

LDH Launches Heat Dashboard

The teams at the Bureau of Health Informatics and the Section of Environmental Epidemiology and Toxicology (SEET) have collaborated on a heat-related illness and deaths dashboard, launched Monday, that can be viewed at ldh.la.gov/heat.

The dashboard will be updated on Tuesdays and will include the number of heat-related deaths and emergency department visits along with demographic information about those impacted by heat. There are also links to helpful resources and a fact sheet on heat-related illness.

A big thank you to these teams for their quick work on an issue that has become a key focus of the Department's response during the Governor's declared state of emergency due to extreme heat.



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Medicaid Cards Available in LA Wallet

Louisiana Medicaid health plan cards will soon all be available in the LA Wallet app!

LA Wallet is available in Apple and GooglePlay stores. Fee-for-Service members and members enrolled with United Healthcare can already use the service. Other health plan cards will become available over the next few months.

The planned dates that other cards will become available are:

July 31

- Louisiana Healthcare Connections
- Healthy Blue Louisiana

August 31

- AmeriHealth Caritas
- Humana Healthy Horizons

September 29

- Aetna Better Health

Members listed as head of household can access the health cards of family members in their household. A member will not be able to access a card for a person who is not in their household or if they are no longer eligible for Medicaid.

Back to School Health

Compiled by
Office of Outcomes Research and Evaluation
College of Pharmacy
The University of Louisiana Monroe

As summer ends and the school year begins, millions of students will be returning to school. According to the United States Census Bureau, in the fall of 2021, there were approximately 46 million students enrolled in public schools (kindergarten through 12th grade) in the US. Schools play an important role in promoting the health and safety of children and adolescents, especially considering that children spend about 6 hours per day and up to 13 years in the school setting. It is important for healthcare providers to work with schools in the promotion of healthy habits, the treatment of school-related health issues, and the management of chronic health conditions.

Childhood Obesity

Childhood obesity is a serious problem in the United States, putting children and adolescents at risk for poor health. Obesity among children and adolescents is still too high with a prevalence of 19.7%, affecting about 14.7 million children and adolescents between the ages of 2 to 19 years in 2017-2020. Schools play a critical role in supporting children and adolescents in eating healthy and getting regular physical activity. Obesity prevention efforts are important in the school setting because schools reach the vast majority of school-aged children, providing regularly scheduled opportunities for physical activity and offering nutritious foods through school meal programs. Healthcare providers also play an important role in addressing obesity and encouraging healthy habits in their patients. Screening children for obesity and providing counseling for nutrition and physical activity are steps that providers can take to address obesity in their patients.

For more information, see [Prevention Strategies & Guidelines | Overweight & Obesity | CDC](#).

Concussions

Timely recognition and appropriate response is important in treating a mild traumatic brain injury (mTBI) or concussion. Health care providers can play a key role in helping to prevent a concussion and to improve a patient's health outcomes through early diagnosis, management, and appropriate referral.

The Centers for Disease Control and Prevention (CDC) has created practical, easy-to-use clinical information and tools for health care providers and their patients, including free online training that offers free continuing education credits.

Learn Steps to Improve the Care of Your Pediatric Patients with mTBI

[HEADS UP to Healthcare Providers online training](#) is now available on the CDC's online learning system, [CDC Train](#). *HEADS UP to Healthcare Providers* is a free online training developed by the CDC and the American Academy of Pediatrics. The goal of the training is to provide an overview of the evidence-based recommendations outlined in the [CDC Pediatric mTBI Guideline](#) and to equip healthcare providers with practical strategies to integrate these recommendations into clinical practice.

A different version is offered for each of the following: clinicians, school health providers, (e.g. school nurses), and other allied health professionals. All CDC Heads Up online training courses can be accessed [HERE](#).

**SOME BRAIN INJURY SIGNS
AND SYMPTOMS**

- ☐ Headache
- ☐ Dizziness
- ☐ Blurred Vision
- ☐ Difficulty Thinking Clearly
- ☐ Sensitivity to Noise & Light

**LEARN MORE
SYMPTOMS @**

www.cdc.gov/TraumaticBrainInjury

For more information, visit [CDC Pediatric mTBI Guideline](#) | [Concussion](#) | [Traumatic Brain Injury](#) | [CDC Injury Center](#).

