



State of Louisiana

Louisiana Department of Health
Bureau of Health Services Financing

MEMORANDUM

DATE: April 1, 2021

TO: All Louisiana Medicaid Prescribing Providers and Pharmacists

FROM: Tara A. LeBlanc, Interim Medicaid Executive Director *Tara A. LeBlanc*

SUBJECT: Louisiana Medicaid Pharmacy Point of Sale Diagnosis Code Requirements for Select Drugs

Effective April 7, 2021, 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 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).

A pharmacy claim will deny at Point of Sale (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**.
FFS Only: **NCPDP rejection code 39** (Missing or Invalid ICD-10 diagnosis code)
mapped to **EOB Code 575** (Missing or Invalid ICD-10 diagnosis code).

Pharmacy claims for the following drugs and/or therapeutic classes require a diagnosis code at POS.

- Lofexidine (Lucemyra®) (FFS and MCO)
- Naltrexone Tablets (FFS and MCO)
- Interferons (MCO Alignment with FFS)
- Hormones (MCO Alignment with FFS)
- Topical (MCO Alignment with FFS)
- Triptans (MCO Alignment with FFS)
- Orlistat (MCO Alignment with FFS)

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 and override procedures.

MCO Only: If an override is required, or additional assistance needed, contact the health plan. (See contact information at the end of this document.)

MCO and FFS: 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 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.

TL/MBW/GJS

c: Healthy Louisiana Plans
Melwyn B. Wendt
Gainwell Technologies

Enclosure

Select Agents with Diagnosis Code Requirements-Effective April 7, 2021

Louisiana Medicaid – Medications Requiring ICD–10 Diagnosis Codes		
Generic – Brand Examples	Diagnosis Description	ICD–10 Codes
Other Interferons Applies to FFS and All MCOs		
Interferon Alfa–2B Recombinant – Intron A®	AIDS–Related Kaposi's Sarcoma	C46.*
	Chronic Hepatitis B	B18.0, B18.1
	Chronic Hepatitis C	B18.2
	External Genital Warts (Condylomata Acuminata)	A63.0
	Follicular Lymphoma	C82.*
	Hairy Cell Leukemia	C91.4*
	Melanoma	C43.*
Interferon Gamma–1B – Actimmune®	Chronic Granulomatous Disease	D71
	Malignant Osteopetrosis	Q78.2
Peginterferon Alfa–2A –Pegasys®	Chronic Hepatitis B	B18.0, B18.1
	Chronic Hepatitis C	B18.2
Peginterferon Alfa–2B – Sylatron®	Melanoma	C43.*
Hormones Applies to FFS and All MCOs		
Goserelin Acetate (1 month) – Zoladex® 3.6mg	Breast Cancer (Female)	C50.•1*
	Dysfunctional Uterine Bleeding	N89.7, N92.5, N93.8
	Endometriosis	N80.*
	Prostate Cancer	C61
Goserelin Acetate (3 month) – Zoladex® 10.8mg Histrelin Acetate – Vantas® Leuprolide Acetate – Eligard®, Lupron Depot® 7.5mg, 22.5mg (3 month), 30mg (4 month), 45mg (6 month) Triptorelin Pamoate – Trelstar®	Prostate Cancer	C61
Histrelin Acetate –Supprelin LA® Leuprolide Acetate – Lupron Depot–Ped®, Fensolvi® Triptorelin Pamoate – Triptodur®	Central Precocious Puberty	E30.1, E30.8
Leuprolide Acetate – Lupron®	Central Precocious Puberty	E30.1, E30.8
	Prostate Cancer	C61
Leuprolide Acetate – Lupron Depot® 3.75mg, 11.25mg (3 month)	Endometriosis	N80.*
	Uterine Leiomyoma	D25.*

