Louisiana Medicaid | Provider UPDATE

Overview of Type 2 Diabetes

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Diabetes is a chronic, complex illness requiring ongoing diabetes self-management education and support to prevent acute complications and reduce the risk of long-term complications. Evidence supports a wide range of interventions to improve diabetes outcomes.

CDC Fast Facts about Diabetes

- More than 34 million people in the United States have diabetes, and 1 in 5 of them don't know they have it.
- More than 88 million US adults—over a third—have prediabetes, and more than 84% of them don't know they have it.
- Diabetes is the 7th leading cause of death in the United States (and may be underreported).
- Type 2 diabetes accounts for approximately 90% to 95% of all diagnosed cases of diabetes.
- In the last 20 years, the number of adults diagnosed with diabetes has more than doubled as the American population has aged and become more overweight or obese.
- People with diabetes spend more on health care, have fewer productive years, and miss more work days compared to people who don't have diabetes. In 2017, the total estimated cost of diagnosed diabetes was $327 billion, including $237 billion in direct medical costs and $90 billion in reduced productivity.
- Risk factors for type 2 diabetes include: obesity, age 45 or older, parents or siblings with type 2 diabetes, physical activity less than 3 times per week, previous gestational diabetes or having a baby who weighed more than 9 pounds, and being African American, Hispanic or Latino, American Indian, Alaska Native, Pacific Islander, or Asian American.
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Reference
Centers for Disease Control and Prevention (CDC) (2020). Diabetes Fast Facts. Retrieved from https://www.cdc.gov/diabetes/basics/quick-facts.html

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Team Care Approach for Diabetes Management

Utilizing a team of healthcare providers is an effective way to help patients with diabetes cope with the wide assortment of complications that can arise from the disease. Patients with diabetes can lower their risk for microvascular complications, such as eye disease and kidney disease, macrovascular complications, such as heart disease and stroke, and other complications, such as nerve damage, by adhering to the following recommendations:

- Control their **ABCs**
  - **A** is for the A1C test - The A1C test shows the average blood glucose level over the past 3 months. The goal for most people with diabetes is below 7%.
  - **B** is for Blood Pressure - Blood pressure should be checked at every medical appointment. The goal for most people with diabetes is below 140/90 mm Hg.

- o **C** is for Cholesterol - People with diabetes are advised to have a blood test to measure triglycerides, low-density lipoprotein (LDL) cholesterol, and high-density lipoprotein (HDL) cholesterol at least once a year. Prescribers should be sure that patients know their LDL and HDL numbers, and treat their patients accordingly.
- o **S** is for smoking cessation - It is very important for people with diabetes to refrain from smoking. Both smoking and diabetes narrow blood vessels, which makes the heart work harder.
- Follow an individualized meal plan.
- Engage in regular physical activity.
- Avoid tobacco use.
- Take medicines as prescribed.
- Cope effectively with the demands of a complex chronic disease.

By utilizing effective behavioral interventions to lower the risk of diabetes and adhering to treatments to improve glycemic control and cardiovascular risk profiles, patients can prevent or delay progression to diabetes complications, such as kidney failure, vision loss, nerve damage, lower extremity amputation, and cardiovascular disease. This will then lead to increased patient satisfaction, improved health outcomes, and a better quality of life.

It is imperative that delivery of diabetes care is provided by a collaboration of several types of healthcare professionals. Members of the healthcare team may vary according to the patient's needs, resources, clinical setting, etc. A multidisciplinary team approach is very important to achieve success in diabetes care and complication prevention. Studies have shown that a team approach can facilitate diabetes management, lower the risk of chronic complications, and assist in educating patients about type 2 diabetes. Healthcare team members may include, but are not limited to, pharmacists, mental health professionals, primary care physicians, and podiatrists. By working together, healthcare professionals can minimize patients' health risks through assessment, intervention, and surveillance. They can also identify problems and initiate early treatment.

Primary Points about Diabetes to Share With Your Patients

- Emphasize the importance of metabolic control and the control of other cardiovascular risk factors such as the ABCs.
- Promote a healthy lifestyle that includes physical activity, healthful eating, and coping skills.
- Explain the benefits of diabetes comprehensive team care.
- Recommend routine checkups to prevent complications, such as a dental exam, a comprehensive foot exam, and a complete dilated eye exam.
- Reinforce self-exams for foot care and dental care, and others as appropriate.
- Recognize the danger signs for foot and dental problems and seek help from a health care provider.
- Promote the pharmacist's role in drug therapy management.

