

Welcome

Welcome to the September edition of the Louisiana Medicaid Provider Update newsletter.

Please continue to visit the LDH website and social media platforms to stay informed about program updates and upcoming events.

The Louisiana Department of Health (LDH) strives to protect and promote health statewide and to ensure access to medical, preventive, and rehabilitative services for all state residents. The Louisiana Department of Health includes the Office of Public Health (OPH), Office of Aging and Adult Services (OAAS), Office of Behavioral Health (OBH), Office for Citizens with Developmental Disabilities (OCDD), Office on Women's Health and Community Health (OWHCH), and Healthy Louisiana (Medicaid). To learn more, visit ldh.la.gov or follow us on X, Facebook, and Instagram.

We appreciate your steadfast commitment to serving the Louisiana Medicaid population and your role as a valued partner in these efforts.

We hope you find this month's newsletter informational.

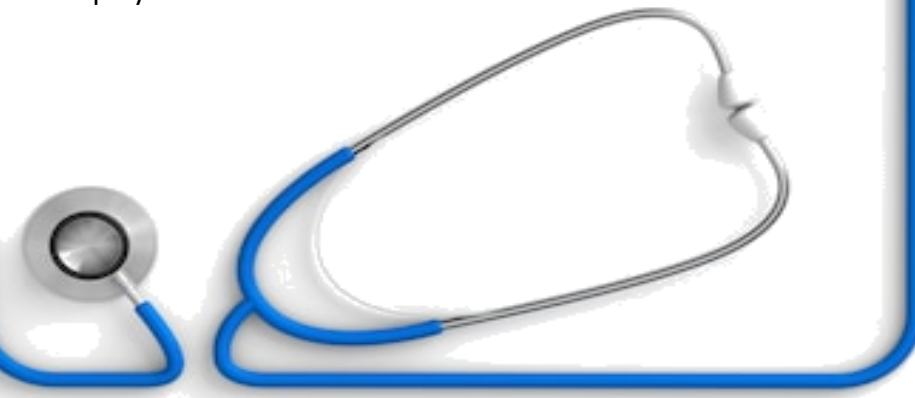


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Medicaid to Continue Bimonthly Rebaseline Provider Enrollment

Jeff Landry
GOVERNOR



Michael Harrington, MBA, MA
SECRETARY

State of Louisiana
Louisiana Department of Health
Bureau of Health Services Financing

MEMORANDUM

DATE: March 12, 2025

TO: Louisiana Medicaid Providers

FROM: Louisiana Medicaid

SUBJECT: Medicaid to Continue Bimonthly Rebaseline Provider Enrollment

In October 2024, Louisiana Medicaid launched its Provider Enrollment Rebaseline effort, which facilitates Medicaid enrollment for newly credentialed managed care organization (MCO) providers. Enrollment with the state Medicaid agency is required, and separate and apart from the credentialing process with any MCO.

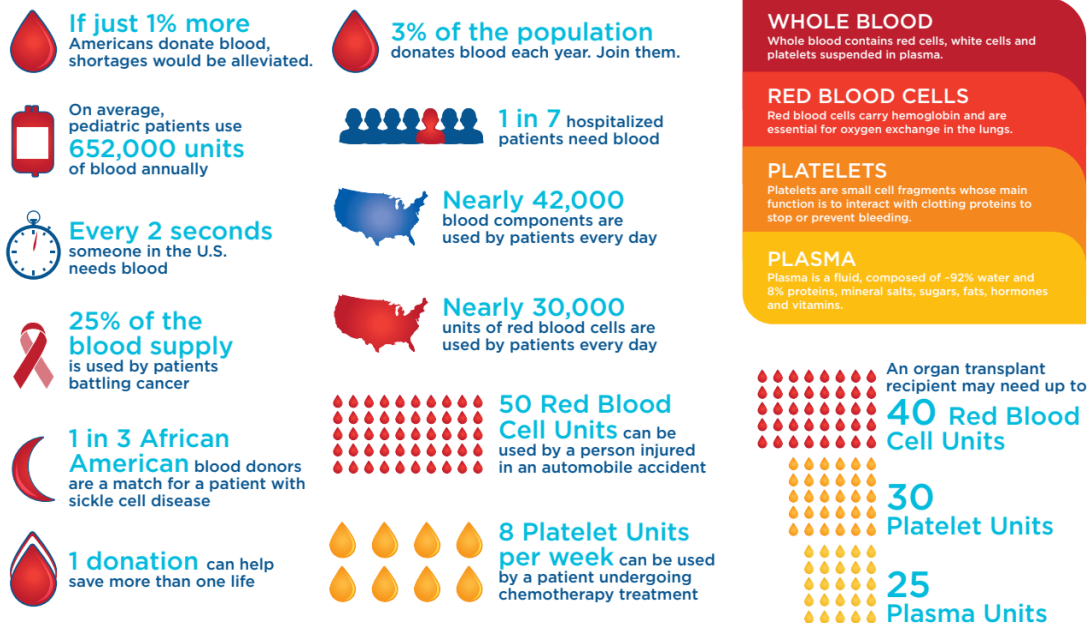
Every two months, Louisiana Medicaid will send invitation letters to new providers not yet enrolled with Louisiana Medicaid. These letters include detailed instructions and specific provider information required for enrollment. Providers must complete enrollment within 120 days of receiving the letter to avoid claim denials and potential deactivation from the Medicaid program.

