

U.S. Measles Cases in First Five Months of 2019 Surpass Total Cases per Year for Past 25 Years

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From January 1 to June 20, 2019, 1,077 individual cases of measles were confirmed in the United States in 28 different states. This is the greatest number of cases reported in the U.S. since 1992 and since measles was declared eliminated in 2000. Since 2000, the annual number of cases has ranged from a low of 37 in 2004 to a high of 667 in 2014. The 2019 case count exceeded 2014 levels as of April 26, 2019, and continues to climb. The majority of cases have been among people who are not vaccinated against measles. Measles cases in the United States occur as a result of importations by people who were infected while in other countries and from transmission that may occur from those importations. Measles is more likely to spread and cause outbreaks in U.S. communities where groups of people are unvaccinated.

“Measles is preventable and the way to end this outbreak is to ensure that all children and adults who can get vaccinated, do get vaccinated. Again, I want to reassure parents that vaccines are safe, they do not cause autism. The greater danger is the disease the vaccination prevents,” said Centers for Disease Control and Prevention (CDC) Director Dr. Robert Redfield, M.D. “Your decision to vaccinate will protect your family’s health and your community’s well-being. CDC will continue working with public health responders across our nation to bring this outbreak to an end.”

Outbreaks in New York City and Rockland County, New York have continued for nearly 8 months. If these outbreaks continue through summer and fall, the United States may lose its measles elimination status. That loss would be a huge blow for the nation and erase the hard work done by all levels of public health. The measles elimination goal, first announced in 1966 and accomplished in 2000, was a monumental task. The CDC was able to accomplish this goal because of the availability and widespread use of a safe and highly effective measles vaccine and the presence of a strong public health infrastructure to detect and contain measles. Before widespread use of the measles vaccine, an estimated 3 to 4 million people got measles each year in the United States, along with an estimated 400 to 500 deaths and 48,000 hospitalizations.

The CDC is working with affected state and local health departments to get ongoing outbreaks under control. Concerns based on misinformation about the vaccine safety and effectiveness, as well as disease severity, may lead parents to delay or refuse vaccines. Therefore, providers should ensure that their patients are receiving accurate and credible information regarding vaccines.

References:

www.cdc.gov/measles/cases-outbreaks.html
www.cdc.gov/media/releases/2019/p0530-us-measles-2019.html
www.cdc.gov/measles/hcp/index.html

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Clinical Features of Measles

- Measles is an acute viral respiratory illness characterized by fever, malaise, cough, coryza, and conjunctivitis, followed by a widespread rash which usually appears about 14 days after a person is exposed. The rash spreads from the head to the trunk to the lower extremities. Patients are considered to be contagious from 4 days before to 4 days after the rash appears. Of note, sometimes immunocompromised patients do not develop the rash.
- Even in previously healthy children, measles can cause serious illness requiring hospitalization.
 - One out of every 1,000 measles cases will develop acute encephalitis, which often results in permanent brain damage.
 - One to three out of every 1,000 children who become infected with measles will die from respiratory and neurologic complications.
 - Subacute sclerosing panencephalitis (SSPE) is a rare, but fatal degenerative disease of the central nervous system characterized by behavioral and intellectual deterioration and seizures that generally develop 7 to 10 years after measles infection.
- Measles is one of the most contagious of all infectious diseases; up to 9 out of 10 susceptible persons with close contact to a measles patient will develop measles. The virus is transmitted by direct contact with infectious droplets or by airborne spread when an infected person breathes, coughs, or sneezes. Measles virus can remain infectious in the air for up to two hours after an infected person leaves an area.
- A diagnosis of measles should be considered in patients presenting with febrile rash illness and clinically compatible measles symptoms, especially if the person recently traveled internationally or was exposed to a person with febrile rash illness. Healthcare providers should obtain both a serum sample and a throat swab (or nasopharyngeal swab) from patients suspected to have measles at first contact with them. Urine samples may also contain virus, and when feasible to do so, collecting both respiratory and urine samples can increase the likelihood of detecting measles virus. Healthcare providers should report suspected measles cases to their local health department within 24 hours.