References:
Centers for Disease Control and Prevention (CDC) (2020). Team Care Approach to Diabetes Management. Retrieved from https://www.cdc.gov/diabetes/ndep/pdfs/ppod-guide-team-care-approach.pdf
U.S. Department of Health and Human Services: National Institute of Diabetes and Digestive and Kidney Diseases. (2020). Manage your diabetes ABCs. Retrieved from https://www.niddk.nih.gov/health-information/diabetes/overview/managing-diabetes#ABCS

American Diabetes Association (ADA) Standards of Medical Care in Diabetes-2020

The ADA Standards of Medical Care in Diabetes is intended to provide information regarding components of diabetes care, general treatment goals, and tools to evaluate the quality of care. These recommendations are not intended to take the place of clinical judgment and must be applied in the context of clinical care, with adjustments for individual preferences, comorbidities, and other patient factors. For more information, please refer to the complete, full-text version of the ADA Standards of Medical Care in Diabetes - 2020.

CDC Patient Education Resources

The CDC offers a collection of articles for people with diabetes or who are at risk for diabetes, and their families and friends. Visit CDC Diabetes: Resources and Publications for more information.

Reference: Centers for Disease Control and Prevention (CDC) (2020). Diabetes: Features and Spotlights. Retrieved from https://www.cdc.gov/diabetes/library/spotlights.html

New Medicaid Eligibility Group Covers COVID-19 Testing for Uninsured Patients

Per the Families First Coronavirus Response Act and the Coronavirus Aid, Relief, and Economic Security Act, Louisiana Medicaid has expanded coverage to include COVID-19 testing for uninsured individuals for the duration of the federally declared public health emergency. Coverage is limited to COVID-19 testing and related office visits for uninsured Louisiana residents. No treatment costs are covered under this program.

The new benefit is provided through Medicaid fee-for-service and not Healthy Louisiana through a managed care organization. Providers must be a Medicaid enrolled provider and must be enrolled before services are provided. Providers not enrolled as a Medicaid provider with DXC will need to complete a temporary emergency application with Medicaid's fiscal intermediary, DXC, to be paid for testing and testing related services for the uninsured. Providers will be required to self-attest on the uninsured individual's application to Medicaid that they are not also billing the Department of Health and Human Services (HHS) or the Health Resources and Services Administration (HRSA) for the same services. You also may not bill on any contract with the Louisiana Department of Health to provide COVID-19 testing for these patients. If Medicaid identifies other third party coverage is available (e.g., Medicare, private insurance), Medicaid will not cover the services.

For additional guidance, visit Medicaid's provider web page for COVID-19 testing coverage for uninsured individuals. The site contains billing information, a detailed provider guide, frequently asked questions for providers, and the simplified application patients can fill out to determine if they are eligible for coverage.

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

July 24, 2020

NCPD Field 460-ET Quantity Prescribed
A final rule from the U.S. Department of Health and Human Services requires the NCPD Quantity Prescribed (460-ET) field to be reported for all Schedule II drugs on pharmacy claims by September 21, 2020.
Providers are encouraged to consult their software companies to assure capture or recognition of this field on all Schedule II drug claims, as it will be a mandatory field.

COVID-19 Update
Existing approved prior authorizations on prescribed drugs and and physician-administered drugs (drugs included as a medical benefit) will be extended through Octobier 31, 2020 with no action needed by the prescriber. This will not affect the number of refills originally authorized by the prescriber.

Member copays for prescribed drugs will continue to be waived through October 31, 2020.

The 90-day supply, as appropriate, of maintenance medications that are not controlled substances will continue through October 31, 2020. These include cardiovascular drugs (hypertension, coronary artery disease, thrombosis), diabetes drugs, respiratory drugs (inhaled and oral), contraceptives, antivirals, direct-acting antivirals for hepatitis C, immunosuppressives, antipsychotics, and antidepressants, among others.

Member signatures will not be required through October 31, 2020. To continue to reduce exposure, free home delivery services or drive-htrough pickup services should be encouraged.

Preferred Drug List (PDL) Updates (http://ldh.la.gov/assets/HealthyLa/Pharmacy/PDL.pdf)
The new Preferred Drug List (PDL) went into effect on July 1, 2020. There were a few updates we wanted to bring to your attention. On the first page shown below, you will find the diabetic supply links and prior authorization information phone numbers for each managed care organization (MCO).

