

Summer Time Tips**Patient Education**

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As summer approaches, it is important for healthcare providers to educate patients regarding summer-related issues, such as sunburn prevention, poisonous plants, drug-induced photosensitivity, and the risks of the Zika virus. Information regarding these topics is provided for prescribers below, followed by a one-page flyer that can be used for patient education.

Drug-Induced Photosensitivity

- Drug-induced photosensitivity refers to the development of a skin reaction due to exposure to a chemical agent and sunlight. This agent may be a topical or systemic medication.
- Drug-induced photosensitivity is common, representing almost 8% of dermatological adverse events due to drugs.
- Some of the most common photosensitizers include antibiotics, NSAIDs, amiodarone, and psoralens.
- More than 300 drugs have been reported as photosensitizers; however, the relationship between sun exposure and the medication is not always clear. This results in underreported reactions. Therefore, although some therapeutic drug classes are not usually associated with photosensitive reactions, it is important for healthcare providers to consider that almost any medication may produce a photosensitive reaction.
- The following table lists some common examples of photosensitive medications. Please refer to the individual medication's prescribing information for further details.

Medication Category	Some Examples
Antibiotics	ciprofloxacin, doxycycline, levofloxacin, ofloxacin, tetracycline, trimethoprim
Antifungals	flucytosine, griseofulvin, voriconazole
Antihistamines	cetirizine, diphenhydramine, loratadine, cyproheptadine
Cholesterol Lowering Drugs	simvastatin, atorvastatin, lovastatin, pravastatin
Diuretics	hydrochlorothiazide, chlorthalidone, chlorothiazide, furosemide and triamterene
Non-Steroidal Anti-Inflammatory Drugs	ibuprofen, naproxen, celecoxib, piroxicam, ketoprofen
Oral Contraceptives and Estrogens	norgestimate / ethinyl estradiol
Phenothiazines	chlorpromazine, fluphenazine, promethazine, thioridazine, prochlorperazine
Psoralens	methoxsalen, trioxsalen
Retinoids	acitretin, isotretinoin
Sulfonamides	acetazolamide, sulfadiazine, sulfamethoxazole, sulfasalazine, sulfasoxazole
Sulfonylureas for Type 2 Diabetes	glipizide, glyburide

References:

<https://www.fda.gov/Drugs/ResourcesForYou/SpecialFeatures/ucm464195.htm>

Monteiro, A.F., Rato, M., & Martins, C. (2016). Drug-induced photosensitivity: Photoallergic and phototoxic reactions. *Clinics in Dermatology*, 34, 571-581.

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Zika Virus Prevention and Transmission

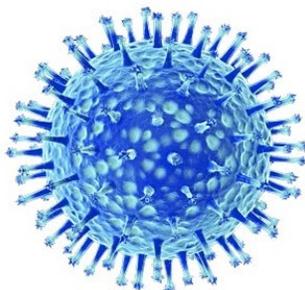
- Zika virus disease is caused by the Zika virus, which is transmitted primarily through a mosquito bite from the Aedes species. Perinatal, in utero, and possible sexual and transfusion transmission events have also been reported.
- Many people infected with Zika virus are asymptomatic. Characteristic clinical findings are acute onset of fever with maculopapular rash, arthralgia, or conjunctivitis. Other symptoms include myalgia and headache. Clinical illness is usually mild with symptoms lasting for several days to a week.
- The CDC recently concluded that Zika virus infection during pregnancy can cause microcephaly and other severe fetal brain defects.
- There is no vaccine at this time to prevent Zika and there is no specific antiviral treatment available. Treatment is supportive and may include the use of medicine such as acetaminophen to reduce pain and fever.
- Zika virus is a nationally notifiable condition. Healthcare providers should report suspected Zika virus disease cases to their state or local health department to facilitate diagnosis and mitigate risk of local transmission.
- The CDC recommends that pregnant women should not travel to areas with risk of Zika. Pregnant women with Zika symptoms and with possible exposure to Zika virus should be tested for the virus.
- Zika testing and evaluation for infants is based on the mother's possible exposure to Zika virus during pregnancy.