For the latest rebaseline information, including details on the provider portal and contacts for additional assistance, see [Informational Bulletin 24-22](#).

The Vital Role of Diverse Blood Donors in Saving Lives

Sickle Cell Awareness Month, first recognized by the federal government in 1983, is observed globally in September. This annual event aims to increase awareness about sickle cell disease and generate funding for research. Sickle cell disease is an inherited blood disorder that results in red blood cells assuming a sickle or crescent shape. Individuals affected by this condition frequently experience chronic anemia and may require regular blood transfusions.

Blood from a diverse donor base is critical for those living with diseases like sickle cell that require blood components matched more precisely than just blood type, and matches are more likely to be found in donors of a similar racial background to the recipient patient.



Source: <https://americasblood.org/events/sickle-cell-awareness-month/>

Pregnancy Checkbox on Death Certificates

Hospital-based providers, we need your help!

Hospital-based providers, we need your help to ensure the accurate completion of the pregnancy checkbox on death certificates.

The Louisiana Pregnancy-Associated Mortality Review program reviews all pregnancy-associated deaths in the state to identify trends and opportunities for prevention. Pregnancy-associated deaths are identified first through Vital Records by using death certificates with the pregnancy checkbox. Through the pregnancy-associated death identification and verification process, discrepancies are identified when the pregnancy checkbox does not align with the pregnancy history identified in the patient's clinical record. Between 2022 and 2023, the Louisiana Pregnancy-Associated Mortality Review team identified 113 errors in the pregnancy checkbox, with 27% occurring on death certificates signed by a certifying physician.

To ensure accuracy, confirm the decedent's pregnancy status by reviewing the medical and social history before making a selection for the pregnancy checkbox. The "Not Applicable" checkbox should never be selected for women of childbearing age, and while "Unknown" is an option, every effort should be made to determine the decedent's true pregnancy status. An incorrectly marked pregnancy checkbox can result in

Misclassification of maternal deaths and inaccurate statistics that impact the ability to improve maternal healthcare, allocate resources appropriately, and evaluate the effectiveness of maternal health programs.

Accurate maternal mortality data is crucial for shaping public health initiatives, guiding policy decisions, and reducing maternal mortality rates. Your diligence ensures that individuals receive accurate classification and can help improve maternal health outcomes in Louisiana and nationwide.

If you have any questions about this process, please contact the Pregnancy-Associated Mortality Review medical director, Dr. Veronica Gillispie-Bell, at Veronica.Gillispie@la.gov or the Pregnancy-Associated Mortality Review coordinator, Anjell DeGruy, at Anjell.DeGruy@la.gov.



Coming Soon – Healthy Louisiana Open Enrollment

Open Enrollment for Medicaid members enrolled in a health plan is **October 15, 2025**, to 6 p.m. **December 1, 2025**. This Open Enrollment is only for health plans. **Dental is not included**. Enrollment changes will be effective on January 1, 2026.

Announcement letters are going out now to all members enrolled in a plan. A second mailing – the Open Enrollment “packet” that includes a letter, a guide and an enrollment form – will be sent **August 11 through August 29, 2025**.



Resources for Members Wishing to Close Their Medicaid

Louisiana Medicaid has simplified the process for members wishing to terminate their Medicaid coverage due to changes in their situations, such as household size or income, obtaining other health coverage, or relocating to a different state.

Members can complete their request for closure through various methods:

1. Online Self-Service Portal at MyMedicaid.la.gov
2. By phone
3. In-person at a regional Medicaid office
4. Submit a [one-page form](#) by mail, fax, or email.

