

Provider Bulletin

No. 10-38

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TO: Physicians, Hospitals, Pharmacies and Home Health Agencies and Private Duty Nurses participating in the Nebraska Medicaid Program

FROM: Vivianne M. Chaumont, Director 
Division of Medicaid & Long-Term Care

BY: Jeanne Garvin, M.D., Medicaid Medical Director

RE: **2010/2011 Medicaid RSV Infection Prophylaxis Update**

This bulletin will review current Nebraska Medicaid policy for the coverage of RSV infection prophylaxis for Medicaid eligible children. Medicaid reimbursement for RSV prophylactic medication may be available on a case by case basis through the prior authorization process. A suggested form is attached to this bulletin for your convenience if you wish to use it. ***For those children in Medicaid managed care plans, please contact the plans for the prior authorization.***

Coverage criteria, prior authorization and billing issues will be addressed in this bulletin. Therefore, it is very important that the *physicians, midlevel practitioners and nurses* who will be doing the prior authorizations as well as *billing and coding staff* who will be submitting claims, have access to this Provider Bulletin.

COVERAGE CRITERIA

NOTE: Age requirements listed below are based on the age of the child as of November 1, 2010.

Medicaid reimbursement for Synagis may be available for the following:

1. Infants or children at or under the age of 24 months at the start of the RSV season with chronic lung disease (CLD)* who have required medical therapy (i.e. supplemental oxygen, bronchodilator, diuretic or corticosteroid therapy) for their CLD within 6 months before the anticipated start of the RSV season (11/1/2010).

** CLD is defined as bronchopulmonary dysplasia (BPD) or chronic respiratory distress in a preterm infant who has had an oxygen requirement lasting more than 28 days and who exhibits parenchymal changes on x-ray necessitating medical therapy as outlined above.*

2. Infants or children who are 24 months of age or younger with hemodynamically significant cyanotic and acyanotic congenital heart disease who:
 - a. Are receiving medication to control congestive heart failure, or
 - b. Have moderate to severe pulmonary hypertension, or
 - c. Have cyanotic heart disease.
 - d. The following infants/children are *NOT* considered at increased risk from RSV and would not be approved for Medicaid coverage under this criteria alone:

- Those with hemodynamically insignificant heart disease (e.g. small ventricular septal defect, secundum atrial septal defect, pulmonic stenosis, uncomplicated aortic stenosis, mild coarctation of the aorta, patent ductus arteriosus).
 - Those with lesions adequately corrected by surgery unless they continue to require medication for congestive heart failure.
 - Those with mild cardiomyopathy who are not receiving medical therapy.
1. Infants born before 32 weeks gestation (31 weeks, 6 days or less) who do not meet the criteria in #1 or # 2 above, under the following conditions:
 - a. Infants born at 28 weeks gestation or earlier who are 12 months of age or less; or
 - b. Infants born at 29-32 weeks gestation (31 weeks, 6 days or less) who are 6 months of age or less.
 4. Infants born at 32 to less than 35 weeks gestation (i.e. between 32 weeks, 1 day and 34 weeks, 6 days) who are 3 months of age or less at the start of RSV season or born during RSV season (11/1/10-3/31/11) and have **one** of the following additional risk factors:
 - a. Infant attends child care center; or
 - b. Infant has a sibling younger than 5 years of age.

Infants meeting criteria in this category should receive prophylaxis only until they reach 3 months of age and should receive a maximum of three monthly doses.

5. Infants with cystic fibrosis < 24 months of age will be reviewed on a case by case basis. Positive results from the cystic fibrosis screening by itself will not qualify a child for Synagis. Submission of medical record documentation of any pulmonary problems and treatment plans will also be required for review.
6. Infants < 24 months of age with congenital abnormalities of the airway or neuromuscular diseases that compromise handling of respiratory secretions as well as immunocompromised infants with severe immunodeficiency will be considered on a case by case basis. Medical record documentation regarding these conditions will be required for review.
7. Synagis is not approved for the treatment of an established RSV infection and will not be covered by Medicaid for this purpose.

