# Customer Care Abbreviations, Definitions and Terms – L

**Each Alpha section will have two separate tables:**

1. Abbreviation, Term and Definition
2. Term and Definition

**Note****:** Terms will not be duplicated in both lists**.**

**Quicker Search Results**: **Press Ctrl+F → Type in Keyword → Click Find Next**

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| Abbreviations | Term | Definition |
| **LAN** | Lancets | A spring-loaded device used to prick the skin with a small needle to obtain a drop of blood for blood glucose monitoring. |
| **LB** | Line Busy | Phone line indicates a quick beeping sound. |
| **LBL PT** | Label Print | Status of a prescription mail order in which all conflicts have been resolved. Order is in final stage of processing and will be shipped out as soon as possible. |
| **LCK** | Lock on Account | Cardholder Account Lock: payment issues |
| **LDD** | Limited Distribution Drugs | Medications that are only available through certain pharmacies. They are generally used to treat complex or rare medical conditions. LDDs are generally higher cost. They may also have special storage and handling, administration, or monitoring requirements. |
| **LG** | Legal Guardian | A person who has been court appointed to care for another person and make decisions on their behalf. |
| **L/L** | Looks Like | It appears to resemble something similar. |
| **LR** | Legal Representative | Classification issued by State which gives an individual the legal right to enact a contract on behalf of another. This is a higher classification than a Power of Attorney (POA) but includes that authority. |
| **LEP** | Late Enrollment Penalty | * A penalty amount that is added to a beneficiary’s base monthly premium for as long as they remain enrolled in a Medicare prescription drug plan. * The penalty is assessed if there is a continuous period of 63 days or more at any time after the individual’s Part D initial eligibility period during which the individual was not enrolled in a Part D plan and was not covered under any creditable prescription drug coverage. * The LEP assessed is provided by CMS and is 1% of the national base beneficiary premium for the coverage year multiplied by the total number of uncovered months, regardless of the year(s) in which those months occurred. |
| **LF** | Last Fill | The last time medication was dispensed to the member. |
| **LHX** | Long History | A lot of entries to show activity |
| **LICS** | Low Income Cost Sharing | Cost sharing reduction amounts that are applied when a LIS beneficiary fills a script at a pharmacy. |
| **LIH** | Lost In House | The original order has been received, but the pharmacy cannot currently locate the prescription/order. |
| **LINKS** | Linking information, networks, knowledge, and systems | Operating system used by the mail order pharmacies. |
| **LIR** | Line Item Rejected | Used to only reject certain items in an order. |
| **LIS** | Low Income Subsidy (also known as Extra Help) | Medicare beneficiaries may be eligible for Extra Help if they have limited income and resources. |
| **LISHIST** | Low Income Subsidy History Data File | Known as the CMS Monthly LIS History report. Monthly report that provides a comprehensive list of a Plan’s current LIS membership. The data on each Beneficiary spans the most recent 36 consecutive months of contract enrollment. Also informs Plans whether a Beneficiary is LIS in the next calendar year. CMS reconciliation file used by Acumen in the reconciliation process. |
| **LIT** | Lost In Transit | The order has been shipped but not received by the member. The delivery system cannot confirm location. |
| **LM** | Left Message | Unable to contact an office/member but had option to leave message with an authorized person. |
| **LMN or LOMN** | Letter of Medical Necessity | A letter written by your doctor that verifies the services or items you are purchasing are for the diagnosis, treatment or prevention of a disease or medical condition. |
| **LMOR** | Left message on recorder | Voice message left on recording device. |
| **LMVM** | Left Message On Voice Mail | Unable to contact an office/member but had option to leave message on an authorized recording system. |
| **LMW** | Left message with | Unable to make with the member/prescriber’s office but left a message with a particular authorized person. |
| **LOH** | Left on hold | Contacted member/prescribers’ office but placed on hold without receiving an answer to the issue. |
| **LOT** | Lotion | A dosage form available for a topical product. |
| **Lotx** | Length of Therapy | The amount of time a member will spend on a particular medication. |
| **LTC** | Long Term Care | Facility which cares for the beneficiary for an extended period. |
| **LTD** | Long Term Disability | Long-term disability is an insurance plan that often works in tandem with short-term disability **to provide income for long-term illnesses and injuries**. Once short-term disability benefits are exhausted, a long-term disability policy continues to provide the employee with some income until they can return to work. |
| **LOB** | Line of Business | Specific area of a business entity. |
| **LTI** | Long Term Institution | A Long-Term Care (LTC) institution (such as long-term care facility, assisted living facility (ATL), nursing home, rehabilitation facility, in-patient behavioral health facility, and long-term chronic care hospital) used for beneficiaries who need assistance with activities of daily living. |
| **LTR** | Letter | A written communication that will be sent to the member/prescriber concerning a prescription ordered. |
| **LVM** | Left voice message | Unable to contact an office/member but had option to leave message on an authorized recording system. |
| **LVN** | Licensed Vocational Nurse | A specific title for a nurse who has no prescribing authority in any state. Also known as a licensed practical nurse (LPN), or vocational nurse, is someone who works in a hospital to care for disabled, sick, or otherwise injured patients. |

