Louisiana Medicaid | Provider UPDATE

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# Considerations for Nonsteroidal Anti-inflammatory Drugs (NSAIDs)

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Nonsteroidal anti-inflammatory drugs (NSAIDs) have analgesic, antipyretic, and anti-inflammatory properties and are used worldwide for multiple medical conditions, including all types of pain. Patients with pain should receive treatment that provides the greatest benefit. The Centers for Disease Control (CDC) Guideline for Prescribing Opioids for Chronic Pain states that opioids are not first-line therapy for chronic pain, and that nonopioid medications, such as NSAIDs, can provide safe, effective relief to those suffering from chronic pain. The American College of Rheumatology recommends NSAIDs as first-line treatment for osteoarthritis, with a preference for topical NSAIDs for localized osteoarthritis in elderly patients to minimize systemic effects. In addition, according to the American College of Physicians and the American Pain Society, NSAIDs are recommended as first-line therapy for low back pain.

The responses to NSAIDs differ between patients, and individual patients differ in their response to different NSAIDs. Clinical decisions in the use of these agents should include the consideration of existing comorbidities and cotherapies. See below for other therapeutic considerations.

**Therapeutic Considerations:**

- At equipotent doses, the efficacy of the various NSAIDs in patient populations is similar, although there is demonstrated individual variation in therapeutic and adverse responses to these agents.
- Different formulations of the same medication are not always bioequivalent, even if the milligram strength is the same; do not interchange products.
- Medication adherence is improved when medications are dosed less frequently.
- For patients being treated for inflammatory disorders, the NSAID dose should be at the maximal anti-inflammatory range per product labeling.
- Use the lowest effective dose for the shortest duration consistent with individual patient treatment goals and manufacturer labeling. Ketorolac, for example, should only be used for a maximum of 5 days.
- After observing the response to initial therapy with these agents, the dose and frequency should be adjusted to suit an individual patient's needs.
- In patients who experience an inadequate response to an NSAID agent, the substitution of another NSAID may be a reasonable therapeutic option.
- NSAIDs should never be used immediately before or after coronary artery bypass graft.
- Carefully consider the potential benefits and risks of these agents and other treatment options before deciding to use them.

**NSAIDs Adverse Effects:**
NSAIDs and selective cyclooxygenase (COX)-inhibitors have risks, including gastrointestinal bleeding or perforation as well as renal and cardiovascular risks. The FDA has strengthened existing manufacturer labeling with regard to increased risk for heart attack and stroke, particularly that the risks might be greater with prolonged use or at higher doses. To help avoid adverse effects, it is important to take a careful history to identify comorbidities and other therapies that may interact with NSAID therapy.

If NSAID therapy is being considered in a patient with risk factors for NSAID-related gastroduodenal toxicity, there are three options to consider: an NSAID with a proton pump inhibitor (PPI) or an H-2 antagonist, an NSAID with misoprostol, or a COX-2 inhibitor (with or without a PPI). Combination agents that may be considered as examples of these options are denoted (*) in the product list below. Before initiating therapy for NSAIDs or other pharmacological agents, refer to manufacturer labeling for more information regarding warnings, contraindications and adverse effects.

See the list below for adverse effects associated with NSAID use:

| **Serious adverse effects include:** | **Other adverse effects include:** |
|---|---|
| • heart attack<br>• stroke<br>• high blood pressure<br>• heart failure from body swelling (fluid retention)<br>• kidney problems including kidney failure<br>• bleeding and ulcers in the stomach and intestine<br>• low red blood cells (anemia)<br>• life-threatening skin reactions<br>• life-threatening allergic reactions<br>• liver problems including liver failure<br>• asthma attacks in people who have asthma | • stomach pain<br>• constipation<br>• diarrhea<br>• gas<br>• heartburn<br>• nausea<br>• vomiting<br>• dizziness |

**NSAID Agents:**
The table below includes available NSAIDs along with indications by route of administration. This list is not all-inclusive. Refer to manufacturer labeling for age-appropriate dosing, adverse effects and contraindications.

