

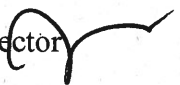


**State of Louisiana**  
Louisiana Department of Health  
Bureau of Health Services Financing

**MEMORANDUM**

**DATE:** December 17, 2018

**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 and Diagnosis Code Requirements for  
Growth Hormones

Effective December 27, 2018, the Louisiana Medicaid FFS Pharmacy Program in collaboration with the Louisiana Medicaid Drug Utilization Review (LADUR) Board will implement POS clinical pre-authorization and diagnosis code requirements for Growth Hormones.

**Clinical Pre-Authorization Requirement**

Pharmacy claims 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.

Pharmacy claims submitted without an approved clinical pre-authorization 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 <https://www.lamedicaid.com/provweb1/Pharmacy/rxpa/rxpaindex.htm> for the *Louisiana Uniform Prescription Drug Prior Authorization Form* and Criteria.

**Diagnosis Code Requirement**

Pharmacy claims for Growth Hormones will require an acceptable diagnosis code entered in NCPDP field 424-DO (Diagnosis Code).

The acceptable diagnosis codes for Growth Hormone are listed in the chart.

Growth Hormone (Somatropin)	Diagnosis Code	Diagnosis Description
Genotropin®, Norditropin®, Omnitrope®	Q96*	Turner Syndrome
	Q87.1	Prader-Willi Syndrome
	E23.0 E23.1 E89.3	Growth Hormone Deficiency (GHD) -Adult, Children <ul style="list-style-type: none"> <li>o Iatrogenic Hypopituitarism</li> <li>o Drug-induced Hypopituitarism</li> <li>o Post Procedural Hypopituitarism</li> </ul>
	P05.1*	Small for gestational age at birth (fetal growth retardation) who fail to manifest catch-up growth or with no catch-up growth by age 2 to 4.
	R62.52	Short stature in children associated with Idiopathic Small Stature SHOX gene mutation/deficiency
Humatrope®, Zomacton™	E23.0 E23.1 E89.3	Growth Hormone Deficiency (GHD) -Adult, Children <ul style="list-style-type: none"> <li>o Iatrogenic Hypopituitarism</li> <li>o Drug-induced Hypopituitarism</li> <li>o Post Procedural Hypopituitarism</li> </ul>
	Q96*	Turner Syndrome
	P05.1*	Small for gestational age at birth (fetal growth retardation) who fail to manifest catch-up growth or with no catch-up growth by age 2 to 4.
	R62.52	Short stature in children associated with Idiopathic Small Stature SHOX gene mutation/deficiency
Nutropin AQ®	E23.0 E23.1 E89.3	Growth Hormone Deficiency (GHD) -Adult, Children <ul style="list-style-type: none"> <li>o Iatrogenic Hypopituitarism</li> <li>o Drug-induced Hypopituitarism</li> <li>o Post Procedural Hypopituitarism</li> </ul>
	N25.0	Growth failure in children associated with renal insufficiency or chronic kidney disease; until the time of renal transplantation
	Q96*	Turner Syndrome
	R62.52	Short stature in children associated with Idiopathic Small Stature SHOX gene mutation/deficiency
Saizen®	E23.0 E23.1 E89.3	Growth Hormone Deficiency (GHD) -Adult, Children <ul style="list-style-type: none"> <li>o Iatrogenic Hypopituitarism</li> <li>o Drug-induced Hypopituitarism</li> <li>o Post Procedural Hypopituitarism</li> </ul>
	P05.1*	Small for gestational age at birth (fetal growth retardation) who fail to manifest catch-up growth or with no catch-up growth by age 2 to 4.

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Growth Hormone (Somatropin)	Diagnosis Code	Diagnosis Description
Serostim®	R64	HIV-associated cachexia or wasting
Zorbtive®	K90.2, K91.2	Blind Loop Syndrome, Post-Surgical Malabsorption NEC (Alternative name: Short Bowel Syndrome)

Pharmacy claims for Growth Hormones 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