

Molina Healthcare of South Carolina

Important Information. Please Read.

December 2020

Medicaid and Marketplace: PLACE OF SERVICE CHANGE FOR PROVIDER ADMINISTERED DRUGS

As communicated previously on 8/1/2020 and 9/15/2020:

Effective **1/1/2021**, Molina will implement a **Site of Care** process that may result in a change in the place of service for certain medically necessary provider administered medications (HCPCS J Codes). These services **must** be rendered in the least restrictive setting such as home or independent infusion centers (place of service 11 or 12). The list below includes the medications and classes that will be impacted by this change.

Molina will identify providers that have active authorizations with approved dates of service after 1/1/2021. These providers will be contacted separately to be notified of their members who have been impacted by the Site of Care requirements. Providers are expected to transition these members to a less restrictive setting for medications administered on or after 1/1/2021. Molina will collaborate with these providers to offer available alternate places of service where members can receive these medications in settings that align with the Site of Care initiative.

Please note although some of the impacted J-codes do NOT require prior authorization, they will be subject to the Site of Care requirement. Providers are responsible for ensuring members receive these medications in the least restrictive setting regardless of the prior authorization requirement.

Effective 1/1/2021: Any claim billed for J-codes included in the Site of Care process that are administered on or after 1/1/2021 will be denied if not billed in the appropriate setting. Prior authorization requests for the impacted codes will be reviewed for medical necessity of the medication(s). Should these impacted codes be requested for administration in a more restrictive setting (e.g. hospital, outpatient hospital, emergency room), Molina will provide communication of the approval based on medical necessity of the medication and the provider will be directed to coordinate with the member to receive the medication in the least restrictive setting (such as their home or independent infusion center) prior to administration. These details will be provided individually on each respective provider communication.

Should you have any questions, please contact your Molina Provider Services representative directly or call Provider Services at (855) 237-6178 for further clarification.

Thank you,

Molina Healthcare

<i>Subcutaneous Immune Globulin</i>	J1559	Immune globulin (Hizentra)	<i>Multiple Sclerosis</i>	J2350	Ocrelizumab (Ocrevus)
	J1561	Immune globulin (Gamunex, Gamunex-C/Gammaked), nonlyophilized		J2323	Natalizumab (Tysabri)
	J1575	Immune globulin/hyaluronidase (Hyqvia)	<i>Enzyme Replacement Agents</i>	J1786	Imiglucerase (Cerezyme)
	J1555	Immune globulin (Cuvitru)		J3060	Taliglucerase alfa (Elelyso)
	J3490/3590	Immune globulin (Cutaquig)		J3385	Velaglucerase alfa (Vpriv)
<i>Intravenous Immune Globulin</i>	90283	Immune globulin (IVIG), for intravenous use	<i>Allergy/Immunology</i>	J1458	Laronidase (Aldurazyme)
	J1459	Immune globulin (Privigen), non-lyophilized		J1931	Galsulfase (Naglazyme)
	J1556	Immune globulin (Bivigam)		J2182	Mepolizumab (Nucala)
	J1557	Immune globulin, (Gammaplex), non-lyophilized		J0517	Benralizumab (Fasenra)
	J1561	Immune globulin, (Gamunex), non-lyophilized		J2357	Omalizumab (Xolair)
	J1566	Immune globulin, lyophilized (Carimune NF, Panglobulin NF and Gammagard S/D)	J2786	Reslizumab (Cinqair)	
	J1568	Immune globulin, (Octagam), non-lyophilized	<i>Irritable Bowel Disease</i>	J3380	Vedolizumab (Entyvio)
	J1569	Immune globulin, (Gammagard), non-lyophilized		C9026	Vedolizumab (Entyvio)
	J1572	Immune globulin, (Flebogamma/ Flebogamma DIF), non-lyophilized		J1745	Infliximab, excludes biosimilar, (Remicade)
	J1599	Immune globulin, non-lyophilized, not otherwise specified		Q5103	Infliximab-dyyb, biosimilar, (Inflectra)
<i>Intravenous Iron</i>	Q0138	Ferumoxytol (Feraheme)	<i>Psoriasis</i>	Q5104	Infliximab-abda, biosimilar, (Renflexis)
	Q0139	Ferumoxytol (Feraheme)		Q5109	Infliximab -qbtx, biosimilar, (Ixifi)
	J2916	Sodium ferric gluconate complex in sucrose (Ferrlecit)	<i>Rheumatoid Arthritis</i>	J3357	Ustekinumab, for subcutaneous injection (Stelara)
	J1750	Iron dextran (Infed)		J3358	Ustekinumab, for intravenous injection (Stelara)
	J1439	Ferric carboxymaltose (Injectafer)		J1602	Golimumab (Simponi Aria)
	J1756	Iron sucrose (Venofer)	<i>Sickle Cell Disease</i>	J0791	Crizanlizumab-tmca, 5 mg (Adakveo)
J1300	Eculizumab (Soliris)	C9053		Crizanlizumab-tmca, 1 mg (Adakveo)	
<i>Atypical Hemolytic Uremic Syndrome</i>	C9052	Ravulizumab-cwvz (Ultomiris)	<i>Systemic Lupus Erythmatosus</i>	J0490	Belimumab (Benlysta)