

PROVIDERALERT



To: AmeriHealth Caritas Louisiana Providers

Date: March 26, 2018

Subject: Louisiana Medicaid Drug Utilization Review Program

Please see the following memos from the Louisiana Department of Health regarding the Louisiana Medicaid Drug Utilization Review Program.

If you have questions about the memos, please contact the Molina Point of Sale (POS) Help Desk at 1-800-648-0790 or Fee for Service (FFS) Pharmacy Help Desk at 1-800-437-9101 or refer to www.lamedicaid.com.



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

MEMORANDUM

DATE: March 13, 2018

TO: All Louisiana Medicaid Providers

FROM: Jen Steele, Medicaid Director

SUBJECT: Louisiana Medicaid Drug Utilization Review (LADUR) Program for Fee-for Service Medicaid and Managed Care Organizations (Aetna, AmeriHealth Caritas, Healthy Blue, Louisiana Healthcare Connections, and United Healthcare)

The Louisiana Department of Health (LDH) Pharmacy Program is restructuring the Louisiana Medicaid Drug Utilization Review (LADUR) Program to collaborate with managed care organizations (MCOs) on drug utilization initiatives. This project is in response to a rule issued by Centers for Medicare and Medicaid Services (CMS) requiring managed care organizations to create a program to monitor drug utilization.

DUR Program

The LDH pharmacy program in collaboration with the MCOs will have a unified DUR program. The MCOs shall maintain a DUR program in accordance with the Centers for Medicare and Medicaid Services (CMS) Managed Care Final Rule (CMS-2390-F). The LADUR program contains prospective, retrospective, and educational drug utilization review.

Prospective Drug Utilization Review

Prospective DUR screens incoming prescription claims to assure safe and medically necessary drug use at Point of Sale (POS). Prospective DUR messages identify areas of concern such as therapeutic duplications, drug interactions, drug-disease contraindications, inappropriate diagnosis, and overutilization.

Retrospective Drug Utilization Review

Retrospective DUR looks for patterns of utilization to determine inappropriate drug fillings. It examines claims data throughout the year to identify possible clinical interventions which can potentially improve the recipient's disease management and quality of life. Retrospective DUR allows prescribers to view their patient's compliance or lack thereof. It can also alert prescribers and pharmacists of potential omissions in drug therapy.

Educational Drug Utilization Review

Educational DUR provides educational alerts at POS and a series of educational articles to providers. The educational articles appear in the bimonthly *Provider Update* newsletters. Other written and verbal communication may be distributed as well.

Upcoming DUR Clinical Edits

Effective April 1, 2018, the LADUR program will implement prospective edits for diagnosis code requirements for attention deficit hyperactivity disorder (ADHD) agents, stimulants, and substance use disorder (SUD) medications.

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.

If you have questions about the contents of this memo, you may contact the Molina Point of Sale (POS) Help Desk (800) 648-0790 or Fee for Service (FFS) Pharmacy Help Desk at (800) 437-9101 or refer to www.lamedicaid.com.

JS/MBW/GJS

c: Healthy Louisiana Plans
Melwyn B. Wendt
Molina



State of Louisiana

Louisiana Department of Health
Bureau of Health Services Financing

MEMORANDUM

DATE: March 13, 2018

TO: All Louisiana Medicaid Providers

FROM: Jen Steele, Medicaid Director 

SUBJECT: Louisiana Medicaid Fee-for-Service (FFS) Pharmacy and Managed Care Organizations (MCOs) Point of Sale (POS) Diagnosis Code Requirements for Attention Deficit Hyperactivity Disorder (ADHD) Agents, Stimulants, and Substance Use Disorder (SUD) Agents

Effective April 1, 2018, the Louisiana Medicaid Drug Utilization Review (LADUR) Program will implement POS edits for diagnosis code requirements for attention deficit hyperactivity disorder (ADHD) agents, stimulants, and substance use disorder (SUD) drugs. As a reminder, the LADUR Program includes Fee-for Service and MCOs (Aetna, AmeriHealth Caritas, Healthy Blue, Louisiana Healthcare Connections, and United Healthcare.)

