

PROVIDER BULLETIN

No. 10-60

December 15, 2010

TO: Mental Health Substance Abuse Medicaid Providers
Physical Health Medicaid Providers

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

BY: Bonnie Brown, R.N., Nurse Consultant, MHSA Program
Louise Tollefson, R.N., Program Specialist, Physical Health Services

RE: A. Coverage of Zyprexa Relprevv
B. Revised Risperdal Consta Authorization Requirements
C. End Prior Authorization of Certain Psychiatric Injectable Medications

Please share this information with administrative, clinical, and billing staff

A. Effective with date of service (DOS) January 1, 2011, Zyprexa Relprevv will be covered for clients age 18 or over with an ICD-9-CM primary diagnosis of 295.0X through 295.9X. Providers will bill procedure code J3490 (Unclassified Drugs) until CMS assigns a specific procedure code.

B. Also effective with DOS January 1, 2011, Risperdal Consta injections (J2794) must be prior authorized for Fee-for-Service clients, in addition to the currently prior authorized Managed Care (Magellan) clients.

C. Lastly, effective with DOS 01/01/2011, the following injectable medications will no longer require prior authorization for either the medication or the injection fee: J0400/Abilify, J1630/Haldol 5 mg, J1631/Haldol Dec, J2680/Prolixin Dec, S0166/Zyprexa 2.5mg (daily dose) and the 96372/injection fee only if it is on the same claim with the same DOS as the injectable medication. Any Office Visit/Medication Check procedure code/s would still require prior authorization for MC clients (but not for FFS clients).

Please note: Zyprexa Relprevv, Risperdal Consta, Invega Sustenna and Vivitrol must now all be prior authorized through Magellan for both Fee-for-Service and Managed Care (Magellan) clients. The one exception is the dual-eligible Medicare/Medicaid client who does not require prior authorization from Magellan because Medicare is their primary insurance.

Physical Health physicians, clinics or outpatient hospital settings that provide these services for clients must enroll with Medicaid as a Psychiatric Provider to be reimbursed for the injections.

Physical Health providers must also obtain a “Single Case Agreement” from Magellan so that prior authorizations can be entered for claims reimbursement.

Reimbursement will be based on the provider’s cost (471 NAC 18-004.28) as documented on an invoice. The invoice must include: provider’s name, provider’s psychiatric Medicaid provider number and the number of units. Fax the invoice to Bonnie Brown at (402) 471-9092 for the invoice cost to be loaded. Once the first invoice cost is loaded, new invoices are only required when the provider’s cost either decreases or increases.

Claim forms must include the Magellan prior authorization number, appropriate HCPCS procedure code, number of units per HCPCS description, correct National/Drug Code (NDC), NDC ‘unit of measure” and number of NDC units. The CPT code for the administration (96372) must be submitted on the same claim.

NDC numbers: Please see Provider Bulletin No. 10-59, dated November 17, 2010 on the Medicaid website if you have questions regarding the NDC Requirements.

Contacts:

Magellan for prior authorizations at 1-800-424-0333

Magellan for general prior authorization questions: Carl Chrisman at (402) 437-4218 or CJChrisman@magellanhealth.com

Magellan for “Single Case Agreements”: Teresa Danforth at 1-800-424-0333 or TJDanforth@magellanhealth.com

Medicaid for billing questions: Bonnie Brown at (402) 471-1611 or bonnie.brown@nebraska.gov

Medicaid for Provider Enrollment: Vernalisa Fowler at (402) 471-9334 or www.hhss.ne.gov/med/mhsaenrollment.htm