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| Term | Definition |
| Last Date of Fill | The last time the Therapy Protocol medication was filled. Applies to any fill, whether for Full Quantity or a Partial Fill |
| Leap Frog Call | A call drops in the middle of conversation and a new call comes in and may not have the new call (zip-tone) warning. |
| Letter of Creditable Coverage | This is a document provided by your previous insurance carrier that proves that your policy has ended, as well as the coverage effective date and cancelation date.cv |
| LiNet | This is CMS’s Part D Plan. Used by CMS when members are not in a Part D Plan (or creditable coverage). Gives the member access to prescriptions. LINET is not intended to be a long-term plan for the member. |
| LIPS | Similar to Low Income Subsidy (LIS), indicates the beneficiary is fully subsidized depending on Plan selected. |
| LIPSLEP | Monthly Membership Detail report; also known as MONMEND or MMR. |
| Live Data | Variable information, including Beneficiary’s plan, LIS information, premium information, etc. |
| Legal Prescription History | These are requests that have been received from a legal firm, the Board of Examiners, or Record Collection Agencies for extensive information on a member.  A Legal Prescription History report includes the following information:   * Pharmacy Name * Fill Date * Rx Number, * NDC Number * Drug Name * Drug Strength * Drug Dosage * Quantity Dispensed * Prescriber Name * Total Gross Cost * Total Member Cost * Total Net Cost |
| Legal Status | We use nine different designations for legal status.  Five fields are established by the DEA and four have been created by us.  The classes below have been established by the DEA:   * **C2 Schedule II** -Substances that have a high abuse potential and can produce physical or mental dependence. This Class consists of certain narcotic, stimulant and depressant drugs **Example:** Morphine, Dexedrine, Seconal, Ritalin, Adderall, and Percocet * **C3 Schedule III** -Substances that have an abuse potential less than those in Schedules I & II and includes products containing limited quantities of certain narcotic and non-narcotic drugs. **Example:** Tylenol #3, Paregoric * **C4 Schedule IV** -Substances that have an abuse potential less than those listed in Schedule III. **Example:** Diazepam (Valium), Propoxyphene (Darvon). * **C5 Schedule V** -Substances that have an abuse potential less than those in Schedule IV. Products contain limited quantities of narcotic drugs. Used generally for antitussive (cough) and antidiarrheal purposes, **Example:** Tylenol w/ codeine elix, Lomotil, Phenergan w/ codeine * **Rx** -Indicates a "Federal Legend" drug. This means a drug has the warning phrase "Caution: Federal law prohibits dispensing without a prescription". This is a universally accepted designation.   The classes below have been established by us:   * **INJ** -This indicates an "injectable" drug. * **OTX** – This legal status is reserved for insulin and diabetic supplies only. * **SC** –"State Controlled" drugs that require a prescription by state law. If DEA is 5 and the legend indicator is 0, it will be classified as SC, if DEA is 5 and the legend is F, then it would be considered a C5. **Example:** Robitussin AC, Novahistine DH * **NP** -"Non-payable" items, includes OTC items and universally excluded items such as Immunization agents, biological sera, and blood plasma. |
| Legend Drugs | These are pharmaceutical products available only by prescription in the United States according to Federal law.  Also, a drug which cannot legally be obtained without a prescriber's prescription. |
| Level of Effort | Pharmacy may include a Level of Effort Fee along with the ingredient costs and other charges. The Level of Effort is determined by the complexity of decision-making or resources utilized by a pharmacist to perform a professional service.  This fee is factored into the total cost the pharmacy submits for reimbursement. |
