

Louisiana Medicaid – Medications Requiring ICD–10 Diagnosis Codes

Generic – Brand Examples	Diagnosis Description	ICD–10 Codes
ADHD/Narcolepsy – Stimulants and Related Agents <i>(Applies to FFS and All MCOs as of 4/1/18 AND Wakix® and Sunosi™ as of 3/2/20)</i>		
Amphetamine Salt Combo – Adderall® Amphetamine Sulfate – Evekeo® Dextroamphetamine / Amphetamine ER – Adderall XR® Dextroamphetamine Sulfate IR, ER – Dexedrine®, ProCentra®, Zenzedi®	Attention Deficit Hyperactivity Disorders	F90.*
	Narcolepsy	G47.4*
Armodafinil – Nuvigil® Modafinil – Provigil®	Circadian Rhythm Sleep Disorder, Shift Work Type	G47.26
	Narcolepsy	G47.4*
	Obstructive Sleep Apnea	G47.33
Amphetamine ER – Adzenys XR–ODT™, Dyanavel XR® Atomoxetine – Strattera® Lisdexamfetamine – Vyvanse® Methamphetamine – Desoxyn®	Attention Deficit Hyperactivity Disorders	F90.*
Clonidine ER – Kapvay® Guanfacine ER – Intuniv®	Attention Deficit Hyperactivity Disorders	F90.*
	Tics / Tourette's Disorder	F95.*, G25.6*
Clonidine IR – Catapres® Clonidine Patch – Catapres–TTS® Guanfacine IR – Tenex® Diagnosis only required if recipient is younger than 21 years of age	Attention Deficit Hyperactivity Disorders	F90.*
	Hypertension	I10, I11.*, I12.*, I13.*, I15.*
	Hypertension in Congenital Heart Disease	Q20.*, Q21.*, Q22.*, Q23.*, Q24.*, Q25.*, Q26.*, Q27.*, Q28.*
	Tics / Tourette's Disorder	F95.*, G25.6*
Dexmethylphenidate – Focalin® Dexmethylphenidate ER – Focalin XR®	Cancer–Related Fatigue	R53.0
	Attention Deficit Hyperactivity Disorders	F90.*
Methylphenidate IR – Methylin®, Ritalin® Methylphenidate ER – Aptensio XR®, Concerta®, Metadate® CD/ER, QuilliChew ER®, Quillivant XR®, Ritalin® LA/SR Methylphenidate Patch – Daytrana®	Cancer–Related Fatigue	R53.0
	Attention Deficit Hyperactivity Disorders	F90.*
	Narcolepsy	G47.4*
Pitolisant – Wakix®	Narcolepsy	G47.4*
Solriamfetol – Sunosi™	Narcolepsy	G47.4*
	Obstructive Sleep Apnea	G47.33

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Antipsychotics <i>Applies to FFS and All MCOs for Aripiprazole (Aristada® Initio®) and Risperidone (Perseris®) as of 1/9/19. All Other Antipsychotics as of 10/1/19. Secuado® as of 5/15/20. Caplyta™ as of 8/3/2020</i>		
Aripiprazole Oral – Abilify® Aripiprazole Injection Suspension – Abilify Maintena® Aripiprazole Lauroxil ER Injection Suspension – Aristada®, Aristada® Initio™ Asenapine – Saphris® Brexpiprazole – Rexulti® Cariprazine – Vraylar® Chlorpromazine Oral, Injection Clozapine – Clozaril®, FazaClo®, Versacloz® Fluphenazine Oral, Injection, Decanoate Injection Haloperidol Oral, Decanoate & Lactate Injection – Haldol® Iloperidone – Fanapt®, Fanapt® Titration Pack Loxapine, Breath Activated Aerosol Powder – Adasuve® Loxapine Capsule Lurasidone – Latuda® Olanzapine Oral and Injection – Zyprexa® Olanzapine Injection Suspension – Zyprexa Relprevv™ Paliperidone Oral – Invega® Paliperidone Injection (1–month) – Invega Sustenna® Paliperidone Injection (3–month) – Invega Trinza® Perphenazine Prochlorperazine Oral and Injection – Compazine® Quetiapine – Seroquel® Quetiapine XR – Seroquel XR® Risperidone Oral – Risperdal® Risperidone Injection Suspension – Risperdal Consta®, Perseris™ Thioridazine Thiothixene Trifluoperazine Ziprasidone Oral and Injection – Geodon® Olanzapine/Fluoxetine – Symbyax®† Perphenazine/Amitriptyline‡	Agitation or Aggression or Irritability in Pervasive Developmental Disorder (PDD)/Autistic Disorder † 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 † 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 (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) Schizophrenia or Schizoaffective Disorder or Agitation in Schizophrenia or Schizoaffective Disorder † Negative Symptoms of Schizophrenia or Schizoaffective Disorder (Description is specific for olanzapine/fluoxetine) ‡ Schizophrenia with Depression, Schizoaffective Disorder with Depression (Description is specific for perphenazine/amitriptyline)	F84.* F30.*, F31.*, F32.8*, F34.8*, F34.9, F39 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 F20.*, F25.*

