

Welcome

Welcome, and thank you for visiting the **April issue** of the **Louisiana Medicaid Provider Update** newsletter.

This April marks the fifth annual Medicaid Awareness Month. With more people relying on Medicaid coverage than ever before, it is important to recognize the critical role that the Medicaid program plays in the lives of millions of children and older adults.

As a valued provider, we appreciate your continued commitment and vital role you play as we work together to provide the highest quality care to the Louisiana's Medicaid population.

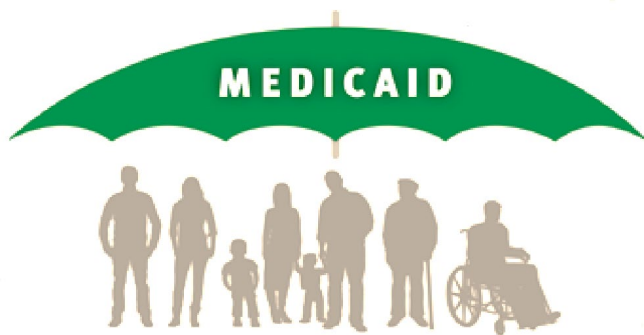


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In the Spotlight: Medicaid



Medicaid plays a crucial role in ensuring that individuals and families have access to essential healthcare services, particularly those with low incomes or disabilities. In recognition of the vital role that Medicaid plays, April is designated as Medicaid Awareness Month.

Louisiana Medicaid provides a wide range of healthcare services to eligible individuals, including doctor visits, hospital stays, prescription drugs, and preventive care. The program also covers services such as dental and vision care, mental health and substance abuse treatment, and long-term care.

This April is a time to promote health equity and raise awareness of the vital role Medicaid plays as a lifeline for families and communities.

Visit the [LDH website](#), for more information on the Louisiana Medicaid program.

APRIL 2024 HEALTH OBSERVANCES

Medicaid Awareness Month

Alcohol Awareness Month - Community Anti-Drug Coalitions of America (CADCA)

www.cadca.org/resource/get-involved-alcohol-awareness-month/

National Autism Acceptance Month - Autism Society

www.autism-society.org/

www.autism-society.org/get-involved/national-autism-awareness-month/

National Donate Life Month - Donate Life America

donatelifenet.com/how-you-can-help/national-observances-celebrations/ndlm

National Facial Protection Month - American Association of Oral and Maxillofacial Surgeons (AAOMS)

www.aaoms.org/media/april-is-national-facial-protection-month

National Minority Health Month - Office of Minority Health

www.minorityhealth.hhs.gov

National Stress Awareness Month - The American Institute of Stress

www.stress.org/april-is-stress-awareness-month

Parkinson's Awareness Month - American Parkinson Disease Association

www.apdaparkinson.org/article/dd-s20-article-4/

APRIL 1-7, 2024

[National Public Health Week](#)

APRIL 11-17, 2024

[Black Maternal Health Week](#)

APRIL 7, 2024

[World Health Day](#)

APRIL 12, 2024

[National Donate Life Blue & Green Day](#)

APRIL 16, 2024

[Annual National Healthcare Decisions Day](#)

APRIL 17, 2024

[World Hemophilia Day](#)

APRIL 21-27, 2024

[National Infertility Awareness Week](#)

[World Immunization Week \(World\)](#)

Dental Pain Care: Focus on Opioids

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

Prescription opioids continue to contribute to the opioid dependence and overdose epidemic in the United States. In 2021, more than 16,000 people died from overdoses involving prescription opioids; this means that nearly 1 in 6 of all opioid overdoses involved prescription opioid medications.

The opioid overdose death rate in 2021 was 25 deaths per 100,000 people, more than the death rate due to car accidents, which was approximately 13 deaths per 100,000 people.

Recent research shows overdose risk is higher among patients who fill an opioid prescription after a dental procedure, compared to those who don't. Overdose risk is also higher in family members of those patients, especially their children.

