

Welcome



Welcome to this month's edition of the **Louisiana Medicaid Provider Update** newsletter.

The Louisiana Medicaid program, operated under the Louisiana Department of Health, provides health care coverage to more than 1.9 million residents, most of whom are children under 19.

We hope you enjoy this issue and through reading it you learn about this fantastic agency. Please continue to visit the LDH website and social media platforms so that you may stay abreast of program information and upcoming events.

Your continued cooperation and support of the Louisiana Medicaid Program efforts to coordinate care and improve health are greatly appreciated.

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LDH HEALTH ADVISORY: ADVERSE EFFECTS LINKED TO COUNTERFEIT OR MISHANDLED BOTOX INTERJECTIONS

On August 13, 2024, the Louisiana Department of Health (LDH) issued a Health Alert Network (HAN) Health Advisory to alert clinicians about risks of counterfeit or mishandled botulinum toxin (commonly called “Botox”) injections. In September 2024, one suspected reaction was reported in Louisiana.

CDC, several state and local health departments, and the U.S. Food and Drug Administration (FDA) investigated reports of harmful reactions among people who received injections of counterfeit or mishandled botulinum toxin. As of June 24, 2024, a total of 17 people from nine states have reported harmful reactions after receiving injections with counterfeit products, products from unverified sources, or from individuals who were not following state or local requirements.

When botulinum toxin diffuses around the injection site, it can result in adverse effects. Botulism is the disease caused by botulinum toxin circulating in the blood and producing effects remotely from the injection site. There may be

symptom overlap between the presentation of localized adverse effects from injection of botulinum toxin, especially in the head and neck, and the early symptoms of botulism. Information about the botulinum toxin injection (e.g., dose) can help distinguish between botulism and localized adverse effects but is challenging to obtain for counterfeit products. Clinicians should consider the possibility of adverse effects from botulinum toxin injections in patients presenting with localized paralysis.

Click [here](#) to view the HPA and summary of information for healthcare providers.

WIC Enrollment a Vital Resource



Encouraging WIC Enrollment for Pregnant and Postpartum Medicaid Patients: A Vital Resource for Health and Well-Being

Louisiana Medicaid is seeking your assistance in connecting pregnant and postpartum Medicaid patients and their families to resources supporting their health and well-being.

Your Medicaid patients already meet the income requirements for the Special Supplemental Nutrition Program for Women, Infants and Children (WIC), yet the program is largely underutilized; only 40 percent of eligible Louisianans are enrolled.

This federally funded program provides more than just formula for babies. It covers pregnant and postpartum women and children through the age of four. WIC offers a range of benefits and services, including healthy foods, nutrition education, and referrals to other health and social services.

WIC also supports breastfeeding moms and pregnant participants interested in breastfeeding by offering:

- **Breastfeeding Peer Counselor Program**, which promotes breastfeeding as the norm for WIC mothers and their infants, helping them reach their breastfeeding goals.
- [Pacify App](#) offers 24/7 video-enabled access to lactation consultants at no cost to WIC participants.
- **Optional Breastfeeding Virtual Support Groups** offered monthly, where mothers can share experiences and ask questions.
- **Breast Pumps** to those who qualify.

Help your patients connect to these vital services by including WIC information during consultation, posting this [flyer](#) in your offices and encouraging members to visit louisianawic.org to learn more about the program, its many benefits, and how to apply.

Your staff can also help interested patients set up their first WIC appointment using this simple online referral: <https://mywic.us/providerreferral>.



GIVE YOUR FAMILY A HEALTHY START WITH



ATTENTION MEDICAID MEMBERS!

From pregnancy to your child's early years, the **WIC program** can provide your family healthy foods, breastfeeding support, and other nutrition resources. Pregnant, postpartum women, infants, and children through age 4 can qualify.

If you are a Medicaid member, you already meet the income requirements for WIC!

For more information, call **1-800-251-BABY (251-2229)** or visit www.louisianawic.org.

Want to apply for WIC? Scan the QR code to get started.



The Women, Infants, and Children (WIC) program provides federal grants to states for supplemental foods, health care referrals, and nutrition education for low-income pregnant, breastfeeding, and non-breastfeeding postpartum women and infants and children up to age five who are at nutritional risk.



Discontinuance of Kangaroo Joey e-Pumps, Feeding Sets, and Supplies

REMINDER



The Louisiana Department of Health (LDH) has been informed that Cardinal Health will cease the supply and distribution of the Kangaroo e-Pump and Kangaroo Joey capital equipment, along with the related feeding sets, following the timeline outlined below.

Schedule	
Kangaroo™ ePump and Kangaroo™ Joey Capital Equipment End of Sale Date	September 30, 2024
End of Service Support Date Out of Warranty	December 31, 2024
End of Service Support Date Within Warranty	Through Warranty End Date
Kangaroo™ ePump Feeding Sets and Accessories Anticipated End of Supply Date	June 30, 2025
Kangaroo™ Joey Feeding Sets and Accessories Anticipated End of Supply Date	September 30, 2027

LDH is disseminating this information to alert all DME providers and prompt them to take essential steps to guarantee continued access to care for beneficiaries who rely on the Kangaroo Joey e-Pump.

For additional information on this discontinuance, contact Cardinal Health Sales Representatives or Cardinal Health Customer Service at (800) 964-5227.

Nonopioid Therapies for Pain Management: Focus on Selected Anticonvulsants

*Compiled by
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College of Pharmacy
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Pain is a complex phenomenon influenced by multiple factors, including biologic, psychological, and social factors. This complexity means substantial heterogeneity exists in the effectiveness of various pain treatments, depending on the type of underlying pain or condition being treated. Patients might experience persistent pain that is not well controlled. Chronic pain often co-occurs with behavioral health conditions, including mental and substance use disorders. Patients with chronic pain also are at increased risk for suicidal ideation and behaviors. Data from death investigations in 18 states during 2003–2014 indicate that approximately 9% of suicide decedents had evidence of having chronic pain at the time of death; however, this is likely an underestimate because of the limitations of the underlying data sources used in the study. These factors and potentially harmful outcomes

with chronic pain for some persons add to the clinical complexity and underscore the importance of adequately treating and providing care to persons with pain. Thus, prevention, assessment, and treatment of pain is a persistent challenge for clinicians. Pain might go unrecognized, and some persons (e.g., members of marginalized racial and ethnic groups; women; older persons; persons with cognitive impairment; persons with mental and substance use disorders, sickle cell disease, or cancer-related pain; and persons at the end of life) can be at risk for inadequate pain treatment.

Because of the clinical, psychological, and social consequences associated with pain, including limitations in activities, lost work productivity, reduced quality of life, and pervasive stigma, it is essential that clinicians have the training, education, guidance, and resources to provide appropriate, holistic, and compassionate care for patients with pain. An important aim of managing pain is the provision of person-centered care built on trust between patients and clinicians. Such care includes appropriate evaluation to identify potentially reversible causes of pain and establish a diagnosis and measurable treatment outcomes that focus on optimizing function and quality of life. To achieve this aim, it is important that clinicians consider the full range of pharmacologic and nonpharmacologic treatments for pain care.

The underlying mechanism for most pain syndromes has traditionally been categorized as neuropathic (e.g., diabetic neuropathy and postherpetic neuralgia) or nociceptive (e.g., osteoarthritis and muscular back pain). More recently, nociplastic pain has been suggested as a third, distinct category of pain with augmented central nervous system pain and sensory processing and altered pain modulation as experienced in conditions such as fibromyalgia. The diagnosis and pathophysiologic mechanism of pain have implications for symptomatic pain treatment with medication.

