Louisiana Medicaid | Provider UPDATE

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Ruth Kennedy Named as New Medicaid Director

All Providers

Ruth Kennedy has been named as the new Medicaid Director of the Bureau of Health Services Financing (BHSF) under the Department of Health and Hospitals. Ms. Kennedy, a graduate of Southeastern Louisiana University in Hammond, has been an employee of Louisiana state government for 32 years.

Ms. Kennedy has held the position of Medicaid Deputy Director for the last thirteen years while serving as director of the Louisiana Children's Health Insurance Program (LaCHIP) and more recently serving as director in the design, development and implementation of Medicaid's managed care initiative, BAYOU HEALTH.

In addition, Ms. Kennedy has been nationally recognized as an expert in streamlining and modernization of Medicaid and CHIP eligibility.

Reimbursement Rate Reductions Published

All Providers

After careful analysis of the state budget approved for fiscal year 2012 – 2013 by the Louisiana Legislature, Emergency Rules have been published to:

- Reduce the reimbursement rates paid to providers;
- Realign the reimbursement rates for certain Medicaid services, and
- Discontinue Medicaid payment for certain services.

The reimbursement rates in the following service programs were reduced effective July 1, 2012, with the exception of the Children's Choice Waiver service cap reduction, which has an effective date of August 1, 2012:

- Adult Dentures
- All Inclusive Care for the Elderly
- Ambulatory Surgical Centers
- Bayou Health Plans – Per Member Per Month Payment
- Behavioral Health Services – Statewide Management Organization – Adults Capitated Payment Reduction
- Children's Behavioral Health Services
- Early and Periodic Screening, Diagnosis and Treatment – Dental Program
- End Stage Renal Disease Facilities
- Family Planning Clinics
- Family Planning Waiver
- Adult Day Health Care Waiver
- Children's Choice Waiver – Service Cap
- Community Choices Waiver
- New Opportunities Waiver
- Residential Options Waiver
- Supports Waiver
- Durable Medical Equipment
- Nursing and Home Health Aide Services
- Intermediate Care Facilities for Persons with Developmental Disabilities
- Laboratory and Radiology Services
- LaCHIP Affordable Plan – Dental Program
- Long-Term Personal Care Services
- Medical Transportation Program – Emergency Ambulance Services
- Nursing Facilities
- Pediatric Day Health Care Program
- Pregnant Women Extended Services – Dental
- Professional Services Program – Anesthesia Services
- Professional Services Program – Family Planning Services
- Professional Services Program – Physician Services
- Prosthetics and Orthotics
- Substance Abuse Services
- Targeted Case Management

Specific information which addresses these reimbursement reductions can be found online at the Office of State Register's website at http://www.doa.louisiana.gov/OSR/reg/regs2012.htm under the "July 2012" link.

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Louisiana Medicaid Payment Policy Regarding Provider Preventable Conditions

All Providers

Beginning with services provided July 1, 2012, Louisiana Medicaid no longer provides reimbursement for treating certain preventable conditions. A final rule issued by the Centers for Medicare and Medicaid Services, (CMS), prohibits federal payments for any amounts expended for providing medical assistance for provider preventable conditions, (PPCs). These conditions are classified in two separate categories: health care acquired conditions, (HCACs), and other provider preventable conditions, (OPPCs).

HCAC includes a hospital acquired condition, (HAC), of one of the following diagnoses that were not present on admission:

- Foreign object retained after surgery
- Air embolism
- Blood incompatibility
- Stage III and IV pressure ulcers
- Falls and trauma, (including fractures, dislocations, intracranial injuries, crushing injuries, burns, and electric shock)
- Catheter associated urinary tract infection
- Vascular catheter associated infection
- Manifestations of poor glycemic control, (including diabetic ketoacidosis, nonketotic hyperosmolar coma, hypoglycemic coma, secondary diabetes with ketoacidosis, secondary diabetes with hyperosmolarity)
- Surgical site infection following:
- Coronary artery bypass graft, Mediastinitis
- Bariatric surgery, (including laparoscopic gastric bypass, gastroenterostomy, and laparoscopic gastric restrictive surgery)
- Orthopedic procedures, (including spine, neck, shoulder and elbow), or
- Deep vein thrombosis, (DVT)/ pulmonary embolism,(PE), following total knee replacement or hip replacement with pediatric and obstetric exceptions).

