

# Provider News

September 2022

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## Contact Us

If you have questions or need assistance, visit the *Contact Us* section at the bottom of our provider website for up-to-date contact information and self-service tools or call Provider Services.

### Provider website:

■ <https://provider.amerigroup.com/TN>

### Provider Services:

■ Medicaid: **800-454-3730**

■ Medicare Advantage: **866-805-4589**



## Featured Announcements

Medicaid

### ***Sterilization Consent Form***

The *Sterilization Consent Form* is codified in regulation at *42 CFR §441.258* and *§441.259*. The form required by regulation must be used regardless of whether there is a current OMB date. Because the form is codified in regulation, it never expires. The expiration date now on the *Sterilization Consent Form* will continue to be renewed with new dates, but for Medicaid purposes, the form does not require an expiration date to be valid. “This is the only form that can be used, and it may not be altered in any way. The lack of a current form is not a valid reason to deny a claim providing the form has not been altered and is compliant with regulations.”

TNAGP-CAID-000083-22

## Monkeypox resources and recommendations for our care providers

We are carefully monitoring the recent outbreak of monkeypox infections in the U.S. and are working to support our members and our network care providers with information to help you respond appropriately in the context of your patient population.

The best source of up-to-date information is at the Centers for Disease Control and Prevention which has a dedicated [monkeypox page for healthcare professionals](#).

In addition to resources for care providers, the CDC has developed educational materials for the public, available for free download [online](#).

### FAQs

#### Who can become infected?

With this recent outbreak, monkeypox has spread through close, intimate contact with someone who has monkeypox. Many cases initially occurred in men who have sex with men. However, anyone can get monkeypox.

#### How dangerous is the disease?

Monkeypox virus belongs to poxvirus family and infection is rarely fatal. Patients whose immune system is compromised are most at risk for severe disease, along with children younger than 8 years old, pregnant and breastfeeding people, and people with a history of atopic dermatitis or other active skin conditions.

#### What are monkeypox symptoms?

Patients often have a characteristic rash (well-circumscribed, firm, or hard macules evolving to vesicles or pustules) on a single site on the body. Patients may also present with a fever and muscle aches. The rash may start in the genital and perianal areas. The lesions are painful when they initially emerge, but can become itchy as they heal, and then go away after two to four weeks. Symptoms can be similar or occur at the same time as sexually transmitted infections.

#### How does monkeypox spread?

Monkeypox does not spread easily between people without close contact. Person-to-person transmission is possible by skin-to-skin contact with body fluids or monkeypox sores, or respiratory droplets during prolonged face-to-face contact, and less likely through contaminated items such as bedding, clothing, or towels. Patients are contagious until the scabs heal and are replaced by new skin.



## Monkeypox resources and recommendations for our care providers (cont.)

### Is there a monkeypox vaccine?

Yes, although at the time of this writing, availability is limited. Smallpox and monkeypox vaccines are effective at protecting people against monkeypox when given before exposure to monkeypox, and vaccination after a monkeypox exposure may help prevent the disease or make it less severe. You can access the CDC's vaccination updates [online](#).

### How can monkeypox be treated?

There are no treatments specifically for monkeypox virus infections. However, antiviral drugs and vaccines developed to protect against smallpox may be used to prevent and treat monkeypox virus infections.

### Do I need to report a case of suspected monkeypox?

Yes, contact your state health department if you have a patient with monkeypox. They can help with testing and exposure precautions.

### What are the behavioral health impacts of monkeypox?

Studies reporting psychiatric symptoms have indicated that the presence of anxiety, depression, or low mood is common among hospitalized patients with monkeypox infection. Care providers can help by listening with compassion, understanding underlying behavioral health concerns that may be heightened during isolation, and refer patients to the appropriate level of support following a monkeypox diagnosis.