Lice

In the United States, infestation with head lice (*Pediculus humanus capitis*) is most common among preschool and elementary school-age children and their household members and caretakers. Head lice are not known to transmit disease; however, secondary bacterial infection of the skin resulting from scratching can occur with any lice infestation.

Transmission of head lice commonly occurs through head-to-head contact with a person who already has head lice. Such contact can be common among children during play at school, home, or elsewhere (e.g., sports activities, playgrounds, camp, and slumber parties). Uncommonly, transmission may also occur by wearing clothing worn by an infested person, using infested combs or brushes, or lying on a bed or couch that has recently been in contact with an infested person.

Reliable data on how many people get head lice each year in the United States are not available; however, an estimated 6 million to 12 million infestations occur each year in the United States among children 3 to 11 years of age. Some studies suggest that girls get head lice more often than boys, probably due to more frequent head-to-head contact. In the United States, infestation with head lice is much less common among African-Americans than among persons of other races.

Resources for Health Professionals

- Both over-the-counter and prescription medications are available for treatment of head lice infestations.
- Treatment for head lice is recommended for persons diagnosed with an active infestation. All household members and other close contacts should be checked; those persons with evidence of an active infestation should be treated.
- Retreatment of head lice usually is recommended because no approved pediculicide is completely ovicidal.
- Removal of all nits after successful treatment with a pediculicide is not necessary to prevent further spread. Removal of nits after treatment with a pediculicide may be done for aesthetic reasons, or to reduce diagnostic confusion and the chance of unnecessary retreatment.
- Treatments for head lice are generally safe and effective when used correctly. Some treatments may cause an itching or a mild burning sensation caused by inflammation of the skin on the scalp. Most products used to treat head lice are pesticides that can be absorbed through the skin. Therefore, all medicines used for the treatment of lice should be used with care and only as directed.

For more information, visit CDC's [General Treatment Guidelines](#) for treatment of head lice.

Life-Threatening Reactions: Epinephrine

Kids are back to school, which means making sure epinephrine prescription products are available and ready to use when needed, including during the school day. Many people rely on epinephrine to treat life-threatening reactions to insect stings, certain foods, or other allergens. Food allergies are a growing food safety and public health concern that affect an estimated 8% of children in the United States. According to the CDC, 1 in 13 children, roughly two in every classroom, has food allergies. In addition, according to the Journal of Asthma and Allergy, approximately 5 to 7.5 percent of people will experience severe reactions to insect stings in their lifetime.

It is no surprise that demand for these products tends to increase as parents send their kids back to school in the fall with newly refilled prescriptions. To make sure that your patients get the medication they need to start the school year, follow the U.S. Food and Drug Administration (FDA) news and timely updates on this topic. The FDA alerts health care providers when medicines are hard to access, informs them about the availability of certain widely used medicines, and lets them know about other medicines that have the same indication. The agency also works with manufacturers to help make sure patients have access to an adequate supply of medicine. For more information, visit [Drug Shortages](#) | [FDA](#).

For more information, see [Recognizing and Responding to Anaphylaxis-March 1, 2021 \(cdc.gov\)](#).

Asthma: Importance of Rescue Inhalers

Asthma is a leading chronic illness among children and adolescents in the United States. It is also one of the leading causes of school absenteeism. On average, in a classroom of 30 children, about three are likely to have asthma. Low-income populations, minorities, and children living in inner cities experience more emergency department visits, hospitalizations, and deaths due to asthma than the general population. Every year, one in six children with asthma visits the emergency department with about 1 in 20 children with asthma requiring hospitalization. According to the CDC, in the year 2016, more than half of children with asthma had one or more asthma attacks. Asthma symptoms, such as chest tightness, coughing, wheezing, etc., get much worse during an asthma attack. The attacks may come on gradually or suddenly. Sometimes they can be life threatening. To relieve symptoms during an attack, it is imperative that quick-relief medications, such as albuterol, are available at all times.

For more information, see [Asthma Information for Healthcare Professionals | CDC](#).