Despite very limited evidence to support their long-term (>1 year) benefits, as most placebo-controlled trials have been <6 weeks in duration, for many years medications such as prescription opioids have been the mainstay to treat pain. However, evidence is limited for improved pain or function, or evidence exists of worse outcomes, with long-term use of opioids for several chronic pain conditions for which opioids are commonly prescribed, such as osteoarthritis, nonspecific low back pain, headache, and fibromyalgia. For neuropathic pain syndromes (e.g., diabetic neuropathy or postherpetic neuralgia), selected anticonvulsants are recommended as one of the nonopioid treatment options.

U.S. Food and Drug Administration (FDA)-Approved Pain-Related Indications for Selected Anticonvulsants	
Carbamazepine	<ul style="list-style-type: none"> • Treatment of trigeminal or glossopharyngeal neuralgia
Gabapentin	<ul style="list-style-type: none"> • Management of postherpetic neuralgia (PHN) in adults
Pregabalin	<ul style="list-style-type: none"> • Management of fibromyalgia (immediate-release only) • Management of neuropathic pain associated with diabetic peripheral neuropathy • Management of neuropathic pain associated with spinal cord injury (immediate-release only) • Management of postherpetic neuralgia

- Nonopioid drugs, including the anticonvulsants pregabalin or gabapentin, are associated with small to moderate improvements in chronic pain and function. Drug class–specific adverse events include sedation with anticonvulsants.
- Selected anticonvulsants (e.g., pregabalin, gabapentin enacarbil) are options that can be considered for neuropathic pain.
- Pregabalin and gabapentin enacarbil are associated with small improvements in neuropathic pain (mainly diabetic neuropathy and postherpetic neuralgia).
- Pregabalin is recommended for the treatment of fibromyalgia. In patients with fibromyalgia, multiple medications are associated with small to moderate improvements in pain, function, and quality of life, including the anticonvulsant pregabalin.
- Review of the patient’s history and context beyond the presenting pain syndrome is helpful in selection of pain treatments. In particular, medications should be used only after assessment and determination that expected benefits outweigh risks, considering patient-specific factors. For example, clinicians should consider fall risk when selecting and dosing potentially sedating medications like anticonvulsants.

Nonopioid Doesn’t Mean Without Risks

Several nonopioid pharmacologic therapies, including selected anticonvulsants, are used for painful symptoms in chronic pain conditions. Nonopioid pharmacologic therapies are associated with risks, particularly in older adults, pregnant patients, and patients with certain comorbidities such as cardiovascular, renal, gastrointestinal, and liver disease.

- Increases in nonserious adverse events have been found with anticonvulsants pregabalin (blurred vision, cognitive effects, sedation, weight gain, dizziness, and peripheral edema) and gabapentin (blurred vision, cognitive effects, sedation, and weight gain). Clinicians should review FDA-approved labeling, including boxed warnings, before initiating treatment with any pharmacologic therapy.

Combining Opioid with Nonopioid Therapies to Treat Pain

Depending on patient comorbidities and benefit-to-risk ratios in individual patients, combinations of medications (e.g., a nonopioid with an opioid medication) also might be used for conditions like neuropathic pain. In some cases, medication combinations might provide complementary or synergistic benefits and facilitate lower dosing of individual medications, as has been demonstrated in trials of patients with neuropathic pain.

However, this approach should be used with caution to avoid synergistic risks of medications. For example, combinations of medications that depress the central nervous system and cause sedation, such as an opioid with gabapentin, have been associated with increased risk for overdose compared with either medication alone.

Clinicians should consider whether benefits outweigh risks for concurrent use of opioids with other central nervous system depressants (e.g., potentially sedating anticonvulsant medications such as gabapentin and pregabalin).

- The clinical evidence reviews identified three observational studies that found an association between concurrent use of gabapentinoids and opioids versus opioids alone and increased risk for overdose, with higher risks at increased gabapentinoid doses.
- Clinicians should check Prescription Drug Management Programs (PDMPs) for concurrent controlled medications prescribed by other clinicians and should consider involving pharmacists as part of the management team when opioids are co-prescribed with other central nervous system depressants.
-

LA Medicaid Preferred Drug List (PDL)/Non-Preferred Drug List (NPDL)

[This version implemented July 1, 2024]

Anticonvulsants (partial list containing carbamazepine)

ANTICONVULSANTS (8)	Brivaracetam Solution, Tablet (Briviact®)	Carbamazepine ER Capsule (Equetro®)
*Request Form *Criteria *POS Edits	Cannabidiol Solution (Epidiolex®)	Carbamazepine Suspension (Generic; Tegretol®)
	Carbamazepine Chewable Tablet (Generic)	Carbamazepine Tablet (Tegretol®)
	Carbamazepine ER Capsule (Generic; Carbatrol®)	Clobazam Film (Sympazan®)
	Carbamazepine ER Tablet (AG; Generic; Tegretol® XR)	Clobazam Suspension, Tablet (Onfi®)
	Carbamazepine Tablet (Generic)	Clonazepam Tablet (Klonopin®)
	Cenobamate Daily Dose Pack, Tablet, Titration Pack (Xcopri®)	Divalproex Sodium DR Tablet, ER Tablet (Depakote®; Depakote® ER)
	Clobazam Suspension, Tablet (Generic)	Ethosuximide Capsule, Syrup (Zarontin®)
	Clonazepam ODT, Tablet (Generic)	Felbamate Suspension (Felbatol®)
	Diazepam Nasal Spray (Valtoco®)	Fenfluramine Solution (Fintepla®)
	Diazepam Rectal (AG; Diastat®)	Lacosamide ER Capsule (Motpoly XR™)

Neuropathic Pain (gabapentin, pregabalin)

PAIN MANAGEMENT (47)	Duloxetine Capsule (Generic for Cymbalta®)	Capsaicin/Skin Cleanser (Qutenza Kit®)
Neuropathic Pain	Gabapentin Capsule (Generic)	Duloxetine Capsule (Cymbalta®)
*Request Form *Criteria *POS Edits	Gabapentin Solution (AG; Generic)	Duloxetine Capsule (Generic for Irenka®)
	Gabapentin Tablet (Generic)	Duloxetine DR Capsule (Drizalma Sprinkle™)
	Lidocaine Patch (AG; Generic; Lidoderm®)	Gabapentin Capsule, Solution, Tablet (Neurontin®)
	Lidocaine Topical System (Zlido®)	Gabapentin Enacarbil Tablet (Horizant®)
	Milnacipran Tablet (Savella®)	Gabapentin ER Tablet (Gralise®)
	Milnacipran Tablet (Savella Dose Pak®)	Lidocaine Topical Patch (DermacinRx Lidocan™)
	Pregabalin Capsule (AG; Generic)	Pregabalin Capsule (Lyrica®)
	Pregabalin Solution (AG; Generic)	Pregabalin Solution (Lyrica®)
		Pregabalin ER Tablet (Generic; Lyrica CR®)

Please note: This list of preferred and non-preferred agents is current as of July 1, 2024. For the most recently updated version, visit [PDL.pdf \(la.gov\)](#)

Anticonvulsants and neuropathic pain agents are also subject to various point-of-sale (POS) edits. Selected agents have specific POS edits, such as age restrictions, concurrent use requirements, days' supply limits, quantity limits, and therapeutic duplication.