MULTI-AGP-CR-005147-22-CPN4845

# Administrative

Medicare Advantage

## Medicare telehealth services during the COVID-19 PHE FAQ

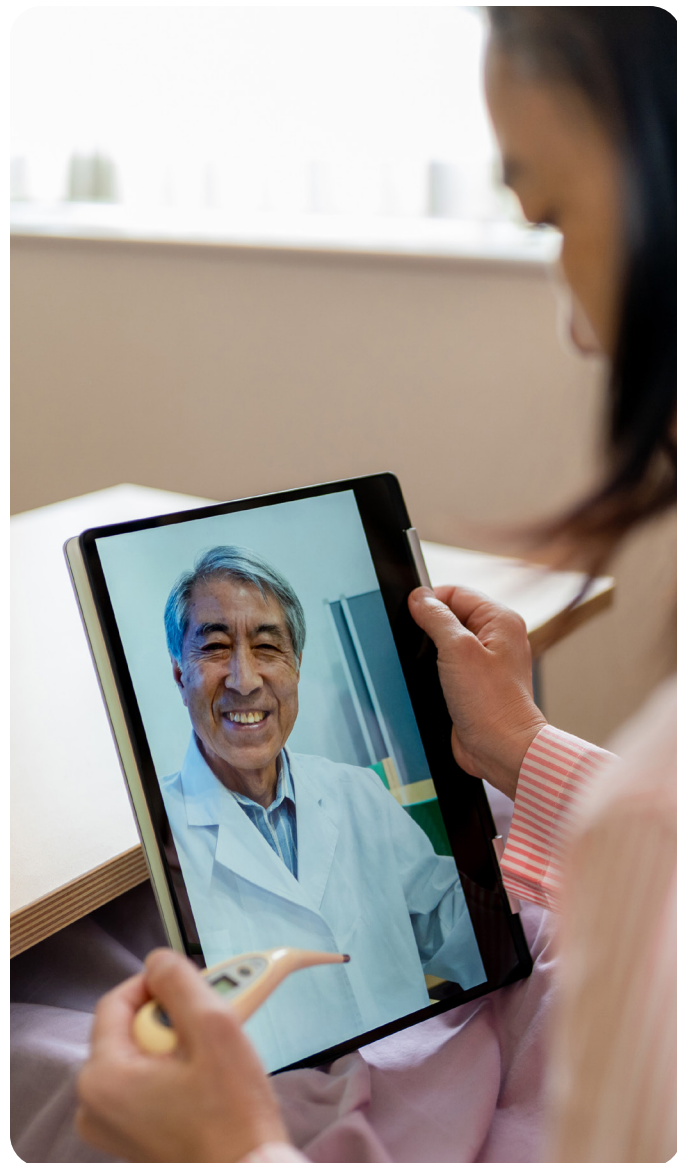
This FAQ communication is designed to provide general guidance for questions related to Medicare telehealth services during the Coronavirus (COVID-19) Public Health Emergency (PHE). The PHE is ongoing and ever evolving; therefore, Amerigroup Community Care wants to support accurate and up-to-date information around legal and regulatory changes that may impact healthcare.

This FAQ is for informational purposes only and is intended to provide guidance regarding the changing landscape of Medicare telehealth. This guidance is not all-inclusive; it is intended to address frequently asked questions and common Medicare telehealth topics. The content included herein is not intended to be a substitute for the provisions of applicable statutes or regulations or other relevant guidance issued by CMS, as those items are subject to change from time-to-time.



**Read more online.**

MULTI-AGP-CR-004708-22





Medicaid | Medicare Advantage

## Enhancing claims attachment processes

Submitting attachments electronically is the most efficient way for you to receive your claim payments faster. That's why we've made submitting digital claims attachments easier, more intuitive and streamlined. You can now submit your claims attachments through the Claims Status Inquiry application on [Availity.com](https://www.availity.com).<sup>\*</sup> Submitting attachments electronically is the most efficient way for you to receive your claim payments faster.

### Submitting attachments electronically:

- Reduces costs associated with manual submission.
- Reduces errors associated with matching the claim when attachments are submitted manually.
- Reduces delays in payments.
- Saves time: no need to copy, fax, or mail.
- Reduces the exchange of unnecessary member information and too much personal health information sharing.

**If your workflow for attachments is through electronic data interchange (EDI) submissions or directly through the Availity application, we have a solution for that.**

Preferred methods				
Claim submission method	Requirements	Attachment submission method	Recommended timing	Location
<b>EDI 837</b>	PWK segment is populated by the provider with an Attachment Control number	Availity Portal attachments applications if claim number is available, provider populates the 275 with the claim number	Up to five calendar days	<a href="https://www.availity.com">Availity.com</a> > Attachments-New > Attachment Dashboard Inbox
<b>EDI 837</b>	PWK segment is populated by the provider with an Attachment Control number	275 EDI transaction (medical attachments)	Up to five calendar days	EDI
<b>EDI 837</b>	PWK segment is populated by the provider with an Attachment Control number	Availity Portal <b>Claims Status Inquiry</b>	When the claim number is available (usually within 24 hours of receipt of claim)	<a href="https://www.availity.com">Availity.com</a> > Claims & Payments tab > Claims Status Inquiry Locate the claim to submit attachments.
<b>Availity Portal claims submission</b>	Submitted with claim	Availity Portal <b>Professional or Facility Claim</b>		<a href="https://www.availity.com">Availity.com</a> > Claims & Payments tab



