State of Louisiana

Louisiana Department of Health
Bureau of Health Services Financing

M E M O R A N D U M

DATE: July 24, 2020

TO: All Louisiana Medicaid Prescribing Providers and Pharmacists

FROM: Ruth Johnson, Medicaid Executive Director

SUBJECT: Louisiana Medicaid Pharmacy Point of Sale (POS) Diagnosis Code
Requirement for Select Medications - August 2020

Effective August 3, 2020, the Louisiana Medicaid Fee for Service (FFS) Pharmacy
Program and Managed Care Organizations (MCOs) will implement Point of Sale (POS)
diagnosis code requirements for select agents. The diagnosis code requirements applies to
pharmacy claims submitted to FFS and Louisiana Medicaid MCOs (Aetna, AmeriHealth
Caritas, Healthy Blue, Louisiana Healthcare Connections, and UnitedHealthcare).

Select agents will require a diagnosis code entered at Point of Sale.

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:

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).

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

*Note: The diagnosis code must be documented by the prescriber or pharmacist. The
diagnosis code may be communicated to the pharmacist electronically, via telephone, or
facsimile.*

The agents listed in the following chart will require a valid diagnosis code at Point of
Sale (POS).

Medication	Description of Diagnosis	ICD-10 CM Diagnosis Code
Lumateperone (Caplyta™)	Schizophrenia	F20*
Quinine Sulfate 324mg (Qualaquin®)	*Plasmodium falciparum* malaria, unspecified	B50.9
Ravulizumab (Ultomiris®)	Paroxysmal nocturnal hemoglobinuria	D59.5
	Hemolytic uremic syndrome	D59.3
Ibalizumab-uiyk (Trogarzo™)	Acute hepatitis B with delta-agent without hepatic coma	B16.1
	Acute hepatitis B without delta-agent with hepatic coma	B16.2
	Acute hepatitis B without delta-agent and without hepatic coma	B16.9
	Chronic viral hepatitis B with delta-agent	B18.0
	Chronic viral hepatitis B without delta-agent	B18.1
	Unspecified viral hepatitis B	B19.1
	Unspecified viral hepatitis B without hepatic coma	B19.10
	Unspecified viral hepatitis B with hepatic coma	B19.11
	Human immunodeficiency virus [HIV] disease	B20
	Human immunodeficiency virus, type 2 [HIV 2] as the cause of diseases classified elsewhere	B97.35
	Contact with hypodermic needle (initial encounter)	W46.0XXA
	Contact with hypodermic needle (subsequent encounter)	W46.0XXD
	Contact with contaminated hypodermic needle (initial encounter)	W46.1XXA
	Contact with contaminated hypodermic needle (subsequent encounter)	W46.1XXD
	Contact with and (suspected) exposure to infections with a predominantly sexual mode of transmission	Z20.2
	Contact with and (suspected) exposure to HIV	Z20.6
	Contact with and (suspected) exposure to other viral communicable diseases	Z20.828
	Contact with and (suspected) exposure to other communicable diseases	Z20.89
	Contact with and (suspected) exposure to unspecified communicable disease	Z20.9
	Carrier of Viral Hepatitis B	Z22.51
	High Risk Sexual behavior	Z72.5
	High risk heterosexual behavior	Z72.51
	High risk homosexual behavior	Z72.52
	High risk bisexual behavior	Z72.53
	Contact with and (suspected) exposure to potentially hazardous body fluids	Z77.21
	Other contact with and (suspected) exposure hazardous to health	Z77.9

*Any number or letter or combination of **UP TO FOUR** numbers and letters of an assigned ICD-10-CM diagnosis code*

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 for the POS User Guide for override procedures.

MCO and FFS: 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, criteria, and POS edits.

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	DXC Technology	(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.

RJ/MBW/GJS

c: Healthy Louisiana Plans
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