An OPPC is one of the following conditions that are applicable in any healthcare setting:

- Wrong surgical or other invasive procedure performed on a recipient
- Surgical or other invasive procedure performed on the wrong body part, and
- Surgical or other invasive procedure performed on the wrong recipient.

No reduction in payment for a PPC will be imposed on a provider when the condition defined as a PPC existed prior to the provider's initiation of treatment. Reductions in provider payment may be limited to the extent that the following apply:

- The identified PPC would otherwise result in an increase in payment.
- Louisiana Medicaid can reasonably isolate for nonpayment the portion of the payment directly related to treatment for, and related to, the PPC.

Providers should refer to the web notice on www.lamedicaid.com for additional information about PPCs.

Avoid Hiring or Employing Excluded Individuals

All Providers

As a condition of participation in the Louisiana Medicaid Program, providers are responsible for ensuring that current as well as potential employees and/or contractors have not been excluded from participation in the Medicaid or Medicare Program by Louisiana Medicaid and/or the Office of Inspector General (OIG). Providers who employ or contract with excluded individuals or entities may be subject to penalties of $10,000 for each item or service the excluded individual or entity furnished.

Providers should check the following two websites prior to hiring or contracting with an individual or entity and should routinely check the websites for determining the exclusion status of current employees and contractors. All current and previous names used such as first, middle, maiden, married or hyphenated names and aliases for all owners, employees and contractors should be checked.

- http://exclusions.oig.hhs.gov/search.aspx
- http://www.epls.gov/epls/search.do

If an individual's or entity's name appears on either website, this person or entity is considered excluded and is barred from working with Medicare and/or the Louisiana Medicaid Program in any capacity. The provider must notify the Department of Health and Hospitals with the following information:

- Name of the excluded individual or entity, and
- Status of the individual or entity (applicant or employee/contractor).

If the individual or entity is an employee or contractor, the provider should also include the following information:

- Beginning and ending dates of the individual's or entity's employment or contract with the agency
- Documentation of termination of employment or contract, and
- Type of service(s) provided by the excluded individual or entity.

These findings should be reported to:

Department of Health and Hospitals
Program Integrity - Special Investigations Unit
P. O. Box 91030
Baton Rouge, LA 70821-9030
Fax: (225) 219-4155

Medicaid providers should review the information provided in the SPECIAL ADVISORY BULLETIN titled, "The Effect of Exclusion from Participation in Federal Healthcare Programs" at http://www.oig.hhs.gov/fraud/docs/alertsandbulletins/effected.htm.

Sections E, F, and G of the bulletin explain the prohibition against hiring excluded individuals or entities and the fines and penalties involved when an excluded individual or entity is hired or contracted.

Remittance Advice Corner

All Providers

The following is a compilation of messages that were recently transmitted to providers through Remittance Advices (RA):

Notice to all Physician Providers

The Office of Population Affairs (OPA) has updated the Sterilization consent form. The new form is available on their website at http://opa.osophs.dhhs.gov/pubs/publications.html. You may also download a fillable PDF version from the Louisiana Medicaid Website at http://www.lamedicaid.com/provweb1/Forms/Sterilization_Consent.pdf.

Providers should start utilizing the current form effective immediately. For dates of service prior to August 1, 2012, providers may submit the previous version of the Sterilization Consent form that has already been signed by the recipient. Beginning with dates of service August 1, 2012 and beyond, Health Plans and Molina will only accept the consent form with the expiration date of December 31, 2012.

