

National Correct Coding Initiative Edits 2013

All Providers

The Centers for Medicare and Medicaid Services (CMS) has recently released the 2013 quarter one procedure to procedure edits as a part of the mandated National Correct Coding Initiative (NCCI) editing. Included are edits that pair immunization administration codes with preventive medicine codes billed on the same date of service by the same provider. This can result in the preventive medicine code being denied. NCCI long-standing policy and methodology allows payment of both codes in this scenario IF significant, separately identifiable E & M service is provided on the same day and the -25 modifier is appended to the E & M code.

As a result of comments received from the American Academy of Pediatrics and some state Medicaid agencies, CMS has decided to permit states to deactivate these edits should they choose to do so. Per CMS on February 7, 2013, "It is understood that immunizations are commonly administered in conjunction with a comprehensive preventive medicine evaluation and that, when this occurs, both services are payable." It would be expected that all services provided are medically necessary and appropriately documented in the patient record.

Louisiana Medicaid (for fee for service and shared plan claims that process through the Molina claims processing system) will soon be implementing the 2013 quarter one NCCI edits; however, the code pairs specific to preventive services and immunization administration will be deactivated as CMS permits. Doing so aligns with our intent and expectations that appropriate immunizations are to be given at the time of the preventive visit to avoid missed opportunities in both preventive care and immunizations.

Each Bayou Health prepaid plan is required to implement NCCI editing, but may have slightly different implementation schedules and billing policy related to the mandate. It is understood that the prepaid plans will allow appropriate use of modifier-25 if they have activated the code pairs in question. Please contact the plans directly for information specific to their implementation, policies, and any billing instructions.

For questions related to this information as it pertains to legacy Medicaid or Bayou Health shared plans, please contact Molina Medicaid Solutions Provider Services at (800) 473-2783 or (225) 924-5040.

Responsibility Shifts for Credit Balance Audits

All Providers

The responsibility for credit balance audits, which were being performed by Health Management Systems (HMS) to identify excess Medicaid payments, has changed. Effective January 1, 2013, Health Integrity, LLC will assume this responsibility. If providers have questions concerning the audits, they should contact Health Integrity by either calling (410) 770-9952 or e-mailing representatives: Bill Warner at warnerw@healthintegrity.org or Mike Fiore at fiorem@healthintegrity.org. Questions concerning audits that were in process before January 1, 2013, should continue to be directed to HMS.

Table of Contents

National Correct Coding Initiative Edits 2013	1
Responsibility Shifts for Credit Balance Audits	1
Excluded Individuals: Change in Database Checks	2
Reminder to all DME and Pharmacy Providers:	2
Remittance Advice Corner	3-4
Online Medicaid Provider Manual Chapters	4-5
Resistant Hypertension	6-7



Excluded Individuals: Change in Database Checks

All Providers

As a condition of participation in the Louisiana Medicaid Program, providers are responsible for ensuring current and potential employees, contractors and other agents and affiliates have not been excluded from participation in the Medicaid or Medicare Program by Louisiana Medicaid, or the Department of Health and Human Services' Office of Inspector General. Providers who employ or contract with excluded individuals or entities may be subject to penalties of \$10,000 for each item or service the excluded individual or entity furnished.

Effective immediately, providers are **no longer required to check employee names on the Excluded Parties List System (EPLS) website.**

However, each month providers are **required to check the website of the Department of Health and Human Services' Office of Inspector General** at <http://exclusions.oig.hhs.gov/search.aspx> for the exclusion status of all current employees and any contractors who provide medical services and supplies. All current and previous names used such as first, middle, maiden,

married or hyphenated names and aliases for **all owners, employees and contractors** should be checked.

If an individual's or entity's name appears on the website, this person or entity is considered excluded and is barred from working with Medicare and/or the Louisiana Medicaid Program in any capacity. The provider must notify the Department of Health and Hospitals within 10 working days of discovering the exclusion with the following information:

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

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

- Beginning and ending dates of the individual's or entity's employment or contract with the agency,

- Documentation of termination of employment or contract, and
- Type of service(s) provided by the excluded individual or entity.

