



# State of Louisiana

Louisiana Department of Health  
Bureau of Health Services Financing

## MEMORANDUM

**DATE:** December 22, 2020

**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 January 1, 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 United Healthcare).

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:

**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).

**MCO Only:** The pharmacy claim will deny with a **NCPDP rejection code**.

Pharmacy claims for the following drugs, testing supplies, and therapeutic classes require a diagnosis code at POS.

- Botulinum Agents (MCO only)
- Enzyme Replacement Therapy Agents (MCO only)
- Glucose Test Strips and Lancets
- Hemophilia Agents
- Pulmonary Arterial Hypertension Agents (MCO only)
- Miscellaneous Agents

**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](http://www.lamedicaid.com) for the POS User Guide for 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.

<b>Healthcare Provider</b>	<b>Pharmacy Help Desk</b>	<b>Pharmacy Help Desk Phone Number</b>
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 January 1, 2021****Botulinum agents (MCO Only)**

Pharmacy claims for botulinum agents require a diagnosis code submitted at POS.

<b>AbobotulinumtoxinA – Dysport®</b>	
<b>ULS – Upper Limb Spasticity    ULS/LLS – Upper or Lower Limb Spasticity</b>	
Cervical Dystonia	G24.3
ULS/LLS Associated with Complete Quadriplegia	G82.53
ULS/LLS Associated with Incomplete Quadriplegia	G82.54
ULS/LLS Associated with Cerebral Palsy	G80.0, G80.1, G80.2, G80.4, G80.8, G80.9
ULS Associated with Diplegia of Upper Limb	G83.0
ULS/LLS Associated with Hemiplegia due to Late Effects of Cerebrovascular Disease	I69.•51, I69.•52, I69.•53, I69.•54, I69.•59
ULS/LLS Associated with Intracranial Injury of Other and Unspecified Nature (Traumatic Brain Injury)	S06.1*, S06.2*, S06.3*, S06.4*, S06.5*, S06.6*, S06.8*, S06.9*
Spasticity Associated with Monoplegia of Upper or Lower Limb	G83.1*, G83.2*, G83.3*
Spasticity Associated with Monoplegia of Upper or Lower Limb due to Late Effects of Cerebrovascular Disease	I69.•31, I69.•32, I69.•33, I69.•34, I69.•39, I69.•41, I69.•42, I69.•43, I69.•44, I69.•49
ULS/LLS Associated with Multiple Sclerosis (Relapsing)	G35
ULS/LLS Associated with Spastic Hemiplegia	G81.1*
ULS/LLS Associated with Spinal Cord Injury without Evidence of Spinal Bone Injury	S14.0*, S14.1•5*, S14.1•6*, S14.1•7*
<b>IncobotulinumtoxinA – Xeomin®</b>	
<b>ULS – Upper Limb Spasticity    ULS/LLS – Upper or Lower Limb Spasticity</b>	
Blepharospasm	G24.5
Cervical Dystonia	G24.3
Chronic Sialorrhea	K11.7
ULS Associated with Multiple Sclerosis (Relapsing)	G35
ULS Associated with Cerebral Palsy	G80.0, G80.1, G80.2, G80.4, G80.8, G80.9
ULS Associated with Spastic Hemiplegia	G81.1*
ULS Associated with C5–C7 Complete Quadriplegia	G82.53
ULS Associated with C5–C7 Incomplete Quadriplegia	G82.54
ULS Associated with Diplegia of Upper Limb	G83.0
ULS Associated with Monoplegia of Upper Limb due to Late Effects of Cerebrovascular Disease	I69.•31, I69.•32, I69.•33, I69.•34, I69.•39