Attention DME Providers

Effective with PA requests received July 1, 2012 providers will no longer use HCPC A6020, Collagen Wound Based Dressing. This code has been discontinued and replaced with more descriptive codes, A6021, A6022, A6023 and A6024. Reimbursement for the replacement codes will be based on Medicaid's current payment methodology, and will no longer be manually priced. See chart below for description and rates:

PROC. CODE	DESCRIPTION	RATE
A6021	COLLAGEN DRESSING, STERILE, PAD SIZE 16 IN. OR LESS, EACH	$15.81
A6022	COLLAGEN DRESSING, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., EACH	$15.81
A6023	COLLAGEN DRESSING, STERILE, PAD SIZE MORE THAN 48 SQ. IN., EACH	$143.09
A6024	COLLAGEN DRESSING WOUND FILLER, STERILE, PER 6 INCHES	$4.66

Attention Hospital Providers

As claims processing changes were made for the implementation of the Bayou Health Program, the system logic that allowed hospital providers to perform and be paid for RUM procedures done on an emergent basis and without prior authorization was interrupted. These claims began denying with edit 191 (PA required). The logic to by-pass an authorization requirement in these emergent cases was reinstated on June 18, 2012. The recycle of procedure codes 74176, 74177and 74178 occurred on RAs in June, and the recycle of the remaining claims denied in error appears on the 7/3/12 RA. Please contact Molina Provider Relations at (800) 473-2783 or (225) 924-5040 should you have questions concerning this corrective action.

Attention Ophthalmologists/Optometrists/ Optical Suppliers – Bayou Health Shared Plan Claims Concerns

When providing vision/eyewear services to members of a Bayou Health Shared Plan, claims for the vision exam and other medical services provided by an ophthalmologist, optometrist, or optician must be submitted to the patient's Shared Plan for processing. Claims for eyewear should continue to be billed and submitted directly to Molina. Some claims for eyewear were denied in error. Logic changes occurred on June 18, 2012 to allow eyewear claims to process correctly when submitted directly to Molina for consideration. A recycle of the claims denied in error appears on the 7/3/12 RA. Eyewear claims that were initially submitted through the Shared Plan will deny again with edit 313, (Submit claim to FI not BYU), and providers receiving this edit must submit the eyewear claims directly to Molina for processing. Please contact Molina Provider Relations at (800) 473-2783 or (225) 924-5040 should you have questions concerning this corrective action.

Attention Providers of EPSDT Screening Services

In the initial notice informing providers of the termination of the KIDMED Program, a statement implied that the 'EP' modifier should be used on all screening procedures. Follow-up information also contains an error in the instructions for the use of this modifier. In order to clarify this information, going forward, the 'EP' modifier should continue to be used as it has always been used. Append the 'EP' modifier to:

1. Claims submitted for the vision screening code 99173, and
2. RHC/FQHC encounter code T1015 when billing screenings.

DO NOT use the 'EP' modifier on any other screening services. Other modifiers used in the past for billing screening services should continue to be used when appropriate. Please contact Molina Provider Relations at (800) 473-2783 or (225) 924-5040 should you have questions concerning this corrective action.

Attention Nursing Home Administrators

As part of the budget reduction measures by the Department of Health and Hospitals, Medicaid will no longer pay co-insurance on therapy services (physical therapy, occupational therapy and speech/language therapy) on Medicare/ Medicaid cross-over claims effective with date of service July 1, 2012. Claims billed on or after this date of service will '0' pay with edit 384 - NOT COVERED FOR NURSING HOME RESIDENT. If you have questions please contact Denis Beard at (225) 342-6116.

EHR Incentive Payment Program – Update

Since January 2011, nearly 1,300 eligible medical professionals and hospitals have received more than $120 million in incentive payments through participation in Louisiana's Medicaid Electronic Health Records (EHR) Incentive Payment Program. The EHR Incentive Payment Program is a 100% federally funded initiative that promotes the adoption and meaningful use of certified EHR technology through the provision of incentive payments to eligible professionals and hospitals. Eligible professionals can receive a maximum of $63,750 in incentive payments over a six-year period, and in 2011, the average payment to Louisiana's participating hospitals was $1.1 million.

Bilateral Procedures: Billing Clarification

When billing for bilateral procedures performed during the same session (unless otherwise directed in CPT), providers are to use the -50 modifier (Bilateral procedure) with the appropriate CPT code and place a "1" in the "units" field of the claim form. The site specific modifiers "LT" (Left side) or "RT" (Right side) may be used on appropriate CPT codes only when services are performed on either the right OR the left side.