| NSAID | Indications by Route of Administration |
|---|---|
| Aspirin<br>(Rx and OTC)<br>*Combination product available: Aspirin and Omeprazole (PPI) | Oral (IR)<br>• *Analgesic/Antipyretic*<br>• *Revascularization procedures (coronary artery bypass graft, percutaneous transluminal coronary angioplasty, and carotid endarterectomy)*<br>• *Rheumatoid disease*<br>• *Vascular indication (ischemic stroke, transient ischemic attack, acute myocardial infarction, prevention of recurrent myocardial infarction, unstable angina, and chronic stable angina)*<br>Oral (ER capsules - Rx Only)<br>• *Chronic coronary artery disease*<br>• *History of ischemic stroke or transient ischemic attack*<br>Rectal<br>• *Analgesic/Antipyretic* |
| Bromfenac | Ophthalmic<br>• *Postoperative ocular inflammation/pain* |

| NSAID | Indications by Route of Administration |
|---|---|
| Celecoxib<br>(Rx Only)<br>Note: COX-2 inhibitor | Oral (IR capsule)<br>• *Acute pain*<br>• *Ankylosing spondylitis*<br>• *Juvenile idiopathic arthritis*<br>• *Osteoarthritis*<br>• *Primary dysmenorrhea*<br>• *Rheumatoid arthritis* |
| Diclofenac<br>(Rx Only)<br>*Combination product available: Diclofenac and Misoprostol | Oral (IR, DR, ER)<br>• *Ankylosing spondylitis (DR tablets only)*<br>• *Dysmenorrhea (IR tablets only)*<br>• *Migraine (powder for oral solution only)*<br>• *Osteoarthritis (capsules, and IR, ER, and DR tablets only)*<br>• *Pain (capsules/IR tablets only)*<br>• *Rheumatoid arthritis (IR, ER, and DR tablets only)*<br>IV<br>• *Pain*<br>Ophthalmic<br>• *Postoperative ocular inflammation*<br>• *Ocular pain/photophobia*<br>Topical Gel 1%<br>• *Osteoarthritis pain in joints amenable to topical therapy*<br>Topical Gel 3%<br>• *Actinic keratosis in conjunction with sun avoidance*<br>Topical Patch<br>• *Acute pain due to minor strains, sprains, and contusions*<br>Topical Solution<br>• *Osteoarthritis pain of the knee* |
| Diflunisal | Oral (IR)<br>• *Osteoarthritis/Rheumatoid arthritis*<br>• *Pain, mild to moderate* |
| Etodolac | Oral (IR, ER)<br>• *Acute pain (IR only)*<br>• *Arthritis (ER only)*<br>o *osteoarthritis, rheumatoid arthritis, and juvenile arthritis* |
| Fenoprofen | Oral (IR)<br>• *Osteoarthritis*<br>• *Pain*<br>• *Rheumatoid arthritis* |
| Flurbiprofen | Oral (IR)<br>• *Rheumatoid arthritis/Osteoarthritis*<br>Ophthalmic<br>• *Intraoperative miosis* |