To check for coverage of mosquito repellents and detailed instructions, see the following:

- For FFS coverage, visit [http://www.lamedicaid.com/provweb1/Pharmacy/Provider Memo FFS Mosquito Repellent Coverage Implement.pdf](http://www.lamedicaid.com/provweb1/Pharmacy/Provider%20Memo%20FFS%20Mosquito%20Repellent%20Coverage%20Implement.pdf)
- For MCO coverage, visit [http://www.lamedicaid.com/provweb1/Pharmacy/MCO Mosquito Repellent Implement Provider Memo.pdf](http://www.lamedicaid.com/provweb1/Pharmacy/MCO%20Mosquito%20Repellent%20Implement%20Provider%20Memo.pdf)

Reference: <https://www.cdc.gov/zika>



Sunburn

- Sunburn prevalence among all adults is approximately 34%.
- Sunburn occurs mostly in adolescents and young adults; in the US, about 70 percent of adolescents aged 11 to 18 years old and 50 percent of adults aged 18 to 29 years old reported at least one sunburn in the previous year.
- Clinical manifestations include painful erythema with or without edema, vesiculation, and blistering. Symptoms usually resolve in 3 to 7 days.
- For mild to moderate sunburns, cool compresses and analgesics are recommended. For severe sunburn, patients with extensive blistering sunburn, severe pain, and systemic symptoms may require hospitalization for intravenous fluids and analgesia.
- Although sunburn is a self-limiting condition, susceptibility to sunburn is a marker of genetic susceptibility to skin cancer and is associated with an increased risk of melanoma at all ages.
- Patients should be educated regarding sun safety and the dangers of harmful ultraviolet (UV) rays.



Reference: Young, A.R. & Tewari, A. (2018). Sunburn In T.W. Post (Ed.), *UpToDate*. Waltham, MA: UpToDate

Prevention and Treatment of Exposure to Poisonous Plants

- In the United States, poison ivy, poison oak, and poison sumac account for more allergic contact dermatitis than all other plant families combined. While the common phrase "leaves of three, let them be" is a helpful reminder to avoid poison ivy and related plants, these plants have varied presentations based on the season, growth cycle, region, and climate. Another plant, known as Virginia creeper, has five leaves and may cause a severe, itching, blistering rash for some who are allergic to it.
- The most common signs of poison ivy dermatitis is intense pruritus and erythema followed by the development of papules, vesicles, and/or bullae, often arranged in characteristic streak-like pattern where a portion of a plant has made contact with the skin.
- Poison ivy dermatitis is diagnosed based on a history of exposure and a characteristic pattern of well-defined contact dermatitis in areas of skin that may have come in contact with parts of the plant, especially when linear streaks are present.
- The best way to prevent dermatitis caused by poison ivy is by avoiding exposure. This can be done through the use of protective clothing such as heavy-duty vinyl gloves. Washing with a detergent soap as soon as possible after exposure can reduce the risk of dermatitis.
- Topical symptomatic therapies, such as oatmeal baths and cool compresses, may be used in the treatment of dermatitis. High-potency topical corticosteroids may reduce itching and are most helpful early in allergic contact dermatitis.
- Systemic corticosteroids are the treatment of choice for extensive poison ivy dermatitis. A course of oral prednisone tapered over 14 or 21 days can be very effective in reducing symptoms of severe dermatitis.



Reference:
 Prok, L. & McGovern, T. (2018). Poison Ivy In T.W. Post (Ed.), *UpToDate*. Waltham, MA: UpToDate
https://plants.usda.gov/plantguide/pdf/pg_pagu2.pdf

Patient Education Handout

How to Prevent Transmission of the Zika Virus

- Follow these tips regarding insect repellents:
 - Use Environmental Protection Agency (EPA)-registered insect repellants with one of these active ingredients:
 - DEET
 - Picaridin
 - IR3535
 - Oil of lemon eucalyptus (OLE) or para-menthane-diol (PMD)
 - 2-undecanone
 - Apply sunscreen first before using insect repellent.
 - Do not use insect repellent on children younger than 2 months.
 - When applying to a child, adults should spray the repellent into their hands and then apply to the child.
 - Do not use OLE or PMD products on children less than 3 years of age.
- Use condoms.
- Wear long-sleeved shirt or pants.
- Use screens on doors and windows.
- Make sure there is no standing water by your house.