These findings should be reported to:

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

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

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

Reminder to all DME and Pharmacy Providers: Emergency Prior Authorization Requests

All Providers

This is a reminder that Louisiana Medicaid has provisions and procedures in place for emergency authorization requests. *A request is considered an emergency if a delay in obtaining the medical equipment or supplies would be life-threatening to the recipient.*

Providers are required to release equipment upon approval from the prior authorization unit (PAU) and verification of eligibility. It is the responsibility of the provider to verify eligibility on a monthly basis. Prior authorization (PA) is only approved based on the existence of medical necessity, not recipient eligibility.

The items listed below are examples of medical equipment and supplies considered for emergency approval. However, other equipment will be considered on a case-by-case basis through the PAU.

- Apnea monitors
- Breathing equipment
- Enteral therapy

- Parenteral therapy (must be provided by a pharmacy)
- Suction pumps
- Wheelchair rentals for post-operative needs and items needed for hospital discharge

To submit an emergency request for PA, the provider may call the PAU at 1-800-488-6334.

The providers of emergency items must contact the PAU immediately by telephone and provide the following information:

- The recipient's name, age and 13-digit identification number or card control number (CCN),
- The treating physician's name,
- The diagnosis,
- The time period needed for the item,
- A complete description of the item(s) requested,
- The reason that the request is a medical emergency, and
- The cost of the item.

The decision will be made by the PAU within two working days of the date the completed request is received, and the PAU will contact the provider by telephone. The PAU will follow-up with written confirmation of the decision.

NOTE: Emergency requests cannot be submitted via electronic prior authorization (e-PA).



Remittance Advice Corner

All Providers

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

Prescribing Providers and Pharmacists

As affirmed in the April 2012 issue of the Louisiana Board of Pharmacy quarterly newsletter, be advised that pharmacy-generated refill authorization documents that are received via fax from a prescriber represent a new prescription. As such, these prescription documents must be signed by the prescriber. They cannot be signed by the prescriber's agent.

Attention Providers and Hospitals Eligible for the EHR Incentive Payment Program

On May 1, 2013, Louisiana Medicaid will launch the **NEW AND IMPROVED** LAConnect, the online portal for eligible providers to apply for Medicaid EHR incentive payments. On May 1, 2013 providers will be able to access the new system and complete the attestation process for Year 1 and Year 2 incentive payments.

After March 31, 2013, the current method of attestation will no longer be used by Louisiana Medicaid for participation in the EHR Incentive Payment Program. All attestations received after March 31, 2013 will be returned to the provider, and the provider will be instructed to apply on May 1, 2013 using the **NEW AND IMPROVED** LAConnect. We apologize for any inconvenience. However, this transition period is needed to ensure a smooth and problem-free launch of the **NEW AND IMPROVED** LAConnect.

All DME Providers

Providers will no longer use the miscellaneous HCPC E1399 for cough stimulating device when requesting prior authorization for this equipment. Providers may submit any outstanding claims with existing prior authorizations using the E1399 for payment; however effective immediately, request for these services must be submitted using the appropriate code.

The appropriate code E0482 has been added to the DME Fee schedule for payment. Also, this procedure code is only payable for members under the age of 21. Reimbursement for this equipment will not be manually priced using E1399.

Attention Durable Medical Equipment Providers

Effective immediately, durable medical equipment providers are being advised to discontinue distributing the Abbott Enteral Therapy Pumps, as DHH has been made aware that Abbott will be discontinuing their line of enteral pumps effective April 31, 2013.

This notice is to also advise that DHH will not be replacing any pumps unless the current pumps are no longer operable. DHH has been advised that supplies for the discontinued pumps are available through Covidien, therefore it is not necessary to replace any pumps that are fully operable.

Also, providers are cautioned not to attempt to retrieve the Abbott pumps from the recipient as the pumps were purchased by DHH and are now the property of the recipients.