### Enhancing claims attachment processes (cont.)

#### Didn't submit your attachment with your claim? No problem!

If you submitted your claim through EDI using the 837, and the PWK segment contains the attachment control number, there are three options for submitting attachments:

1. Through the attachments dashboard inbox:
  - From **Availity.com**, select the **Claims & Payments** tab to access **Attachments-New** and your **Attachments Dashboard Inbox**.
2. Through the 275 attachment:
  - **Important:** you must populate the PWK segment on the 837 with your document control number to ensure the claim can match to the attachment.
3. Through the **Availity.com** application:
  - From **Availity.com**, select the **Claims & Payments** tab to run a **Claims Status Inquiry** to locate your claim. Find your claim, and use the **Send Attachments** button.

#### If you submit your claim through the Availity application:

1. Simply submit your **attachment with your claim**.
2. If you need to add additional attachments, to add a forgotten attachment, or for claims adjustments:
  - From **Availity.com**, select the **Claims & Payments** tab and run a **Claims Status Inquiry** to locate your claim. Find your claim, and use the **Send Attachments** button.

#### For more information and educational webinars

In collaboration with Availity, we will hold a series of educational webinars that include a deep dive into EDI attachment submissions, as well as the new Claims Status Inquiry workflow. **Sign up today.**

*\* Availity, LLC is an independent company providing administrative support services on behalf of Amerigroup Community Care.*

TNAGP-CDCR-002675-22-CPN1914

## Amerigroup Community Care to accept Hospital in Home services



Effective July 1, 2022, Amerigroup recognizes and accepts qualifying claims for acute Hospital in Home (HiH) services through the newly established

revenue code 0161. We encourage hospitals or other entities that meet the HiH requirements to reach out to their Amerigroup contractor to get an appropriate participation agreement in place, which will ensure more streamlined processing of HiH claims.

The new code enables hospitals to distinguish acute inpatient care in the home for qualifying patients. The code will follow the same guidelines and policies associated with any services performed in an inpatient setting, including but not limited to utilization management. Facilities must comply with all requests from Amerigroup for any information and data related to the HiH services and be an approved, active participant of the CMS Acute Hospital Care at Home Program for Medicare products. All services are subject to the Covered Individual Health Benefit Plan coverage and, if a covered benefit, the benefit will follow the inpatient hospital benefits that apply to services that are performed in a traditional hospital setting, which includes, but is not limited to, any applicable deductibles, copays, and coinsurance.

### The following Amerigroup benefit plans are in scope for participation in HiH:

- Medicare Advantage (Individual and Group)
- Medicare Advantage Special Needs plans, including Dual-Eligible Special Needs (D-SNP)

### The following Amerigroup plans are out of scope for participation in HiH:

- FEP
- Medicaid

### Notes:

- Be advised that while you may submit an electronic transaction to verify a Blue Plan member's benefits and eligibility, Amerigroup suggests that you call the member's Blue Plan to definitively determine whether the member has HiH benefits, since the electronic eligibility inquiry may not yield an answer specific to HiH eligibility. We suggest calling because if the member does not have this as a covered benefit, HiH services would then be the member's financial responsibility.
- Covered individuals must express preference for and consent to treatment in the home setting for the HiH program and must be 18 years of age or older. This consent must be documented through a signed consent form. (Sample form available upon request.)
- Covered individuals may be admitted to the program from the emergency department (for a patient that needs the inpatient level of care) or transferred from the inpatient hospital setting.
- Facility shall not bill Amerigroup or the covered individual for any items or services provided by the facility in the home setting that typically would not be billed during an inpatient hospitalization.
- Notify Amerigroup immediately through the utilization management nurse assigned to the HiH case when:
  - An applicable member is admitted to the HiH program
  - A member in the program is transferred back to hospital inpatient care or has any other status change in their care plan
- As with other claims, participating facilities and/or providers may not bill the member for any denied HiH-related charges. Providers who disagree with the claim denial may request a review of the denial using the reconsideration and appeal process outlined in your Amerigroup agreement and/or as outlined in the applicable Amerigroup provider manual.
- We will continue to update billing guidance as these programs evolve.