Reference: www.cdc.gov/measles/hcp/index.html

Measles Vaccination

Measles can be prevented with measles-containing vaccine, which is primarily administered as the combination measles-mumps-rubella (MMR) vaccine. The combination measles-mumps-rubella-varicella (MMRV) vaccine can be used for children aged 12 months through 12 years for protection against measles, mumps, rubella and varicella.

Vaccine Recommendations

Children

CDC recommends routine childhood immunization for MMR vaccine starting with the first dose at 12 through 15 months of age, and the second dose at 4 through 6 years of age or at least 28 days following the first dose.

Students at post-high school educational institutions

Students at post-high school educational institutions without evidence of measles immunity need two doses of MMR vaccine, with the second dose administered no earlier than 28 days after the first dose.

Adults

People who are born during or after 1957 who do not have evidence of immunity against measles should get at least one dose of MMR vaccine.

International travelers

People 6 months of age or older who will be traveling internationally should be protected against measles. Before traveling internationally,

- Infants 6 through 11 months of age should receive one dose of MMR vaccine[†]
- Children 12 months of age or older should have documentation of two doses of MMR vaccine (the first dose of MMR vaccine should be administered at age 12 months or older; the second dose no earlier than 28 days after the first dose)
- Teenagers and adults born during or after 1957 without evidence of immunity against measles should have documentation of two doses of MMR vaccine, with the second dose administered no earlier than 28 days after the first dose

[†] Infants who get one dose of MMR vaccine before their first birthday should get two more doses according to the routinely recommended schedule (one dose at 12 through 15 months of age and another dose at 4 through 6 years of age or at least 28 days later).

Reference: www.cdc.gov/measles/hcp/index.html



Pharmacy Facts can also be found online at: <http://ldh.la.gov/index.cfm/page/3036>.

June 17, 2019

MCO Diabetic Supplies

The Single PDL implemented on May 1, 2019. As stated in the last edition, diabetic supplies are not included on the Single PDL; therefore, each MCO may have different preferred products.

To assist prescribing and pharmacy providers, following are the diabetic links for each MCO:

Aetna Better Health

https://www.aetnabetterhealth.com/louisiana/assets/pdf/pharmacy/Diabetic%20Supplies/ABH_LA_DIABETIC_SUPPLIES.pdf

AmeriHealth Caritas Louisiana

<http://www.amerhealthcaritasla.com/pdf/pharmacy/preferred-diabetic-supplies.pdf>

Healthy Blue

http://fm.formularynavigator.com/FBO/4/Louisiana_Preferred_Diabetic.pdf

Louisiana Healthcare Connections

<https://www.louisianahealthconnect.com/providers/pharmacy/preferred-drug-list-info.html>

United Healthcare

<https://www.uhcprovider.com/content/dam/provider/docs/public/commplan/la/bulletins/LAPreferred-Diabetic-Supplies.pdf>

These links will be included in the July 1, 2019 version of the PDL.

The Single PDL is a list of over 100 therapeutic classes reviewed by the Pharmaceutical & Therapeutics (P&T) committee. The committee does not review some medications and/or classes of medications. Unless there is a clinical authorization requirement for the entire class (as noted on the last page of the PDL; see screen shot on next page) these medications will continue to be covered without prior authorization. Example: spironolactone, hydrochlorothiazide, amoxicillin suspension.

Fee for Service (FFS) Preferred Drug List (PDL)/Non-Preferred Drug List (NPDL)