Providers should not use the "LT" and "RT" modifier on the same procedure code instead of the -50 modifier. For example, during the same session it is not appropriate to use the "RT" and "LT" on CPT procedure code 69436 (Tympanostomy…) when performed bilaterally.

For questions related to this clarification, please contact Molina Medicaid Solutions Provider Services at (800) 473-2783 or (225) 924-5040.

Online Medicaid Provider Manual Chapters

All Providers

The following Medicaid Provider Manual Chapters are available on the Louisiana Medicaid website at www.lamedicaid.com under the "Provider Manual" link. This list will be updated periodically as other Medicaid program chapters become available online.

Administrative Claiming
Adult Day Health Care Waiver
Ambulatory Surgical Centers
American Indian 638 Clinics
Children's Choice Waiver
Dental Services
Durable Medical Equipment
End Stage Renal Disease
Family Planning Clinics
Family Planning Waiver (Take Charge)
Federally Qualified Health Centers
General Information and Administration
Greater New Orleans Community Health Connection
Home Health
Hospice
Hospital Services
Independent Laboratories
ICF/DD
Medical Transportation
New Opportunities Waiver (NOW)
PACE
Pediatric Day Health Care
Personal Care Services
Pharmacy
Professional Services
Residential Options Waiver
Rural Health Clinics
Supports Waiver
Vision (Eye Wear)

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

Manual Chapter	Section(s)	Date of Revision
Home Health	Section 23.6 – Claims Related Information	06/01/12
Medical Transportation	Section 10.2 – NEMT Service Access and Authorization	06/29/12
Administrative Claiming	Section 8.4 – Cost Allocation and Methodology Appendix B – MAC Time Study Codes	06/29/12
Hospital Services	Table of Contents Section 25.8 – Claims Related Information	06/30/12
Dental Services	Appendix A – EPSDT Fee Schedule Appendix B – Adult Denture Fee Schedule Appendix C – EDSPW Fee Schedule	07/01/12
Greater New Orleans Community Health Connection (GNOCHC)	Section 47.1 – Covered Services Section 47.3 – Service Access and Authorization	07/11/12
Professional Services	Section 5.1 – Covered Services – Modifiers	07/11/12
End Stage Renal Disease	Table of Contents Section 17.2 – Provider Requirements	07/17/12
Ambulatory Surgical Centers	Section 29 – Appendix B – Claims Filing	07/18/12
Federally Qualified Health Centers (FQHC)	Table of Contents Section 22.4 – Reimbursement Section 22 – Appendix D – Claims Filing	07/30/12
Rural Health Clinics (RHC)	Table of Contents Section 40.4 – Reimbursement Section 40 – Appendix D – Claims Filing	08/01/12
Independent Laboratories	Section 27 – Appendix B – Contact Information	08/01/12

Manual chapters that have been reissued in their entirety or become obsolete remain available for reference under the "Archives" link. The following manual chapters have been moved to this link:

Archived Manual Chapters	
Dental Services	Entire manual reissued March 15, 2012
Elderly and Disabled Adult Waiver	Waiver program ended
Mental Health Clinics	Services that were provided under these programs are now provided through the Behavioral Health Partnership program.
Mental Health Rehabilitation	
Multi-Systemic Therapy	
Psychological and Behavioral Health	

Parkinson's Disease

Louisiana Drug Utilization Review (LADUR) Education

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Introduction

Parkinson's disease (PD) is a degenerative disorder of the central nervous system where neurons located in the substantia nigra of the brain do not produce appropriate amounts of dopamine, the neurotransmitter responsible for motor control and smoothness of executed movements. In patients diagnosed with PD, approximately 80% or more of these neurons are inactive or damaged, resulting in uncontrollable motor fluctuations.[1]

According to the Parkinson's Disease Foundation, seven to ten million people in the world, and one million people in the U.S. have PD, with approximately 60,000 Americans diagnosed yearly. Although prevalence of PD increases with age, approximately four percent are diagnosed before the age of fifty.[2] PD occurs more often in men than women and complications from PD are the fourteenth leading cause of death in the U.S.[1,2]

