October 30, 2020

Provider Memorandum

New Drug and Biological Pre-Payment Code Edits

Molina Healthcare of New York, Inc. (Molina) is committed to continuously improving its overall payment integrity solutions. Beginning **November 24, 2020**, Molina will implement new prepayment code edits for Drug and Biological codes.

Impacted Lines of Business

The prepayment claims review will apply to all Molina Healthcare of New York, Inc. lines of business.

Molina Code Edits

Edit Description		
Drug	**Denial**	**Limitation**
Hydroxyprogesterone Caproate (Makena) (J1726)	Deny drug administration services (other than for intramuscular technique) when billed with J1726 and no other drug administered by other than subcutaneous or intramuscular technique has been billed for the same date of service by any provider.	Limit J1726 to 28 combined units per date of service by any provider and the diagnosis on the claim is singleton pregnancy with history of singleton spontaneous preterm birth.
	Deny J1726 when billed and the diagnosis on the claim is multiple gestation or other risk factors for preterm birth.	
	Deny J1726 when billed by any provider more than one unique visit per week and the diagnosis on the claim is singleton pregnancy with history of singleton spontaneous preterm birth.	
	Deny J1726 when billed and the patient is less than 16 years of age and the diagnosis on the claim is singleton pregnancy with history of singleton spontaneous preterm birth.	
	Deny J1726 when billed and an FDA approved indication or an approved off-labeled indication is not present on the claim	
Drug	**Denial**	**Limitation**
Emicizumab-kxwh (J7170)	Deny J7170 when billed and a diagnosis of hemophilia A with or without factor VIII inhibitors is not present on the claim.	Limit J7170 to 1632 combined units per date of service by any provider and the diagnosis is hemophilia A with or without factor VIII inhibitors.
	Deny J7170 when billed by any provider more than once per week and the diagnosis is hemophilia A with or without factor VIII inhibitors.	Limit J7170 to 12,648 combined units in 26 weeks by any provider and the diagnosis is hemophilia A with or without factor VIII inhibitors.
	Deny J7170 when billed with modifier JW (Drug amount discarded/not administered to any patient) and the units equal or exceed 60.	

Drug	Denial	Limitation
Atezolizumab (J9022)	Deny J9022 when billed by any provider more than one visit every two weeks and the diagnosis on the claim is breast cancer, non-small cell lung cancer, small cell lung cancer, or urothelial carcinoma.	Limit J9022 to 84 combined units per date of service by any provider and the diagnosis on the claim is breast cancer.
	Deny J9022 when billed with a diagnosis of hepatocellular carcinoma or renal cell carcinoma and J9035, Q5107, or Q5118 bevacizumab has not been billed for the same date of service by any provider.	Limit J9022 to 120 combined units per date of service by any provider and the diagnosis on the claim is hepatocellular carcinoma or renal cell carcinoma.
	Deny J9022 when billed with modifier JW (Drug amount discarded/not administered to any patient) and the units equal or exceed 84.	Limit J9022 to 1176 combined units in 26 weeks by any provider and the diagnosis on the claim is non-small cell lung cancer or urothelial carcinoma.
Drug	**Denial**	**Limitation**
Ipilimumab (J9228)	Deny J9228 when billed and the diagnosis on the claim is hepatocellular carcinoma, malignant pleural mesothelioma, microsatellite instability-high (MSI-H) or mismatch repair deficient (dMMR) metastatic colorectal cancer, microsatellite instability-high (MSI-H) or mismatch repair deficient (dMMR) advanced or metastatic small bowel adenocarcinoma, non-small cell lung cancer, renal cell carcinoma, or small cell lung cancer and J9299 (Nivolumab) has not been billed for the same date of service by any provider.	Limit J9228 to 136 combined units per date of service by any provider and the diagnosis on the claim is malignant pleural mesothelioma, microsatellite instability-high (MSI-H) or mismatch repair deficient (dMMR) metastatic colorectal cancer, microsatellite instability-high (MSI-H) or mismatch repair deficient (dMMR) metastatic small bowel, or renal cell carcinoma.
	Deny J9228 when billed by any provider more than four visits every 26 weeks and the diagnosis on the claim is hepatocellular carcinoma, microsatellite instability-high (MSI-H) or mismatch repair deficient (dMMR) metastatic colorectal cancer, microsatellite instability-high (MSI-H) or mismatch repair deficient (dMMR) advanced or metastatic small bowel adrenocarcinoma, renal cell carcinoma, or uveal melanoma.	Limit J9228 to 408 combined units per date of service by any provider and the diagnosis on the claim is hepatocellular carcinoma, non-small cell lung cancer, small cell lung cancer, or uveal melanoma.
	Deny J9228 when billed by any provider more than seven visit per year and the diagnosis on the claim is melanoma.	
	Deny J9228 when billed and the patient is less than 12 years of age and the diagnosis on the claim is melanoma, microsatellite instability-high (MSI-H) or mismatch repair deficient (dMMR) metastatic colorectal cancer, or microsatellite instability-high (MSI-H) or mismatch repair deficient (dMMR) advanced or metastatic small bowel adenocarcinoma.	
	Deny J9228 when billed by any provider more than one visit every six weeks and the diagnosis on the claim is malignant pleural mesothelioma.	

Additional Drug Resources

Atezolizumab
https://www.accessdata.fda.gov/drugsatfda_docs/label/2019/761034s019lbl.pdf

Emicizumab-kxwh
https://www.accessdata.fda.gov/drugsatfda_docs/label/2018/761083s002s004lbl.pdf

Hydroxyprogesterone Caproate (Makena)
https://www.accessdata.fda.gov/drugsatfda_docs/label/2013/021945s005lbl.pdf

Ipilimumab
https://www.accessdata.fda.gov/drugsatfda_docs/label/2018/125377s094lbl.pdf