

Provider Newsletter

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Amerigroup

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Medical Policies and Clinical Utilization Management Guidelines update

Medical Policies update

On November 6, 2017, the Medical Policy and Technology Assessment Committee (MPTAC) approved the following *Medical Policies* for Amerigroup. These policies were developed or revised to support clinical coding edits. Several policies were revised to provide clarification only and are not included in the below listing. We made these *Medical Policies* publicly available on our website on the effective date listed below.

Visit <https://medicalpolicies.amerigroup.com> to search for specific policies. Existing precertification requirements have not changed. Please share this notice with other members of your practice and office staff.

Medical Policy effective date	Medical Policy number	Medical Policy title	Revised or new
9/27/17	DRUG.00110	Inotuzumab ozogamicin (Besponsa®)	New
9/27/17	MED.00124	Tisagenlecleucel (Kymriah™)	New
9/27/17	DRUG.00043	Tocilizumab (Actemra®)	Revised

Clinical Utilization Management Guidelines update

On November 6, 2017, the MPTAC approved the following *Clinical Utilization Management (UM) Guidelines* for Amerigroup. These guidelines were developed or revised to support clinical coding edits. Several guidelines were revised to provide clarification only and are not included in the below listing.

The *Clinical UM Guidelines* on this list represent those adopted by the Medical Operations Committee for the Government Business Division on October 19, 2017. We made these guidelines publicly available on the [Medical Policy and Clinical UM Guideline subsidiary website](#) on the effective date listed below.

Visit <https://medicalpolicies.amerigroup.com> to search for specific guidelines. Existing precertification requirements have not changed. Please share this notice with other members of your practice and office staff.

Clinical UM Guideline effective date	Clinical UM Guideline number	Clinical UM Guideline title	Revised or new
9/27/17	CG-LAB-11	Screening for Vitamin D Deficiency in Average Risk Individuals	New
9/27/17	CG-MED-59	Upper Gastrointestinal Endoscopy for Diagnosis, Screening or Surveillance	New
9/27/17	CG-SURG-59	Vena Cava Filter	New
9/27/17	CG-DME-31	Wheeled Mobility Devices: Wheelchairs —Powered, Motorized, With or Without Power Seating Systems and Power Operated Vehicles (POVs)	Revised

TXPEC-2217-17

Prior authorization requirements

Injectable medications: levoleucovorin calcium, elosulfase alfa, histrelin acetate, idursulfase and fulvestrant



Effective April 1, 2018, prior authorization (PA) requirements will change for injectable medications levoleucovorin calcium, elosulfase alfa, histrelin acetate, idursulfase and fulvestrant covered by Amerigroup.

PA requirements will be added to the following codes:

- J0641 — Injection, levoleucovorin calcium, 0.5 mg
- J1322 — Injection, elosulfase alfa, 1mg
- J1675 — Injection, histrelin acetate, 10 mcg
- J1743 — Injection, idursulfase, 1 mg
- J9395 — Injection, fulvestrant, 25 mg

Please note: These drugs may not be covered in all states. Providers must review their specific state for coverage because not all drugs in this update will apply to the state in which you participate.

TX-NL-0091-17

Federal and state law, as well as state contract language, including definitions and specific contract provisions/exclusions, take precedence over these PA rules and must be considered first when determining coverage.

Noncompliance with new requirements may result in denied claims.

To request PA, you may use one of the following methods:

- **Web:** Interactive Care Reviewer tool via <https://www.availity.com>
- **Phone:** 1-800-454-3730
- **Fax:** 1-800-964-3627

Not all PA requirements are listed here. Detailed PA requirements are available to contracted providers by accessing the provider self-service tool at <https://www.availity.com>. Providers who are unable to access Availity can use the Precertification Lookup Tool on our website (<https://providers.amerigroup.com/TX> > Provider Resources & Documents > Quick Tools > Precertification Lookup Tool) or call Provider Services at 1-800-454-3730 for PA requirements.

Prior authorization requirements

Part B drugs: Besponsa (inotuzumab ozogamicin) and Vyxeos (daunorubicin and cytarabine)

On April 1, 2018, prior authorization (PA) requirements will change for Part B injectable/infusible drugs Besponsa (inotuzumab ozogamicin) and Vyxeos (daunorubicin and cytarabine) covered by Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan).

PA requirements will be added to the following part B drugs:

- **Besponsa (inotuzumab ozogamicin):** for the treatment of adults with relapsed or refractory B cell precursor acute lymphocytic leukemia (J3590, J9999)
- **Vyxeos (daunorubicin and cytarabine):** for the treatment of adults with newly diagnosed therapy-related acute myeloid leukemia or acute myeloid leukemia with myelodysplasia related changes (J9999)

Please note: The above drugs are currently billed under the not otherwise classified (NOC) HCPCS codes J3590 and J9999; they are unlisted because no J code has been established at this time. Since these codes include all drugs that are NOC, if the authorization is denied for medical necessity, the plan's denial will be for the drug and not the HCPCS code.

TXD-NL-0072-17



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 new requirements may result in denied claims.**

To request PA, you may use one of the following methods:

- Web: Interactive Care Reviewer tool via <https://www.availity.com>
- Fax: 1-888-235-8468
- Phone: 1-855-878-1785

Not all PA requirements are listed here. Detailed PA requirements are available to contracted providers by accessing the provider self-service tool at <https://www.availity.com>. Providers who are unable to access Availity can use the Precertification Lookup Tool on our website (<https://providers.amerigroup.com/TX> > Provider Resources & Documents > Quick Tools > Precertification Lookup Tool) or call Provider Services at 1-855-878-1785 for PA requirements.