| Lifestyle Classes | Lifestyle classes are categories of medications that, in general, are not considered necessary from a therapeutic standpoint for the treatment of illness or injury. Value Formulary uses a definition of medical necessity that is based on generally accepted standards of clinical pharmacy practice. Because cost effective care is a primary goal of Value Formulary and the clients who implement it, VF includes strong access controls to exclude or to significantly reduce the utilization of drugs in these classes. A member’s plan sponsor selects one of the following access controls for these classes:   * Benefit exclusions **Example:** not covering these drugs and not allowing exceptions for coverage * 100% member coinsurance **Example:** member pays 100% of the drug’s network discounted price) * Prior authorization These are the standardized options for each lifestyle class: * Erectile dysfunction: Benefit exclusion 100% member coinsurance or Prior authorization * Infertility: o Benefit exclusion or Prior authorization (via Advanced Control Specialty Formulary and Specialty Guideline Management) * Anti-obesity: Benefit exclusion 100% member coinsurance or Prior authorization * Cosmetic agents: Benefit exclusion |
| Lifestyle Drugs | These are medications are not taken to relieve or cure a medical condition, but to improve the quality of life of the person taking it. They are medications that if not taken, do not result in additional health risks. Here are some examples:   * Anabolic steroids * Bedwetting prevention * Botulism toxin * Cognition enhancing drugs * Erectile dysfunction treatments * Growth hormone * Hair growth agents * Infertility drugs * Morning after pills * Nail fungus treatments * Non-sedating antihistamines * Oral contraceptive pills * Smoking cessation products * Topical anti-aging agents * Weight loss products * Oral influenza shortening agents |
| Lifetime Maximum | Amount the plan sponsor pays during a plan member's lifetime before benefits cease. |
| LIS Reassignment | The Centers for Medicare and Medicaid Services (CMS) will reassign certain beneficiaries eligible for the Part D low-income subsidy (Extra Help) to different Medicare Part D plans. PDPs may gain and/or lose beneficiaries as a result of this process. |
| LIS Redetermination | The Centers for Medicare and Medicaid Services (CMS) and SSA send notifications to all beneficiaries who no longer automatically qualify for Extra Help.   * Refer to [MED D - Blue MedicareRx (NEJE) Inbound Redetermination (Loss of Deemed Status) (078838)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=e3d32e7c-f90a-4d2c-95f6-e4d1a190a8ba) |
| LIS Rider | Letter provided to those who receive LIS (Extra Help) in paying for their prescription benefit.  Informs Beneficiaries how much they will pay towards premiums, deductibles, and copayments. |
| Lockbox Payments | Refer to a service provided by banks to help business process incoming payments more efficiently. |
| Lock-In | Member is locked into one specific pharmacy or group of pharmacies. |
| Lock-Out | Member is lock out of one specific pharmacy, group of pharmacies or any pharmacy. |
| Longitudinal Medical Record | Electronic Participant Record (EPR) or Computerized Participant Record.  Refers to the capture, reporting and maintenance of a member’s complete medical health record using electronic technology. |
| Long Term Stop See | One that would be needed for more than 10 days. For example, member does not want to use home delivery any longer and wants to prevent orders sent directly by the prescriber from filling. |
| Lowest Price logic | The lowest cost pricing strategies: AWP price, ingredient cost, MAC price or Usual and Customary. Does not include dispensing fee or tax. |

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