



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

MEMORANDUM

DATE: October 27, 2023
TO: All Louisiana Medicaid Prescribing Providers and Pharmacists
FROM: Kimberly Sullivan, Interim Medicaid Executive Director *KLS*
SUBJECT: Louisiana Medicaid Pharmacy Point of Sale Diagnosis
Code Requirement- October 2023

Effective October 28, 2023, 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 FFS and MCOs (Aetna, AmeriHealth Caritas, Healthy Blue, Humana Healthy Horizons, Louisiana Healthcare Connections, and UnitedHealthcare). On October 28, 2023, Magellan Medicaid Administration (MMA) will serve as the Pharmacy Benefits Manager (PBM) for MCO pharmacy claims.

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:

MCO Only: The pharmacy claim will deny with a **NCPDP rejection code**.

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).

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

Medication	Diagnosis Description	Diagnosis Code
Antihemophilic factor [recombinant], Fc-VWF-XTEN fusion protein-ehtl (Altuviiiio™)	Hemophilia A	D66
Aripiprazole (Abilify Asimtufii®)	Agitation or Aggression or Irritability in Pervasive Developmental Disorder (PDD)/Autistic Disorder	F84.*
Risperidone (Uzedy™)	Bipolar Disorder, Agitation or Psychoses in Bipolar Disorder, Agitation or Psychoses in Other Episodic Mood Disorders	F30.*, F31.*, F32.8*, F34.8*, F34.9, F39
	Delusions, Dementia, Psychoses or Agitation in Delusions, Dementia, Psychoses	F01.*, F02.*, F03.*, F04, F05, F06.0, F06.2, F06.30, F06.31, F06.32, F06.33, F06.34, F06.8, F10.150, F10.151, F10.250, F10.251, F10.26, F10.94, F10.950, F10.951, F10.96, F10.97, F11.121, F11.150, F11.151, F11.221, F11.250, F11.251, F11.921, F11.950, F11.951, F12.121, F12.150, F12.151, F12.221, F12.250, F12.251, F12.921, F12.950, F12.951, F13.121, F13.150, F13.151, F13.221, F13.250, F13.251, F13.27, F13.921, F13.950, F13.951, F13.97, F14.121, F14.150, F14.151, F14.221, F14.250, F14.251, F14.921, F14.950, F14.951, F15.121, F15.150, F15.151, F15.221, F15.250, F15.251, F15.921, F15.950, F15.951, F16.121, F16.150, F16.151, F16.221, F16.250, F16.251, F16.921, F16.950, F16.951, F18.121, F18.150, F18.151, F18.17, F18.221, F18.250, F18.251, F18.27, F18.921, F18.950, F18.951, F18.97, F19.121, F19.150, F19.151, F19.17, F19.221, F19.250, F19.251, F19.27, F19.921, F19.950, F19.951, F19.97, F22, F23, F24, F28, F29, F32.3, F33.3, F44.89
	Agitation or Psychoses in Major Depressive Disorder	F32.0, F32.1, F32.2, F32.3, F32.4, F32.5, F32.9, F33.0, F33.1, F33.2, F33.3, F33.40, F33.41, F33.42, F33.8, F33.9
	Schizophrenia or Schizoaffective Disorder or Agitation in Schizophrenia or Schizoaffective Disorder	F20.*, F25.*
Finasteride/tadalafil (Entadfi®)	Benign Prostatic Hyperplasia (BPH)	N40.*
Leniolisib phosphate (Joenja®)	Activated Phosphoinositide 3-kinase Delta Syndrome [APDS]	D81.82
Pegunigalsidase alfa-iwxj (Elfabrio®)	Fabry (-Anderson) disease	E75.21
Sildenafil (Liqrev®)	Pulmonary Arterial Hypertension (PAH)	I27.0, I27.2*, I27.89, P29.3*
Sodium Phenylbutyrate/Taurursodiol (Relyvrio™)	Amyotrophic Lateral Sclerosis	G12.21
Tofersen (Qalsody®)	Amyotrophic Lateral Sclerosis	G12.21
Trofinetide (Daybue®)	Rett Syndrome	F84.2
Velmanase alfa-tycv (Lamzede®)	Non-central Nervous System Manifestations of Alpha-mannosidosis	E77.1

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

Additional Information:

FFS Only: Most pharmacy claim denials can be overridden in emergency situations at Point of Sale. If it is necessary to override the claim, “03” can be entered in **NCPDP field 418-DI** (Level of Service). Refer to www.lamedicaid.com for the POS User Guide for drug specific override procedures.

MCO Only: If an override is required, or additional assistance is needed, contact Magellan’s pharmacy help desk. (See contact information at the end of this document.)

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, criteria, and diagnosis code list.

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

*On October 23, 2023, the Magellan pharmacy help desk will be the appropriate contact for the MCO plans

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