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Antipsychotics <i>Applies to FFS and All MCOs for Aripiprazole (Aristada® Initio®) and Risperidone (Perseris®) as of 1/9/19. All Other Antipsychotics as of 10/1/19. Secuado® as of 5/15/20</i>		
Aripiprazole Oral – Abilify® Olanzapine Oral – Zyprexa® Quetiapine – Seroquel® Quetiapine XR – Seroquel XR® Risperidone Oral – Risperdal® Ziprasidone Oral – Geodon®	Aggression in Conduct Disorder, Disruptive Behavior Disorder, Explosive Personality Disorder, Impulse Control Disorder, Intermittent Explosive Disorder, Isolated Explosive Disorder, Pervasive Developmental Disorder, or Unsocialized Aggression	F60.3, F63.3, F63.8*, F63.9, F84.*, F91.1, F91.8, F91.9
Risperidone Oral – Risperdal® Ziprasidone Oral – Geodon®	Additional Covered Codes: Borderline Personality Disorder, Depersonalization Disorder, Obsessive–Compulsive Disorder, Paranoid Personality Disorder	F42*, F48.1, F60.0, F60.3
Aripiprazole Oral – Abilify® Haloperidol Oral & Lactate Injection – Haldol® Pimozide – Orap® Quetiapine – Seroquel® Quetiapine XR – Seroquel XR® Risperidone Oral – Risperdal® Risperidone Injection Suspension – Risperdal Consta®	Tics/Tourette’s Disorder	F95.*, G25.6*
Chlorpromazine Oral, Injection	Hiccough	R06.6
	Nausea and Vomiting	G43.A0, K91.0, R11.*
	Porphyria	E80.0, E80.1, E80.20, E80.21, E80.29
	Tetanus	A35
Chlorpromazine Oral and Injection Haloperidol Oral – Haldol®	Attention Deficit Hyperactivity Disorder	F90.*
	Severe Behavioral Problems	F43.24, F63.81, F91.1, F91.8, F91.9
Perphenazine Prochlorperazine Oral, Injection and Rectal – Compazine®	Severe Nausea and Vomiting	G43.A0, K91.0, R11.*
Olanzapine/Fluoxetine – Symbyax® Perphenazine/Amitriptyline	Depression	F31.3*, F31.4, F31.5, F31.75, F31.76, F31.81, F31.9, F32.*, F33.*, F34.1
Perphenazine/Amitriptyline Prochlorperazine Oral – Compazine® Trifluoperazine	Anxiety	F06.4, F34.1, F41.*
Pimavanserin – Nuplazid™	Hallucinations and/or Delusions Associated with Parkinson’s Disease Psychosis	G20
Aripiprazole Tablet with Sensor – Abilify® Mycite®	Bipolar Disorder	F30.*, F31.*, F32.8*, F34.8*, F34.9, F39
	Major Depressive Disorder	F32.0, F32.1, F32.2, F32.3, F32.4, F32.5, F32.9, F33*
	Schizophrenia or Schizoaffective Disorder	F20.*, F25.*
Asenapine Transdermal - Secuado® Lumateperone - Caplyta™	Schizophrenia	F20.*
<u>Brexipiprazole – Rexulti®</u> <i>Applies to FFS and All MCOs as of 7/1/21</i>	<u>Major Depressive Disorder</u>	<u>F32.0, F32.1, F32.2, F32.3, F32.4, F32.5, F32.9, F33*</u>

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Botulinum Toxins		
AbobotulinumtoxinA – Dysport® ULS – Upper Limb Spasticity ULS/LLS – Upper or Lower Limb Spasticity <i>Applies to FFS and All MCOs as of 1/1/21</i>	Cervical Dystonia	G24.3
	ULS/LLS Associated with Complete Quadriplegia	G82.53
	ULS/LLS Associated with Incomplete Quadriplegia	G82.54
	ULS/LLS Associated with Cerebral Palsy	G80.0, G80.1, G80.2, G80.4, G80.8, G80.9
	ULS Associated with Diplegia of Upper Limb	G83.0
	ULS/LLS Associated with Hemiplegia due to Late Effects of Cerebrovascular Disease	I69.51, I69.52, I69.53, I69.54, I69.59
	ULS/LLS Associated with Intracranial Injury of Other and Unspecified Nature (Traumatic Brain Injury)	S06.1*, S06.2*, S06.3*, S06.4*, S06.5*, S06.6*, S06.8*, S06.9*
	Spasticity Associated with Monoplegia of Upper or Lower Limb	G83.1*, G83.2*, G83.3*
	Spasticity Associated with Monoplegia of Upper or Lower Limb due to Late Effects of Cerebrovascular Disease	I69.31, I69.32, I69.33, I69.34, I69.39, I69.41, I69.42, I69.43, I69.44, I69.49
	ULS/LLS Associated with Multiple Sclerosis (Relapsing)	G35
	ULS/LLS Associated with Spastic Hemiplegia	G81.1*
ULS/LLS Associated with Spinal Cord Injury without Evidence of Spinal Bone Injury	S14.0*, S14.1•5*, S14.1•6*, S14.1•7*	
IncobotulinumtoxinA – Xeomin® ULS – Upper Limb Spasticity ULS/LLS – Upper or Lower Limb Spasticity <i>Applies to FFS and All MCOs as of 1/1/21</i>	Blepharospasm	G24.5
	Cervical Dystonia	G24.3
	Chronic Sialorrhea	K11.7
	ULS Associated with Multiple Sclerosis (Relapsing)	G35
	ULS Associated with Cerebral Palsy	G80.0, G80.1, G80.2, G80.4, G80.8, G80.9
	ULS Associated with Spastic Hemiplegia	G81.1*
	ULS Associated with C5–C7 Complete Quadriplegia	G82.53
	ULS Associated with C5–C7 Incomplete Quadriplegia	G82.54
	ULS Associated with Diplegia of Upper Limb	G83.0
	ULS Associated with Monoplegia of Upper Limb due to Late Effects of Cerebrovascular Disease	I69.31, I69.32, I69.33, I69.34, I69.39
	ULS Associated with Hemiplegia due to Late Effects of Cerebrovascular Disease	I69.51, I69.52, I69.53, I69.54, I69.59
	ULS Associated with Intracranial Injury of Other and Unspecified Nature (Traumatic Brain Injury)	S06.1*, S06.2*, S06.3*, S06.4*, S06.5*, S06.6*, S06.8*, S06.9*
	ULS Associated with Monoplegia of Upper Limb	G83.2*
	ULS Associated with Spinal Cord Injury without Evidence of Spinal Bone Injury (C5–C7)	S14.0*, S14.1•5, S14.1•6, S14.1•7