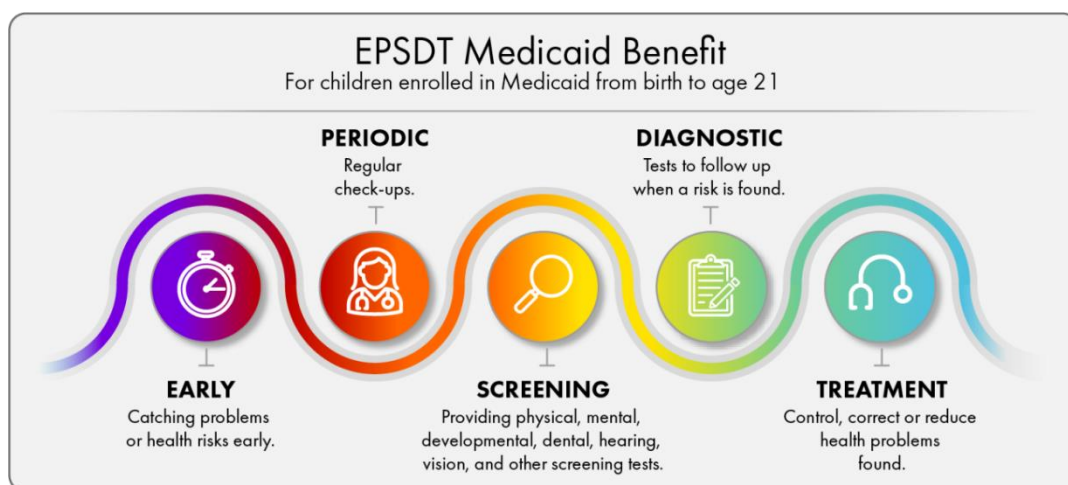
Once submitted, a Medicaid analyst will review and process the request. Members will receive a notification letter indicating the end of their coverage.

For more information on how to request closure and the necessary details, members can visit www.ldh.la.gov/close-your-medicaid.

Early and Periodic Screening, Diagnostic and Treatment (EPSDT)

Early and Periodic Screening, Diagnostic and Treatment (EPSDT) is a benefit for Medicaid members under 21. The objective is to help them grow up healthy by preventing, finding and fixing problems early. EPSDT is key to ensuring that children and adolescents receive appropriate preventive, dental, mental health and specialty services. The program's name reflects its key components:

1. **Early:** Assessing and identifying problems early
2. **Periodic:** Checking children's health at periodic, age-appropriate intervals
3. **Screening:** Providing physical, mental, developmental, dental, hearing, vision, and other screening tests to detect potential problems
4. **Diagnostic:** Performing diagnostic tests to follow up when a risk is identified, and
5. **Treatment:** Control, correct or reduce health problems found.



Read more about EPSDT services and what Medicaid covers at <https://www.ldh.la.gov/medicaid/medicaid-services>.

Revalidate Enrollment Regularly

*Under federal and state regulations, **ALL** Medicaid-enrolled providers—including those who order or refer services—must revalidate their enrollment at least once every five years. However, providers of Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) face a stricter timeline and must revalidate every three years.*

The revalidation process involves a full screening based on the provider's designated risk level. This may include site visits, fingerprint-based criminal background checks, and disclosure of specific information, similar to the process for newly enrolling or reenrolling providers.

Louisiana Medicaid notifies providers when it's time to revalidate through email, sent from the Provider Enrollment web portal, and a letter via U.S. mail. Providers can also check their revalidation due date or track their revalidation status using the [Provider Lookup Tool](#).

Officials advise that if a provider believes they are within the revalidation period but has not received a notification, they should contact Gainwell Technologies by email at louisianaprovenroll@gainwelltechnologies.com or by phone at **1 (833) 641-2140**.

Failure to complete revalidation by the deadline could lead to claim denials and the deactivation of Medicaid billing privileges. In such cases, providers must submit a complete re-enrollment application, and Medicaid will not reimburse any services rendered during deactivation.

Louisiana Medicaid Increased Physician Reimbursement Rates



The Louisiana Department of Health announced an increase in Medicaid reimbursement rates for physicians. Beginning July 1, 2025, reimbursement rates were raised to 85% of the Region 99 Medicare rates effective March 2024 for eligible services. This adjustment is made possible through funding authorized by Act 306 during the 2024 Regular Legislative Session and allocated in House Bill 1 of the 2025 Session. Reimbursements that meet or exceed this new threshold will remain unchanged.

What Providers Need to Know:

- **No action is required from providers.** All eligible Medicaid claims with service dates on or after July 1, 2025, will be **automatically recycled** by LDH and the managed care organizations (MCO) to reflect the updated reimbursement amounts.
- A **revised Medicaid fee schedule** will be posted on LDH's website by **September 30, 2025**.
- Once the fee schedule is published, **MCOs will have 30 calendar days** to implement the new rates.
- LDH will issue an **informational bulletin** with additional details before the online posting of the revised fee schedule.

Holiday Closure

WE WILL BE CLOSED ON
LABOR DAY



On the Calendar in...September 2025

Blood Cancer Awareness Month

Childhood Cancer Awareness Month

Food Safety Education Month

Healthy Aging ® Month

National Atrial Fibrillation Awareness Month

National Childhood Obesity Awareness Month

National Cholesterol Education Month

National ITP (Platelet Disorder) Awareness Month

National Pediculosis Prevention Month/Head Lice Prevention Month

Weeks to Note:

Event

National Suicide Prevention Week

Sexual Health Week

National Farm Safety and Health Week

Fungal Disease Awareness Week

National Rehabilitation Awareness Week

Date

September 7-13

September 8-14

September 15-21

September 18-22

September 14-20

Days to Note:

