

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

Hemophilia of Georgia — medical injectable prior authorization requests

Summary: We want to let you know we've recently partnered with Hemophilia of Georgia (HoG). HoG is an organization focused on helping members with hemophilia get the specific care they need.

Q: What is the impact of this change?

A: Amerigroup Community Care members can now use HoG pharmacies to fill their hemophilia medications and serve as a resource for help with management of their hemophilia. This doesn't change their current pharmacy benefits or coverage.

Q: How do providers submit prior authorization (PA) requests for hemophilia medications for their patients through HoG?

A: Providers should complete the *Medical Injectables Prior Authorization (PA) Form*. The PA form and PA criteria may be found by accessing <https://providers.amerigroup.com/GA>.

- Clearly write "Buy and Bill" on the form.
- Complete each section of the form, including:
 - Member name, Amerigroup ID number, date of birth, gender, height, weight and place of residence
- Complete the Prescriber Information section with correct NPI and contact information.
- Correctly identify the servicing provider and NPI in the Billing Facility Information section.
 - If HoG is servicing the patient, then HoG should be listed as the servicing provider.
- Complete medical information including diagnosis with the corresponding International Classification of Diseases code, medication name, dosage, required quantity for treatment and HCPCS billing code.
- Provide additional chart notes and clinical records.
- NOTE: We cannot process the request without the correct HCPCS code and servicing provider entered on the form by the prescriber.

See screenshot of the first page of the PA form on the following page for specific details.

Q: Can providers call in medical injectable PA requests?

A: Medical injectable requests can be faxed in to 1-800-359-5781. You can also contact the PA team by phone at 1-800-454-3730 and indicate that this is a medical injectable request that is buy and bill. We suggest that chart notes are also faxed in addition to the phone call.

What if I need assistance?

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



Prior Authorization (PA) Form
Medical Injectables

Buy and Bill

This PA form and PA Criteria may be found by accessing providers.amerigroup.com

If the following information is not complete, correct and/or legible the PA process can be delayed. Use one form per member

Member Information

Form fields for Member Information: Last Name, First Name, Amerigroup ID Number, Date of Birth

Member Information section with checkboxes for Male/Female, Height/Weight, Member's place of residence, and Administration location.

Prescriber Information

Form fields for Prescriber Information: Last Name, First Name, NPI #, Tax ID#, Phone, Fax

Prescriber Information/Demographics section with fields for Address, City, State, ZIP code, Office contact name, and Contact direct phone number.

Billing Facility Information

Form fields for Billing Facility Information: Facility Name, NPI #, DEA #

Contact Person for Billing Facility

Form fields for Contact Person for Billing Facility: Last Name, First Name, Phone, Fax

Medication Information

Form fields for Medication Information: Drug name and strength requested, SIG, HCPCS billing code, Diagnosis and/or indication, ICD code

please. Continued on Page 2 (Required)

Fax This Form to 1-800-359-5781. For telephone PA requests or questions, please call 1-800-454-3730. Please allow Amerigroup at least 24 hours to review this request.

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