Effective Date: May 1, 2019

ADDITIONAL AGENTS THAT HAVE POINT-OF-SALE (POS) REQUIREMENT(S)					
Click Here for Behavioral Health Agents Listed Below for Children Younger Than Six (BH)			Click Here for Agents Listed Below with Point-of-Sale Requirements (POS)		
Acetaminophen	POS	Exondys 51® (Eteplirsen)	CL, DX	Proleukin® (Aldesleukin)	POS
Actimmune® (Interferon Gamma-1b)	POS	Fasenra® (Benralizumab)	CL	Protriptyline	BH, TD
Alferon N® (Interferon Alfa-N3)	POS	First-Progesterone VGS® (Vaginal Progesterone)	POS	Pulmozyme® (Dornase Alfa)	POS
Amitriptyline	BH, TD	Flolan® (Epoprostenol Sodium)	POS	Ragwitek® (Short Ragweed Pollen Allergen Extract)	POS
Amitriptyline/Chlordiazepoxide	BH	Fycompa® (Perampanel)	POS	Remodulin® (Treprostinal Sodium) INJECTION	POS
Amoxapine	BH, TD	Grastek® (Timothy Grass Pollen Allergen Extract)	POS	Soliris® (Eculizumab)	POS
Aspirin	POS	Imipramine	BH, TD	Spinraza® (Nusinersen)	CL, DX
Austedo® (Deutetrabenazine)	CL	Ingrezza® (Valbenazine)	CL	Sylatron® (Peginterferon alfa-2b)	POS
Beyaz® (Drospirenone/Ethinyl Estradiol/Levonorgestrel Calcium)	POS	Intron-A® (Interferon Alfa-2B Recombinant)	POS	Synjedo® (Tazacaftor/Ivacaftor)	CL
Botox® (OnabotulinumtoxinA)	DX, QL	Isotretinoin	POS	Synagis (Palivizumab)	AL, CL, DT, ER, QL
Carafate® (Sucralfate)	POS	Kalydeco® (Ivacaftor)	CL, DX	Tazorac® (Tazarotene)	POS
Chlordiazepoxide/Clidinium	BH	Lithium	BH	Testosterone Buccal (Striant®)	CL
Chlorpromazine Injectable	BH	Lorazepam Injectable	BY	Testosterone Cypionate Injection	CL
Cialis® (Tadalafil) 2.5mg, 5mg	POS	Maprotiline	BH	Testosterone Pellets (Testopel®)	CL
Cinqair® (Reslizumab)	CL	Methadone	CL, DX, QL	Testosterone Undecanoate (Aveed®)	CL
Clomipramine	BH, TD	Methyltestosterone Capsules (Android®)	CL	Trimipramine	BH, TD
Clonazepam Tablet	BH, BY, QL	Mosquito Repellent to Decrease Zika Virus Exposure Risk FFS Notice MCO Notice	AL, DX, QL	Tysabri® (Natalizumab)	POS
Daraprim® (Pyrimethamine)	CL	Myobloc® (RimabotulinumtoxinB)	DX	Veletri® (Epoprostenol)	POS
Desipramine	BH, TD	Nexplanon® (Etonogestrel)	POS	Xenazine® (Tetrabenazine)	CL
Doral® (Quazepam)	MD	Nortriptyline	BH, TD	Xenical® (Orlistat)	QL, DX
Doxepin (10mg-150mg)	BH, TD	Nucala® (Mepolizumab)	CL	Xeomin® (IncobotulinumtoxinA)	DX, QL
Dysport® (AbobotulinumtoxinA)	DX	Oralair® (Mixed Grass Pollens Allergen Extract)	POS	Xolair® (Omalizumab)	CL, DX
Equetro® (Carbamazepine)	BH	Orkambi® (Lumacaftor/Ivacaftor)	CL, DX	Xyrem® (Sodium Oxybate)	CL, TD
Exjade®, Jadenu® (Deferasirox)	POS				

Additional Point-of-Sale (POS) Edits May Apply

The PDL document should be utilized as a resource as it contains helpful information.

Clinical criteria links are included next to most therapeutic classes; see screen shot on next page.