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Generic – Brand Examples	Diagnosis Description	ICD–10 Codes
Botulinum Toxins Continued		
<p>OnabotulinumtoxinA – Botox®</p> <p>ULS – Upper Limb Spasticity ULS/LLS – Upper or Lower Limb Spasticity</p> <p><i>Applies to FFS and All MCOs as of 1/1/21</i></p>	Axillary Hyperhidrosis	L74.510
	Blepharospasm	G24.5
	Cervical Dystonia	G24.3
	Chronic Migraine (Prophylaxis)	G43.7*
	Overactive Bladder	N32.81
	Strabismus	H49.*, H50.*, H51.*
	ULS/LLS Associated with Multiple Sclerosis (Relapsing)	G35
	ULS/LLS Associated with Cerebral Palsy	G80.0, G80.1, G80.2, G80.4, G80.8, G80.9
	ULS/LLS Associated with Spastic Hemiplegia	G81.1*
	ULS/LLS Associated with Complete Quadriplegia	G82.53
	ULS/LLS Associated with Incomplete Quadriplegia	G82.54
	ULS Associated with Diplegia of Upper Limb	G83.0
	Spasticity Associated with Monoplegia of Upper or Lower Limb	G83.1*, G83.2*, G83.3*
	Spasticity Associated with Monoplegia of Upper or Lower Limb due to Late Effects of Cerebrovascular Disease	I69.•31, I69.•32, I69.•33, I69.•34, I69.•39, I69.•41, I69.•42, I69.•43, I69.•44, I69.•49
	ULS/LLS Associated with Hemiplegia due to Late Effects of Cerebrovascular Disease	I69.•51, I69.•52, I69.•53, I69.•54, I69.•59
ULS/LLS Associated with Intracranial Injury of Other and Unspecified Nature (Traumatic Brain Injury)	S06.1*, S06.2*, S06.3*, S06.4*, S06.5*, S06.6*, S06.8*, S06.9*	
ULS/LLS Associated with Spinal Cord Injury without Evidence of Spinal Bone Injury	S14.0*, S14.1•5*, S14.1•6*, S14.1•7*	
Urinary Incontinence (Detrusor Overactivity Associated with Neurological Disease)	N36.44, N31.9	
<p>RimabotulinumtoxinB – Myobloc®</p> <p><i>Applies to FFS and All MCOs as of 1/1/21</i></p>	Cervical Dystonia	G24.3
	Chronic Sialorrhea	K11.7

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Generic – Brand Examples	Diagnosis Description	ICD–10 Codes
Pulmonary Arterial Hypertension (PAH)		
Ambrisentan – Letairis® Bosentan – Tracleer® Epoprostenol Sodium – Veletri®, Flolan® Iloprost – Ventavis® Macitentan – Opsumit® Riociguat – Adempas® Treprostinil – Orenitram®, Remodulin®, Tyvaso® <i>Applies to FFS and All MCOs as of 1/1/21</i>	Pulmonary Arterial Hypertension (PAH)	I27.0, I27.2*, I27.89, P29.3*
Tadalafil – Adcirca® Sildenafil – Revatio® <i>Applies to FFS and All MCOs as of 6/1/18</i>	Pulmonary Arterial Hypertension (PAH)	I27.0, I27.2*, I27.89, P29.3*
Benign Prostatic Hyperplasia (BPH) <i>Applies to FFS and All MCOs as of 6/1/18</i>		
Tadalafil – Cialis® 2.5mg, 5mg	Benign Prostatic Hypertrophy (BPH)	N40.*
Erectile Dysfunction (ED) <i>Applies to FFS and All MCOs as of 6/1/18</i>		
Avanafil – Stendra® Sildenafil – Viagra® Vardenafil – Levitra®, Staxyn®	No Acceptable Diagnosis Code	No Acceptable Diagnosis Code

