




State of Louisiana

Louisiana Department of Health
Bureau of Health Services Financing

MEMORANDUM

DATE: March 25, 2022

TO: All Louisiana Medicaid Prescribing Providers and Pharmacists

FROM: Patrick Gillies, Medicaid Executive Director 

SUBJECT: Louisiana Medicaid Pharmacy Point of Sale (POS) Diagnosis Code Requirements- April 2022

Effective April 1, 2022, 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 FFS and MCOs (Aetna, AmeriHealth Caritas, Healthy Blue, Louisiana Healthcare Connections, and UnitedHealthcare).

Point of Sale (POS) Diagnosis Code Requirement

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

- Olanzapine/samidorphan (Lybalvi™)
- Paliperidone palmitate injection (Invega Hafyera™)
- Pegcetacoplan (Empaveli™)
- Serdexmethylphenidate/dexmethylphenidate (Azstarys™)

A pharmacy claim will deny at POS when there is a missing or invalid diagnosis code submitted in **NCPDP field 424-DO** (Diagnosis Code) with:

MCO Only: The pharmacy claim will deny with a **NCPDP rejection code**. If additional assistance is needed, contact the health plan (See contact information at the end of this document).

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).

The approved diagnosis codes are listed in the chart below.

Medication	Diagnosis Description	Diagnosis Code(s)
Azstarys™ (serdexmethylphenidate/ dexmethylphenidate)	Attention Deficit Hyperactivity Disorders	F90.*
Empaveli™ (pegcetacoplan)	Paroxysmal Nocturnal Hemoglobinuria (Marchiafava–Micheli)	D59.5
Invega Hafyera™ (paliperidone palmitate)	Agitation or Aggression or Irritability in Pervasive Developmental Disorder (PDD)/Autistic Disorder	F84.*
	Bipolar Disorder, Agitation or Psychoses in Bipolar Disorder, Agitation or Psychoses in Other Episodic Mood Disorders	F30.*, F31.*, F32.8*, F34.8*, F34.9, F39
	Delusions, Dementia, Psychoses or Agitation in Delusions, Dementia, Psychoses	F01.*, F02.*, F03.*, F04, F05, F06.0, F06.2, F06.30, F06.31, F06.32, F06.33, F06.34, F06.8, F10.150, F10.151, F10.250, F10.251, F10.26, F10.94, F10.950, F10.951, F10.96, F10.97, F11.121, F11.150, F11.151, F11.221, F11.250, F11.251, F11.921, F11.950, F11.951, F12.121, F12.150, F12.151, F12.221, F12.250, F12.251, F12.921, F12.950, F12.951, F13.121, F13.150, F13.151, F13.221, F13.250, F13.251, F13.27, F13.921, F13.950, F13.951, F13.97, F14.121, F14.150, F14.151, F14.221, F14.250, F14.251, F14.921, F14.950, F14.951, F15.121, F15.150, F15.151, F15.221, F15.250, F15.251, F15.921, F15.950, F15.951, F16.121, F16.150, F16.151, F16.221, F16.250, F16.251, F16.921, F16.950, F16.951, F18.121, F18.150, F18.151, F18.17, F18.221, F18.250, F18.251, F18.27, F18.921, F18.950, F18.951, F18.97, F19.121, F19.150, F19.151, F19.17, F19.221, F19.250, F19.251, F19.27, F19.921, F19.950, F19.951, F19.97, F22, F23, F24, F28, F29, F32.3, F33.3, F44.89
	Agitation or Psychoses in Major Depressive Disorder	F32.0, F32.1, F32.2, F32.3, F32.4, F32.5, F32.9, F33.0, F33.1, F33.2, F33.3, F33.40, F33.41, F33.42, F33.8, F33.9
	Schizophrenia or Schizoaffective Disorder or Agitation in Schizophrenia or Schizoaffective Disorder	F20.*, F25.*
Lybalvi™ (olanzapine/samidorphan)	Bipolar Disorder	F30.*, F31.*, F32.8*, F34.8*, F34.9, F39
	Schizophrenia or Schizoaffective Disorder	F20.*, F25.*

*Any number or letter or combination of up to four numbers and letters of an assigned ICD-10 diagnosis code

Additional Information:

FFS Only: 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 www.lamedicaid.com for the POS User Guide for drug specific override procedures.

MCO Only: If an override is required, or additional assistance needed, contact the health plan.

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, and clinical criteria.

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