Attention All Providers 2013 HCPCS Update

The Louisiana Medicaid files are currently being updated to reflect the new and deleted HCPCS codes for 2013. Once completed, a provider notice will be posted and claims that have been denied due to use of the new 2013 codes prior to their addition to our system will be systematically recycled.

Once this process is completed, providers will see claim denials of 2012 codes that are being deleted effective December 31, 2012. Those claims should be resubmitted with the correct 2013 code.

Attention Dental Providers

With the introduction of the Dental procedure D1208 (Topical Application of Fluoride), that was made payable for recipients effective January 1, 2013, the department did a systematic recycle for all denied claims. As a result of this recycle some claims were appropriately denied but were not showing the denied reason. These claims which showed up on the RA dated 3/5/13 are being processed again so that the correct denial will appear on your 3/19/13 RA.

Attention Anesthesiologists

Rate reductions to anesthesia services were incorrectly applied for dates of service July 1, 2012 through July 19, 2012. Rates should have been reduced by 3.7 percent but were reduced by 3.4

percent instead. We are systematically adjusting affected claims to correct the error. These claims will appear on the March 19, 2013 Remittance Advice. Rates for dates of service after July 19, 2012 were correctly reduced by 3.4 percent and are not affected by this adjustment.

Reminder to all DME and Pharmacy Providers Emergency Prior Authorization Requests

This is to advise that DHH has posted the procedures necessary to request prior authorization for medical equipment and supplies in emergency situations as a reminder to all providers of durable medical equipment and supplies to the LA Medicaid website at <http://www.lamedicaid.com/>. If you have any questions regarding the procedures please contact Molina Prior Authorization Department at 225-928-5263 or 1-800-488-6334.

Attention Immunization Providers

In July 2012, a 3.4% reduction was applied to Professional Services rates. Four Vaccine Administration codes were erroneously included in this reduction, including 90471, 90472, 90473 and 90474. Affected claims will be systematically corrected. The adjustments will appear on the March 26, 2013 Remittance Advice.

Attention Rehabilitation Centers, Outpatient Hospital Rehabilitation and School-Based Health Centers

Effective March 1, 2013, the definition for procedure code(s) 92507 and 92508 are being updated to reflect the appropriate CPT code definition and remove the 15 minute increment as listed on the Louisiana Medicaid Fee Schedules.

The rates are being updated in accordance with the definition per occurrence/visit. Only one occurrence may be billed per day. Providers should check with the appropriate health plans for billing instructions on previous dates of service since implementation of Bayou Health, February 2012.

Please see the updated Rehabilitation Services Fee Schedule on <http://www.lamedicaid.com/>.

Outpatient Hospital Providers: Pulse Oximetry Claims

Effective with the March 26, 2013 date of processing, outpatient hospital claims for noninvasive ear or pulse oximetry (CPT code

Remittance Advice Corner - *Continued*

All Providers



94760) will be processed through the ClaimCheck clinical editing product, and subject to the same editing as professional claims. Providers can expect that pulse oximetry claims will be considered integral/incidental to other allowed services performed on the same date and in most instances will not be separately reimbursed. This update provides consistency in Medicaid policy among provider types.

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

Attention Professional Services Providers: Medical Review Required for CPT Code 64615

Effective with dates of service beginning **April 15, 2013**, Medical Review is required for *Current Procedural Terminology* (CPT) code 64615 (Chemodeneration of muscle(s): innervated by facial...for chronic migraine) to determine if the following criteria have been met prior to allowing payment. For the treatment to be reimbursed using this code, documentation must be submitted

with the claim that demonstrates that the patient meets these criteria related to chronic migraine:

- Fifteen or more days of headache or a headache that lasts 4 hours or more per day over 30 days

Please visit www.lamedicaid.com for the notice. If you have any questions please contact Molina Provider Relations at (800)473-2783 or (225)924-5040.

Attention Durable Medical Equipment Providers

Please note the DME HCPCS code E1091 (Youth wheelchair, any type) is being discontinued effective 4/30/13. The appropriate code should be submitted to prior authorization (PA) requests dated 5/1/13 forward.