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Generic – Brand Examples	Diagnosis Description	ICD–10 Codes
Hepatitis C <i>Applies to FFS and All MCOs as of 5/9/18</i>		
Elbasvir/Grazoprevir – Zepatier® Glecaprevir/Pibrentasvir – Mavyret® Ledipasvir/Sofosbuvir – Harvoni® Ombitasvir/Paritaprevir/Ritonavir & Dasabuvir – Viekira Pak® Peginterferon Alfa–2B – PegIntron® Ribavirin – Copegus®, Moderiba®, Rebetol®, Ribasphere® Sofosbuvir – Sovaldi® Sofosbuvir / Velpatasvir – Epclusa®	Chronic Hepatitis C	B18.2
Other Interferons <i>Applies to FFS and All MCOs as of 4/7/21</i>		
Interferon Alfa–2B Recombinant – Intron A®	AIDS–Related Kaposi's Sarcoma	C46.*
	Chronic Hepatitis B	B18.0, B18.1
	Chronic Hepatitis C	B18.2
	External Genital Warts (Condylomata Acuminata)	A63.0
	Follicular Lymphoma	C82.*
	Hairy Cell Leukemia	C91.4*
	Melanoma	C43.*
Interferon Gamma–1B – Actimmune®	Chronic Granulomatous Disease	D71
	Malignant Osteopetrosis	Q78.2
Peginterferon Alfa–2A – Pegasys®	Chronic Hepatitis B	B18.0, B18.1
	Chronic Hepatitis C	B18.2
Peginterferon Alfa–2B – Sylatron®	Melanoma	C43.*

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Generic – Brand Examples	Diagnosis Description	ICD–10 Codes
Hormones <i>Applies to FFS and All MCOs as of 4/7/21</i>		
Goserelin Acetate (1 month) – Zoladex® 3.6mg	Breast Cancer (Female)	C50.1*
	Dysfunctional Uterine Bleeding	N89.7, N92.5, N93.8
	Endometriosis	N80.*
	Prostate Cancer	C61
Goserelin Acetate (3 month) – Zoladex® 10.8mg Histrelin Acetate – Vantas® Leuprolide Acetate – Eligard®, Lupron Depot® 7.5mg, 22.5mg (3 month), 30mg (4 month), 45mg (6 month) Triptorelin Pamoate – Trelstar®	Prostate Cancer	C61
Histrelin Acetate –Supprelin LA® Leuprolide Acetate – Lupron Depot–Ped®, Fensolvi® Triptorelin Pamoate – Triptodur®	Central Precocious Puberty	E30.1, E30.8
Leuprolide Acetate – Lupron®	Central Precocious Puberty	E30.1, E30.8
	Prostate Cancer	C61
Leuprolide Acetate – Lupron Depot® 3.75mg, 11.25mg (3 month)	Endometriosis	N80.*
	Uterine Leiomyoma	D25.*
Hydroxyprogesterone – Makena®, Generic, Authorized Generic	Pregnancy with History of Preterm–Labor	O09.21*
Nafarelin Acetate – Synarel®	Central Precocious Puberty	E30.1, E30.8
	Endometriosis	N80.*
Oral Contraceptives <i>Educational alert at Point-of-Sale</i> <i>Suggests a diagnosis code if one is not</i> <i>submitted on the pharmacy claim</i> <i>Applies to FFS and All MCOs as of 10/1/18</i>	Premenstrual Dysphoric Disorder	F32.81
	Excessive and Frequent Menstruation	N92*
	Encounter for Contraceptive Management	Z30*
Progesterone – Crinone® <i>Applies to FFS and All MCOs as of 8/1/19</i>	Secondary Amenorrhea	N91.1*

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Generic – Brand Examples	Diagnosis Description	ICD–10 Codes
Topical <i>Applies to FFS and All MCOs as of 4/7/21</i>		
Imiquimod – Zyclara® 2.5%	Actinic Keratosis	L57.0
Imiquimod – Zyclara® 3.75%	Actinic Keratosis	L57.0
	External Genital Warts (Condylomata Acuminata)	A63.0
Imiquimod – Aldara® 5%	Actinic Keratosis	L57.0
	External Genital Warts (Condylomata Acuminata)	A63.0
	Superficial Basal Cell Carcinoma	C44.•1*
Tazarotene – Tazorac® <i>Diagnosis for psoriatic arthritis bypasses age limit that applies to acne agents</i> <i>Applies to FFS and All MCOs as of 7/1/19</i>	Psoriatic Arthritis	L40.*
Doxepin – Prudoxin®, Zonalon® <i>Applies to FFS and All MCOs as of 5/15/20</i>	Atopic Dermatitis	L20.*
	Lichen Simplex Chronicus	L28.0

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Triptans Diagnosis only required if recipient is younger than 18 years of age <i>Applies to Tosymra® for FFS and All MCOs as of 12/16/19. Applies to all other Triptans for FFS and All MCOs as of 4/7/21</i>		
Almotriptan – Axert® Eletriptan – Relpax® Frovatriptan – Frova® Naratriptan – Amerge® Rizatriptan – Maxalt®, Maxalt MLT® Sumatriptan [Oral, Nasal] – Imitrex®, Onzetra Xsail®, Tosymra® Sumatriptan [Injection] – Zembrace SymTouch® Zolmitriptan – Zomig®, Zomig ZMT®	Migraine	G43.0*, G43.1*, G43.7*
Sumatriptan [Injection] – Imitrex®, Sumavel®	Migraine	G43.0*, G43.1*, G43.7*
	Cluster Headache, Acute	G44.009
Substance Use Disorder (SUD) <i>Applies to FFS and All MCOs as of 4/1/18. Sublocade® and Vivitrol® as of 9/4/18. Lucemyra® and Naltrexone Tablets as of 4/7/21.</i>		
Buprenorphine HCl – Subutex® Buprenorphine HCl / Naloxone HCl – Bunavail®, Suboxone®, Zubsolv® Buprenorphine Implant Kit – Probuphine® Buprenorphine Extended Release Injection – Sublocade®	Opioid Type Dependence	F11.2*
Naltrexone – Vivitrol® Naltrexone Tablets	Alcohol Dependence	F10.2*
	Opioid Type Dependence	F11.2*
Lofexidine – Lucemyra®	Opioid Abuse, Dependence or Use [Unspecified] With Withdrawal	F11.13, F11.23, F11.93

