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State of Louisiana

Department of Health and Hospitals
Bureau of Health Services Financing

MEMORANDUM

DATE: May 12, 2014

TO: All Louisiana Medicaid Providers

FROM: J. Ruth Kennedy, Medicaid Director

SUBJECT: Expansion of Diagnosis Code Requirements on Prescriptions for Louisiana Legacy Medicaid and Shared Health Plans

The Louisiana Medicaid Pharmacy Program in collaboration with the Louisiana Medicaid Drug Utilization Review (DUR) Board has established requirements for diagnosis codes for select specialty drugs included in the table starting on page two, effective May 30, 2014.

Pharmacy claims submitted without a valid diagnosis code will deny at Point of Sale (POS) with:

> **NCPDP rejection code 39 (Missing or Invalid ICD-9 diagnosis code) mapped to EOB code 575 (Missing or Invalid ICD-9 diagnosis code)**

For the medications listed in the table, an ICD-9-CM diagnosis code must be documented on the hardcopy prescription or in the pharmacy's electronic recordkeeping system. Compliance associated with program policy will be verified through our Louisiana Medicaid Pharmacy Compliance Audit Program.

There are no override provisions through the Point of Sale (POS) system using NCPDP service codes.

Your continued cooperation and support of the Louisiana Medicaid Program efforts to coordinate care and improve health are greatly appreciated.

If you have questions about the contents of this memo, you may contact the Pharmacy Help Desk at (800) 437-9101, send a fax to (225) 342-1980, or refer to www.lamedicaid.com.

ICD-9-CM Diagnosis Code Requirement at Point-of-Sale for Selected Specialty Medications			
Medication	**Brand Name Example(s)**	**Covered Indication(s)**	**Covered ICD-9-CM Code(s)**
Adalimumab	Humira	Ankylosing Spondylitis	720.0
		Crohn's Disease	555, 555.0, 555.1, 555.2, 555.9
		Plaque Psoriasis	696.1
		Polyarticular Juvenile Idiopathic Arthritis	714.30, 714.31
		Psoriatic Arthritis	696.0
		Rheumatoid Arthritis	714.0, 714.1, 714.2, 714.4, 714.81
		Ulcerative Colitis	556, 556.0, 556.1, 556.2, 556.3, 556.4, 556.5, 556.6, 556.8, 556.9
Aldesleukin	Proleukin	Renal Cell Carcinoma	189.0
		Melanoma	172, 172.0, 172.1, 172.2, 172.3, 172.4, 172.5, 172.6, 172.7, 172.8, 172.9
Ambrisentan	Letairis	Pulmonary Arterial Hypertension	416.0, 416.8
Bosentan	Tracleer	Pulmonary Arterial Hypertension	416.0, 416.8
Certolizumab pegol	Cimzia	Ankylosing Spondylitis	720.0
		Crohn's Disease	555, 555.0, 555.1, 555.2, 555.9
		Psoriatic Arthritis	696.0
		Rheumatoid Arthritis	714.0, 714.1, 714.2, 714.4, 714.81
Epoprostenol	Flolan, Veletri	Pulmonary Arterial Hypertension	416.0, 416.8
Etanercept	Enbrel	Ankylosing Spondylitis	720.0
		Plaque Psoriasis	696.1
		Polyarticular Juvenile Idiopathic Arthritis	714.30, 714.31
		Psoriatic Arthritis	696.0
		Rheumatoid Arthritis	714.0, 714.1, 714.2, 714.4, 714.81

Medication	**Brand Name Example(s)**	**Covered Indication(s)**	**Covered ICD-9-CM Code(s)**
Golimumab (Note: Indication varies by route.)	Simponi Aria (IV)	Rheumatoid Arthritis	714.0, 714.1, 714.2, 714.4, 714.81
	Simponi (SC)	Ankylosing Spondylitis	720.0
		Psoriatic Arthritis	696.0
		Rheumatoid Arthritis	714.0, 714.1, 714.2, 714.4, 714.81
		Ulcerative Colitis	556, 556.0, 556.1, 556.2, 556.3, 556.4, 556.5, 556.6, 556.8, 556.9
Goserelin acetate (Note: Indication varies by strength.)	Zoladex 3.6 mg (1-month)	Breast Cancer (female)	174, 174.0, 174.1, 174.2, 174.3, 174.4, 174.5, 174.6, 174.8, 174.9
		Dysfunctional Uterine Bleeding (Indicated as an endometrial-thinning agent prior to endometrial ablation for dysfunctional uterine bleeding)	626.8
		Endometriosis	617, 617.0, 617.1, 617.2, 617.3, 617.4, 617.5, 617.6, 617.8, 617.9
		Prostate Cancer	185
	Zoladex 10.8 mg (3-month)	Prostate Cancer	185
Histrelin acetate	Supprelin LA	Central Precocious Puberty	259.1
	Vantas	Prostate Cancer	185
Iloprost	Ventavis	Pulmonary Arterial Hypertension	416.0, 416.8
Imiquimod (Note: Indication varies by strength.)	Zyclara (2.5%)	Actinic Keratosis	702.0
	Zyclara (3.75%)	Actinic Keratosis	702.0
		External Genital and Perianal Warts (Condylomata Acuminata)	078.11
	Aldara (5%)	Actinic Keratosis	702.0
		External Genital and Perianal Warts (Condylomata Acuminata)	078.11
		Superficial Basal Cell Carcinoma	173.01, 173.11, 173.21, 173.31, 173.41, 173.51, 173.61, 173.71, 173.81, 173.91