Event

World Sexual Health Day

World Suicide Prevention Day

World Sepsis Day

National Celiac Disease Awareness Day

Get Ready for Flu Day

National HIV/AIDS and Aging Awareness Day

World Alzheimer's Day

World Lung Day

National Women's Health and Fitness Day

World Pharmacists Day

Mesothelioma Awareness Day

World Rabies Day

World Heart Day

Date

September 4

September 10

September 13

September 13

September 17

September 18

September 21

September 25

September 25

September 25

September 26

September 28

September 29

1st Day of Fall – September 22

National Recovery Month

National Sickle Cell Month

National Yoga Awareness Month

Newborn Screening Awareness Month

Ovarian Cancer Awareness Month

Pain Awareness Month

Polycystic Ovary Syndrome Month

Prostate Cancer Awareness Month

Sepsis Awareness Month

Sexual Health Awareness Month

Sports Eye Safety Awareness Month

World Alzheimer's Month

Look-Alike, Sound-Alike (LASA) Medication Errors

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

Medication errors are a major contributor to patient harm. One of the most well-documented sources of confusion includes look-alike, sound-alike (LASA) medications. These errors occur due to similarities in both the visual appearance (orthographic) of medications and the pronunciation (phonetic) of medications. Look-alike medications resemble each other in packaging, shape, color, or size, while sound-alike medications have names, doses, or strengths that are phonetically similar. Confusion may arise between brand-brand, brand-generic or generic-generic names. LASA-related mistakes can occur at any point in the medication process:

- **Prescribing:** Errors often result from illegible handwriting, verbal orders, ambiguous abbreviations, or incorrect selection in computerized prescriber order entry (CPOE) systems.
- **Dispensing:** Mistakes may occur due to similar packaging, lack of color differentiation for various strengths, or storing LASA drugs close together.
- **Administration and Monitoring:** Risks increase when instructions are unclear, orders aren't double-checked, or patients aren't monitored post-administration.
- **Patient Engagement:** When patients are not actively involved in their treatment, LASA errors are more likely to occur.

Did you know?

- Medication errors impact a staggering 1.3 million patients across the nation each year.
- Each year in the U.S., an estimated 7,000 to 9,000 people die due to a medication error.
- LASA errors contribute to 7 to 20% of all medication errors.
- According to a study published in 2023, up to 91% of medication errors were prescribing errors.
- In the US, nearly 1.4% of 26,604 LASA errors reported between 2003 and 2006 resulted in patient harm.
- Approximately 1% of US prescriptions have been associated with LASA errors.
- Studies reveal that nurses and pharmacists identify 30% to 70% of medication-ordering errors.

The consequences of LASA errors can be serious, including overdosing, underdosing, or administering the wrong medication altogether. The effects on the patient depend on the medication given and other patient-specific factors. Those at extremes of age or with impaired organ function are more susceptible to these errors because of their unique physiological vulnerabilities and are more prone to make errors when dose modifications are required. Additionally, LASA errors involving high-risk medications may result in severe patient harm, possibly even death.

The Food and Drug Administration (FDA) Name Differentiation Project: Tall Man Lettering (TML)

Tall man lettering (TML) is a technique that uses uppercase lettering to help differentiate look-alike drug names. Starting on the left side of a drug name, TML highlights the differences between similar drug names by capitalizing dissimilar letters (e.g., vinBLASTine versus vinCRISTine and CISplatin versus CARBOplatin). TML can be used along with color or bolding to draw attention to the dissimilarities between look-alike drug names, and alert healthcare providers that the drug name can be confused with another drug name.

In 2001, the FDA initiated the name differentiation project to continually evaluate post-marketing reports of name pair confusion, and determine if TML should be used to help differentiate similar established names. The FDA evaluation considers multiple factors, including the degree of similarity between the name pair, safety risks with confusion between the name pair, overlapping product characteristics, reports of wrong drug errors, and causes or contributing factors. If the FDA's evaluation determines TML is an appropriate approach to address reports of name confusion, the FDA will request the manufacturer voluntarily revise their labels and labeling to use TML and then update the FDA List of Established Drug Names Recommended to Use Tall Man Lettering (See Table 1.). The FDA may also consider labeling revisions, safety communications, and other approaches to address reports of product name confusion.

Table 1. Established Drug Names Recommended by the FDA to Use Tall Man Lettering			
Established Name	Recommended Name	Established Name	Recommended Name
Bupropion Buspirone	buPROPion busPIRone	Hydralazine Hydroxyzine	hydrALAZINE hydrOXYzine
Chlorpromazine Chlorpropamide	chlorproMAZINE chlorproPAMIDE	Medroxyprogesterone Methylprednisolone Methyltestosterone	medroxyPROGESTERone methylPREDNISolone methylTESTOSTERone
Cisplatin Carboplatin	CISplatin CARBOplatin	Methylprednisolone Methyltestosterone	methylPREDNISolone methylTESTOSTERone
Clomiphene Clomipramine	clomiPHENE clomiPRAMINE	Migalastat Miglustat	migALAstat migLUstat
Cyclosporine Cycloserine	cycloSPORINE cycloSERINE	Nicardipine Nifedipine	niCARDipine NIFEdipine
Daunorubicin Doxorubicin	DAUNOrubicin DOXOrubicin	Prednisone Prednisolone	predniSONE prednisoLONE
Dimenhydrinate Diphenhydramine	dimenhyDRINATE diphenhydrAMINE	Risperidone Ropinirole	risperiDONE rOPINIRole
Dobutamine Dopamine	DOBUTamine DOPamine	Trazodone Tramadol	traZODone traMADol
Glipizide Glyburide	glipiZIDE glyBURIDE	Vinblastine Vincristine	vinBLASStine vinCRISStine