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Miscellaneous		
Aldesleukin – Proleukin® <i>Applies to FFS and All MCOs as of 1/1/21</i>	Melanoma	C43.*
	Renal Cell Carcinoma	C64.*
Amikacin Inhalation Suspension – Arikayce® <i>Applies to FFS and All MCOs as of 11/1/19</i>	<i>Mycobacterium avium</i> complex	A31.0, A31.2
Tobramycin - Kitabis Pak® <i>Applies to FFS and All MCOs as of 8/1/19</i>	Cystic Fibrosis with Pseudomonas	E84.*
Aztreonam – Cayston® Tobramycin – Bethkis®, Tobi® <i>Applies to FFS and All MCOs as of 1/1/21</i>	Cystic Fibrosis with Pseudomonas	E84.*
Alprazolam ODT – Niravam® <i>Applies to FFS and All MCOs as of 11/1/19</i>	Generalized Anxiety Disorder	F41.1
	Panic Disorder with Agoraphobia	F40.01
	Panic Disorder without Agoraphobia	F41.0
Alprazolam XR – Xanax XR® <i>Applies to FFS and All MCOs as of 11/1/19</i>	Panic Disorder with Agoraphobia	F40.01
	Panic Disorder without Agoraphobia	F41.0
Fentanyl Buccal/Sublingual – Abstral®, Actiq®, Fentora®, Lazanda®, Subsys® <i>Applies to FFS and All MCOs as of 1/1/21</i>	Cancer	C00.*–C96.*
Deferasirox – Exjade®, Jadenu® (2 to 9 years of age) <i>Brand Applies to FFS and All MCOs as of 8/3/20</i> <i>Generic Applies to FFS and All MCOs as of 10/7/20</i>	Chronic Iron Overload Due to Blood Transfusions	E83.111
Deferasirox – Exjade®, Jadenu® (10 years of age and older) <i>Brand Applies to FFS and All MCOs as of 8/3/20</i> <i>Generic Applies to FFS and All MCOs as of 10/7/20</i>	Chronic Iron Overload Due to Blood Transfusions	E83.111
	Chronic Iron Overload Due to Non–Transfusion– Dependent Thalassemias	D56.0, D56.1, D56.5, D56.8, D57.4*
Dornase Alfa – Pulmozyme® <i>Applies to FFS and All MCOs as of 1/1/21</i>	Cystic Fibrosis	E84.*

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Generic – Brand Examples	Diagnosis Description	ICD–10 Codes
Miscellaneous Continued		
Paroxetine – Brisdelle® <i>Applies to FFS and All MCOs as of 8/1/18</i>	Moderate to Severe Vasomotor Symptoms Associated with Menopause	E28.310, E89.41, N95.1
Eculizumab – Soliris® <i>Applies to FFS and All MCOs as of 8/1/18</i>	Hemolytic–Uremic Syndrome	D59.3
	Paroxysmal Nocturnal Hemoglobinuria (Marchiafava–Micheli)	D59.5
	Myasthenia Gravis	G70.0
<i>Applies to FFS and All MCOs as of 11/1/19</i>	Neuromyelitis Optica Spectrum Disorder (NMOSD)	G36.0
Ravulizumab - Ultomiris® <i>Applies to FFS and All MCOs as of 8/3/20</i>	Hemolytic–Uremic Syndrome	D59.3
	Paroxysmal Nocturnal Hemoglobinuria (Marchiafava–Micheli)	D59.5
Agalsidase beta – Fabrazyme® <i>Applies to FFS and All MCOs as of 11/1/19</i>	Fabry (–Anderson) Disease	E75.21
Alglucosidase alfa – Lumizyme® <i>Applies to FFS and All MCOs as of 11/1/19</i>	Pompe Disease	E74.02
Methadone <i>Applies to FFS and All MCOs as of 1/1/21</i>	Diagnosis must be submitted, but cannot be Substance Use Disorder	Diagnosis must be submitted but cannot be F11.2*
Buprenorphine – Belbuca® <i>Applies to FFS and All MCOs as of 1/1/21</i>	Diagnosis must be submitted, but cannot be Substance Use Disorder	Diagnosis must be submitted but cannot be F11.2*
Edaravone – Radicava® Riluzole – Rilutek®; Tiglutik™ <i>Applies to FFS and All MCOs as of 3/2/20</i>	Amyotrophic Lateral Sclerosis	G12.21
Inotersen – Tegsedi® Patisiran – Onpattro® <i>Applies to FFS and All MCOs as of 3/2/20</i>	Polyneuropathy of Hereditary Transthyretin–Mediated Amyloidosis	E85.1
Pomalidomide – Pomalyst® <i>Applies to FFS and All MCOs as of 11/1/19</i>	Multiple Myeloma	C90.0*
Quinine Sulfate 324mg – Qualaquin® <i>Applies to FFS and All MCOs as of 8/3/20</i>	<i>Plasmodium falciparum</i> malaria, unspecified	B50.9
Tiotropium Bromide – Spiriva® Respimat® <i>Applies to FFS and All MCOs as of 10/7/20</i>	1.25 mcg – Asthma	J45*
	2.5 mcg – COPD	J44*
Cefixime – Suprax® Diagnosis for STD bypasses PA requirement for non-preferred cefixime <i>Applies to FFS and All MCOs as of 1/1/21</i>	Unspecified sexually transmitted disease	A64

