Louisiana Medicaid | Provider UPDATE

Volume 40, Issue 10 | October 2024

Welcome

Welcome to the **Louisiana Medicaid Provider Update** newsletter.

We hope the October edition provides you with important and beneficial information about the Louisiana Medicaid program.

We appreciate all you do to help provide better health care to the residents in our state and we value your commitment to serving the Medicaid population. Thank you for your continued commitment to Louisiana's Medicaid population.

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LDH HEALTH ADVISORY: OROPOUCHE

This is an official

LDH HEALTH ADVISORY

The Louisiana Department of Health (LDH) is issuing this Health Alert Network (HAN) Health Advisory to alert clinicians **of an increase in Oropouche virus disease in the Americas region**, originating from endemic areas in the Amazon basin and new areas in South America and the Caribbean.

Between January 1 and August 1, 2024, more than 8,000 cases of Oropouche virus disease were reported, including **two deaths and five cases of vertical transmission associated with fetal death or congenital abnormalities**. Countries reporting cases include Brazil, Bolivia, Peru, Colombia, and Cuba.

In the United States and Europe in 2024, **travel-associated cases have been identified in travelers returning from Cuba and Brazil**. As testing and surveillance for Oropouche virus disease increase in the Americas, reports of cases from additional countries are expected. This Health Advisory advises on evaluating and testing travelers who have been in impacted areas with signs and symptoms consistent with Oropouche virus infection. It also raises awareness of the **possible risk of vertical transmission (e.g., from gestational parent to fetus during pregnancy)** and associated adverse effects on pregnancy and highlights prevention measures to mitigate additional spread of the virus and potential importation into unaffected areas, including the United States.

Summary for healthcare providers:

Diagnosis, consultation, and treatment

Consider Oropouche virus infection in a patient who has been in an area with documented or suspected Oropouche virus circulation within 2 weeks of initial symptom onset (as patients may experience recurrent symptoms), and the following:

- Abrupt onset of reported **fever, headache, and one or more of the following: myalgia, arthralgia, photophobia, retroorbital/eye pain, or signs and symptoms of neuroinvasive disease** (e.g., stiff neck, altered mental status, seizures, limb weakness, or cerebrospinal fluid pleocytosis); AND
- No respiratory symptoms (e.g., cough, rhinorrhea, shortness of breath); AND
- Tested negative for other possible diseases, in particular dengue.
    - Rule out dengue virus infection in travelers with suspect Oropouche virus infection because these viruses often cocirculate and cause similar clinical presentations during acute illness.
    - If strong suspicion of Oropouche virus disease exists based on the patient's clinical features and history of travel to an area with virus circulation, **do not wait for negative testing for other infections before contacting the LDH Infectious Disease Epidemiology (IDEpi) clinician 27/7 hotline: 800-256-2748.**
        - **Diagnostic testing for Oropouche virus is not available through commercial laboratories.**
        - IDEpi epidemiologists will facilitate specimen submission to CDC for patients with suspected Oropouche virus infection.
- Be aware that a high proportion of patients (about 70%) with Oropouche virus disease may experience recurrent symptoms days to weeks after resolution of their initial illness.
- **Be aware of the risk of vertical transmission and possible adverse impacts on the fetus, including fetal death or congenital abnormalities.** Monitor pregnancies in people with laboratory evidence of Oropouche virus infection and provide thorough infant evaluations.
- **Pregnant people are currently recommended to reconsider non-essential travel to areas with an Oropouche virus Level 2 Travel Health Notice.** If a pregnant person decides to travel, inform them of the possible risks to the fetus and counsel them to strictly prevent insect bites during travel.
- Manage travelers with suspect Oropouche virus disease with acetaminophen as the preferred first-line treatment for fever and pain. Aspirin and other NSAIDS should not be used to reduce the risk of hemorrhage.
- Be aware that people who may be at higher risk for complications or severe disease include pregnant people, older adults (e.g., aged 65 years or older), and people with underlying medical conditions (e.g., immune suppression, hypertension, diabetes, or cardiovascular disease).
- Direct all travelers going to areas with Oropouche virus transmission to use measures to prevent insect bites during travel and for 3 weeks after travel to mitigate additional spread of the virus and potential importation into unaffected areas in the United States.