2022 CDC Clinical Practice Guideline – Dental Pain Care Guidance

The 2022 *CDC Clinical Practice Guideline for Prescribing Opioids for Pain* (2022 Clinical Practice Guideline) provides evidence-based recommendations to support clinicians including dentists and other oral health practitioners. A recent study found that dentists prescribe 8.6% of all opioids in the U.S., and the 2022 Clinical Practice Guideline provides recommendations for dentists and other oral health practitioners to effectively manage acute pain conditions including mild postoperative pain resulting from a simple dental extraction.

Pain Management Options

Nonopioid Therapy

- Nonopioid therapies are at least as effective as opioids for many common types of acute pain, including dental pain and pain related to a simple dental extraction.
- Many acute pain conditions often can be managed most effectively with nonopioid medications. For example:
 - NSAIDs have been found to be more effective than opioids for surgical dental pain.
 - The American Dental Association (ADA) Acute Dental Pain Management Guideline (2023/2024) recommends NSAIDs, taken with or without acetaminophen, as first-line treatment for managing acute dental pain in adults and adolescents 12 and older.

**Clinicians
should maximize use of
nonpharmacologic and
nonopioid pharmacologic
therapies as appropriate
for the specific condition
and patient.**

Clinicians should discuss the realistic benefits and known common risks of opioid therapy and nonopioid therapies with patients before prescribing opioids.

When diagnosis and severity of acute pain warrant the use of opioids, clinicians should:

- Prescribe **immediate-release opioids**, at the **lowest effective dose**, and for **no longer than the expected duration** of pain severe enough to require opioids to minimize unintentional long-term opioid use.
- Advise patients that short-term opioid use can lead to unintended long-term opioid use and of the importance of working toward planned discontinuation of opioid use as soon as feasible.
- To minimize withdrawal symptoms, provide and discuss an opioid tapering plan if opioids will be taken around the clock for more than a few days.
- Consider concurrent medical conditions, including sleep apnea, pregnancy, renal or hepatic insufficiency, mental health conditions, and substance use disorders, in assessing risks of opioid therapy.
- Offer naloxone when prescribing opioids, particularly if the patient has risk factors for opioid overdose.
- Check the prescription drug monitoring program (PDMP) database to ensure a new opioid prescription will not contribute to cumulative opioid dosages or medication combinations that put the patient at risk for overdose.
- Use particular caution when prescribing benzodiazepines or other sedating medications with opioid pain medication.
- Address concerns with the patient if signs of opioid use disorder (OUD) are present.
 - Use DSM-5 criteria to assess for the presence of OUD.
 - Offer or arrange medication treatment for patients who meet criteria for OUD.
 - Use nonpharmacologic and pharmacologic treatments as appropriate to manage pain in patients with OUD.

For more specific information, please refer to the [CDC Clinical Practice Guideline for Prescribing Opioids for Pain — United States, 2022](#).

Additional Guidance for Dentists

- Consider using multimodal opioid-sparing strategies such as pretreatment with NSAIDs and long-acting local anesthesia.
- Be aware that you may be the first to prescribe an opioid to an adolescent if you write a prescription after third molar extraction. Opioids prescribed after wisdom-tooth removal are frequently the first opioid experience for adolescents and young adults.
 - It's important to know research has shown that medical use of prescription opioids is highly correlated with nonmedical use of them among high school seniors. Among adolescents who reported both types of use, prescription-opioid use generally came first.
 - Additional research shows a similar finding in young people ages 13 to 30 years undergoing third molar extraction. A filled perioperative opioid prescription is associated with persistent use of prescription opioids, defined as one or more filled prescriptions from four days to one year after the procedure.

- Counsel your patients if you prescribe an opioid pain medication.
 - Ask about any other medications they're currently taking, and whether they have had problems with substance use, such as with alcohol, prescription medications, or illicit drugs.
 - Ask about any health problems for which they may already be taking opioids.
 - Consult with the prescribing provider about other opioid prescriptions.
 - Explain the risks of taking the medication.
 - Describe how to take the medicine, how long to take it, and how to minimize its use by taking over-the-counter pain relievers, and adding opioids only if necessary to manage more severe pain.
 - Keep in mind patients may get acetaminophen from multiple sources, including what you prescribe.
 - Explain that alcohol should never be used when taking an opioid medication.
 - Provide guidance on storing medication in a safe place out of sight and out of reach of children, teenagers, and guests, preferably in a locked cabinet.
 - If the patient is a minor or lives at home with siblings, counsel their parents about proper drug administration (dosage and timing) and safe storage.
 - Provide information on how to safely dispose of unused medication.

