



## CMHC Providers

### Gabapentin and Pregabalin Claims Require Diagnosis Code

Effective with dates of service on and after January 10, 2006, an ICD-9-CM diagnosis code will be required on all gabapentin (Neurontin<sup>®</sup>) and pregabalin (Lyrica<sup>®</sup>) claims. It is recommended that prescribing physicians supply the diagnosis on the prescription. The pharmacy will need to contact the prescribing provider if no diagnosis is noted on the prescription. Beginning January 10, 2006, gabapentin and pregabalin will be covered only for the conditions or diagnoses that are listed below.

1. Neuropathic pain: for a diagnosis indicating neuropathic pain, submit diagnosis code 3569
2. Epilepsy: for a diagnosis of epilepsy, submit the most appropriate one of the following diagnosis codes (**KMAP will accept 34500 for epilepsy diagnoses within the range of 34500 to 34591**):
  - a. 34500 – generalized nonconvulsive epilepsy without mention of intractable epilepsy
  - b. 34501 – generalized nonconvulsive epilepsy with intractable epilepsy
  - c. 34510 – generalized convulsive epilepsy without mention of intractable epilepsy
  - d. 34511 – generalized convulsive epilepsy with intractable epilepsy
  - e. 3452 – generalized convulsive epilepsy, petit mal status
  - f. 3453 – generalized convulsive epilepsy, grand mal status
  - g. 34540 – partial epilepsy, with impairment of consciousness without mention of intractable epilepsy
  - h. 34541 – partial epilepsy, with impairment of consciousness with intractable epilepsy
  - i. 34550 – partial epilepsy, without mention of impairment of consciousness without mention of intractable epilepsy
  - j. 34551 – partial epilepsy, without mention of impairment of consciousness with intractable epilepsy
  - k. 34560 – infantile spasms without mention of intractable epilepsy
  - l. 34561 – infantile spasms with intractable epilepsy
  - m. 34570 – epilepsy partialis continua without mention of intractable epilepsy
  - n. 34571 – epilepsy partialis continua with intractable epilepsy
  - o. 34580 – other forms of epilepsy without mention of intractable epilepsy
  - p. 34581 – other forms of epilepsy with intractable epilepsy
  - q. 34590 – epilepsy, unspecified without mention of intractable epilepsy
  - r. 34591 – epilepsy, unspecified with intractable epilepsy
  - s. 78039 – other convulsions
  - t. 9070 – epilepsy due to late effects of intracranial injury

## **Additional Pregabalin Limitations**

In addition to the diagnosis requirement described above, effective with dates of service on and after January 10, 2006, pregabalin (Lyrica) will only be covered for ages 18 and older. There will also be a quantity limit of no more than three units (capsules) per day, not to exceed 600 mg per day. Prior authorization will not override these limitations.

Information about the Kansas Medical Assistance Program as well as provider manuals and other publications are on the KMAP Web site at <https://www.kmap-state-ks.us>.

For a hard copy of the revised manual pages, send a request to Publications Coordinator, 3600 SW Topeka Blvd, Suite 204, Topeka, KS 66611 or send an e-mail to [publications@ksxix.hcg.eds.com](mailto:publications@ksxix.hcg.eds.com). Specify the bulletin by number, provider type and date, and include your mailing address with a specified individual or office if possible.

If you have any questions, please contact the KMAP Customer Service Center at 1-800-933-6593 (in state providers) or 785-274-5990 between 7:30 a.m. and 5:30 p.m., Monday through Friday.