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August 8, 2013  
MB# 13-040

Phys  
OMP  
MC  
Med Clin

# MEDICAID BULLETIN

**TO: Providers Indicated**

**SUBJECT: I. Prior Authorization (PA) for Physician Administered Drugs  
II. Training Schedule with ICORE for Physician Administered Drugs**

## **I. Prior Authorization (PA) for Physician Administered Drugs**

South Carolina Department of Health and Human Services (SCDHHS) is implementing a new provider-administered injectable drug program in conjunction with ICORE Healthcare, LLC (ICORE), a specialty pharmaceutical management company. The program affects certain drugs requiring administration by health care professionals and will ensure quality care and affordability for our members.

For all Physician Administered drugs that require a PA performed on or after September 9, 2013, referring providers will be required to request PA for all beneficiaries participating in Fee-For-Service (FFS) or Medical Homes Networks (MHNs). ICORE will begin accepting PA requests on September 3, 2013, for dates of service beginning September 9, 2013. Claims submitted for services rendered without an approved authorization will be denied. ICORE will conduct medical necessity reviews for the injectable medications listed below.

HCPCS Code	Drug Name
J2505	Neulasta
J9355	Herceptin
J9035	Avastin
J1745	Remicade
J9263	Eloxatin
J9305	Alimta
J9055	Erbitux
J9310	Rituxan
J2323	Tysabri
J2469	Aloxi
J9264	Abraxane
J0881	Aranesp
J1441	Neupogen
J0885	Procrit
J0129	Orencia
J1440	Neupogen
J9303	Vectibix
J9228	Yervoy
J9179	Halavan
J2507	Krystexxa
C9131	Kadcyla
C9292	Perjeta
Q2043	Provenge

The following eligibility categories participating in either FFS or MHN programs will be excluded from obtaining a PA for Physician Administered drugs:

- Beneficiaries with current Medicare coverage (dual Medicare and Medicaid coverage)
- Beneficiaries with third party HMO coverage
- Beneficiaries that are incarcerated
- Beneficiaries enrolled in the Hospice program
- Beneficiaries enrolled in the PACE program
- Beneficiaries with limited benefits

Physician Administered drugs administered in conjunction with an inpatient stay or emergency room visit will not be subject to PA requirements. For information regarding emergency services please refer to the appropriate Medicaid manual.

The Hospitals and Physicians, Laboratories, and Other Medical Professionals provider manuals will be updated September 1, 2013, to reflect this policy change. These manuals can be found on the SCDHHS website at [www.scdhhs.gov](http://www.scdhhs.gov). The procedure list will also be available in the above titled manuals, see "Procedure Codes Requiring Prior Authorization" in Section 4. The list of procedures requiring PA is subject to change as new drugs come to market. Section 4 of the manuals will be updated monthly, if new drugs are released.

## II. Training Schedule with ICORE for Physician Administered Drugs

SCDHHS and ICORE will be providing webinar trainings for providers on the PA process. The following dates and times are being offered.

- Tuesday August 27<sup>th</sup>: 10:00 a.m. or 2:00 p.m.
- Wednesday August 28<sup>th</sup>: 10:00 a.m. or 2:00 p.m.

To register for one of the webinars please choose a date and time from the list above and send the following information via email to [injectablesolutions@icorehealthcare.com](mailto:injectablesolutions@icorehealthcare.com).

- Webinar Date and Time
- Group Name
- Address
- Email and phone contact information
- Number of participants (please indicate if attendees are clinical and/or administrative).

Once completed, you will receive an e-mail confirmation with instructions on accessing the webinar.

This bulletin affects those members currently either enrolled with the fee-for-service Medicaid program or those that may be enrolled in an MHN. For members that may be enrolled in a Managed Care Organization (MCO) please contact the appropriate managed care organization (MCO) for information regarding the MCO's policy or prior authorization of physician administered drugs.

Please refer any questions or concerns regarding this bulletin to the SCDHHS Provider Service Center at (888) 289-0709. Thank you for your continued support of the South Carolina Medicaid program.

/s/  
Anthony E. Keck  
Director

Attachments

## Frequently Asked Questions: South Carolina Department of Health and Human Services

South Carolina Department of Health and Human Services (SCDHHS) is implementing a new provider-administered injectable drug program in conjunction with ICORE Healthcare, LLC (ICORE), a specialty pharmaceutical management company. The program affects certain drugs requiring administration by health care professionals and will ensure quality care and affordability for our beneficiaries.