Anticonvulsants POS edits as of July 1, 2024

Anticonvulsants

POS Edits		
AL – Fycompa® (perampanel) is limited to use in recipients who are at least 4 years old. <i>The age limit may be overridden at the pharmacy POS after the dispensing pharmacist consults with the prescriber to verify necessity of prescribing perampanel for a child younger than 4 years of age.</i>		
BH – Additional behavioral-health related clinical information (trial of behavioral therapy, etc.) is required for carbamazepine (Equetro®) and clonazepam when requested for a behavioral health diagnosis for recipients who are younger than 7 years of age.		
BY – Pharmacy claims for selected anxiolytics, when submitted with a seizure-related diagnosis code will bypass the behavioral-health clinical authorization requirement, the restriction on concurrent use with opioids, and quantity limits. Bypass diagnosis codes can be found at THIS LINK .		
CU – Benzodiazepines are monitored at POS for concurrent use with opioids and buprenorphine-containing products. <ul style="list-style-type: none"> - Concurrent pharmacy claims for benzodiazepines and buprenorphine will deny. - Incoming benzodiazepine pharmacy claims will deny when the recipient has an active prescription (a prescription in which the days' supply has not expired) for an opioid. 		
MD – Selected agents have a maximum daily dose as listed in the chart to the right.	Generic (Brand Example)	Maximum Daily Dose
	Clobazam (Onfi®, Sympazan®)	40mg per day
	Eslicarbazepine (Aptiom®)	1600mg per day
PU – For Epidiolex®, the pharmacy POS system verifies that there has been a paid claim in the previous 365 days for AT LEAST TWO of the following agents [brand/generic or preferred/non-preferred]: <ul style="list-style-type: none"> - Clobazam - Felbamate 		

Neuropathic Pain POS edits as of July 1, 2024

Pain Management – Neuropathic Pain

POS Edits
No additional POS edits apply on all EXCEPT duloxetine and lidocaine patch.

References:

Carbamazepine Oral. Drug Facts and Comparisons. Facts and Comparisons. UpToDate Inc.
<https://fco.factsandcomparisons.com>. Accessed August 2, 2024

[CDC Clinical Practice Guideline for Prescribing Opioids for Pain — United States, 2022](#)

Gabapentin Oral. Drug Facts and Comparisons. Facts and Comparisons. UpToDate Inc.
<https://fco.factsandcomparisons.com>. Accessed August 2, 2024

[PDL.pdf \(la.gov\)](#)

Pregabalin Oral. Drug Facts and Comparisons. Facts and Comparisons. UpToDate Inc.
<https://fco.factsandcomparisons.com>. Accessed August 2, 2024

In the Spotlight: Medicaid Estate Recovery



What is the estate recovery law?

After the death of a person who received Title XIX funded medical assistance (Medicaid) for long-term care (LTC) services, home and community based services (HCBS), and related hospital and prescription drug services after the age of 55, federal law requires that the Louisiana Department of Health (LDH) seek recovery from the assets of his/her estate as repayment.

NOTE: Breast pumps that are designed for single use, operated manually, and hospital-grade are still not eligible for coverage.

The Electric Breast Pump Request Form can be easily filled out by downloading the PDF from www.lamedicaid.com, specifically under “Forms, Files, and User Manuals.” Once completed, DME providers are required to submit the form along with the claim for medical review.



Estate recovery is mandated by:

- Federal law - [Section 1917b of Title XIX of the Social Security Act \(42 U.S.C. 1396P\)](#)
- Code of Federal Regulations (CFR) - [42 CFR 433.36](#)
- Louisiana law - [LSA R.S. 46:153.4](#)
- Louisiana Administrative Code (LAC) - [LAC Title 50: Part I, Subpart 9.Recovery](#)
- Louisiana Medicaid State Plan - [LA Medicaid State Plan Section 4.17 and Attachment 4.17a](#)

What is an estate?

An estate is defined in LAC Title 50: Part 1, Subpart 9 Recovery as “the gross total of all assets owned by the deceased at death as determined by Louisiana succession law, and any interest in any property.

Who is affected?

Estate recovery affects deceased Louisiana Medicaid recipients who received LTC, HCBS, and related hospital and prescription drug services (including PACE) after age 55. **Heirs of such recipients may also be affected, and may become personally liable to the Medicaid program to the extent that they receive assets of the Estate without first contacting LDH and ensuring that LDH receives its allowed recovery from the Estate.**

Who can help answer estate recovery questions?

LDH's Recovery and Premium Assistance Unit will assist with questions and can be reached at:

Phone: (225) 342-8662	Email: Medicaid.TraumaEstateRecovery@la.gov
Fax: (225) 342-1376	Mail: P.O. Box 3558, Baton Rouge, LA 70821-3558

LDH can only provide general information about the estate recovery process and cannot advise you on succession law. If you have any questions in that regard, please seek legal counsel.

Carrier Code Management (CCM) Update

Beginning September 9, 2024, the Louisiana (LDH)/Gainwell Technologies (GWT)-HMS Third Party Liability (TPL) Portal will be accessible to providers and State partners, such as managed care entities (MCEs), enabling authorized users to submit requests for the addition of new Carrier Codes and to download a list of currently active LDH Carrier Codes.

Requests to change or modify an existing Carrier Code should be sent via email to lacarriercode@gainwelltechnologies.com.

Requesting Credentials

The TPL Portal has been integrated with the Provider Portal on [lamedicaid.com](https://www.lamedicaid.com). Users can now log into the TPL Portal using their current [Medicaid Provider Portal](#) credentials. As a result, individuals with a Provider ID, NPI, Log-In ID, and Password for the Provider Portal can skip the “Requesting Credentials” section and proceed directly to the “Logging into the TPL Portal” section.

Link to the [lamedicaid.com](https://www.lamedicaid.com) Provider Portal: <https://www.lamedicaid.com/account/login.aspx>

Users without an existing account for the Provider Portal on [lamedicaid.com](https://www.lamedicaid.com) may obtain credentials by submitting a request through the Provider Enrollment section of the website (https://www.lamedicaid.com/provweb1/Provider_Enrollment/newenrollments.htm)

If you experience any issue with your credentials or logging in to the TPL Portal, please contact the Gainwell Helpdesk by calling 844-715-4357.

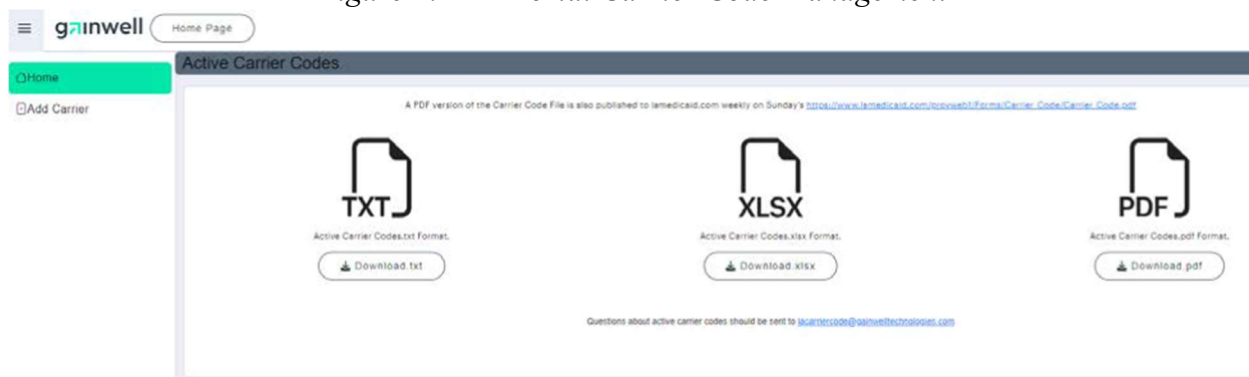
Logging In

The TPL Portal can be found using the following URL: <https://tplportal.hms.com/?ClientCd=LA>

Once logged in, users can navigate to the Carrier Code Management Module. The options presented are to:

- **Download Active Carrier Codes list.** (See figure 1) File types offered are:
 - Text file,
 - Excel spreadsheet, and
 - Portable Document Format.

Figure 1: TPL Portal Carrier Code Management



- **Add Carrier Code** (located in left navigation bar)

When requesting the addition of a new Carrier Code, it is important to first make sure the Carrier Code is not already on the Carrier Code File. Please be sure to look for the Carrier Code by name and/or address. If Gainwell LA Carrier Code Management determines the Carrier Code already exists, the request to add the new carrier code will be denied. In addition, all email communication with individuals who request a new carrier code be added will be done via the Gainwell LA Carrier Code Management group email address: lacarriercode@gainwelltechnologies.com.