COVERAGE TIME FRAMES

There is always a low-level prevalence of RSV throughout the year with RSV outbreaks occurring during the winter months. For Medicaid reimbursement purposes, “RSV season” is considered to be November through March. Coverage of the prophylactic therapies may begin on or after November 1. Coverage for the RSV season will end March 31st.

The recommendation for coverage of Synagis limits the number of injections a child receives to 5 or less, depending on gestational age and chronological age.

MEDICAID HOME HEALTH /PRIVATE DUTY NURSE ISSUES

If it is felt medically necessary that a child receive RSV prophylactic therapy in the home, an authorization for home health services must be obtained in addition to the RSV therapy authorization. Physicians requesting home health services will do their usual home health agency referral. For non-managed care clients, the Home health agencies and private duty RN or LPN providers are to send the authorization request for approval of the in home service to QUALIS Health via iEXCHANGE. The authorization request must include documentation to support both the need for the RSV therapy and medical documentation that supports in home RSV prophylactic therapy. If the Home Health Agency or private duty RN or LPN have questions on this process, they may contact Cindy Treffer, RN, QUALIS Health, ProgramManager at 877-560-2618.

Children receiving home health services will need to meet the home health criteria. Documentation must show why the child is homebound and why it is medically necessary for the RSV prophylactic therapy to be given in the home. If the child is able to go to the office or clinic for other visits or immunizations, home health will not be authorized for the administration of the RSV prophylactic therapy. If the child is already receiving Home Health services, no additional visit will be authorized if the medication can be administered during a regular visit.

Home health services will be covered only if provided through home health agencies or private duty nursing. Home infusion pharmacy providers are not recognized as a Medicaid provider for this service.

Providing home health services without an authorization not only jeopardizes reimbursement to the home health agency but also jeopardizes reimbursement for the pharmacy that supplies the drug.

MEDICAID PRIOR AUTHORIZATION FOR RSV PROPHYLAXIS

The Department requires that approval be granted prior to payment for RSV prophylactic therapy given in other than the inpatient hospital setting.

1. Medicaid Managed Care – for children enrolled in Medicaid Managed Care, contact the Managed Care Plan for authorization and billing information.
2. Medicaid Fee for Service – for children not in Medicaid Managed Care, the *physician or midlevel practitioner prescribing this drug* shall request prior authorization by sending a written request or a copy of the attached form to:

Program Specialist – Physician Services

P.O. Box 95026

Lincoln, NE 68509-5026

OR

Fax to: (402) 471-9092

The prior authorization request **must**:

1. Clearly identify the patient. This identification shall include:
 - a. Infant/child's name
 - b. Infant/child's Medicaid ID number
 - c. Infant/child's date of birth and gestational age

Requests not including the above four pieces of identification will be returned for completion.

2. Indicate how the child meets Medicaid coverage criteria.
 - A. The attached form may be used for Medicaid prior authorization; or
 - B. Include a brief narrative explaining how the child meets the Medicaid coverage criteria.
3. Be signed by the physician or mid-level practitioner prescribing the therapy.
 - ◆ *Form letters provided by drug manufacturers, RSV risk assessment sheets or Synagis order forms will not be accepted methods of requesting prior authorization. The Department also will not be able to accept prior authorization requests from third party entities that provide prior authorization services.*
 - ◆ Faxes must include your office cover sheet. Due to the volume of faxes received by the Department, a single page fax without a cover sheet can easily be included with other faxed materials and misdirected.

Every effort will be made to give you a prompt response. You can help by ensuring that all required information is included and legible.

You can expect a response within 7 working days of receipt of your request(s) received after October 1, 2010. The response will either: 1) approve, 2) deny, or 3) request more information for review. The response will be faxed to you unless we have no fax number for you. If you are from a large facility/clinic, it is helpful to include a contact person's name to whose attention we can direct mail or a fax.