FFS and MCO Diagnosis Code Requirement for Select Drugs

December 22, 2020

Page 4

ULS Associated with Hemiplegia due to Late Effects of Cerebrovascular Disease	I69.•51, I69.•52, I69.•53, I69.•54, I69.•59
ULS Associated with Intracranial Injury of Other and Unspecified Nature (Traumatic Brain Injury)	S06.1*, S06.2*, S06.3*, S06.4*, S06.5*, S06.6*, S06.8*, S06.9*
ULS Associated with Monoplegia of Upper Limb	G83.2*
ULS Associated with Spinal Cord Injury without Evidence of Spinal Bone Injury (C5–C7)	S14.0*, S14.1•5, S14.1•6, S14.1•7
<b>OnabotulinumtoxinA – Botox®</b>	
<b>ULS – Upper Limb Spasticity    ULS/LLS – Upper or Lower Limb Spasticity</b>	
Axillary Hyperhidrosis	L74.510
Blepharospasm	G24.5
Cervical Dystonia	G24.3
Chronic Migraine (Prophylaxis)	G43.7*
Overactive Bladder	N32.81
Strabismus	H49.*, H50.*, H51.*
ULS/LLS Associated with Multiple Sclerosis (Relapsing)	G35
ULS/LLS Associated with Cerebral Palsy	G80.0, G80.1, G80.2, G80.4, G80.8, G80.9
ULS/LLS Associated with Spastic Hemiplegia	G81.1*
ULS/LLS Associated with Complete Quadriplegia	G82.53
ULS/LLS Associated with Incomplete Quadriplegia	G82.54
ULS Associated with Diplegia of Upper Limb	G83.0
Spasticity Associated with Monoplegia of Upper or Lower Limb	G83.1*, G83.2*, G83.3*
Spasticity Associated with Monoplegia of Upper or Lower Limb due to Late Effects of Cerebrovascular Disease	I69.•31, I69.•32, I69.•33, I69.•34, I69.•39, I69.•41, I69.•42, I69.•43, I69.•44, I69.•49
ULS/LLS Associated with Hemiplegia due to Late Effects of Cerebrovascular Disease	I69.•51, I69.•52, I69.•53, I69.•54, I69.•59
ULS/LLS Associated with Intracranial Injury of Other and Unspecified Nature (Traumatic Brain Injury)	S06.1*, S06.2*, S06.3*, S06.4*, S06.5*, S06.6*, S06.8*, S06.9*
ULS/LLS Associated with Spinal Cord Injury without Evidence of Spinal Bone Injury	S14.0*, S14.1•5*, S14.1•6*, S14.1•7*
Urinary Incontinence (Detrusor Overactivity Associated with Neurological Disease)	N36.44, N31.9
<b>RimabotulinumtoxinB – Myobloc®</b>	
<b>ULS – Upper Limb Spasticity    ULS/LLS – Upper or Lower Limb Spasticity</b>	
Cervical Dystonia	G24.3
Chronic Sialorrhea <i>Applies to FFS and All MCOs as of 3/2/20</i>	K11.7

\*any number or letter or combination of UP TO FOUR numbers or letters of an assigned ICD-10-CM diagnosis code

**Enzyme Replacement Therapy Agents (MCO Only)**

Pharmacy claims for enzyme replacement therapy agents require one of the ICD-10-CM diagnosis codes listed in the chart below.

<b>Diagnosis Code Requirements for Selected ERT Agents</b>	
<b>Medication</b>	<b>Diagnosis Code</b>
Brineura™ (cerliponase alfa)	E75.4 Neuronal ceroid lipofuscinosis
Cerdelga® (eliglustat tartrate)	E75.22 Gaucher disease
Cerezyme® (imiglucerase)	E75.22 Gaucher disease
Elelyso® (taliglucerase alfa)	E75.22 Gaucher disease
Galafold™ (migalastat HCL)	E75.21 Fabry (-Anderson) disease
Strensiq® (asfotase alfa)	E83.39 Other disorders of phosphorus metabolism [perinatal/infantile- and juvenile-onset hypophosphatasia]
Vpriv® (velaglucerase alfa)	E75.22 Gaucher disease
Zavesca® (miglustat)	E75.22 Gaucher disease

**Glucose Test Strips and Lancets**

Pharmacy claims for glucose test strips and lancets have quantity limits and require a diagnosis code submitted at POS.