Clinical Presentation

Parkinson's disease is a bradykinetic disorder with an unusual clinical presentation that varies from person to person. Symptoms may go unnoticed for a long time, with gradually developing changes in dexterity.1 Some patients may have an arm that lacks "swing" during ambulation, and/or, less commonly, a dragging of the foot.[3] Monotonous speech and slow movement may also be indicative of PD. These early signs are often misdiagnosed and attributed to part of the normal aging process.[3] Principle symptoms of PD include rigidity, bradykinesia, rest tremor and, as PD progresses, possible postural instability. In addition, patients may develop speech impairments, further decreases in motor function in gait and hand coordination, freezing of gait, and severe pill-rolling tremor in hands.[3] Neuropsychiatric symptoms including anxiety, dementia, and depression are common developments throughout the course of PD.[4] Autonomic symptoms such as constipation, urinary incontinence, and sexual dysfunction may complicate treatment parameters.[5]

General Management

Carbidopa/levodopa

As the clinical course of PD progresses, carbidopa/levodopa is considered the most effective treatment.[6] Carbidopa is a peripheral decarboxylase inhibitor that decreases the degradation of levodopa, a dopamine precursor, before it reaches the brain.[7] Disadvantages of this medication are the development of motor fluctuations and dyskinesias with disease progression, and the need for high doses to control symptoms in some cases.[8] A study by Hauser and colleagues has shown increased rates of wearing off and dyskinesia to be associated with levodopa starting doses of greater than 600 mg; therefore, initial treatment should be started at lower doses with the addition of another medication as needed for symptoms.[9] Carbidopa/levodopa is available in immediate-release and sustained-release formulations. A study conducted by Koller, et al demonstrated no difference in motor complications when comparing formulations, and either may be used for initial treatment.[10] Because of its decreased risk for causing psychiatric symptoms as compared to other PD agents, carbidopa/levodopa is often used first-line in patients greater than 70 years of age.[6] For this same reason, carbidopa/levodopa is usually initiated in patients with cognitive issues or psychiatric problems.[6] Carbidopa/levodopa is usually not considered first-line therapy in patients less than 70 years old because the medication is associated with the development of motor fluctuations and dyskinesias. However, if a patient in this age group needs to maintain a high level of functioning from an employment standpoint, then low-dose carbidopa/levodopa may be an alternative.[6]

Dopamine Agonists

Dopamine agonists include pramipexole, ropinirole, and bromocriptine. Pramipexole and ropinirole are available in immediate and extended-release formulations. Dopamine agonists stimulate post-synaptic dopamine receptors. Dopamine agonists, pramipexole and ropinirole, are considered an alternative first-line therapy for treatment of PD in certain patients.[7] Dopamine agonist monotherapy is advantageous due to a low propensity to cause motor fluctuations and dyskinesias in the first four to five years of treatment.[7] Carbidopa/levodopa is often added to a dopamine agonist regimen to control symptoms. Dopamine agonists are popular as initial therapy in patients less than 55 years of age. Carbidopa/levodopa is usually needed within the first 3 years of dopamine agonist therapy, if this treatment course is selected.[3]

MAO-B Inhibitors

Monoamine oxidase-B (MAO-B) inhibitors include selegiline and rasagiline. They block MAO-B allowing more dopamine to reach the brain. MAO-B inhibitors are less effective as monotherapy when compared to first line agents.[3] Currently, there is inadequate evidence to support the use of selegiline as a neuroprotective agent for patients with PD.[11] MAO-B inhibitors should not be taken with meperidine, tramadol, methadone, dextromethorphan, cyclobenzaprine, or St. John's wort.[6] When used at therapeutic doses for treatment of PD, selegiline has not been associated with tyramine reactions.[12] In addition, rasagiline does not require patients to avoid tyramine containing foods and beverages.[12]