Fee for Service (FFS) Preferred Drug List (PDL)/Non-Preferred Drug List (NPDL)

Effective Date: May 1, 2019

AL – Age Limits	DS – Maximum Days’ Supply Allowed	QL – Quantity Limits
BH – Behavioral Health Clinical Pre-Authorization Required for Children Younger Than 6 Years Old	DT – Duration of Therapy Limit	RX – Specific Prescription Requirements
BY – Diagnosis Codes Bypass Some Requirements	DX – Diagnosis Code Requirements	TD – Therapeutic Duplication
CL - More Detailed Clinical Information Required for Authorization	ER – Early Refill NOT Allowed	UN – Drug Use Not Warranted (Needs Appropriate Diagnosis)
CU – Concurrent Use with Opioids or Benzodiazepines is Restricted	MD – Maximum Dose Limits	X – Prescriber Must Have ‘X’ DEA Number
DD – Drug-Drug Interactions	PR – Enrollment in a Physician-Supervised Program Required	YQ – Yearly Quantity Limits
DR – Concurrent Prescriptions Must Be Written by Same Prescriber	PU – Prior Use of Other Medication is Required	

Descriptive Therapeutic Class	Drugs on PDL	POS Edits	Drugs on NPDL which Require Prior Authorization (PA)	POS Edits
DIGESTIVE DISORDERS (10)	Pancrelipase (Creon®)		Pancrelipase (Pancrease®)	
Pancreatic Enzymes	Pancrelipase (Zenpep®)		Pancrelipase (Pertzeye®)	
*Request Form			Pancrelipase (Viokace®)	
*Criteria				
DIGESTIVE DISORDERS (10)	Omeprazole Rx (Generic)	BY, DT, TD	Dexlansoprazole (Dexilant®)	BY, DT, TD
Proton Pump Inhibitors	Pantoprazole (Generic)	BY, DT, TD	Esomeprazole Capsule (Nexium®; Generic)	BY, DT, TD
*Request Form	Pantoprazole Suspension (Protonix®)	BY, DT, TD	Esomeprazole Kit	TD
*Criteria with Duration of Therapy Limits (DT) and Diagnosis Codes That Bypass DT (BY)			Esomeprazole Suspension (Nexium®)	BY, DT, TD
			Esomeprazole Strontium (Generic)	BY, DT, TD
			Lansoprazole Capsule (Prevacid®; Generic)	BY, DT, TD
			Lansoprazole SoluTab(Prevacid®)	BY, DT, TD
			Omeprazole Granules for Suspension (Prilosec®)	BY, DT, TD
			Omeprazole/Sodium Bicarbonate Rx (Zegenid®; Generic)	BY, DT, TD
			Pantoprazole (Protonix®)	BY, DT, TD
			Rabeprazole Sprinkle (Aciphex Sprinkle®)	BY, DT, TD
			Rabeprazole Tablet (Aciphex®; Generic)	BY, DT, TD
DIGESTIVE DISORDERS (10)	Balsalazide (Generic)		Balsalazide Capsule (Colazal®)	
Ulcerative Colitis Agents	Mesalamine ER (Apriso®)		Balsalazide Tablet (Giazo®)	
*Request Form	Mesalamine Suppository (Canasa®)		Budesonide ER Tablet; Rectal Foam (Uceris®)	
*Criteria	Sulfasalazine (Generic)		Mesalamine DR (Authorized Generic; Asacol HD®)	
	Sulfasalazine DR (Generic)		Mesalamine DR Capsule (Delzicol®)	
			Mesalamine Rectal; Rectal Kit (Generic; Rowasa®)	
			Mesalamine DR Tablet (Lialda®)	
			Mesalamine ER Capsule (Pentasa®)	
			Otsalazine Capsule (Dipentum®)	
			Sulfasalazine Tablet (Azulfidine®)	

Additional Point-of-Sale (POS) Edits May Apply

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The PDL can be accessed at: <http://ldh.la.gov/assets/HealthyLa/Pharmacy/PDL.pdf>. The Single PDL will be updated on July 1, 2019 containing new recommendations by the P&T committee, but the link above will remain the same.

Note: Pharmacy claims will process using the Medicaid ID number (white card) for all the MCOs. Bill the claim to fee-for-service Medicaid if you are not sure which MCO the recipient is enrolled in, and the reject will direct you to the appropriate carrier.

Eligibility and Enrollment System Provider Bulletins

Louisiana Medicaid is publishing bi-weekly provider bulletins to address provider questions and concerns around the new eligibility and enrollment system. The information in these bulletins covers a wide range of provider issues and provider types. This and other news can be found on the web site dedicated to the new system, found here: <http://ldh.la.gov/index.cfm/page/3497>.