Medication	**Brand Name Example(s)**	**Covered Indication(s)**	**Covered ICD-9-CM Code(s)**
Infliximab	Remicade	Ankylosing Spondylitis	720.0
		Crohn's Disease	555, 555.0, 555.1, 555.2, 555.9
		Plaque Psoriasis	696.1
		Psoriatic Arthritis	696.0
		Rheumatoid Arthritis	714.0, 714.1, 714.2, 714.4, 714.81
		Ulcerative Colitis	556, 556.0, 556.1, 556.2, 556.3, 556.4, 556.5, 556.6, 556.8, 556.9
Interferon alfa-2B, recombinant	Intron A	AIDS-Related Kaposi's Sarcoma	176, 176.0, 176.1, 176.2, 176.3, 176.4, 176.5, 176.8, 176.9
		Chronic Hepatitis-B	070.22, 070.23, 070.32, 070.33
		Chronic Hepatitis-C	070.44, 070.54
		Condylomata Acuminata	078.11
		Follicular Lymphoma	202.0, 202.00, 202.01, 202.02, 202.03, 202.04, 202.05, 202.06, 202.07, 202.08
		Hairy Cell Leukemia	202.4, 202.40, 202.41, 202.42, 202.43, 202.44, 202.45, 202.46, 202.47, 202.48
		Malignant Melanoma	172, 172.0, 172.1, 172.2, 172.3, 172.4, 172.5, 172.6, 172.7, 172.8, 172.9
Interferon alfa-n3	Alferon N Injection	External Genital and Perianal Warts (Condylomata Acuminata)	078.11
Interferon gamma-1B, recombinant	Actimmune	Chronic Granulomatous Disease	288.1
		Malignant Osteopetrosis	756.52
Ivacaftor	Kalydeco	Cystic Fibrosis	277.0, 277.00, 277.01, 277.02, 277.03, 277.09

Medication	**Brand Name Example(s)**	**Covered Indication(s)**	**Covered ICD-9-CM Code(s)**
Lenalidomide	Revlimid	Mantle Cell Lymphoma	200.4, 200.40, 200.41, 200.42, 200.43, 200.44, 200.45, 200.46, 200.47, 200.48
		Multiple Myeloma	203.0, 203.00, 203.01, 203.02
		Myelodysplastic Syndrome (MDS) with 5q deletion (Indicated as agent for the management of transfusion-dependent anemia due to low- or intermediate-1-risk MDS associated with a deletion 5q abnormality.)	238.74
Leuprolide acetate	Eligard	Prostate Cancer	185
Leuprolide acetate (Note: Indication varies by strength.)	Lupron Depot 3.75 mg	Endometriosis	617, 617.0, 617.1, 617.2, 617.3, 617.4, 617.5, 617.6, 617.8, 617.9
		Uterine Leiomyoma	218, 218.0, 218.1, 218.2, 218.9
	Lupron Depot 7.5 mg	Prostate Cancer	185
	Lupron Depot 11.25 mg (3-month)	Endometriosis	617, 617.0, 617.1, 617.2, 617.3, 617.4, 617.5, 617.6, 617.8, 617.9
		Uterine Leiomyoma	218, 218.0, 218.1, 218.2, 218.9
	Lupron Depot 22.5 mg (3-month)	Prostate Cancer	185
	Lupron Depot 30 mg (4-month)	Prostate Cancer	185
	Lupron Depot 45 mg (6-month)	Prostate Cancer	185
	Lupron Depot-Ped	Central Precocious Puberty	259.1
Leuprolide acetate (1mg/0.2ml)		Central Precocious Puberty	259.1
		Prostate Cancer	185
Macitentan	Opsumit	Pulmonary Arterial Hypertension	416.0, 416.8
Nafarelin acetate	Synarel	Central Precocious Puberty	259.1
		Endometriosis	617, 617.0, 617.1, 617.2, 617.3, 617.4, 617.5, 617.6, 617.8,

			617.9

Medication	**Brand Name Example(s)**	**Covered Indication(s)**	**Covered ICD-9-CM Code(s)**
Peginterferon alfa-2B	Sylatron, Sylatron 4-Pack	Melanoma	172, 172.0, 172.1, 172.2, 172.3, 172.4, 172.5, 172.6, 172.7, 172.8, 172.9
Pomalidomide	Pomalyst	Multiple Myeloma	203.0, 203.00, 203.01, 203.02
Riociguat	Adempas	Chronic Thromboembolic Pulmonary Hypertension (pulmonary hypertension, secondary)	416.8
		Pulmonary Arterial Hypertension	416.0, 416.8
Treprostinil	Remodulin, Tyvaso	Pulmonary Arterial Hypertension	416.0, 416.8
Triptorelin pamoate	Trelstar	Prostate Cancer	185

MCJ/MBW/ESF

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