Once a request is submitted, an email containing the details of the request is sent to Gainwell LA Carrier Code Management to do research and determine if the Carrier Code should be added. The user will receive an email with the status of the request, either confirming the addition of the Carrier Code, or a reason why the Carrier Code could not be added.

For additional information on logging in to the TPL Portal, requesting credentials or Carrier Code management, please refer to the user manual that is available on the [LDH website](#).



HEAT-RELATED ILLNESSES

WHAT TO LOOK FOR	WHAT TO DO
HEAT STROKE	
<ul style="list-style-type: none"> • High body temperature (103°F or higher) • Hot, red, dry, or damp skin • Fast, strong pulse • Headache • Dizziness • Nausea • Confusion • Losing consciousness (passing out) 	<ul style="list-style-type: none"> • Call 911 right away-heat stroke is a medical emergency • Move the person to a cooler place • Help lower the person's temperature with cool cloths or a cool bath • Do not give the person anything to drink
HEAT EXHAUSTION	
<ul style="list-style-type: none"> • Heavy sweating • Cold, pale, and clammy skin • Fast, weak pulse • Nausea or vomiting • Muscle cramps • Tiredness or weakness • Dizziness • Headache • Fainting (passing out) 	<ul style="list-style-type: none"> • Move to a cool place • Loosen your clothes • Put cool, wet cloths on your body or take a cool bath • Sip water <p>Get medical help right away if:</p> <ul style="list-style-type: none"> • You are throwing up • Your symptoms get worse • Your symptoms last longer than 1 hour
HEAT CRAMPS	
<ul style="list-style-type: none"> • Heavy sweating during intense exercise • Muscle pain or spasms 	<ul style="list-style-type: none"> • Stop physical activity and move to a cool place • Drink water or a sports drink • Wait for cramps to go away before you do any more physical activity <p>Get medical help right away if:</p> <ul style="list-style-type: none"> • Cramps last longer than 1 hour • You're on a low-sodium diet • You have heart problems
SUNBURN	
<ul style="list-style-type: none"> • Painful, red, and warm skin • Blisters on the skin 	<ul style="list-style-type: none"> • Stay out of the sun until your sunburn heals • Put cool cloths on sunburned areas or take a cool bath • Put moisturizing lotion on sunburned areas • Do not break blisters
HEAT RASH	
<ul style="list-style-type: none"> • Red clusters of small blisters that look like pimples on the skin (usually on the neck, chest, groin, or in elbow creases) 	<ul style="list-style-type: none"> • Stay in a cool, dry place • Keep the rash dry • Use powder (like baby powder) to soothe the rash



Pharmacy Co-Payment Tier Changes

As of August 1, 2024, the copayment tiers for pharmacy claims under the Louisiana Medicaid Pharmacy program have been revised. Claims must be directed to Gainwell for Fee-for-Service (FFS) and to Magellan for all managed care organizations (MCOs), such as Aetna, AmeriHealth Caritas, Healthy Blue, Humana Healthy Horizons, Louisiana Healthcare Connections, and UnitedHealthcare.

Beneficiaries may be subject to a copayment unless they are exempt or are prescribed a medication that is exempt from copayments.

For further details and to view the updated copayment tiers for pharmacy claims, please click [here](#).



On the calendar in.... September 2024

WE WILL BE CLOSED ON
LABOR DAY



Monday, September 2

Blood Cancer Awareness Month

Childhood Cancer Awareness Month

Food Safety Education Month

Healthy Aging ® Month

National Atrial Fibrillation Awareness Month

National Childhood Obesity Awareness Month

National Cholesterol Education Month

National ITP (Platelet Disorder) Awareness Month

National Pediculosis Prevention Month/Head Lice Prevention Month

Weeks to Note:

Event	Date
National Suicide Prevention Week	September 8-14
National Folic Acid Awareness Week	September 8-14
Malnutrition Awareness Week	September 16-20
Fungal Disease Awareness Week	September 16-20
National Rehabilitation Awareness Week	September 18-24
Falls Prevention Awareness Week	September 23-27
Global ITP Awareness Week	September 23-27

Days to Note:

Event	Date
World Sexual Health Day	September 4
World Suicide Prevention Day	September 10
World Sepsis Day	September 13
National Celiac Disease Awareness Day	September 13
Get Ready for Flu Day	September 17
National HIV/AIDS and Aging Awareness Day	September 18
World Alzheimer's Day	September 21
World Lung Day	September 25
National Women's Health and Fitness Day	September 25
Mesothelioma Awareness Day	September 26
Sport Purple for Platelets Day	September 27
World Rabies Day	September 28
World Heart Day	September 29

1st day of Fall – September 22

National Recovery Month

National Sickle Cell Month

National Yoga Awareness Month

Newborn Screening Awareness Month

Ovarian Cancer Awareness Month

Pain Awareness Month

Polycystic Ovary Syndrome Month

Prostate Cancer Awareness Month

Sepsis Awareness Month

Sexual Health Awareness Month

Sports Eye Safety Awareness Month

World Alzheimer's Month

Transforming Maternal Health (TMaH) Model

LDH to Host Informational Sessions for CMS Maternal Health Funding Opportunity

The Louisiana Department of Health is seeking provider engagement, feedback and partnership regarding the state's upcoming Centers for Medicare and Medicaid Services (CMS) funding opportunity proposal that focuses on improving maternal health.

CMS recently announced the Notice of Funding Opportunity (NOFO) for its Transforming Maternal Health (TMaH) Model. Through TMaH, CMS intends to issue cooperative endeavor agreements to up to 15 state Medicaid agencies. Selected agencies will be eligible to receive up to \$17 million throughout a 10-year model implementation. LDH intends to submit a proposal to CMS for consideration as one of the state Medicaid agencies chosen to participate in the TMaH model. The submission deadline is September 20, 2024, with an anticipated announcement of awardees in mid-December. The grant will focus on three areas:

- Access, Infrastructure, and Workforce
- Quality Improvement and Safety
- Whole Person Care Delivery

The partnership between LDH, providers, and other stakeholders is essential to successfully implementing strategies to address these areas. Providers and stakeholders interested in improving maternal health outcomes in Louisiana are encouraged to attend one of [LDH's stakeholder meetings](#) to learn more about TMaH and its associated services.

The dates for the first two meetings are:

- **September 5, 2024, 12 pm to 1 pm – Advocates and Community Partners.** Attendees may include managed care entities, state public health departments, universities, community-based organizations (CBOs) and other non-clinical partners.
 - <https://zoom.us/j/96585472149>
 - Meeting ID: 965 8547 2149
- **September 9, 2024, 12 pm to 1 pm – Providers and Care Delivery Locations.** Attendees may include obstetrician-gynecologists (OB/GYNs), midwives, physicians, fetal medicine specialists, nurses, clinical and support staff, doulas, lactation consultants, perinatal community health workers (CHWs), hospitals, OB/GYN practices, safety net providers, Federally Qualified Health Centers, rural health clinics, Tribal sites, birth centers and other sites of care.
 - <https://zoom.us/j/93252336846>
 - Meeting ID: 932 5233 6846

During the meetings, LDH will outline the TMaH model, its requirements, any identified coverage gaps and proposed solutions for those gaps. Attendees can share feedback on the current draft proposal and offer suggestions for other activities they consider essential to include.

Feedback and Resources

Providers and other stakeholders can find details about the application development and submission on the TMaH web page [here](#). They can also visit the webpage to complete an online feedback form, share information concerns and ask questions. Feedback can also be submitted by email to OWHCH@la.gov.



Home Health – Recruitment and Retention Bonuses

Beginning September 1, 2024, the Louisiana Department of Health (LDH) has received authorization from the Centers for Medicare and Medicaid Services (CMS) to implement recruitment and retention bonuses in extended home health care.

