



**State of Louisiana**  
Louisiana Department of Health  
Bureau of Health Services Financing

**MEMORANDUM**

**DATE:** September 23, 2019  
**TO:** All Louisiana Medicaid Prescribing Providers and Pharmacists  
**FROM:** Jen Steele, Medicaid Director  
**SUBJECT:** Louisiana Medicaid Updated Clinical Edits for Antipsychotic Agents

Effective October 1, 2019, the Louisiana Medicaid Fee for Service (FFS) Pharmacy Program and Managed Care Organizations (MCOs) will update clinical edits at Point of Sale (POS) for antipsychotic agents. The updates to antipsychotic agents applies to FFS and Medicaid MCOs (Aetna, AmeriHealth Caritas, Healthy Blue, Louisiana Healthcare Connections, and United Healthcare).

**Missing or Invalid ICD-10-CM Diagnosis Code**

Pharmacy claims for antipsychotic medications require a diagnosis code in **NCPDP field 424-DO** (Diagnosis Code). Missing or invalid diagnosis code claims will deny at POS with:

**FFS Only:** **NCPDP rejection code 39** (Missing/ Invalid ICD-10 Diagnosis Code) mapped to

**FFS Only:** **EOB code 575** (Missing/Invalid ICD-10 diagnosis code).

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

**MCO Only:** After consultation with the prescriber to obtain a missing/invalid diagnosis code, the pharmacist can process the claim with the diagnosis code provided or override the claim, if deemed medically necessary. If additional assistance is needed, contact the health plan. (See contact information at the end of this document.)

**FFS Only:** After consultation with the prescriber to obtain a missing/invalid diagnosis code, the pharmacist can process the claim with the diagnosis code provided or override the claim, if deemed medically necessary. The following override procedure may be used.

When the pharmacist cannot reach the prescriber, the pharmacist, using his/her professional judgment, may deem the filling of the prescription to be an 'emergency.' In these emergency cases, the pharmacist must indicate 'Emergency Prescription' and document the emergency on the hardcopy prescription or in the pharmacy's electronic recordkeeping system. The pharmacist may override the pharmacy claim at POS by:

FFS Only: entering '03' in NCPDP field 418-DI (Level of Service).

#### **Therapeutic Duplication of Second Oral Antipsychotic Agent**

Pharmacy claims for a recipient with an active oral antipsychotic prescription on file will deny when an additional pharmacy claim for a second oral antipsychotic prescription is submitted.

The claim will deny with the following therapeutic duplication:

FFS Only: NCPDP rejection code 88 (DUR reject error) mapped to

FFS Only: EOB code 482 (Therapeutic Duplication).

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

#### **Therapeutic Duplication of Second Injectable Antipsychotic Agent**

Pharmacy claims for a recipient with an active injectable antipsychotic prescription on file will deny when an additional pharmacy claim for a second injectable antipsychotic prescription is submitted.

The claim will deny with the following therapeutic duplication:

FFS Only: NCPDP rejection code 88 (DUR reject error) mapped to

FFS Only: EOB code 482 (Therapeutic Duplication).

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

#### **Override Procedures for Therapeutic Duplication of Oral or Injectable Antipsychotic Agents**

**MCO Only**: After consultation with the prescriber, the pharmacist can override the claim. If additional assistance is needed, contact the health plan. (See contact information at the end of this document.)

**FFS Only**: After consultation with the prescriber to verify the necessity of the therapeutic duplication, the pharmacist can override the denial by submitting the following codes at POS in:

**439-E4 Field** (Reason for Service Code) – **TD** (Therapeutic Duplication)

**440-E5 Field** (Professional Service Code) – **MØ** (Prescriber Consulted)

**441-E6 Field** (Result of Service Code) – **1G** (Filled with Prescriber Approval).

**Antipsychotic Agents Prescribed for Recipients 0-5 Year(s) of Age**

Pharmacy claims for antipsychotic agent(s) submitted for recipients 0-5 years old will deny at POS with:

FFS Only: **NCPDP rejection code 88** (DUR reject error) mapped to

FFS Only: **EOB code 066** (Clinical Authorization Required).

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

**MCO Only:** After consultation with the prescriber, the pharmacist can override the claim. If additional assistance is needed, contact the health plan. (See contact information at the end of this document.)

**FFS Only:** Override provisions are available in the clinical authorization process.

**Maximum Dose/Age on Antipsychotic Agents for Recipients 6-17 Year(s) of Age**

Pharmacy claims for antipsychotic agent(s) submitted for recipients 6-17 years old will deny at POS with:

FFS Only: **NCPDP rejection code 88** (DUR reject error) mapped to

FFS Only: **EOB code 325** (Exceeds Max Daily Dose-Override Using PA Process).

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

**MCO Only:** After consultation with the prescriber, the pharmacist can override the claim. If additional assistance is needed, contact the health plan. (See contact information at the end of this document.)

**FFS Only:** Override provisions are available in the prior authorization (PA) process.

**Maximum Dose on Antipsychotic Agents for Recipients 18 Years of Age and Older**

Pharmacy claims for antipsychotic agent(s) for recipients 18 years old or older, which exceed the maximum daily dose will deny at POS with:

FFS Only: **NCPDP rejection code 88** (DUR reject error) mapped to

FFS Only: **EOB code 529** (Exceeds Maximum Daily Dose).

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

**Override Procedures for Exceeding Maximum Dose on Antipsychotic Agents for Recipients 18 Years of Age and Older**

**MCO Only:** After consultation with the prescriber, the pharmacist can override the claim. If additional assistance is needed, contact the health plan. (See contact information at the end of this document.)

**FFS Only:** Override provisions are available. After consultation with the prescriber, to verify the necessity of exceeding the maximum dose, the pharmacist may override the denial by submitting the following codes at POS in:

**NCPDP 439-E4 field** (Reason for Service Code) **HD** (High Dose)

**NCPDP 440-E5 field** (Professional Service Code) **MØ** (Prescriber Consulted)

**NCPDP 441-E6 field** (Result of Service Code) **1G** (Filled with Prescriber Approval)

Clinical and prior authorization will require prescribers to complete in full and submit the *Louisiana Uniform Prescription Drug Prior Authorization Form*. Refer to <http://ldh.la.gov/assets/HealthyLa/Pharmacy/PDL.pdf> for the Single PDL, which is an inclusive listing of preferred/non-preferred drugs, criteria, and forms.

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	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