

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS

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IHCP policy regarding Synagis® (palivizumab)

For dates of service on or after October 1, 2011, the Indiana Health Coverage Programs (IHCP) is adopting 2009 American Academy of Pediatrics (AAP) recommendations regarding the prophylactic respiratory syncytial virus (RSV) drug Synagis. At their August 2011 meetings, the State's Medicaid Drug Utilization Review (DUR) Board and the board's subcommittee, the Therapeutics Committee, approved adoption of the AAP's recommendations. A copy of AAP's publication *Modified Recommendations for Use of Palivizumab for Prevention of Respiratory Syncytial Virus Infections (publication 1694)*, and related information, can be accessed on the [AAP website](#) at aap.org.

Significant aspects of the revised policy follow:

- "Synagis season" is defined as November 1 through March 31. The season may be extended at the discretion of the Office of Medicaid Policy and Planning (OMPP), based on statewide virology data. Claims submitted without prior authorization (PA) for a date of service outside the defined season will be denied. PA may be requested for claims outside the season.
- In the past, Synagis could be billed as a pharmacy claim by a pharmacy provider or as a medical claim by a physician's office. For dates of service on or after October 1, 2011, **Synagis must be billed by a pharmacy provider**. All claims submitted on a medical claim form for dates of service on or after October 1, 2011, with Current Procedural Terminology (CPT®) code 90378 – *Respiratory syncytial virus, antibody, recombinant, for intramuscular use, 50 mg*,

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each will be denied. Medical offices may request Synagis from a specialty pharmacy vendor and have the product shipped to the office for administration. If providers require assistance locating a participating specialty pharmacy provider, they may contact the Affiliated Computer Services (ACS) Clinical Call Center at **1-866-879-0106**.

- PA will be required for all Synagis claims. PA requests will be accepted by fax only. All PA requests must be faxed to ACS at **1-866-780-2198**.
 - A copy of the PA request form for Synagis can be found on the [Forms page](#) of indianamedicaid.com.
- Pharmacy providers will bill Synagis as a fee-for-service (FFS) pharmacy benefit in the same manner as they bill all other drugs. Pharmacy providers should refer to [Chapter 9](#) (Pharmacy Services), *Section 4*, of the *IHCP Provider Manual* for billing information.
- Criteria for Synagis follows AAP recommendations:
 - A maximum of five doses per Synagis season may be approved for:
 - ◆ Preterm infants born before 32 weeks' gestation
 - ◆ Infants less than 24 months of age with chronic lung disease requiring medical therapy within six months of the start of RSV season
 - ◆ Infants less than 24 months of age and requiring medical therapy for congenital heart disease
 - ◆ Infants less than 24 months of age with neuromuscular disease or congenital abnormalities of the airways
 - A maximum of three doses per Synagis season may be approved for:
 - ◆ Preterm infants with a gestational age of 32 weeks to less than 35 weeks with at least one risk factor
 - ◆ Prophylaxis, but administered only until the infant reaches 90 days of age or a maximum of three doses (whichever occurs first)
- "Risk factors" follow:
 - Infant attends child care
 - Siblings living in the household are younger than 5 years of age
- Physicians may, when appropriate, bill for administration of Synagis using the most appropriate CPT administration code (96372, 96373, or 96374). However, providers should remember that the Medicaid-allowed reimbursement amount for an evaluation and management (E&M) code includes reimbursement for administration of injectables, so



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separate reimbursement for administration of Synagis is not available if the administration occurs the same day as an E&M-coded service. Please consult the *IHCP Provider Manual* for details about reimbursement for administration of injectables.

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