How do nurses qualify?

Nurses are eligible to receive compensation by agreeing to provide at least 120 hours of extended home health services to individuals under the age of 21 each month.

Who submits the invoice so the nurse receives their bonus?

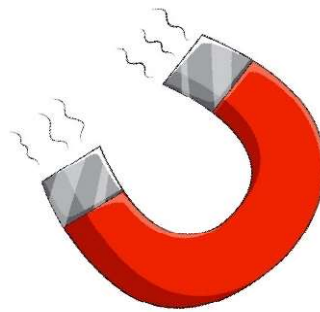
The home health agency that employs the nurse must submit a monthly invoice to LDH for payment each month. Furthermore, home health agencies will receive compensation for the additional administrative duties incurred.

How long will this program last?

The program is expected to conclude on December 2025.

Need more information?

Priscilla.Stevens@la.gov or Justin.Owens@la.gov.



Timeline and Training for Patient Liability Income (PLI) Changes

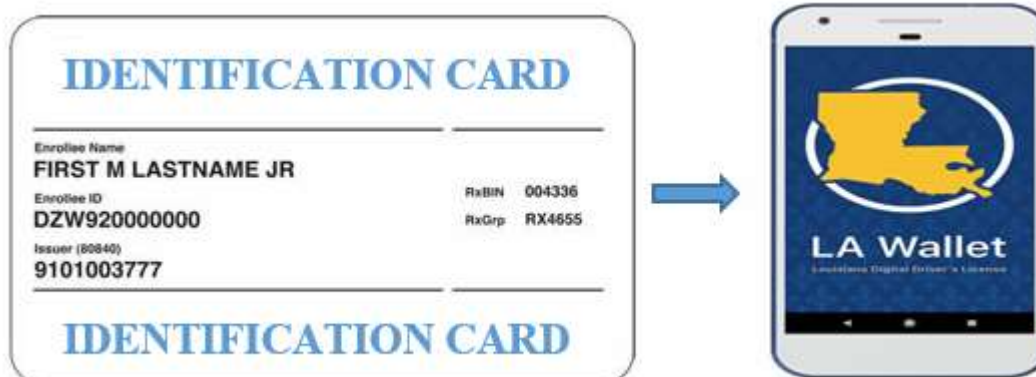


In August 2024, Louisiana Medicaid revised the methodology for calculating patient liability income (PLI) and adjusted the timelines for the application of these changes.

Louisiana Medicaid is conducting a phased-in implementation of these PLI changes. Provider onboarding will be staggered in three phases across August, September and October.

Additionally, facilities should rely on their designated Louisiana Medicaid analyst to provide one-on-one support during implementation and following onboarding. Your analyst will be available to answer questions or address any issues or concerns. You may also reach out to the long-term care unit director, Katie Andrepont, at Katie.E.Andrepont@la.gov.

Access Health Plan ID Cards Anytime with LA Wallet



Louisiana Medicaid members can easily access an electronic version of their Medicaid and health plan ID cards in the LA Wallet app, available in Apple and Google Play stores. The app updates daily to ensure members have the latest health coverage information.

To access information in LA Wallet, members need a valid driver's license, date of birth and social security number to look up information and access the ID card. Members also can access the health cards of all family members listed in their household. The app allows users to view both the front and back of their ID cards.

Provider Enrollment Portal Rebaseline



Louisiana Medicaid will soon be launching its Medicaid Provider Enrollment Rebaseline, with future rebaselines for new providers occurring every two months thereafter.

Rebaseline means new managed care organization (MCO) credentialed providers that have not enrolled with Louisiana Medicaid will receive an invitation letter to enroll through the web portal. The invitation letter will provide specific provider information along with detailed instructions needed for the enrollment process. **Providers that receive an enrollment invitation letter must enroll with Louisiana Medicaid to avoid impacts to claims processing. This includes admitting, ordering, referring and prescribing providers and out of state providers that have billed Louisiana Medicaid.**

For additional information, including frequently asked questions, recorded webinar presentations and manuals containing the individual and facility enrollment process, provider account registration and previous Louisiana Medicaid Enrollment notifications, visit www.ldh.la.gov/medicaidproviderenrollment.

Providers needing assistance with enrollment should contact Gainwell Technologies by emailing louisianaprovenroll@gainwelltechnologies.com or contacting 1 (833) 641-2140.



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Third Party Liability (TPL) Recovery

Federal regulations and applicable state laws require that third party resources be used before Medicaid is billed.

Third party refers to those payment resources available from both private and public health insurance and from other liable sources, such as liability and casualty insurance, that can be applied toward the Medicaid recipient's medical and health expenses. Providers should check the recipient's TPL segment to verify that the third party liability (TPL) codes are accurate according to the TPL listing and the name of the third party insurance carrier. (Gainwell Technologies conducts a full mailing of the TPL carrier codes at the beginning of every year. Updates to the full listings are completed in June or July.) If this code is not correct, the provider should instruct the recipient to contact his/her parish worker to correct the file, especially if the insurance has been canceled. Claims submitted for payment will deny unless the insurance coverage is noted on the claim with the appropriate TPL code or unless a letter explaining the cancellation of the insurance from the carrier is attached to the claim.

NOTE: The lack of a third party TPL code segment does not negate the provider's responsibility for asking the recipient if he/she has insurance coverage.

In most cases it is the provider's responsibility to bill the third-party carrier prior to billing Medicaid. In those situations where the insurance payment is received after Medicaid has been billed and has made payment, the provider must reimburse Medicaid, not the recipient. Reimbursement must be made **immediately** to comply with federal regulations.

TPL BILLING PROCEDURES

When billing Medicaid after receiving payment from a TPL (except Medicare), the provider must bill a hard copy claim. The six-digit carrier code from the TPL segment must be entered in the appropriate block and any payments received must also be entered as prior payments.

NOTE: The six-digit carrier code for Medicare (060100) is not needed to process Medicare crossover claims. In fact, including the Medicare carrier code on these claims may cause processing errors. In addition, providers should not indicate the amount paid by Medicare on their claim forms. The Medicare EOB should be attached to each claim form.

The EOB from the other insurance should be attached to the claim form and the **dates of service, procedure codes and total charges must match**, or the claim will deny. All Medicaid requirements, such as pre-certification or prior authorization, must be met before payment will be considered.

NOTE: Claims submitted where the billing information does not match the EOB should be sent to Provider Relations with a cover letter explaining the discrepancy. Such instances would include payment for dates not pre-certified by Medicaid and privately assigned procedure codes not recognized by Medicaid.

PAY AND CHASE

Louisiana Medicaid uses the "pay and chase" method of payment for **preventive pediatric care services and prescription drug services** for individuals with health insurance coverage. This means that most providers are not required to file health insurance claims with private carriers when the service meets the pay and chase criteria. The Bureau of Health Services Financing (BHSF) seeks recovery of insurance benefits from the carrier within 60 days after claim adjudication when the provider chooses not to pursue health insurance payments.

Service classes which do not require private health insurance claim filing by most providers are:

- Effective 04/01/2021 prenatal care claims will no longer be paid under pay and chase.
- Primary preventive pediatric care diagnoses are confined to those listed here: [Diagnosis Codes related to Preventive Pediatric Care Services](#). Individuals under age 21 qualify. **Hospitals are not included and must continue to file claims with the health insurance carriers.**
- EPSDT medical, vision, and hearing screening services.
- EPSDT dental services.
- EPSDT services to children with special needs (formerly referred to as school health services) which result from screening and are rendered by school boards.
- Services which are a result of an EPSDT referral, indicated by entering "Y" in block 24H of the HCFA-1500 claim form or "1" as a condition code on the UB-92 (form locators 24 - 30).
- Services for Medicaid eligibles whose health insurance is provided by an absent parent who is under the jurisdiction of the State Child Support Enforcement Agency are now subject to a “wait and see period” effective 04/01/2021. Wait and see is defined as payment of a claim only after documentation is attached to a hard copy claim and submitted to the state’s Fiscal Intermediary demonstrating that 100 days have elapsed since the provider billed the responsible third party and remains to be paid.