Reference: <https://www.cdc.gov/zika/>

Sunburn Safety

- Ways to protect yourself from the sun
 - Stay in the shade, especially during peak time (10am to 4pm) and drink plenty of fluids when in the sun.
 - Protect exposed skin with clothing, head and neck with a wide-brimmed hat and eyes with sunglasses.
 - Follow these tips regarding the use of sunscreen:
 - Use SPF 15 or higher.
 - Be sure that the label says “broad spectrum” or “blocks UVA and UVB.”
 - Apply to all exposed skin 20 minutes prior to sun exposure.
 - Reapply every 2 hours and each time you get out of the water or sweat profusely.
 - Throw away sunscreens after 1 to 2 years.
 - Apply sunscreen first then insect repellent.
- Ways to treat a sunburn
 - Take acetaminophen, aspirin, or ibuprofen for any fever, pain, or headache and drink plenty of fluids.
 - Soothe burns with cool baths, by applying cool wet cloths, and by applying a topical moisturizing cream.
 - Seek medical attention if any of the following occurs: severe sunburn (> 15% of your body), dehydration, high fever (> 101°F), or intolerable pain lasting longer than 48 hours.

Reference: <https://wwwnc.cdc.gov/travel/page/sun-exposure>

Medications that May Make You More Sensitive to Sunburns

- Some medicines may make your skin more sensitive to sunlight. These reactions are triggered by products applied to the skin or by medications taken by mouth.
- Some of these medications include certain antibiotics, antihistamines, cholesterol-lowering drugs, and some medications taken for skin conditions. If you have questions about whether or not your medication may increase your risk of sunburn, contact your pharmacist.

Reference: <https://www.fda.gov/Drugs/ResourcesForYou/SpecialFeatures/ucm464195.htm>

Prevention and Treatment of Exposure to Poison Ivy or Other Poisonous Plants

- Learn what poisonous plants look like so you can avoid them.
- Wear protective clothing if you think you may be working around poisonous plants.
- Wash your skin in soap and cool water as soon as possible if you come in contact with a poisonous plant.
- Relieve itching by using wet compresses or applying topical corticosteroids.
- See a doctor if:
 - You have a temperature > 100 °F.
 - There is pus, soft yellow scabs, or tenderness on the rash.
 - The itching gets worse or keeps you awake at night.
 - The rash is not improving within a few weeks or is widespread and severe.
 - You have difficulty breathing.

Reference: <https://www.fda.gov/ForConsumers/ConsumerUpdates/ucm049342.htm>

Pharmacy Facts

Program Updates from Louisiana Medicaid

Cost of Dispensing Survey

Louisiana Medicaid is currently conducting a Cost of Dispensing Survey for purposes of updating the professional dispensing fee for pharmacy reimbursement. The survey was distributed April 16, 2018. Please refer to this website <https://ghscapps.mercer.com/LApharmacy/> for the latest information. Please email any related questions to the following address: RxSurvey@mercer.com. Surveys are due **May 11, 2018**.

Single Preferred Drug List

LDH efforts to develop a Single Preferred Drug List across fee for service (FFS) and the five managed care organizations (MCOs) are progressing. Next steps include sharing the draft PDL with pharmacists, prescribers and MCOs for feedback. Stakeholder meetings are set for the last week in April, with the goal of finalizing the list in June. With approval of the final list by the Pharmaceutical and Therapeutics (P&T) committee and the related state administrative rule making and State Plan Amendment, LDH aims to implement the Single PDL on January 1, 2019. Ongoing progress updates will be communicated through this publication.

Two MCOs offering 90-Day Supply

United Healthcare (UHC) and AmeriHealth Caritas (ACLA) are now offering a 90-day supply on certain maintenance drugs. Recipients have been notified and will be able to fill a 90-day supply at retail pharmacies.

Louisiana Drug Utilization Review

FFS and the MCOs are aligning some Drug Utilization Review (DUR) initiatives. This collaboration will unify prospective, retrospective and educational DUR criteria. Watch for provider notices with detailed information on each DUR focus. Provider notices are posted here: <http://www.lamedicaid.com/provweb1/Pharmacy/pharmacyindex.htm>

Pharmacy facts, which includes program updates from Louisiana Medicaid can be found online at: <http://ldh.la.gov/index.cfm/page/3036>.

New Medicaid Eligibility System to Launch Later This Year: Louisiana Medicaid Eligibility Determination System, or LaMEDS

The Louisiana Department of Health (LDH) is implementing a new Medicaid eligibility and enrollment system known as Louisiana Medicaid Eligibility Determination System, or LaMEDS. This new automated system will replace inefficient manual processes with modern new tools, technologies and electronic data sources.

