FORMS AND LINKS

FORM	USE
PA01	Total Parenteral Nutrition providers are required to utilize this form to request prior authorization for TPN services.
CMS-1500	This form is submitted to receive reimbursement for Total Parenteral Nutrition services.
List of Drugs Payable on Drug File	www.lamedicaid.com/Provweb1/Forms/Drug_appendices/APNDA.pdf
List of Drugs with Average Acquisition Rates	http://www.mslc.com/Louisiana/
List of DESI Drugs by National Drug Code (NDC)	www.lamedicaid.com/Provweb1/Forms/Drug_appendices/APNDB.pdf
Medicaid Drug Federal Rebate Participation Pharmaceutical Companies	www.lamedicaid.com/Provweb1/Forms/Drug_appendices/APNDC.pdf
Point of Sale (POS) User Guide	www.lamedicaid.com/Provweb1/Pharmacy/LAPOS_User_Manual_static.pdf
Single Preferred Drug List (PDL)	This link contains all forms in the clinical authorization and prior authorization process listed by drug. http://ldh.la.gov/assets/HealthyLa/Pharmacy/PDL.pdf
NCPDP Universal Claim Form and Instructions	http://www.lamedicaid.com/provweb1/billing_information/NCPDP_Billing_Instructions.pdf
Form 211 – Drug Adjustment/Void	Form_211.pdf (lamedicaid.com)
PA01 Form – TPN Prior Authorization Form	www.lamedicaid.com/Provweb1/Forms/RevisedPA-010205052004WithInsts.pdf
Tamper Resistant Prescription Criteria and Examples	www.lamedicaid.com/Provweb1/manuals/App_L_Tamper_Res_Prescription.pdf
Diagnosis Code Chart	http://www.lamedicaid.com/provweb1/Pharmacy/mFFS_ICD-10_Conversion_Table_Condensed.xlsx