Louisiana Medicaid – Medications Requiring ICD–10 Diagnosis Codes

Generic – Brand Examples	Diagnosis Description	ICD–10 Codes
ADHD/Narcolepsy – Stimulants and Related Agents		
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® Dextroamphetamine Patch – Xelstrym™ Lisdexamfetamine – Vyvanse® Methamphetamine – Desoxyn® Serdexmethylphenidate and Dexmethylphenidate – Azstarys™ Viloxazine – Qelbree™	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

Louisiana Medicaid – Medications Requiring ICD–10 Diagnosis Codes

Generic – Brand Examples	Diagnosis Description	ICD–10 Codes
Antipsychotics		
Aripiprazole Oral – Abilify® Aripiprazole Injection Suspension – Abilify Maintena®, Abilify Asimtufii®§ 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 – Invega Hafyera®, Invega Sustenna®, Invega Trinza® Perphenazine Prochlorperazine Oral and Injection – Compazine® Quetiapine – Seroquel® Quetiapine XR – Seroquel XR® Risperidone Oral – Risperdal® Risperidone Injection Suspension – Risperdal Consta®, Perseris™, Uzedy™§ 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)	F84.*
	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)	F30.*, F31.*, F32.8*, F34.8*, F34.9, F39
	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) ¥ Major Depressive Disorder	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
	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)	F20.*, F25.*

Louisiana Medicaid – Medications Requiring ICD–10 Diagnosis Codes

Generic – Brand Examples	Diagnosis Description	ICD–10 Codes
Antipsychotics		
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
	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 Inj~~ection~~ Suspension – Risperdal Consta®	Tics/Tourette's Disorder	F95.*, G25.6*
Chlorpromazine Oral, Injection	Hiccough / Hiccup	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.*

Louisiana Medicaid – Medications Requiring ICD–10 Diagnosis Codes		
Generic – Brand Examples	**Diagnosis Description**	**ICD–10 Codes**
Antipsychotics		
Asenapine Transdermal - Secuado®	Schizophrenia	F20.*
Lumateperone – Caplyta®	Schizophrenia	F20.*
	Bipolar Depression	F30*, F31*, F32.8*, F34.8*, F34.9, F39
Brexpiprazole – Rexulti®	Major Depressive Disorder	F32.0, F32.1, F32.2, F32.3, F32.4, F32.5, F32.9, F33*
Olanzapine and Samidorphan – Lybalvi™	Bipolar Disorder	F30.*, F31.*, F32.8*, F34.8*, F34.9, F39
	Schizophrenia or Schizoaffective Disorder	F20.*, F25.*
Botulinum Toxins		
AbobotulinumtoxinA – Dysport® **ULS** – Upper Limb Spasticity **ULS/LLS** – Upper or Lower Limb Spasticity	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

Louisiana Medicaid – Medications Requiring ICD–10 Diagnosis Codes

Generic – Brand Examples	Diagnosis Description	ICD–10 Codes
Botulinum Toxins		
IncobotulinumtoxinA – Xeomin® **ULS** – Upper Limb Spasticity **ULS/LLS** – Upper or Lower Limb Spasticity	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

Louisiana Medicaid – Medications Requiring ICD–10 Diagnosis Codes		
Generic – Brand Examples	**Diagnosis Description**	**ICD–10 Codes**
Botulinum Toxins		
OnabotulinumtoxinA – Botox® **ULS** – Upper Limb Spasticity **ULS/LLS** – Upper or Lower Limb Spasticity	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

Louisiana Medicaid – Medications Requiring ICD–10 Diagnosis Codes		
Generic – Brand Examples	**Diagnosis Description**	**ICD–10 Codes**
Botulinum Toxins		
RimabotulinumtoxinB – Myobloc®	Cervical Dystonia	G24.3
	Chronic Sialorrhea	K11.7
Pulmonary Arterial Hypertension (PAH)		
Ambrisentan – Letairis® Bosentan – Tracleer® Epoprostenol Sodium – Veletri®, Flolan® Iloprost – Ventavis® Macitentan – Opsumit® Riociguat – Adempas® Selexipag – Uptravi® Treprostinil – Orenitram®, Remodulin®, Tyvaso®, Tyvaso DPI™	Pulmonary Arterial Hypertension (PAH)	I27.0, I27.2*, I27.89, P29.3*
Tadalafil – Adcirca® , Tadliq® Sildenafil – Liqrev®§, Revatio®	Pulmonary Arterial Hypertension (PAH)	I27.0, I27.2*, I27.89, P29.3*
Benign Prostatic Hyperplasia (BPH)		
Tadalafil – Cialis® 2.5mg, 5mg Finasteride/Tadalafil – Entadfi™§	Benign Prostatic Hyperplasia (BPH)	N40.*
Erectile Dysfunction (ED)		
Avanafil – Stendra® Sildenafil – Viagra® Vardenafil – Levitra®, Staxyn®	No Acceptable Diagnosis Code	No Acceptable Diagnosis Code

