



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

MEMORANDUM

DATE: March 8, 2019

TO: All Louisiana Medicaid Prescribing Providers and Pharmacists

FROM: Jen Steele, Medicaid Director

SUBJECT: Louisiana Medicaid Fee for Service (FFS) Pharmacy Point of Sale (POS) Clinical Pre-Authorization for New Granulocyte Colony Stimulating Factor (GCSF) Agents and Updated POS Diagnosis Codes for IncobotulinumtoxinA (Xeomin®)

Effective March 14, 2019, the Louisiana Medicaid FFS Pharmacy Program in collaboration with the Louisiana Medicaid Drug Utilization Review (LADUR) Board will add new GCSF agents for clinical pre-authorization and update diagnosis codes for incobotulinumtoxinA (Xeomin®).

Clinical Pre-Authorization Requirement

Pharmacy claims for GCSF agents will be reimbursed at Point of Sale (POS) when the prescriber has obtained an approved clinical pre-authorization. Prescribers must complete the *Louisiana Uniform Prescription Drug Prior Authorization Form* in full and fax it to 1-866-797-2329. The GCSF agents are listed in the following chart.

Granulocyte Colony Stimulating Factor (GCSF) Agents
Filgrastim (Neupogen®)
Filgrastim-aafi (Nivestym®)
Filgrastim-sndz (Zarxio®)
Pegfilgrastim (Neulasta®)
Pegfilgrastim-jmdb (Fulphila®)
Sargramostim (Leukine®)
Tbo-filgrastim (Granix®)

Pharmacy claims submitted without an approved clinical pre-authorization for GCSF agents will deny at Point of Sale (POS) with:

NCPDP reject code 88 (DUR Reject Error) mapped to
EOB code 066 (Clinical Pre-Authorization Required).

Override provisions should be addressed through the Clinical Pre-Authorization process.

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, and criteria for clinical pre-authorization.

Updated Diagnosis Codes for IncobotulinumtoxinA (Xeomin®)

The diagnosis of chronic sialorrhea has been added to the list of acceptable diagnoses for incobotulinumtoxinA (Xeomin®). The acceptable diagnosis codes for incobotulinumtoxinA (Xeomin®) are listed in the following chart.

Diagnosis	ICD-10-CM Diagnosis Code
Blepharospasm	G24.5
Cervical Dystonia	G24.3
Chronic Sialorrhea	K11.7
Upper Limb Spasticity (ULS) Associated with Multiple Sclerosis (Relapsing)	G35
Upper Limb Spasticity (ULS) Associated with Cerebral Palsy	G80.0, G80.1, G80.2, G80.4, G80.8, G80.9
Upper Limb Spasticity (ULS) Associated with Spastic Hemiplegia	G81.1*
Upper Limb Spasticity (ULS) Associated with C5-C7 Complete Quadriplegia	G82.53
Upper Limb Spasticity (ULS) Associated with C5-C7 Incomplete Quadriplegia	G82.54
Upper Limb Spasticity (ULS) Associated with Diplegia of Upper Limb	G83.0
Upper Limb Spasticity (ULS) Associated with Monoplegia of Upper Limb due to Late Effects of Cerebrovascular Disease	I69.●31, I69.●32, I69.●33, I69.●34, I69.●39
Upper Limb Spasticity (ULS) Associated with Hemiplegia due to Late Effects of Cerebrovascular Disease	I69.●51, I69.●52, I69.●53, I69.●54, I69.●59
Upper Limb Spasticity (ULS) Associated with Intracranial Injury of Other and Unspecified Nature (Traumatic Brain Injury)	S06.1*, S06.2*, S06.3*, S06.4*, S06.5*, S06.6*, S06.8*, S06.9*
Upper Limb Spasticity (ULS) Associated with Monoplegia of Upper Limb	G83.2*
Upper Limb Spasticity (ULS) Associated with Spinal Cord Injury without Evidence of Spinal Bone Injury (C5-C7)	S14.0*, S14.1●5, S14.1●6, S14.1●7

* Any number or letter or combination of UP TO FOUR numbers and letters of an assigned ICD-10-CM diagnosis code
 ● Any ONE number or letter of an assigned ICD-10-CM diagnosis code

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Pharmacy claims for incobotulinumtoxinA (Xeomin®) submitted without an acceptable or missing diagnosis code will deny with:

NCPDP reject code 39 (Missing or Invalid Diagnosis Code) mapped to
EOB code 575 (Missing or Invalid Diagnosis Code).

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

If you have questions about FFS pharmacy claims billing, you may contact the DXC Technology (formerly Molina) pharmacy help desk at (800) 648-0790.

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.

JS/MBW/GJS

c: Healthy Louisiana Plans
Melwyn B. Wendt
DXC Technology