospital services not subject to a fee schedule in private hospitals to a hospital specific cost to charge ratio calculation based on filed cost reports for the period ending in state fiscal year 1997. The final reimbursement for these services will continue to be cost settlement at 83 percent of allowable costs.

Interested persons may submit written comments to Ben A. Bearden, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030. He is responsible for responding to all inquiries regarding this Emergency Rule. A copy of this Emergency Rule is available for review by interested parties at parish Medicaid offices.

David W. Hood
Secretary

0009#057

DECLARATION OF EMERGENCY

**Department of Health and Hospitals
Office of the Secretary
Bureau of Health Services Financing**

Inpatient Hospital Services
Medicare Part A

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing has adopted the following Emergency Rule under the Medical Assistance Program as authorized by R.S. 46:153 and 36:254 and pursuant to Title XIX of the Social Security Act and as directed by the 1999-2000 General Appropriation Act,

which states: "The Secretary shall implement reductions in the Medicaid program as necessary to control expenditures to the level approved in this schedule. The Secretary is hereby directed to utilize various cost containment measures to accomplish these reductions, including but not limited to pre-certification, pre-admission screening, and utilization review, and other measures as allowed by federal law." This Emergency Rule is adopted in accordance with the Administrative Procedure Act, R.S. 49:950 et seq. and shall be in effect for the maximum period allowed under the Administrative Procedure Act or until adoption of the Rule, whichever occurs first.

Section 1902(a)(10) of the Social Security Act provides States flexibility in the payment of Medicare cost sharing for dually eligible Medicare/Medicaid recipients who are not Qualified Medicare Beneficiaries (QMBs). Section 4714 of the Balanced Budget Act of 1997 clarifies that states have flexibility in complying with the requirements to pay Medicare cost-sharing for Qualified Medicare Beneficiaries and the protections against payment liability for QMBs. Section 4714 states that a state is not required to provide any payment for any expenses incurred relating to payment for deductibles, co-insurance, or co-payments for Medicare cost sharing to the extent that payment under Title XVIII for the service would exceed the payment amount that otherwise would be made under the state plan under this title for service if provided to an eligible recipient other than a Medicare beneficiary.

When a state's payment for Medicare cost-sharing for an item or service rendered to a dually eligible Medicare/Medicaid recipient or a Qualified Medicare Beneficiary is reduced or eliminated to limit the amount under Title XVIII that the beneficiary may be billed or charged for the service, the amount of payment made under Title XVIII plus the amount of payment (if any) under the Medicaid State Plan shall be considered to be payment in full for the service. The recipient does not have any legal liability to make payment for the service.

Act 10 of the 1999 Regular Session of the Louisiana Legislature contained provisions limiting the payment of co-insurance and deductibles for inpatient hospital services rendered to dually eligible Medicare/Medicaid recipients to the Medicaid maximum payment effective July 1, 1999. The provisions of Act 10 specifically excluded small rural hospitals from this limitation of payment to the Medicaid maximum. As a result of a budgetary shortfall, the bureau has determined it is necessary to do comparison of the Medicare payment and the Medicaid rate on file for the revenue code(s) on Medicare Part A claims for services provided in small rural hospitals and hospital skilled nursing units. If the Medicare payment exceeds the Medicaid rate, the claim will be adjudicated as a paid claim with a zero payment. If the Medicaid rate would exceed the Medicare payment, the claim will be reimbursed at the lesser of the co-insurance and deductible or up to the Medicaid maximum payment. This action is being taken in order to avoid a budget deficit in the medical assistance programs. This Emergency Rule is being adopted to continue the provisions of the February 2000 Rule.

Emergency Rule

Effective for dates of service on or after September 30, 2000, the Department of Health and Hospitals, Bureau of Health Services Financing shall compare the Medicare payment to the Medicaid rate on file for the revenue code(s) on Medicare Part A claims for services provided in small rural hospitals and hospital skilled nursing units. If the Medicare payment exceeds the Medicaid rate, the claim will be adjudicated as a paid claim with a zero payment. If the Medicaid rate would exceed the Medicare payment, the claim will be reimbursed at the lesser of the co-insurance and deductible or up to the Medicaid maximum payment. If the Medicaid payment is reduced or eliminated as a result of the Medicare/Medicaid payment comparison, the amount of the Medicare payment plus the amount of the Medicaid payment (if any) shall be considered to be payment in full for the service. The recipient does not have any legal liability to make payment for the service.

Interested persons may submit written comments to Ben A Bearden, Office of the Secretary, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030. He is responsible for responding to inquiries regarding this Emergency Rule. A copy of this Emergency Rule is available at parish Medicaid offices for review by interested parties.

David W. Hood
Secretary

0009#032

DECLARATION OF EMERGENCY
Department of Health and Hospitals
Office of the Secretary
Bureau of Health Services Financing

Inpatient Psychiatric Services
Medicare Part A

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing has adopted the following Emergency Rule under the Medical Assistance Program as authorized by R.S. 46:153 and 36:254 and pursuant to Title XIX of the Social Security Act and as directed by the 1999-2000 General Appropriation Act, which states: "The Secretary shall implement reductions in the Medicaid program as necessary to control expenditures to the level approved in this schedule. The Secretary is hereby directed to utilize various cost containment measures to accomplish these reductions, including but not limited to pre-certification, pre-admission screening and utilization review, and other measures as allowed by federal law." This Emergency Rule is adopted in accordance with the Administrative Procedure Act, R.S. 49:950 et seq. and shall be in effect for the maximum period allowed under the Administrative Procedure Act or until adoption of the Rule, whichever occurs first.

The Department of Health and Hospitals, Bureau of Health Services Financing currently provides reimbursement for full co-insurance and deductibles for inpatient services provided in a free-standing psychiatric hospital or a distinct-part psychiatric unit of an acute care hospital. Section

1902(a)(10) of the Social Security Act provides states flexibility in the payment of Medicare cost sharing for dually eligible Medicare/Medicaid recipients who are not Qualified Medicare Beneficiaries (QMBs). Section 4714 of the Balanced Budget Act of 1997 clarifies that states have flexibility in complying with the requirements to pay Medicare cost-sharing for Qualified Medicare Beneficiaries and the protections against payment liability for QMBs. Section 4714 states that "a state is not required to provide any payment for any expenses incurred relating to payment for deductibles, co-insurance, or co-payments for Medicare cost sharing to the extent that payment under Title XVIII for the service would exceed the payment amount that otherwise would be made under the state plan under this title for service if provided to an eligible recipient other than a Medicare beneficiary."

