



## Reimbursement Policy

**Subject: Drugs and Injectable Limits**

Effective Date: <b>01/01/15</b>	Committee Approval Obtained: <b>11/25/20</b>	Section: <b>Drugs</b>
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\*\*\*\*\*The most current version of the reimbursement policies can be found on our provider website. If you are using a printed version of this policy, please verify the information by going to <https://providers.amerigroup.com>.\*\*\*\*\*

These policies serve as a guide to assist you in accurate claim submissions and to outline the basis for reimbursement if the service is covered by a member’s Amerigroup Medicare Advantage benefit plan. The determination that a service, procedure, item, etc. is covered under a member’s benefit plan is not a determination that you will be reimbursed. Services must meet authorization and medical necessity guidelines appropriate to the procedure and diagnosis as well as to the member’s state of residence. You must follow proper billing and submission guidelines. You are required to use industry standard, compliant codes on all claim submissions. Services should be billed with CPT® codes, HCPCS codes and/or revenue codes. The codes denote the services and/or procedures performed. The billed code(s) are required to be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, our policies apply to participating providers and facilities; a noncontracting provider who accepts Medicare assignment will be reimbursed for services according to the original Medicare reimbursement rates.

If appropriate coding/billing guidelines or current reimbursement policies are not followed, Amerigroup Medicare Advantage may:

- Reject or deny the claim.
- Recover and/or recoup claim payment.

Amerigroup Medicare Advantage reimbursement policies are developed based on nationally accepted industry standards and coding principles. These policies may be superseded by mandates in provider, state, federal or CMS contracts and/or requirements. System logic or setup may prevent the loading of policies into the claims platforms in the same manner as described; however, Amerigroup Medicare Advantage strives to minimize these variations.

Amerigroup Medicare Advantage reserves the right to review and revise our policies periodically when necessary. When there is an update, we will publish the most current policy to this site.

<b>Policy</b>	Amerigroup Medicare Advantage will apply Clinical Unit Limits (CUL) to drugs that may be based on manufacturer’s guidelines, U.S. Food and Drug Administration (FDA) approval, and/or code description
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	<p>unless provider, federal or CMS contracts and/or requirements indicate otherwise.</p> <p>Drug claims must be submitted as required with applicable HCPCS or CPT procedure code(s), National Drug Codes (NDC), appropriate qualifier, unit of measure, and number of units. Units should be reported in the multiples included in the code descriptor used for the applicable HCPCS codes.</p> <p>Reimbursement will be considered up to the CUL or state-mandated limits or CMS Medically Unlikely Edit (MUE) allowed for the prescribed/administered drug. When there is no MUE assigned by CMS, identified codes will have a CUL assigned or calculated based on the prescribing information, the FDA and established reference compendia.</p> <p>Claims that exceed the CUL will be reviewed for documentation to support the additional units. If the documentation does not support the additional units billed, the additional units will be denied.</p>
<b>History</b>	<ul style="list-style-type: none"> <li>▪ Biennial review approved 11/25/20: Added first sentence and clarified policy language</li> <li>▪ Biennial review approved 10/26/18</li> <li>• Biennial review approved 04/03/17: Policy template updated</li> <li>• Initial approval effective 01/01/15</li> </ul>
<b>References and Research Materials</b>	<p>This policy has been developed through consideration of the following:</p> <ul style="list-style-type: none"> <li>• CMS</li> <li>• State contracts</li> <li>• FDA</li> </ul>
<b>Definitions</b>	<ul style="list-style-type: none"> <li>• The appropriateness of the specific treatment for which a drug is being prescribed is recognized and supported in one of the following established reference compendia: <ul style="list-style-type: none"> <li>○ American Hospital Formulary Service — Drug Information</li> <li>○ National Comprehensive Cancer Network Drugs and Biologics Compendium</li> <li>○ Thomson Micromedex DrugDex®</li> <li>○ Elsevier Gold Standard Clinical Pharmacology</li> </ul> </li> <li>• <b>General Reimbursement Policy Definitions</b></li> </ul>
<b>Related Policies</b>	<ul style="list-style-type: none"> <li>• Claims Submission — Required Information for Professional Providers</li> <li>• Unlisted, Unspecified and Miscellaneous Codes</li> </ul>
<b>Related Materials</b>	<ul style="list-style-type: none"> <li>• None</li> </ul>