ADHD Agents

Pharmacy claims for ADHD agents billed without an appropriate diagnosis code will deny with:

NCPDP reject code 39 (Missing or Invalid Diagnosis Code).

Acceptable diagnosis codes for billing ADHD medications are listed in the chart below.

ADHD Medications Requiring Diagnosis Codes Acceptable Diagnosis for POS Claims Processing		
Generic - Brand Examples	Diagnosis Description	ICD-10 Code(s)
Amphetamine Salt Combo IR, ER - Adderall®, Adderall XR®	Attention Deficit Hyperactivity Disorders	F90.*
Dextroamphetamine Sulfate IR, ER - Dexedrine®, ProCentra®, Zenzedi® Amphetamine IR - Evekeo®	Narcolepsy	G47.4*

<p>Amphetamine ER - Adzenys XR-ODT™, Dyanavel XR® Atomoxetine - Strattera® Lisdexamfetamine - Vyvanse® Methamphetamine - Desoxyn®</p>	<p>Attention Deficit Hyperactivity Disorders</p>	<p>F90.*</p>
<p>Clonidine ER - Kapvay® Guanfacine ER - Intuniv®</p>	<p>Attention Deficit Hyperactivity Disorders Tics / Tourette's Disorder</p>	<p>F90.* F95.*, G25.6*</p>
<p>Clonidine IR - Catapres® Clonidine Transdermal Patch- Catapres-TTS® Guanfacine IR - Tenex® Diagnosis is only required for Clonidine IR or Guanfacine IR if the recipient is under 21 years of age.</p>	<p>Attention Deficit Hyperactivity Disorders Hypertension Hypertension in Congenital Heart Disease Tics / Tourette's Disorder</p>	<p>F90.* I10, I11.*, I12.*, I13.*, I15.* Q20.*, Q21.*, Q22.*, Q23.*, Q24.*, Q25.*, Q26.*, Q27.*, Q28.* F95.*, G25.6*</p>
<p>Dexmethylphenidate IR, ER - Focalin®, Focalin XR®</p>	<p>Cancer-Related Fatigue Attention Deficit Hyperactivity Disorders</p>	<p>R53.0 F90.*</p>
<p>Methylphenidate IR - Methylin®, Ritalin® Methylphenidate Patch - Daytrana® Methylphenidate ER - Aptensio XR®, Concerta®, Metadate® CD/ER, Quillichew ER®, Quillivant XR®, Ritalin® LA/SR</p>	<p>Cancer-Related Fatigue Attention Deficit Hyperactivity Disorders Narcolepsy</p>	<p>R53.0 F90.* G47.4*</p>

Stimulants

Pharmacy claims for stimulants billed without an appropriate diagnosis code will deny with:

NCPDP reject code 39 (Missing or Invalid Diagnosis Code).

Acceptable diagnosis codes for billing stimulants are listed in the chart below.

Stimulants Requiring Diagnosis Codes Acceptable Diagnosis for POS Claims Processing		
Generic - Brand Examples	Diagnosis Description	ICD-10 Code(s)
Armodafinil - Nuvigil®	Circadian Rhythm Sleep Disorder, Shift Work Type	G47.26
Modafinil - Provigil®	Narcolepsy	G47.4*
	Obstructive Sleep Apnea	G47.33

Substance Use Disorder (SUD) Agents

Pharmacy claims for SUD agents billed without an appropriate diagnosis code will deny with:

NCPDP reject code 39 (Missing or Invalid Diagnosis Code).

Acceptable diagnosis codes for billing SUD agents are listed in the chart below.

SUD Drugs Requiring Diagnosis Codes Acceptable Diagnosis for POS Claims Processing		
Generic - Brand Examples	Dosage Form	ICD-10 Code(s)
Buprenorphine- Probuphine®	Implant	F11.2* (Opioid Dependence)
	Tablet	
Buprenorphine HCl/ Naloxone HCl- Bunavail®, Suboxone®, Zubsolv®	Film	
	SL Tablet	

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c: Healthy Louisiana Plans
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