Clinician reporting

Report all suspected Oropouche virus disease infections to the LDH IDEpi 24/7 clinician hotline: 800-256-2748.

Additional Information for healthcare providers:
Oropouche virus belongs to the Simbu serogroup of the genus Orthobunyavirus in the Peribunyaviridae family. The virus was first detected in 1955 in Trinidad and Tobago and is endemic in the Amazon basin. Previous outbreaks have been described in Bolivia, Brazil, Colombia, Ecuador, French Guiana, Panama, and Peru. One child was infected in Haiti in 2014. The current 2024 outbreak is occurring in endemic areas and new areas outside the Amazon basin; countries reporting locally acquired (autochthonous) cases include Brazil, Bolivia, Peru, Colombia, and Cuba. Although travel-associated cases have been identified in the United States (n=21, none in Louisiana), no evidence of local transmission currently exists within the United States or its territories.

Sylvatic (enzootic) transmission of Oropouche virus occurs in forested areas between mosquitoes and non-human vertebrate hosts (e.g., sloths, non-human primates, domestic and wild birds, and rodents). Humans can become infected while visiting forested areas and are likely responsible for introducing the virus into urban environments. Humans contribute to the transmission cycle in urban environments since infected humans develop sufficient viremia to serve as amplifying hosts. Biting midges (Culicoides paraensis) and possibly certain mosquitoes (Culex quinquefasciatus) are responsible for transmitting the virus from an infected person to an uninfected person in urban areas.

Approximately 60% of people infected with Oropouche virus become symptomatic. The incubation period is typically 3–10 days. Initial clinical presentation is similar to diseases caused by dengue, Zika, and chikungunya viruses, with acute onset of fever, chills, headache, myalgia, and arthralgia. Other symptoms can include retroorbital (eye) pain, photophobia (light sensitivity), nausea, vomiting, diarrhea, fatigue, maculopapular rash, conjunctival injection, and abdominal pain. Clinical laboratory findings can include lymphopenia and leukopenia, elevated C-reactive protein (CRP), and slightly elevated liver enzymes. Initial symptoms typically resolve after a few days, but a high proportion (about 70%) experience recurrent symptoms days to weeks after resolution of their initial illness. Although illness is typically mild, it is estimated less than 5% of patients can develop hemorrhagic manifestations (e.g., epistaxis, gingival bleeding, melena, menorrhagia, petechiae) or neuroinvasive disease (e.g., meningitis, meningoencephalitis). Neuroinvasive disease symptoms may include intense occipital pain, dizziness, confusion, lethargy, photophobia, nausea, vomiting, nuchal rigidity, and nystagmus. Clinical laboratory findings for patients with neuroinvasive disease include pleocytosis and elevated protein in cerebrospinal fluid (CSF).

The risk factors for more severe Oropouche virus disease are not well-defined. People at risk for more severe disease likely include those at risk for severe disease with other viral infections transmitted by vectors (e.g., people aged 65 years or older, or those with underlying medical conditions, such as immune suppression, hypertension, diabetes, or cardiovascular disease). Earlier this year, Brazil reported two deaths in otherwise healthy non-pregnant women, and five cases in pregnant people with evidence of vertical transmission of the virus to the fetus associated with fetal death or congenital abnormalities, including microcephaly. This was the first report of deaths and Oropouche virus vertical transmission and associated adverse birth outcomes.

Laboratory diagnosis is generally accomplished by testing serum. Cerebrospinal fluid can also be tested in patients with signs and symptoms of neuroinvasive disease. Diagnostic testing is available at some public health laboratories (e.g., Wadsworth Center, NYS Department of Health) and at CDC. CDC and other public health laboratories are currently working to validate additional diagnostic assays. For current testing and case reporting guidance, visit CDC's website. In many countries, outbreaks of dengue are occurring in areas with reported Oropouche virus transmission. For patients with suspected Oropouche virus disease, it is important to rule out dengue virus infection because proper clinical management of dengue can improve health outcomes. Other diagnostic considerations include chikungunya, Zika, leptospirosis, malaria, or infections caused by various other bacterial or viral pathogens (e.g., rickettsia, group A streptococcus, rubella, measles, parvovirus, enteroviruses, adenovirus, Mayaro virus).