When a state's payment for Medicare cost-sharing for an item or service rendered to a dually eligible Medicare/Medicaid recipient or a Qualified Medicare Beneficiary (QMB) is reduced or eliminated to limit the amount under Title XVIII that the beneficiary may be billed or charged for the service, the amount of payment made under Title XVIII plus the amount of payment (if any) under the Medicaid State Plan shall be considered to be payment in full for the service. The beneficiary does not have any legal liability to make payment for the service.

As a result of a budgetary shortfall, the bureau has determined it is necessary to compare the Medicare payment and the Medicaid rate on file for the revenue code(s) on the Medicare Part A claim for inpatient psychiatric services. If the Medicare payment exceeds the Medicaid rate, the claim will be adjudicated as a paid claim with a zero payment. If the Medicaid rate would exceed the Medicare payment, the claim will be reimbursed at the lesser of the co-insurance and deductible or up to the Medicaid maximum payment. This action is being taken in order to avoid a budget deficit in the medical assistance programs. This Emergency Rule is being adopted to continue the provisions of the February 8, 2000 Rule.

Emergency Rule

Effective for dates of service on or after October 7, 2000, the Department of Health and Hospitals, Bureau of Health Services Financing shall compare the Medicare payment and the Medicaid rate on file for the revenue code(s) on the Medicare Part A claim for inpatient psychiatric services. If the Medicare payment exceeds the Medicaid rate, the claim will be adjudicated as a paid claim with a zero payment. If the Medicaid rate would exceed the Medicare payment, the claim will be reimbursed at the lesser of the co-insurance and deductible or up to the Medicaid maximum payment. If the Medicaid payment is reduced or eliminated as a result of applying the limit of the Medicaid maximum payment, the amount of the Medicare payment plus the amount of the Medicaid payment (if any) shall be considered to be payment in full for the service. The recipient does not have any legal liability to make payment for the service.

Interested persons may submit written comments to Ben A. Bearden, Office of the Secretary, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030. He is responsible for responding to inquiries regarding this Emergency Rule. A copy of this Emergency

Rule is available at parish Medicaid offices for review by interested parties.

David W. Hood
Secretary

0009#039

DECLARATION OF EMERGENCY

**Department of Health and Hospitals
Office of the Secretary
Bureau of Health Services Financing**

Laboratory and Portable X-Ray
Services Medicare Part B

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing has adopted the following Emergency Rule under the Medical Assistance Program as authorized by R.S. 46:153 and 36:254 and pursuant to Title XIX of the Social Security Act and pursuant to Title XIX of the Social Security Act and as directed by the 1999-2000 General Appropriation Act, which states: "The Secretary shall implement reductions in the Medicaid program as necessary to control expenditures to the level approved in this schedule. The Secretary is hereby directed to utilize various cost containment measures to accomplish these reductions, including but not limited to pre-certification, pre-admission screening, and utilization review, and other measures as allowed by federal law." This Emergency Rule is adopted in accordance with the Administrative Procedure Act, R.S. 49:950 et seq. and shall be in effect for the maximum period allowed under the Administrative Procedure Act or until adoption of the Rule, whichever occurs first.

The Department of Health and Hospitals, Bureau of Health Services Financing provides reimbursement for full co-insurance and deductibles for Medicare Part B claims for laboratory and portable x-ray services. Section 1902(a)(10) of the Social Security Act provides states flexibility in the payment of Medicare cost sharing for dually eligible Medicare/Medicaid recipients who are not Qualified Medicare Beneficiaries (QMBs). Section 4714 of the Balanced Budget Act of 1997 clarifies that states have flexibility in complying with the requirements to pay Medicare cost-sharing for Qualified Medicare Beneficiaries and the protections against payment liability for QMBs. Section 4714 states that a state is not required to provide any payment for any expenses incurred relating to payment for deductibles, co-insurance, or copayments for Medicare cost-sharing to the extent that payment under Title XVIII for the service would exceed the payment amount that otherwise would be made under the state plan under this title for service if provided to an eligible recipient other than a Medicare beneficiary.

When a state's payment for Medicare cost-sharing for an item or service rendered to a dually eligible Medicare/Medicaid recipient or a Qualified Medicare Beneficiary is reduced or eliminated to limit the amount under Title XVIII that the beneficiary may be billed or

charged for the service, the amount of payment made under Title XVIII plus the amount of payment (if any) under the Medicaid State Plan shall be considered to be payment in full for the service. The beneficiary does not have any legal liability to make payment for the service.

As a result of a budgetary shortfall, the bureau has determined it is necessary to do comparison of the Medicare payment and the Medicaid rate on file for the procedure code on Medicare Part B claims for laboratory and portable x-ray services. If the Medicare payment exceeds the Medicaid rate, the claim will be adjudicated as a paid claim with a zero payment. If the Medicaid rate would exceed the Medicare payment, the claim will be reimbursed at the lesser of the co-insurance and deductible or up to the Medicaid maximum payment. This action is being taken in order to avoid a budget deficit in the medical assistance programs. This Emergency Rule is being adopted to continue the provisions of the February 1, 2000 Rule.

Emergency Rule

Effective for dates of services on or after September 30, 2000, the Department of Health and Hospitals, Bureau of Health Services Financing shall compare the Medicare payment to the Medicaid rate on file for the procedure code on Medicare Part B claims for laboratory and portable x-ray services. If the Medicare payment exceeds the Medicaid rate, the claim will be adjudicated as a paid claim with a zero payment. If the Medicaid rate would exceed the Medicare payment, the claim will be reimbursed at the lesser of the co-insurance and deductible or up to the Medicaid maximum payment. If the Medicaid payment is reduced or eliminated as a result of applying the limit of the Medicaid maximum payment, the amount of the Medicare payment plus the amount of the Medicaid payment (if any) shall be considered to be payment in full for the service. The recipient does not have any legal liability to make payment for the service.

Interested persons may submit written comments to Ben A. Bearden, Office of the Secretary, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030. He is responsible for responding to inquiries regarding this Emergency Rule. A copy of this Emergency Rule is available at parish Medicaid offices for review by interested parties.