If there are topics you feel need to be covered in these public communications, please let us know by sending an email to Healthy@la.gov.



Online Medicaid Provider Manual Chapter Revisions as of June 2019

Manual Chapter	Section(s)	Date of Revision(s)
Behavior Health	Table of Contents 2.2 Residential Services 2.4 Addiction Services Appendix E-1 Evidenced Based Practices (EBPs) Policy – Assertive Community Treatment Appendix E-5 - Evidenced Based Practices (EBPs) Policy – Child/Parent Psychotherapy Appendix E-6 Evidenced Based Practices (EBPs) Policy – Parent-Child Interaction Therapy Appendix E-7 Evidenced Based Practices (EBPs) Policy – Preschool PTSD Treatment and Youth PTSD	06/12/19
Durable Medical Equipment	Table of Contents 18.2 Specific Coverage Criteria 18.5 Prior Authorization Appendix A Prior Authorization Form and Instructions Appendix B - Claims Filing Appendix E - Contact/Referral Information	07/01/19
Home Health	Table of Contents 23.4 Provider Requirements 23.5 Prior Authorization 23.6 Claims Related Information	06/20/19
Independent Laboratories	27.1 Covered Services	07/01/19
Professional Services	5.1 Laboratory and Radiology Services	07/01/19
Pharmacy Benefits Management Services	Table of Contents 37.0 Overview 37.1 Covered Services, Limitations and Exclusions 37.3 Reimbursement 37.5 Reserved 37.6 Reserved Appendix A - Forms and Links Appendix A-1 Reserved Appendix B - Claims Related Information Appendix C - Glossary Appendix D - Contact Information Appendix E - Louisiana Medicaid Single Preferred Drug List (PDL) Fee-For –Service and managed Care Organizations Appendix E-1 Reserved Appendix E-2 Reserved Appendix F - Reserved Appendix G - Reserved Appendix H - Reserved Appendix I - Reserved Appendix J - Reserved Appendix L - Reserved Appendix M - Reserved Appendix N - Reserved Appendix O - Reserved Appendix P - Reserved	07/01/19
Professional Services	5.1 Laboratory and Radiology Services	07/01/19

Archived Online Medicaid Provider Manual Chapter Archived as of June 2019

Manual Chapter	Section(s)	Date of Omission(s)
Behavior Health	Table of Contents 2.2 Residential Services 2.4 Addiction Services Appendix E-1 Evidenced Based Practices (EBPs) Policy – Assertive Community Treatment Appendix E-5 - Evidenced Based Practices (EBPs) Policy – Child/Parent Psychotherapy Appendix E-6 Evidenced Based Practices (EBPs) Policy – Parent-Child Interaction Therapy Appendix E-7 Evidenced Based Practices (EBPs) Policy – Preschool PTSD Treatment and Youth PTSD	06/12/19
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Professional Services	5.1 Laboratory and Radiology Services	07/01/19

Remittance Advice Corner

Attention Ordering Providers and Providers of Laboratory Services

Effective for dates of service on or after July 1, 2019, Louisiana Medicaid has adopted the following changes to the coverage of definitive drug testing:

- Definitive drug testing is limited to 18 total tests per member per calendar year. CPT codes 80320-80377 for individual substance(s) or metabolites will no longer be covered. Providers should instead use HCPCS codes G0480 (Drug tests, definitive...per day, 1-7 drug class(es), including metabolite(s) if performed) or G0481 (Drug tests, definitive...per day, 8-14 drug class(es), including metabolite(s) if performed) or their successors.

Testing more than fourteen definitive drug classes per day is not reimbursable.

- Presumptive drug testing is limited to 24 total tests per member per calendar year. Providers are to consider the methodology used when selecting the appropriate procedure code for the presumptive testing

No more than one presumptive and one definitive test will be reimbursed per day per recipient, from the same or different provider.

