

March 2017



Formulary reminders

As of March 15, 2017, the products in the table below have been removed from the AmeriHealth Caritas Pennsylvania and AmeriHealth Caritas Northeast drug formulary.

Members currently receiving any of these products will require new prescriptions for alternative products before May 1, 2017. Members for whom it is not medically advisable to change therapy will require prior authorization.

Formulary removals	
Product	Alternative product(s)
Byetta (exenatide)	Victoza (liraglutide) or Trulicity (dulaglutide)
Prevacid SoluTab (lansoprazole)	Prilosec suspension (omeprazole), omeprazole capsules, Prevacid 24 Hour, lansoprazole capsules, or Nexium 24 Hour (esomeprazole)
Omeprazole magnesium 20 mg OTC capsules	Prilosec suspension (omeprazole), omeprazole capsules, Prevacid 24 Hour, lansoprazole capsules, or Nexium 24 Hour (esomeprazole)

As of March 15, 2017, all formulary proton pump inhibitors (PPIs) will have a maximum quantity limit of one unit per day (tablet or capsule) without prior authorizations.

Members currently receiving more than one unit per day for whom it is not medically advisable to change therapy will require prior authorization before June 1, 2017.

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Articles in this edition

Formulary reminders

Change in EPSDT reporting requirements: YO modifier/CONNECT referrals

If you have questions about this communication, please contact your provider Account Executive or one of the following departments:

**AmeriHealth Caritas
Pennsylvania
Provider Services
1-800-521-6007**

**AmeriHealth Caritas
Northeast
Provider Services
1-888-208-7370**

Formulary reminders *(continued from page 1)*

On May 1, 2017, Lantus® and Lantus SoloSTAR pens will be removed from our formulary.

Members currently receiving Lantus or Lantus SoloSTAR pens will require new prescriptions for alternative products, such as Basaglar®, before May 1, 2017. Members for whom it is not medically advisable to change therapy will require prior authorization.

On May 1, 2017, the products in the table below will also be removed from our formulary.

Members currently receiving any of these products will require new prescriptions for alternative products before June 15, 2017. Members for whom it is not medically advisable to change therapy will require prior authorization.

Formulary removals	
Product	Alternative product(s)
Brand EpiPen® or EpiPen Jr®	Generic epinephrine auto-injector
Brand Condylox® topical gel	Generic Condylox (podofilox) topical solution
Incruse Ellipta® (umeclidinium)	Spiriva® Respimat® (tiotropium bromide) or Combivent® Respimat® (ipratropium bromide)

If you have questions about this communication, please contact:

Pharmacy Services (PerformRx SM)	
AmeriHealth Caritas Pennsylvania	1-866-610-2774
AmeriHealth Caritas Northeast	1-888-208-1020



Change in EPSDT reporting requirements: YO modifier/CONNECT referrals

Following an Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) screen, if the screening provider suspects developmental delay and the child is not already receiving early intervention services at the time of screening, the provider is required to refer the child (age birth to age 5) to the CONNECT Early Intervention Helpline at **1-800-692-7288**. Document the referral in the child’s medical record and **submit your claim with the YO modifier**. Refer to the tables below.

Completing the CMS 1500 or UB-04 claim form

The following blocks must be completed when submitting a CMS 1500 or UB-04 claim form for a complete EPSDT screen:

- EPSDT Referral Codes (when a referral is necessary, use the listed codes in the example below to indicate the type of referral made).
- Diagnosis or Nature of Illness or Injury.
- Procedures, Services or Supplies CPT/HCPCS Modifier.
- EPSDT/Family Planning.

UB-04	CMS 1500	Item	Description	Conditional/ Required
37	10d	Reserved for Local Use EPSDT Referrals	Enter the applicable two-character EPSDT referral code for referrals made or needed as a result of the screen. YD – Dental (required for age 3 and over). YO – Following an EPSDT screen, if the screening provider suspects developmental delay and the child is not receiving services at the time of screening, the provider is required to refer the child (age birth to age 5) through the CONNECT Early Intervention Helpline at 1-800-692-7288 . YV – Vision. YH – Hearing. YB – Behavioral. YM – Medical.	C C C C C
18	N/A	Condition Codes	Enter the Condition Code A1 EPSDT.	R
67	21	Diagnosis or Nature of Illness or Injury	When billing for EPSDT screening services, diagnosis codes Z76.1, Z76.2, Z00.121, Z00.129 (Routine Infant or Child Health Check) must be used in the primary field (21.1) of this block. Additional diagnosis codes should be entered in fields 21.2, 21.3, 21.4. An appropriate diagnosis code must be included for each referral. Immunization codes are not required.	R
42	N/A	Revenue Code	Enter Revenue Code 510 .	R
44	24D	Procedures, Services or Supplies CPT/ HCPCS Modifier	Populate the first claim line with the age-appropriate E and M codes along with the EP modifier when submitting a “complete” EPSDT visit, as well as any other EPSDT-related services, e.g., immunizations.	R
N/A	24H	EPSDT/Family Planning	Enter Visit Code 03 when providing EPSDT screening services.	R

- Key:**
- Block code:** Provides the block number as it appears on the claim.
 - C:** Conditional; must be completed if the information applies to the situation or the service provided.
 - R:** Required; must be completed for all EPSDT claims.

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Change in EPSDT reporting requirements: YO modifier/CONNECT referrals *(continued from page 3)*

Claim type	EDI/837P	Item	Description	Conditional/Required
Field	Loop: 2300 Segment NTE	EPSDT Referrals	<ul style="list-style-type: none"> NTE 01 position: Input "ADD" (uppercase/capital format). NTE 02 position – first six characters: Input "EPSDT=" (uppercase/capital format where the sixth character will be the = [equal] sign). Input applicable referral codes directly after "=" (uppercase/capital format). <p>YD – Dental referral (a required component for all children age 3 and over. YM – Medical referral. YV – Vision referral. YH – Hearing referral. YB – Behavioral health referral.</p> <p>*YO – CONNECT Early Intervention referral.</p> <p>For multiple code entries: Use "_" (underscore) to separate as follows: NTE*ADD*EPSDT=YD_YM_YO~</p>	Conditional (Conditional must be completed if the information applies to the situation or the service provided.)

*Reflects a change in previous reporting instructions.

Important: Failure to follow these billing guidelines may result in rejected electronic claims and/or nonpayment of completed EPSDT screenings.

Complete and detailed EPSDT billing instructions are available at:

www.amerihealthcaritaspa.com or **www.amerihealthcaritasnortheast.com** → Providers → Billing Information → Claims filing guide.

If you have any questions about this notification, please contact AmeriHealth Caritas Pennsylvania Provider Services at **1-800-521-6007** or AmeriHealth Caritas Northeast Provider Services at **1-888-208-7370**.

You may also contact your provider Account Executive.

Please contact AmeriHealth Caritas Pennsylvania's Provider Services department at **1-800-521-6007** or AmeriHealth Caritas Northeast's Provider Services department at **1-888-208-7370** with any demographic changes to your office information or changes, additions, or deletions to your provider rosters. Keeping us apprised of your office's correct physical location and provider rosters ensures our members have the best possible experience when trying to locate their medical providers. You may check your information in our systems by going to either **www.amerihealthcaritaspa.com** or **www.amerihealthcaritasnortheast.com** → **Providers** (top menu) → **Provider Directory** (left-hand menu) and searching your information in our Provider Directory.