<b>Diagnosis</b>	<b>ICD-10-CM Diagnosis Code</b>	<b>Diagnosis Description</b>	<b>Quantity Limit</b>
Non-Gestational Diabetes without insulin therapy	E08*, E09*, E013*	Diabetes Due to Other Conditions or Causes	100 Test Strips/90 days and 100 Lancets/90 days
	E011*	Type 2 Diabetes Mellitus	
Gestational Diabetes, Diabetes in Pregnancy, Non-Gestational Diabetes with insulin therapy	E10*	Type 1 Diabetes Mellitus	200 Test Strips/30 days and 200 Lancets/30 days
	O24*	Diabetes Mellitus in Pregnancy	
	Z79.4*	Long-Term (Current) Use of Insulin	

\* any number or letter or combination of UP TO FOUR numbers or letters of an assigned ICD-10-CM diagnosis code

**Hemophilia Agents**

Pharmacy claims for hemophilia agents require a diagnosis code submitted at POS.

Medication	Diagnosis Code
Advate® [antihemophilic factor (recombinant)]	D66 (Hemophilia A)
Adynovate® [antihemophilic factor (recombinant), PEGylated]	D66 (Hemophilia A)
Afstyla® [antihemophilic factor (recombinant), single chain]	D66 (Hemophilia A)
Alphanate® [antihemophilic factor / von Willebrand factor complex (human)]	D66 (Hemophilia A), D68.0 (von Willebrand)
AlphaNine® SD [coagulation factor IX (human)]	D67 (Hemophilia B)
Alprolix® [coagulation factor IX (recombinant),Fc fusion protein]	D67 (Hemophilia B)
BeneFIX® [factor IX (recombinant)]	D67 (Hemophilia B)
Coagadex® [coagulation factor X (human)]	D68.2 (Hereditary Factor X deficiency)
Corifact® [factor XIII concentrate (human)]	D68.2 (Factor XIII deficiency)
Eloctate® [antihemophilic factor (recombinant), Fc fusion protein]	D66 (Hemophilia A)
Esperoct® [antihemophilic factor (recombinant), glycopegylated-exei]	D66 (Hemophilia A)
Feiba® NF [anti-inhibitor coagulant complex]	D66 (Hemophilia A), D67 (Hemophilia B)
Hemlibra® [emicizumab-kxwh]	D66 (Hemophilia A)
Hemofil-M [antihemophilic factor (human)]	D66 (Hemophilia A)
Humate-P® [antihemophilic factor / von Willebrand factor complex (human)]	D66 (Hemophilia A), D68.0 (von Willebrand)
Idelvion® [coagulation factor IX (recombinant), albumin fusion protein (rIX-FP)]	D67 (Hemophilia B)
Ixinity® [coagulation factor IX (recombinant)]	D67 (Hemophilia B)
Jivi® [antihemophilic factor (recombinant) PEGylated-aucl]	D66 (Hemophilia A)
Koate® DVI [antihemophilic factor (human) double viral inactivation]	D66 (Hemophilia A)
Kogenate® FS [antihemophilic factor (recombinant)]	D66 (Hemophilia A)