Louisiana Law to Self-Administer Lifesaving Medications for School Age Children

Louisiana Act 145 is a law that allows students in public schools to carry asthma and anaphylaxis medications in school. Students whose parents submit the required paperwork illustrating the student has received proper education to self-administer certain asthma and anaphylaxis medications will be allowed by this law to carry and administer medications in school. The parent or legal guardian must provide written authorization for the student to carry and self-administer the medication(s). They must provide written certification from a licensed medical physician or other authorized prescriber that the student has asthma or is at risk of anaphylaxis, and that the student has received instruction on the proper method of self-administration.

For more information and additional requirements, see [Title 28 EDUCATION Part CLVII. Bulletin 135—Health and Safety §305](#).

References

[Asthma | CDC](#)
[Back to School: August 2023 \(census.gov\)](#)
[CDC – HEADS UP Online Training Courses](#)
[CDC – Parasites – Head Lice](#)
[CDC Pediatric mTBI Guideline | Concussion | Traumatic Brain Injury | CDC Injury Center](#)
[Childhood Overweight & Obesity | Overweight & Obesity | CDC](#)
[Drug Shortages | FDA](#)
[Healthy Schools | CDC](#)
[LAAct145AsthmaMedicationBrochure.pdf](#)
[Recognizing and Responding to Anaphylaxis-March 1, 2021 \(cdc.gov\)](#)
[Title 28 EDUCATION Part CLVII. Bulletin 135—Health and Safety §305](#)

LDH Highlights Prostate Cancer Awareness Month

September is nationally recognized as National Prostate Cancer Awareness Month. Prostate cancer is the most common non-skin cancer in America and the **second leading cause of cancer death among men in Louisiana**. The prostate is a gland in the male reproductive system that produces fluid that makes up part of semen. Prostate cancer begins when cells in the prostate gland start to grow out of control.

Who is at risk for prostate cancer?

All men are at risk for prostate cancer, but it is more common in older men. It is also more likely to occur in men with a family history of prostate cancer and in men of African-American descent. For example, one in five Black men and one in three men with a family history will develop prostate cancer. Other risk factors include smoking, being overweight and not getting enough exercise. In the United States, one in eight men will be diagnosed with prostate cancer in his lifetime.

What are the symptoms of prostate cancer?

Prostate cancer may cause no signs or symptoms in its early stages. However, more advanced cancer may cause signs and symptoms such as:

- Trouble urinating or emptying the bladder completely
- Weak or interrupted flow of urine
- Urinating often, especially at night
- Pain or burning during urination
- Blood in the urine or semen
- Pain in the back, hips or pelvis that doesn't go away
- Erectile dysfunction or painful ejaculation

Who should get screened?

The Centers for Disease Control and Prevention (CDC) recommends men with high risk who are 45 or older speak with their doctors to make individual decisions regarding screening. The sooner prostate cancer is detected by screening, the higher chances are to address the diagnosis.



Registration Is Open for the 2023 Health Summit: Advancing Population Health, Equity, & Well-Being

REGISTRATION NOW OPEN

2023 HEALTH SUMMIT

ADVANCING POPULATION HEALTH, EQUITY, AND WELL-BEING

CONTINUING OUR PROGRESS TOWARD LA40BY2030 WITH A FOCUS ON WOMEN AND CHILDREN

OCTOBER 3-4, 2023 CONVENES AT 1:00 PM

LATE REGISTRATION STARTS ON SEPTEMBER 21ST

2023HEALTHSUMMIT.EVENTBRITE.COM

PARTNERSHIP OPPORTUNITIES AVAILABLE. EMAIL
INFO@LAHEALTHEQUITY.ORG FOR MORE INFORMATION

LDH is partnering with the [Louisiana Center for Health Equity](#) (LCHE) and [Pennington Biomedical Research Center](#) (PBRC) to host the eighth annual statewide summit on Tuesday, October 3 and Wednesday, October 4 at PBRC in Baton Rouge.

Consistent with one of [LDH's four State Health Improvement Plan priorities](#), this year's summit will embrace population health by focusing on women and children to continue the momentum toward improving health equity in Louisiana.

Additionally, the summit aims to expand collaboration, increase engagement and identify policy solutions to improve health outcomes and quality of life for Louisiana's children and families. The goal of the summit is to continue progress toward LCHE's bold vision of LA40by2030.

The keynote speaker will be Dr. Camara Phyllis Jones, MPH, PhD. Known for her allegories on race and racism, which enable inclusive dialogue on critical public health issues, Dr. Jones is a family physician, epidemiologist and past president of the [American Public Health Association](#) (APHA).