NOTE: Documentation requirements can be found at:

<https://ldh.la.gov/index.cfm/page/1734>

VOIDING ACCIDENT-RELATED CLAIMS FOR PROFIT

A provider who accepts Medicaid payment for an accident-related service or illness may not later void the Medicaid claim in order to pursue payment from an award or settlement with a liable third party. Federal regulations prohibit this practice. All providers enrolled in Louisiana's Medicaid Program are required to accept Medicaid payment as payment in full and not to seek additional payment for any unpaid portion of the bill.

OUTGOING MEDICAL RECORDS STAMP

Providers who furnish medical information to attorneys, insurers, or anyone else must obtain an ANNOTATION STAMP and must assure that all outgoing medical information bears the stamp, which notifies the receiver that services have been provided under Louisiana's Medicaid Program (see example below).

**Medicaid Provider No.
(7 digits)
(Optional Control Number)**

**Services have been provided under Louisiana's
Medicaid Program and are
payable under R.S. 46:446:1 to:**

**DHH Bureau of Health Services Financing
P. O. Box 91030
Baton Rouge, LA 70821-9030
ATTN: Third Party Liability Unit**

Any additional authorization needed may be obtained from DHH/BHSF's TPL Unit at (225) 342-8662.

TRAUMA DIAGNOSIS CODES

Providers are reminded to include the appropriate trauma diagnosis code when billing for accident-related injuries or illnesses. Provider cooperation is vital as trauma codes are used to help uncover instances of unreported third party liability.

THIRD PARTY LIABILITY RECOVERY UNIT

Providers with questions about medical services to Medicaid recipients involved in accidents with liable third parties, and providers wishing to refer information about Medicaid recipients involved in accidents with liable third parties may contact the DHH Third Party Liability/Medicaid Recovery Unit at **(225) 342-8662** or fax information to **(225) 342-1376**.

HEALTH MANAGEMENT ORGANIZATION TPL CODES

Providers must determine, prior to providing a service, which HMO the recipient belongs to and if the provider himself is approved through that particular HMO. (If the provider is not HMO approved, the recipient should be advised that he/she will be responsible for the bill and given the option of seeking treatment elsewhere.) Pharmacy claims will still be handled through the "pay and chase" process; however, claims denied by an HMO because the billing pharmacy was not HMO approved will be voided back to the billing pharmacy. Therefore, each pharmacist must determine to which HMO the recipient belongs and whether or not the pharmacy is HMO approved.

Questions regarding HMOs should be referred to the DHH Third Party/Medicaid Recovery unit, GHIPP Program at **(225) 342-8662**. The fax number is **(225) 342-1376**.

HMO AND MEDICAID COVERAGE

Louisiana Medicaid has adopted the following policy concerning HMO/Medicaid coverage based on HCFA clarification.

- **The recipient must use the services of the HMO which they freely choose to join.** These claims must be submitted hard copy with a copy of the HMO Explanation of Benefits from the carrier that is on file with the state;
- If the HMO denies the service because the service is not a covered service offered under the plan, the claim will be handled as a straight Medicaid claim and processed based on Medicaid policy and pricing;
- If the HMO denies the claim because the recipient sought medical care outside of the HMO network and without the HMO's authorization, Medicaid will deny the claim with a message that HMO services must be utilized, and;
- If the recipient uses out of network providers for emergency services and the HMO does not approve the claim, Medicaid will deny the claim with a similar edit.

If the provider of the service plans to file a claim with Medicaid, co-payments or any other payment cannot be accepted from the Medicaid recipient.

QUALIFIED MEDICARE BENEFICIARIES (QMBs)

QMBs are covered under the *Medicare Catastrophic Coverage Act of 1988*. This act expands Medicaid coverage and benefits for certain persons aged 65 years and older as well as disabled persons who are eligible for Medicare Hospital Insurance (Part A) benefits and who:

- Have incomes less than 90 percent of the federal poverty level
- Have countable resources worth less than twice the level allowed for Supplemental Security Income (SSI) applicants, and;
- Have the general nonfinancial requirements or conditions of eligibility for Medical Assistance, i.e., application filing, residency, citizenship, and assignments of rights.

Individuals under this program are referred to as Qualified Medicare Beneficiaries (QMBs). Two groups of Medicare/Medicaid eligibles are called "pure QMBs" and "dual QMBs." **Pure QMBs** are identified by the REVS and MEVS systems and **are eligible only for Medicaid payment of deductibles and coinsurance for all Medicare covered services**. They are not eligible for other types of Medicaid assistance.

Dual QMBs are individuals who are eligible for both Medicare and traditional types of Medicaid coverage (SSI, etc.). **Dual QMBs** are identified by the REVS and MEVS systems and are **eligible for Medicaid payment of deductibles and coinsurance for all Medicare covered services as well as for payment for Medicaid covered services**.

In addition, for those persons who are eligible for Part A premium, but must pay for their own premiums, the State will now pay for their Part A premium, if they qualify as a QMB. The State will continue to also "buy-in" for Part B (medical insurance) benefits under Medicare for this segment of the population.

MEDICARE CROSSOVER CLAIMS

If problems occur with Medicare claims crossing over electronically, please follow the steps listed below:

If your Medicare/Medicaid claims are not crossing electronically, please call Gainwell Technologies Provider Relations at **(800) 473-2783** or **(225) 924-5040**. Be very specific with your inquiry. You should indicate whether **all** of your claims are not crossing over or only claims for certain recipients. Were the claims crossing over previously and suddenly stopped crossing, or is this an ongoing problem? The more information you can provide, the better. The Gainwell Technologies representative will check certain pieces of information against the provider and/or recipient files to determine if an identifiable file error exists. If a file update is required, the Gainwell Technologies representative will route this information to Gainwell Technologies Provider Enrollment to correct the Medicaid file. If a problem cannot be identified, you may be referred to the DHH Third Party Liability Unit for further assistance.

If you are not certain that you have supplied your Medicare provider number(s) to Gainwell Technologies Provider Enrollment, please contact this unit at **(225) 923-8510** for instructions to have your Medicare provider number(s) loaded correctly on your Medicaid provider file. Many Medicare providers have a primary provider number and one or more secondary provider numbers linked to this primary number. **Claims will cross over electronically ONLY if the Medicare provider number(s) is cross-referenced to the Medicaid provider number.** If any or all of your Medicare provider numbers have not been reported to Gainwell Technologies Provider Enrollment, please do so **immediately**.

Medicare adjusted claims do not automatically cross over. Providers must submit Medicaid adjustments hard copy with the original Medicare EOB and the Medicare adjustment EOB attached for corrected payment.

Providers are responsible for verifying on the Medicaid Remittance Advice that all Medicare payments have successfully crossed over. If Medicare makes a payment which is not adjudicated by Medicaid within 30 days of the Medicare EOB date, you should submit your crossover claim hard copy with the Medicare EOB attached. All timely filing requirements must be met even if a claim fails to cross over.

MEDICARE HMO CROSSOVERS

The Bureau of Health Services Financing (BHSF) is working with all HMO Medicare replacement plans to resolve outstanding and future Medicare HMO crossover claims. All payments, both past and future, will be made directly to the Medicare HMO. Questions and concerns should be addressed to the Medicare HMO involved.