No specific antiviral treatments or vaccines are available for Oropouche virus disease. Treatment for symptoms can include rest, fluids, and use of analgesics and antipyretics. Acetaminophen is the preferred first-line treatment for fever and pain. Aspirin and other non-steroidal anti-inflammatory drugs (NSAIDs) should not be used to reduce the risk of hemorrhage. Patients who develop more severe symptoms should be hospitalized for close observation and supportive treatment. Pregnant people with laboratory evidence of Oropouche virus infection should be monitored during pregnancy and live-born infants should be carefully evaluated.

For More Information

- About Oropouche | CDC
- Travel Health Notices| CDC
- Preventing Mosquito Bites | CDC
- Find the Repellent that is Right for You | EPA
- Dengue: Guidelines for Diagnosis, Treatment, Prevention and Control | WHO
- Oropouche virus disease among travelers – United States, 2024 (MMWR Publication)

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Nonopioid Therapies for Pain Management: Focus on Selected Agents: Antidepressants and Antimigraine Agents

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

In the United States, opioid prescribing increased fourfold during 1999–2010; this increase was paralleled by an approximately fourfold increase in overdose deaths involving prescription opioids during the same period and increases in prescription opioid use disorder. In addition to the increased overall volume of opioid prescriptions during this period, how opioids were prescribed also changed; opioids increasingly were prescribed at higher dosages and for longer durations.

Opioid medications remain a common treatment for pain despite declines in the number of opioid prescriptions after 2012. During 2015–2018, approximately 6% of U.S. adults reported use of one or more prescription opioids during the past 30 days, and in 2020, approximately 143 million opioid prescriptions were dispensed from pharmacies in the United States.

In 2019, among persons aged ≥12 years in the United States, 9.7 million reported misuse of prescription opioids during the past year, and 1.4 million met criteria for a past-year prescription opioid use disorder. In 2020, prescription opioids remained the most commonly misused prescription drug in the United States.

The *2022 Centers for Disease Control and Prevention (CDC) Clinical Practice Guideline for Prescribing Opioids for Chronic Pain* provides recommendations for clinicians providing pain care, including those prescribing opioids, for outpatients aged 18 years and older. The guidelines also include recommendations for managing acute (duration of <1 month), subacute (duration of 1–3 months), and chronic (duration of >3 months) pain. The recommendations do not apply to pain related to sickle cell disease or cancer or to patients receiving palliative or end-of-life care.

Opioids can be essential medications for the management of pain; however, they carry considerable potential risks. A systematic review published in 2014 by the Agency for Healthcare Research and Quality (AHRQ) found insufficient evidence to demonstrate long-term benefits of prescription opioid treatment for chronic pain, and long-term prescription opioid use was found to be associated with increased risk for overdose and opioid misuse, among other risks. Some risks, such as overdose, were dose dependent.

In addition to the potential risks to patients, prescribed opioids have the potential for diversion and nonmedical use among persons to whom they were not prescribed. The limited evidence of long-term effectiveness of opioids for chronic pain, coupled with risks to patients and to persons using prescription opioids that were not prescribed to them, underscore the importance of reducing inappropriate opioid prescribing while advancing evidence-based pain care to improve the lives of persons living with pain.

Nonopioid Medications for Pain

According to the 2022 CDC Opioid Prescribing Guidelines, clinicians should maximize use of nonpharmacologic and nonopioid pharmacologic therapies as appropriate for the specific condition and patient and only consider initiating opioid therapy if expected benefits for pain and function are anticipated to outweigh risks to the patient. A number of nonpharmacologic treatments and nonopioid medications are associated with improvements in pain, function, or both that are reportedly comparable to improvements associated with opioid use.