Scheduled to launch in July 2018, LaMEDS includes a new Self-Service portal containing services for the public, partners and providers. The Provider Portal replaces the current Facility Notification System (FNS) and allows provider representatives, hospital representatives, and Support Coordination Agency (SCA) representatives to submit forms for Medicaid to process. The submitted forms are a means of notifying LDH regarding changes to information for individuals that may be requesting or receiving Long Term Care, Waiver, and Newborn health assistance.

Due to updated security requirements, all current representatives authorized to submit forms in FNS will be required to re-register in the new system. Impacted groups will receive more information on the re-enrollment process through direct contact from LDH.

If you have any questions, please contact msmcomm@la.gov.

Healthy Louisiana Open Enrollment

The Healthy Louisiana open enrollment period will begin June 15 and close July 31, with enrollment changes becoming effective September 1. Letters containing information on this process will be mailed to enrollees in May. Enrollees can make changes to their health plan through the Healthy Louisiana mobile app, online at www.myplan.healthy.la.gov or by calling 1-855-229-6848. If enrollees want to keep their current managed care organization (MCO) they don't need to do anything. The member will stay with their MCO for another year, as long as they are still eligible for Medicaid. A flyer containing the open enrollment information for posting in your office may be accessed [here](#).

CPT Code 99188: Application of Fluoride Varnish

Louisiana Medicaid and the Office of Public Health are working together to promote the application of fluoride varnish, with the goal of improving the overall health of Louisiana children, while potentially decreasing future costs of untreated dental diseases. Fluoride varnish is a concentrated, thin material that is applied directly to the teeth to assist in preventing and potentially reversing very early decay that already has begun to develop. In order to qualify for reimbursement, dental providers, physicians, nurse practitioners, physician assistants, registered nurses, licensed practical nurses, and certified medical assistants must review the Smiles for Life “Caries Risk Assessment, Fluoride Varnish, and Counseling” module and successfully pass the post assessment, at www.smilesforlifeoralhealth.org. Fluoride varnish application is limited to eligible recipients from ages 6 months through 5 years, once every six months. CPT code 99188 represents application of the fluoride varnish, as well as performance of an oral health assessment, education of parents and anticipatory guidance. The full policy may be accessed [here](#).

Provider Independent Review

The independent review process was established by La-RS 46:460.81, et seq. to resolve claims disputes when a provider believes a managed care organization (MCO) has partially or totally denied claims incorrectly. A MCO's failure to send a provider a remittance advice or other written or electronic notice either partially or totally denying a claim within 60 days of the MCO's receipt of the claim is considered a claims denial. There is a \$750 fee associated with an independent review request. If the independent reviewer decides in favor of the provider, the MCO is responsible for paying the fee. Conversely, if the independent reviewer finds in favor of the MCO, the provider is responsible for paying the fee.

Louisiana Medicaid administers the independent review process, but does not perform the review of the disputed claims. If the claims are eligible for review based on the requirements in the law, LDH will forward the claims to a reviewer that is not a state employee and is independent of both the MCO and the provider. The decision of the independent reviewer is binding unless either party to the dispute appeals the decision to any court having jurisdiction to review the independent reviewer's decision. The independent review process is only one option a provider has to resolve claims payment disputes with a MCO. In lieu of requesting independent review, a provider may pursue any available legal or contractual remedy to resolve the dispute.

To learn more about the independent review process, click [here](#).

ATTENTION PROVIDERS: PAYMENT ERROR RATE MEASUREMENT (PERM) FFY17 Currently Underway

Louisiana Medicaid is mandated to participate in the Centers for Medicare and Medicaid (CMS) **Payment Error Rate Measurement (PERM)** program which will assess our payment accuracy rate for the Medicaid and CHIP programs. If chosen in a random sample, your organization will soon receive a *Medical Records Request* from the CMS review contractor, CNI Advantage.

Please be advised that sampled providers who fail to cooperate with the CMS contractor by established deadlines may be subject to sanctioning by Louisiana Medicaid Program Integrity through the imposition of a payment recovery by means of a withholding of payment until the overpayment is satisfied, and/or a fine.

Please be reminded that providers who are no longer doing business with Louisiana Medicaid are obligated to retain recipient records for 5 years, under the terms of the Provider Enrollment Agreement.