MULTI-AGP-CARE-003012-22-CPN2952



# Policy Updates

Medicaid

## InterQual 2022 revisions

Effective September 1, 2022, Amerigroup Community Care will transition to the InterQual® 2022 criteria to include updates from March and April 2022.

TNAGP-CAID-001683-22

Medicaid

## Clinical Criteria updates

On February 25, 2022, and March 24, 2022, the Pharmacy and Therapeutic (P&T) Committee approved the following *Clinical Criteria* applicable to the medical drug benefit for Amerigroup Community Care. These policies were developed, revised, or reviewed to support clinical coding edits.

Visit the [Clinical Criteria website](#) to search for specific policies. For questions or additional information, reach out via [email](#).



**Read more online.**

TNAGP-CAID-000440-22-CPN114



# Policy Updates — Prior Authorization

## Medicare Advantage

### Prior authorization requirement changes

On December 1, 2022, Amerigroup Community Care prior authorization (PA) requirements will change for the following code.

#### Prior authorization requirements will be added for the following code:

- L6715 — Terminal device, multiple articulating digit, includes motor(s), initial issue, or replacement

Not all PA requirements are listed here. Detailed PA requirements are available to providers on our [provider website](#).

AGPCRNL-0408-22

Federal and state law, as well as state contract language and CMS guidelines, including definitions and specific contract provisions/exclusions, take precedence over these precertification rules and must be considered first when determining coverage. Non-compliance with new requirements may result in denied claims.

Not all PA requirements are listed here. PA requirements are available to contracted providers by accessing on our website > Availity\* > Provider Self-Service Tool. Contracted and noncontracted providers who are unable to access Availity may call Provider Services at **800-454-3730**.

*\*Availity, LLC is an independent company providing administrative support services on behalf of Amerigroup Community Care.*

## Medicaid

### Prior authorization requirement reminder

Effective since March 1, 2020, prior authorization (PA) requirements changed for the following services for Amerigroup Community Care in-network providers.

#### For the below codes, an authorization waiver has been extended until **May 31, 2024, for in-network outpatient services for members under 21 years of age:**

- 93303 — Transthoracic Echocardiography, Congenital Cardiac Anomalies; Complete
- 93306 — Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, com
- 93320 — Doppler Echocardiography; Complete
- 93321 — Doppler Echocardiography; Follow-Up/Limited
- 93325 — Doppler Color Flow Mapping
- 93304 — Transthoracic Echocardiography, Congenital Cardiac Anomalies; Follow-Up/Limited Study
- 93307 — Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, com
- 93308 — Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed

TNAGP-CD-002662-22

## Reminder: AIM Specialty Health prior authorization phone number change for Medicare

AIM Specialty Health®\* (AIM) created new contact center phone numbers for Medicare providers to call for prior authorization requests. The new phone numbers are listed below.

**Note:** The old number is not available for requests after August 15, 2022, so please use this new number to submit new prior authorization AIM requests.

**As always, the best way to reach AIM is to use the ProviderPortal<sup>SM</sup>. It is:**

- Self-service.
- Available 24/7.
- Customizable with physician information.
- Easy to use and allows real-time determinations.

**The ProviderPortal is a fast and efficient way to start a case. It also allows your team to:**

- Check order status and view order history.
- Print/save PDF of order summary.
- Use multiple staff members to enter/view the practice's orders.
- Increase payment certainty.
- Reference desk training and tutorials, including clinical criteria and CPT® lists.

If not already registered, your first step is to register your practice in the **ProviderPortal**.

*\* AIM Specialty Health is an independent company providing some utilization review services on behalf of Amerigroup Community Care.*

MULTI-AGP-CR-004841-22-CPN4813



Medicaid | Medicare Advantage

## Policy Update

### Modifiers 25 and 57: Evaluation and Management with Global Procedures

(Policy G- 06003)

The current Modifier 57: Decision for Surgery is retired and is combined with Modifier 25: Significant, Separately Identifiable Evaluation and Management Service by the Same Physician on the Same Day of the Procedure or Other Service for Amerigroup Community Care. The new combined policy title is Modifiers 25 and 57: Evaluation and Management with Global Procedures.

For additional information, please review the Modifiers 25 and 57: Evaluation and Management with Global Procedures reimbursement policy at <https://provider.amerigroup.com/TN> > Claims > Reimbursement Policies.

