



State of Louisiana
Department of Health and Hospitals
Bureau of Health Services Financing

October 6, 2011

Re: Criteria for Reimbursement of Palivizumab (Synagis®) for the 2011-2012 RSV Season

Dear Prescribing Practitioner:

The Louisiana Medicaid Pharmacy Benefits Management (LMPBM) Program has made available the criteria for reimbursement of palivizumab for the 2011-2012 RSV Season. For the upcoming RSV Season, the LMPBM Program will continue criteria previously established for reimbursement of palivizumab.

The LMPBM Program will continue to review pharmacy claims for adherence to program policy. Medicaid may request prescribing practitioners' records for patients receiving palivizumab and/or prescription copies for palivizumab to assure compliance with the LMPBM Program policy.

If you have any concerns or comments regarding this correspondence, you may contact Melwyn B. Wendt, PharmD, at 225-342-9768 or send a fax to 225-342-1980. Your continued cooperation and support of the LMPBM Program are greatly appreciated.

Sincerely,

A handwritten signature in black ink, appearing to read "M.J. Terrebonne P.D.", written over a horizontal line.

M.J. Terrebonne, PD
Medicaid Pharmacy Director

MJT/mbw

Enclosure

Palivizumab (Synagis®) Reimbursement Criteria for the 2011-2012 RSV Season*

Palivizumab is indicated for the prevention of serious lower respiratory tract infection caused by respiratory syncytial virus (RSV) in selected infants and young children. The LMPBM Program will continue to follow criteria previously established for reimbursement of palivizumab. Pharmacy claims for palivizumab will be reimbursed by Louisiana Medicaid when prescriptions meet all of the following five (5) criteria:

RSV Season

Palivizumab claims will be reimbursed in accordance with an RSV Season of November 1, 2011 through March 31, 2012. Palivizumab claims with dates of service outside of the RSV Season will deny. However, with the required prescribing practitioner justification and documentation, the claims may be overridden electronically.*

Based upon the diagnosis code submitted, a maximum of five (5) doses of palivizumab will be reimbursed each RSV Season. If a diagnosis code of 765.27 (33-34 completed weeks of gestation) is submitted, then a maximum of three (3) doses will be reimbursed each RSV Season.

Age Restriction

Palivizumab claims will be reimbursed for recipients who are twenty-four (24) months of age and younger as of November 1, 2011.

Early Refill

Palivizumab claims will process for payment every twenty-eight (28) days.

ICD-9-CM Diagnosis Code Requirement

An ICD-9-CM diagnosis code to justify the reason for palivizumab use must be documented on all palivizumab prescriptions. Two lists containing ICD-9-CM diagnosis codes which are in accordance with the reimbursement criteria are provided:

- List 1 – Diagnoses Which Justify Palivizumab Use
- List 2 – Diagnoses Which May Justify Palivizumab Use Depending on Recipient-Specific Factors

*For detailed policy which includes override procedures, please refer to the Reimbursement Criteria for Synagis® located at www.lamedicaid.com, following the link for Pharmacy & Prescribing Providers.

ICD-9-CM Diagnosis Codes in Accordance with Reimbursement Criteria

List 1: Diagnoses Which Justify Palivizumab Use

<u>ICD-9-CM Diagnosis Code</u>	<u>Description</u>
415.0	Acute cor pulmonale
416.0	Primary pulmonary hypertension
416.8	Pulmonary hypertension, secondary
745.0	Truncus arteriosus
745.10-745.11	Transposition of the great vessels
745.19	Other transposition of the great vessels
745.2	Tetralogy of Fallot
746.1	Tricuspid atresia and stenosis, congenital
746.2	Ebstein's anomaly
747.41	Total anomalous pulmonary venous return
747.83	Persistent pulmonary hypertension, primary pulmonary hypertension of the newborn (Persistent fetal circulation)
765.21	Less than 24 completed weeks of gestation
765.22	24 completed weeks of gestation
765.23	25-26 completed weeks of gestation
765.24	27-28 completed weeks of gestation
765.25	29-30 completed weeks of gestation
765.26	31-32 completed weeks of gestation
765.27	33-34 completed weeks of gestation
770.7	Chronic respiratory disease arising in perinatal period (CLD/BPD/interstitial pulmonary fibrosis of infancy/Wilson-Mikity Syndrome)

List 2: Diagnoses Which May Justify Palivizumab Use Depending on Recipient-Specific Factors

ICD-9-CM Diagnosis Code	Description
042	Human immunodeficiency virus (HIV) disease
045.00-045.13	Infantile paralysis
277.00-277.09	Cystic fibrosis
279.00-279.90	Disorders involving the immune system
335.0	Werdnig-Hoffman disease
335.10-335.11	Spinal muscular atrophy
335.20-335.24	Motor neuron disease
343.0-343.9	Infantile cerebral palsy
358.0-358.9	Myoneural disorders
359.0-359.9	Muscular dystrophies and other myopathies
396.0-396.9	Diseases of mitral and aortic valves
424.1	Aortic stenosis
425.00-425.90	Cardiomyopathy
428.0-428.9	Heart failure
519.1	Other diseases of the trachea and bronchus, not elsewhere classified (Must specify tracheomalacia or tracheal stenosis.)
745.4	Ventricular septal defect
745.5	Atrial septal defect
745.60-745.69	Atrioventricular canal (endocardial cushion defect)
746.7	Hypoplastic left heart
746.89	Hypoplastic right heart
748.3	Other anomalies of the larynx, trachea and bronchus (Must specify congenital tracheal stenosis, atresia of trachea, absence or agenesis of bronchus, trachea.)
748.4	Congenital cystic lung
748.5	Agenesis, hypoplasia, and dysplasia of the lung
748.61	Congenital bronchiectasis
750.15	Macroglossia
750.9	Uvula anomaly
759.89	Congenital malformation syndromes affecting multiple systems, not elsewhere classified (Beckwith Wiedmann Syndrome)

Palivizumab Use Outside the Reimbursement Criteria

- Palivizumab use that does not meet all reimbursement criteria requires a **handwritten hardcopy prescription with (1) a justification for use outside the criteria and (2) an ICD-9-CM diagnosis code handwritten by the prescribing practitioner.** The justification provided should also be documented in the recipient's medical record. The handwritten prescription, justification, and ICD-9-CM diagnosis code are necessary for the pharmacy to override the claim denial.
- This prescription may be faxed to the pharmacy and must be retained by the pharmacy for audit review.