For more information about PERM and your role as a provider, please visit the [Provider link](http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/PERM/Providers.html) on the CMS PERM website: <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/PERM/Providers.html>

If you have any questions, please call Catherine Altazan at 225-342-2612.

Online Medicaid Provider Manual Chapter Revisions as of April, 2018

Manual Chapter	Section(s)	Date of Revision(s)
Behavioral Health	2.1 Residential Services	04/05/18
	2.2 Outpatient Services – Rehabilitation Services for Children, Adolescents, and Adults	
	2.2 Residential Services	04/20/18 Section Renumbering
	2.3 Outpatient Services – Behavioral Health in a Federally Qualified Health Center (FQHC) and Rural Health Center (RHC)	
	2.3 Outpatient Services – Outpatient Therapy by Licensed Practitioners	
	2.3 Outpatient Services – Rehabilitation Services for Children, Adolescents, and Adults	
	2.4 Addiction Services	
	2.5 Coordinated System of Care	
	2.6 Record Keeping	

Online Medicaid Provider Manual Chapter Revisions as of April, 2018 (continued)

Manual Chapter	Section(s)	Date of Revision(s)
Community Choices Waiver	7.7 Record Keeping	03/29/18
Hospital Services	Appendix A Forms and Links	04/11/18
Personal Care Services	30.2 LT-PCS - Covered Services	03/29/18
	30.7 LT-PCS - Service Delivery	
	30.8 LT-PCS - Record Keeping	04/04/18
Pharmacy Benefits Management Services	37.5 Table of Contents Covered Services, Limitations and Exclusions	03/29/18
Professional Services	5.1 Table of Contents Covered Services – Outpatient Chemotherapy	04/13/18
	5.1 Covered Services – Psychiatric Services	
	Appendix D Reserved	

Archived Online Medicaid Provider Manual Chapter Revisions as of April, 2018

Manual Chapter	Section(s)	Date of Omission(s)
Behavioral Health	2.1 Residential Services	04/05/18
	2.2 Outpatient Services – Rehabilitation Services for Children, Adolescents, and Adults	
	2.2 Residential Services	
	2.3 Outpatient Services – Behavioral Health in a Federally Qualified Health Center (FQHC) and Rural Health Center (RHC)	04/20/18 Section Renumbering
	2.3 Outpatient Services – Outpatient Therapy by Licensed Practitioners	
	2.3 Outpatient Services – Rehabilitation Services for Children, Adolescents, and Adults	
	2.4 Addiction Services	
	2.5 Coordinated System of Care	
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	30.8 LT-PCS - Record Keeping	04/04/18
Pharmacy Benefits Management Services	Table of Contents	03/29/18
	37.5 Covered Services, Limitations and Exclusions	
Professional Services	Table of Contents	04/13/18
	5.1 Covered Services – Outpatient Chemotherapy	
	5.1 Covered Services – Psychiatric Services	
	Appendix D Reserved	

Remittance Advice Corner

Attention Louisiana Medicaid Providers

As of April 1, 2018, Fee for Service (FFS) Medicaid and Managed Care Organizations (MCOs) initiated new diagnosis code requirements at Point of Sale (POS) for attention deficit hyperactivity disorder (ADHD) agents, stimulants, and substance use disorder (SUD) agents. Please refer to www.lamedicaid.com for more information.



Attention Providers of CLIA Waived Tests

CMS mandated Clinical Laboratory Improvement Amendments (CLIA) claim edits are applied to all laboratory services billed on fee for service claims. Claims submitted that do not meet the required CLIA criteria will deny.

Providers with waived or provider-performed microscopy (PPM) certificate types may be paid only for those waived and/or PPM codes approved for their certification types. Providers with these certification types are to add the 'QW' modifier to the procedure code for all applicable CLIA waived or PPM tests they submit for reimbursement.

The fee for service claims processing system has been updated to assure correct processing of claims for laboratory services. Effective for claims processed on or after April 17, 2018 the following Current Procedural Terminology (CPT) codes will require a “QW” modifier effective for the date of service provided below when submitted by providers with the certificate types described above:

<u>Code</u>	<u>CLIA Waived Eff Date</u>
80305	01/01/2017
87633	10/07/2016
87801	03/06/2017

Denied claims submitted with the codes above on or after the effective date listed that were submitted correctly with modifier –QW will be systematically recycled on the remittance of April 24, 2017 without any action required by the provider.