Louisiana Medicaid – Medications Requiring ICD–10 Diagnosis Codes		
Generic – Brand Examples	**Diagnosis Description**	**ICD–10 Codes**
Hepatitis C		
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		
Interferon Alfa–2B Recombinant – Intron A®	AIDS–Related Kaposi 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.*

Louisiana Medicaid – Medications Requiring ICD–10 Diagnosis Codes

Generic – Brand Examples	Diagnosis Description	ICD–10 Codes
Hormones		
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~~ Leuprolide Acetate – ~~Camcevi™,~~ Eligard®, Lupron Depot® 7.5mg, 22.5mg (3 month), 30mg (4 month), 45mg (6 month) Leuprolide Mesylate – Camcevi™ 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.*
Nafarelin Acetate – Synarel®	Central Precocious Puberty	E30.1, E30.8
	Endometriosis	N80.*
Oral Contraceptives ***Educational alert*** at Point–of–Sale Suggests a diagnosis code if one is not submitted on the pharmacy claim	Premenstrual Dysphoric Disorder	F32.81
	Excessive and Frequent Menstruation	N92*
	Encounter for Contraceptive Management	Z30*
Progesterone – Crinone®	Secondary Amenorrhea	N91.1

Louisiana Medicaid – Medications Requiring ICD–10 Diagnosis Codes		
Generic – Brand Examples	**Diagnosis Description**	**ICD–10 Codes**
Topical		
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® Diagnosis for psoriatic arthritis bypasses age limit that applies to acne agents	Psoriasis	L40.*
Doxepin – Prudoxin®, Zonalon®	Atopic Dermatitis	L20.*
	Lichen Simplex Chronicus	L28.0

Louisiana Medicaid – Medications Requiring ICD–10 Diagnosis Codes		
Generic – Brand Examples	**Diagnosis Description**	**ICD–10 Codes**
Triptans Diagnosis only required if recipient is younger than 18 years of age		
Almotriptan – Axert® Eletriptan – Relpax® Frovatriptan – Frova® Naratriptan – Amerge® Rizatriptan – Maxalt®, Maxalt MLT® Sumatriptan [Oral, Nasal] – Imitrex®, Onzetra Xsail®, Tosymra® Sumatriptan [Injection] – Zembrace SymTouch® Sumatriptan/Naproxen – Treximet® 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)		
Buprenorphine HCl – Subutex® Buprenorphine HCl / Naloxone HCl – Bunavail®, Suboxone®, Zubsolv® Buprenorphine Implant Kit – Probuphine® Buprenorphine Extended Release Injection – Brixadi®,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

Louisiana Medicaid – Medications Requiring ICD–10 Diagnosis Codes		
Generic – Brand Examples	**Diagnosis Description**	**ICD–10 Codes**
HIV Agents		
HIV Agents (Except Descovy®, Truvada®, Apretude™ and Vocabria®)	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
	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.		
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
Proton Pump Inhibitors (PPIs)		
Dexlansoprazole – Dexilant® Esomeprazole – Nexium® Lansoprazole – Prevacid® Omeprazole – Prilosec® Omeprazole/Sodium Bicarb – Konvomep™§ Pantoprazole – Protonix® Rabeprazole – Aciphex® Diagnosis codes submitted on the pharmacy claim will bypass the duration of therapy limit	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*
	Cerebral Palsy	G80*
	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, J95.04
	Ulcer of Esophagus with OR without Bleeding	K22.1*
	Zollinger–Ellison Syndrome	E16.4

