

## Prior authorization requirements for Q5103

Effective April 1, 2020 prior authorization (PA) requirements will change for Q5103 — injection, infliximab-dyyb, biosimilar, (inflectra), 10 mg to be covered by Amerigroup Community Care. Federal and state law, as well as state contract language and Centers for Medicare & Medicaid Services 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.**

### PA requirements will be added to the following:

- Q5103 — Injection, infliximab-dyyb, biosimilar, (inflectra), 10 mg

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

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

Not all PA requirements are listed here. PA requirements are available to contracted and noncontracted providers on our provider website (<https://providers.amerigroup.com/MD> > Provider Resources & Documents > Quick Tools > [Precertification Lookup Tool](#)). Providers may also call us at 1-800-454-3730 for PA requirements.