

New prior authorization requirements for clinician-administered drugs Exondys and Kymariah

Summary of change: Effective January 19, 2018, Amerigroup is changing the prior authorization (PA) requirements for medical clinician-administered drugs (CADs) Exondys and Kymariah for STAR, STAR+PLUS, STAR Kids and CHIP members.

What is the impact of this change?

CAD claims must be billed as outlined in the most current published *HCPCS to NDC Crosswalk* found on the [Vendor Drug Program \(VDP\) website](#).

- Exondys
HCPCS: C9484 and J3490
National Drug Code (NDC): 60923-0284-10 and 60923-0363-02
Unit of Measure (UOM) code: ML
- Kymariah
HCPCS: J9999
NDC: 00078-0846-19
UOM: UN

Note, the use of J3490 for Exondys is limited to non-hospital providers; hospitals should bill using C9484. Until CMS publishes a unique procedure code, the HCPCS code for Kymariah is J9999.

Providers are required to comply with correct coding including adherence to the *HCPC to NDC Crosswalk*. Crosswalks are updated regularly. Please monitor these crosswalks regularly for updates. While HCPCS codes may change, Amerigroup continues to require PA for these new drugs. We encourage you to follow the Texas Medicaid Healthcare Partnership and VDP websites for updates related to CAD coding.

As these services are considered medical as opposed to pharmacy, criteria is based on Amerigroup [Medical Policies](#). PA requests should be faxed to 1-800-964-3627 or securely uploaded via <https://providers.amerigroup.com/TX>.

What if I need assistance?

If you have questions about this communication or need assistance with any other item, contact your local Provider Relations representative or call Provider Services at 1-800-454-3730.