



## State of Louisiana

Louisiana Department of Health  
Bureau of Health Services Financing

### MEMORANDUM

**DATE:** July 24, 2019

**TO:** All Louisiana Medicaid Prescribing Providers and Pharmacists

**FROM:** Jen Steele, Medicaid Director

**SUBJECT:** Pharmacy Point of Sale (POS) Therapeutic Duplication for Antipsychotic Pharmacy Claims and Diagnosis Code Requirement for Progesterone (Crinone®) and Tobramycin (Kitabis®)

Effective August 1, 2019, the Louisiana Medicaid Fee for Service (FFS) Pharmacy Program and Managed Care Organizations (MCOs) in collaboration with the Louisiana Medicaid Drug Utilization Review (LADUR) Board will implement new clinical edits at POS.

#### **Therapeutic Duplication (TD)**

An incoming pharmacy claim for an antipsychotic agent (oral, liquid, and injectable) will deny when there is an active prescription on file for another antipsychotic agent (oral, liquid, and injectable).

The incoming pharmacy claim will deny at POS for a therapeutic duplication with:

**NCPDP reject code 88 (DUR Reject Error)** mapped to  
**EOB Code 482 (Therapeutic Duplication).**

Override provisions are available. After consultation with the prescriber to verify the medical necessity of the therapeutic duplication, the pharmacist can override the claim by submitting the following at POS:

**NCPDP 439-E4 field (Reason for Service Code)-TD (Therapeutic Duplication)**  
**NCPDP 440-E5 field (Professional Service Code) - MØ (Prescriber Consulted)**  
**NCPDP 441-E6 field (Result of Service Code) - 1G (Filled with Prescriber Approval)**

**Diagnosis Code Requirement**

Pharmacy claims for Progesterone (Crinone® 4%) and Tobramycin Oral Inhalation (Kitabis Pak®) require a diagnosis code entered at POS in NCPDP field 424-DO (Diagnosis Code). The following chart lists the acceptable diagnosis codes.

Generic Name	Brand Name	Diagnosis	ICD-10-CM Diagnosis Code
Progesterone micronized	Crinone ® 4%	Secondary Amenorrhea	N91.1*
Tobramycin/Nebulizer	Kitabis Pak®	Cystic Fibrosis with Pseudomonas	E84*

\*Any number or letter or combination of UP TO FOUR numbers and letters of an assigned ICD-10-CM 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 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	DXC Technology	(800) 648-0790
Healthy Blue	CVS	(833) 236-6194
Louisiana Healthcare Connections	CVS Caremark	(800) 311-0543
United Healthcare	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.

JS/MBW/GJS

c: Healthy Louisiana Plans  
 Melwyn B. Wendt  
 DXC Technology