Louisiana Medicaid – Medications Requiring ICD–10 Diagnosis Codes

Generic – Brand Examples	Diagnosis Description	ICD–10 Codes
Bypass Diagnoses *Diagnosis code submitted on the pharmacy claim will bypass certain limits.*		
Albuterol – ProAir HFA®, ProAir® Digihaler™, ProAir® RespiClick®, Proventil HFA®, Ventolin HFA® **YQ** Levalbuterol – Xopenex HFA® **YQ** *Yearly Quantity Limit (**YQ**)*	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, CU, QL** Clorazepate Tablet – Tranxene–T® **BH, CU, QL** Diazepam Tablet – Valium® **BH, CU, QL** Diazepam Oral/Injectable – Valium® **BH, CU** Lorazepam Injectable – Ativan® **BH, CU** Carbamazepine – Equetro® **BH** *Behavioral Health Clinical Authorization Required for Children Younger than 7 (**BH**); Concurrent Use of Opioid and Benzodiazepine Restricted (**CU**); Quantity Limits (**QL**)*	Seizures/Convulsions – Bypass **BH, CU** and/or **QL**	G40*, P90, R56*
	Cancer – Bypasses **CU**	C00.*–C96.*
	Palliative Care – Bypasses **CU**	Z51.5
Opioids *Quantity Limits (**QL**) & Maximum Morphine Milligram Equivalent (**MME**) Limits* *Long–acting Opioid Not Initial Therapy – Requires Previous Opioid Use (**PU**) & Concurrent Use of Opioid and Benzodiazepine Restricted (**CU**)*	Cancer – Bypasses **CU, PU, QL, MME**	C00.*–C96.*
	Palliative Care – Bypasses **CU, PU, QL, MME**	Z51.5
	Second or Third Degree Burns or Corrosions – Bypasses **PU, 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 **PU, QL, MME**	D57.0*, D57.21*, D57.41*, D57.81*
	Seizures/Convulsions – Bypass **CU** for Incoming Benzodiazepine, **NO** Bypass for Incoming Opioid	G40*, P90, R56*
Cefixime – Suprax® *Bypasses PA requirement for non-preferred cefixime*	Unspecified sexually transmitted disease	A64

Louisiana Medicaid – Medications Requiring ICD–10 Diagnosis Codes		
Generic – Brand Examples	**Diagnosis Description**	**ICD–10 Codes**
Bypass Diagnoses *Diagnosis code submitted on the pharmacy claim will bypass certain limits.*		
Dalteparin Sodium – Fragmin® Enoxaparin Sodium – Lovenox® Fondaparinux Sodium – Arixtra® *Bypasses duration of therapy (**DT**) limits*	Cancer	C00.*-C96.*
	Pregnancy	O00.*-O9A.*
Sedative/Hypnotics *Bypasses quantity limits (**QL**)*	Palliative End-of-Life Care – Bypasses **QL**	Z51.5
Chlorpromazine, Perphenazine, Prochlorperazine *Bypasses Behavioral Health Clinical Authorization Required for Children Younger than 7 (**BH**)*	Severe Nausea or Vomiting	G43.A0, K91.0, R11.*
Ondansetron Tablet, Ondansetron ODT – Zofran® *Bypasses quantity limits (**QL**)*	Cancer	C00.*-C96.*
	Palliative End-of-Life Care	Z51.5
Enzyme Replacement		
Cerliponase alfa – Brineura™	Neuronal ceroid lipofuscinosis	E75.4
Eliglustat tartrate – Cerdelga® Imiglucerase – Cerezyme® Miglustat – Zavesca® Taliglucerase alfa – Elelyso® Velaglucerase alfa – Vpriv®	Gaucher disease	E75.22
Migalastat – Galafold™ Pegunigalsidase alfa-iwxj – Elfabrio®§	Fabry (-Anderson) disease	E75.21
Asfotase alfa – Strensiq®	Perinatal/infantile-onset and juvenile-onset hypophosphatasia	E83.39

Louisiana Medicaid – Medications Requiring ICD–10 Diagnosis Codes		
Generic – Brand Examples	**Diagnosis Description**	**ICD–10 Codes**
Hemophilia Agents		
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
Altuviiio™§ [antihemophilic factor (recombinant), Fc-VWF-XTEN fusion protein-ehtl]	Hemophilia A	D66
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
Koate® DVI [antihemophilic factor (human)]	Hemophilia A	D66

