



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

MEMORANDUM

DATE: May 14, 2024
TO: All Louisiana Medicaid Prescribing Providers and Pharmacists
FROM: Kimberly Sullivan, Medicaid Executive Director *KLS*
SUBJECT: Louisiana Medicaid Pharmacy Point of Sale Diagnosis Code Requirement – July 2024

Effective July 1, 2024, the Louisiana Medicaid Fee for Service (FFS) Pharmacy Program and Managed Care Organizations (MCOs), in consultation with the Drug Utilization Review (DUR) Board, will implement new Point of Sale (POS) diagnosis code requirements for select medications. The diagnosis code requirement applies to pharmacy claims submitted to Gainwell for FFS and to Magellan for MCOs (Aetna, AmeriHealth Caritas, Healthy Blue, Humana Healthy Horizons, Louisiana Healthcare Connections, and UnitedHealthcare).

Point of Sale Diagnosis Code Requirement

A pharmacy claim will deny at Point of Sale (POS) when there is a missing or invalid diagnosis code submitted in **NCPDP field 424-DO** (Diagnosis Code) with:

Denial from Gainwell (FFS Only): **NCPDP rejection code 39** (Missing/Invalid ICD-10-CM diagnosis code) mapped to **EOB Code 575** (Missing/Invalid ICD-10-CM diagnosis code).

Denial from Magellan (MCO Only): **NCPDP denial code 39** (Missing/Invalid ICD-10-CM diagnosis code) returned when there is an invalid or no ICD-10 diagnosis code submitted **OR NCPDP rejection code 80** (Diagnosis code submitted does not meet drug coverage criteria) returned when there is an incorrect ICD-10 diagnosis code submitted.

Pharmacy claims for the following select medications in the chart require a diagnosis code at POS.

Medication	Diagnosis Description	Diagnosis Code
ADAMTS13, recombinant-krhn (Adzynma®)	Congenital and hereditary thrombocytopenia purpura	D69.42
Budesonide (Eohilia™)	Eosinophilic esophagitis	K20.0
Eplontersen (Wainua™)	Polyneuropathy of Hereditary Transthyretin–Mediated Amyloidosis	E85.1
Iptacopan (Fabhalta®)	Paroxysmal Nocturnal Hemoglobinuria (Marchiafava–Micheli)	D59.5
Zilucoplan (Zilbrysq®)	Myasthenia Gravis	G70.0*

* Any number or letter or combination of up to four numbers and letters of an assigned ICD-10 diagnosis code

Additional Information:

Refer to <http://ldh.la.gov/assets/HealthyLa/Pharmacy/PDL.pdf> for the PDL, which is inclusive of the *Louisiana Uniform Prescription Drug Prior Authorization Form*, medication list, and criteria.

If you have questions about the content of this memo, you may contact the FFS pharmacy help desk by phone at (800) 437-9101.

FFS pharmacy claims should be submitted to Gainwell Technologies. MCO pharmacy claims should be submitted to Magellan.

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, AmeriHealth Caritas, Healthy Blue, Humana Healthy Horizons, Louisiana Healthcare Connections, UnitedHealthcare	Magellan	(800) 424-1664
Fee for Service	Gainwell Technologies	(800) 648-0790

May 14, 2024

Page 3

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.

KS/MBW/GJS

c: Healthy Louisiana Plans
 Melwyn B. Wendt
 Gainwell Technologies
 Magellan