To minimize the risks associated with opioids, dentists should stay informed about the opioid crisis, the use of opioids for dental pain, and other available options for dental pain.

Additional Resources

[Acute Dental Pain Management Guideline | American Dental Association \(ada.org\)](#)

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

[Helping to End Addiction Long-term® Initiative | NIH HEAL Initiative](#)

[NIDAMED: Clinical Resources | National Institute on Drug Abuse \(NIDA\) \(nih.gov\)](#)

[Pain Management Best Practices Inter-Agency Task Force Report | HHS.gov](#)

[Safe Disposal of Medicines | FDA](#)

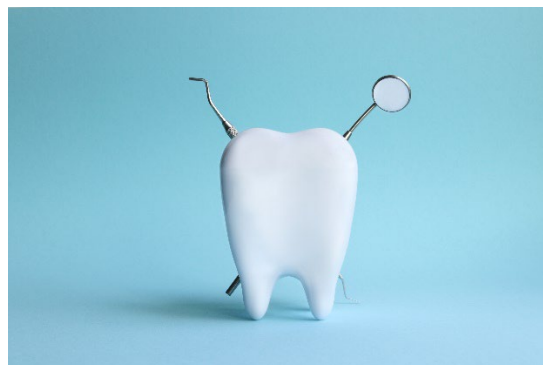
[Screening for Substance Use in the Dental Setting | National Institute on Drug Abuse \(NIDA\) \(nih.gov\)](#)

References:

[Acute Dental Pain Management Guideline | American Dental Association \(ada.org\)](#)

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

[Opioids – Information for Dentists | National Institute of Dental and Craniofacial Research \(nih.gov\)](#)



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!



DID YOU KNOW?

Tobacco Cessation Counseling Services

Tobacco cessation counseling services are covered for Medicaid beneficiaries who use tobacco products or who are being treated for tobacco use when provided by, or under the supervision of, the beneficiary's primary care provider (PCP) or other appropriate healthcare professionals.

Beneficiaries may receive up to four (4) tobacco cessation counseling sessions per quit attempt, up to two (2) quit attempts per calendar year, for a maximum of eight (8) counseling sessions per calendar year. These limits may be exceeded if deemed medically necessary.

During pregnancy, tobacco cessation counseling is covered for pregnant beneficiaries when provided by the beneficiary's PCP or obstetrical (OB) provider. Tobacco cessation counseling may be provided by other appropriate healthcare professionals upon referral from the member's PCP or OB provider, but all care must be coordinated. During the prenatal period through 60 days postpartum, beneficiaries may receive up to four (4) tobacco cessation counseling sessions per quit attempt, up to two (2) quit attempts per calendar year, for a maximum of eight (8) counseling sessions per calendar year. These limits may be exceeded if deemed medically necessary.

The entity rendering tobacco cessation counseling services must be an enrolled Medicaid provider. Health care professionals who may provide tobacco cessation counseling include physicians, advanced practice registered nurses, and physicians' assistants, as well as mental health providers who are licensed to practice independently. Other professional or paraprofessional healthcare practitioners must have completed training in the provision of tobacco cessation counseling and must provide services under the supervision of a licensed practitioner.

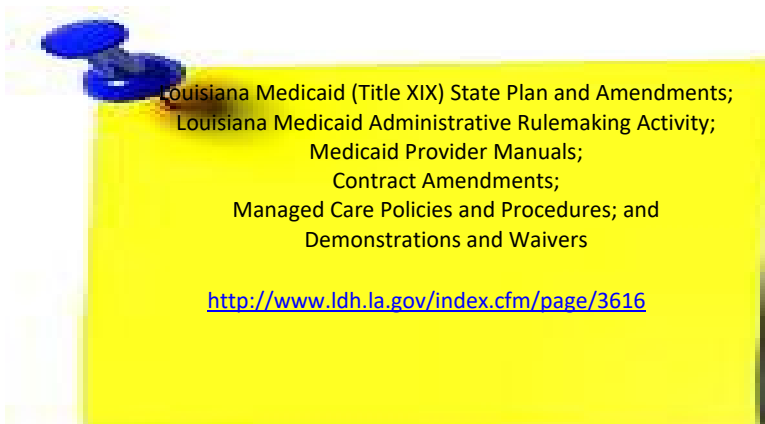


Medicaid Public Notice and Comment Procedure

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.