Louisiana Medicaid – Medications Requiring ICD–10 Diagnosis Codes		
Generic – Brand Examples	**Diagnosis Description**	**ICD–10 Codes**
Hemophilia Agents Continued		
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
Sevenfact® [coagulation factor VIIa (recombinant)-jncw]	Hemophilia A	D66
	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		
Blood Glucose Test Strips and Lancets *Quantity is limited based on diagnosis*	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
Miscellaneous		
Aldesleukin – Proleukin®	Melanoma	C43.*
	Renal Cell Carcinoma	C64.*
Amikacin Inhalation Suspension – Arikayce®	*Mycobacterium avium* complex	A31.0, A31.2
Tobramycin - Kitabis Pak®	Cystic Fibrosis with Pseudomonas	E84.*
Aztreonam – Cayston® Tobramycin – Bethkis®, Tobi®	Cystic Fibrosis with Pseudomonas	E84.*
Alprazolam ODT – Niravam®	Generalized Anxiety Disorder	F41.1
	Panic Disorder with Agoraphobia	F40.01
	Panic Disorder without Agoraphobia	F41.0
Alprazolam XR – Xanax XR®	Panic Disorder with Agoraphobia	F40.01
	Panic Disorder without Agoraphobia	F41.0
Efgartigimod alfa-fcab) – Vyvgart® Efgartigimod alfa / hyaluronidase-qvfc – Vyvgart® Hytrulo Rozanolixizumab-noli – Rystiggo®	Myasthenia Gravis	G70.0*
Fentanyl Buccal/Sublingual – Abstral®, Actiq®, Fentora®, Lazanda®, Subsys®	Cancer	C00.*–C96.*
Velmanase alfa-tycv – Lamzede®§	Non-central Nervous System Manifestations of Alpha-mannosidosis	E77.1

Louisiana Medicaid – Medications Requiring ICD–10 Diagnosis Codes		
Generic – Brand Examples	**Diagnosis Description**	**ICD–10 Codes**
Miscellaneous		
Deferiprone - Ferriprox®	Chronic Iron Overload Due to Blood Transfusions	E83.111
Deferasirox – Exjade®, Jadenu® (2 to 9 years of age)		
Deferasirox – Exjade®, Jadenu® (10 years of age and older)	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®	Cystic Fibrosis	E84.*
Ivermectin (oral) – Stromectol®	Unspecified Parasitic Disease	B89
Sacubitril / Valsartan – Entresto®	Heart Failure	I50*
Paroxetine – Brisdelle®	Moderate to Severe Vasomotor Symptoms Associated with Menopause	E28.310, E89.41, N95.1
Eculizumab – Soliris®	Hemolytic–Uremic Syndrome	D59.3
	Paroxysmal Nocturnal Hemoglobinuria (Marchiafava–Micheli)	D59.5
	Myasthenia Gravis	G70.0*
	Neuromyelitis Optica Spectrum Disorder (NMOSD)	G36.0
Ravulizumab - Ultomiris®	Hemolytic–Uremic Syndrome	D59.3
	Paroxysmal Nocturnal Hemoglobinuria (Marchiafava–Micheli)	D59.5
	Myasthenia Gravis	G70.0*
Agalsidase beta – Fabrazyme®	Fabry (–Anderson) Disease	E75.21
Alglucosidase alfa – Lumizyme®	Pompe Disease	E74.02
Avalglucosidase alfa-ngpt – Nexviazyme™		
Methadone	Diagnosis ***must*** be submitted, but ***cannot*** be Substance Use Disorder	Diagnosis ***must*** be submitted but ***cannot*** be F11.2*
Buprenorphine – Belbuca®; Butrans®	Diagnosis ***must*** be submitted, but ***cannot*** be Substance Use Disorder	Diagnosis ***must*** be submitted but ***cannot*** be F11.2*