TPL AND ELIGIBILITY REMINDERS

Many services covered under the Louisiana Medicaid Program require some form of prior authorization, pre-certification, or extension request. Please remember that authorization of services does not override any other Medicaid Program policy and does not guarantee payment of the claim. This includes, but is not limited to, the following examples:

- If a recipient is Medicare eligible, an authorization does not override the fact that the claim must be submitted to Medicare for consideration prior to being submitted to Medicaid. Please be aware of this fact when submitting your claims for processing.
- If a recipient is eligible for other insurance, a prior authorization or pre-certification does not override the fact that the claim must be submitted to the other insurance for consideration prior to being submitted to Medicaid.
- Likewise, other insurance coverage does not negate the need for prior authorization or pre-certification if the provider intends to bill Medicaid secondary.
- If a recipient is not eligible for services on the specified date of service, an authorization does not override ineligibility, and the claim will not be paid.

If You Wish to Submit an Estate Recovery Request, You Can Create a New Account or Use an Existing Account by Clicking *Estate Recovery Login* button on the left

If You Wish to Submit a Trauma Recovery Request, You Can Create a New Account or Use an Existing Account by Clicking *Trauma Recovery Login* button on the left

[Medicaid](#) | [Department of Health](#) | [State of Louisiana](#) | [TPL Recovery \(lamedicaid.com\)](#)



Provider to Provider Consultation Line



PPCL

PROVIDER TO PROVIDER CONSULTATION LINE
Pediatric and Perinatal Mental Health Support

The Louisiana Provider-to-Provider Consultation Line (PPCL) is a no-cost provider-to-provider telephone consultation and education program to help pediatric and perinatal health care providers address their patients' behavioral and mental health needs.

How Does PPCL Work?

- Mental Health Consultants are available 8:00 am to 4:30 PM, Monday through Friday.
- Speak to a Resource Specialist for resource and referral information.
- For clinical questions, including questions regarding psychiatric medications, you will be connected with a psychiatrist.
- Receive a written summary of your consultation.
- We can also connect with you via telehealth, e-mail, or submitted [requests by clicking here](#)

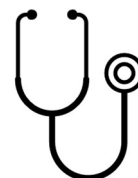
Call us at (833)721-2881 or email us at ppcl@la.gov.

Stay connected! It takes about 2 minutes to [enroll in PPCL](#). Enrolling helps us contact you, ensures we have the data our funder (HRSA) needs, and gives us information about what our partners need.

Missed our presentations? Click on the links to view our [Perinatal Mental Health webinars](#) or the [Pediatric Mental Health TeleECHO recordings](#).

Website and Resources:

Check out our Web site [here](#) and share with colleagues. We look forward to hearing from you soon!





Remittance Advice Corner

Transcranial Magnetic Stimulation

Effective August 2, 2024, Louisiana Medicaid covers Transcranial Magnetic Stimulation (TMS) in accordance with FDA approval for major depression only.

TMS is a noninvasive method of delivering electrical stimulation to the brain. A magnetic field is delivered through the skull, where it induces electric currents that affect neuronal function. TMS can be performed in an office setting as it does not require anesthesia and does not induce a convulsion.

TMS is considered medically necessary when ALL the following criteria are met:

- 1) Member is 18 years of age or older; AND
- 2) Diagnosis of major depressive disorder (DSM 5 diagnostic terminology); AND
- 3) Failure of a full course of evidence-based psychotherapy, such as cognitive behavioral therapy for the current depressive episode; AND
- 4) Failure or intolerance to psychopharmacologic agents, choose ONE of the following:
- 5) Failure of psychopharmacologic agents, BOTH of the following:
- 6) Lack of clinically significant response in the current depressive episode to four trials of agents from at least two different agent classes; AND
- 7) At least two of the treatment trials were administered as an adequate course of mono- or poly-drug therapy with antidepressants, involving standard therapeutic doses of at least 6 weeks duration.

The member is unable to take anti-depressants due to ONE of the following:

- 1) Drug interactions with medically necessary medications; OR
- 2) Inability to tolerate psychopharmacologic agents, as evidenced by trials of four such agents with distinct side effects in the current episode; AND
- 3) No contraindications to TMS are present (see section on contraindications); AND
- 4) Electroconvulsive therapy has previously been attempted, is medically contraindicated, or has been offered and declined by the member.

Questions regarding this message and Fee-For-Service claims are to be directed to Gainwell Technologies Provider Relations at (800) 473-2783 or (225) 924-5040.

Screening Mammography

Effective June 1, 2024, Louisiana Medicaid allows payment for one screening mammogram (either film or digital) per calendar year for beneficiaries meeting one or more of the following criteria:

- Any woman age 30 or older with hereditary susceptibility from pathogenic mutation carrier status or prior chest wall radiation.
- Provider recommendation for any woman 35 years of age or older with a predicted lifetime risk greater than twenty percent.
- Any woman who is 35 through 39 years of age. Please Note: Only one baseline mammogram allowable between this age range for beneficiaries not meeting other criteria.
- Any woman who is 40 years of age or older.

Questions regarding this message and Fee-For-Service claims are to be directed to Gainwell Technologies Provider Relations at (800) 473-2783 or (225) 924-5040.

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)
Professional Services	<ul style="list-style-type: none"> • Section 5.1 – Covered Services – Abortion • Section 5.1 – Covered Services – Advanced Practice Registered Nurses • Section 5.1 – Covered Services – After Hours Care on Evenings, Weekends, and Holidays • Section 5.1 – Covered Services – Allergy Testing and Immunology • Section 5.1 – Covered Services – Ambulatory Surgical Centers • Section 5.1 – Covered Services – Anesthesia • Section 5.1 – Covered Services – Audiology • Section 5.1 – Covered Services – Bariatric Surgery • Section 5.1 – Covered Services – Breast Surgery • Section 5.1 – Covered Services – Cardiovascular Services 	08/09/24
	<ul style="list-style-type: none"> • Section 5.1 – Covered Services – Chiropractic Services • Section 5.1 – Covered Services – Cochlear Implants • Section 5.1 – Covered Services – Community Health Workers • Section 5.1 – Covered Services – Diabetes Self-Management Training • Section 5.1 – Covered Services – Electronic Health Records • Section 5.1 – Covered Services – Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) – Well Child Visits • Section 5.1 – Covered Services – End Stage Renal Disease (ESRD) • Section 5.1 – Covered Services – Eye Care and Vision Services • Section 5.1 – Covered Services – Genetic Testing and Counseling • Section 5.1 – Covered Services – Global Surgery Period 	08/12/24
	<ul style="list-style-type: none"> • Section 5.1 – Covered Services – Gynecology • Section 5.1 – Covered Services – Hyperbaric Oxygen Therapy 	08/13/24

	<ul style="list-style-type: none"> • Section 5.1 – Covered Services – Immunizations • Section 5.1 – Covered Services – Intrathecal Baclofen Therapy • Section 5.1 – Covered Services – Laboratory and Radiology Services • Section 5.1 – Covered Services – Medical Review • Section 5.1 – Covered Services – Modifiers • Section 5.1 – Covered Services – Newborn Care and Discharge • Section 5.1 – Covered Services – Obstetrics • Section 5.1 – Covered Services – Oral Maxillofacial Surgery 	
	<ul style="list-style-type: none"> • Section 5.1 – Covered Services – Organ Transplants • Section 5.1 – Covered Services – Papanicolaou Testing for Cervical Cancer • Section 5.1 – Covered Services – Pediatric Critical Care Transport • Section 5.1 – Covered Services – Pharmacy Services • Section 5.1 – Covered Services – Physician Assistants • Section 5.1 – Covered Services – Physician Administered Drugs • Section 5.1 – Covered Services – Physician Supplemental Payments • Section 5.1 – Covered Services – Preventive Services (Adult) • Section 5.1 – Covered Services – Prior Authorization (PA) • Section 5.1 – Covered Services – Professional Fee Schedule 	08/14/24
	<ul style="list-style-type: none"> • Section 5.1 – Covered Services – Prohibited and Non-Covered Services • Section 5.1 – Covered Services – Public Health Surveillance Mandates • Section 5.1 – Covered Services – Radiopharmaceutical Diagnostic Imaging Agents • Section 5.1 – Covered Services – Routine Care Provided to Beneficiaries Participating in Clinical Trials 	08/15/24

