State of Louisiana

Louisiana Department of Health
Bureau of Health Services Financing

MEMORANDUM

DATE: December 6, 2024

TO: All Louisiana Medicaid Prescribing Providers and Pharmacists

FROM: Kimberly Sullivan, Medicaid Executive Director

SUBJECT: Louisiana Medicaid Pharmacy Point of Sale Diagnosis
Code Requirement – January 2025

Effective January 1, 2025, 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 Technologies for FFS and to Prime Therapeutics, LLC for MCOs (Aetna, AmeriHealth Caritas, Healthy Blue, Humana Healthy Horizons, Louisiana Healthcare Connections, and UnitedHealthcare).

Point of Sale Diagnosis Code Requirement
Pharmacy claims for the following select medications in the chart below require a diagnosis code at POS.

Medication (Brand Example)	Diagnosis Description	Diagnosis Code
Crovalimab-akkz (PiaSky™)	Paroxysmal Nocturnal Hemoglobinuria (Marchiafava–Micheli)	D59.5
DaxibotulinumtoxinA-lanm (Daxxify™)	Cervical Dystonia	G24.3
Mifepristone (Korlym®)	Hyperglycemia Secondary to Hypercortisolism with Endogenous Cushing's Syndrome	E24.0, E24.3, E24.8, E24.9

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

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 Prime Therapeutics, LLC (MCO Only): **NCPDP denial code 39** (Missing/Invalid ICD-10-CM diagnosis code) returned when there is an invalid or no ICD-10-CM 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-CM diagnosis code submitted.

Point of Sale (POS) Diagnosis Code Requirement Updates
Pharmacy claims for the following select medications in the chart below have **new indications in addition to the current diagnosis code(s)** at POS.

Update – in addition to current diagnosis code requirements		
Medication (Brand Example)	**Diagnosis Description**	**Diagnosis Code**
Efgartigimod alfa and hyaluronidase-qvfc (Vyvgart® Hytrulo)	Chronic Inflammatory Demyelinating Polyneuropathy (CIDP)	G61.81
HIV Agents (Except Descovy®, Truvada®, Apretude™ and Vocabria®)	Asymptomatic human immunodeficiency virus [HIV] infection status	Z21
Iptacopan (Fabhalta®)	Primary Immunoglobulin A Nephropathy (IgAN)	N02.B*

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

Additional Information:
FFS and MCO: 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 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 Prime Therapeutics, LLC.

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	Prime Therapeutics, LLC	(800) 424-1664
Fee for Service	Gainwell Technologies	(800) 648-0790

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
        Prime Therapeutics, LLC