Registration is \$100. To register, click [here](#). For additional information, please email info@lahealthequity.org.

Mental Health First Aid (MHFA) Training Available

The Louisiana Public Health Institute will offer virtual mental health first aid (MHFA) training.

What is MHFA?

Just as CPR helps even those without clinical training to assist an individual having a heart attack, mental health first aid (MHFA) prepares participants to interact with a person experiencing a mental health crisis. MHFA is an evidence-based public education program that introduces participants to risk factors and warning signs of mental health challenges, and builds an understanding of appropriate detection techniques, interventions, and resource and referrals.

To learn more or if you have questions, email LPHItraining@lphi.org.



Health Observance Calendar - September 2023



[Blood Cancer Awareness](#)
[Childhood Cancer Awareness](#)
[Food Safety Education](#)
[Gynecologic Cancer Awareness](#)
[Healthy Aging ®](#)
[National Atrial Fibrillation Awareness](#)

[National Childhood Obesity Awareness](#)
[National Cholesterol Education](#)
[National ITP \(Platelet Disorder\) Awareness](#)
[National Pediculosis Prevention/Head Lice Prevention](#)
[National Recovery](#)

[National Sickle Cell](#)
[National Suicide Prevention](#)
[National Yoga Awareness](#)
[Newborn Screening Awareness](#)
[Ovarian Cancer Awareness](#)
[Pain Awareness](#)
[Polycystic Ovary Syndrome](#)

[Prostate Cancer Awareness](#)
[Pulmonary Fibrosis](#)
[Sepsis Awareness](#)
[Sexual Health Awareness](#)
[Sports Eye Safety Awareness](#)
[Thyroid Cancer Awareness](#)
[World Alzheimer's](#)

Weeks to Note:

Event	Date
<u>National Assisted Living Week®</u>	September 10-16
<u>Natl. Suicide Prevention</u>	September 10-16
<u>Natl. Folic Acid Awareness</u>	September 10-16
<u>Malnutrition Awareness</u>	September 18-22
<u>Global ITP Awareness</u>	September 25-30
<u>Falls Prevention Awareness</u>	September 17-23
<u>Fungal Disease Awareness</u>	September 18-22
<u>Natl. Rehabilitation Awareness</u>	September 18-24

Days to Note:

<u>World Sexual Health</u>	September 4
<u>World Suicide Prevention</u>	September 10
<u>World Sepsis</u>	September 13
<u>Natl. Celiac Disease Awareness</u>	September 13
<u>Natl. HIV/AIDS and Aging Awareness</u>	September 18
<u>Get Ready for Flu</u>	September 19
<u>World Alzheimer's</u>	September 21
<u>Sport Purple for Platelets</u>	September 29
<u>World Lung</u>	September 25
<u>Mesothelioma Awareness</u>	September 26
<u>World Rabies</u>	September 28
<u>Natl. Women's Health and Fitness</u>	September 27
<u>World Heart</u>	September 29

Self-Service Portal Updated for Social Security Number Use

Beginning Saturday, July 22, Medicaid members will be able to use either their card control number (CCN) or their social security number (SSN) to set up an account and link cases in the self-service portal (SSP). This will assist members and our outreach contractors with renewals and our Unwind efforts.

Previously, Medicaid recipients and partners could only link case information with a Medicaid Card Number/CCN or Medicare number in the SSP and Partner Portal. This enhancement implements Social Security Number as an additional option for individuals to link their case information in the SSP. Now, head of household/primary contacts can link their case information with their full SSN, Medicaid card Number/CCN, or Medicare number.

Under “Case Linking Information” in Public Portal, individuals will be able to enter their last name, date of birth, and full nine-digit SSN for the head of household on a case to successfully link their accounts. Upon successful linking of their cases, the individual will be able to check and renew benefits, order a new Medicaid card, as well as many other things for the linked case.

Quality Improvement Opportunities: Developmental Screening and Care Coordination Toolkits



The Bureau of Family Health (BFH) has two toolkits available to help pediatric providers implement and improve developmental screening and care coordination services in their practices.