| NSAID | Indications by Route of Administration |
|---|---|
| Ibuprofen<br>(Rx and OTC)<br>*Combination product available: Ibuprofen and Famotidine (H-2 antagonist) | Oral (OTC)<br>• *Migraines (liquid-filled capsules)*<br>• *Minor aches and pains due to the common cold, headache, toothache, muscular aches, backache, minor pain of arthritis, menstrual cramps (tablets and liquid-filled capsules)*<br>• *Children: Temporary reduction of fever and relief of minor aches and pains due to colds, flu, sore throat, headaches, and toothaches (chewable tablets, junior strength tablets, oral suspension, and oral drops)*<br>Oral (Rx)<br>• *Mild-to-moderate pain*<br>• *Rheumatoid arthritis / Osteoarthritis*<br>• *Primary dysmenorrhea*<br>IV<br>• *Analgesic*<br>• *Antipyretic* |
| Indomethacin | Oral (IR, ER)<br>• *Acute pain, mild to moderate (certain formulations only)*<br>• *Arthritis (certain formulations only)*<br>o *moderate to severe rheumatoid arthritis, including acute flares of chronic disease;*<br>o *moderate to severe osteoarthritis*<br>o *acute gouty arthritis (except ER capsules)*<br>• *Inflammatory conditions (certain formulations only)*<br>o *moderate to severe ankylosing spondylitis*<br>o *acute painful bursitis and/or tendinitis of the shoulder*<br>IV<br>• *Patent ductus arteriosus*<br>Rectal<br>• *Arthritis*<br>• *Inflammatory conditions* |
| Ketoprofen | Oral (IR, ER)<br>• *Osteoarthritis*<br>• *Pain (IR only)*<br>• *Primary dysmenorrhea (IR only)*<br>• *Rheumatoid arthritis* |
| Ketorolac | Oral<br>• *Moderate to severe acute pain (Short-term – up to 5 days); Pain that requires analgesia at the opioid level*<br>Intranasal<br>• *Moderate to moderately severe pain (Short-term – up to 5 days); Pain that requires analgesia at the opioid level*<br>Ophthalmic (% concentration varies by indication)<br>• *Postoperative ocular inflammation following cataract extraction*<br>• *Postoperative ocular pain following corneal refractive surgery*<br>• *Postoperative ocular pain/inflammation following cataract surgery*<br>• *Seasonal allergic conjunctivitis (ocular itching)*<br>Injection (IV or IM)<br>• *Moderately severe acute pain (Short-term – up to 5 days); Pain that requires analgesia at the opioid level, usually in a postoperative setting* |

| NSAID | Indications by Route of Administration |
|---|---|
| Meclofenamate Sodium | Oral (IR)<br>• *Acute gouty arthritis*<br>• *Ankylosing spondylitis*<br>• *Arthritis*<br>• *Bursitis/tendinitis of the shoulder*<br>• *Fever*<br>• *Pain, mild to moderate*<br>• *Primary dysmenorrhea/excessive menstrual blood loss* |
| Mefenamic Acid | Oral (IR)<br>• *Pain, mild to moderate (when therapy will not exceed 1 week)*<br>• *Primary dysmenorrhea* |
| Meloxicam | Oral (IR)<br>• *Osteoarthritis*<br>• *Rheumatoid arthritis (tablet and suspension only)* |
| Nabumetone | Oral (IR)<br>• *Osteoarthritis*<br>• *Rheumatoid arthritis* |
| Naproxen (Rx and OTC) *Combination product available: Naproxen and Esomeprazole (PPI) | Oral (IR, DR, ER, Suspension)<br>• *Pain/Primary dysmenorrhea (*OTC and Rx products, except DR)<br>Oral: Rx products only<br>• *Acute gout*<br>• *Ankylosing spondylitis*<br>• *Bursitis*<br>• *Juvenile arthritis*<br>• *Juvenile rheumatoid arthritis*<br>• *Osteoarthritis*<br>• *Rheumatoid arthritis*<br>• *Tendonitis* |
| Oxaprozin | Oral (IR)<br>• *Juvenile rheumatoid arthritis*<br>• *Osteoarthritis*<br>• *Rheumatoid arthritis* |
| Piroxicam | Oral (IR)<br>• *Osteoarthritis*<br>• *Rheumatoid arthritis* |
| Sulindac | Oral (IR)<br>• *Acute gouty arthritis*<br>• *Ankylosing spondylitis*<br>• *Bursitis/Tendonitis of the shoulder*<br>• *Osteoarthritis*<br>• *Rheumatoid arthritis* |
| Tolmetin | Oral (IR)<br>• *Juvenile rheumatoid arthritis*<br>• *Osteoarthritis*<br>• *Rheumatoid arthritis* |

DR = Delayed-release
ER = Extended-release
IR = Immediate-release
IV = Intravenous
IM = Intramuscular

References available upon request.

