

# Humana

## Healthy Horizons® in Louisiana

Notification(s): 7513, 7515, 7517, & 7519

Category: HCPCS - Drugs & Biologicals

<u>HUM-ID</u>	<u>Topic</u>	<u>Change Description</u>	<u>Why is Humana making this change? / Change Reason:</u>
<u>7513</u>	<u>Louisiana Medicaid: HCPCS code J7202 – injection, factor IX, albumin fusion protein (recombinant), Idelvion, 1 IU</u>	<p><u>For providers with a specialty other than home infusion therapy or pharmacy, we apply the following limitations to charges for HCPCS code J7202 that are billed for patients 4 or younger:</u></p> <ul style="list-style-type: none"> <li><u>• No more than 2,850 units per date of service</u></li> <li><u>• A diagnosis of hereditary factor IX deficiency must be present</u></li> </ul>	<p><u>The above limitations were established by the FDA-approved package insert and prescribing information or the pharmaceutical compendia.</u><u>Note: The limitations described above are based on maximum dosages established in international units. If any units are denied, the provider may dispute the decision through the appropriate process. The provider may submit information, including medical notes showing the patient’s body weight that substantiates the medical necessity of the additional units.</u></p>
<u>7515</u>	<u>Louisiana Medicaid: HCPCS code J7202 – injection, factor IX, albumin fusion protein (recombinant), Idelvion, 1 IU</u>	<p><u>If billed by a provider with a specialty of pharmacy, we limit reimbursement of charges for HCPCS code J7202 to no more than 3,000 units per date of service for patients 4 and younger who have a diagnosis of factor IX deficiency, unless billed with one of the following places of service:</u></p> <ul style="list-style-type: none"> <li><u>• 03 – School</u></li> <li><u>• 04 – Homeless shelter</u></li> <li><u>• 09 – Prison or correctional facility</u></li> <li><u>• 12 – Patient home</u></li> <li><u>• 13 – Assisted living facility</u></li> <li><u>• 14 – Group home</u></li> <li><u>• 16 – Temporary lodging</u></li> <li><u>• 27 – Outreach site or street</u></li> <li><u>• 33 – Custodial care facility</u></li> </ul>	<p><u>The above limitations were established by the FDA-approved package insert and prescribing information or the pharmaceutical compendia.</u><u>Note: The limitations described above are based on maximum dosages established in international units. If any units are denied, the provider may dispute the decision through the appropriate process. The provider may submit information, including medical notes showing the patient’s body weight, that substantiates the medical necessity of the additional units.</u></p>

		<ul style="list-style-type: none"> <li>• <u>54 – Intermediate care facility or individuals with intellectual disabilities</u></li> <li>• <u>55 – Residential substance abuse treatment facility</u></li> <li>• <u>56 – Psychiatric residential treatment center</u></li> </ul>	
<u>7517</u>	<u>Louisiana Medicaid: HCPCS code J7202 – injection, factor IX, albumin fusion protein (recombinant), Idelvion, 1 IU</u>	<u>If billed by a provider with a specialty of home infusion therapy, we limit reimbursement of HCPCS code J7202 to no more than 6,272 units every 4 weeks for patients 4 or younger who have a diagnosis of hereditary factor IX deficiency.</u>	<u>The above limitations were established by the FDA-approved package insert and prescribing information or the pharmaceutical compendia. Note: The limitations described above are based on maximum dosages established in international units. If any units are denied, the provider may dispute the decision through the appropriate process. The provider may submit information, including medical notes showing the patient’s body weight, that substantiates the medical necessity of the additional units.</u>
<u>7519</u>	<u>Louisiana Medicaid: HCPCS code J7202 – injection, factor IX, albumin fusion protein (recombinant), Idelvion, 1 IU</u>	<u>If billed by a provider with a specialty of pharmacy, we limit reimbursement of charges for HCPCS code J7202 to no more than 7,000 units every 4 weeks for patients 4 and younger who have a diagnosis of hereditary factor IX deficiency and 1 of the following places of service:</u> <ul style="list-style-type: none"> <li>• <u>03 – School</u></li> <li>• <u>04 – Homeless shelter</u></li> <li>• <u>09 – Prison or correctional facility</u></li> <li>• <u>12 – Patient home</u></li> <li>• <u>13 – Assisted living facility</u></li> <li>• <u>14 – Group home</u></li> <li>• <u>16 – Temporary lodging</u></li> <li>• <u>27 – Outreach site or street</u></li> <li>• <u>33 – Custodial care facility</u></li> <li>• <u>54 – Intermediate care facility or individuals with intellectual disabilities</u></li> <li>• <u>55 – Residential substance abuse treatment facility</u></li> <li>• <u>56 – Psychiatric residential treatment center</u></li> </ul>	<u>The above limitations were established by the FDA-approved package insert and prescribing information or the pharmaceutical compendia. Note: The limitations described above are based on maximum dosages established in international units. If any units are denied, the provider may dispute the decision through the appropriate process. The provider may submit information, including medical notes showing the patient’s body weight, that substantiates the medical necessity of the additional units.</u>

Language  
English

Impacted Products  
Medicaid – Louisiana