David W. Hood
Secretary

0009#033

DECLARATION OF EMERGENCY

**Department of Health and Hospitals
Office of the Secretary
Bureau of Health Services Financing**

Out-of-State Hospitals
Inpatient Reimbursement

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing adopts the following Emergency Rule under the Medical Assistance Program as authorized by R.S. 46:153 and 36:254 and

pursuant to Title XIX of the Social Security Act and as directed by the 1999-2000 General Appropriation Act, which states: "The Secretary shall implement reductions in the Medicaid program as necessary to control expenditures to the level approved in this schedule. The Secretary is hereby directed to utilize various cost containment measures to accomplish these reductions, including but not limited to pre-certification, pre-admission screening, and utilization review, and other measures as allowed by federal law." This Emergency Rule is adopted in accordance with the Administrative Procedure Act, R.S. 49:950 et seq. and shall be in effect for the maximum period allowed under the Administrative Procedure Act or until adoption of the Rule, whichever occurs first.

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing adopted a Rule in January of 1996 which established the reimbursement methodology for inpatient hospital services provided in out-of-state hospitals at the lower of 50 percent of billed charges or the Medicaid per diem rate of the state wherein the services are provided (*Louisiana Register*, Volume 22, Number 1). This Rule was subsequently amended in September of 1997 to increase the reimbursement to 72 percent of billed charges for inpatient services provided in out-of-state hospitals to recipients up to age 21 (*Louisiana Register*, Volume 23, Number 9)

As a result of a budgetary shortfall, the bureau has determined it is necessary to amend the reimbursement methodology for out-of-state hospitals that have provided at least 500 inpatient hospital days in State Fiscal Year 1999 to Louisiana Medicaid recipients and are located in border cities. Border cities are defined as cities that are located within a 50 mile trade area of the Louisiana state border. The following two cities meet the criteria for number of inpatient hospital days provided to Louisiana Medicaid recipients and the definition of border cities: Natchez, Mississippi and Vicksburg, Mississippi. Louisiana Medicaid reimbursement for inpatient services provided in all hospitals located in these two border cities will be at the lesser of each hospital's actual cost per day as calculated from the 1998 filed Medicaid cost report or the Mississippi Medicaid per diem rate. The actual cost per day is calculated by dividing total Medicaid inpatient cost by total Medicaid inpatient days, including nursery days. This reimbursement methodology is applicable for all Louisiana Medicaid recipients who receive inpatient services in an out-of-state hospital located in a border city, including those recipients up to the age of 21. This action is necessary in order to avoid a budget deficit in the medical assistance programs. This Emergency Rule is being adopted to continue the provisions of the March 8, 2000 Rule.

Emergency Rule

Effective for dates of service on or after November 5, 2000, the Department of Health and Hospitals, Bureau of Health Services Financing amends the reimbursement methodology for out-of-state hospitals that provided at least 500 inpatient hospital days in State Fiscal Year 1999 to Louisiana Medicaid recipients and are located in border cities. Border cities are defined as cities that are located within a 50 mile trade area of the Louisiana state border. The

following two cities meet the criteria for number of inpatient hospital days provided to Louisiana Medicaid recipients and the definition of border cities: Natchez, Mississippi and Vicksburg, Mississippi. Louisiana Medicaid reimbursement for inpatient services provided in all hospitals located in these two border cities will be at the lesser of each hospital's actual cost per day as calculated from the 1998 filed Medicaid cost report or the Mississippi Medicaid per diem rate. The actual cost per day is calculated by dividing total Medicaid inpatient cost by total Medicaid inpatient days, including nursery days. This reimbursement methodology is applicable for all Louisiana Medicaid recipients who receive inpatient services in an out-of-state hospital located in a border city, including those recipients up to the age of 21.

Interested persons may submit written comments to Ben A. Bearden, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030. He is responsible for responding to all inquiries regarding this Emergency Rule. A copy of this Emergency Rule is available for review by interested parties at parish Medicaid offices.

David W. Hood
Secretary

0009#056

DECLARATION OF EMERGENCY

Department of Health and Hospitals Office of the Secretary Bureau of Health Services Financing

Outpatient Hospital Services—Medicare Part B

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing has adopted the following Emergency Rule under the Medical Assistance Program as authorized by R.S. 46:153 and 36:254 and pursuant to Title XIX of the Social Security Act and as directed by the 1999-2000 General Appropriation Act, which states: "The Secretary shall implement reductions in the Medicaid program as necessary to control expenditures to the level approved in this schedule. The Secretary is hereby directed to utilize various cost containment measures to accomplish these reductions, including but not limited to pre-certification, pre-admission screening and utilization review, and other measures as allowed by federal law." This Emergency Rule is adopted in accordance with the Administrative Procedure Act, R.S. 49:950(B)(1) et seq. and shall be in effect for the maximum period allowed under the Administrative Procedure Act or until adoption of the Rule, whichever occurs first.

The Department of Health and Hospitals, Bureau of Health Services Financing currently provides reimbursement for full co-insurance and deductibles for Medicare Part B claims for outpatient hospital services. Section 1902(a)(10) of the Social Security Act provide states flexibility in the payment of Medicare cost sharing for dually eligible Medicare/Medicaid recipients who are not Qualified Medicare Beneficiaries (QMBs). Section 4714 of the Balanced Budget Act of 1997 clarifies that states have

flexibility in complying with the requirements to pay Medicare cost sharing for Qualified Medicare Beneficiaries and the protections against payment liability for QMBs. Section 4714 states that "a state is not required to provide any payment for any expenses incurred relating to payment for deductibles, co-insurance, or copayments for Medicare cost-sharing to the extent that payment under Title XVIII for the service would exceed the payment amount that otherwise would be made under the state plan under this title for service if provided to an eligible recipient other than a Medicare beneficiary."

When a state's payment for Medicare cost-sharing for an item or service rendered to a dually eligible Medicare/Medicaid recipient or a Qualified Medicare Beneficiary is reduced or eliminated to limit the amount under Title XVIII that the beneficiary may be billed or charged for the service, the amount of payment made under Title XVIII plus the amount of payment (if any) under the Medicaid State Plan shall be considered to be payment in full for the service. The beneficiary does not have any legal liability to make payment for the service.