Louisiana Medicaid – Medications Requiring ICD–10 Diagnosis Codes

Generic – Brand Examples	Diagnosis Description	ICD–10 Codes
HIV Agents		
HIV Agents <i>Applies to FFS and All MCOs as of 11/1/19</i>	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	W46.0XXA, W46.0XXD
	Contact with contaminated hypodermic needle	W46.1XXA, 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	

Louisiana Medicaid – Medications Requiring ICD–10 Diagnosis Codes

Generic – Brand Examples	Diagnosis Description	ICD–10 Codes
Risk Factors Required with Orlistat Recipient must have at least one of these risk factors warranting Orlistat use. <i>Applies to FFS and All MCOs as of 4/7/21</i>		
Orlistat – Xenical®	Atherosclerosis	I70.*
	Cerebrovascular Disease	I60.*, I61.*, I62.*, I63.*, I65.*, I66.*, I67.*, I68.*, I69.*
	Dyslipidemia	E78.0–E78.5
	Gastric Reflux Disease	K21.0, K21.9
	Hyperinsulinemia	E15, E16.1
	Hypertension	I10, I11.*, I12.*, I13.*, I15.*
	Impaired Glucose Tolerance	R73.02
	Ischemic Heart Disease	I21.*, I22.*, I24.*, I25.*
	Osteoarthritis of Hips/Knees	M16.*, M17.*
	Other Peripheral Vascular Diseases	I73.*
	Phlebitis & Thrombophlebitis of Lower Extremities, unspecified	I80.3
	Phlebitis & Thrombophlebitis of Other Deep Vessels	I80.2*
	Phlebitis & Thrombophlebitis of the Femoral Vein	I80.1*
	Phlebitis & Thrombophlebitis of the Superficial Vessels of the Lower Extremities	I80.0*
	Pseudotumor Cerebri	G93.2
	Sleep Apnea	G47.30
	Type 2 Diabetes	E11.*
	Varicose Veins of Lower Extremities, with Inflammation	I83.1*
	Varicose Veins of Lower Extremities, without Mention of Ulcer and Inflammation	I83.9
	Varicose Veins of Lower Extremities, with Ulcer	I83.0*
Varicose Veins of the Lower Extremities with Ulcer and Inflammation	I83.2*	

Louisiana Medicaid – Medications Requiring ICD–10 Diagnosis Codes

Generic – Brand Examples	Diagnosis Description	ICD–10 Codes
Histamine H₂ Antagonists & Sucralfate <i>Applies to FFS and All MCOs as of 11/1/19</i>		
Cimetidine – Tagamet® Famotidine – Pepcid® Nizatidine – Axid® Sucralfate – Carafate®	Abscess of Esophagus	K20.8
	Barrett's Esophagus	K22.7*
	Chronic Pancreatitis	K86.0, K86.1
	Crohn's Disease	K50.*
	Duodenal Ulcer	K26.*
	Esophagitis, unspecified	K20.9
	Gastric Hyperacidity	K30
	Gastric Ulcer	K25.*
	Gastritis / Duodenitis	K29.*
	Gastroesophageal Reflux Disease (GERD)	K21.9
	Gastrointestinal Hemorrhage	K92.2
	Malignant Mast Cell Tumors	C96.2*
	Multiple Endocrine Adenomas	D44.0, D44.2, D44.9
	Peptic Ulcer	K27.*
	Reflux Esophagitis	K21.0
Ulcer of Esophagus with OR without Bleeding	K22.1*	
Zollinger–Ellison Syndrome	E16.4	
Proton Pump Inhibitors (PPIs) <i>Applies to FFS and All MCOs as of 11/1/19</i>		
Dexlansoprazole – Dexilant® Esomeprazole – Nexium® Lansoprazole – Prevacid® Omeprazole – Prilosec® Pantoprazole – Protonix® Rabeprazole – Aciphex®	Abscess of Esophagus	K20.8
	Angiodysplasia of Stomach and Duodenum with OR without Mention of Hemorrhage	K31.81*
	Atrophic Gastritis with Hemorrhage	K29.41
	Barrett's Esophagus	K22.7*
	Chronic Pancreatitis	K86.0, K86.1
	Congenital Tracheoesophageal Fistula	Q39.1, Q39.2
	Cystic Fibrosis	E84.*
	Eosinophilic Esophagitis	K20.0
	Eosinophilic Gastritis	K52.81
	Gastrointestinal Hemorrhage	K92.2
	Gastrointestinal Mucositis (Ulcerative)	K92.81
	Malignant Mast Cell Tumors	C96.2*
	Multiple Endocrine Adenomas	D44.0, D44.2, D44.9
	Tracheoesophageal Fistula	J86.0
	Ulcer of Esophagus with OR without Bleeding	K22.1*
Zollinger–Ellison Syndrome	E16.4	

