

Correction to a prior authorization update

BlueCross BlueShield of Western New York partners with Amerigroup companies to administer certain services to Medicaid Managed Care (MMC) and Child Health Plus (CHPlus) members. Please note, this notification is specific to the MMC and CHPlus programs only.

In a recent notification, we shared that effective May 1, 2021, the following codes would be included in our prior authorization review process. **Please be advised that these codes will not be included in our prior authorization process at this time.**

<i>Clinical Criteria</i>	<i>HCPCS or CPT® code(s)</i>	<i>Drug</i>
ING-CC-0182	<i>J1756</i>	<i>Venofer</i>
ING-CC-0182	<i>J2916</i>	<i>Ferrlecit</i>
ING-CC-0182	<i>J1750</i>	<i>Infed</i>
ING-CC-0182	<i>J1439</i>	<i>Injectafer</i>
ING-CC-0182	<i>Q0138</i>	<i>Feraheme</i>
ING-CC-0182	<i>J1437</i>	<i>Monoferic</i>

<https://providerpublic.mybcbswny.com>

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