



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

April 1, 2009

**MEMORANDUM**

TO: Pharmacists

FROM: Jerry Phillips  
Medicaid Director

RE: **Monthly Prescription Limit**

**Monthly Prescription Limit**

Effective for services beginning **May 1, 2009**, the Department of Health and Hospitals, Bureau of Health Services Financing will establish a five-prescription limit per recipient per calendar month in the Medicaid Pharmacy Program.

The following federally mandated recipient groups are exempt from the five-prescription monthly limitation:

1. **Persons under the age of twenty-one (21) years.** The exemption will expire the month following the recipient's 21<sup>st</sup> birthday;
2. **Persons living in long term care facilities such as nursing homes and ICF-DD facilities** (Type Cases: 05, 22, 23, 24, 25, 51, 62, 63, 64, 65, 83, 90, 99, 121, 122, 123, 124, 130, 131, 132, 136, 137, 138, 139, 140, 141, 142, 143, 144, 145). The exemption will expire the month following the recipient's discharge date. NOTE: Form 148-A (obtained from the facility) will be accepted when the type case has not been updated on the file. These forms should be faxed to 225-342-1980; and
3. **Pregnant women.** When a prescribing practitioner issues a prescription to a pregnant woman, he/she shall indicate on the prescription that the recipient is pregnant. **In the case of a telephoned prescription, the information that the recipient is pregnant shall be communicated to the pharmacist, and the pharmacist must document on the prescription that the recipient is pregnant.**

**Pharmacies should submit an "8" (Pregnant) in NCPDP Field 461-EU (Prior Authorization Type Code).**

Recipients who are not exempt from the five-prescription monthly limitation will be allowed a maximum of five prescriptions per calendar month. **Claims, including those for emergency prescriptions and prior authorized prescriptions that are in excess of five per calendar month per recipient will be denied.**

The five-prescription monthly limit can be overridden when the prescribing practitioner authorizes the medical necessity of the drug and communicates to the pharmacist the following information in his own handwriting or by telephone or other telecommunications device:

1. **"Medically Necessary Override"** and
2. **A valid numeric ICD-9-CM Diagnosis Code** that directly relates to each drug prescribed that is over the five prescription limit. (No ICD-9-CM literal description is acceptable.)

If multiple prescriptions are written on the same prescription form, each prescription over five requires the “Medically Necessary Override” and the numeric ICD-9-CM Diagnosis Code.

Overrides will apply to the original prescription and its refills when the requirements are followed, up to the pharmacy program’s maximum which is up to 5 refills or 6 months from the date of the prescription.

**The “Medically Necessary Override” documentation does not replace the “Brand Necessary” or “Brand Medically Necessary” written requirement needed to prescribe a “Brand Necessary” drug product when the prescriber certifies that a specified brand is medically necessary for a particular recipient.** If “brand necessary” is needed in addition to the “Medically Necessary Override”, both statements shall be written on the prescription.

Printed statements without the prescribing practitioner’s signature, check-off boxes or stamped signatures indicating “Medically Necessary Override” are not acceptable documentation. Pharmacists are required to maintain documentation to support the override of a prescription limitation. Procedures in the pharmacy audit program will be established to verify the provider’s documentation associated with any claim overridden and paid to establish compliance with the program regulations.

Claims for prescriptions in excess of the five prescriptions limit will deny with:

**NCPDP rejection code M4 (Prescription Number/Time Limit Exceeded) mapped to EOB code 498 (Number of Prescriptions Greater Than Limit)**

When submitting a claim for a recipient that exceeds the five-prescription per month limit and the prescribing practitioner has communicated the required information, the pharmacist must submit an override by supplying the following Point of Sale claim data information:

- **A valid numeric ICD-9-CM Diagnosis Code in NCPDP Field 424-DO (Diagnosis Code)** without the decimal indicating the diagnosis identified by the prescribing practitioner which warrants the use of the medication. Claims submitted with invalid or missing ICD-9-CM diagnosis codes will deny with:

**NCPDP rejection code 39 (M/I Diagnosis Code) mapped to EOB code 575 (Missing/Invalid ICD-9-CM Diagnosis Code)**

- **A “5” (Exemption from Prescription Limits) in NCPDP field 461-EU (Prior Authorization Type Code).** Claims submitted without the value of “5” will deny with:

**NCPDP rejection code 22 (M/I Dispense As Written (DAW)/Product Selection Code) mapped to EOB code 576 (Missing or Invalid PA/MC Code or Number for Rx Override)**

Prescription claims with overrides will receive an educational message:

**NCPDP rejection code M4 (Prescription Number/Time Limit Exceeded) mapped to EOB code 577 (Override of Monthly Prescription Limit)**

### **Electronic Clinical Drug Inquiry (e-CDI) Application**

The e-CDI provides a clinical drug inquiry application which provides a four-month drug history dispensed to Medicaid recipients by all types of prescribers. This data is available 24 hours a day, updated on a daily basis, only accessible by an authorized Medicaid provider and is available in a print friendly version. This application is available in the secured provider site of [www.lamedicaid.com](http://www.lamedicaid.com).

The major benefits of the e-CDI data are:

- Allows you to evaluate a Medicaid recipient's drug usage over a four month period;
- Displays whether the recipient has been prescribed similarly clinically effective drugs;
- Facilitates assessment of the recipient's drug usage in order to determine whether to recommend to the prescriber the discontinuation of some drugs, or to use other drugs that would be clinically appropriate as well as less costly; and
- Assist the prescriber in deciding if a Medicaid recipient requires more than 5 prescriptions per month.

**The Medicaid Clinical Data Inquiry (e-CDI) data** can be accessed by:

Step 1: Using your Internet browser, access the Internet Web page: [www.lamedicaid.com](http://www.lamedicaid.com);

Step 2: Click on the red "Provider Log-In" button in the upper left margin of the home page;

Step 3: Enter "your 7-digit Medicaid Provider ID number" in the data entry box;

Step 4: Follow the instructions for establishing "your online account" with lamedicaid;

Step 5: Follow the instructions for "activation of your online account";

NOTE: Provider enrollment instructions are available in a print friendly version for steps 4 & 5 by clicking the provider instructions link;

Step 6: Follow the instructions for the "use of the e-CDI link to view recipient prescription information".

NOTE: Instructions for step 6 are available in a print friendly version.

NOTE: For assistance with any of the above steps, please call 1-877-598-8753.

We strongly encourage you to take advantage of this state-of-the-art Internet accessible recipient prescription drug history.

Thank you for your continued support of the Medicaid Pharmacy Benefit Management Program and for providing the best health care including the most clinically appropriate and cost effective drug regimens to our Medicaid patients.