




State of Louisiana

Louisiana Department of Health
Bureau of Health Services Financing

MEMORANDUM

DATE: January 31, 2022

TO: All Louisiana Medicaid Prescribing Providers and Pharmacists

FROM: Patrick Gillies, Medicaid Executive Director 

SUBJECT: Louisiana Medicaid Pharmacy Coverage: COVID-19 Oral Treatment Agents and At Home COVID-19 Tests

In response to the COVID-19 pandemic and Public Health Emergency (PHE), and COVID-19 delta and omicron variant spread, the Louisiana Medicaid Fee for Service (FFS) Pharmacy Program and Managed Care Organizations (MCOs) will implement coverage for COVID-19 oral antiviral agents and OTC at home FDA authorized COVID-19 tests. This memo will give billing information for pharmacy claims submitted to FFS Medicaid and Louisiana Medicaid MCOs (Aetna, AmeriHealth Caritas, Healthy Blue, Louisiana Healthcare Connections, and UnitedHealthcare).

COVID-19 Oral Antiviral Agents (See Billing Chart on Page 3)

Nirmatrelvir/ritonavir (Paxlovid®) and molnupiravir are oral antiviral agents used in the treatment of COVID-19 under Emergency Use Authorization (EUA). The federal government covers the cost of oral COVID-19 antiviral agents. Therefore, Louisiana Medicaid will reimburse enrolled pharmacies for the professional dispensing fee only for oral COVID-19 antiviral agents.

Effective February 7, 2022, LA Medicaid Pharmacy Program will implement edits for age and quantity limits for nirmatrelvir/ritonavir (Paxlovid®) and molnupiravir. Nirmatrelvir/ritonavir (Paxlovid®) and molnupiravir are subject to the following quantity limits and age requirements at Point of Sale.

Drug	Quantity Limit	Age Requirement
nirmatrelvir/ritonavir (Paxlovid®)	30 tablets/5 days	≥12 years
molnupiravir	40 tablets/5 days	≥18 years

Pharmacy claims which exceed the quantity limit will deny with:

FFS Only: **NCPDP rejection code 76** (Quantity and/or days' supply exceeds program maximum) mapped to **EOB code 457** (Quantity and/or days' supply exceeds program maximum).

Pharmacy claims which do not meet the age requirement will deny with:

FFS Only: **NCPDP reject code 60** (Product/Service Not Covered for Patient Age) mapped to **EOB code 234** (P/F Age Restriction).

MCO Only: Pharmacy claims which do not meet the age requirement will deny with a **NCPDP rejection code**.

OTC At Home FDA Authorized COVID-19 Tests (See Billing Chart on Page 3)

On January 26, 2022, the Pharmacy Program implemented coverage for OTC at home FDA authorized COVID-19 tests, with an effective date of January 17, 2022. This will allow coverage of tests with prescriptions from prescribers and tests authorized by pharmacists and/or pharmacies. Federal regulations and applicable state laws require that third-party carrier(s) be billed first before Medicaid is billed. There will be **no copay** assessed for OTC at home FDA authorized COVID-19 Tests.

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 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	CVS Health	(855) 364-2977
AmeriHealth Caritas	PerformRx	(800) 684-5502
Fee for Service	Gainwell Technologies	(800) 648-0790
Healthy Blue	CVS	(833) 236-6194
Louisiana Healthcare Connections	CVS Caremark	(800) 311-0543
UnitedHealthcare	Optum Rx	(866) 328-3108

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.

PG/MBW/GJS

c: Healthy Louisiana Plans
Melwyn B. Wendt
Gainwell Technologies

Enclosures (2)

Billing Chart

The following fields will be required as part of the Point of Sale (POS) claim:

NCPDP Field Number	NCPDP Field Name	Value	Comment
407-D7	Product/Service ID	COVID-19 Test: 11 Digit UPC COVID-19 Oral Antiviral Agent: 11 Digit NDC	COVID-19 Test: UPC COVID-19 Oral Antiviral Agent: NDC
409-D9	Ingredient Cost	COVID-19 Test: \$0.00 or \$0.01 COVID-19 Oral Antiviral Agent: \$0.00 or \$0.01	COVID-19 Test or COVID-19 Oral Antiviral Agent: Bill a value of \$0.00 with a Basis of Cost Determination of 15 when the product is free to the pharmacy. Bill a value of \$0.01 with a Basis of Cost Determination of 1 when the product is not free to the pharmacy.
420-DK	Submission Clarification Code (SCC)	COVID-19 Test: 42	COVID-19 Test: Populate with 42 when prescribing provider is a pharmacist or pharmacy. SCC code 42 does not bypass enrollment requirements.
423-DN	Basis of Cost Determination	COVID-19 Test: 15 or 1 COVID-19 Oral Antiviral Agent: 15 or 1	COVID-19 Test: A value of "15" (free product or no associated cost=\$0.00) or a value of "1" with an ingredient cost \geq \$0.01. COVID-19 Oral Antiviral Agent: A value of "15" (free product or no associated cost=\$0.00) or a value of "1" with an ingredient cost \$0.01.
411-DB	Prescriber ID	Prescriber/ Pharmacist/ Pharmacy Medicaid Number or NPI	COVID-19 Test: Enter the Prescriber's LA Medicaid Issued Number or NPI OR in the Absence of a Prescription from a Prescriber, the Pharmacist's or Pharmacy's LA Medicaid Issued Number (FFS Only) or NPI COVID-19 Oral Antiviral Agent: Enter the Prescriber's LA Medicaid Issued Number (FFS Only) or NPI
558-AW	Flat Sales Tax	\$0.10	Add provider fee of \$0.10.

	Paid		
442-E7	Quantity Dispensed	COVID-19 Test: Single packs (1) or multi-pack test kits (2 tests); COVID-19 Oral Agent: Per Tablet	COVID-19 Test: The quantity limit is 4 packs of 2 or 8 COVID-19 tests per 30 rolling days. COVID-19 Oral Agent (Quantity Limits): Paxlovid®= 30 tabs/5 days Molnupirivir= 40 tabs/5 days
444-E9	Provider ID	Pharmacist Medicaid Number (FFS Only) or NPI	The Pharmacist's LA Medicaid Issued Number (FFS Only) or NPI
465-EY	Provider ID Qualifier	05 07	NPI State Issued (FFS Only)

Note: The Fee for Service dispensing fee is \$10.99.

Covered OTC At Home FDA Authorized COVID-19 Tests

NDC	Drug Name
08337000158	INTELISWAB COVID-19 RAPID TEST
14613033967	QUICKVUE AT-HOME COVID-19 TEST
14613033968	QUICKVUE AT-HOME COVID-19 TEST
14613033972	QUICKVUE AT-HOME COVID-19 TEST
50010022431	CARESTART COVID19 AG HOME TEST
50010022432	CARESTART COVID19 AG HOME TEST
50010022433	CARESTART COVID19 AG HOME TEST
56362000589	IHEALTH COVID-19 AG RAPID TEST
56362000590	IHEALTH COVID-19 AG RAPID TEST
56362000596	IHEALTH COVID-19 AG RAPID TEST
56964000000	ELLUME COVID-19 HOME TEST
82607066026	FLOWFLEX COVID-19 AG HOME TEST
82607066027	FLOWFLEX COVID-19 AG HOME TEST
82607066028	FLOWFLEX COVID-19 AG HOME TEST
82607066047	FLOWFLEX COVID-19 AG HOME TEST
11877001140	BINAXNOW COVID-19 AG SELF TEST