If you have any questions, please contact Molina Prior Authorization at 225-928-5263 or 1-800-488-6334.

Online Medicaid Provider Manual Chapters

All Providers

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

Administrative Claiming
Adult Day Health Care Waiver
Ambulatory Surgical Centers
American Indian 638 Clinics
Children's Choice Waiver
Dental Services
Durable Medical Equipment
EPSDT Health and IDEA-Related Services
End Stage Renal Disease
Family Planning Clinics
Family Planning Waiver (Take Charge)
Federally Qualified Health Centers
General Information and Administration
Greater New Orleans Community Health Connection
Home Health
Hospital Services
Hospice
Independent Laboratories
ICF/DD
Medical Transportation

New Opportunities Waiver (NOW)
PACE
Pediatric Day Health Care
Personal Care Services
Pharmacy
Portable X-ray
Professional Services
Residential Options Waiver
Rural Health Clinics
Supports Waiver
Vision (Eye Wear)



Online Medicaid Provider Manual Chapters - Continued

All Providers

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

Manual Chapter	Section(s)	Date of Revision
Greater New Orleans Community Health Connection (GNOCHC)	Appendix E – Procedure Codes	02/19/13
Home Health	Section 23.0 – Overview Section 23.1 – Description of Services	02/28/13
Durable Medical Equipment	Section 18.1 – Services and Limitations Section 18.2 – Specific Coverage Criteria	03/01/13
EPSDT Health and IDEA-Related Services	Entire manual revised and replaced the EPSDT Health Services for Children with Disabilities manual issued 09/30/12	03/01/13
Greater New Orleans Community Health Connection (GNOCHC)	Appendix F – Specialty Care Claims Filing	03/05/13
Dental Services	Table of Contents Section 16.0 – Overview Section 16.1 – Provider Requirements Section 16.2 – Claims Related Information Section 16.3 – EPSDT Recipient Eligibility Section 16.4 – EPSDT Securing Services Section 16.5 – EPSDT Covered Services (Deleted) Section 16.12 – EDSPW – Recipient Eligibility Requirements (Deleted) Section 16.13 – EDSPW – Covered Services (Deleted) Section 16.14 – EDSPW – Non-Covered Services (Deleted) Section 16.15 – EDSPW – Prior Authorization Appendix C – Dental Claim Form Instructions Appendix D – Adjustment/Void Forms and Instructions Appendix E – Dental Periodicity Schedule Appendix F – Claim Denial Simplification Process Appendix G – Prior Authorization Checklist Appendix H – Prior Authorization Sample Letter Appendix I – Forms Appendix J – Contact Referral Information (Deleted) Appendix K – Contact Referral Information	03/15/13
FQHC	Appendix D – Claims Filing	03/25/13
RHC	Appendix D – Claims Filing	03/25/13
Professional Services	Table of Contents Section 5.1 – Covered Services – Obstetrics Section 5.1 – Covered Services – Oral and Maxillofacial Surgery Section 5 – Appendix F – Glossary and Acronyms	03/26/13
Dental Services	Appendix A – EPSDT Dental Program Fee Schedule	03/28/13
General Information and Administration	Section 1.5 Benefits for Children and Youth	04/01/13
Adult Day Health Care Waiver	Appendix C – Billing Codes	04/15/13
Hospital Services	Table of Contents Section 25.8 – Claims Related Information	04/15/13

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

Archived Manual Chapters	
Dental Services	Entire manual reissued March 15, 2012
Elderly and Disabled Adult Waiver	Waiver program ended
EPSDT Health Services for Children with Disabilities	Entire manual reissued March 1, 2013 and renamed EPSDT Health and IDEA-Related Services
Mental Health Clinics	Services that were provided under these programs are now provided through the Louisiana Behavioral Health Partnership.
Mental Health Rehabilitation	
Multi-Systemic Therapy	
Psychological and Behavioral Health	

Resistant Hypertension

Louisiana Drug Utilization Review (LADUR) Education

Resistant Hypertension

Jamie M. Terrell, Pharm. D.

