Amerigroup expands specialty pharmacy precertification list

Effective for dates of service on and after February 15, 2020, the specialty Medicare Part B devices listed in the table below will be included in our precertification review process. In addition to the medical necessity review, preferred device review may apply upon precertification initiation. For participating plans, these specialty Medicare Part B devices are considered nonpreferred hyaluronan injections.

Request for nonpreferred Medicare Part B devices may be approved if a member is actively receiving therapy with a nonpreferred agent, has had a trial and inadequate response or intolerance to one preferred agent, or the preferred agents are not acceptable due to contraindications including hypersensitivity/allergy.

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.

The *Clinical Utilization Management (UM) Guideline* is made publicly available on the Amerigroup provider website. Visit the Clinical Criteria page to search for specific guidelines.

Clinical UM Guideline	**HCPCS or CPT® code**	**Medicare Part B device**
ING-CC-0005	J7331	Synojoynt™
	J7332	Triluron™