



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

MEMORANDUM

DATE: July 29, 2025

TO: All Louisiana Medicaid Prescribing Providers and Pharmacists

FROM: Kimberly Sullivan, Medicaid Executive Director

Handwritten signature of Kimberly Sullivan in blue ink.

SUBJECT: Louisiana Medicaid Pharmacy Point of Sale Diagnosis
Code Requirements – August 2025

Effective August 1, 2025, the Louisiana Medicaid Fee for Service (FFS) Pharmacy Program and Managed Care Organizations (MCOs), in consultation with the Drug Utilization Review (DUR) Board, will implement new Point of Sale (POS) diagnosis code requirements for select medications. The diagnosis code requirement applies to pharmacy claims submitted to Gainwell Technologies for FFS and to Prime Therapeutics State Government Solutions, LLC (Prime) for MCOs (Aetna, AmeriHealth Caritas, Healthy Blue, Humana Healthy Horizons, Louisiana Healthcare Connections, and UnitedHealthcare).

Point of Sale Diagnosis Code Requirements

A pharmacy claim will deny at Point of Sale (POS) when there is a missing or invalid diagnosis code submitted in **NCPDP field 424-DO** (Diagnosis Code) with:

- **Denial from Gainwell Technologies (FFS Only):** **NCPDP rejection code 39** (Missing/Invalid ICD-10-CM diagnosis code) mapped to **EOB Code 575** (Missing/Invalid ICD-10-CM diagnosis code).
- **Denial from Prime (MCO Only):** **NCPDP denial code 39** (Missing/Invalid ICD-10-CM diagnosis code) returned when there is an invalid or no ICD-10-CM diagnosis code submitted **OR** **NCPDP rejection code 80** (Diagnosis code submitted does not meet drug coverage criteria) returned when there is an incorrect ICD-10-CM diagnosis code submitted.

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Pharmacy claims for the following select medications in the chart below require a diagnosis code at POS.

Medication (Brand Example)	Diagnosis Description	Diagnosis Code
Eculizumab-aeceb (Bkemyv™)	Hemolytic–Uremic Syndrome	D59.3
	Paroxysmal Nocturnal Hemoglobinuria (Marchiafava–Micheli)	D59.5
OnabotulinumtoxinA (Botox®) (additional allowed codes)	ULS/LLS Associated with Paraplegia	G82.2*
	ULS/LLS Associated with Quadriplegia	G82.5*
Chronic GI Motility Agents		
Alosetron – Lotronex® Eluxadoline – Viberzi®	Irritable Bowel Syndrome with Diarrhea	K58.0
Tenapanor – Ibsrela®	Irritable Bowel Syndrome with Constipation	K58.1
Methylnaltrexone – Relistor® Naldemedine – Symproic® Naloxegol – Movantik®	Drug Induced Constipation	K59.03
Prucalopride – Motegrity®	Chronic Idiopathic Constipation	K59.04
Linaclotide – Linzess® Plecanatide – Trulance®	Irritable Bowel Syndrome with Constipation	K58.1
	Chronic Idiopathic Constipation (applicable to Functional Constipation for linaclotide)	K59.04
Lubiprostone – Amitiza®	Irritable Bowel Syndrome with Constipation	K58.1
	Drug Induced Constipation	K59.03
	Chronic Idiopathic Constipation	K59.04
Immunomodulators		
Dupilumab Pen (Dupixent®)	Atopic Dermatitis	L20*
	Asthma	J45*
	Chronic Obstructive Pulmonary Disease	J44*
	Chronic Rhinosinusitis with Nasal Polyps	J33*
	Eosinophilic Esophagitis	K20.0
	Prurigo Nodularis	L28.1
Benralizumab (Fasenra®)	Severe Persistent Asthma	J45.50, J45.51
	Eosinophilic Asthma	J82.83
	Eosinophilic Granulomatosis with Polyangiitis	M30.1
Mepolizumab (Nucala®)	Severe Persistent Asthma	J45.50, J45.51
	Eosinophilic Asthma	J82.83
	Chronic Rhinosinusitis with Nasal Polyps	J33*
	Eosinophilic Granulomatosis with Polyangiitis	M30.1
	Hypereosinophilic Syndrome [HES]	D72.110, D72.111, D72.119

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Omalizumab (Xolair®)	Moderate or Severe Persistent Asthma	J45.40, J45.41, J45.50, J45.51
	Chronic Rhinosinusitis with Nasal Polyps	J33*
	IgE-Mediated Food Allergy	Z91.01*
	Chronic Spontaneous Urticaria	L50.0, L50.1, L50.8, L50.9
Reslizumab (Cinqair®)	Severe Persistent Asthma	J45.50, J45.51
	Pulmonary Eosinophilia	J82.8*
Tezepelumab-ekko (Tezspire™)	Severe Persistent Asthma	J45.50, J45.51
Tralokinumab-ldrm (Adbry®)	Atopic Dermatitis	L20*
Lebrikizumab-lbkz (Ebglyss™)	Atopic Dermatitis	L20*
Nemolizumab-ilto (Nemluvio®)	Atopic Dermatitis	L20*
	Prurigo Nodularis	L28.1

Additional Information:

FFS and MCO: Most pharmacy claim denials can be overridden in emergency situations at Point of Sale. If it is necessary to override the claim, “03” can be entered in **NCPDP field 418-DI** (Level of Service).

Refer to <http://ldh.la.gov/assets/HealthyLa/Pharmacy/PDL.pdf> for the PDL, which is inclusive of the *Louisiana Uniform Prescription Drug Prior Authorization Form*, medication list, and criteria.

If you have questions about the content of this memo, you may contact the FFS pharmacy help desk by phone at (800) 437-9101.

FFS pharmacy claims should be submitted to Gainwell Technologies. MCO pharmacy claims should be submitted to Prime.

If you have questions about pharmacy claims billing, you may contact the appropriate plan at their pharmacy help desk listed in the chart below.

Healthcare Provider	Pharmacy Help Desk	Pharmacy Help Desk Phone Number
Aetna, AmeriHealth Caritas, Healthy Blue, Humana Healthy Horizons, Louisiana Healthcare Connections, UnitedHealthcare	Prime	(800) 424-1664
Fee for Service	Gainwell Technologies	(800) 648-0790

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Please forward this notice to other providers to assist with notification. Your continued cooperation and support of the Louisiana Medicaid Program efforts to coordinate care and improve health are greatly appreciated.

KS/RB/SF/GJS

c: Gainwell Technologies
 Healthy Louisiana Plans
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 Prime Therapeutics State Government Solutions, LLC