Louisiana Medicaid Preferred Drug List (PDL)/Non-Preferred Drug List (NPDL)

- The PDL is a list of over 100 therapeutic classes reviewed by the Pharmaceutical & Therapeutics (P&T) committee. In addition, there are medications and/or classes of medications that are not reviewed by the committee. Unless there is a clinical pre-authorization requirement for the entire class (as noted on the last page of the PDL) these medications will continue to be covered without prior authorization. **Examples:** spironolactone, hydrochlorothiazide, amoxicillin suspension

- To locate any medication on this list, you may use the keyboard shortcut **CTRL + F** to search.

- There is a mandatory generic substitution **unless** the brand is preferred, and the generic is non-preferred. When the brand is preferred and the generic is non-preferred, no special notations are required by the prescriber and the pharmacist enters "9" in the DAW field 408-D8.

- When the brand is non-preferred and the prescriber has determined it to be medically necessary, "Brand medically necessary" or "Brand necessary" must be written on the prescription in the prescriber's handwriting or via an electronic prescription and the pharmacist enters "1" in the DAW field 408-D8. For more information, please CLICK THIS LINK to the provider manual.

- New medications that enter the marketplace in classes reviewed by P&T committee will be considered non-preferred requiring prior authorization until the next P&T committee meeting. Please refer to the following criteria: New Drugs Introduced into the Market / Non-Preferred

- Medications listed as non-preferred are available through the prior authorization process. Each Managed Care Organization (MCO) and Fee for Service (FFS) have their own prior authorization departments.

- Any statement highlighted and underlined in blue is a hyperlink to go directly to forms and/or clinical criteria for medications with an explanation of the purpose and the requirements. **Example:** Request Form

- For medications that require a diagnosis code at the pharmacy, please CLICK THIS LINK and then select ICD-10-CM Diagnosis Code Policy Chart.

- This PDL/NPDL applies only to medications dispensed in the outpatient retail pharmacy setting.

DIABETIC SUPPLY LIST LINKS BY PLAN	Prior Authorization Information Phone Numbers for MCOs and FFS
AETNA	Aetna Better Health of Louisiana 1-855-242-0802
AMERIHEALTH CARITAS LA	AmeriHealth Caritas Louisiana 1-800-684-5502
HEALTHY BLUE	Healthy Blue 1-844-521-6942
LOUISIANA HEALTHCARE CONNECTIONS	Louisiana Healthcare Connections 1-888-929-3790
UNITEDHEALTHCARE	UnitedHealthcare 1-800-310-6826
	Fee-for-Service (FFS) Louisiana Legacy Medicaid 1-866-730-4357

We have added a point of sale (POS) edit link under each therapeutic class to make it easier to access versus a separate document. Also, you will see drugs highlighted in yellow to denote a change in PDL status for quick identification.

ALLERGY (3)	Cetirizine-D OTC (Generic)
Antihistamines – Minimally Sedating	Cetirizine Tablet OTC (Generic)
*Request Form	Cetirizine Solution OTC/Rx (1mg/ml) (Generic)
*Criteria	Levocetirizine Tablet (Generic)
*POS Edits	Loratadine-D OTC (Generic)
	Loratadine Solution OTC; Tablet OTC; ODT OTC (Generic)

The last couple of pages of the PDL now have your additional agents that have POS or clinical authorization requirements versus a separate document.

ADDITIONAL AGENTS THAT HAVE POINT-OF-SALE (POS) REQUIREMENT(S)

AL – Age Limit	DD – Drug-Drug Interaction	MD – Maximum Dose Limit	TD – Therapeutic Duplication
BH – Behavioral Health Clinical Authorization for Children Younger than 6 Years of Age	DS – Maximum Days' Supply Allowed	PR – Enrollment in a Physician-Supervised Program Required	UN – Drug Use Not Warranted
BY – Diagnosis Codes Bypass Some Requirements	DT – Duration of Therapy Limit	PU – Prior Use of other Medication is Required	X – Prescriber Must Have 'X' DEA Number
CL – Additional Clinical Information is Required	DX – Diagnosis Code Requirement	QL – Quantity Limit	YQ – Yearly Quantity Limit
CU – Concurrent Use with Other Medications is Restricted	ER – Early Refill	RX – Specific Prescription Requirement	

Acetaminophen	POS	Fabrazyme® (Agalsidase beta)	POS	Protriptyline	BH, TD
Acthar® (Corticotropin)	CL	Fasenra® (Benralizumab)	CL	Prudoxin® (Doxepin Topical)	POS
Actimmune® (Interferon Gamma-1b)	POS	Firazyr® (Icatibant)	CL	Pulmozyme® (Dornase Alfa)	POS
Aldurazyme™ (Laronidase)	CL	Flolan® (Epoprostenol Sodium)	POS	Radicava® (Edaravone)	POS
Alferon N® (Interferon Alfa-N3)	POS	Fycompa® (Perampanel)	POS	Ravicti® (Glycerol Phenylbutyrate)	CL
Amitriptyline	BH, TD	Gattex® (Teduglutide)	CL	Reclast® (Zoledronic acid)	CL, QL
Amitriptyline/Chlordiazepoxide	BH	Haegarda® (C1 Esterase Inhibitor [Human])	CL	Remodulin® (Treprostinil Sodium) INJECTION	POS