Effective September 9, 2013, ICORE will conduct medical necessity reviews for injectable medications listed below. ICORE will conduct reviews of these injectable medications administered by a practitioner.

HCPCS Code	Drug Name
J2505	Neulasta
J9355	Herceptin
J9035	Avastin
J1745	Remicade
J9263	Eloxatin
J9305	Alimta
J9055	Erbix
J9310	Rituxan
J2323	Tysabri
J2469	Aloxi
J9264	Abraxane
J0881	Aranesp
J1441	Neupogen
J0885	Procrit
J0129	Orencia
J1440	Neupogen
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### General Program Information

- **What is ICORE?**

ICORE is a subsidiary of Magellan Health Services and is a leading injectable benefits management company, with expertise in controlling specialty pharmaceutical costs for managed care organizations.

- **What beneficiaries are covered by this program?**

The program will apply to all beneficiaries except:

- Beneficiaries with current Medicare coverage(dual Medicare and Medicaid coverage)
- Beneficiaries with third party HMO coverage
- Beneficiaries that are incarcerated
- Beneficiaries enrolled in the Hospice program
- Beneficiaries enrolled in PACE program
- Beneficiaries with limited benefits

- **What is the impact to beneficiary benefits?**

There will be no change in beneficiary benefits. Beneficiaries will continue to receive the same care and access to medications that are currently available to them as part of their Medical Benefit. As with all services, they must be medically necessary to be considered a covered service.

## Registration and Use of ICORE's Web Site

- **How does a provider obtain a user ID and PIN for ICORE's Web site?**

Practitioners may register online at ICORE's Website at [www.icorehealthcare.com](http://www.icorehealthcare.com). Select New User Request Access. Beginning September 3, 2013, the Web administrator for the practice/facility can request a unique user name and password from ICORE.

Providers may register for ICORE's website beginning September 3, 2013. On that date the website will be operational for the processing of prior authorization requests **until September 9, 2013**, for drugs to be administered September 9, 2013, and after.

- The following information is required by the practitioner:
  - Practitioner or facility name
  - Provider TIN/NPI number
  - E-mail address

In general, practitioners should allow up to two business days for information regarding user access. To facilitate the start of the program, ICORE is pre-registering practitioners so the turnaround times to obtain the user name/PIN number will be more efficient.

- The administrator will then be able to set up a user name for each ICORE Website user in the practice.
- The ICORE website cannot be used for retrospective or expedited approval requests. Those must be processed directly through the ICORE call center at **1-800-424-8219**.

- **What do I do if I cannot see one of the practitioners in our practice listed on ICORE's Website? Whom do I contact?**

- Send a secure message to ICORE.
- If it is an urgent request, call **1-800-424-8219**.

- **If all of the practitioners in a practice share a TIN/NPI number, is more than one user ID and PIN needed?**

No. One administrator will be able to conduct transactions for every network practitioner linked to the practice's TIN/NPI. ICORE's system will present them with a drop-down menu so they can select the correct provider to link to the transaction.

- **When a multi-practitioner practice bills under their individual TIN/NPI numbers, how can a practice register office staff at ICORE with the fewest user ID and PINs?**

A request for a special setup can be submitted through ICORE's Website, at [www.icorehealthcare.com](http://www.icorehealthcare.com), via the Help sections New User Request Access link on the home page.

## Prior Authorizations

- **Prior authorization procedures**

Practitioners will have the opportunity to obtain upfront prior authorizations to help streamline medication administration and service.

- If a prior authorization request does not initially have sufficient evidence to be approved, it is pended for Initial Clinical Review by ICORE Clinical Pharmacists.
- If the Initial Clinical Reviewer (ICR) finds the request meets clinical criteria, they can approve the prior authorization request.
- If the ICR cannot find sufficient evidence to approve the prior authorization request, they will schedule a peer-to-peer conversation between the practitioner and ICORE's Peer Clinical Reviewer (PCR), who is a board-certified physician. ICORE's PCR will render the final determination based on the information received.

**Note:** ICORE's Initial Clinical Reviewers are clinical pharmacists.

- **How do practitioners contact ICORE to request a prior authorization or re-authorization?**

1. Visit ICORE's secure Web site at [www.icorehealthcare.com](http://www.icorehealthcare.com).
2. Call ICORE directly at **1-800-424-8219**, Monday through Friday, 8:00 a.m. to 5:00 p.m. (EST). Multiple requests can be handled with one call.