MULTI-AGP-CARE-002543-22-CPN2420/TNAGP-CAID-002541-22



# Products & Programs

Medicaid

## Complex Case Management program

Managing illness can be a daunting task for our members. It is not always easy to understand test results, know how to obtain essential resources for treatment, or know who to contact with questions and concerns.

Amerigroup Community Care is available to offer assistance in these difficult moments with our Complex Case Management program. Our case managers are part of an interdisciplinary team of clinicians and other resource professionals there to support members, families, PCPs, and caregivers. The complex case management process uses the experience and expertise of the Case Management team to educate and empower our members by increasing self-management skills. The complex case management process can help members understand their illnesses and learn about care choices to ensure they have access to quality, efficient healthcare.

Members or caregivers can refer themselves or family members by calling the Customer Service number located on their ID card. They will be transferred to a team member based on the immediate need. Physicians can refer their patients by contacting us telephonically or through electronic means. We can help with transitions across levels of care so that patients and caregivers are better prepared and informed about healthcare decisions and goals.

You can contact us by email at [hcmref@amerigroup.com](mailto:hcmref@amerigroup.com) or by phone at **800-454-3730**. Case Management business hours are Monday through Friday from 8 a.m. to 5 p.m. CT.

TNAGP-CD-003821-22-CPN3339

Medicaid

## Getting tobacco users the help they need to quit

You play an influential role in helping patients overcome tobacco addiction — and we can help you make an even bigger impact. Tell your patients who are Amerigroup Community Care members that they have access to a tobacco cessation program. Amerigroup is working with the EX Program by Truth Initiative,<sup>®\*</sup> a digital program for tobacco cessation built in collaboration with the Mayo Clinic. This is an excellent resource available to help patients quit for good. Participants in this program will receive:

- A personalized quit plan with interactive exercises, educational videos, and emails.
- Social support from a thriving online community of current and former tobacco users.
- Unlimited coaching from tobacco treatment experts via live chat.
- Interactive and tailored text messages based on how they engage with the program.
- Nicotine patches, gum, or lozenges delivered to their home.
- Tailored support for e-cigarette users and pregnant smokers.
- Optional content related to pregnancy, new motherhood, heart disease, diabetes, and parenting children who vape.

Members have access to the EX Program through any browser on their smartphone, tablet, or PC. Attached is a flier with information to print and share with your patients about the program. Thank you for helping your patients live healthier lives free from smoking, vaping, and nicotine.

*\* Truth Initiative is an independent company providing tobacco cessation support services on behalf of Amerigroup Community Care.*

TNPEC-4293-21



Medicaid

## Alcohol use disorders linked to chronic diseases

A number of chronic diseases, including heart disease, cancer, and type 2 diabetes, are linked to alcohol use disorders (AUD).



### Heart disease<sup>1</sup>

Low alcohol consumption is associated with a reduced risk for cardiovascular disease (CVD),

but higher amounts and binge drinking lead to a higher risk of CVD. Binge drinking and chronic heavy alcohol consumption is associated with a higher risk of hypertension. Alcohol leads to buildup of plaque in the arteries, disruptions in arterial function, oxidative stress throughout the body, and imbalances in hormones that control blood pressure regulation.

Heavy alcohol use is also associated with increased risk for coronary heart disease, stroke, peripheral arterial disease, and cardiomyopathy. It is suspected that the increase in blood pressure from heavy alcohol use plays a part in these increased risks. Alcohol also appears to contribute to atherosclerosis and chronic inflammation, which follow the pathophysiologic process behind most CVD.

See [Piano, 2017](#) for a more thorough examination of the increased risk of CVD from excess alcohol use; mechanisms of action; biomarkers; and considerations of genetic, socioeconomic, and racial factors.



### Cancer

An estimated 3.5% of cancer deaths in the United States are alcohol-related. Alcohol is a known human carcinogen.<sup>2</sup> When consumed, ethanol breaks down into acetaldehyde, which is carcinogenic.

Alcohol consumption is linked to seven types of cancers.<sup>3</sup> It raises the risk for cancer of the mouth, larynx, throat, and esophagus. Drinking and smoking together significantly increases this risk. Alcohol helps the harmful chemicals in tobacco to better infiltrate the cells and cause disease. Alcohol can also limit the cells' ability to repair DNA damage from the chemicals in tobacco.

Regular, heavy alcohol use damages the liver and causes inflammation and scarring. This increases the risk of liver cancer. In addition, alcohol can raise estrogen levels, which is associated with a higher risk of breast cancer. Moderate drinkers have up to a one and a half times increased risk of colorectal cancer. While the risk is increased for men and women, the evidence of this link is stronger in men.

