



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

MEMORANDUM

DATE: March 26, 2026

TO: All Louisiana Medicaid Prescribing Providers and Pharmacists

FROM: Seth Gold, Medicaid Executive Director

A handwritten signature in blue ink, appearing to read "Seth Gold".

SUBJECT: Louisiana Medicaid Pharmacy Point of Sale Diagnosis
Code Requirements – April 2026

Effective April 1, 2026, 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 the Pharmacy Benefits Manager (PBM) for MCOs (Aetna, AmeriHealth Caritas, Healthy Blue, Humana Healthy Horizons, and Louisiana Healthcare Connections).

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 Plan (MCOs Only):** The pharmacy claim will deny with an **NCPDP rejection code**.

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

| Medication (Brand Example) | Diagnosis Description | Diagnosis Code |
|------------------------------|---|----------------|
| Pegcetacoplan (Empaveli®) | Paroxysmal Nocturnal Hemoglobinuria (PNH) | D59.5 |
| | Chronic Nephritic Syndrome with C3 Glomerulonephritis | N0*.A, N0*.6 |
| | Primary Immune-Complex Membranoproliferative Glomerulonephritis | N00.B1, N04.B1 |
| Tezepelumab-ekko (Tezspire™) | Chronic Rhinosinusitis with Nasal Polyps | J33* |
| | Severe Persistent Asthma | J45.50, J45.51 |

* – any number or letter or combination of UP TO FOUR numbers and letters of an assigned ICD–10–CM diagnosis code

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, criteria, and diagnosis code list.

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 the appropriate PBM.

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

| Health Plan | PBM | Provider Claims/Billing Issues |
|----------------------------|---|--------------------------------|
| Aetna Better Health | CVS Caremark | 1(855) 364-2977 |
| AmeriHealth Caritas | PerformRx | 1(800) 684-5502 |
| Healthy Blue | Carelon RX (MCO) Carrier Name: VOYRX- LA Medicaid | 1(833)-485-6236 |

| Health Plan | PBM | Provider Claims/Billing Issues |
|---|--------------------------------|---------------------------------------|
| Humana | Humana Pharmacy Solutions Inc. | 1(833) 252-1677 |
| Louisiana Healthcare Connections | Express Scripts | 1(833) 750-4451 |

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.

SY/SF/RB/GJS

- cc:
- Gainwell Technologies
 - Healthy Louisiana MCOs
 - Rachel Broussard
 - Sharon Yeske
 - Sue Fontenot