Information regarding this policy is forthcoming and will be found on www.lamedicaid.com under the Provider Manuals link, within the *Professional Services* and *Independent Laboratory Services* manuals. Fee schedules will be updated accordingly and can be found at the appropriate link on www.lamedicaid.com.

Questions regarding this message and fee for service claims should be directed to DXC Technology Provider Relations at (800) 473-2783 or (225) 924-5040. Questions regarding managed care claims should be directed to the appropriate Managed Care Organization.



Attention Providers of Home Health Services

The Home Health fee schedule has been updated to include all modifiers available for Extended Home Health services (HCPCS codes S9123 and S9124). Providers should submit any new Prior Authorization (PA) requests with the appropriate and applicable modifier to the PA department at DXC Technology, with documentation supporting its request.

Providers may also submit a reconsideration request for currently approved PAs for Extended Home Health services. For cases currently identified as chronic needs, PA may be submitted as normal, for continuation of services. Providers may later submit a reconsideration request if they wish to apply for any applicable modifiers, along with any supporting documentation.

For any claims previously paid and adjudicated as part of a currently approved PA, providers should submit an adjustment, including the newly approved modifier(s), for reevaluation.

Information regarding the available modifiers, criteria, and documentation required for PA requests can be found at www.lamedicaid.com under the Provider Manuals link, within the *Home Health* manual chapter. The updated Home Health fee schedule, including current reimbursement rates, can be found at www.lamedicaid.com under the Fee Schedules link.

Questions regarding this message and fee for service claims should be directed to DXC Technology Provider Relations at (800) 473-2783 or (225) 924-5040. Questions regarding managed care claims should be directed to the appropriate managed care organization.



Attention Providers of Laboratory Services

Effective for dates of service on or after August 1, 2019, Louisiana Medicaid will require all professional service and independent laboratory providers to include a valid CLIA number on all claims submitted for laboratory services, including CLIA waived tests. Claims submitted with an absent, incorrect or invalid CLIA number will deny.

For claims submitted using the CMS-1500 form, the CLIA number will be required in block 23. Providers should refer to the *CMS 1500 Billing Instructions* under the *Billing Information* link at www.lamedicaid.com, where complete instructions will be provided. The CLIA number is not required for UB-04 claims.

Information regarding this policy change is forthcoming and will be found on www.lamedicaid.com under the Provider Manuals link, within the *Professional Services* and *Independent Laboratory* manuals.

Questions regarding this message and fee for service claims should be directed to DXC Technology Provider Relations at (800) 473-2783 or (225) 924-5040. Questions regarding managed care claims should be directed to the appropriate managed care organization.



Attention Providers of Home Health Services

The following clarifications have been made to Home Health policy, in relation to skilled nursing and home health aide services for beneficiaries aged 21 and over.

- Evidence of the face-to-face encounter is required by DXC Technology Prior Authorization Unit (PAU) for routine skilled nursing and home health aide services for beneficiaries aged 21 and over. If providers do not have this documentation prior to the initiation of services then the initial Prior Authorization (PA) request must be for 30 days only. Providers must submit documentation of the face-to-face encounter with the new PA request in order for services to continue to be approved.
- Co-signing of the face-to-face encounter documentation by the beneficiary's certifying physician is not required for beneficiaries seen by a hospitalist or allowed Non Physician Practitioner (NPP), as previously indicated in policy.
- A physician's order must be submitted with the PA request. A Plan of Care (POC) will be accepted in lieu of a separate physician's order if the frequency of visits are specified. If providers are unable to obtain a signed POC for a reconsideration request an unsigned POC will be accepted for a 30 day period only. The signed POC must be submitted with the new PA request in order for services to be approved.

The updates to this policy can be found at www.lamedicaid.com under the Provider Manuals link, within the *Home Health* manual chapter.

Questions regarding this message and fee for service claims should be directed to DXC Technology Provider Relations at (800) 473-2783 or (225) 924-5040. Questions regarding managed care claims should be directed to the appropriate managed care organization.

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/EPSDT – 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 Medicaid Fraud Hotline	1-877-544-9544 1-800-437-9101 1-800-488-2917

