Ascension Personalized Care

Clinician Newsletter, July 2024

This newsletter shares important updates, reminders, and resources related to the Ascension Personalized Care medical plan.

Important updates regarding PAs, eligibility and claims

Due to the restoration of many of our systems after the recent ransomware attack, Ascension will begin requiring prior authorizations starting **this Monday, July 1, 2024.** Providers can once again submit requests via the provider portal, fax, or email, as outlined below, in the third section.

If you have questions, please contact Ascension Care Management Insurance Holdings at 844-995-1145, Monday through Friday, 8:00 a.m. to 7:00 p.m. EST.

Eligibility verification:

- Please refer to the provider portal. The provider portal is updated with claims that have been received through our clearinghouse, SDS, or paper claims received in the mail.

Claim submission:

- For claim questions please refer to the provider portal. You may continue to submit claims electronically.

Ascension Personalized Care non-renewal notice in 2025

Ascension Personalized Care members were recently notified that APC will no longer be offering health insurance plans in Indiana, Kansas, Tennessee, and Texas effective January 1, 2025. **APC members will continue to have coverage through December 31, 2024.**

It is our priority to provide compassionate, personalized care and to deliver a positive experience to our members and doctors. We want to ensure all members are able to move to new plans with no interruption in coverage and care.

If you have questions or concerns and would like to contact Ascension Personalized Care directly, please call our Uniquely Ascension Service Center at 833-600-1311, Monday through Friday, 8:00 a.m. to 6:00 p.m. EST.

Medical specialty/medical benefit drug prior authorization process updates

effective September 1, 2024

Physician administered specialty medications, or infusion therapies are subject to PA approval. Prior authorization criteria for several drugs will be reviewed and approved by the July 2024 National Ascension TAG Committee. Beginning September 1, 2024, the medical benefit drugs (medical specialty drugs) listed below that require PA approval have an updated JCode:

HCPCS code	Brand name	Generic name	HCPCS Description	Clinical Category
J0589	DAXXIFY	Daxibotulinumtoxina-lanm	Injection, daxibotulinumtoxina-lanm, 1 unit	Neurotoxins
J3055	TALVEY	Talquetamab-tgvs	Injection, talquetamab-tgvs, 0.25 mg	Oncology
J1323	ELREXFIO	Elranatamab-bcmm	Injection, elranatamab-bcmm, 1 mg	Oncology
J0217	LAMZEDE	Velmanase alfa-tycv	Injection, velmanase alfa-tycv, 1 mg	Enzyme Replacement Therapy
J1304	QALSODY	Tofersen	Injection, tofersen, 1 mg	Amyotrophic Lateral Sclerosis (ALS)
J2508	ELFABRIO	Pegunigalsidase alfa-iwxj	Injection, pegunigalsidase alfa-iwxj, 1 mg	Enzyme Replacement Therapy (ERT)
J9334	VYVGART HYTRULO	Efgartigimod alfa, 2 mg and Hyaluronidase-qvfc	Injection, efgartigimod alfa, 2 mg and hyaluronidase-qvfc	Myasthenia Gravis
J0177	EYLEA HD	Aflibercept	Injection, aflibercept hd, 1 mg	Ophthalmic Disorders
J2782	IZERVAY	Avacincaptad Pegol	Injection, avacincaptad pegol, 0.1 mg	Ophthalmic Disorders
J1203	POMBILITI	Cipaglucosidase alfa-atga	Injection, cipaglucosidase alfa-atga, 5 mg	Enzyme Deficiency
J9248	HEPZATO	Melphalan	Injection, melphalan (hepzato), 1 mg	Oncology
J9272	JEMPERLI	Dostarlimab-gxly	Injection, dostarlimab-gxly, 10 mg	Oncology
J9333	RYSTIGGO	Rozanolixizumab-noli	Injection, rozanolixizumab-noli, 1 mg	Myasthenia Gravis
J2277	APHEXDA	Motixafortide	Injection, motixafortide, 0.25 mg	Multiple Myeloma
J9345	ZYNYZ	Retifanlimab-dlwr	Injection, retifanlimab-dlwr, 1 mg	Oncology
J9206	CAMPTOSAR	Irinotecan	Injection, irinotecan, 20 mg	Oncology
J9027	CLOLAR	Clofarabine	Injection, clofarabine, 1 mg	Oncology
J2783	ELITEK	Rasburicase	Injection, rasburicase, 0.5 mg	Chemo Protectant (TLS)
J0223	GIVLAARI	Givosiran	Injection, givosiran, 0.5 mg	Acute Hepatic Porphyria
J9198	INFUGEM	Gemcitabine hcl	Injection, gemcitabine hydrochloride, (infugem), 100 mg	Oncology
J9043	JEVTANA	Cabazitaxel	Injection, cabazitaxel, 1 mg	Oncology
J0224	OXLUMO	Lumasiran	Injection, lumasiran, 0.5 mg	Primary Hyperoxaluria
J9177	PADCEV	Enfortumab vedotin-ejfv	Injection, enfortumab vedotin-ejfv, 0.25 mg	Oncology
J9309	POLIVY	polatuzumab vedotin-piiq	Injection, polatuzumab vedotin-piiq, 1 mg	Oncology
J9357	VALSTAR	Valrubicin	Injection, valrubicin, intravesical, 200 mg	Oncology
J9025	VIDAZA	Azacitidine	Injection, azacitidine, 1 mg	Oncology
J9352	YONDELIS	Trabectedin	Injection, trabectedin, 0.1 mg	Oncology
J1931	ALDURAZYME	Laronidase	Injection, laronidase, 0.1 mg	Enzyme Deficiency
J0180	FABRAZYME	Agalsidase beta	Injection, agalsidase beta, 1 mg	Enzyme Deficiency
J2840	KANUMA	Sebelipase alfa	Injection, sebelipase alfa, 1 mg	Enzyme Deficiency
J3397	MEPSEVII	Vestronidase alfa-vjbk	Injection, vestronidase alfa-vjbk, 1 mg	Enzyme Deficiency
J2860	SYLVANT	Siltuximab	Injection, siltuximab, 10 mg	Oncology
J9262	SYNRIBO	Omacetaxine mepesuccinate	Injection, omacetaxine mepesuccinate, 0.01 mg	Oncology
J1322	VIMIZIM	Elosulfase alfa	Injection, elosulfase alfa, 1 mg	Enzyme Deficiency
J2781	SYFOVRE	pegcetacoplan (intravitreal)	Injection, pegcetacoplan, intravitreal, 1 mg	Ophthalmic Disorders

If you have questions, or to see a current list of all medical benefit drugs (medical specialty drugs) requiring PA approval, visit our website at ascensionpersonalizedcare.com/member-resources/understanding-benefits/pharmacy and navigate to the **"doctor administered specialty medications, medical drugs or infusions on your medical benefits"** section. The medical specialty formulary and PA list can be found here.

To submit a precertification notification or prior authorization request for a physician-administered product or infusion therapy (medical drug/medical specialty drug):

- Download the medical benefit drug precertification notification and PA form on our website or here
- Complete and sign the PA form
- Submit the completed and signed PA form via fax to **512-831-5499** or via the Interactive Provider Portal.