In a survey conducted in 2022 by the Institute of Safe Medication Practices (ISMP), a large majority of respondents, which included pharmacists, pharmacy technicians, nurses, and physicians, felt that the use of tall man lettering helped reduce the risk of errors among medications with look-alike names. Ninety-five percent (95%) of those surveyed felt that tall man letter usage by the pharmaceutical industry helps reduce errors during drug selection. In addition, 87% of the respondents were able to remember one or more times when tall man lettering prevented them from making an error when prescribing, transcribing, dispensing, or administering the wrong medication.

Research has shown that using tall man lettering—either alone or combined with other text enhancements—can help reduce medication errors caused by similar drug names. However, findings have been mixed, with some studies questioning its effectiveness.

A recent meta-analysis published in 2021 ([ISMP Meta-analysis: 2021](#)) examined 11 articles which included 20 individual trials. It found a significant decrease in wrong drug selection errors when tall man lettering or other text enhancements were used to distinguish look-alike drug names.

While questions remain about the optimal approach, tall man lettering is inexpensive and is not known to be linked with any potential risks for patient harm. Given previous research suggesting its potential to prevent medication mix-ups—and the strong support it has received from healthcare professionals—ISMP continues to advocate for its widespread use. This includes continued use by the FDA, pharmaceutical manufacturers, outsourcing facilities, compounders, hospitals, and other healthcare settings, as further research seeks to refine best practices for differentiating look-alike drug names.

Strategies for Preventing or Minimizing LASA Errors

Medication-Level Actions

- Use TML to highlight high-risk LASA drugs.
- Store LASA drug pairs or groups separately to prevent mix-ups.
- Develop tools to identify LASA pairs, limit approval of multiple strengths, and ensure distinct packaging.
- Flag LASA drugs during formulary inclusion and institutional procurement.
- Prioritize LASA errors involving high-risk medications with potential for serious harm.

Patient Actions

- Understand each medication's name, purpose, strength, and dosage.
- Stay alert to potential LASA errors and remain vigilant.
- Learn proper labeling and storage of medications at home.
- Consult healthcare providers if unsure about any medication.

Healthcare Provider Actions

- Educate themselves and patients about LASA risks.
- Pay close attention to LASA risks during prescribing, dispensing, administration, and care transitions.
- Use generic names when prescribing and transcribing to reduce brand confusion.
- Write prescriptions clearly and legibly to avoid misinterpretation.
- Use clear labeling, including TML, for medications prone to confusion.

Health Facility Actions

- Foster a culture of safety where staff feel comfortable reporting LASA errors and near misses.
- Identify and regularly update lists of common LASA drug pairs.
- Clearly label LASA drugs, apply TML, and ensure separate storage.
- Minimize distractions for staff during medication dispensing and administration.
- Implement technology solutions like barcode systems to reduce LASA errors.

Additional Resources

[*ISMP List of Confused Drug Names*](#)
[*FDA and ISMP Lists of Look-Alike Drug Names with Recommended Tall Man \(Mixed Case\) Letters*](#)
[*ISMP Medication Safety Alert - ISMP Updated List of Drug Names with Tall Man \(Mixed Case\) Letters Based on Survey Results*](#)

References

[FDA Name Differentiation Project | FDA](#)
[ISMP Medication Safety Alert! Community/Ambulatory Care Edition January 2023 Vol. 22, Issue 1](#)
[ISMP Updates Recommendations for Tall Man Lettering for Drug Names](#)
[Look-alike/Sound-alike Medication Errors: An In-Depth Examination through a Hospital Case Study | Pharmacy Practice](#)
[Medication-Dispensing-Errors-and-Prevention-StatPearls-NCBI-Bookshelf.pdf](#)
[Medication Safety for Look-Alike, Sound-Alike Medicines | World Health Organization](#)
[Prevalence, contributing factors, and interventions to reduce medication errors in outpatient and ambulatory settings: a systematic review | International Journal of Clinical Pharmacy](#)
[WHO launches global effort to halve medication-related errors in 5 years](#)

Youth Health Transition (YHT) Toolkit

The Youth Health Transition (YHT) Toolkit, developed by LDH, Office of Public Health (OPH), Bureau of Family Health’s Pediatric Medical Home Initiative, serves as a valuable resource for healthcare or social service professionals working with youth and young adults. This includes physicians, nurses, social workers, clinic managers, and support staff, all of whom can utilize the toolkit to implement best practices for high-quality adolescent well-care visits by building upon the existing transition services in their practice.