Many ***acute*** pain conditions often can be managed most effectively with nonopioid medications. Nonopioid therapies are at least as effective as opioids for many common acute pain conditions, including low back pain, neck pain, pain related to other musculoskeletal injuries (e.g., sprains, strains, tendonitis, and bursitis), pain related to minor surgeries typically associated with minimal tissue injury and mild postoperative pain (e.g., simple dental extraction), dental pain, kidney stone pain, and headaches including episodic migraine.

Nonopioid therapies are preferred for ***subacute and chronic pain***. Selected nonopioid drugs are associated with small to moderate improvements in chronic pain and function for certain chronic pain conditions.

Among other nonopioid treatment options, such as NSAIDs and anticonvulsants, antidepressants and antimigraine agents may also be considered as options for the following conditions.

Osteoarthritis

- For osteoarthritis, serotonin/norepinephrine reuptake inhibitor (SNRI) antidepressant duloxetine is one nonopioid medication that had small to moderate benefits for pain and function at short-term assessment (3–6 months), with intermediate-term (6–12 months) evidence, and evidence that duloxetine is more effective in older (>65 years) than younger patients and in patients with knee osteoarthritis.
- In patients with osteoarthritis pain in multiple joints or incompletely controlled pain with topical NSAIDs, duloxetine is a treatment option.

Neuropathic Pain

- Tricyclic antidepressants and SNRI agents are two nonopioid medication options that are recommended for neuropathic pain syndromes (e.g., diabetic neuropathy or postherpetic neuralgia).
- SNRI antidepressant duloxetine is FDA-approved for the treatment of diabetic peripheral neuropathy and is associated with small improvements in neuropathic pain (mainly diabetic neuropathy and postherpetic neuralgia).

Fibromyalgia

- In patients with fibromyalgia, multiple medications are associated with small to moderate improvements in pain, function, and quality of life, including agents such as SNRI agents (duloxetine and milnacipran).
- Tricyclic and SNRI antidepressants can relieve fibromyalgia symptoms.
- Duloxetine and milnacipran are FDA-approved for, and are recommended for, the treatment of fibromyalgia.
- Tricyclic antidepressant amitriptyline often is used and recommended for patients with fibromyalgia, although evidence for its effectiveness is limited.

Migraine

- Triptans are one of several nonopioid options available for the treatment of acute migraine.
- For episodic migraine, some of the agents associated with improved pain and function with usually mild and transient adverse events include triptans, calcitonin gene-related peptide antagonists (gepants), and lasmiditan, a 5-HT1F receptor agonist.
- Lasmiditan and the gepants were more effective than placebo in providing pain relief at 2 hours, 1 day, and 1 week.
- Triptans are one of the therapeutic categories that should be used along with antiemetics as needed for acute pain related to episodic migraine.
- Calcitonin gene-related peptide (CGRP) receptor antagonists (gepants) are the first class of migraine-specific medication that does not have vasoconstrictive action, shows similar efficacy, has fewer adverse effects, and has a possibly longer period of activity than triptans. The currently FDA-approved gepants indicated for the acute treatment of migraine are rimegepant, ubrogepant, and zavegepant.

Low Back Pain

- When patients with chronic low back pain have had an insufficient response to nonpharmacologic approaches such as exercise, one option for clinicians to consider for patients without contraindications is duloxetine.
- Moderate-quality evidence demonstrates small improvements in chronic low back pain with duloxetine.

Additional Considerations

- Patients with co-occurring pain and depression might be especially likely to benefit from antidepressant medication.
- In older adults, decisions to use tricyclic antidepressants should be made judiciously on a case-by-case basis because of risks for confusion and falls.
- Tricyclic antidepressants are potentially inappropriate for older adults (aged ≥65 years) because of their anticholinergic effects.
- Vasoactive effects of triptans might preclude their use in patients with migraine who also have cardiovascular risk factors.
- The gepants potentially carry lower risks than vasoactive medications in patients with cardiovascular risk factors.
- Increases in nonserious adverse events have been found with SNRI agents duloxetine (nausea and sedation) and milnacipran (nausea); dosage reductions reduced the risk for some adverse events with SNRI agents.

