

PROVIDER BULLETIN

No. 13-24

March 19, 2013

TO: All Medicaid Providers

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

BY: Nola Pollmann, Program Specialist, RN
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Division of Medicaid & Long-Term Care

RE: Coverage of Makena

PLEASE SHARE WITH ALL CLINICAL AND CLERICAL STAFF

The brand name Makena will be covered by Nebraska Medicaid as a physician administered injectable medication beginning with date of service April 1, 2013.

The brand name Makena requires a prior authorization and the following criteria for coverage:

1. There are medical contraindications to the client receiving the compounded version instead of Makena; or the compounded version is not readily available/accessible.
2. The pregnancy must be a singleton pregnancy.
3. The client must have had a previous pre-term delivery (i.e., a spontaneous birth before 36 weeks gestation, history of preterm rupture of membranes or incompetent cervix).
4. No more than 20 doses (16 weeks gestation to 36 weeks gestation) will be authorized.

The compounded form has been covered since July 1, 2011. (See Provider Bulletin 11-33.)

Directions for obtaining a prior authorization and the reimbursement rates may be found with the injectable medication fee schedule at http://dhhs.ne.gov/medicaid/Pages/med_practitioner_fee_schedule.aspx.

Please use the following codes for dates of service April 1, 2013, and after for claims submissions:

J1725 TH – compounded form of 17 alpha-hydroxyprogesterone caproate
J1725 – Makena

If you have questions regarding the information in this bulletin, please contact Nola Pollmann at nola.pollmann@nebraska.gov or 402-471-9342.