

## Medicaid Opioid Limits and Simplified Worksheet

The Louisiana Department of Health is continuing its statewide strategy of addressing the opioid crisis by implementing opioid prescription limits. The state does not intend to restrict opioid medications that are medically necessary; therefore, override provisions and exemptions have been incorporated into the process. The prescriber should request an override through the appropriate prior authorization department utilizing the Opioid Analgesic Treatment Worksheet. This form is common to all Medicaid plans (FFS and the MCO plans) and will accommodate all opioid overrides (prior authorization and quantities/doses greater than the limits) when medically necessary. While having a single worksheet has been well received, it is currently under revision to reduce the number of pages to further streamline the override process.

**Exemption:** Recipients with a diagnosis of cancer or palliative care will be exempt from the opioid quantity limits. Acceptable diagnosis codes that will bypass this edit:

Diagnosis Code	Description
C00.*-C96.*	Cancer
Z51.5	Palliative Care
* - any number or letter or combination of UP TO FOUR numbers and letters of an assigned ICD-10-CM diagnosis code	

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### Louisiana Medicaid Opioid Prescription Policy Timeline

Date	Population	Policy
Jan. 10, 2017	Fee for Service (FFS) Patients: <b>Acute &amp; Chronic Pain</b>	<ul style="list-style-type: none"> <li>Medicaid opioid 15-day quantity limits</li> </ul>
March 22, 2017	Managed Care Organization Patients: <b>Acute Pain</b>	<ul style="list-style-type: none"> <li>Implement 15-day quantity limit for opioid-naïve recipients</li> </ul>
May 2017	FFS and Managed Care Organization Patients: <b>Acute &amp; Chronic Pain</b>	<ul style="list-style-type: none"> <li>Alert to notify providers of upcoming Morphine Equivalent Dosing (MED) limit of 120 mg per day for all opioid prescriptions</li> </ul>
July 10, 2017	FFS and Managed Care Organization Patients: <b>Acute &amp; Chronic Pain</b>	<ul style="list-style-type: none"> <li>7-day quantity limit for opioid-naïve recipients or Morphine Equivalent Dosing (MED) limit of 120 mg per day, whichever is less</li> </ul>
<b>September 12, 2017</b>	FFS and Managed Care Organization Patients: <b>Chronic Pain</b>	<ul style="list-style-type: none"> <li>Morphine Equivalent Dosing (MED) limit of 90 mg per day for all opioid prescriptions</li> </ul>

Louisiana Department of Health has compiled resources to assist providers with opioid-related information and education. Please refer to the following web pages for additional information:

Opioids: The Problem and Challenge in Louisiana

<http://ldh.la.gov/index.cfm/subhome/54>

Informational Bulletin: Provider Resources and Education

[http://ldh.la.gov/assets/docs/BayouHealth/Informational\\_Bulletins/2017/IB17-2.pdf](http://ldh.la.gov/assets/docs/BayouHealth/Informational_Bulletins/2017/IB17-2.pdf)

Plan specific information for assisting Louisiana Medicaid recipients can be obtained by contacting the following:

Plan	Provider Help Desk	Recipient Help Desk
Aetna	(855) 364-2977	(855) 242-0802
Amerigroup	(800) 454-3730	(800) 600-4441
AmeriHealth Caritas	(800) 684-5502	(800) 684-5502
Louisiana Healthcare Connections	(877) 690-9330	(866) 595-8133
United HealthCare	(866) 328-3108	(866) 675-1607
Fee for Service	(800) 648-0790	(800) 437-9101



## ATTENTION PROVIDERS: PAYMENT ERROR RATE MEASUREMENT (PERM) FFY17 Currently Underway

Louisiana Medicaid is mandated to participate in the Centers for Medicare and Medicaid (CMS) **Payment Error Rate Measurement (PERM)** program which will assess our payment accuracy rate for the Medicaid and CHIP programs. If chosen in a random sample, your organization will soon receive a *Medical Records Request* from the CMS review contractor, CNI Advantage.

**Please be advised that sampled providers who fail to cooperate with the CMS contractor by established deadlines may be subject to sanctioning by Louisiana Medicaid Program Integrity through the imposition of a payment recovery by means of a withholding of payment until the overpayment is satisfied, and/or a fine.**

**Please be reminded that providers who are no longer doing business with Louisiana Medicaid are obligated to retain recipient records for 5 years, under the terms of the Provider Enrollment Agreement.**

For more information about PERM and your role as a provider, please visit the [Provider link](http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/PERM/Providers.html) on the CMS PERM website: <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/PERM/Providers.html>

**If you have any questions, please call Catherine Altazan at 225-342-2612.**



## Remittance Advice Corner

### EarlySteps PT and OT Code Changes

Effective with date of service January 1, 2017, the previous CPT codes for Physical Therapy (PT) and Occupational Therapy (OT) evaluations (97001 and 97003, respectively) were deleted and each replaced with three new CPT codes which designate the complexity level of the evaluation.