Although nonopioid medications are associated with improvements in pain and/or function, providers should be aware that 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. These 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 (e.g., tricyclic antidepressants). With any prescribed medication, clinicians should review FDA-approved labeling, including boxed warnings, and weigh benefits and risks before initiating treatment with any pharmacologic therapy.

LA Medicaid Preferred Drug List (PDL)/Non-Preferred Drug List (NPDL)
[This version implemented July 1, 2024]

CGRP Antagonists (*rimegepant, ubrogepant, and zavegepant*)

PAIN MANAGEMENT (47)	Atogepant Tablet (Qulipta™)	Eptinezumab-jjmr Vial (Vyepti™)
Antimigraine Agents	Erenumab-aooe Autoinjector (Aimovig®)	Galcanezumab-gnlm 100 mg Syringe (Emgality®)
CGRP Antagonists	Fremanezumab-vfrm Autoinjector, 3-Pack, Syringe (Ajovy®)	Zavegepant Nasal (Zavzpret®)
*Request Form	Galcanezumab-gnlm Pen, 120 mg Syringe (Emgality®)	
*Criteria	Rimegepant Disintegrating Tablet (Nurtec™ ODT)	
*POS Edits	Ubrogepant Tablet (Ubrelvy™)	

Neuropathic Pain *(duloxetine, milnacipran)*

PAIN MANAGEMENT (47)	Duloxetine Capsule (Generic for Cymbalta®)	Capsaicin/Skin Cleanser (Qutenza Kit®)
Neuropathic Pain	Gabapentin Capsule (Generic)	Duloxetine Capsule (Cymbalta®)
*Request Form	Gabapentin Solution (AG; Generic)	Duloxetine Capsule (Generic for Irenka®)
*Criteria	Gabapentin Tablet (Generic)	Duloxetine DR Capsule (Drizalma Sprinkle™)
*POS Edits	Lidocaine Patch (AG; Generic; Lidoderm®)	Gabapentin Capsule, Solution, Tablet (Neurontin®)
	Lidocaine Topical System (Ztlido®)	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®)

Triptans (*triptans, lasmiditan*)

LA Medicaid Preferred Drug List (PDL)/Non-Preferred Drug List (NPDL) **Effective Date: July 1, 2024**

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
PAIN MANAGEMENT (47)	Rizatriptan ODT (Generic)	Almotriptan Tablet (Generic)
Antimigraine Agents	Rizatriptan Tablet (Generic)	Eletriptan Tablet (AG; Generic; Relpax®)
Triptans	Sumatriptan Nasal (AG; Generic; Imitrex®)	Frovatriptan Tablet (Generic; Frova®)
*Request Form	Sumatriptan Tablet (Generic)	Lasmiditan Tablet (Reyvow®)
*Criteria	Sumatriptan Vial (Generic)	Naratriptan (Generic for Amerge®)
*POS Edits		Rizatriptan Tablet (Maxalt®)
		Rizatriptan Tablet (Maxalt MLT®)
		Sumatriptan Auto-Injector (Zembrace® SymTouch®)
		Sumatriptan Kit (AG; Generic; Imitrex®)
		Sumatriptan Kit (SUN)
		Sumatriptan Nasal (Onzetra® Xsail®)
		Sumatriptan Nasal (Tosymra™)
		Sumatriptan Tablet (Imitrex®)
		Sumatriptan/Naproxen (Generic; Treximet®)
		Zolmitriptan Tablet (Generic; Zomig®)
		Zolmitriptan ODT (Generic for Zomig ZMT®)
		Zolmitriptan Nasal (AG; Generic; Zomig®)

Please note: These lists of preferred and nonpreferred agents are current as of July 1, 2024. For the most recently updated version, visit PDL.pdf (la.gov)

CGRP antagonists, neuropathic pain agents, and triptans are also subject to various point of sale (POS) edits. Selected agents have specific POS edits, such as clinical authorization, diagnosis requirements, and quantity limits.