	<ul style="list-style-type: none"> • Section 5.1 – Covered Services – Same-Day Outpatient Visits • Section 5.1 – Covered Services – Sinus Procedures • Section 5.1 – Covered Services – Skin Substitutes • Section 5.1 – Covered Services – Substitute Physician Billing • Section 5.1 – Covered Services – Take Charge Plus • Section 5.1 – Covered Services – Third Party Liability <ul style="list-style-type: none"> • Section 5.1 – Covered Services – Vaccines for Children and Louisiana Immunization Network for Kids • Section 5.1 – Covered Services – Vagus Nerve Stimulator • Appendix A – Contact Information • Appendix B – Forms • Appendix C – Restricted Podiatry Codes • Appendix D – Reserved • Appendix E – Claims Related Information • Appendix G – Podiatry Codes 	08/16/24
Durable Medical Equipment (DME)	<ul style="list-style-type: none"> • Section 18.1 – Services and Limitations 	08/02/24
Federally Qualified Health Centers (FQHC)	<ul style="list-style-type: none"> • Section 22.1 – Covered Services 	08/13/24
Home Health	<ul style="list-style-type: none"> • Section 23.6 – Claims Related Information 	08/21/24
Rural Health Clinics (RHC)	<ul style="list-style-type: none"> • Section 40.1 – Covered Services 	08/13/24



Medicaid Public Notice and Comment Procedure

In accordance with La. R.S. 46:460.51, *et seq.*, prior to adopting, approving, amending, or implementing certain policies or procedures. This requirement applies to managed care policies and procedures, systems guidance impacting edits and payment, and Medicaid provider manuals.

Proposed policy or procedure will be published on the LDH website for the purpose of soliciting public comments for a period of 45 days, unless the change(s) are deemed of imminent peril to the public health, safety, or welfare and requires immediate approval.

Refer to the link below the table containing changes to the provider services manual that are open for public comment.

- Louisiana Medicaid (Title XIX) State Plan and Amendments
- Louisiana Medicaid Administrative Rulemaking Activity
- Medicaid Provider Manuals
- Contract Amendments
- Managed Care Policies and Procedures
- Demonstrations and Waivers

<http://www.ldh.la.gov/index.cfm/page/3616>

Louisiana Medicaid Updates and Authorities

Keeping you informed

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](#)

The mission of the Louisiana Department of Health is to protect and promote health and to ensure access to medical, preventive and rehabilitative services for all residents of the state of Louisiana.

LDH is committed to the highest standards of conducting its affairs in full compliance with state and federal laws, regulations and policies. To report fraud, or other violations of federal and state laws and regulations or violations of LDH policies, send an email to LDHreportfraud@la.gov or call the Internal Audit Unit at (225) 342-7498. When making a report, particularly if you choose to remain anonymous, please provide as much information about the alleged activity as possible. Try to answer the questions of Who, What, When, Where and How.

The mission of the Louisiana Department of Health is to protect and promote health and to ensure access to medical, preventive and rehabilitative services for all residents of the state of Louisiana.

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



- 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>

We are here! Directions, map, and parking information



Directions, Map, and Instructions
Louisiana Department of Health and Hospitals
Bienville Building
628 North 4th Street
Baton Rouge, LA 70802

Directions From Lafayette

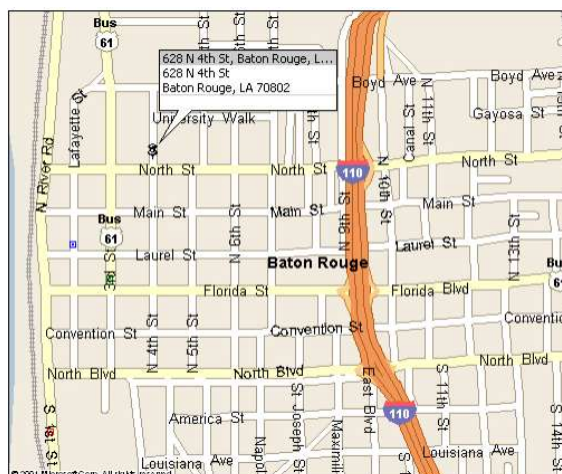
Take I-10 East to Baton Rouge.
At I-10 Exit 155B turn onto ramp that merges onto I-110 North.
Take the North Street exit on your left.
Continue down North Street to Bienville Building at the corner of North and 4th Streets.

Directions From New Orleans

Take I-10 West from New Orleans to Baton Rouge.
At I-10/I-110 Exit, merge onto I-110 North.
Take the North Street exit on your left.
Continue down North Street to Bienville Building at the corner of North and 4th Streets.

Directions From North Baton Rouge

Take I-110 South.
After passing Capitol Access Road exit, take North 9th Street exit.
Follow service road alongside interstate.
Turn right on North Street.
Continue down North Street to Bienville Building at the corner of North and 4th Streets.



Parking Options:

Galvez Parking Garage

504 North 5th Street

Baton Rouge, LA 70802

Located at the corner of North and 5th Streets.

(Know your License Plate Number for Validation purposes)

Do not back into parking spaces and do not park in any of the reserved spaces.

Other Parking Options:

There is street parking around the Bienville Building available and costs \$0.25 every 15 minutes and can be paid several ways, including the [Flowbird USA app](#), kiosks located on every block, and signs with QR codes and texting options throughout the downtown area. Please note that there is a maximum limit of 2 hours daily to park on the street.

Checking In and Parking Validation Procedures:

You will need to proceed to the Bienville Building Front Security Desk to:

Check In and Receive Visitor Identification Badge

- Once at the desk, please let the security guard know you are here to attend a meeting with **<name and phone #>** and the security guard will contact **<me/us>** to come down to escort you up to the meeting.
- You are then required to provide official government issued identification to obtain a visitor identification badge.
- Once the above has been completed please wait in the main lobby for your escort.

Validate your Parking in the Galvez Parking Garage

- ***Please note that you only have 30 minutes from parking to validate or a citation will be issued.***
- You will need to use your cellular phone and scan the QR code by the Bienville Building Front Security Desk.
- Enter the passcode (ask the security guard for the password).
- Enter your license plate number.
- Once complete a green check will show on your screen to confirm validation for 12 hours.



For Information or Assistance, Call Us!



General Medicaid Eligibility Hotline
1-888-342-6207

Provider Relations
1-800-473-2783

(225) 294-5040
[Medicaid Provider Website](#)

Prior Authorization:
Home Health/EPSTD – PCS – Dental
1-800-807-1320
1-855-702-6262
[MCNA Provider Portal](#)

DME and All Other
1-800-488-6334
(225) 928-5263

Hospital Pre-Certification
1-800-877-0666

REVS Line
1-800-776-6323
(225) 216-(REVS)7387
[REVS Website](#)

Medicare Savings
1-888-544-7996
[Medicare Provider Website](#)

Point of Sale Help Desk
1-800-648-0790
(225) 216-6381

MMIS Claims Processing Resolution Unit
(225) 342-3855
MMISClaims@la.gov
[MMIS Claims Reimbursement](#)

MMIS/Recipient Retroactive Reimbursement
(225) 342-1739
1-866-640-3905
Medicaid.RecipientReimbursement@LA.gov
[MMIS Claims Reimbursement](#)

MES Long Term Care Claims Resolution Unit
MESLTCClaims@LA.gov

For Hearing Impaired
1-877-544-9544

Pharmacy Hotline
1-800-437-9101
[Medicaid Pharmacy Benefits](#)

Medicaid Fraud Hotline
1-800-488-2917
[Report Medicaid Fraud](#)