Remittance Advice Corner

All Home and Community Base Service Providers (HCBS):
Effective August 1, 2020 new services recorded in LaSRS or third party EVV systems will no longer be available in LAST. LAST users will still have use of LAST for services prior to August 1, 2020. Important specific details can be found on the LaSRS dashboard. See memo dated June 23, 2020 titled "LAST to LaSRS Transition".

Long-term Electroencephalography (EEG) Setup and Monitoring
Effective with dates of service on and after January 1, 2020, Louisiana Medicaid covers the services represented by CPT codes for long-term EEG setup and monitoring by an EEG technologist, currently CPT procedure codes 95700 and 95705-95716.

Providers furnishing long-term electroencephalography (EEG) services must adhere to CPT coding guidance. Specifically, providers must follow CPT guidance on the definitions of unmonitored, intermittent, and continuously monitored studies. In addition, providers must ensure that all EEG technologists have the relevant qualifications and training as listed in CPT guidance.

Claims for the services listed above that have been denied will be recycled to ensure proper reimbursement. No action is required by providers.

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

Questions regarding managed care claims should be directed to the appropriate managed care organization.

Attention Closing Providers

If Your Provider Agency Is Closing Or Moving Out Of State

Providers must maintain all medical, fiscal, professional and business records for services provided to Medicaid recipients for at least five years from the date of service, or, if under audit, records must be retained until the audit is complete. Some provider records must be maintained for longer than five years. This retention period includes accessibility of records when transferring from one Electronic Health Record system to another. This also includes Medicaid recipients whose services were covered by a Medicaid managed care plan.

Authorized state and federal agencies may audit or examine a provider's records for a period of five years from the date of service, even if the provider has closed. Failure to produce documentation of services provided to Medicaid recipients could result in audit findings.

Upon agency closure, all records must be maintained according to applicable laws, regulations and the above retention requirements. The provider agency must notify LDH of the location where the records will be stored, and the contact person for the records. Contact DXC Provider Relations at 800-473-2783, or via mail at P.O. Box 80159, Baton Rouge, LA 70809-0159, to report agency closure or confirm retention requirements.

Manual Chapter Revision Log

Manual Chapter	Section(s)	Date of Revision(s)
Behavioral Health Services Behavioral Health Services Manual Chapter	Table of Contents Appendix E-10 Evidence Based Practices (EBP) Policy – EMDR Therapy	06/30/20
Children's Choice Waiver https://www.lamedicaid.com/prov web1/providermanuals/manuals/ CCW/CCW.pdf	Appendix E Billing Codes	07/21/20
Dental Services https://www.lamedicaid.com/prov web1/providermanuals/DENTAL _New_main.htm	16.5 - EPSDT Covered Services Appendix B - Adult Denture Fee Schedule Appendix C - Dental Claim Form Instructions Appendix F - Claim Denial Simplification Process	07/01/20
Durable Medical Equipment https://www.lamedicaid.com/prov web1/providermanuals/manuals/ DME/DME.pdf	18.2 Specific Coverage Criteria	07/29/20
Federally Qualified Health Centers https://www.lamedicaid.com/prov web1/providermanuals/manuals/F QHC/FQHC.pdf	Table of Contents 22.0 Overview 22.1 Covered Services 22.2 Provider Requirements 22.4 Reimbursement Appendix F Behavior Health Services Examples	07/14/20
New Opportunities Waiver https://www.lamedicaid.com/prov web1/providermanuals/manuals/ NOW/NOW.pdf	Appendix E Billing Codes	07/29/20
Professional Services Professional Services Manual Chapter	5.1 Modifiers 5.1 Telemedicine	07/10/20

For Information or Assistance, Call Us!

Provider Relations	1-800-473-2783 (225) 294-5040 Medicaid Provider Website	General Medicaid Eligibility Hotline	1-888-342-6207
Prior Authorization: Home Health/EPSDT – PCS	1-800-807-1320	MMIS Claims Processing	(225) 342-3855
Dental	1-855-702-6262 MCNA Provider Portal	Resolution Unit MMIS Claims Reimbursement	
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		MMIS Claims Reimbursement
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	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