The web-based toolkit, utilizing step-by-step guides and downloadable worksheets, employs a quality improvement framework designed to assist youth and teens in transitioning to adult healthcare by helping them build essential skills and connecting them to resources to manage their long-term health more independently. For more information, visit the youth health transition toolkit at ldh.la.gov/page/youth-health-transition-toolkit.

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



For additional information on this discontinuance, contact Cardinal Health Sales Representatives or Cardinal Health Customer Service at (800) 964-5227.

	Schedule	
<input checked="" type="checkbox"/>	End of Service Support Date Out of Warranty	December 31, 2024
<input type="checkbox"/>	End of Service Support Date Within Warranty	Through Warranty End Date
<input checked="" type="checkbox"/>	Kangaroo™ ePump Feeding Sets and Accessories Anticipated End of Supply Date	June 30, 2025
<input type="checkbox"/>	Kangaroo™ Joey Feeding Sets and Accessories Anticipated End of Supply Date	September 30, 2027

*All DME providers **must** take essential steps to guarantee continued access to care for beneficiaries who rely on the Kangaroo Joey e-Pump.

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.
- You may 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!

Provider Developmental Screening

Do you provide
healthcare services to
children and families?

We want to
hear from you!



Take our survey! Help make the Louisiana developmental health system work for all!

[Do you work with children or pregnant and parenting families in Louisiana?](#) Tell us about your experiences! Our survey will collect information from health care providers across the state about the developmental screening process.

As integral decision-makers in the healthcare system and the lives of your patients, your input on this 10-15-minute survey will help inform the resources we create to address your needs and improve screening and follow-up services for all Louisiana health care providers, children, and families.

Your participation will provide valuable insights about current screening practices, challenges, and opportunities for collaboration related to the system of care that supports children's health and development.



You will answer questions about:

- Pediatric developmental screening at well-child visits
- Caregiver depression screening at well-visits
- Care coordination practices with families during and after well-child visits

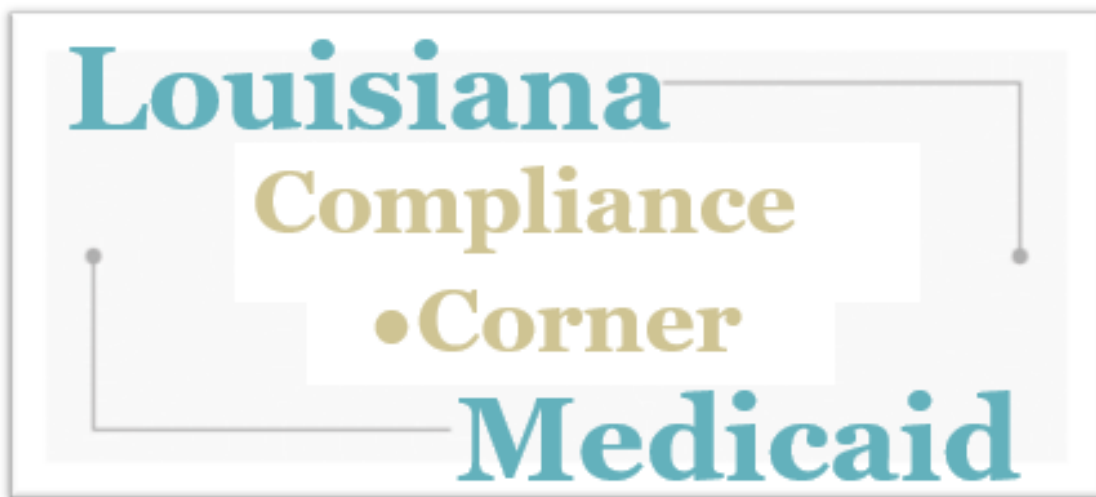
You can complete the survey by:

- Using your phone to scan the QR code
- Accessing the survey online at bit.ly/4cc6zZ5

Want more information? Email DevScreen@la.gov with any questions.

Louisiana Chapter
PEDIATRIC DEVELOPMENTAL SCREENING
American Academy of Pediatrics
PROVIDED BY THE LIAISON OF MEDICAL GROUP





Remittance Advice Corner

ATTENTION PROVIDERS:

LDH has updated its payment processing method to "Same Day ACH" as of March 18, 2025. For Same Day ACH payments, processing may occur at different times throughout the business day due to bank processing windows. Be aware that payment may be delayed if federal funds are not received by distribution date/time.

