

# PROVIDER BULLETIN

No. 14-39

DATE: October 30, 2014

TO: All Nebraska Medicaid Providers

FROM: Courtney Miller, Deputy Director *cm*  
Division of Medicaid & Long-Term Care

BY: Leah Spencer, Program Specialist RN  
Division of Medicaid & Long-Term Care

RE: Medicaid Respiratory Syncytial Virus (RSV) Infection Prophylaxis Update

**Please share this information with all Administrative, Clinical, Coding and Billing staff.**

Nebraska Medicaid follows the American Academy of Pediatrics (AAP) guidelines for prophylaxis against RSV. Updated guidelines for 2014/15 are available online at <http://pediatrics.aappublications.org/content/134/2/415.full>.

For Medicaid fee-for-service reimbursement purposes, the RSV season is considered to be November 1<sup>st</sup> through April 30<sup>th</sup> for prophylactic therapies. The Department requires approval prior to the administration of the RSV prophylactic therapy except when given during an inpatient hospital confinement. The authorization form is located on the Nebraska Medicaid Program Provider Information page at: <http://dhhs.ne.gov/medicaid/Pages/Practitioner-Injectable-Medication-Prior-Authorization-Forms.aspx>. Nebraska Medicaid's coverage of Synagis® is limited to five or fewer injections, depending on a child's gestational and chronological age, and other factors.

## COVERAGE CRITERIA

*Note: Age requirements listed below are based on the age of the child as of November 1, 2014.*

1. Gestational Age < 29 weeks and 0 days gestation and is younger than 12 months at the start of the RSV season.
2. Gestational Age < 32 weeks and 0 days gestation and is ≤ 12 months of age at the start of the RSV season with Chronic Lung Disease (CLD) and a requirement for >21% oxygen for at least the first 28 days after birth OR child in second year of life who satisfies the

definition of CLD below AND continues to require medical support (chronic corticosteroid or diuretic therapy, or supplemental oxygen) during the 6 month period before the second RSV season.

3.  $\leq$  12 months of age with hemodynamically congenital heart disease (CHD) (acyanotic heart disease requiring medication and will require cardiac surgical procedures OR with moderate to severe pulmonary hypertension).
4.  $<$  24 months of age who has undergone cardiac transplantation during the RSV season.
5.  $\leq$  12 months of age with pulmonary abnormality or neuromuscular disease that impairs the ability to clear secretions from the upper airways.
6.  $\leq$  24 months of age who is profoundly immunocompromised during the RSV season.

\*CLD is defined as bronchopulmonary dysplasia (BPD) or chronic respiratory distress in a preterm infant who has had a  $>21\%$  oxygen requirement lasting more than 28 days and who exhibits parenchymal changes on x-ray necessitating medical therapy as outlined above.

Dosing recommendations per the AAP are 15 mg/kg. This drug is available in 50 mg and 100 mg vials, and prudent dosing is necessary to reduce waste. The following chart should be adhered to and allows for a 10% difference in the allowable dose from the calculated dose.

<b>Weight</b>	<b>Calculated dose (max wt) 15 mg/kg</b>	<b>Allowable dose</b>	<b>Dispense</b>
0 to 3.6 kg	54 mg	50 mg	One 50 mg vial
3.7 to 7.3 kg	110 mg	100 mg	One 100 mg vial
7.4 to 11.1 kg	166.5 mg	150 mg	One 100 mg & one 50 mg vial
11.2 to 14.6 kg	220 mg	200 mg	Two 100 mg vials
14.7 to 18.1 kg	271.5 mg	250 mg	Two 100 mg & one 50 mg vial

For billing physician and outpatient services, use CPT 90378, Respiratory syncytial virus, 50 mg, per CPT unit. This is a change from billing units based on 1mg as in previous years. NDCs are required for the drug administered. Outpatient services use Revenue coded 636 for the drug. Pursuant to Nebraska Administrative Code (NAC) Title 471; Chapter 10-004.08, Nebraska Medicaid does not recognize facility/hospital based non-emergency physician clinics for billing, reimbursement or cost reporting purposes except for itinerant physicians as defined in 471 NAC 18-004.41/10-005.21.

If you have questions about this information, please send email correspondence to [DHHS.MLTCPhysicalHealth@nebraska.gov](mailto:DHHS.MLTCPhysicalHealth@nebraska.gov).