

Bureau of Health Services Financing

MEMORANDUM

DATE: September 18, 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 – October 2024

Effective October 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:

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

<u>Denial from Magellan (MCO Only):</u> **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 <u>OR</u>

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.

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

Medication (Brand Example)	Diagnosis Description	Diagnosis Code
Danicopan (Voydeya®)	Paroxysmal Nocturnal Hemoglobinuria (Marchiafava–Micheli)	D59.5
Macitentan and Tadalafil (Opsynvi®)	Pulmonary Arterial Hypertension (PAH)	I27.0, I27.2*, I27.89, P29.3*
Progesterone Injectable	A diagnosis code is required on pharmacy claims for all ages. Pharmacy claims submitted with certain agespecific diagnosis codes will deny.	Diagnosis must be submitted but cannot be: F64* or Z87.890 if recipient is younger than 18 years old N97* if recipient is any age
Ravulizumab-cwvz (Ultomiris®)	Neuromyelitis Optica Spectrum Disorder (NMOSD)	G36.0
Sotatercept-csrk (Winrevair TM)	Pulmonary Arterial Hypertension (PAH)	I27.0, I27.2*, I27.89, P29.3*

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

<u>Point of Sale Bypass Diagnosis for Opzelura® (Ruxolitinib) Prior Drug Use Requirement</u>

Pharmacy claims submitted for ruxolitinib (Opzelura®), when submitted with a diagnosis code for nonsegmental vitiligo (L80), will bypass the POS prior drug use requirement for ruxolitinib (Opzelura®), which requires prior use of ruxolitinib (Opzelura®), a topical corticosteroid, or topical calcineurin inhibitor.

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.

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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

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