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)
Behavioral Health	<ul style="list-style-type: none"> Section 2.4 – Addiction Services – Opioid Treatment Programs (OTPs) Appendix B – Glossary and Acronyms 	08/22/25
Applied Behavior Analysis (ABA)	<ul style="list-style-type: none"> Table of Contents Section 4.0 – Overview Section 4.1 – Covered Services Section 4.2 – Beneficiary Requirements Section 4.3 – Service Authorization Process Section 4.4 – Provider Requirements Section 4.5 – Reimbursement Section 4.6 – Coordination of Care Appendix A – Contact Information Appendix B – Reserved Appendix C – Reserved Appendix D – Plan of Care Instructions and Forms 	08/22/25

Manual Chapter	Section(s)	Date of Revision(s)
Professional Services	<ul style="list-style-type: none"> • Section 5.0 – Overview • Section 5.1 – Covered Services – Abortion • Section 5.1 – Covered Services – Advanced Practice Registers Nurses (APRNs) • Section 5.1 – Covered Services – After Hours Care • Section 5.1 – Covered Services – Allergy Testing and Immunotherapy • Section 5.1 – Covered Services – Ambulatory Surgical Centers (ASCs) • Section 5.1 – Covered Services – Anesthesia Services • Section 5.1 – Covered Services – Assistant Surgeon/Assistant at Surgery • Section 5.1 – Covered Services – Audiology Services • Section 5.1 – Covered Services – Bariatric Surgery • Section 5.1 – Covered Services – Breast Surgery • Section 5.1 – Covered Services – Cardiovascular Services 	08/01/25
	<ul style="list-style-type: none"> • Section 5.1 – Covered Services – Chiropractic Services • Section 5.1 – Covered Services – Cochlear Implant • Section 5.1 – Covered Services – Community Health Workers (CHWs) • Section 5.1 – Covered Services – Diabetes Self-Management Training (DSMT) • Section 5.1 – Covered Services – Electronic Health Records (EHR) Incentive Payments • Section 5.1 – Covered Services – End Stage Renal Disease (ESRD) • Section 5.1 – Covered Services – Eye Care and Vision Services • Section 5.1 – Covered Services – Genetic Counseling and Testing • Section 5.1 – Covered Services – Gynecology • Section 5.1 – Covered Services – Hyperbaric Oxygen Therapy • Section 5.1 – Covered Services – Immunizations • Section 5.1 – Covered Services – Intrathecal Baclofen (ITB) Therapy 	08/04/25

Manual Chapter	Section(s)	Date of Revision(s)
Professional Services	<ul style="list-style-type: none"> • Section 5.1 – Covered Services – Laboratory and Radiology Services • Section 5.1 – Covered Services – Medical Review • Section 5.1 – Covered Services – Modifiers • Section 5.1 – Covered Services – Newborn Care and Discharge • Section 5.1 – Covered Services – Obstetrics • Section 5.1 – Covered Services – Oral and Maxillofacial Surgery • Section 5.1 – Covered Services – Organ Transplants • Section 5.1 – Covered Services – Outpatient Chemotherapy • Section 5.1 – Covered Services – Papanicolaou Testing for Cervical Cancer • Section 5.1 – Covered Services – Pharmacy Services • Section 5.1 – Covered Services – Physician Administered Drugs • Section 5.1 – Covered Services – Physician Assistants • Section 5.1 – Covered Services – Physician Supplemental Payments 	08/08/25
	<ul style="list-style-type: none"> • Section 5.1 – Covered Services – Preventive Services (Adult) • Section 5.1 – Covered Services – Prior Authorization (PA) • Section 5.1 – Covered Services – Professional Services Fee Schedule • Section 5.1 – Covered Services – Prohibited and Non-Covered Services • Section 5.1 – Covered Services – Radiation Treatment Management • Section 5.1 – Covered Services – Radiopharmaceutical Diagnostic Imaging Agents • Section 5.1 – Covered Services – Routine Care Provided to Beneficiaries Participating in Clinical Trials • Section 5.1 – Covered Services – Sinus Procedures 	08/12/25
	<ul style="list-style-type: none"> • Section 5.1 – Covered Services – Skin Substitutes • Section 5.1 – Covered Services – Substitute Physician Billing • Section 5.1 – Covered Services – Take Charge Plus 	08/14/25

Manual Chapter	Section(s)	Date of Revision(s)
Professional Services	<ul style="list-style-type: none"> Section 5.1 – Covered Services – Telemedicine/Telehealth Section 5.1 – Covered Services – Third-Party Liability (TPL) Section 5.1 – Covered Services – Tobacco Cessation Counseling Services Section 5.1 – Covered Services – Vaccines for Children and LINKS Section 5.1 – Covered Services – Vagus Nerve Stimulators (VNS) 	08/12/25
	<ul style="list-style-type: none"> Table of Contents Appendix A – Contact Information Appendix B – Forms Appendix E – Claims Related Information Appendix F – Glossary and Acronyms 	08/18/25
Hospice	<ul style="list-style-type: none"> Appendix B – Certificate of Terminal Illness 	08/06/25

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, the Department will publish the proposed policy or procedure for public comment. 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.

