



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

MEMORANDUM

DATE: February 24, 2025

TO: All Louisiana Medicaid Prescribing Providers and Pharmacists

FROM: Kimberly Sullivan, Medicaid Executive Director *KLS*

SUBJECT: Louisiana Medicaid Pharmacy Point of Sale Diagnosis Code Requirements – March 2025

Effective March 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 Requirements

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 Technologies (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.

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

Medication (Brand Example)	Diagnosis Description	Diagnosis Code
Clonidine ER Oral Suspension (Onyda™ XR)	Attention Deficit Hyperactivity Disorders	F90.*
Dupilumab (Dupixent®)	Atopic Dermatitis	L20*
	Asthma	J45*
	Chronic Obstructive Pulmonary Disease	J44*
	Chronic Rhinosinusitis with Nasal Polyps	J33*
	Eosinophilic Esophagitis	K20.0
	Prurigo Nodularis	L28.1
Paliperidone Injection (Erzofri®)	Agitation or Aggression or Irritability in Pervasive Developmental Disorder (PDD)/Autistic Disorder	F84.*
	† Negative Symptoms of PDD (Description is specific for olanzapine/fluoxetine)	
	‡ Aggression or Irritability in PDD with Depression (Description is specific for perphenazine/amitriptyline)	
	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
	† Bipolar Depression, Negative Symptoms of Psychoses in Bipolar Disorder, Negative Symptoms of Psychoses in Other Episodic Mood Disorders (Description is specific for olanzapine/fluoxetine)	
	‡ Bipolar Disorder with Depression, Other Episodic Mood Disorders with Depression	

Medication (Brand Example)	Diagnosis Description	Diagnosis Code
	(Description is specific for perphenazine/amitriptyline)	
	Delusions, Dementia, Psychoses or Agitation in Delusions, Dementia, Psychoses † Negative Symptoms of Delusions, Dementia or Psychoses (Description is specific for olanzapine/fluoxetine) ‡ Delusions with Depression, Dementia with Depression, Psychoses with Depression (Description is specific for perphenazine/amitriptyline)	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 † Major Depressive Disorder, Negative Symptoms of Psychoses in Major Depressive Disorder (Description is specific for olanzapine/fluoxetine)	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

Medication (Brand Example)	Diagnosis Description	Diagnosis Code
	<p>⚠ Major Depressive Disorder</p> <p>Schizophrenia or Schizoaffective Disorder or Agitation in Schizophrenia or Schizoaffective Disorder</p> <p>† Negative Symptoms of Schizophrenia or Schizoaffective Disorder (Description is specific for olanzapine/fluoxetine)</p> <p>‡ Schizophrenia with Depression, Schizoaffective Disorder with Depression (Description is specific for perphenazine/amitriptyline)</p>	F20.*, F25.*
Phenobarbital Sodium (Sezaby®)	Neonatal Seizures	P90
Xanomeline Tartrate/Trospium Chloride (Cobenfy™)	Schizophrenia	F20.*

* 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: Gainwell Technologies
Healthy Louisiana Plans
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Prime Therapeutics, LLC