



## Memo

**To:** Our Valued Providers

**From:** El Paso First Health Plans

**Date:** August 29, 2014

**Re:** Ado-trastuzumab emtansine (KADCYLA) Procedure Code J9354 Benefit Authorization Requirement for El Paso First Members

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Effective for dates of service on or after 07/01/2014, Ado-trastuzumab emtansine (KADCYLA), procedure code J9354 will be a benefit of Texas Medicaid. ***El Paso First will require prior authorization*** for this new benefit. Please submit supporting clinical documentation along with a completed "Outpatient/Scheduled Procedures" prior authorization form available on our website at <http://www.epfirst.com/ProvidersForms.html>.

### Claims Reprocessing

Pending the final results of the public rate hearing and approval of the reimbursement rate of \$29.79, claims submitted with procedure code J9354 for dates of service on or after July 1, 2014 may be reprocessed. Providers may receive additional payment.

For more information, please call El Paso First Provider Relations 1-915-532-3778 x 1507.

TMHP benefit Information posted on July 15, 2014 view link: [http://www.tmhp.com/Pages/Medicaid/Medicaid\\_news\\_archives.aspx](http://www.tmhp.com/Pages/Medicaid/Medicaid_news_archives.aspx)