According to the CDC's 2012 Heart Disease Facts, the leading cause of death in the United States is heart disease with a cost of almost \$109 billion each year.¹ Approximately 600,000 lives are lost annually to cardiovascular disease.¹ There are several risk factors for heart disease, one of which is hypertension (HTN). Up to 30% of patients with hypertension could actually have resistant hypertension (sometimes termed drug-resistant or treatment-resistant hypertension).² When treating patients with resistant hypertension, it is important for physicians and other healthcare practitioners to understand the disease and to utilize appropriate treatment options.

The American Heart Association's Scientific Statement on Resistant Hypertension defines resistant hypertension as blood pressure above goal (>140/90 for the general population or >130/80 in patients with diabetes or chronic kidney disease [CKD]) despite the use of three or more antihypertensive medications in appropriate doses; one of these three is usually a diuretic.³⁻⁴ Patients are also diagnosed with resistant hypertension if their blood pressure is controlled on four or more antihypertensive medications.⁵ There are several common characteristics that have been identified among patients with resistant hypertension (Table 1). Some of these characteristics, such as obesity and excessive dietary salt intake, are modifiable and should be addressed by the physician when discussing treatment with the patient.⁴

In order to properly diagnose resistant hypertension, pseudoresistance, which can give the appearance of poor blood pressure control, must first be excluded.⁴ In some instances, patients are diagnosed with resistant HTN when, in fact, they actually have pseudoresistance. The distinction between pseudoresistance and true resistance is very important. Pseudoresistant hypertension is inadequate blood pressure control due to:

- Suboptimal antihypertensive regimen – regimen could include inappropriate antihypertensive therapy or doses that are not optimized;
- Poor adherence to antihypertensive therapy – adherence to regimen is of utmost importance;
- Inaccurate measurement of BP in the office – blood pressure measurement may be

falsely elevated if BP cuff fits inappropriately (For example, if the cuff is too small (i.e., a normal sized cuff for an obese patient) the reading will be falsely elevated.);

- White-coat hypertension – obtain home, work, or ambulatory blood pressure readings to exclude white-coat hypertension, which can account for up to 40% of patients diagnosed with resistant hypertension.³⁻⁵

Patients with pseudoresistant hypertension may not need modifications to medication therapy as a truly resistant patient would, but rather, correction of the underlying problem.⁴

Treatment of resistant hypertension is often multifaceted; however, the initial treatment option should be nonpharmacological modifications. These modifications include: moderation of alcohol, weight loss, increased physical exercise, and changes in diet, which includes adopting the Dietary Approaches to Stop Hypertension (DASH)* diet and limiting sodium.⁴

Any offending agents that may cause hypertension (Table 2) should be discontinued, if appropriate. In some instances, certain medications may contribute to higher elevations of blood pressure. While not always the primary reason for the increase in blood pressure, the patient's medical team should evaluate the patient's complete medication profile in order to identify these medications (Table 2). Due to the fact that some of these agents are over-the-counter products, a thorough medical history may be the only way a patient will disclose these medications to the prescriber. The patient's blood pressure may decrease or return to normal if the offending agent is removed.⁵

Any underlying secondary causes of hypertension should also be identified and treated. Secondary causes of hypertension could be the reason that some patients have resistant hypertension. These secondary causes include:

- Obstructive sleep apnea
- Primary aldosteronism
- Renal parenchymal disease
- Renal artery stenosis
- Pheochromocytoma
- Cushing's syndrome
- Aortic coarctation³⁻⁴

If a patient with resistant hypertension is found to have a secondary cause for hypertension, the

secondary cause should be addressed and treated appropriately. When treated, blood pressure control is often improved.²