The [Developmental Screening Toolkit](#) covers screening for developmental milestones, autism, social emotional health, barriers to health, and perinatal depression. The newly launched [Care Coordination Toolkit](#) supports practices with improving or expanding care coordination services, maximizing clinic capacity, and creating effective referral pathways. Both toolkits follow a step-by-step framework that will walk you through assessing, planning, and implementing services at your own pace. They include checklists and worksheets to help brainstorm, plan, and test the steps needed to achieve your goals. Utilization of these toolkits can also count towards [American Board of Pediatrics Maintenance of Certification 4 \(MOC-4\) Credits](#).

BFH has experts available to help practices work through these toolkits or provide customized training and support at no cost. Use [this form](#) to request assistance from the team and learn more about the services we offer.

To learn more about these toolkits and other pediatric medical home resources visit PartnersForFamilyHealth.org/Medical-Home or email DevScreen@la.gov.

Provider-to-Provider Consultation Line Merges with LAMHPP



The [Louisiana Provider-to-Provider Consultation Line \(PPCL\)](#) is a no-cost consultation and education program that assists pediatric and perinatal healthcare providers in addressing the behavioral and mental health needs of their patients. The consultation line allows providers to call or email with mental health consultants and on-call psychiatrists to ask questions about behavioral health, diagnostic criteria, and medication management. Providers also have opportunities to earn CEUs/CMEs through PPCL's [TeleECHO](#) series.

Register and learn more at ldh.la.gov/ppcl. Providers can contact PPCL by calling (833) 721- 2881 or request consults [here](#).

Hurricane Safety Checklist

Be Red Cross Ready

Hurricane Safety Checklist

Hurricanes are strong storms that cause life- and property-threatening hazards such as flooding, storm surge, high winds and tornadoes.

Preparation is the best protection against the dangers of a hurricane.

Know the Difference

Hurricane Watch—Hurricane conditions are a threat within 48 hours. Review your hurricane plans, keep informed and be ready to act if a warning is issued.

Hurricane Warning—Hurricane conditions are expected within 36 hours. Complete your storm preparations and leave the area if directed to do so by authorities.

What should I do?



- ☐ Listen to a NOAA Weather Radio for critical information from the National Weather Service (NWS).
- ☐ Check your disaster supplies and replace or restock as needed.
- ☐ Bring in anything that can be picked up by the wind (bicycles, lawn furniture).

What supplies do I need?



- ☐ Water—at least a 3-day supply; one gallon per person per day
- ☐ Food—at least a 3-day supply of non-perishable, easy-to-prepare food
- ☐ Flashlight
- ☐ Battery-powered or hand-crank radio (NOAA Weather Radio, if possible)

What do I do after a hurricane?



- ☐ Continue listening to a NOAA Weather Radio or the local news for the latest updates.
- ☐ Stay alert for extended rainfall and subsequent flooding even after the hurricane or tropical storm has ended.
- ☐ If you evacuated, return home only when officials say it is safe.

- ☐ Close windows, doors and hurricane shutters. If you do not have hurricane shutters, close and board up all windows and doors with plywood.
- ☐ Turn the refrigerator and freezer to the coldest setting and keep them closed as much as possible so that food will last longer if the power goes out.
- ☐ Turn off propane tanks and unplug small appliances.
- ☐ Fill your car's gas tank.
- ☐ Talk with members of your household and create an evacuation plan. Planning and practicing your evacuation plan minimizes confusion and fear during the event.
- ☐ Learn about your community's hurricane response plan. Plan routes to local shelters, register family members with special medical needs as required and make plans for your pets to be cared for.
- ☐ Evacuate if advised by authorities. Be careful to avoid flooded roads and washed out bridges.
- ☐ Because standard homeowners insurance doesn't cover flooding, it's important to have protection from the floods associated with hurricanes, tropical storms, heavy rains and other conditions that impact the U.S. For more information on flood insurance, please visit the National Flood Insurance Program Web site at www.FloodSmart.gov.
- ☐ Extra batteries
- ☐ First aid kit
- ☐ Medications (7-day supply) and medical items (hearing aids with extra batteries, glasses, contact lenses, syringes, cane)
- ☐ Multi-purpose tool
- ☐ Sanitation and personal hygiene items
- ☐ Copies of personal documents (medication list and pertinent medical information, proof of address, deed/lease to home, passports, birth certificates, insurance policies)
- ☐ Cell phone with chargers
- ☐ Family and emergency contact information
- ☐ Extra cash
- ☐ Emergency blanket
- ☐ Map(s) of the area
- ☐ Baby supplies (bottles, formula, baby food, diapers)
- ☐ Pet supplies (collar, leash, ID, food, carrier, bowl)
- ☐ Tools/supplies for securing your home
- ☐ Extra set of car keys and house keys
- ☐ Extra clothing, hat and sturdy shoes
- ☐ Rain gear
- ☐ Insect repellent and sunscreen
- ☐ Camera for photos of damage
- ☐ Drive only if necessary and avoid flooded roads and washed-out bridges.
- ☐ Keep away from loose or dangling power lines and report them immediately to the power company.
- ☐ Stay out of any building that has water around it.
- ☐ Inspect your home for damage. Take pictures of damage, both of the building and its contents, for insurance purposes.
- ☐ Use flashlights in the dark. Do NOT use candles.
- ☐ Avoid drinking or preparing food with tap water until you are sure it's not contaminated.
- ☐ Check refrigerated food for spoilage. If in doubt, throw it out.
- ☐ Wear protective clothing and be cautious when cleaning up to avoid injury.
- ☐ Watch animals closely and keep them under your direct control.
- ☐ Use the telephone only for emergency calls.

