

# PROVIDER BULLETIN

**No. 16-24**

(Supersedes 15-46)

Date: October 5, 2016

TO: All Medicaid Providers

FROM: Calder Lynch, Director  
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.**

This provider bulletin replaces previous provider bulletins regarding respiratory syncytial virus prophylaxis, Synagis®. Nebraska Medicaid follows the American Academy of Pediatrics (AAP) guidelines for prophylaxis against RSV. Updated guidelines for are available online at <http://pediatrics.aappublications.org/content/134/2/415.full>.

For Medicaid fee-for-service reimbursement purposes, the Department requires approval prior to the administration of the RSV prophylactic therapy, Synagis®, 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 (5) or fewer injections each RSV season, depending on a child's gestational and chronological age, and other factors. Administration of more than five (5) monthly doses is not recommended within the continental United States. When children who require five (5) doses receive the initial prophylaxis dose in December, the fifth and final dose should be administered in April.

## COVERAGE CRITERIA

Synagis® coverage is restricted to the populations described below. Age requirements are based on the age of the child as of November 1st of each RSV season.

1. Gestational Age less than 29 weeks and 0 days gestation and younger than 12 months at

the start of the RSV season.

2. Gestational Age less than 32 weeks and 0 days gestation and less than or equal to 12 months of age at the start of the RSV season with Chronic Lung Disease (CLD)\* and a requirement for greater than 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. Younger than or equal to 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. Younger than 24 months of age who has undergone cardiac transplantation during the RSV season.
5. Younger than or equal to 12 months of age with pulmonary abnormality or neuromuscular disease that impairs the ability to clear secretions from the upper airways.
6. Younger than or equal to 24 months of age who is profoundly immunocompromised during the RSV season.

\*Chronic lung disease is defined as bronchopulmonary dysplasia (BPD) or chronic respiratory distress in a preterm infant who has had a greater than 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 (maximum weight 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, NDCs are required for the drug administered. Outpatient services use Revenue code 636 for the drug. Facility/hospital based non-emergency physician clinics may only bill for services by itinerant physicians as defined in 471 NAC 18-004.41/10-005.21 (see 471 NAC 10-004.08). This includes claims for vaccinations.

If you have questions regarding this bulletin, you may call Leah Spencer at 402-471-9227, or via email at: [DHHS.MLTCPhysicalHealth@nebraska.gov](mailto:DHHS.MLTCPhysicalHealth@nebraska.gov).