

Issues for DCH Discussion

- CMO-Injectable drug list
- Infusions & Chemo population
- Family of codes-locked into parent code being on the claim
- Chemo code configuration-rev code getting denied
- IV infusion 260-769 code discuss
- Avastin-currently in UAT testing – scheduled for reprocessing after tested of all historical claims.
- Managed Care issues
- GBHC-
- J-codes on crossover claims
- Filing of secondary claims-modifiers
- NPI invalid of Provider Enrollment
- Void Adjust functionality of web-do not void entire claim adjust it; resubmit detail void lines
- Provider Enrollment/Provider Communications-GBHC on application; application sent over to DCH; change anything on file anything GBHC related has to go to DCH for review. Juanita Hines is the contact person
- Common Billing errors-updates policy related: rate decrease
- Review presentation from Medicaid Fair
- Review notices, manuals for information
- Use Web Portal instead of paper claims

Medicaid Indications for Avastin

INDICATIONS AND USAGE:

- Avastin is a vascular endothelial growth factor-specific angiogenesis inhibitor indicated for the treatment of:
 - **Metastatic colorectal cancer**, (153.0-153.9;154.0-154.9) with intravenous 5-fluorouracil–based chemotherapy for first- or second-line treatment.
 - **Non-squamous non-small cell lung cancer**, (162.0 - 162.9) with carboplatin and paclitaxel for first line treatment of unresectable, locally advanced, recurrent or metastatic disease.
 - **Metastatic breast cancer**, (162.0-162.9;174.0-174.9;175.0) with paclitaxel for treatment of patients who have not received chemotherapy for metastatic HER2-negative breast cancer.
- Effectiveness based on improvement in progression-free survival. No data available demonstrating improvement in disease-related symptoms or survival with Avastin.

Medicaid Indications for Avastin

- **Not indicated for** disease progression following anthracycline and taxane chemotherapy administered for metastatic disease.
- **Glioblastoma**, (191.0 – 191.9) as a single agent for patients with progressive disease following prior therapy. Effectiveness based on improvement in objective response rate. No data available demonstrating improvement in disease-related symptoms or survival with Avastin.
- **Metastatic renal cell carcinoma** (189.0-189.1) with interferon
- **Avastin for Intravitreal use in ophthalmic conditions**
- (115.92 – Histoplasmosis Unspecified; 362.02 – Proliferative Diabetic Retinopathy; 362.06 – Severe Nonproliferative Diabetic Retinopathy; 362.07 – Diabetic Macular Edema; 362.16 – Retinal Neovascularization NOS; 362.35 – Central Retinal Vein Occlusion; 362.36 – Venous Tributary (Branch) Occlusion of the Retina; 362.52 – Exudative Senile Macular Degeneration of Retina; 362.53 – Cystoid Macular Degeneration of Retina)