To expedite prior authorizations, the practitioner should have the following information:

- Ordering provider name, address and office telephone number
- Rendering name, address and office telephone number (if different from ordering provider)
- Beneficiary name and ID number
- Name of drug being requested
- Anticipated start date of treatment
- Beneficiary height, weight and body surface area
- Dosing information and frequency
- Diagnosis (ICD-9 code)
- Past therapeutic failures

If requested by ICORE, the practitioner should be prepared to fax the following documents to ICORE's HIPAA-compliant fax at **1-888-656-6671**:

- Clinical notes
- Pathology reports
- Relevant lab test results

**Please note:** It is the responsibility of the referring provider to obtain the prior authorization before services are provided. If the ordering provider and the rendering provider are different, the rendering provider is responsible for ensuring that the appropriate approval is on file.

- **Will the practitioner be able to speak directly to the clinician making a determination on a prior authorization request?**

Yes. If there is a question regarding a particular patient's use of a medication, ICORE clinicians are available, as a resource, to consult with practitioners.

- In most cases, approvals can be made based on the initial information provided by the requestor directly through ICORE's website.
- If there is a question or concern regarding the information provided, the case will be sent to a pharmacist who will reach out to the requesting practitioner.
- If they cannot reach an agreement regarding the appropriate course of treatment with respect to the requested drug, the case will be escalated to an ICORE physician.
- ICORE's physician will discuss the case with the practitioner and ideally they will reach a mutual agreement on an appropriate course of action.

- **What is the time frame for decisions?**

Urgent requests will be completed within 24 hours of receiving the request. Non-urgent requests will be completed within two (2) business days of receiving all necessary information. In most cases, ICORE can review and determine prior authorizations during the initial request if all the information needed to process a request is provided. The review and determination process may take longer if beneficiary or practitioner eligibility verification is required, or if the request requires additional clinical review.

**To what place(s) of service will the prior authorization apply?**

For services rendered in an office, clinic, home, outpatient hospital, and infusion center settings on or after September 9, 2013, ICORE will require prior authorization for the drugs identified in Section 4 of the Hospitals and Physicians, Laboratories, and Other Medical Professionals provider manuals when administered. Prior authorization from ICORE is not required for medications administered during emergency room visits, observation unit visits or inpatient stays.

- **What is covered by the prior authorization for practices with multiple offices?**

If a practitioner sees a beneficiary in more than one office, the practitioner will not need to call for an additional prior authorization. However, if the other location bills with a different TIN/NPI number, advise the provider's office to contact ICORE to have the prior authorization apply to all applicable locations.

- **Is the prior authorization physician-specific for group practices?**  
ICORE's approval links practitioners by their TIN/NPI. When the approvals are fed back into the SCDHHS claims system, they will be attached to all network practitioners who share that TIN/NPI.
- **If a specialist orders a drug and gets prior authorization and then the drug is administered in and billed for by the infusion center, will the claim get paid?**  
The infusion center will only get paid if the specialist selected that infusion center as the servicing provider or if the specialist and the infusion center share the same TIN/NPI in our claims system.
- **If a specialist orders the drug and gets prior authorization when the drug is to be administered in and billed for by the infusion center, how should the clinic verify the PA is on file with ICORE?**  
The infusion center will receive a copy of the approval letter and can view the status of the approval via ICORE's Website, or call ICORE at the toll-free number **1-800-424-8219**.

### Requesting Prior Authorization When the Servicing Provider and Ordering Provider Are Different

#### **Practitioners who will not directly be providing the injectable and wish to arrange for their patients to receive services from a different provider:**

To enter a request for a prior authorization, a provider must be signed into ICORE's Website ([www.icorehealthcare.com](http://www.icorehealthcare.com)) and select the "**Providers and Physicians**" icon to initiate the prior authorization process.

- Once the practitioner has completed entering the patient's information, at the provider screen, select the practitioner's name or the group's name.
- Answer "**Yes**" to "Will an alternative servicing provider be utilized for this request?"
- When the practitioner answers "**Yes**," the practitioner will be prompted to search for and select a servicing provider. The practitioner may search for the provider or infusion center by name or ZIP code. The more specific the practitioner is, the more quickly and accurately the system will return the search results.
- The practitioner should select the appropriate provider from the search results and continue.

**Rendering providers must check the ICORE Website to ensure that a prior authorization has been obtained prior to providing services. The following provides information on how the rendering provider obtains information about the prior authorization.**

- **To validate the prior authorization number, perform the following steps:**
  - To view a prior authorization, the practitioner must be signed into at [www.icorehealthcare.com](http://www.icorehealthcare.com) and select the "**Providers and Physicians**" icon to view an existing prior authorization.