CGRP Antagonists POS edits as of July 1, 2024

Pain Management – Antimigraine Agents – CGRP Antagonists

POS Edits		
CL – Additional clinical information (prescriber specialty, migraine history, etc.) is required for all CGRP agents.		
QL – These agents are limited to a maximum quantity limit as listed in the table to the right.	**Medication**	**Quantity Limit**
	Atogepant (Qulipta™)	30 tablets/30 days
	Eptinezumab-jjmr (Vyepti®)	3 single dose vials (300mg)/90 days
	Erenumab-aooe (Aimovig®) - 70mg, 140mg single dose syringe	3 single dose syringes/90 days
	Fremanezumab-vfrm (Ajovy®) - 225mg single dose syringe	3 single dose syringes/90 days
	Galcanezumab-gnlm (Emgality®) - 100mg single dose syringe	3 single dose syringes/30 days
	Galcanezumab-gnlm (Emgality®) - 120mg single dose pen/syringe	7 single dose syringes/180 days
	Rimegepant (Nurtec® ODT)	16 tablets/30 days
	Ubrogepant (Ubrelvy®)	16 tablets/30 days

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.
BH – Additional behavioral-health related clinical information (trial of behavioral therapy, etc.) is required for duloxetine when requested for recipients who are younger than 7 years of age.
QL – Pharmacy claims for lidocaine patches are limited to 30 patches every rolling 30 days. *Override is available through an authorization process **when the recipient has a diagnosis of post-herpetic neuralgia**.*

Triptans POS edits as of July 1, 2024

Pain Management – Antimigraine Agents – Triptans

POS Edits		
CL – Additional clinical information is required for (lasmiditan) Reyvow®.		
DX – Pharmacy claims for all triptans (EXCLUDES lasmiditan) for recipients who are younger than 18 years of age must be submitted with an appropriate diagnosis code found at THIS LINK.		
QL –Quantity limits are listed in the table to the right.	**Quantity Limits for Triptans, Onzetra® and Reyvow®**	
	Generic (Brand Example)	**Quantity Limit per Rolling 30 days**
	Almotriptan (Axert®)	12
	Eletriptan (Relpax®)	6
	Frovatriptan (Frova®)	9
	Lasmiditan (Reyvow®)	8
	Naratriptan (Amerge®)	9
	Rizatriptan Tablet (Maxalt®, Maxalt MLT®)	12
	Sumatriptan/Naproxen (Treximet®)	9
	Sumatriptan (Imitrex®)	9
	Sumatriptan (Tosymra®)	6
	Zolmitriptan (Zomig®, Zomig ZMT®)	6
	Sumatriptan Nasal Powder (Onzetra® Xsail®)	1 kit

References

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CDC Clinical Practice Guideline for Prescribing Opioids for Pain — United States, 2022

PDL.pdf (la.gov)

Rashid A, Manghi A. Calcitonin Gene-Related Peptide Receptor. [Updated 2023 Jul 10]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2024 Jan-. Available from: https://www.ncbi.nlm.nih.gov/books/NBK560648/

In the Spotlight: Expansion of Mental Health Professionals

The Centers for Medicare and Medicaid Services (CMS) has approved the Louisiana State Plan amendment (SPA) to expand mental health professionals to include provisionally licensed professional counselors (PLPC), provisionally licensed marriage and family therapists (PLMFT), and licensed master social workers (LMSW) with an effective date of August 1, 2024.

The rates listed for PLPCs, PLPCs, PLMFTs, and LMSWs have been added to the Specialized Behavioral Health Services (SBHS) fee schedule.

The allowable services and Current Procedural Terminology (CPT) codes can be viewed at Medicaid | Department of Health | State of Louisiana | (lamedicaid.com)

Carrier Code Management (CCM) Update

Starting September 9, 2024, the Louisiana Department of Health (LDH) in collaboration with Gainwell Technologies (GWT) has made the Third Party Liability (TPL) Portal available to providers and state partners, including managed care entities (MCEs). This portal allows authorized users to submit requests for new Carrier Codes and to download a list of the 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

