

## Louisiana Medicaid Shared Plans and Legacy Medicaid Pharmacy Policy Change

### Expansion of Diagnosis Code Requirements on Prescriptions

The Louisiana Medicaid Pharmacy Program, in collaboration with its Drug Utilization Review (DUR) Board, has established requirements for diagnosis codes for the medications included in the table on page 2, effective March 12, 2014.

Pharmacy claims submitted without a valid diagnosis code will deny with:

**NCPDP rejection code 39 (Missing or Invalid ICD-9 diagnosis code) mapped to EOB code 575 (Missing or Invalid ICD-9 diagnosis code)**

For the medications listed in the table, **an ICD-9-CM diagnosis code must be documented on the hardcopy prescription.** Compliance associated with program policy will be verified through the pharmacy compliance audit program.

Override provisions are not allowed for this edit.

If you need clarification, you may contact the Pharmacy Help Desk at (800) 437-9101 or send a fax to (225) 342-1980. Your continued cooperation and support of the Louisiana Medicaid Pharmacy Program efforts are greatly appreciated.

### Medications Included in the Expansion of ICD-9-CM Diagnosis Code Requirement on Prescriptions

Drug Name	Brand Name Example(s)	Covered Indication(s)	Covered ICD-9-CM Codes
AbobotulinumtoxinA	Dysport <sup>®</sup>	Cervical Dystonia	333.83
Adefovir dipivoxil	Hepsera <sup>®</sup>	Chronic Hepatitis B	070.22, 070.23, 070.32, 070.33
Aztreonam inhalation	Cayston <sup>®</sup>	Cystic Fibrosis with <i>Pseudomonas aeruginosa</i>	277.0, 277.00, 277.01, 277.02, 277.03, 277.09
Boceprevir	Victralis <sup>®</sup>	Chronic Hepatitis C	070.44, 070.54
Dimethyl fumarate	Tecfidera <sup>®</sup>	Multiple Sclerosis (Relapsing)	340
Dornase alfa	Pulmozyme <sup>®</sup>	Cystic Fibrosis	277.0, 277.00, 277.01, 277.02, 277.03, 277.09
Entecavir	Baraclude <sup>®</sup>	Chronic Hepatitis B	070.22, 070.23, 070.32, 070.33
Fingolimod	Gilenya <sup>®</sup>	Multiple Sclerosis (Relapsing)	340
Glatiramer acetate	Copaxone <sup>®</sup>	Multiple Sclerosis (Relapsing)	340
IncobotulinumtoxinA	Xeomin <sup>®</sup>	Cervical Dystonia	333.83
		Blepharospasm	333.81
Interferon alfacon-1		Chronic Hepatitis C	070.44, 070.54
Interferon beta-1a	Avonex <sup>®</sup> , Rebif <sup>®</sup> , Rebif Rebidose <sup>®</sup>	Multiple Sclerosis (Relapsing)	340
Interferon beta-1b	Betaseron <sup>®</sup> , Extavia <sup>®</sup>	Multiple Sclerosis (Relapsing)	340
Lamivudine (HBV)	Epivir-HBV <sup>®</sup>	Chronic Hepatitis B	070.22, 070.23, 070.32, 070.33
Natalizumab	Tysabri <sup>®</sup>	Multiple Sclerosis (Relapsing)	340
		Crohn's Disease	555, 555.0, 555.1, 555.2, 555.9
OnabotulinumtoxinA	Botox <sup>®</sup>	Axillary Hyperhidrosis	705.21, 705.22, 780.8
		Cervical Dystonia	333.83
		Chronic Migraine (prophylaxis)	346.7, 346.70, 346.71, 346.72, 346.73
		Overactive Bladder	596.51
		Upper Limb Spasticity (ULS) Associated with:	
		A. Spastic Hemiplegia	342.1, 342.10, 342.11, 342.12
		B. Cerebral Palsy	343, 343.0, 343.1, 343.2, 343.3, 343.4, 343.8, 343.9
		C. C5-C7 Complete Quadriplegia	344.03
		D. C5-C7 Incomplete Quadriplegia	344.04
		E. Diplegia of Upper Limb	344.2
F. Monoplegia of Upper Limb	344.4, 344.40, 344.41, 344.42		

Drug Name	Brand Name Example(s)	Covered Indication(s)	Covered ICD-9-CM Codes
(Continued) OnabotulinumtoxinA	Botox <sup>®</sup>	G. Hemiplegia Due to Late Effects of Cerebrovascular Disease	438.2, 438.20, 438.21, 438.22
		H. Monoplegia of Upper Limb Due to Late Effects of Cerebrovascular Disease	438.3, 438.30, 438.31, 438.32
		I. Multiple Sclerosis	340
		J. Intracranial Injury of Other and Unspecified Nature (Traumatic Brain Injury)	854, 854.0, 854.00, 854.01, 854.02, 854.03, 854.04, 854.05, 854.06, 854.09, 854.1, 854.10, 854.11, 854.12, 854.13, 854.14, 854.15, 854.16, 854.19
		K. Spinal Cord Injury without Evidence of Spinal Bone Injury (C5 – C7)	952.05, 952.06, 952.07, 952.08, 952.09
		Urinary Incontinence (Detrusor Overactivity Associated with Neurological Disease)	596.55, 596.59
		Blepharospasm	333.81
		Strabismus	378, 378.0, 378.00-378.9
Peginterferon alfa-2a	Pegasys <sup>®</sup> , Pegasys ProClick <sup>®</sup>	Chronic Hepatitis B	070.22, 070.23, 070.32, 070.33
		Chronic Hepatitis C	070.44, 070.54
Peginterferon alfa-2b	PegIntron <sup>®</sup> , PegIntron Redipen <sup>®</sup>	Chronic Hepatitis C	070.44, 070.54
Ribavirin	Copegus <sup>®</sup> , Moderiba <sup>®</sup> , Rebetol <sup>®</sup> , RibaPak <sup>®</sup> , Ribasphere <sup>®</sup> , RibaTab <sup>®</sup>	Chronic Hepatitis C	070.44, 070.54
RimabotulinumtoxinB	Myobloc <sup>®</sup>	Cervical Dystonia	333.83
Simeprevir	Olysio <sup>®</sup>	Chronic Hepatitis C	070.44, 070.54
Sofosbuvir	Sovaldi <sup>®</sup>	Chronic Hepatitis C	070.44, 070.54
Telaprevir	Incivek <sup>®</sup>	Chronic Hepatitis C	070.44, 070.54
Telbivudine	Tyzeka <sup>®</sup>	Chronic Hepatitis B	070.22, 070.23, 070.32, 070.33
Teriflunomide	Aubagio <sup>®</sup>	Multiple Sclerosis (Relapsing)	340
Tobramycin inhalation	Bethkis <sup>®</sup> , Tobi <sup>®</sup> , Tobi Podhaler <sup>®</sup>	Cystic Fibrosis with <i>Pseudomonas aeruginosa</i>	277.0, 277.00, 277.01, 277.02, 277.03, 277.09
Ustekinumab	Stelara <sup>®</sup>	Plaque Psoriasis	696.1
		Psoriatic Arthritis	696