Let Your Family Know You're Safe

If your community has experienced a hurricane, or any disaster, register on the American Red Cross Safe and Well Web site available through RedCross.org/SafeandWell to let your family and friends know about your welfare. If you don't have Internet access, call **1-866-GET-INFO** to register yourself and your family.



For more information on disaster and emergency preparedness, visit RedCross.org.

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Remittance Advice Corner

Attention Durable Medical Equipment (DME) Providers

Medicaid has made updates to the Custom Wheelchair Evaluation Form that was mandatory for Fee-For-Service (FFS) custom wheelchair requests effective May 1, 2023. The additional changes were made to streamline the prior authorization process and make the form more user friendly. The new revision date for the current form is June 23, 2023.

Durable Medical Equipment providers must download the PDF form www.lamedicaid.com. Providers **MAY NOT** convert the form to Word or make any changes to the form prior to completion.

There will be a 30-day grace period to allow providers to become accustomed to the new form. For evaluations performed on or prior to July 31, 2023, the old Custom Wheelchair Evaluation form (effective date of April 1, 2023) will be accepted. Evaluations performed on or after August 1, 2023 will require the new Custom Wheelchair Evaluation Form dated June 23, 2023 and available at the link above.

For questions related to this information as it pertains to Medicaid FFS claims processing, please contact Irma Gauthier via email at Irma.Gauthier2@la.gov.

Attention Durable Medical Equipment (DME) Providers

Effective with dates of service on or after October 1, 2023, the below diabetic supplies and equipment will be reimbursable as a pharmacy benefit, as well as a durable medical equipment service. For dates of service on or after December 1, 2023, diabetic supplies and equipment will be reimbursed as a pharmacy benefit **ONLY**. Durable Medical Equipment (DME) claims will deny.

- Diabetes Glucose Meters
- Diabetic Test Strips
- Continuous Glucose meters
- Transmitters and Sensors
- External Insulin Pumps **i.e. Omnipod and V-Go**
- Control Solution
- Ketone test strips
- Lancets and Devices
- Pen Needles
- Re-usable insulin pens
- Syringes

The Pharmacy and DME provider manuals will be updated to reflect this change, as well as the [DMEPOS fee schedule](#) and the [Single PDL](#).

COVID-19 Laboratory Tests: Update of HCPCS Codes U0003, U0004 and U0005

Effective for dates of service on or after May 12, 2023, Louisiana Medicaid will no longer cover Healthcare Common Procedure Coding System (HCPCS) codes U0003, U0004, and U0005 for COVID-19 laboratory tests. Claims inadvertently paid with dates of service May 12, 2023 and after will be recycled to assure a proper denial is provided.

For questions related to this information as it pertains to fee-for-service Medicaid claims processing, please contact Gainwell Technologies Provider Services at (800) 473-2783 or (225) 924-5040.