MEDICAID SYNAGIS BILLING INSTRUCTIONS

1. Physician Offices

1. Use CPT code **90378** for the drug.
 - a) For “units of service” indicate the milligrams (mg) given or given + wasted in Field 24G. (e.g. If child A receives 75 milligrams of a 100 milligram vial and you are able to use the remaining 25 milligrams for child B, the **# of units** on child A’s claim should be 75 mg. However, if child A receives 75 milligrams of a 100 milligram vial and you are unable to share the remaining 25 milligrams, the # of units on child A’s claim should be 100 mg.). The # of units should be the total. You do not need to separate out the # used and # wasted.
 - b) **Include the drug’s NDC.** Please see Provider Bulletin 08-03 or the claim form completion instructions (471-000-62) if you have questions regarding submission of NDC’s.
2. **Attach your purchase invoice to the first claim(s). Your invoice price will be entered into a provider specific rate screen that will serve as the basis of your reimbursement from then on. You will not need to send any more invoices unless you have a purchase price change.**
3. Use the appropriate CPT code for an IM administration of a medication.
4. Use the appropriate level of E&M code for the office visit.
 - a) If the child comes in just to receive the injection from the nurse, it is appropriate to bill the lowest level E&M visit (99211) in addition to the drug and the administration code.
 - b) It is not appropriate to bill an additional 99211 when the child was seen for a well child check or problem visit and also received the Synagis injection.
4. Forward your ***first*** claim(s) with the attached invoice to:

Program Specialist – Physician Services
Nebraska Medicaid
P.O. Box 95026
Lincoln, NE 68509

Please mark the envelope “PERSONAL AND CONFIDENTIAL”.

After the Department has received and recorded your invoice, future claims may be submitted directly to the Claims Payment area in your usual claim submittal manner (electronic or paper). Be sure to submit a new invoice if you have a price change.

Please follow these instructions carefully. Failure to follow these instructions will result in unnecessary delay of payment.

2. Hospitals

A. Inpatient services: Summary billing is sufficient for medication. The medication is included in the DRG or per diem reimbursement.

B. Outpatient services:

1) For Synagis

- a) Use Revenue code 636 with CPT code **90378** for the drug. **Include the NDC** for the drug administered. See Provider Bulletin 08-16 if you have questions about submitting the NDC.
- b) Use Revenue code 761 with CPT code 99211 for a treatment room.
- c) **Indicate the number of milligrams used or used and wasted (just indicate the total number of milligrams, it does not need to be broken down to 'used' and 'wasted' milligrams) in the comments/narrative section of your claim submittal.**
- d) Do **not** use Revenue code 510 for the facility charges.

Failure to include the required information will result in denial/delay of payment.

3. Home Health/Private Duty Nurses

A. Home Health agencies bill for the skilled nursing visits and any applicable supplies.

B. Private Duty Nurses bill for their visits in the usual manner for the type of service provided.

C. The pharmacy will bill for the medication.

4. Pharmacies

A. RSV prophylactic therapies will only be covered through the pharmacy program when:

- 1) There is both a medication and home health/private duty nurse authorization in place; or
- 2) The child is a resident of a long-term care facility and the drug has been prior authorized; or
- 3) A private insurance company is paying a portion of the charge and the primary payor requires that the medication be provided as a pharmacy service as a condition of their coverage. RSV therapy will only be covered as a Medicaid pharmacy service if the primary payor is paying a portion of the claim.

B. When Medicaid is the primary payor:

1) File to Magellan Medicaid Administration as usual using the appropriate NDC. You will receive a denial message that the drug is not covered. You must call the Department at 1-877-255-3092 Option 3 to obtain an over ride for payment (if all the conditions in A1 or A2 above are met).

C. When Medicaid is the secondary payor:

- 1) File to the primary insurance first.
- 2) File to Medicaid (Magellan Medicaid Administration) for the client's copay or coinsurance using the appropriate NDC and other coverage code. You will receive a message that the drug is not covered. You must call the Department at 1-877-255-3092, Option 3 to obtain an over ride for payment (if condition A3 is met).

MEDICAID TIMELY REIMBURSEMENT

Because of the cost of RSV prophylactic medications, there is concern regarding the time it takes to receive Medicaid reimbursement. Medicaid makes every effort to reimburse claims in a timely manner. The provider can help speed the reimbursement process by making sure they have provided all the information requested under “Billing Instructions”.