1. Louisiana Medicaid (Title XIX) State Plan and amendments
2. Louisiana Medicaid Administrative Rulemaking activity
3. Medicaid provider manuals (Medicaid Services Manual)
4. Contract amendments
5. Managed care policies and procedures
6. Demonstrations and waivers

<http://www.ldh.la.gov/index.cfm/page/3616>

Updated 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](#)

Subscribe to Informational Bulletin Updates by email:
<https://ldh.la.gov/index.cfm/communication/signup/3>

Louisiana Medicaid State Plan amendments and Rules are available at:
[Medicaid Policy Gateway | La Dept. of Health](#)

Pharmacy Facts Newsletter:
<https://ldh.la.gov/page/3036>

Louisiana Medicaid Fee Schedules:
https://www.lamedicaid.com/provweb1/fee_schedules/feeschedulesindex.htm

The mission of the Louisiana Department of Health is to protect and promote health and to ensure access to medical, preventive and rehabilitative services for all residents of the state of Louisiana.

LDH is committed to the highest standards of conducting its affairs in full compliance with state and federal laws, regulations and policies. To report fraud, or other violations of federal and state laws and regulations or violations of LDH policies, send an email to LDHreportfraud@la.gov or call the **Internal Audit Unit** at **(225) 342-7498**. When making a report, particularly if you choose to remain anonymous, please provide as much information about the alleged activity as possible. Try to answer the questions of **who, what, when, where and how**.

LOUISIANA DEPARTMENT OF HEALTH

ldh.la.gov



Provider FAQs

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?](#)



We Are Here!

Directions, Map, and Instructions

Louisiana Department of Health
Bienville Building
628 North 4th Street
Baton Rouge, LA 70802



Directions from Lafayette

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

Directions from New Orleans

Take I-10 West from New Orleans to Baton Rouge.
At I-10/I-110 Exit, merge onto I-110 North.
Take the North Street exit on your left.
Continue down North Street to the Bienville Building at the corner of North and 4th Streets.

Directions from North Baton Rouge

Take I-110 South.
After passing Capitol Access Road exit, take North 9th Street exit.
Follow service road alongside interstate.
Turn right onto North Street.
Continue down North Street to the Bienville Building at the corner of North and 4th Streets.



Parking Options:

Option 1

Galvez Parking Garage
504 North 5th Street (Located at the corner of North and 5th Streets)
Baton Rouge, LA 70802

[Know your license plate number for validation purposes]

Option 2

Street parking around the Bienville Building is available at a cost of \$0.25 every 15 minutes. This can be paid several ways:

1. [Flowbird USA app](#),
2. Kiosks located on every block, and
3. Signs with QR codes and texting options throughout the downtown area.

[There is a maximum limit of 2 hours daily to park on the street.]

Checking In and Parking Validation Procedures:

Proceed to the Bienville Building Front Security Desk to:

1. Check In and Receive Visitor Identification Badge

- a) You are required to provide official government-issued identification to obtain a visitor identification badge.
- b) Inform the security guard of the meeting name and the phone number associated with your scheduled visit. The security guard will contact someone to escort you up to the designated area.
- c) Please wait in the main lobby for your escort.

2. Validate your Parking in the Galvez Parking Garage

Note: You have a limited timeframe of 30 minutes from the moment you park to complete the validation process; otherwise, a citation will be issued.

Use your cellular phone and scan the QR code by the Front Security Desk in the Bienville Building.

- a) Retrieve the passcode from the security guard.
- b) Enter the passcode.
- c) Enter your license plate number.
- d) A green check will show on your screen to confirm validation for 12 hours.

For Information or Assistance, Call Us!



General Medicaid Eligibility Hotline

1-888-342-6207

Provider Relations

1-800-473-2783

(225) 294-5040

[Medicaid Provider Website](#)

Prior Authorization:

Home Health/EPSTD – PCS - Dental

1-800-807-1320

1-855-702-6262

[MCNA Provider Portal](#)

DME and All Other

1-800-488-6334

(225) 928-5263

Hospital Pre-Certification

1-800-877-0666

REVS Line

1-800-776-6323

(225) 216-(REVS)7387

[REVS Website](#)

Medicare Savings

1-888-544-7996

[Medicare Provider Website](#)

Point of Sale Help Desk

1-800-648-0790

(225) 216-6381

MMIS Claims Processing Resolution Unit

(225) 342-3855

MMISClaims@la.gov

[MMIS Claims Reimbursement](#)

MMIS/Recipient Retroactive Reimbursement

(225) 342-1739

1-866-640-3905

Medicaid.RecipientReimbursement@LA.gov

[MMIS Claims Reimbursement](#)

MES Long Term Care Claims Resolution Unit

MESLTCClaims@LA.gov

(225)342-3855

For Hearing Impaired

1-877-544-9544

Pharmacy Hotline

1-800-437-9101

[Medicaid Pharmacy Benefits](#)

Medicaid Fraud Hotline

1-800-488-2917

[Report Medicaid Fraud](#)