As a result of a budgetary shortfall, the bureau has determined it is necessary to do comparison of the Medicare payment and the Medicaid rate on file for the applicable revenue code. If the Medicare payment exceeds the Medicaid rate, the claim will be adjudicated as a paid claim with a zero payment. If the Medicaid rate would exceed the Medicare payment, the claim will be reimbursed at the lesser of the co-insurance and deductible or up to the Medicaid maximum payment. This action is necessary in order to avoid a budget deficit in the medical assistance programs. This Emergency Rule is being adopted to continue the provisions of the February 8, 2000 Rule.

Emergency Rule

Effective for dates of admission on or after October 7, 2000, the Department of Health and Hospitals, Bureau of Health Services Financing shall compare the Medicare payment to the Medicaid rate on file for the applicable revenue code. If the Medicare payment exceeds the Medicaid rate, the claim will be adjudicated as a paid claim with a zero payment. If the Medicaid rate would exceed the Medicare payment, the claim will be reimbursed at the lesser of the co-insurance and deductible or up to the Medicaid maximum payment. If the Medicaid payment is reduced or eliminated as a result of the Medicare/Medicaid payment comparison, the amount of the Medicare payment plus the amount of the Medicaid payment (if any) shall be considered to be payment in full for the service. The recipient does not have any legal liability to make payment for the service.

Interested persons may submit written comments to Ben A. Bearden, Office of the Secretary, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030. He is responsible for responding to inquiries regarding this Emergency Rule. A copy of this Emergency Rule is available at parish Medicaid offices for review by interested parties.

David W. Hood
Secretary

0009#038

DECLARATION OF EMERGENCY

**Department of Health and Hospitals
Office of the Secretary
Bureau of Health Services Financing**

Outpatient Rehabilitation Services
Medicare Part B

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing has adopted the following Emergency Rule under the Medical Assistance Program as authorized by R.S. 46:153 and 36:254 and pursuant to Title XIX of the Social Security Act and as directed by the 1999-2000 General Appropriation Act, which states: "The Secretary shall implement reductions in the Medicaid program as necessary to control expenditures to the level approved in this schedule. The Secretary is hereby directed to utilize various cost containment measures to accomplish these reductions, including but not limited to pre-certification, pre-admission screening, and utilization review, and other measures as allowed by federal law." This Emergency Rule is adopted in accordance with the Administrative Procedure Act, R.S. 49:950 et seq. and shall be in effect for the maximum period allowed under the Administrative Procedure Act or until adoption of the Rule, whichever occurs first.

The Department of Health and Hospitals, Bureau of Health Services Financing currently provides reimbursement for full co-insurance and deductibles for Medicare Part B claims for outpatient rehabilitation services. Section 1902(a)(10) of the Social Security Act provides states flexibility in the payment of Medicare cost-sharing for dually eligible Medicare/Medicaid recipients who are not Qualified Medicare Beneficiaries (QMBs). Section 4714 of the Balanced Budget Act of 1997 clarifies that states have flexibility in complying with the requirements to pay Medicare cost-sharing for Qualified Medicare Beneficiaries and the protections against payment liability for QMBs. Section 4714 states that "a state is not required to provide any payment for any expenses incurred relating to payment for deductibles, coinsurance, or copayments for Medicare cost-sharing to the extent that payment under Title XVIII for the service would exceed the payment amount that otherwise would be made under the state plan under this title for service if provided to an eligible recipient other than a Medicare beneficiary."

When a state's payment for Medicare cost-sharing for an item or service rendered to a dually eligible Medicare/Medicaid recipient or a Qualified Medicare Beneficiary is reduced or eliminated to limit the amount under Title XVIII that the beneficiary may be billed or charged for the service, the amount of payment made under Title XVIII plus the amount of payment (if any) under the Medicaid State Plan shall be considered to be payment in full for the service. The recipient does not have any legal liability to make payment for the service.

As a result of a budgetary shortfall, the bureau has determined it is necessary to compare the Medicare payment and the Medicaid rate on file for the revenue code(s) on the

Medicare Part B claim for outpatient rehabilitation services. If the Medicare payment exceeds the Medicaid rate, the claim will be adjudicated as a paid claim with a zero payment. If the Medicaid rate would exceed the Medicare payment, the claim will be reimbursed at the lesser of the co-insurance and deductible or up to the Medicaid maximum payment. This action is being taken in order to avoid a budget deficit in the medical assistance programs. This Emergency Rule is being adopted to continue the provisions of the February 8, 2000 Rule.

Emergency Rule

Effective for dates of service on or after October 7, 2000, the Department of Health and Hospitals, Bureau of Health Services Financing shall compare the Medicare payment and the Medicaid rate on file for the revenue code(s) on the Medicare Part B claims for outpatient rehabilitation services. If the Medicare payment exceeds the Medicaid rate, the claim will be adjudicated as a paid claim with a zero payment. If the Medicaid rate would exceed the Medicare payment, the claim will be reimbursed at the lesser of the co-insurance and deductible or up to the Medicaid maximum payment. If the Medicaid payment is reduced or eliminated as a result of applying the limit of the Medicaid maximum payment, the amount of the Medicare payment plus the amount of the Medicaid payment (if any) shall be considered to be payment in full for the service. The recipient does not have any legal liability to make payment for the service.

Interested persons may submit written comments to Ben A. Bearden, Office of the Secretary, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030. He is responsible for responding to inquiries regarding this Emergency Rule. A copy of this Emergency Rule is available at parish Medicaid offices for review by interested parties.

David W. Hood
Secretary

0009#040

DECLARATION OF EMERGENCY

**Department of Health and Hospitals
Office of the Secretary
Bureau of Health Services Financing**

Outpatient Surgery Services
Reimbursement

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing adopts the following Emergency Rule under the Medical Assistance Program as authorized by R.S. 46:153 and 36:254 and pursuant to Title XIX of the Social Security Act and as directed by the 1999-2000 General Appropriation Act, which states: "The Secretary shall implement reductions in the Medicaid program as necessary to control expenditures

to the level approved in this schedule. The Secretary is hereby directed to utilize various cost containment measures to accomplish these reductions, including but not limited to pre-certification, pre-admission screening, and utilization review, and other measures as allowed by federal law." This Emergency Rule is adopted in accordance with the Administrative Procedure Act, R.S. 49:950 et seq. and shall be in effect for the maximum period allowed under the Administrative Procedure Act or until adoption of the Rule, whichever occurs first.