SFY23 Recycle of NCCI Outpatient Hospital and DME Claims

Louisiana Medicaid will recycle outpatient hospital (OPH) and durable medical equipment (DME) claims processed from July 1, 2022 through March 31, 2023 to assure correct processing based on the National Correct Coding Initiative edits. Claims affected will be processed in the June 27, 2023 claims cycle.

For more information regarding “The Medicaid National Correct Coding Initiative,” please visit the CMS website below: <https://www.cms.gov/medicare-medicare-coordination/national-correct-coding-initiativencci/ncci-medicare>

Manual Chapter Revision Log

A recent revision has been made to the following Medicaid Provider Manual chapters. Providers should review the revisions in their entirety at www.lamedicaid.com under the “Provider Manual” link:

Manual Chapter	Section(s)	Date of Revision(s)
General Information and Administration General Information and Administration	<ul style="list-style-type: none"> Table of Contents Section 1.0 – Overview Section 1.1 – Provider Requirements Section 1.2 – Beneficiary Eligibility Section 1.3 – Program Integrity Section 1.4 – General Claims Filing Section 1.5 – Benefits for Children and Youth Appendix A – Definitions/Acronyms Appendix B – Contact/Referral Information Appendix C – Revision History Log 	08/28/23
Behavioral Health Behavioral Health	<ul style="list-style-type: none"> Section 2.2 – Bed Based Services – Crisis Stabilization for Youth Section 2.6 – Record Keeping 	08/04/23 08/11/23
Dental Services Dental Services	<ul style="list-style-type: none"> Adult ICF/IID Dental Program Fee Schedule Adult Waiver Dental Program Fee Schedule Appendix A – EPSDT Fee Schedule Appendix B – Adult Denture Fee Schedule 	08/30/23
Supports Waiver (SW) Supports Waiver (SW)	<ul style="list-style-type: none"> Table of Contents Section 43.7 – Provider Requirements Section 43.8 – Support Coordination Section 43.0 – Overview Section 43.1 – Beneficiary Requirements Section 43.2 – Rights and Responsibilities Section 43.3 – Service Access Authorization Section 43.4 – Covered Services Section 43.5 – Program Monitoring Appendix A – Developmental Disability Law Appendix B – Service Procedure Codes Appendix C – Contact Information Appendix D – Forms and Links 	08/07/23 08/21/23

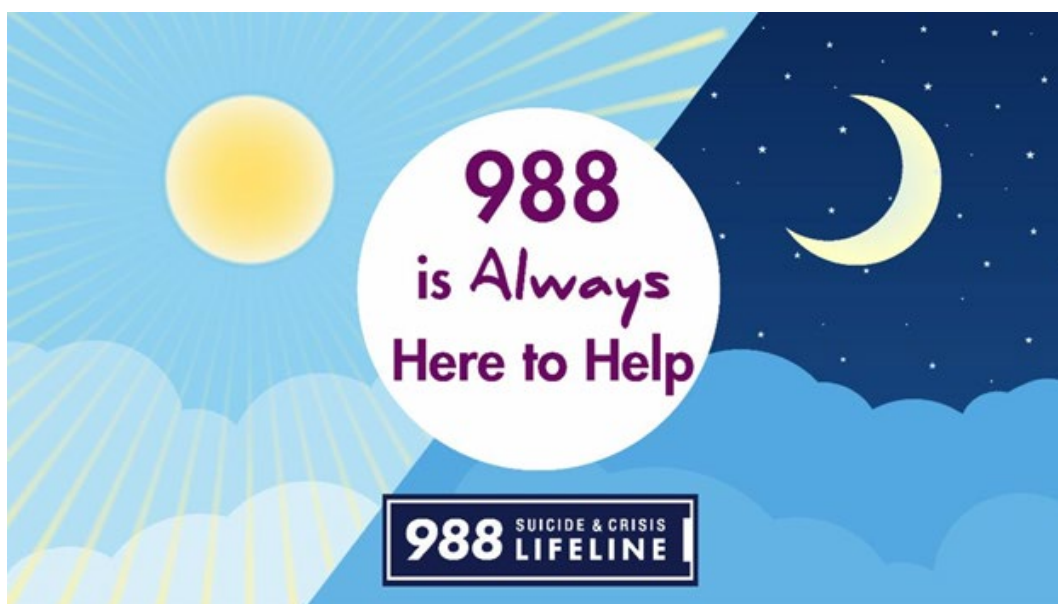
Louisiana Medicaid Updates and Authorities



