

This is an update about information in the provider manual. For access to the latest provider manual, go online to <https://providers.amerigroup.com>.

## **Epidermal growth factor receptor testing to require prior authorization**

**Summary:** Effective June 1, 2017, epidermal growth factor receptor (EGFR) testing requires prior authorization (PA) for Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan) members.

### **What is the impact of this change?**

Beginning May 1, 2017, Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan) requires PA for EGFR testing for Amerigroup STAR+PLUS MMP members. Federal and state law, as well as state contract language and CMS guidelines, including definitions and specific contract provisions/exclusions, take precedence over these PA rules and must be considered first when determining coverage. **Noncompliance with this new requirement may result in denied claims.**

PA requirements will be added to the following code:

- 81235 — EGFR (e.g., nonsmall cell lung cancer) gene analysis, common variants (e.g., exon 19 LREA deletion, L858R, T790M, G719A, G719S, L861Q)

Not all PA requirements are listed here. Detailed PA requirements are available to contracted providers on the provider self-service website (<https://providers.amerigroup.com/TX> > Quick Tools > Precertification Lookup Tool). Providers may also call Provider Services at 1-855-878-1785 for PA requirements if they are not able to access the website.

### **What if I need assistance?**

If you have questions about this communication or need assistance with any other item, call Provider Services at 1-855-878-1785.