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing adopted a Rule in December of 1985 that established the criteria and reimbursement for certain surgical procedures when performed in an outpatient setting. Reimbursement for these surgical procedures was set at a flat fee per service if the procedure code is included in one of the four Medicaid established payment groups. Reimbursement for those surgical procedures not included in the Medicaid outpatient surgery list was not changed from the established methodology (*Louisiana Register*, Volume 11, Number 12). A Rule was subsequently adopted in January of 1996 which established the reimbursement methodology for outpatient hospital services at an interim rate of 60 percent of billed charges, except for those outpatient surgeries subject to the Medicaid outpatient surgery list (*Louisiana Register*, Volume 22, Number 1).

As a result of a budgetary shortfall, the bureau has determined it is necessary to assign the highest flat fee in the four Medicaid established payment groups for outpatient surgery to those surgical procedures that are not included in the Medicaid outpatient surgery list. This action is necessary in order to avoid a budget deficit in the medical assistance programs. This Emergency Rule is being adopted to continue the provisions of the March 8, 2000 Rule.

Emergency Rule

Effective for dates of service on or after November 5, 2000, the Department of Health and Hospitals, Bureau of Health Services Financing amends the reimbursement methodology for those surgical procedures that are not included in the Medicaid outpatient surgery list to the highest flat fee in the four Medicaid established payment groups for outpatient surgery.

Interested persons may submit written comments to Ben A. Bearden, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030. He is responsible for responding to all inquiries regarding this Emergency Rule. A copy of this Emergency Rule is available for review by interested parties at parish Medicaid offices.

David W. Hood
Secretary

0009#060

DECLARATION OF EMERGENCY

Department of Health and Hospitals Office of the Secretary Bureau of Health Services Financing

Private Intermediate Care Facilities
for the Mentally Retarded—Leave of
Absence Reimbursement

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing adopts the following Emergency Rule under the Medical Assistance Program as authorized by R.S. 46:153 and 36:254 and pursuant to Title XIX of the Social Security Act and as directed by the 1999-2000 General Appropriation Act, which states: "The Secretary shall implement reductions in the Medicaid program as necessary to control expenditures to the level approved in this schedule. The Secretary is hereby directed to utilize various cost containment measures to accomplish these reductions, including but not limited to pre-certification, pre-admission screening, and utilization review, and other measures as allowed by federal law." This Emergency Rule is adopted in accordance with the Administrative Procedure Act, R.S. 49:950 et seq. and shall be in effect for the maximum period allowed under the Administrative Procedure Act or until adoption of the Rule, whichever occurs first.

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing adopted a Rule which established the reimbursement methodology for private intermediate care facilities for the mentally retarded (ICF/MR) on October 20, 1989 (*Louisiana Register*, Volume 15, Number 10). The reimbursement methodology contained provisions governing payment to private ICFs/MR when the recipient is absent from the facility due to hospitalization or visits with family. A Rule was subsequently adopted in April of 1999 to expand the number of payable hospital leave of absence days from five to seven days per hospitalization for treatment of an acute condition (*Louisiana Register*, Volume 25, Number 4).

As a result of a budgetary shortfall, the bureau has determined it is necessary to reduce the payment to private ICFs/MR for hospital leave days by 25 percent. The reimbursement for hospital leave days will be 75 percent of the applicable per diem rate. This action is being taken in order to avoid a budget deficit in the medical assistance programs. This Emergency Rule is being adopted to continue the provisions of the March 8, 2000 Rule.

Emergency Rule

Effective for dates of service on or after November 5, 2000, the Department of Health and Hospitals, Bureau of Health Services Financing reduces the payment to private intermediate care facilities for the mentally retarded for hospital leave days by 25 percent. The reimbursement for hospital leave days will be 75 percent of the applicable ICF/MR per diem rate.

Interested persons may submit written comments to Ben A. Bearden, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030. He is responsible for

responding to all inquiries regarding this Emergency Rule. A copy of this Emergency Rule is available for review by interested parties at parish Medicaid offices.

David W. Hood
Secretary

0009#059

DECLARATION OF EMERGENCY

Department of Health and Hospitals Office of the Secretary Bureau of Health Services Financing

Private Nursing Facilities—Leave
of Absence Reimbursement

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing adopts the following Emergency Rule under the Medical Assistance Program as authorized by R.S. 46:153 and 36:254 and pursuant to Title XIX of the Social Security Act and as directed by the 1999-2000 General Appropriation Act, which states: "The Secretary shall implement reductions in the Medicaid program as necessary to control expenditures to the level approved in this schedule. The Secretary is hereby directed to utilize various cost containment measures to accomplish these reductions, including but not limited to pre-certification, pre-admission screening, and utilization review, and other measures as allowed by federal law." This Emergency Rule is adopted in accordance with the Administrative Procedure Act, R.S. 49:950 et seq. and shall be in effect for the maximum period allowed under the Administrative Procedure Act or until adoption of the Rule, whichever occurs first.

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing adopted a Rule which established the reimbursement methodology for private nursing facilities on June 20, 1984 (*Louisiana Register*, Volume 10, Number 6). The reimbursement methodology contained provisions governing payment to private nursing facilities when the recipient is absent from the facility due to hospitalization or visits with family. A Rule was subsequently adopted in May of 1998 to expand the number of payable hospital leave of absence days from five to seven per hospitalization for treatment of an acute condition (*Louisiana Register*, Volume 24, Number 5).

As a result of a budgetary shortfall, the bureau has determined it is necessary to reduce the payment to private nursing facilities for hospital leave days by 25 percent. The reimbursement for hospital leave days will be 75 percent of the applicable per diem rate. This action is being taken in order to avoid a budget deficit in the medical assistance program. This Emergency Rule is being adopted to continue the provisions of the March 8, 2000 Rule.

Emergency Rule

Effective for dates of service on or after November 5, 2000 the Department of Health and Hospitals, Bureau of Health Services Financing reduces the payment to private nursing facilities for hospital leave days by 25 percent. The

reimbursement for hospital leave days will be 75 percent of the applicable private nursing facility per diem rate.

Interested persons may submit written comments to Ben A. Bearden, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030. He is responsible for responding to all inquiries regarding this Emergency Rule. A copy of this Emergency Rule is available for review by interested parties at parish Medicaid offices.

