

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

CITATION  
1902(z)(2) of  
the Act

Medical and  
Remedial  
Care and Services  
Item 19

**SPECIAL TUBERCULOSIS-RELATED SERVICES FOR TUBERCULOSIS-INFECTED INDIVIDUALS**

**I. Reimbursement Methodology**

- A. Reimbursement for comparable services (physician, pharmacy, laboratory and x-ray, rural health clinics, Federally Qualified Health Centers, outpatient hospital services and clinic services) provided to individuals infected with tuberculosis (TB) is made according to established regulations and policy for the reimbursement of these services under the Medicaid Program
- B. Directly Observed Therapy is paid at a negotiated prospective fee for service rate. The rate is based on an average cost per week per patient derived from Office of Public Health's historical experience in treatment of TB-infected individuals. The average cost per week per patient is multiplied by 26 weeks to determine the average cost per six months, and divided by 62 visits to determine the average cost per visit. This methodology resulted in a rate of \$25.16 per observation.

**II. Standards for Participation**

- A. Providers of comparable services (physician, pharmacy, laboratory and x-ray, rural health clinics, Federally Qualified Health Centers, outpatient hospital services and clinic services) provided to individuals infected with tuberculosis (TB) are the same providers who provide comparable services to persons eligible for Medicaid under other mandatory or optional provisions.

STATE <u>Louisiana</u>	A
DATE RECD <u>SEP 25 1995</u>	
DATE APPLD <u>JUN 24 1996</u>	
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<u>CITATION</u> 1902(z)(2) of the Act	Medical and Remedial Care and Services Item 19	B. Providers of Directly Observed Therapy are enrolled Tuberculosis Control Centers as specified in Attachment 4.19-B, Item 9.
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