Please visit www.cms.gov for a complete listing of effective dates for recently added codes. For more information regarding CLIA, see Appendix A in the Professional Services Provider Manual.

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

Questions related to Healthy Louisiana managed care organizations’ updates should be directed to the specific health plan.



Attention Fee for Service (FFS) Louisiana Medicaid Providers

Effective May 1, 2018, Fee for Service (FFS) pharmacy claims for long-acting opioid prescription products will have revised quantity limits. Also, FFS pharmacy claims for concurrent use of opioid and benzodiazepine prescriptions will have edits at Point of Sale (POS). Please refer to www.lamedicaid.com for more information.



Attention All DME Providers Portable Oxygen Coverage and Reimbursement

Effective with dates of service July 1, 2018, reimbursement will be allowed for portable oxygen equipment for members who need continuous oxygen and require portable units while en route to the doctor’s office, hospital, medically necessary appointments, or travel to or from school for individuals under the age of 21.

All requests for portable oxygen going forward must be submitted using the following procedure codes:

E0430-09 -Portable gaseous oxygen system, purchase; includes regulator, flowmeter, humidifier, cannula or mask, and tubing

E0431-07- Portable gaseous oxygen system, rental; includes portable container, regulator, flowmeter, humidifier, cannula or mask, and tubing

E0443-09 – Portable oxygen contents, gaseous, 1 month’s supply = 1 unit

Note: E0430-07 using modifier RR for rental will no longer be a billable code for portable oxygen.

It is the expectation of the Louisiana Department of Health that managed care organizations (MCOs) will update their systems to accommodate these corrections in allowable HCPCS codes for portable oxygen in accordance with the requirements set forth above.

Questions regarding this message and fee for service claims should be directed to Molina Provider Relations at (800) 473-2783 or (225) 924-5040.

Updates to Healthy Louisiana related policy, systems and claims processing changes are plan specific and are the responsibility of each health plan. For questions regarding Healthy Louisiana updates and prior authorization requirements, please contact the appropriate health plan.



Attention LTC and ICF-DD Providers

Louisiana Medicaid **UB-04 Billing Instructions Manual for Nursing Facility and ICF-DD**, has long contained policy requiring Long Term Care and ICF-DD Providers to include a Principal Diagnosis when billing transactions. Previously, there wasn't an edit in place to validate a valid ICD-10 code was reported- but that will now change. Effective for **Dates of Service August 28, 2018** and forward, Medicaid will implement an edit requiring a valid ICD-10 diagnosis code is reported in the principal diagnosis field. Claims submitted without a valid principal diagnosis code will be denied for correction.

Louisiana Medicaid UB-04 Billing Instructions Manual for Nursing Facility and ICF-DD identifies **Other Diagnosis Field** as a situational field. While reporting Other Diagnosis is not required, effective with dates of service August 28, 2018 and forward, Medicaid will implement an edit to deny the claim for correction when an invalid ICD-10 code is reported in the Other Diagnosis Field.



Attention Louisiana Medicaid Providers

Effective May 9, 2018, Fee for Service (FFS) Medicaid and Managed Care Organizations (MCOs) will have revisions to the Hepatitis C Direct-Acting Antiviral (DAA) Agents clinical prior authorization and pre-authorization criteria. Please refer to www.lamedicaid.com for more information.

For Information or Assistance, Call Us!

Provider Enrollment	(225)216-6370	General Medicaid Eligibility Hotline	1-888-342-6207
Prior Authorization:		MMIS Claims Processing Resolution Unit	(225) 342-3855
Home Health/EPSTD – PCS	1-800-807-1320		
Dental	1-866-263-6534 1-504-941-8206		
DME & All Other	1-800-488-6334 (225) 928-5263	MMIS/Recipient Retroactive Reimbursement	(225) 342-1739 1-866-640-3905
Hospital Pre-Certification	1-800-877-0666		
Provider Relations	1-800-473-2783 (225) 924-5040	Medicare Savings Program and Medicaid Purchase Hotline	1-888-544-7996
REVS Line	1-800-776-6323 (225) 216-(REVS)7387		
Point of Sale Help Desk	1-800-648-0790 (225) 216-6381	For Hearing Impaired Pharmacy Hotline	1-877-544-9544 1-800-437-9101
		Medicaid Fraud Hotline	1-800-488-2917