David W. Hood
Secretary

0009#058

DECLARATION OF EMERGENCY

**Department of Health and Hospitals
Office of the Secretary
Bureau of Health Services Financing**

Professional Services Program Medicare Part B

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing has adopted the following Emergency Rule under the Medical Assistance Program as authorized by R.S. 46:153 and 36:254 and pursuant to Title XIX of the Social Security Act and as directed by the 1999-2000 General Appropriation Act, which states: "The Secretary shall implement reductions in the Medicaid program as necessary to control expenditures to the level approved in this schedule. The Secretary is hereby directed to utilize various cost containment measures to accomplish these reductions, including but not limited to pre-certification, pre-admission screening, and utilization review, and other measures as allowed by federal law." This Emergency Rule is adopted in accordance with the Administrative Procedure Act, R.S. 49:950 et seq. and shall be in effect for the maximum period allowed under the Administrative Procedure Act or until adoption of the Rule, whichever occurs first.

The Department of Health and Hospitals, Bureau of Health Services Financing currently provides reimbursement for full co-insurance and deductibles for Medicare Part B claims for professional services. Section 1902(a)(10) of the Social Security Act provides states flexibility in the payment of Medicare cost sharing for dually eligible Medicare/Medicaid recipients who are not Qualified Medicare Beneficiaries (QMBs). Section 4714 of the Balanced Budget Act of 1997 clarifies that states have flexibility in complying with the requirements to pay Medicare cost-sharing for Qualified Medicare Beneficiaries and the protections against payment liability for QMBs. Section 4714 states that a state is not required to provide any payment for any expenses incurred relating to payment for deductibles, co-insurance, or co-payments for Medicare cost sharing to the extent that payment under Title XVIII for the service would exceed the payment amount that otherwise would be made under the state plan under this title for service if provided to an eligible recipient other than a Medicare beneficiary.

When a state's payment for Medicare cost sharing for an item or service rendered to a dually eligible Medicare/Medicaid recipient or a Qualified Medicare Beneficiary is reduced or eliminated to limit the amount under Title XVIII that the beneficiary may be billed or charged for the service, the amount of payment made under Title XVIII plus the amount of payment (if any) under the Medicaid State Plan shall be considered to be payment in full for the service. The recipient does not have any legal liability to make payment for the service.

As a result of a budgetary shortfall, the bureau has determined that it is necessary to do comparison of the Medicare payment and the Medicaid rate on file for the procedure code(s) indicated on the Medicare Part B claims for professional services. If the Medicare payment exceeds the Medicaid rate, the claim will be adjudicated as a paid claim with a zero payment. If the Medicaid rate would exceed the Medicare payment, the claim will be reimbursed at the lesser of the co-insurance and deductible or up to the Medicaid maximum payment. However, claims for hemodialysis and transplantation services are excluded from this limitation. This action is necessary in order to avoid a budget deficit in the medical assistance programs. This Emergency Rule is being adopted to continue the provisions of the February 1, 2000 Rule.

Emergency Rule

Effective with date of service September 30, 2000 and thereafter, the Department of Health and Hospitals, Bureau of Health Services Financing shall compare the Medicare payment to the Medicaid rate on file for the procedure code(s) indicated on the Medicare Part B claims for professional services. If the Medicare payment exceeds the Medicaid rate, the claim will be adjudicated as a paid claim with a zero payment. If the Medicaid rate would exceed the Medicare payment, the claim will be reimbursed at the lesser of the co-insurance and deductible or up to the Medicaid maximum payment. However, claims for hemodialysis and transplantation services are excluded from this limitation. If the Medicaid payment is reduced or eliminated as a result of the Medicare/Medicaid payment comparisons, the amount of the Medicare payment plus the amount of the Medicaid payment (if any) shall be considered to be payment in full for the service. The recipient does not have any legal liability to make payment for the service.

Interested persons may submit written comments to Ben A. Bearden, Office of the Secretary, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030. He is responsible for responding to inquiries regarding this Emergency Rule. A copy of this Emergency Rule is available at parish Medicaid offices for review by interested parties.

David W. Hood
Secretary

0009#031

DECLARATION OF EMERGENCY

**Department of Health and Hospitals
Office of the Secretary
Bureau of Health Services Financing**

Professional Services Program
Neonatal Care C Reimbursement

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing has adopted the following Emergency Rule under the Medical Assistance Program as authorized by R.S. 46:153 and 36:254 and pursuant to Title XIX of the Social Security Act and as directed by the 1999-2000 General Appropriation Act, which states: "The Secretary shall implement reductions in the Medicaid program as necessary to control expenditures to the level approved in this schedule. The Secretary is hereby directed to utilize various cost containment measures to accomplish these reductions, including but not limited to pre-certification, pre-admission screening, and utilization review, and other measures as allowed by federal law." This Emergency Rule is adopted in accordance with the Administrative Procedure Act, R.S. 49:950 et seq. and shall be in effect for the maximum period allowed under the Administrative Procedure Act or until adoption of the Rule, whichever occurs first.

The Department of Health and Hospitals, Bureau of Health Services Financing provides reimbursement for neonatal care. Reimbursement for these services is the flat fee established by the bureau minus the amount which any third party coverage would pay. As a result of a budgetary shortfall, the bureau has determined it is necessary to reduce the reimbursement of neonatal care services for the following Current Procedural Terminology (CPT) procedure codes: CPT code 99295 to \$496.85 and CPT code 99298 to \$100.10. This action is necessary in order to avoid a budget deficit in the medical assistance programs. This Emergency Rule is being adopted to continue the provisions of the February 1, 2000 Rule.

Emergency Rule

Effective for dates of service September 30, 2000 and after, the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing reduces the reimbursement of neonatal care services for the following Current Procedural Terminology (CPT) procedure codes: CPT code 99295 to \$496.85 and CPT code 99298 to \$100.10.

Interested persons may submit written comments to Ben A. Bearden, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030. He is responsible for responding to all inquiries regarding this Emergency Rule. A copy of this Emergency Rule is available for review by interested parties at parish Medicaid offices.

David W. Hood
Secretary

0009#037

DECLARATION OF EMERGENCY

**Department of Health and Hospitals
Office of the Secretary
Bureau of Health Services Financing**

Professional Services Program
Tonsillectomy and Adenoidectomy
Services Reimbursement

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing has adopted the following Emergency Rule under the Medical Assistance Program as authorized by R.S. 46:153 and 36:254 and pursuant to Title XIX of the Social Security Act and as directed by the 1999-2000 General Appropriation Act, which states: "The Secretary shall implement reductions in the Medicaid program as necessary to control expenditures to the level approved in this schedule. The Secretary is hereby directed to utilize various cost containment measures to accomplish these reductions, including but not limited to pre-certification, pre-admission screening, and utilization review, and other measures as allowed by federal law." This Emergency Rule is adopted in accordance with the Administrative Procedure Act, R.S. 49:950 et seq. and shall be in effect for the maximum period allowed under the Administrative Procedure Act or until adoption of the Rule, whichever occurs first.