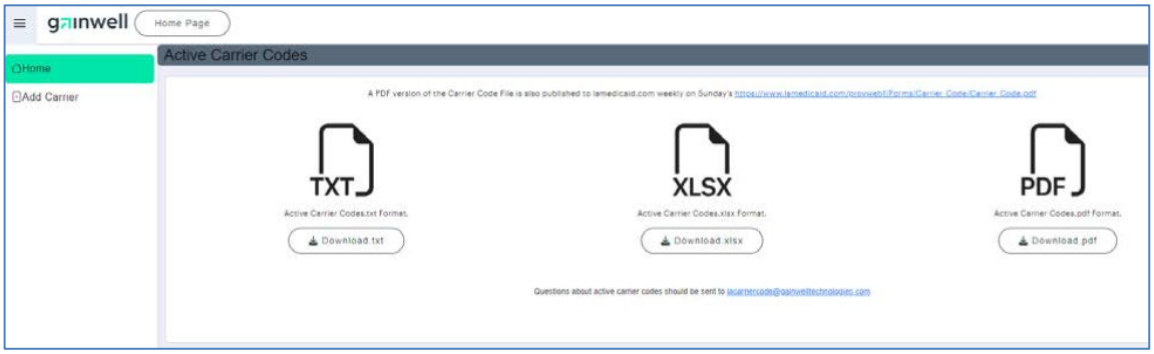
The TPL Portal has been integrated with the Provider Portal on lamedicaid.com. Users can now log into the TPL Portal using their current Medicaid Provider Portal credentials. As a result, individuals with a Provider ID, NPI, Log-In ID, and Password for the Provider Portal can skip the "Requesting Credentials" section and proceed directly to the "Logging into the TPL Portal" section.
Link to the lamedicaid.com Provider Portal: https://www.lamedicaid.com/account/login.aspx
Users without an existing account for the Provider Portal on 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:

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

Figure 1: TPL Portal Carrier Code Management



2) **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.

2024 Vision (Eyewear) Increased Reimbursement Rates

The Louisiana Department of Health (LDH) is pleased to announce an increase in Vision (Eyewear) reimbursement rates for the first time since 2018.

Effective September 1, 2024, reimbursement rates for all procedure codes, excluding manually priced codes, were increased by 15 percent.

Additionally, LDH has removed the polycarbonate add-on code (S0580) and added V2784 (Lens, polycarbonate or equal, any index, per lens) to the fee schedule. Other updates include a new Excel fee schedule, legend updates, and formatting updates, all of which are available here.

LDH hopes that this rate increase will help defray some of the increased costs associated with providing eyewear to Medicaid beneficiaries.

Coming Soon: 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.

Breast Cancer Awareness Month

The month is about more than pink ribbons. While some feel inspired, many people living with breast cancer feel like the month overlooks their experience with the disease.

What is Breast Cancer Awareness Month?

Breast Cancer Awareness Month is an international health campaign that's held every October. The month aims to promote screening and prevention of the disease, which affects 2.3 million women worldwide. Known best for its pink theme color, the month features a number of campaigns and programs — conducted by groups ranging from breast cancer advocacy organizations to local community organizations to major retailers — aimed at:

- Supporting people diagnosed with breast cancer, including those with metastatic breast cancer;
- Educating people about breast cancer risk factors;
- Encouraging women to go for regular breast cancer screening starting at age 40 or earlier, depending on personal breast cancer risk; and
- Fundraising for breast cancer research.

The History of Breast Cancer Awareness Month

The event began in 1985 as a week-long awareness campaign by the American Cancer Society, in partnership with Imperial Chemical Industries, a British company that made tamoxifen. The campaign eventually grew into a month-long event.

In 1992, the pink ribbon came into play after Alexandra Penney, SELF magazine's Editor-in-Chief, partnered with Evelyn Lauder, Estée Lauder's Senior Corporate Vice President and a breast cancer survivor, to distribute pink ribbons after the magazine's second annual Breast Cancer Awareness Month issue.
Other variations of the pink ribbon have emerged in recent years to raise awareness that all people with breast cancer are not the same. These include ribbons for raising awareness about metastatic breast cancer, men with breast cancer, inflammatory breast cancer, and more.

