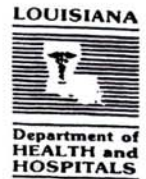




M. J. "Mike" Foster, Jr.
GOVERNOR

STATE OF LOUISIANA
DEPARTMENT OF HEALTH AND HOSPITALS

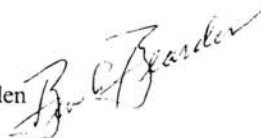


David W. Hood
SECRETARY

February 18, 2003

MEMORANDUM

TO: Pharmacists

FROM: Ben A. Bearden 
Director

RE: Monthly Prescription Limits
Clinical Drug Inquiry Applications

This correspondence supersedes the January 13, 2003 memorandum regarding the monthly prescription limits.

Monthly Prescription Limits

Effective for services beginning **March 3, 2003**, the Department of Health and Hospitals, Bureau of Health Services Financing will establish an eight-prescription limit per recipient per calendar month in the Medicaid Pharmacy Program.

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

1. **Persons under the age of twenty-one (21) years.** The exemption will expire the month following the recipient's 21st birthday;
2. **Persons living in long term care facilities such as nursing homes and ICF-MR facilities** (TYPE CASES – 05, 23, 24, 25, 51, 62, 63, 64, 65, 90, 99). The exemption will expire the month following the recipient's discharge date. NOTE: Form 148-A or Form 51-NH will still 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** (This information will be conveyed by the prescriber to the pharmacist either verbally or with a notation on the written prescription. **NOTE: When using NCPDP data element number "416" (field name PA/MC code and number), an "8" in the first digit will indicate a pregnant patient.**)

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.** Prescribing providers are also being notified of this program change.

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

The eight-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 eight prescription limit. (No ICD-9-CM literal description is acceptable.)**

If multiple prescriptions are written on the same prescription form, each prescription over eight 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. If multiple prescriptions are written on the same An acceptable statement and ICD-9-CM are required for each prescription in excess of eight for that month. 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 eight prescriptions limit will deny with error text message number **498 (number of prescriptions greater than limit) which is linked to NCPDP error code M4.**

When submitting a claim for a recipient that exceeds the eight 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:

- In **NCPDP field #424 (Diagnosis)**, an ICD-9-CM diagnosis code, without the decimal, indicating the diagnosis identified by the prescribing practitioner which warrants use of the medication. **Claims submitted with invalid or missing ICD-9-CM codes will deny with error text message number 575 (Missing/Invalid ICD-9-CM Diagnosis Code” linked to NCPDP rejection code 39.**
- In **NCPDP field #416 (PA/MC Code & Number)** indication, enter a value of “5” which is “Exemption from prescription limits”. **Claims submitted with missing or invalid PA/MC Code or Number will deny with error text message number 576 (Missing or Invalid PA/MC Code or Number) which is linked to NCPDP rejection code 22.**
- Prescription claims with overrides will receive an educational edit message, **EOB-577(Override/Prescription exceeds 8 Rxs per Month Limit”)** which is linked to **NCPDP rejection code M4..**

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We recommend that the pharmacy contact their software vendor for user specific information on data entry to define fields.

Clinical Drug Inquiry (CDI) Applications

We are also pleased to furnish you with the CDI Web Page, which provides you with a listing of all of the drugs that have been dispensed to a Medicaid recipient by all types of prescribers over a four month period. The CDI 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.

The major benefits of the 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 8 prescriptions per month.

The Medicaid Clinical Drug Inquiry (CDI) data can be accessed by:

Step 1: Using your Internet browser, access the Internet Web Page **www.lamedicaid.com**

Step 2: Click on the "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";

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 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 1-800-648-0790.

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 regimes to our Medicaid patients.