Diagnosis codes submitted on the pharmacy claim will bypass the duration of therapy limit

Diagnosis codes submitted on the pharmacy claim will bypass the duration of therapy limit

Louisiana Medicaid – Medications Requiring ICD–10 Diagnosis Codes

Generic – Brand Examples	Diagnosis Description	ICD–10 Codes
Bypass Diagnoses <i>Diagnosis code submitted on the pharmacy claim will bypass certain limits.</i>		
Albuterol – ProAir HFA [®] , ProAir [®] Digihaler [™] , ProAir [®] RespiClick [®] , Proventil HFA [®] , Ventolin HFA [®] YQ Levalbuterol – Xopenex HFA [®] YQ <i>Yearly Quantity Limit (YQ)</i> <i>Applies to FFS and All MCOs as of 4/7/21</i>	Bronchitis, not specified	J40
	Chronic Airway Obstruction	J44.9
	Cystic Fibrosis	E84.*
	Emphysema	J43.*
	Obstructive Chronic Bronchitis, Chronic Obstructive Asthma	J44.*
Anticonvulsants Clonazepam Tablet – Klonopin [®] BH, QL Clorazepate Tablet – Tranxene–T [®] BH, QL Diazepam Tablet– Valium [®] QL Diazepam Oral/Injectable – Valium [®] BH Lorazepam Injectable – Ativan [®] BH Carbamazepine – Equetro [®] BH <i>Behavioral Health Clinical Authorization Required for Children Younger than 6 (BH)</i> <i>Quantity Limits (QL)</i> <i>Applies to FFS and All MCOs as of 11/1/19</i>	Seizures/Convulsions – Bypass BH and/or QL	G40*, P90, R56*
Opioids <i>Quantity Limits (QL)</i> <i>Maximum Morphine Milligram Equivalent (MME) Limits</i> <i>Applies to FFS and All MCOs as of:</i> <i>7/10/17 – for Cancer and Palliative Care</i> <i>10/1/18 – for Second or Third Degree Burns</i> <i>1/1/19 – for Sickle Cell Crisis</i>	Cancer – Bypasses QL, MME	C00.*–C96.*
	Palliative Care – Bypasses QL, MME	Z51.5
	Second or Third Degree Burns or Corrosions – Bypasses QL, MME	T20.2*, T20.3*, T20.6*, T20.7*, T21.2*, T21.3*, T21.6*, T21.7*, T22.2*, T22.3*, T22.6*, T22.7*, T23.2*, T23.3*, T23.6*, T23.7*, T24.2*, T24.3*, T24.6*, T24.7*, T25.2*, T25.3*, T25.6*, T25.7*
	Sickle Cell Crisis – Bypasses QL, MME	D57.0*, D57.21*, D57.41*, D57.81*
Opioids <i>Long-acting Opioid Not Initial Therapy – Requires Previous Opioid Use (PU)</i> <i>Concurrent Use of Opioid and Benzodiazepine Restricted (CU)</i> <i>Applies to FFS and All MCOs as of 10/1/19</i>	Cancer – Bypasses CU, PU	C00.*–C96.*
	Palliative Care – Bypasses CU, PU	Z51.5
	Second or Third Degree Burns or Corrosions – Bypasses PU	T20.2*, T20.3*, T20.6*, T20.7*, T21.2*, T21.3*, T21.6*, T21.7*, T22.2*, T22.3*, T22.6*, T22.7*, T23.2*, T23.3*, T23.6*, T23.7*, T24.2*, T24.3*, T24.6*, T24.7*, T25.2*, T25.3*, T25.6*, T25.7*
	Sickle Cell Crisis – Bypasses PU	D57.0*, D57.21*, D57.41*, D57.81*
<u>Dapagliflozin – Farxiga[®]</u> <u>Prior Use (PU) Requirements</u> <u>Applies to FFS and All MCOs as of 7/1/21</u>	<u>Heart Failure</u>	<u>I50*</u>

Louisiana Medicaid – Medications Requiring ICD–10 Diagnosis Codes

Generic – Brand Examples	Diagnosis Description	ICD–10 Codes
Enzyme Replacement <i>Applies to FFS and All MCOs as of 1/1/21</i>		
Cerliponase alfa – Brineura™	Neuronal ceroid lipofuscinosis	E75.4
Eliglustat tartrate – Cerdelga®	Gaucher disease	E75.22
Imiglucerase – Cerezyme®	Gaucher disease	E75.22
Taliglucerase alfa – Elelyso®	Gaucher disease	E75.22
Migalastat – Galafold™	Fabry (-Anderson) disease	E75.21
Asfotase alfa – Strensiq®	Perinatal/infantile-onset and juvenile-onset hypophosphatasia	E83.39
Velaglucerase alfa – Vpriv®	Gaucher disease	E75.22
Miglustat – Zavesca®	Gaucher disease	E75.22