## Alcohol use disorders linked to chronic diseases (cont.)



### Type 2 diabetes

Chronic use of alcohol is considered to be a potential risk factor for the development of type 2 diabetes mellitus (T2D).<sup>4</sup> Like heart disease, low alcohol consumption decreases the risk of T2D, but chronic heavy alcohol use increases the risk. Alcohol disrupts glucose homeostasis in the body and is associated with insulin resistance.

In addition, alcohol affects excess caloric intake, pancreatitis, and impaired liver function. This affects blood glucose levels and causes hypoglycemia. Alcohol alters the brain's ability to produce hunger hormones and increases food-seeking behaviors. Dysregulation of these hormones (specifically ghrelin and leptin) plays a part in T2D.

Heavy alcohol use can worsen symptoms in patients with T2D and cause hyper- and hypoglycemia.<sup>5</sup> Alcohol-induced hypoglycemia can lead to serious neurological complications in T2D patients, which may or may not be reversible. It can also cause life-threatening ketoacidosis and worsen diabetic neuropathy and retinopathy. Alcohol has serious interactions with some T2D medications including Chlorpropamide, Metformin, and Troglitazone.

If you need assistance connecting your patients to chronic disease or AUD treatment, please contact Amerigroup Community Care at **800-454-3730**.

- 1 *Piano, 2017.* <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5513687>
- 2 *National Cancer Institute, 2021.* <https://www.cancer.gov/about-cancer/causes-prevention/risk/alcohol/alcohol-fact-sheet>
- 3 *American Cancer Society, 2020.* <https://www.cancer.org/cancer/cancer-causes/diet-physical-activity/alcohol-use-and-cancer.html>
- 4 *Kim & Kim, 2012.* <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3335891>
- 5 *Emanuele et al. 1998.* <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6761899>

TN-NB-0768-22

# Products & Programs — Pharmacy

## Medicare Advantage

### Amerigroup Community Care expands specialty pharmacy precertification list

The specialty Medicare part B drugs listed in the tables below will be included in our precertification review process, effective on and after:

#### November 1, 2022:

HCPSC/CPT® codes	Medicare Part B drug
C9098	Carvykti (ciltacabtagene autoleucel)
J3490	
J3590	

#### December 1, 2022:

HCPSC/CPT code	Medicare Part B drug
J0172	Aduhelm (aducanumab-avwa)

MULTI-AGP-CR-004058-22/MULTI-AGP-CARE-000550-22-CPN365

Federal and state law, as well as state contract language and CMS guidelines, including definitions and specific contract provisions/exclusions, take precedence over these precertification rules and must be considered first when determining coverage. Noncompliance with new requirements may result in denied claims.

## Medicare Advantage

### New specialty pharmacy medical step therapy requirements

Effective July 1, 2022, the following Part B medications from the current *Clinical Utilization Management (UM) Guidelines* will be included in our medical step therapy precertification review process for ING-CC-0166.

Step therapy review will apply upon precertification initiation, in addition to the current medical necessity review (as is current procedure). Step therapy will not apply for members who are actively receiving medications listed below.

*Clinical UM Guidelines* are publicly available on the provider website. Visit the [Clinical Criteria website](#) to search for specific criteria.

<i>Clinical UM Guidelines</i>	Preferred drugs	Nonpreferred drugs
ING-CC-0166	Herceptin Kanjinti	Herzuma Ogivri Ontruzant Trazimera

AGPCARE-1348-22



Medicaid

## Updates for medication codes billed under the medical benefit

Effective for dates of service on and after July 11, 2022, the following updates for medication codes billed on medical claims will apply.

Please note, inclusion of a national drug code on your medical claim is necessary for claim processing of drugs billed with a not otherwise classified (NOC) code:

- Both the Healthcare Common Procedure Coding System (HCPCS) and national drug code (NDC) must be accurate and applicable to the medication requested.
- The manufacturer of the submitted NDC must participate in the Medicaid Drug Rebate Program.
- The submitted NDC must not be for a DESI 5 or 6 drug. (DESI 5 or 6 drugs are drugs that have been defined by the FDA as less than effective.)
- Participating manufacturers and DESI designations are updated quarterly and can be found [online](#).

Visit the [Clinical Criteria website](#) to search for specific criteria.

**Note:** Prior authorization requests for certain medications may require additional documentation to determine medical necessity.

TNAGP-CAID-000138-22