



**State of Louisiana**  
Department of Health and Hospitals  
Bureau of Health Services Financing  
Bayou Health

May 24, 2013

Dear Medicaid Provider:

Re: Diagnosis Code Requirement for Reimbursement of Somatropin for Bayou Health Shared Plans and Legacy Medicaid

The Louisiana Medicaid Pharmacy Program in collaboration with its Drug Utilization Review Board (DUR) established a new policy which requires an ICD-9-CM diagnosis code for somatropin pharmacy claims. Somatropin (Genotropin®, Humatrope®, Norditropin®, Nutropin®, Nutropin AQ®, Omnitrope®, Saizen®, Serostim®, Tev-Tropin®, and Zorbtive®) will require a valid ICD-9-CM diagnosis code submitted in the Point of Sale (POS) system.

Effective May 28, 2013, somatropin claims submitted with a valid diagnosis will be payable. An appropriate ICD-9-CM diagnosis code must be documented on the prescription by the prescriber or communicated to the pharmacist electronically, via telephone, or facsimile.

Claims for somatropin without a valid diagnosis code entered into POS will deny with NCPDP rejection code 39 "Missing or invalid ICD-9-CM diagnosis code" which is mapped to EOB code 575 "Missing or invalid diagnosis code." There are no overrides for this edit. However, the pharmacist may contact the prescriber for a valid diagnosis code and resubmit the claim.

A summary chart is provided in the appendix of this document. This chart addresses acceptable ICD-9-CM diagnosis code(s) which are in accordance with the reimbursement criteria for somatropin.

If you have concerns or comments regarding this correspondence, you may contact Melwyn Wendt at 225-342-7878 or send a fax to 225-342-1980. Your continued cooperation and support of the Bayou Health and Louisiana Medicaid Drug Utilization Review (DUR) efforts are greatly appreciated.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Ruth Kennedy".

J. Ruth Kennedy  
Medicaid Director

JRK/MBW/gjs  
Enclosure

**Appendix**

**ICD-9-CM Diagnosis Codes for Growth Hormone (Somatropin) Use**

Diagnoses	ICD9-CM Diagnosis Codes		
Growth failure in children associated with renal insufficiency or chronic kidney disease	581.0 581.3 581.9 582.2 582.89 583.1 583.6 583.89 585.1 585.4 585.9 588.0 588.9	581.1 581.81 582.0 582.4 582.9 583.2 583.7 583.9 585.2 585.5 586 588.1	581.2 581.89 582.1 582.81 583.0 583.4 583.81 585 585.3 585.6 587 588.8
Noonan Syndrome	759.89		
Prader-Willi Syndrome	759.81		
Turner Syndrome	758.6		
Small for gestational age at birth (fetal growth retardation) who fail to manifest catch-up growth or with no catch-up growth	764.9 764.92 764.95 764.98	764.90 764.93 764.96 764.99	764.91 764.94 764.97
Short Stature in children (idiopathic or SHOX deficiency) • Short Stature • Lack of expected normal physiological development in childhood	783.43 783.4		
Pituitary dwarfism	253.3		
Panhypopituitarism	253.2		
Iatrogenic pituitary disorders	253.7		
(Zorbtive® only) Short Bowel Syndrome in patients receiving specialized nutritional support • Blind Loop Syndrome • Other unspecified post-surgical nonabsorption	579.2 579.3		
(Serostim® only) HIV- associated cachexia or wasting	799.4		