If the patient's blood pressure is still elevated after nonpharmacological modifications have been addressed, pharmacological management is appropriate. Initially, if the patient is not on a diuretic, one should be added. If already on a diuretic, the physician should consider dose optimization or the use of another diuretic agent. Diuretics often work in this setting because many patients with resistant hypertension have underlying volume expansion.⁴ Chlorthalidone has been found to be superior to hydrochlorothiazide in patients with resistant hypertension, according to a study conducted by Ernst and colleagues; however, in patients who also have CKD, loop diuretics may be necessary.⁴ Potassium-sparing diuretics, such as spironolactone and amiloride, have also been added to existing antihypertensive therapies with great success.⁴

Referral to a specialist may be recommended in certain cases: 1) The patient may need to be referred to an appropriate specialist for known or suspected secondary cause(s) of hypertension OR 2) The patient should be referred to a physician specializing in hypertension treatment when blood pressure remains elevated after six months of treatment.

Resistant hypertension is a problem for many patients and can have serious consequences if allowed to progress to end-organ damage. The keys to success in treating resistant hypertension include: 1) exclusion of pseudoresistance, 2) lifestyle modifications, 3) removal of medications that may cause elevated blood pressure, 4) treatment of secondary causes, and 5) medication management. When the patient and the practitioner work together, a solution can often be found that will result in adequate blood pressure control and better patient outcomes.

*For more information regarding the DASH diet, see <http://www.nhlbi.nih.gov/health/health-topics/topics/dash/>.

Resistant Hypertension - Continued

Table 1

Common Patient Characteristics Associated with Resistant Hypertension ²⁻⁴
Alcohol consumption (heavy)
Black race
Chronic kidney disease
Diabetes
Excessive dietary salt ingestion
Female sex
High baseline blood pressure
Left ventricular hypertrophy
Obesity
Older Age (>75 years)

Table 2

Medications That May Cause Hypertension ³⁻⁴
Alcohol
Cyclosporine
Corticosteroids
Erythropoietin
Herbal compounds (natural licorice, ephedra, or ma huang)
NSAIDs
Oral contraceptive
Stimulants (methylphenidate, amphetamine, modafinil, etc.)
Sympathomimetic agents (decongestants, cocaine, etc.)

References

1. CDC. Heart disease facts. <http://www.cdc.gov/heartdisease/facts.htm>. Last accessed 6 Feb 2013.
2. American Heart Association. New guidelines issued for treating resistant hypertension. ScienceDaily. 10 Apr 2008. Web 6 Feb 2013.
3. Myat A, Redwood S, Qureshi A, et al. Resistant hypertension. *BMJ*. 2012;345:e7473.
4. Calhoun DA, Jones D, Textor S, et al. Resistant hypertension: diagnosis, evaluation, and treatment- a scientific statement from the American Heart Association Professional Education Committee of the Council for High Blood Pressure Research. *Hypertension*. 2008;51:1403-1409.
5. Pimenta E, Gaddam K, Oparil S. Mechanisms and treatment of resistant hypertension. *J Clin Hypertens*. 2008;10:239-244.



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For information or assistance, call us!

Provider Enrollment	(225) 216-6370	General Medicaid Eligibility Hotline	1-888-342-6207
Prior Authorization		LaCHIP Enrollee/Applicant Hotline	1-877-252-2447
Home Health/EPSDT - PCS	1-800-807-1320	MMIS/Claims Processing/Resolution Unit	(225) 342-3855
Dental	1-866-263-6534	MMIS/Recipient Retroactive Reimbursement	(225) 342-1739 1-866-640-3905
	1-504-941-8206		
DME & All Other	1-800-488-6334 (225) 928-5263	Medicare Savings Program	1-888-544-7996
Hospital Pre-Certification	1-800-877-0666	Medicaid Purchase Hotline	
Provider Relations	1-800-473-2783 (225) 924-5040	For Hearing Impaired	1-877-544-9544
REVS Line	1-800-776-6323 (225) 216-REVS (7387)	Pharmacy Hotline	1-800-437-9101
Point of Sale Help Desk	1-800-648-0790 (225) 216-6381	Medicaid Fraud Hotline	1-800-488-2917