- Select “**View Authorizations**” and enter either the patient’s first and last name or their beneficiary identification number. Providers also have the option of viewing all of the prior authorizations created and associated to their TIN/NPI.
- The practitioner should check the prior authorization for the following:
  1. The beneficiary name and ID number
  2. That practitioners are listed as the servicing provider and that the correct facility location is on the prior authorization
  3. The dates of service have not expired
  4. The drug(s) and number of units that have been approved

If the practitioner has any questions, the practitioner should contact ICORE directly at **1-800-424-8219**, Monday through Friday, from 8 am to 6 pm (EST).

- **Who is considered the “provider” for an infusion center?**  
Approvals will be issued to the infusion center if the infusion center is selected as the alternate servicing provider.
- **Once prior authorization is given, can a request be made to change the dose or frequency before the approval duration has expired?**  
After an approval is generated, a change in dose and/or frequency can be submitted. The clinical staff will review the request and render a decision.
- **Can the length of the prior authorization be negotiated or is it pre-planned?**  
The approval duration or validity period of a prior authorization is dependent on the medication and is not negotiable.
- **Can one prior authorization include multiple drugs or will the provider have to obtain a prior authorization for each drug?**  
There is one prior authorization number per drug, but ICORE can process multiple requests during the same Web session or telephone call.

### Specialty Injectable Drugs Requiring Prior Authorization

- **What medications need prior authorization/re-authorization?**  
The codes shown on the table below require prior authorization by ICORE. For drugs other than those listed below, prior authorization requirements and processes will not change. Please contact the SCDHHS Provider Service Center at 1-888-289-0709 to determine authorization requirements for drugs that are not listed below:

## Drugs Requiring Prior Authorization through ICORE

HCPCS Code	Drug Name
J2505	Neulasta
J9355	Herceptin
J9035	Avastin
J1745	Remicade
J9263	Eloxatin
J9305	Alimta
J9055	Erbitux
J9310	Rituxan
J2323	Tysabri
J2469	Aloxi
J9264	Abraxane
J0881	Aranesp
J1441	Neupogen
J0885	Procrit
J0129	Orencia
J1440	Neupogen
J9303	Vectibix
J9228	Yervoy
J9179	Halavan
J2507	Krystexxa
C9131	Kadcyla
C9292	Perjeta
Q2043	Provenge

### Transition of Care

Authorizations issued by SCDHHS before September 9, 2013 for any of the drugs listed above will be effective until the authorization end date. To continue treatment after the authorized end date, you must obtain an authorization from ICORE prior to the expiration date. (Claims for dates of services after the authorized end date will be denied if you have not obtained a continued authorization from ICORE.)

- **Beneficiaries who will start treatment on or after September 9, 2013.**  
For beneficiaries who are not currently in treatment but will be receiving one of the ICORE authorized drugs listed above on or after September 9, 2013, authorizations must be completed by ICORE before treatment begins.

### Claims

- **How will this new program affect claims?**  
ICORE has only been engaged to oversee utilization management. Claims should be submitted to the same address or, if submitting electronically, using the same Payor ID the practitioner uses currently. *Claims submitted without obtaining a required prior authorization will be denied.*

- **Who will be responsible for payment if the ordering provider fails to obtain the appropriate prior authorization?**

The claim for the servicing provider will deny and the beneficiary should be held harmless. Servicing providers need to make sure a PA is on file with ICORE before administering the drugs to beneficiaries.

## Appeals

- **What does the practitioner do if ICORE denies a request and the practitioner chooses to dispute the decision?**

Before a final decision is made, practitioners will have an opportunity to speak with a pharmacist and with a physician, as well as submit relevant medical records. If a practitioner still disagrees, practitioners may exercise their rights as outlined within the denial letter.

- **Who can a provider contact for more information?**

The provider should contact the SCDHHS Provider Service Center at 888-289-0709.

## Clinical Criteria

**Are the PA criteria used to approve J-Code drug PA requests available online? If not, can a practitioner request a copy?**

PA criteria used to approve Jcode drugs are not published; however, FDA approved indications and medical best practice guidelines are the basis for the approval criteria.

**What is the validity period for prior authorizations? Many regimens are for six months or more, can the approval be granted for the entire regimen?**

The approval duration or validity period depends on the medication. For chemotherapy medications, the approval duration will be six months. Because existing conditions such as lab values and chemotherapy regimens can change more frequently, the validity period for supportive medications will be less, depending on the class of drugs.