Louisiana Medicaid – Medications Requiring ICD–10 Diagnosis Codes		
Generic – Brand Examples	Diagnosis Description	ICD–10 Codes
Hydroxyprogesterone – Makena [®] , Generic, Authorized Generic	Pregnancy with History of Preterm–Labor	O09.21*
Nafarelin Acetate – Synarel [®]	Central Precocious Puberty	E30.1, E30.8
	Endometriosis	N80.*
Topical Applies to FFS and All MCOs		
Imiquimod – Zyclara [®] 2.5%	Actinic Keratosis	L57.0
Imiquimod – Zyclara [®] 3.75%	Actinic Keratosis	L57.0
	External Genital Warts (Condylomata Acuminata)	A63.0
Imiquimod – Aldara [®] 5%	Actinic Keratosis	L57.0
	External Genital Warts (Condylomata Acuminata)	A63.0
	Superficial Basal Cell Carcinoma	C44.•1*
Triptans Applies to FFS and All MCOs		
Almotriptan – Axert [®] Eletriptan – Relpax [®] Frovatriptan – Frova [®] Naratriptan – Amerge [®] Rizatriptan – Maxalt [®] , Maxalt MLT [®] Sumatriptan [Oral, Nasal] – Imitrex [®] , Onzetra Xsail [®] , Tosymra [®] Sumatriptan [Injection] – Zembrace SymTouch [®] Zolmitriptan – Zomig [®] , Zomig ZMT [®] <i>Diagnosis only required if recipient is younger than 18 years of age</i>	Migraine	G43.0*, G43.1*, G43.7*
Sumatriptan [Injection] – Imitrex [®] , Sumavel [®] <i>Diagnosis only required if recipient is younger than 18 years of age</i>	Migraine	G43.0*, G43.1*, G43.7*
	Cluster Headache, Acute	G44.009

Louisiana Medicaid – Medications Requiring ICD–10 Diagnosis Codes		
Generic – Brand Examples	Diagnosis Description	ICD–10 Codes
Risk Factors Required with Orlistat <i>Applies to FFS and All MCOs</i>		
Orlistat – Xenical® <i>Recipient must have at least one of these risk factors warranting Orlistat use</i>	Atherosclerosis	I70.*
	Cerebrovascular Disease	I60.*, I61.*, I62.*, I63.*, I65.*, I66.*, I67.*, I68.*, I69.*
	Dyslipidemia	E78.0–E78.5
	Gastric Reflux Disease	K21.0, K21.9
	Hyperinsulinemia	E15, E16.1
	Hypertension	I10, I11.*, I12.*, I13.*, I15.*
	Impaired Glucose Tolerance	R73.02
	Ischemic Heart Disease	I21.*, I22.*, I24.*, I25.*
	Osteoarthritis of Hips/Knees	M16.*, M17.*
	Other Peripheral Vascular Diseases	I73.*
	Phlebitis & Thrombophlebitis of Lower Extremities, unspecified	I80.3
	Phlebitis & Thrombophlebitis of Other Deep Vessels	I80.2*
	Phlebitis & Thrombophlebitis of the Femoral Vein	I80.1*
	Phlebitis & Thrombophlebitis of the Superficial Vessels of the Lower Extremities	I80.0*
	Pseudotumor Cerebri	G93.2
	Sleep Apnea	G47.30
	Type 2 Diabetes	E11.*
	Varicose Veins of Lower Extremities, with Inflammation	I83.1*
	Varicose Veins of Lower Extremities, without Mention of Ulcer and Inflammation	I83.9
	Varicose Veins of Lower Extremities, with Ulcer	I83.0*
Varicose Veins of the Lower Extremities with Ulcer and Inflammation	I83.2*	

Louisiana Medicaid – Medications Requiring ICD–10 Diagnosis Codes		
Generic – Brand Examples	Diagnosis Description	ICD–10 Codes
Bypass Diagnoses <i>Diagnosis code submitted on the pharmacy claim will bypass certain limits</i>		
Albuterol – ProAir HFA [®] , Proventil HFA [®] , Ventolin HFA [®] YQ Levalbuterol – Xopenex HFA [®] YQ <i>Yearly Quantity Limit (YQ)</i> <i>Applies to FFS and All MCOs</i>	Bronchitis, not specified	J40
	Chronic Airway Obstruction	J44.9
	Cystic Fibrosis	E84.*
	Emphysema	J43.*
	Obstructive Chronic Bronchitis, Chronic Obstructive Asthma	J44.*
Notes		
* – 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		