# ATTENTION PROVIDERS: PAYMENT ERROR RATE MEASUREMENT (PERM) PERM PROVIDER EDUCATION WEBINAR INFORMATION

| | |
|---|---|
| Due to limited resources CMS is putting future PERM Provider Education webinars on hold until further notice. Please know that states can refer providers to the PERM website as a resource for provider education materials.<br><br>The link to the provider education materials can be located here: | https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicaid-and-CHIP-Compliance/PERM/Providers.html<br><br>If you have any questions, please call Catherine Altazan at 225-342-2612. |

# Remittance Advice Corner

### Louisiana Medicaid Fee Schedule Publishing Change

Beginning April 28, 2017, the published Medicaid fee-for-service fee schedules for *Professional Services, Laboratory/Radiology, and Take Charge Plus* will be refreshed by Molina on a weekly basis. (Previously these fee schedules were refreshed monthly.) This change was implemented to inform both providers and managed care organizations (MCOs) of Medicaid fee-for-service procedure file updates in a more timely manner. These and the other published fee schedules are found on the Louisiana Medicaid website, www.lamedicaid.com using the 'Fee Schedule' link.

### Providers of Clinical Laboratory Services- Fee Reimbursement Changes

Federal regulations prohibit state Medicaid agencies from reimbursing providers of clinical laboratory services at a higher rate than the Medicare allowable rate. In accordance with this regulation, clinical laboratory reimbursement rates have been adjusted on the fee-for-service Medicaid file and are effective for dates of service January 1, 2017 forward. The Laboratory Fee Schedule has been updated to reflect those changes.

Clinical laboratory claims for dates of service on or after January 1, 2017 where the previous reimbursement exceeded the Louisiana Medicare allowable rate will be systematically recycled on the remittance of May 9, 2017 without any action required by the provider.

Please contact Molina Provider Relations at (800) 473-2783 or (225) 924-5040 if there are questions related to this matter for fee for service claims.

### Attention Hospital Providers

Rate increases for certain non-rural non-state hospitals have been approved effective for dates of service 1/1/17 due to the provisions contained in HCR 51 of the 2016 Legislative Session. These rate increases are now posted online at lamedicaid.com under “fee schedules”.

As a result, previously processed claims with dates of service after 1/1/17 will be recycled / adjusted on the remittance advice of May 9, 2017 without any action required on behalf of the provider.

Questions regarding this message should be directed to Molina Provider Relations at (800) 473-2783 or (225) 924-5040.

### Institutional Providers - Provider Disallowance

Health Management Systems, (HMS), on behalf of the Louisiana Department of Health (LDH), Medical Vendor Administration, has implemented an Institutional Provider Disallowance Project. Federal law requires that LDH recover Medicaid payments made to providers when a liable third party is identified. If it is determined that your office or facility was paid for claims provided to Medicaid beneficiaries who may have been eligible for other

commercial health coverage on the dates of service, you will be notified by HMS and will be included in a Disallowance Project Cycle. HMS will provide you with a list of beneficiaries, their associated claims, any potential coverage and instructions on what you need to do.

In accordance with Act 517 of the 2008 Regular Session of the Louisiana Legislature, providers are now able to bill Medicaid-reclamation claims to carriers up to thirty-six (36) months from the date of service.

LDH encourages all providers to utilize **HMS' Provider Portal.** The portal was designed to process disallowances on-line. The Provider Portal offers many benefits such as: immediate receipt of disallowance notifications, elimination of paper listings, real-time access to disallowance projects, up-to-date claim status, and on-demand reporting. If you wish to self-register, please go to https://ecenter.hmsy.com for additional information or call HMS's Provider Operations Department toll-free at 888-831-2738. They will assist with your registration to the portal and information on upcoming web-enabled instructional training seminars. LDH recommends all providers to opt out of receiving paper listings in the future and only use the Provider Portal for disallowance projects. The Provider Portal offers and ensures the protection of all PHI associated with these projects.

**Professional Providers - Provider Disallowance**

Health Management Systems, (HMS), on behalf of the Louisiana Department of Health (LDH), Medical Vendor Administration, has implemented a Professional Provider Disallowance Project. Federal law requires that LDH recover Medicaid payments made to providers when a liable third party is identified. If it is determined that your office or facility was paid for claims provided to Medicaid beneficiaries who may have been eligible for other commercial health coverage on the dates of service, you will be notified by HMS and will be included in a Disallowance Project Cycle. HMS will provide you with a list of beneficiaries, their associated claims, any potential coverage and instructions on what you need to do.

In accordance with Act 517 of the 2008 Regular Session of the Louisiana Legislature, providers are now able to bill Medicaid-reclamation claims to carriers up to thirty-six (36) months from the date of service.