Louisiana Medicaid – Medications Requiring ICD–10 Diagnosis Codes

Generic – Brand Examples	Diagnosis Description	ICD–10 Codes
Hemophilia Agents <i>Applies to FFS and All MCOs as of 1/1/21</i>		
Advate® [antihemophilic factor (recombinant)]	Hemophilia A	D66
Adynovate® [antihemophilic factor (recombinant)]	Hemophilia A	D66
Afstyla® [antihemophilic factor (recombinant), single chain]	Hemophilia A	D66
Alphanate® [antihemophilic factor/von Willebrand factor complex (human)]	Hemophilia A	D66
	Von Willebrand disease	D68.0
AlphaNine® SD [coagulation factor IX (human)]	Hemophilia B	D67
Alprolix® [coagulation factor IX (recombinant)]	Hemophilia B	D67
BeneFIX® [factor IX (recombinant)]	Hemophilia B	D67
Coagadex® [coagulation factor X (human)]	Hereditary Factor X deficiency	D68.2
Corifact® [factor XIII concentrate (human)]	Factor XIII deficiency	D68.2
Eloctate® [antihemophilic factor (recombinant)]	Hemophilia A	D66
Esperoct® [antihemophilic factor (recombinant)]	Hemophilia A	D66
Feiba® NF [anti-inhibitor coagulant complex]	Hemophilia A	D66
	Hemophilia B	D67
Hemlibra® [emicizumab-kxwh]	Hemophilia A	D66
Hemofil-M [antihemophilic factor (human)]	Hemophilia A	D66
Humate-P® [antihemophilic factor/von Willebrand factor complex (human)]	Hemophilia A	D66
	Von Willebrand disease	D68.0
Idelvion® [coagulation factor IX (recombinant)]	Hemophilia B	D67
Ixinity® [coagulation factor IX (recombinant)]	Hemophilia B	D67
Jivi® [antihemophilic factor (recombinant)]	Hemophilia A	D66

Louisiana Medicaid – Medications Requiring ICD–10 Diagnosis Codes

Generic – Brand Examples	Diagnosis Description	ICD–10 Codes
Hemophilia Agents Continued <i>Applies to FFS and All MCOs as of 1/1/21</i>		
Koate® DVI [antihemophilic factor (human)]	Hemophilia A	D66
Kogenate® FS [antihemophilic factor (recombinant)]	Hemophilia A	D66
Kovaltry® [antihemophilic factor (recombinant)]	Hemophilia A	D66
Mononine® [coagulation factor IX (human)]	Hemophilia B	D67
Novoeight® [antihemophilic factor (recombinant)]	Hemophilia A	D66
Novoseven® RT [coagulation factor VIIa (recombinant)]	Hemophilia A	D66
	Hemophilia B	D67
	Factor VII deficiency	D68.2
	Glanzmann’s thrombasthenia	D69.1
	Acquired Hemophilia	D68.311
Nuwiq® [antihemophilic factor (recombinant)]	Hemophilia A	D66
Obizur® [antihemophilic factor (recombinant)]	Hemophilia A	D66
Profilnine® SD [factor IX complex]	Hemophilia B	D67
Rebinyn® [coagulation factor IX (recombinant)]	Hemophilia B	D67
Recombinate™ [antihemophilic factor (recombinant)]	Hemophilia A	D66
Rixubis® [coagulation factor IX (recombinant)]	Hemophilia B	D67
Tretten® [coagulation factor XIII A-subunit (recombinant)]	Factor XIII A-subunit deficiency	D68.2
Vonvendi® [von Willebrand factor (recombinant)]	Von Willebrand disease	D68.0
Wilate® [von Willebrand factor / coagulation factor VIII complex (human)]	Hemophilia A	D66
	Von Willebrand disease	D68.0
Xyntha® [antihemophilic factor (recombinant)]	Hemophilia A	D66
Xyntha® Solofuse® [antihemophilic factor (recombinant)]	Hemophilia A	D66

Louisiana Medicaid – Medications Requiring ICD–10 Diagnosis Codes

Generic – Brand Examples	Diagnosis Description	ICD–10 Codes
Diabetic Testing Supplies <i>Applies to FFS and All MCOs as of 1/1/21</i>		
Blood Glucose Test Strips and Lancets <i>Quantity is limited based on diagnosis</i>	Gestational Diabetes	O24.4*
	Diabetes in Pregnancy	O24*
	Type 1 Diabetes Mellitus	E10*
	Type 2 Diabetes Mellitus	E11*
	Other and Unspecified Diabetes Mellitus	E08*, E09*, E13*
	Long-Term (Current) Use of Insulin [Insulin-treated Non-Type 1 Diabetes Mellitus]	Z79.4

Louisiana Medicaid – Medications Requiring ICD–10 Diagnosis Codes

Notes

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

• – any **ONE** number or letter of an assigned ICD–10–CM diagnosis code

BH – one of these diagnoses will bypass the Behavioral Health Clinical Authorization requirement for children younger than 7 years old

CU – one of these diagnoses will bypass the concurrent use restriction

MME – one of these diagnoses will bypass the maximum Morphine Milligram Equivalent limit

PU – one of these diagnoses will bypass the requirement for previous use of another agent

QL – one of these diagnoses will bypass the quantity limit

From www.lamedicaid.com, follow the Medicaid Programs and Initiatives link to Pharmacy to find all provider notifications regarding Fee–For–Service Pharmacy policies. The posted policies may contain ICD–9–CM diagnosis codes; however, this table may be used to determine applicable ICD–10–CM diagnosis codes for the medications included in these policies.

Other medications may require an ICD–10–CM diagnosis code. All Schedule II narcotics require a diagnosis code. In cases where the monthly prescription limit is exceeded, an ICD–10–CM diagnosis code is required on all prescriptions in excess of the monthly prescription limit.