



State of Louisiana

Louisiana Department of Health
Bureau of Health Services Financing

MEMORANDUM

DATE: September 23, 2020

TO: All Louisiana Medicaid Prescribing Providers and Pharmacists

FROM: Ruth Johnson, Medicaid Executive Director

A handwritten signature in blue ink, appearing to read "Ruth Johnson".

SUBJECT: Louisiana Medicaid Pharmacy Point of Sale (POS) NCPDP 460-ET
Quantity Prescribed Reporting for all Schedule II Drugs

Effective September 21, 2020, the Louisiana Medicaid Fee for Service (FFS) Pharmacy Program and Managed Care Organizations (MCOs) will require the quantity prescribed field at Point of Sale (POS) for all schedule II drugs. This is in response to the U.S. Department of Health and Human Services "Final Rule" requiring all markets to report field 460-ET Quantity Prescribed.

All claims for schedule II drugs at POS will require quantity submission in National Council for Prescription Drug Programs (NCPDP) 460-ET field. The quantity dispensed (original and subsequent partial fills) shall not exceed the amount entered in field 460-ET for schedule II drugs.

Partial Filling of a Schedule II Drug

A pharmacy claim shall deny at POS when a partial fill is greater than 30 days from the date the prescription was written. An additional 30 days, for a total of up to 60 days, from the date the prescription was written shall be allowed for the remainder of a partial fill when one of the following three items are indicated on the pharmacy claim:

NCPDP Field 384-4X (Patient Residence Code) to identify:

1. Long Term Care LTC (03) or
2. Hospice (11) or

NCPDP field 424-DO (Diagnosis Code) to identify:

3. Palliative Care (Z51.5)

In response to information submitted in field NCPDP 460-ET the following POS edits may apply for Medicaid Fee for Service (FFS) only:

NCPDP rejection code ET (M/I Quantity Prescribed) mapped to
EOB code 029 (Missing or Invalid Quantity Prescribed for Schedule II)

NCPDP rejection code 76 (Plan Limitations Exceeded)
EOB code 056 (Accumulated Quantity of Paid Partial Fills > Rx Quantity)

NCPDP rejection code 73 (Refills Are Not Covered)
EOB code 064 (Number of Refills Authorized Must Be 0 for Schedule II)

NCPDP rejection code M4 (Prescription/Service Reference Number/Time Limit Exceeded)
EOB code 073 (CII Fill Must Be W/I 30/60 Days of Original Date Written)

NCPDP rejection code AB (Date Written Is After Date Filled)
EOB code 074 (For CII Fills, Rx Date Same Date of the 1st Paid Claim)

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.

Healthcare Provider	Pharmacy Help Desk	Pharmacy Help Desk Phone Number
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
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.

RJ/SF/BMW

c: Healthy Louisiana Plans
Melwyn B. Wendt
DXC Technology