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**Attention EPSDT-Personal Care Services (PCS) Providers: ACA Requirement to Enter Ordering Provider on Medicaid Claims**

In May 2016, a notice was posted to the Louisiana Medicaid web site concerning the requirement for entering Ordering/Referring/ Prescribing providers on claims billed to Medicaid.

The Affordable Care Act (ACA) requires physicians or other practitioners who order, prescribe, or refer items or services to Medicaid recipients to be listed on claims and to be enrolled in the Medicaid Program, even when they do not submit claims to Medicaid. The ACA requirements are designed to ensure items or services for Medicaid recipients originate from appropriately licensed providers who have not been excluded from Medicare or Medicaid.

Louisiana Medicaid policy clearly states that EPSDT PCS must be initially ordered by the recipient's attending physician as medically necessary. This must be reviewed by the physician every 180 days or when changes occur in the Plan of Care.

Thus, all claims for EPSDT-PCS must include the name and 10-digit NPI of the ordering physician. Additionally, the ordering physician must be enrolled with Louisiana Medicaid, even if they do not bill Medicaid for services.

EPSDT-PCS providers must obtain the NPI of the ordering physician; confirm that he/she is enrolled in Medicaid; and enter the Qualifier 'OK', the name, and NPI on claims for the patient. Claims editing related to the above changes will be reflected as educational on RA's prior to July 1, 2017.

EPSDT-PCS providers should refer to the provider notices concerning Ordering/Referring/Prescribing Providers dated March 24, 2017 and February 21 , 2017 for additional information when the ordering provider is required on claims. It is your responsibility to obtain the ordering provider's NPI, and the notices give further detailed instructions on how to confirm that the provider is enrolled with Louisiana Medicaid.

Questions regarding this message and fee for service claims should be directed to Molina Provider Relations at (800) 473-2783 or (225) 924-5040.

Updates to Healthy Louisiana managed care systems and claims processing changes are plan specific and are the responsibility of each health plan. For questions regarding Healthy Louisiana updates, please contact the appropriate health plan.

## Online Medicaid Provider Manual Chapter Revisions as of May, 2017

| Manual Chapter | Section(s) | Date of Revision(s) |
|---|---|---|
| Applied Behavior Analysis | 4.3 - Service Authorization Process<br>4.5 - Reimbursement<br>Appendix B - Billing Codes<br>Appendix C - Claims Filing | 05/01/17 |
| Dental Services | Appendix E - Dental Periodicity Schedule | 05/24/17 |

## Archived Online Medicaid Provider Manual Chapter Revisions as of May, 2017

| Manual Chapter | Section(s) | Date of Omission (s) |
|---|---|---|
| Applied Behavior Analysis | 4.3 - Service Authorization Process<br>4.5 - Reimbursement<br>Appendix B - Billing Codes<br>Appendix C - Claims Filing | 05/01/17 |
| Dental Services | Appendix E - Dental Periodicity Schedule | 05/24/17 |

## For Information or Assistance, Call Us!

| | | | |
|---|---|---|---|
| Provider Enrollment | (225)216-6370 | General Medicaid Eligibility Hotline | 1-888-342-6207 |
| **Prior Authorization:** | | MMIS Claims Processing Resolution Unit | (225) 342-3855 |
| Home Health/EPSDT – PCS | 1-800-807-1320 | | |
| Dental | 1-866-263-6534<br>1-504-941-8206 | | |
| DME & All Other | 1-800-488-6334<br>(225) 928-5263 | MMIS/Recipient Retroactive Reimbursement | (225) 342-1739<br>1-866-640-3905 |
| Hospital Pre-Certification | 1-800-877-0666 | | |
| Provider Relations | 1-800-473-2783<br>(225) 924-5040 | Medicare Savings Program and Medicaid Purchase Hotline | 1-888-544-7996 |
| REVS Line | 1-800-776-6323<br>(225) 216-(REVS)7387 | | |
| Point of Sale Help Desk | 1-800-648-0790<br>(225) 216-6381 | For Hearing Impaired | 1-877-544-9544 |
| | | Pharmacy Hotline | 1-800-437-9101 |
| | | Medicaid Fraud Hotline | 1-800-488-2917 |