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)
Community Choices Waiver (CCW)	<ul style="list-style-type: none"> • Section 7.1 – Covered Services • Section 7.5 – Service Access Authorization • Section 7.6 – Provider Requirements • Section 7.7 – Record Keeping • Section 7.8 – Reimbursement 	03/11/24
Durable Medical Equipment (DME)	<ul style="list-style-type: none"> • Section 18.0 - Overview • Section 18.2.5 – Specific Coverage Criteria – Augmentative and Alternate Communication Devices • Section 18.2.19 – Specific Coverage Criteria – Ambulatory Equipment • Section 18.2.21 – Specific Coverage Criteria – Orthotics and Prosthetics • Section 18.2.22 – Specific Coverage Criteria – Disposable Incontinence Products • Section 18.2.23 – Specific Coverage Criteria – Hospital Beds, Lifts, and Trapeze Bar • Section 18.4 – Provider Requirements • Section 18.5 – Prior Authorization 	03/08/24
	<ul style="list-style-type: none"> • Section 18.2.20 – Specific Coverage Criteria – Diabetic Supplies and Equipment <p>Section 18.2.10 – Specific Coverage Criteria – Breast Milk and Supplies</p>	03/18/24
EPSDT Health and IDEA – Related Services	<ul style="list-style-type: none"> • Section 20.0 – Overview • Section 20.1 – Covered Services • Section 20.3 – Provider Requirements • Section 20.4 – Program Requirements • Appendix C – Claims Filing 	03/14/24
Federally Qualified Health Centers (FQHC)	Section 22.1 – Covered Services	03/15/24

Manual Chapter		Section(s)
Hospice	<ul style="list-style-type: none"> • Title Page • Section 24.0 – Overview • Section 24.2 – Election of Hospice • Section 24.3 – Covered Services • Section 24.5 – Provider Requirements • Section 24.6 – Prior Authorization Process • Section 24.7 – Hospice Revocation and Discharge • Section 24.8 – Record Keeping • Section 24.9 – Reimbursement • Section 24.11 – Program Monitoring • Section 24.14 – Acronyms/Definitions/Terms • Appendix A – Beneficiary Notice of Election/Revocation/Discharge/Transfer Appendix B – Certification of Terminal Illness	03/22/24
Hospital Services	<ul style="list-style-type: none"> • Title Page • Section 25.2 – Inpatient Services • Section 25.3 – Outpatient Services • Section 25.6 – Prior Authorization Section 25.8 – Claims Related Information	03/26/24
New Opportunities Waiver (NOW)	<ul style="list-style-type: none"> • Section 32.1 – Covered Services 	03/01/24
Residential Options Waiver (ROW)	Appendix E – Billing Codes	02/28/24

Louisiana Medicaid Updates and Authorities

Keeping you **in**formed

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](#)



- 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>



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

For Information or Assistance, Call Us!



General Medicaid Eligibility Hotline
1-888-342-6207

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

Provider Relations
1-800-473-2783
(225) 294-5040
[Medicaid Provider Website](#)

MMIS Claims Processing Resolution Unit
(225) 342-3855
[MMIS Claims Reimbursement](#)

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

MMIS/Recipient Retroactive Reimbursement
(225) 342-1739
1-866-640-3905
[MMIS Claims Reimbursement](#)

DME and All Other

1-800-488-6334
(225) 928-5263

MES Long Term Care Claims Resolution Unit
MESLTCclaims@LA.gov
225)342-3855

Hospital Pre-Certification
1-800-877-0666

For Hearing Impaired
1-877-544-9544

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

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

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

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