The reimbursement rates across the new complexity levels remain the same as the previous codes and are determined by the type of service and place of service modifiers. In EarlySteps, these evaluations are used primarily for single domain assessments. The fee schedule can be found at:

[http://www.lamedicaid.com/provweb1/fee\\_schedules/feeschedulesindex.htm](http://www.lamedicaid.com/provweb1/fee_schedules/feeschedulesindex.htm).

Providers are reminded that the evaluation report should now reflect the complexity level as part of the documentation requirements. Refer to recommendations provided by the American Physical Therapy Association and American Occupational Therapy Association guidance for determining the complexity level and appropriate documentation requirements. Please contact your EarlySteps regional coordinator for questions.

### Attention Fee for Service (FFS) Louisiana Medicaid Providers

Effective July 10, 2017, Fee-for-Service (FFS) pharmacy claims for opioid prescription products exceeding 120 MME (Morphine Milligram Equivalent) will deny at Point of Sale (POS). Prescribers can apply for an override of the denial by faxing an Opioid Analgesic Treatment Worksheet to 1-866-797-2329. Also, short-acting opiate prescription claims will be subject to a 7 day quantity limit for opioid naive recipients. Please refer to [www.lamedicaid.com](http://www.lamedicaid.com) for more information.

### Professional Component of Clinical Laboratory Services – Fee Reimbursement Changes

Under Federal regulation, state Medicaid agencies are prohibited from reimbursing providers of clinical laboratory (lab) services at a higher rate than the Medicare allowable rate. In accordance with this regulation, clinical lab reimbursement rates were updated earlier this year and a recycle of clinical lab services was performed in May. Since that time, the fee for the professional component of a few additional lab services has been updated.

Clinical lab 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 July 25, 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 PROVIDERS OF HOSPICE SERVICES

#### Hospice Rate Adjustment: Federal Fiscal Year (FFY) 2017

Louisiana Medicaid has updated its published fee schedule to reflect the adjusted reimbursement rates and Metropolitan Statistical Area (MSA) codes for the provision of Hospice services as determined by CMS for FFY 2017. The updated rates and MSA codes are effective for dates of service on or after October 1, 2016.

Providers should begin submitting claims using the updated MSA codes for dates of service on or after July 1, 2017. Providers may resubmit previously paid claims for dates of service October 1, 2016 through June 30, 2017 with the corrected MSA codes for payment adjustment.

For questions regarding this message and/or fee for service claims, please contact Molina Provider Relations at (800) 473-2783 or (225) 924-5040.

Updates to Healthy Louisiana related to 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 July, 2017**

Manual Chapter	Section(s)	Date of Revision(s)
Behavioral Health Services	2.2 Outpatient Services – Behavioral Health in a Federally Qualified Health Center (FQHC) and Rural Health Clinic (RHC) 2.2 Outpatient Services – Outpatient Therapy by Licensed Practitioners 2.2 Outpatient Services – Rehabilitation Services Appendix A Forms and Links Appendix B Glossary and Acronyms Appendix D Approved Curriculum and Equivalency Standards Appendix E-1 Evidence Based Practices – (Assertive Community Treatment)	07/06/17
Durable Medical Equipment	Appendix D Incontinence Prescription Request Form	07/12/17
Federally Qualified Health Centers	Appendix D Claims Filing 22.1 Covered Services	07/19/17 07/21/17
Rural Health Clinics	Appendix D Claims Filing 40.1 Covered Services	07/19/17 07/21/17

**Archived Online Medicaid Provider Manual Chapter Revisions as of July, 2017**

Manual Chapter	Section(s)	Date of Omission (s)
Behavioral Health Services	2.2 Outpatient Services – Behavioral Health in a Federally Qualified Health Center (FQHC) and Rural Health Clinic (RHC) 2.2 Outpatient Services – Outpatient Therapy by Licensed Practitioners 2.2 Outpatient Services – Rehabilitation Services Appendix A Forms and Links Appendix B Glossary and Acronyms Appendix D Approved Curriculum and Equivalency Standards Appendix E-1 Evidence Based Practices – (Assertive Community Treatment)	07/06/17
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## For Information or Assistance, Call Us!

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