FFS and MCO Diagnosis Code Requirement for Select Drugs

December 22, 2020

Page 7

Medication	Diagnosis Code
Kovaltry® [antihemophilic factor (recombinant)]	D66 (Hemophilia A)
Mononine® [coagulation factor IX (human)]	D67 (Hemophilia B)
Novoeight® [antihemophilic factor (recombinant)]	D66 (Hemophilia A)
Novoseven® RT [coagulation factor VIIa (recombinant)]	D66 (Hemophilia A), D67 (Hemophilia B), D68.2 (Factor VII deficiency), D69.1 (Glanzmann's thrombasthenia), D68.311 (Acquired Hemophilia)
Nuwinq® [antihemophilic factor (recombinant)]	D66 (Hemophilia A)
Obizur® [antihemophilic factor (recombinant), porcine sequence]	D66 (Hemophilia A)
Profilnine® SD [factor IX complex]	D67 (Hemophilia B)
Rebinyn® [coagulation factor IX (recombinant), glycoPEGylated]	D67 (Hemophilia B)
Recombinate™ [antihemophilic factor (recombinant)]	D66 (Hemophilia A)
Rixubis® [coagulation factor IX (recombinant)]	D67 (Hemophilia B)
Tretten® [coagulation factor XIII A-subunit (recombinant)]	D68.2 (Factor XIII A-subunit deficiency)
Vonvendi® [von Willebrand factor (recombinant)]	D68.0 (von Willebrand)
Wilate® [von Willebrand factor / coagulation factor VIII complex (human)]	D66 (Hemophilia A), D68.0 (von Willebrand)
Xyntha® [antihemophilic factor (recombinant)]	D66 (Hemophilia A)
Xyntha® Solofuse [antihemophilic factor (recombinant)]	D66 (Hemophilia A)

**Pulmonary Arterial Hypertension Agents (MCO Only)**

Pharmacy claims for pulmonary arterial hypertension agents require one of the ICD-10-CM diagnosis codes listed in the chart below.

Medication	Diagnosis Description	Diagnosis Code
Ambrisentan – Letairis <sup>®</sup> Bosentan – Tracleer <sup>®</sup> Epoprostenol Sodium – Veletri <sup>®</sup> , Flolan <sup>®</sup> Iloprost – Ventavis <sup>®</sup> Macitentan – Opsumit <sup>®</sup> Riociguat – Adempas <sup>®</sup> Treprostinil – Orenitram <sup>®</sup> , Remodulin <sup>®</sup> , Tyvaso <sup>®</sup>	Pulmonary Arterial Hypertension (PAH)	I27.0, I27.2*, I27.89, P29.3*

\* any number or letter or combination of UP TO FOUR numbers or letters of an assigned ICD-10-CM diagnosis code

**Miscellaneous Agents (MCO Only) with Diagnosis Code Requirements**

Medication	Diagnosis Description	Diagnosis Code
Aldesleukin – Proleukin <sup>®</sup>	Melanoma	C43.*
	Renal Cell Carcinoma	C64.*
Aztreonam – Cayston <sup>®</sup> Tobramycin – Bethkis <sup>®</sup> , Tobi <sup>®</sup>	Cystic Fibrosis with Pseudomonas	E84.*
Fentanyl Buccal/Sublingual – Abstral <sup>®</sup> , Actiq <sup>®</sup> , Fentora <sup>®</sup> , Lazanda <sup>®</sup> , Subsys <sup>®</sup>	Cancer	C00.*–C96.*
Dornase Alfa – Pulmozyme <sup>®</sup>	Cystic Fibrosis	E84.*
Methadone	Diagnosis <u>must</u> be submitted, but <u>cannot</u> be Substance Use Disorder	Diagnosis <u>must</u> be submitted but <u>cannot</u> be F11.2*
Buprenorphine – Belbuca <sup>®</sup>	Diagnosis <u>must</u> be submitted, but <u>cannot</u> be Substance Use Disorder	Diagnosis <u>must</u> be submitted but <u>cannot</u> be F11.2*

\* any number or letter or combination of UP TO FOUR numbers or letters of an assigned ICD-10-CM diagnosis code



**Miscellaneous Agents, Bypass Diagnosis Code (FFS and MCO)**

Pharmacy claims for non-preferred cefixime products that are submitted with the ICD-10-CM diagnosis code A64 (Unspecified sexually transmitted disease) will bypass the prior authorization requirement for non-preferred products.

Pharmacy claims for celecoxib (Celebrex<sup>®</sup>) no longer have a diagnosis code requirement. Refer to the PDL, at <http://ldh.la.gov/assets/HealthyLa/Pharmacy/PDL.pdf> for the clinical criteria for celecoxib (Celebrex<sup>®</sup>).

Pharmacy claims for eteplirsen (Exondys 51<sup>®</sup>) and nusinersen (Spinraza<sup>®</sup>) no longer have a diagnosis code requirement at Point of Sale.