

Hemophilia factor to require prior authorization

Effective September 1, 2017, Amerigroup Community Care requires prior authorization (PA) for hemophilia factor. 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.**

PA requirements will be added to the following codes:

- J7175 — injection of factor x (human), 1 international unit (IU)
- J7179 — injection of von willebrand factor (recombinant), vonvendi, 1 IU
- J7202 — injection of factor ix (albumin fusion protein, recombinant), idelvion, 1 IU
- J7207 — injection of factor viii, (antihemophilic factor, recombinant), pegylated, 1 IU
- J7209 — injection of factor viii, (antihemophilic factor, recombinant), nuwiiq, 1 IU

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

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

For detailed PA requirements, please refer to the provider website (<https://providers.amerigroup.com/TN> > Quick Tools > Precertification Lookup Tool) or call Provider Services at 1-800-454-3730.