The Department of Health and Hospitals, Bureau of Health Services Financing provides reimbursement for tonsillectomy and adenoidectomy services. Reimbursement for these services is the flat fee established by the bureau minus the amount which any third party coverage would pay. As a result of a budgetary shortfall, the bureau has determined it is necessary to reduce the professional fees for the performance of tonsillectomies and adenoidectomies for the following Current Procedural Terminology (CPT) procedure codes:

CPT code 42820	\$425.25
CPT code 42821	\$425.25
CPT code 42825	\$405.00
CPT code 42826	\$438.75
CPT code 42830	\$408.38
CPT code 42831	\$388.13

This action is necessary in order to avoid a budget deficit in the medical assistance programs. This Emergency Rule is being adopted to continue the provisions of the February 1, 2000 Rule.

Emergency Rule

Effective for dates of service September 30, 2000 and after, the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing reduces the professional fees for the performance of tonsillectomies and adenoidectomies for the following Current Procedural Terminology (CPT) procedure codes:

CPT code 42820	\$425.25
CPT code 42821	\$425.25
CPT code 42825	\$405.00
CPT code 42826	\$438.75
CPT code 42830	\$408.38
CPT code 42831	\$388.13

Interested persons may submit written comments to Ben A. Bearden, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030. He is responsible for responding to all inquiries regarding this Emergency Rule. A copy of this Emergency Rule is available for review by interested parties at parish Medicaid offices.

David W. Hood
Secretary

0009#036

DECLARATION OF EMERGENCY

**Department of Health and Hospitals
Office of the Secretary
Bureau of Health Services Financing**

Substance Abuse Clinics Medicare Part B

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Service Financing has adopted the following Emergency Rule under the Medical Assistance Program as authorized by R.S. 46:153 and 36:254 and pursuant to Title XIX of the Social Security Act and as directed by the 1999-2000 General Appropriation Act, which states: "The Secretary shall implement reductions in the Medicaid program as necessary to control expenditures to the level approved in this schedule. The Secretary is hereby directed to utilize various cost containment measures to accomplish these reductions, including but not limited to pre-certification, pre-admission screening, and utilization review, and other measures as allowed by federal law." This Emergency Rule is adopted in accordance with the Administrative Procedure Act, R.S. 49:953(B)(1) et seq. and shall be in effect of the maximum period allowed under the Administrative Procedure Act or until adoption of the Rule, whichever occurs first.

The Department of Health and Hospitals, Bureau of Health Services Financing currently provides reimbursement for full co-insurance and deductibles for Medicare Part B claims for substance abuse clinic services. Section 1902(a)(10) of the Social Security Act provide states flexibility in the payment of Medicare cost sharing for dually eligible Medicare/Medicaid recipients who are not Qualified Medicare Beneficiaries (QMBs). Section 4714 of the Balanced Budget Act of 1997 clarifies that states have flexibility in complying with the requirements to pay Medicare cost sharing for Qualified Medicare Beneficiaries and the protections against payment liability for QMBs. Section 4714 states that a state is not required to provide any payment for any expenses incurred relating to payment for deductibles, co-insurance, or copayments for Medicare cost-

sharing to the extent that payment under Title XVIII for the service would exceed the payment amount that otherwise would be made under the state plan under this title for service if provided to an eligible recipient other than a Medicare beneficiary.

When a state's payment for Medicare cost-sharing for an item or service rendered to a dually eligible Medicare/Medicaid recipient or a Qualified Medicare Beneficiary is reduced or eliminated to limit the amount under Title XVIII that the beneficiary may be billed or charged for the service, the amount of payment made under Title XVIII plus the amount of payment (if any) under the Medicaid State Plan shall be considered to be payment in full for the service. The beneficiary does not have any legal liability to make payment for the service.

As a result of a budgetary shortfall, the bureau has determined it is necessary to do comparison of the Medicare payment and the Medicaid rate on file for the applicable procedure code on the Medicare Part B claim for substance abuse clinic services. If the Medicare payment exceeds the Medicaid rate, the claim will be adjudicated as a paid claim with a zero payment. If the Medicaid rate would exceed the Medicare payment, the claim will be reimbursed at the lesser of the co-insurance and deductible or up to the Medicaid maximum payment. This action is necessary in order to avoid a budget deficit in the medical assistance programs. This Emergency Rule is being adopted to continue the provisions of the February 1, 2000 Rule.

Emergency Rule

Effective for dates of admission on or after September 30, 2000, the Department of Health and Hospitals, Bureau of Health Services Financing shall compare the Medicare payment to the Medicaid rate on file for the procedure code on the Medicare Part B claim for substance abuse clinic services. If the Medicare payment exceeds the Medicaid rate, the claim will be adjudicated as a paid claim with a zero payment. If the Medicaid rate would exceed the Medicare payment, the claim will be reimbursed at the lesser of the co-insurance and deductible or up to the Medicaid maximum payment. If the Medicaid payment is reduced or eliminated as a result of the Medicare/Medicaid payment comparison, the amount of the Medicare payment plus the amount of the Medicaid payment (if any) shall be considered to be payment in full for the service. The recipient does not have any legal liability to make payment for the service.

Interested persons may submit written comments to Ben A. Bearden, Office of the Secretary, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030. He is responsible for responding to inquiries regarding this Emergency Rule. A copy of this Emergency Rule is available at parish Medicaid offices for review by interested parties.

David W. Hood
Secretary

0009#034

DECLARATION OF EMERGENCY

**Department of Health and Hospitals
Office of the Secretary
Bureau of Health Services Financing**

Substance Abuse Clinics C Termination of Services

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing has adopted the following Emergency Rule in the Medical Assistance Program as authorized by R.S. 46:153 and 36:254 and pursuant to Title XIX of the Social Security Act and as directed by the 1999-2000 General Appropriation Act, which states: "The Secretary shall implement reductions in the Medicaid program as necessary to control expenditures to the level approved in this schedule. The Secretary is hereby directed to utilize various cost containment measures to accomplish these reductions, including but not limited to pre-certification, pre-admission screening, and utilization review, and other measures as allowed by federal law." This Emergency Rule is adopted in accordance with the Administrative Procedure Act, R.S. 49:950 et seq. and shall be in effect for the maximum period allowed under the Administrative Procedure Act or until adoption of the Rule whichever occurs first.

