

John Bel Edwards  
GOVERNOR



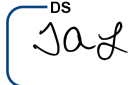
Dr. Courtney N. Phillips  
SECRETARY

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

**MEMORANDUM**

**DATE:** June 27, 2022

**TO:** All Louisiana Medicaid Prescribing Providers and Pharmacists

**FROM:** Tara A. LeBlanc, Medicaid Executive Director 

**SUBJECT:** Louisiana Medicaid Pharmacy Point of Sale (POS) Edits-  
July 2022

Effective July 1, 2022, 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) edits. The POS edits apply to pharmacy claims submitted to FFS and MCOs (Aetna, AmeriHealth Caritas, Healthy Blue, Louisiana Healthcare Connections, and UnitedHealthcare).

**Point of Sale Diagnosis Code Requirement for Butrans<sup>®</sup> (MCO Alignment with FFS)**

Pharmacy claims for buprenorphine transdermal (Butrans<sup>®</sup>) must be submitted with a diagnosis code in **NCPDP field 424-DO** (Diagnosis Code). When there is a missing or invalid diagnosis code on an incoming pharmacy claim for buprenorphine transdermal (Butrans<sup>®</sup>), the claim will deny at POS with the following codes:

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

If additional assistance is needed, contact the health plan. (See contact information at the end of this document.)

**FFS Only:** **NCPDP rejection code 39** (Missing or Invalid ICD-10 diagnosis code) mapped to **EOB code 575** (Missing or Invalid ICD-10 diagnosis code.)

Pharmacy claims with a diagnosis of substance use disorder (F11.2\*) will not be accepted as a valid diagnosis code for buprenorphine transdermal (Butrans<sup>®</sup>) and will deny.

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### **Point of Sale Age Limit for Tramadol-Containing Products**

Pharmacy claims submitted for tramadol-containing products for recipients less than 12 years of age will deny with the following codes:

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

If additional assistance is needed, contact the health plan. (See contact information at the end of this document.)

**FFS Only:** **NCPDP rejection code 60** (Product/Service Not Covered for Patient Age) mapped to **EOB code 234** (P/F Age Restriction).

### **Point of Sale Maximum Daily Dose**

Pharmacy claims for the agents listed in the chart below have a maximum daily dose at POS.

<b><u>Generic (Brand Example)</u></b>	<b><u>Maximum Daily Dose</u></b>
Clobazam (Onfi®, Sympazan®)	40 mg/day
Eslicarbazepine (Aptiom®)	1600 mg/day
Tramadol Containing Products, Immediate-Release	300 mg/day for recipients >75 years old
Tramadol Containing Products, Immediate-Release	400 mg/day for recipients <76 years old
Tramadol/Acetaminophen Products	8 tablets/day

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

If additional assistance is needed, contact the health plan. (See contact information at the end of this document.)

**FFS Only:** Pharmacy claims which exceed the maximum daily dose at POS will deny with the following codes:

**NCPDP rejection code 88** (DUR Reject Error) mapped to

**EOB code 529** (Exceeds Maximum Daily Dose).

### **Override for Maximum Daily Dose for Clobazam (Onfi®, Sympazan®) and Eslicarbazepine (Aptiom®)**

After consultation with the prescriber to verify medical necessity to exceed the maximum daily dose, the pharmacist may override the denial by submitting the following override codes at POS:

**NCPDP 439-E4 Field** (Reason for Service Code) – **HD** (High Dose)

**NCPDP 440-E5 Field** (Professional Service Code) – **M0** (Prescriber Consulted)

**NCPDP 441-E6 Field** (Result of Service Code) – **1G** (Filled with Prescriber Approval)

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**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](http://www.lamedicaid.com) for the POS User Guide for drug specific override procedures.

**MCO Only:** If an override is required, or additional assistance needed, contact the health plan. (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, 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.

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	CVS Health	(855) 364-2977
AmeriHealth Caritas	PerformRx	(800) 684-5502
Fee for Service	Gainwell Technologies	(800) 648-0790
Healthy Blue	CVS	(833) 236-6194
Louisiana Healthcare Connections	CVS Caremark	(800) 311-0543
UnitedHealthcare	Optum Rx	(866) 328-3108

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.

TL/MBW/GJS

c: Healthy Louisiana Plans  
Melwyn B. Wendt  
Gainwell Technologies