

Notification:	HUM 7784
<u>Category:</u>	HCPCS - Drugs & Biologicals
<u>Topic:</u>	Louisiana Medicaid: factor VIII (antihemophilic factor, recombinant)
	per IU, not otherwise specified – HCPCS code J7192
What is changing? /	For providers with a specialty other than home infusion therapy or
<b>Change Description:</b>	pharmacy, we limit reimbursement of charges for HCPCS code J7192
	to no more than 15,200 units per date of service for patients 6-11
	years old with a diagnosis of hereditary factor VIII deficiency.
Why is Humana making this change?	The above limitations are based on the FDA-approved package insert
/ Change Reason:	and prescribing information and the pharmaceutical
	compendia. Note: The limitations described above are based on
	maximum dosages established in international units. If any units are
	denied, the provider may dispute the decision through the
	appropriate process. The provider may submit information, including
	medical notes showing the patient's body weight, that substantiates
	the medical necessity of the additional units.
<u>Language:</u>	<u>English</u>
Impacted Products:	Medicaid- Louisiana