17-P Progesterone Injection Reimbursement Program

Providers Can Earn $50 for Each Patient Treated

Effective January 10, 2011, Anthem will initiate a reimbursement program that will pay providers $50 for each appropriate, state-authorized course of treatment with the 17-P (17 alpha-hydroxy-progesterone caproate) injection for pregnant Anthem members enrolled in the Hoosier Healthwise program. The purpose of this important program: To improve the health of our babies by decreasing the number of women experiencing preterm birth, through proactive preventive measures.

Studies support the benefit of weekly 17-P injections in reducing the risk of recurrent spontaneous preterm birth. These intramuscular injections are administered weekly starting at 16 weeks and continuing until 36 weeks or delivery, whichever comes first. The use of 17-P in singleton pregnancies of women with a previous spontaneous preterm birth is supported by the American Congress of Obstetricians and Gynecologists1.

17-P Reimbursement Request Form

Please use the attached 17-P Reimbursement Request form to request the $50 reimbursement—fill it out completely to avoid delays. This form is available on Anthem’s State Sponsored Business website, in the Forms Library.

Important: The form serves only as a request for the additional $50 reimbursement for the use of 17-P. Prior to faxing the form, you must have already obtained patient-specific prior authorization for the medication itself through the existing state of Indiana process, per their requirement. Please provide the state’s approval number for the drug and the date you received state approval in the appropriate place on the form. For you to be eligible for the reimbursement, pregnant Anthem members enrolled in Hoosier Healthwise must be eligible for 17-P according to the state of Indiana’s established criteria.

Faxing the Form to Anthem

Please fax your completed Reimbursement Request form to 1-866-406-2803. If you have questions about the form or the process, call us at 1-866-408-7187.

Submitting a Claim for Reimbursement

Once you have faxed the Reimbursement Request form to us, submit a claim to Anthem’s State Sponsored Business for the $50 using the following code combination: diagnosis code V23.41 plus CPT code 96372 with modifier “TH.” This code combination must be billed for the first injection only, as the additional $50 reimbursement will be given only once per course of treatment. When billing this code combination at first injection, you will be reimbursed $50 in addition to the reimbursement for injection. To avoid having your claim delayed or denied, please use this exact code combination, including the diagnosis code, CPT code, and “TH” modifier. Subsequent injections should be billed according to usual state billing guidelines.

For More Information

If you need more information about the 17-P Reimbursement Program, call your local customer resource coordinator:


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17-P Reimbursement Request
(17 alpha-hydroxyprogesterone caproate)

Please fax your completed form to 1-866-406-2803. If you have questions, call 1-866-408-7187. This form serves only as a request for reimbursement. You need to continue obtaining your prior authorization for the medication through the existing state of Indiana process, per their requirement.

Provider Information

Provider Name (please print): ____________________________________________
Address: ___________________________________________________________
City: __________________________ State: ___________ ZIP Code: ___________
Phone: ______________________ Fax: __________________________
Specialty: ☐ Obstetrics ☐ Family Medicine ☐ MFM/Perinatology ☐ Other: ________________
Tax Identification Number (TIN): __________________________ National Provider Identifier (NPI) Number: ________________

Patient/Member Information

Patient/Member Name: ____________________________________________ Date of Birth: ________________
Medicaid ID Number: __________________________ Member Plan ID Number: __________________________
Phone Numbers (please list all options so that we may contact your patient, when it’s necessary for us to do so):
Home: __________________________ Work: __________________________
Cell: __________________________ Other: __________________________
Address: __________________________________________________________
City: __________________________ State: ___________ ZIP Code: ___________

Pregnancy Information and History

G ☐ T ☐ P ☐ A ☐ L ☐ Note: A = abortions both spontaneous and medically induced
Due Date (EDC): __________________________ Experiencing Preterm Labor: ☐ Yes ☐ No
☐ Singleton Pregnancy ☐ Multiple Pregnancy Gestational Age of First Injection: ________________
Planned Date(s) of Injection: ________________ Number of Injections Planned: ________________
Previous spontaneous singleton preterm birth between 20 – 36 6/7 weeks: ☐ Yes ☐ No
Other pertinent clinical information: ____________________________________________

17-P Criteria and Information

Anthem’s pregnant members enrolled in Hoosier Healthwise must be eligible for 17-P according to the state of Indiana’s established criteria. You must obtain authorization for the medication through the state of Indiana before requesting reimbursement authorization.

State’s Approval Number: __________________________ Date Provider Received Approval: ________________
Please sign below to confirm you have received the above state approval for the patient identified above to receive 17-P injection(s).
Authorized Representative’s Signature: ____________________________________________

Anthem Use Only

☐ Incentive Payment Approved  17-P Incentive Approval Number: __________________________
☐ Incentive Payment Denied  Reason for Denial: __________________________________________

This authorization is based on medical necessity only and will be contingent upon eligibility and benefits. This is not a guarantee of payment. Benefits may be subject to limitations and/or qualifications and will be determined when the claim is received for processing. Please call the number at the top of this form if this member has any additional medical or behavioral health needs.