Catechol-O-methyl transferase (COMT) inhibitors

Tolcapone and entacapone are COMT inhibitors, which prevent the degradation of levodopa, allowing more levodopa to cross the blood brain barrier.[13] Entacapone should be offered to patients experiencing motor fluctuations in order to reduce off-time.[14] Off-time is considered a change in motor performance by patients currently on therapy.[1] Entacapone can prolong the action of carbidopa/levodopa by preventing O-methylation.[7] The combination of carbidopa/levodopa/entacapone is not indicated for initial treatment.[15] However, the addition of entacapone to carbidopa/levodopa therapy may help in preventing the early wearing off effects of carbidopa/levodopa.[3] Tolcapone may be used as second-line oral therapy if medications, such as entacapone and amantadine fail to control on-off tme.[3] Caution should be used with tolcapone due to its increased risk for hepatotoxicity. If no clinical improvement is observed after three weeks, tolcapone should be discontinued.[13]

Other Agents

For treatment of dyskinesias that occur later during the treatment of PD, amantadine may be used.[6] Use of this medication is limited by its side effect profile, which includes dizziness, insomnia, and psychosis.[16] Anticholinergics are rarely used for treatment of PD because they are only minimally effective in treating PD tremors and they have a poor side effect profile.[6]

Alternative Treatments

Treatment of PD should take a holistic approach, including patient education regarding pharmacologic and non-pharmacologic treatments. Incorporating exercise therapy during the treatment course may improve function in PD.[17] Speech therapy that focuses on improving speech volume may also be beneficial for some PD patients.[17] Some patients may consider taking Vitamin E for symptomatic treatment; however, there is inadequate evidence to support its use.[17]

Parkinson's Disease

Conclusion

Pharmacologic management of PD should be individualized, based upon patient -specific symptoms and lifestyle characteristics. In general, carbidopa/levodopa is used as initial treatment in elderly patients and dopamine agonists are used first line in younger patients. COMT inhibitors may enhance the effects of carbidopa/levodopa. MAO-B inhibitors are another treatment option, but are minimally effective with increased drug interactions and adverse effects. Anticholinergic agents may also help with symptoms, but use is limited because of adverse effects. A summary of medications commonly used in the treatment of PD is provided in Table 1 below. More Research is needed to develop novel agents for the treatment of PD.

Table 1: Medications commonly used to treat Parkinson's disease

Medication class brand (generic)	Advantages	Disadvantages
Carbidopa/levodopa Sinemet (carbidopa/levodopa) Sinemet CR (carbidopa/levodopa controlled-release)	First-line therapy; most effective at improving motor disability	Dyskinesia, dystonia, hallucinations No documented benefit of long-acting form
COMT inhibitor Comtan (entacapone) Stalevo (carbidopa/levodopa/entacapone)	Augments levodopa, may improve activities of daily living	Same side effects as above plus possible increased nausea, vomiting, diarrhea Possible increased cardiovascular risk and prostate cancer
Dopamine agonist Mirapex (pramipexole) Requip (ropinirole) Parlodel (bromocriptine)	Reduced dyskinesias, dystonia, and motor complications	Nausea, dizziness, constipation, somnolence, hallucinations, edema
MAO-B inhibitor Eldepryl (selegiline)	Mild improved motor symptoms of disease, decreased motor fluctuations of treatment, possible "levo sparing effect"	Limited efficacy and multiple adverse effects leading to high dropout rate; not recommended by Cochrane review
Anticholinergic Cogentin (benztropine mesylate)	Improved symptoms, mostly tremor	Confusion, memory loss, hallucinations, restlessness; contraindicated in dementia
Other Symmetrel (amantadine)		No good updated studies, unproven long-term benefit, nausea, dizziness, insomnia, can cause psychosis

Adapted with permission[16]

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MOLINA® Medicaid Solutions

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Dental	1-866-263-6534 1-504-941-8206
DME & All Other	1-800-488-6334 (225) 928-5263
Hospital Pre-Certification	1-800-877-0666
Provider Relations	1-800-473-2783 (225) 924-5040
REVS Line	1-800-776-6323 (225) 216-REVS (7387)
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General Medicaid Eligibility Hotline	1-888-342-6207
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MMIS/Recipient Retroactive Reimbursement	(225) 342-1739 1-866-640-3905
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Medicaid Fraud Hotline	1-800-488-2917