Keep up to date with all provider news
and updates on the Louisiana Department of Health website:

[Health Plan Advisories | La Dept. of Health](#)
[Informational Bulletins | La Dept. of Health](#)

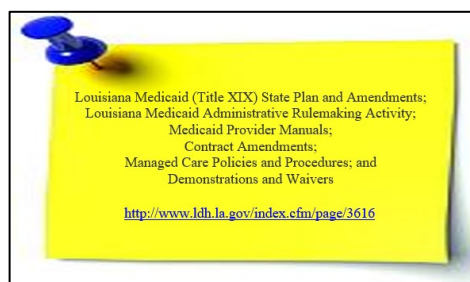
Louisiana Medicaid State Plan amendments and Rules are available at
[Medicaid Policy Gateway | La Dept. of Health](#)



Medicaid Public Notice and Comment Procedure

As of Aug. 1, 2019, a public notice and comment period is required before certain policies and procedures are adopted. Drafts will be published on LDH's website to allow for public comment, as per HB 434 of the 2019 Regular Legislative Session. This requirement applies to managed care policies and procedures, systems guidance impacting edits and payment, and Medicaid provider manuals.

In compliance with R.S. 46:460.51(15), 460.53, and 460.54, this procedure provides for a defined term, a public notice requirement, implementation of a policy for the adoption of policies and procedures, and for related matters. Public Comments for the listed policies and procedures can be left at the link below.



Provider FAQs

1. [Where is there a listing of Parish Office phone numbers?](#)
2. [If a recipient comes back with a retroactive Medicaid card, is the provider required to accept the card?](#)
3. [Does a recipient's 13-digit Medicaid number change if the CCN changes?](#)
4. [Are State Medicaid cards interchangeable? If a recipient has a Louisiana Medicaid card, can it be used in other states?](#)
5. [Can providers request a face-to-face visit when we have a problem?](#)
6. [For recipients in Medicare HMOs that receive pharmacy services, can providers collect the Medicaid pharmacy co-payment?](#)
7. [Do providers have to accept the Medicaid card for prior services if the recipient did not inform us of their Medicaid coverage at the time of services?](#)
8. [Who should be contacted if a provider is retiring?](#)
9. [If providers bill Medicaid for accident-related services, do they have to use the annotation stamp on our documentation?](#)
10. [What if a Lock-In recipient tries to circumvent the program by going to the ER for services?](#)
11. [Does the State print a complete list of error codes for provider use?](#)
12. [If providers do not want to continue accepting Medicaid from an existing patient, can they stop seeing the patient?](#)



For Information or Assistance, Call Us!



General Medicaid Eligibility Hotline

1-888-342-6207

Point of Sale Help Desk

1-800-648-0790

(225) 216-6381

Provider Relations

1-800-473-2783

(225) 294-5040

[Medicaid Provider Website](#)

MMIS Claims Processing Resolution Unit

(225) 342-3855

[MMIS Claims Reimbursement](#)

Prior Authorization:

Home Health/EPSDT – PCS - Dental

1-800-807-1320

1-855-702-6262

[MCNA Provider Portal](#)

MMIS/Recipient Retroactive Reimbursement

(225) 342-1739

1-866-640-3905

[MMIS Claims Reimbursement](#)

DME and All Other

1-800-488-6334

(225) 928-5263

Medicare Savings

1-888-544-7996

[Medicare Provider Website](#)

Hospital Pre-Certification

1-800-877-0666

For Hearing Impaired

1-877-544-9544

REVS Line

1-800-776-6323

(225) 216-(REVS)7387

[REVS Website](#)

Pharmacy Hotline

1-800-437-9101

[Medicaid Pharmacy Benefits](#)

Medicaid Fraud Hotline

1-800-488-2917

[Report Medicaid Fraud](#)

Useful Links

- Louisiana Medicaid Informational Bulletins – <https://ldh.la.gov/page/1198>
- Subscribe to Informational Bulletin Updates by Email - <https://ldh.la.gov/index.cfm/communication/signup/3>
- Pharmacy Facts Newsletter– <https://ldh.la.gov/page/3036>
- Louisiana Medicaid COVID-19 Provider Guidance - <https://ldh.la.gov/page/3872>