Louisiana Medicaid – Medications Requiring ICD–10 Diagnosis Codes		
Generic – Brand Examples	**Diagnosis Description**	**ICD–10 Codes**
Miscellaneous		
Edaravone – Radicava®; Radicava ORS® Riluzole – Rilutek®; Tiglutik™; Exservan™ Sodium Phenylbutyrate and Taurursodiol – Relyvrio™§ Toferson – Qalsody™§	Amyotrophic Lateral Sclerosis	G12.21
Inotersen – Tegsedi® Patisiran – Onpattro® Vutrisiran – Amvuttra™	Polyneuropathy of Hereditary Transthyretin–Mediated Amyloidosis	E85.1
Pomalidomide – Pomalyst®	Multiple Myeloma	C90.0*
Quinine Sulfate 324mg – Qualaquin®	*Plasmodium falciparum* malaria, unspecified	B50.9
Tiotropium Bromide – Spiriva® Respimat®	1.25 mcg – Asthma	J45*
	2.5 mcg – COPD	J44*
Pegcetacoplan – Empaveli™	Paroxysmal Nocturnal Hemoglobinuria (Marchiafava–Micheli)	D59.5
Ropeginterferon alfa-2b-njft – Besremi®	Polycythemia Vera	D45
Mitapivat – Pyrukynd®	Hemolytic Anemia with Pyruvate Kinase (PK) Deficiency	D55.21
Dexmedetomidine – Igalmi™	Agitation associated with Schizophrenia	F20.*, F25.*
	Agitation associated with Bipolar I or II Disorder	F30.*, F31.*, F32.8*, F34.8*, F34.9, F39
Amifampridine – Firdapse®	Lambert-Eaton Myasthenic Syndrome (LEMS)	G70.80, G70.81, G73.1
Olipudase alfa-rpcp – Xenpozyme™	Acid Sphingomyelinase Deficiency (ASMD)	E75.241, E75.244
Ganaxolone – Ztalmy®	Seizures Associated with Cyclin-Dependent Kinase-Like 5 (CDKL5) Deficiency Disorder	G40.42
Chorionic Gonadotropin (Human) – Novarel®, Pregnyl®	Prepubertal Cryptorchidism	Q53.10, Q53.11*, Q53.12, Q53.20, Q53.21*, Q53.22, Q53.9
	Hypogonadotropic Hypogonadism	E23.0
Trofinetide – Daybue™§	Rett Syndrome	F84.2
Leniolisib – Joenja®§	Activated Phosphoinositide 3-kinase Delta Syndrome [APDS]	D81.82

Louisiana Medicaid – Medications Requiring ICD–10 Diagnosis Codes		
Generic – Brand Examples	**Diagnosis Description**	**ICD–10 Codes**
Diabetes – Selected Incretin Mimetics/Enhancers		
Dulaglutide – Trulicity® Exenatide –Bydureon®, Bydureon BCise®, Byetta® Liraglutide – Victoza® Liraglutide/Insulin Degludec – Xultophy® Lixisenatide – Adlyxin® Lixisenatide/ Insulin Glargine – Soliqua® Semaglutide – Ozempic®, Rybelsus® Tirzepatide – Mounjaro®	Type 2 Diabetes Mellitus	E11*
Selected Hormonal Agents		
Androgenic Agents – methyltestosterone oral, testosterone cypionate, testosterone enanthate, testosterone nasal, testosterone oral, testosterone transdermal, testosterone pellet implant, testosterone undecanoate Dutasteride (Avodart®) Estrogenic Agents – estradiol (oral, transdermal, vaginal insert), estradiol cypionate, estradiol valerate, estradiol/levonorgestrel patch, estradiol/norethindrone (patch, tablet), estradiol/progesterone oral, conjugated estrogens (oral, injectable) conjugated estrogens/medroxyprogesterone acetate oral, conjugated estrogens/bazedoxifene oral, esterified estrogens oral, ethinyl estradiol/norethindrone acetate oral Finasteride (Proscar®) ~~Progestational Agents on PDL/NPDL~~ Progestins – hydroxyprogesterone caproate injection, medroxyprogesterone acetate (injection, tablet), norethindrone acetate oral, progesterone (injection, oral) Spironolactone oral	~~Di~~A diagnosis code is required on pharmacy claims for these agents when submitted for~~if~~ recipients who are ~~is~~ younger than 18 years ~~of age~~old. In these cases, ~~, but ***cannot*** be a diagnosis~~ pharmacy claims that are submitted with a diagnosis code associated with gender dysphoria or gender reassignment (F64*, Z87.890) will deny.	Diagnosis ***must*** be submitted but ***cannot*** be F64* or Z87.890

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
DT – one of these diagnoses will bypass the duration of therapy limit
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.