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing currently provides coverage for Substance Abuse Clinic services under the Medicaid Program. As a result of a budgetary shortfall, the bureau has determined it is necessary to terminate coverage of this optional services program under its Title XIX State Plan. This action is necessary in order to avoid a budget deficit in the medical assistance programs. This Emergency Rule is being adopted to continue the provisions of the February 21, 2000 Rule.

Emergency Rule

Effective October 20, 2000, the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing terminates coverage and reimbursement for Substance Abuse Clinic services under the Medicaid Program.

Interested persons may submit written comments to Ben A. Bearden, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030. He is responsible for responding to all inquiries regarding this Emergency Rule. A copy of this Emergency Rule is available for review by interested parties at parish Medicaid offices.

David W. Hood
Secretary

0009#053

DECLARATION OF EMERGENCY

**Department of Wildlife and Fisheries
Wildlife and Fisheries Commission**

2000-2001 Fur Harvest Season

In accordance with the provisions of R.S. 56:259(A) which authorizes the Wildlife and Fisheries Commission to set the open season for the taking of non-game quadrupeds and allows the commission to extend, curtail or prohibit trapping in any area of the state each year and in accordance with emergency provisions of R.S. 49:953(B) and R.S. 49:967(D) of the Administrative Procedure Act, which allows the Wildlife and Fisheries Commission to use emergency provisions to set seasons, the Wildlife and Fisheries Commission does hereby set the 2000-2001 fur harvest season statewide from November 20, 2000 through March 31, 2001. The Wildlife and Fisheries Commission does hereby also authorize the Secretary of the Department of Wildlife and Fisheries to extend or shorten the adopted season.

Thomas M. Gattle, Jr.
Chairman

0009#069

DECLARATION OF EMERGENCY

**Department of Wildlife and Fisheries
Wildlife and Fisheries Commission**

2000-2001 Waterfowl Season

In accordance with the emergency provision of R.S. 49:953(B) of the Administrative Procedure Act, and under the authority of R.S. 56:115, the Secretary of the Department of Wildlife and Fisheries and the Wildlife and Fisheries Commission hereby adopt the following Emergency Rule.

The hunting season for ducks, coots and geese during the 2000-2001 hunting season shall be as follows:

Ducks And Coots

West Zone:	November 11 - December 3 December 16 - January 21
East Zone:	November 18 - December 3 December 9 - January 21
Catahoula Lake Zone:	November 18 - December 3 December 9 - January 21
Youth Waterfowl Dates Statewide:	January 27 - 28

Daily Bag Limits: The daily bag limit on ducks is 6 and may include no more than 4 mallards (no more than 2 of which may be females), 3 mottled ducks, 1 black duck, 2 wood ducks, 1 pintail, 1 canvasback, 3 scaup and 2 redhead. Daily bag limit on coots is 15.

Mergansers: The daily bag limit for mergansers is 5, only 1 of which may be a hooded merganser. Merganser limits are in addition to the daily bag limit for ducks.

Possession Limit: The possession limit on ducks, coots and mergansers is twice the daily bag limit.

**Geese: Light Geese (Snow, Blue And Ross')
and White-Fronted Geese**

West Zone:	December 10 - November 11 December 16 - February 9
East Zone:	October 28 - December 3 December - 9 January 26

Daily bag limit for light geese is 20 and possession limit is none. Daily bag limit for white-fronted geese is 2 and possession limit is 4.

Conservation Order for Light Geese

West Zone:	December 11 - December 15 February 10 - March 11
East Zone:	December 4 - December 8 January 29 - March 11

Only snow, blue and Ross= geese may be taken under the terms of the Conservation Order, which allows the use of electronic calls and unplugged shotguns and eliminates the daily bag and possession limits. Shooting hours begin one-half hour before sunrise and extends until one-half hour after sunset.

Canada Geese: Closed in the Area Described Below

January 16 - January 24

During the Canada Goose Season, the daily bag limit for Canada geese shall be one. Possession limit is twice the daily bag limit. The Canada Goose Season will be open statewide except for a portion of southwest Louisiana. The closed area is described as follows.

Beginning at the Texas State Line, proceeding east along Highway 82 to the Calcasieu Ship Channel, then north along the Calcasieu Ship Channel to its junction with the Intracoastal Canal, then east along the Intracoastal Canal to

its juncture with Highway 82, then south along Highway 82 to its juncture with Parish Road 3147, then south and east along Parish Road 3147 to Freshwater Bayou Canal, then south to the Gulf of Mexico, then west along the shoreline of the Gulf of Mexico to the Texas State Line, then north to the point of beginning at Highway 82.

A special permit shall be required to participate in the Canada Goose Season. A permit is required of everyone, regardless of age, and a non-refundable \$5 administrative fee will be charged. This permit may be obtained from any District Office. Return of harvest information requested on permit is mandatory. Failure to submit this information to the Department by February 15, 2001 will result in the hunter not being allowed to participate in the Canada Goose Season the following year.

Rails

	November 11 - January 3
King and Clapper:	Daily bag limit 15 in the aggregate, possession 30.
Sora and Virginia:	Daily bag and possession 25 in the aggregate.

Gallinules

November 11 - January 3
Daily bag limit 15, possession limit 30

Snipe

November 4 - December 3
December 14 - February 28
Daily bag limit 8, possession limit 16

Shooting hours: one-half hour before sunrise to sunset except at the Spanish Lake Recreation Area in Iberia Parish where shooting hours end at 2 p.m.

A Declaration of Emergency is necessary because the U.S. Fish and Wildlife Service establishes the framework for all migratory species. In order for Louisiana to provide hunting opportunities to the 200,000 sportsmen, selection of season dates, bag limits and shooting hours must be established and presented to the U.S. Fish and Wildlife Service immediately.

The aforementioned season dates, bag limits and shooting hours will become effective October 28, 2000 and extend through sunset on March 11, 2001.

Thomas M. Gattle, Jr.
Chairman

0009#070