Learn More About Breast Cancer

For all its controversy, Breast Cancer Awareness Month can be a good reminder to learn more about breast cancer. Some good places to start might be examining your personal risk of developing the disease, giving yourself a breast exam, and scheduling your next breast cancer screenings.

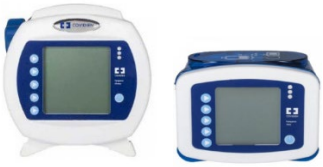
Article Retrieved from: https://www.breastcancer.org/about-breast-cancer/breast-cancer-awareness-month

Health Observance Calendar

American Pharmacist Month
Breast Cancer Awareness Month
National ADHD Awareness Month
National Chiropractic Health Month
Domestic Violence Awareness Month
Eye Injury Prevention Month
Healthy Lung Month
Health Literacy Month
Liver Awareness Month
Medical Ultrasound Awareness Month
National Dental Hygiene Month
National Down Syndrome Awareness Month
National Physical Therapy Month
National Sudden Cardiac Arrest Awareness Month
Person-Centered Care Awareness Month
Prenatal Oocyobernset GBS disease recognition month
Spina Bifida Awareness Month
Sudden Infant Death Syndrome (SIDs) Awareness Month

World Meningitis Day	5
World Cerebral Palsy Day	6
World Mental Health Day	10
Healthcare Security and Safety Officer Appreciation Day	9
World Sight Day	10
Metastatic Breast Cancer Awareness Day	13
Global Handwashing Day	15
National Mammography Day	18
World Pediatric Bone and Joint Day	19
World Osteoporosis Day	20
National Check Your Meds Day	21
National Prescription Drug Take Back Day	27
National Internal Medicine Day	28
World Psoriasis Day	29
World Hypophosphatasia Day	30

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



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.

(https://www.lamedicaid.com/provweb1/Provider_Enrollment/newenrollments.htm)

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.

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)
Adult Day Health Care (ADHC)	• Table of Contents • Section 9.1 – Covered Services • Section 9.2 – Beneficiary Requirements • Section 9.3 – Rights and Responsibilities • Section 9.4 – Service Access and Authorization • Section 9.5 – Provider Requirements • Section 9.6 – Record Keeping • Section 9.7 – Reimbursement • Section 9.8 – Program Oversight and Review • Section 9.9 – Incidents, Accidents, and Complaints • Section 9.10 – Support Coordination • Appendix A – Contact Information • Appendix B – Forms and Links • Appendix C – Billing Codes • Appendix D – Glossary • Appendix E – Claims Related Information • Appendix F – Concurrent Services • Appendix G – Database Checks	09/09/24
Durable Medical Equipment (DME)	• Table of Contents • Section 18.2.28 – Specific Coverage Criteria – Disposable (Elastomeric) Infusion Pumps	09/27/2024

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.

LOUISIANA DEPARTMENT OF HEALTH

ldh.la.gov

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?

- 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

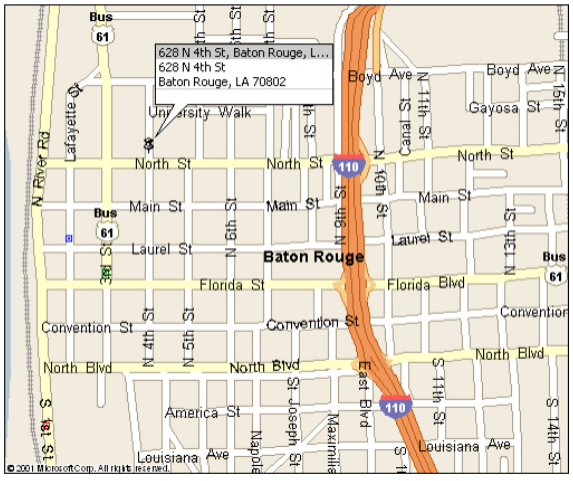
Take I-10 East to Baton Rouge.
At I-10 Exit 155B turn onto ramp that merges onto I-110 North.
Take the North Street exit on your left.
Continue down North Street to Bienville Building at the corner of North and 4th Streets.

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/EPSDT – 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