




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

MEMORANDUM

DATE: June 27, 2014
TO: All Louisiana Medicaid Providers
FROM: 
J. Ruth Kennedy, Medicaid Director
SUBJECT: Additional Limits on Hydrocodone-Containing Drugs

The Louisiana Medicaid Pharmacy Program in collaboration with the Louisiana Medicaid Drug Utilization Review (DUR) Board has established additional limits on hydrocodone containing drugs effective July 15, 2014.

Pharmacy claims will deny when there is an active prescription on file and a new claim is submitted with a different prescriber for a hydrocodone containing drug. Claims submitted with a different prescriber will deny at Point of Sale (POS) with:

**NCPDP Reject Code 88 (DUR reject error) mapped to
EOB Code 140 (Therapeutic Duplication-Different prescriber)**

After consultation with the prescriber to verify the necessity, the pharmacist may override the denial by submitting in:

**NCPDP 439-E4 field (Reason for Service Code) TD (Therapeutic Duplication)
NCPDP 440-E5 field (Professional Service Code) M0 (Prescriber Consulted)
NCPDP 441-E6 field (Result of Service Code) 1G (Filled with Prescriber Approval)**

The pharmacist must document the override codes on the hardcopy prescription or in the pharmacy's electronic recordkeeping system.

Exception: Claims for hydrocodone products should not be subject to prescriber limits when an acceptable diagnosis is submitted in NCPDP field 424-DO. Acceptable diagnosis codes that will bypass this edit are:

Diagnosis Code (ICD-9)	Description
140-208.99	Cancer
209.0-209.39	
282.6-282.69	Sickle-cell

To accurately determine which prescriptions should be exempt, we are requiring the diagnosis code to be documented on the hardcopy prescription or in the pharmacy's electronic

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recordkeeping system. Compliance associated with program policy will be verified through our Louisiana Medicaid Pharmacy Compliance Audit Program.

Your continued cooperation and support of the Louisiana Medicaid Program efforts to coordinate care and improve health are greatly appreciated.

If you have questions about the contents of this memo, you may contact the Pharmacy Help Desk at (800) 437-9101, send a fax to (225) 342-1980, or refer to www.lamedicaid.com.

MCJ/MBW/ESF

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