IHCP *banner page*

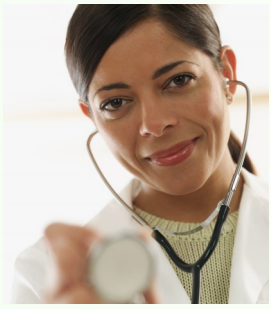
INDIANA HEALTH COVERAGE PROGRAMS BR202007 FEBRUARY 18, 2020

IHCP establishes PA criteria for Zolgensma

The Indiana Health Coverage Programs (IHCP) recently announced coverage of Zolgensma (onasemnogene abeparvovec-xioi), a U.S. Food and Drug Administration (FDA)-approved drug treatment for spinal muscular atrophy (SMA). Coverage applies to all IHCP programs, subject to limitations established for certain benefit plans, for claims with dates of service (DOS) on or after November 8, 2019. For information about pricing and billing, refer to the announcement in *IHCP Banner Page* BR201941.

Effective March 18, 2020, the IHCP will use the following prior authorization (PA) criteria to determine medical necessity for coverage of Zolgensma, which is a physician-administered drug (PAD). This change to PA will apply to claims with DOS on or after March 18, 2020.

The IHCP member must meet all of the following criteria:



- Have documentation of genetic testing confirming SMA resulting from bi-allelic mutations in the survival motor neuron 1 (SMN1) gene
  - Having no more than two copies of SMN2 or displaying clinical symptoms of SMA
- Have documentation demonstrating negative presence of anti-AAV9 antibodies
- Have a gestational age of at least 37 weeks
- Be less than 2 years of age
- Have been prescribed Zolgensma treatment by, or in consultation with, a pediatric neurologist or child neurologist
- Have had no previous Zolgensma treatment
- Have a life expectancy of at least 12 months following treatment
- Have no evidence of advanced SMA, for example one or more of the following:
  - Complete paralysis of limbs
  - Permanent ventilator dependence, defined as:
    - ◊ Requires invasive ventilation (tracheostomy with positive pressure)
    - ◊ Respiratory assistance (including noninvasive ventilator support) for at least 16 hours per day, for at least 14 days (excluding acute, reversible illness or perioperative ventilation)

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MORE IN THIS ISSUE

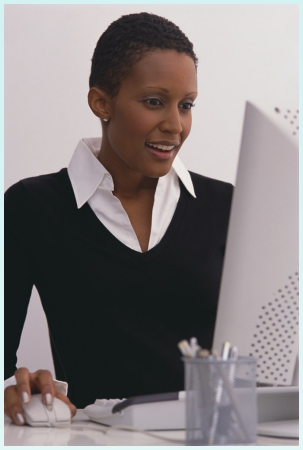
Providers should continue to email PA requests for Zolgensma, including related documents and relevant contact information, to FSSA.IHCPReimbursement@fssa.IN.gov. Until further notice, providers should submit claims for Zolgensma as described in *Banner Page* *BR201941*. Zolgensma has not yet been issued a drug-specific procedure code (at date of this publication).

Note: Zolgensma is carved out of managed care. Laboratory services and outpatient stays, for example, are not.

As with other PADs carved out of managed care, claims for ancillary services related to the administration of Zolgensma should be submitted to the member's health plan. Managed care entities (MCEs) establish and publish reimbursement, PA, and billing information within the managed care delivery system. Questions about managed care billing and PA for ancillary services should be directed to the MCE with which the member is enrolled.

Providers can find information about the administrative review and appeal procedures in the *Prior Authorization* provider reference module at in.gov/medicaid/providers, and direct members interested in appealing PA decisions to the *Member Appeals* page at in.gov.medicaid/members.

IHCP reminds providers of option to void and replace FFS claims



The results of the Payment Error Rate Measurement (PERM) fiscal year (FY) 2017 federal audit revealed a large number of errors based on providers not voiding or replacing fee-for-service (FFS) claims.

As part of the corrective action plan to avoid similar errors in future audits, the Office of Medicaid Policy and Planning (OMPP) is reminding providers about their option to void and replace paid claims they believe were reimbursed incorrectly.

Providers may file claim adjustments for claims previously reimbursed by the Indiana Health Coverage Programs (IHCP) as follows. A void is a full recoupment by the IHCP of the originally paid claim. A replacement is a claim reprocessed by the IHCP with the appropriate modification, such as the correct rate for a procedure code. It is important that providers adhere to all filing limit guidelines regarding replacements, as described in the *Claim Adjustments Voids and Replacements* provider reference module at in.gov/medicaid/providers.

Providers should be familiar with the three types of voids and replacements:

- Check related adjustments – The provider initiates an adjustment when obligated to return an excess payment to the IHCP. The provider must use the appropriate claim adjustment form, accessible from the *Forms* page at in.gov/medicaid/providers, and attach all supporting documents.
- Non-check related adjustments – The provider initiates an adjustment because the IHCP made an incorrect or partial payment (underpaid or overpaid) on a claim. There are three types of non-check-related adjustments: underpayment, overpayment, and full claim overpayment. For a full claim overpayment, the provider voids the claim and the IHCP sets up an accounts receivable to recoup the full amount.

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- Mass adjustments – The Indiana Family and Social Services Administration (FSSA), Myers and Stauffer, or DXC Technology, initiates the adjustment to change a large number of paid claims at one time. This may include adjustments for a retroactive rate for long-term care facilities or end-of-month adjustments for waiver liability. Mass adjustments can be either a positive adjustment (additional money paid to the provider), or a negative adjustment (provider owes money to the IHCP, which is recouped through accounts receivable).

Filing limits for provider-initiated adjustments:

- The replacement request must be received within 60 days of notification of the claim's disposition, which is found on the Remittance Advice (RA) statement.
- If the date of service (DOS) (or date of discharge) on a replacement claim is more than 180 days before the date of submission, the provider should submit the replacement claim by mail, rather than electronically, to avoid inadvertent recoupment of the entire claim paid amount.

All adjustments are identified on the RA or an 835 electronic transaction by region codes. The region codes vary according to the type of adjustment code. For more information about types of adjustment and region codes, see the *Claim Adjustments Voids and Replacements* module.

For an overview of PERM and reporting year (RY) 2021, view the webinar, *Payment Error Rate Measurement (PERM)*.

QUESTIONS?

If you have questions about this publication, please contact Customer Assistance at 1-800-457-4584.

IHCP LISTENS

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