Some of the most common problems encountered in the past include:

- A) No prior authorization is in place.
- B) The recipient was not properly identified. Remember each recipient has his or her own Medicaid ID number. Claims for twins, triplets, etc cannot all be billed under the same Medicaid ID#, one claim will pay and the rest will be deleted as duplicates
- C) The amount of medication given/used was not indicated. Remember – the number of milligrams used or used + wasted must be indicated as the units of service. This number should be indicated as a **total**, it is not necessary to break out and list ‘amount used’ and ‘amount wasted’.
- D) A copy of the invoice has not been received. Submit an invoice with your **first** claim for Synagis. No further invoice needs to be submitted until/unless you have a change in the purchase price.
- E) The primary insurance was not billed first (or no EOB from the primary insurance was submitted).
- F) The recipient had an authorization from the Department but now is in Managed Care. When a client becomes enrolled in Managed Care, the Plan is responsible for the prior authorization and reimbursement. Since Medicaid enrollment can change on a monthly basis, it is essential that eligibility is checked each month and necessary changes in prior authorization are made. The same is true if the recipient goes from a Managed Care plan to Medicaid fee-for-service.

Information regarding the status of the prior authorization request (approved, denied or unable to make a determination based on information provided) is entered into the Department’s computer system. All claims will be verified against this information so it is not necessary to attach a copy of your letter from the Department to claims.

If you have any questions or concerns about this information, please call:

Physician Services – Margaret Brockman, R.N. (402) 471-9368

Hospital Services – Margaret Booth, R.N. (402) 471-9380

Home Health Services – Gaylene Jeffreis (402) 471-9415

Pharmacy Services – Barbara Mart, RP (402) 471-9301

20010/2011 NEBRASKA MEDICAID RSV PROPHYLAXIS PRIOR AUTHORIZATION

Patient Name _____ Medicaid ID _____

Patient date of birth _____ Gestational age _____

Physician (print) _____

Select **ONE** of the following criteria that the patient currently meets to be considered for authorization of RSV prophylaxis:

1. **CLD** (bronchopulmonary dysplasia (BPD) or chronic respiratory distress in a preterm infant who has had an oxygen requirement lasting more than 28 days and who exhibits parenchymal changes on x-ray necessitating medical therapy such as oxygen, bronchodilator, diuretic or corticosteroid therapy) **AND** < 2 years of age at the start of RSV season **AND** requires or has required medical treatment of their CLD within 6 months of the onset of RSV season. (**Attach current supporting documentation from patient's medical record to this form when submitting**)

2. Infant \leq 24 months of age at the start of RSV season with hemodynamically significant cyanotic or acyanotic congenital heart disease. *Circle* the one that applies:
 - a. Receives medication for congestive heart failure.
 - b. Has moderate to severe pulmonary hypertension.
 - c. Has cyanotic heart disease. Diagnosis _____(**Attach supporting documentation from patient's medical records to this form when submitting**)

- 3a. Born at 28 weeks gestation or earlier **AND** is < 12 months of age at the start of RSV season.
- 3b. Born at 29 – 31 weeks gestation **AND** is < 6 months of age at the start of RSV season.
4. Born at 32 – 35 weeks (32 weeks 0 days – 34 weeks, 6 days) gestation **AND** is < 3 months of age at the start of RSV season **AND** has at least one additional risk factors (circle **all** that apply):
 - a. Sibling or other household member younger than five (5)
 - b. Child attends daycare

5. Cystic fibrosis, < 24 months of age, with pulmonary complications. (**Attach supporting medical record documentation**)

6. Infant/child < 24 months of age, with:
 - a. Congenital abnormality or neuromuscular disease compromising handling respiratory secretions; OR
 - b. Immunocompromised with severe immunodeficiency (**Attach supporting medical record documentation for a and b**)

Physician Signature _____ Date _____

Physician Address: _____

FAX Number: _____ Phone Number: _____

Submit this form to **Nebraska Medicaid Physicians Program Specialist** by:
FAX with your *office coversheet* at (402) 471-9092; or
MAIL at P.O. Box 95026, Lincoln, NE 68509

(DO NOT WRITE BELOW THIS LINE – FOR MEDICAID DEPARTMENT RESPONSE ONLY)

APPROVED for RSV prophylaxis for the 20010/2011 RSV season. Number of approved doses: _____

DENIED for RSV prophylaxis for the following reason(s) _____

Unable to determine based on available information. Please forward the following information: _____

Medicaid Staff _____ Date: _____