



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

October 8, 2013

Dear Medicaid Provider:

Re: Criteria for Reimbursement of Palivizumab (Synagis®) for the 2013 – 2014 Respiratory Syncytial Virus (RSV) Season for Legacy Medicaid and Shared Health Plan Recipients

Louisiana Medicaid Benefits and Services Pharmacy Program would like to advise Medicaid providers of reimbursement criteria for palivizumab for the 2013-2014 RSV season. As in previous seasons, edits and limitations continue to focus on:

- Appropriate RSV Season
- Maximum Number of Doses Allowed
- Appropriate Age of Recipient
- Appropriate Diagnosis

Use of palivizumab outside of the reimbursement criteria for RSV season requires completion of the *Palivizumab Override Authorization Request* form and subsequent approval. The Pharmacy 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 program policy.

If you have any concerns or comments regarding this correspondence, you may contact Melwyn B. Wendt, PharmD, by phone at 800-437-9101 or by fax at 225-342-1980. Your continued cooperation and support of Medicaid Benefits and Services pharmacy initiatives are greatly appreciated.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Ruth Kennedy".

J. Ruth Kennedy
Medicaid Director

JRK/mbw
Enclosure

Palivizumab (Synagis®) Reimbursement Criteria for the 2013-2014 RSV Season for Legacy Medicaid and Shared Health Plan Recipients

Palivizumab is indicated for the prevention of serious lower respiratory tract infection caused by respiratory syncytial virus (RSV) in selected infants and young children. Pharmacy claims for palivizumab will be reimbursed by Louisiana Medicaid when prescriptions meet all of the following criteria:

RSV Season

- Palivizumab claims will be reimbursed in accordance with an RSV season of November 1, 2013 through March 31, 2014.

Maximum Number of Doses

- Based upon the diagnosis code submitted, a maximum of five (5) doses of palivizumab will be reimbursed during the 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 during the 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, 2013.

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.
- The following lists contain ICD-9-CM diagnosis codes which are in accordance with the reimbursement criteria:
 - List 1 – Diagnoses Which Justify Palivizumab Use
 - List 2 – Diagnoses Which May Justify Palivizumab Use Depending on Recipient-Specific Factors

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

List 1: Diagnoses Which Justify Palivizumab Use

ICD-9-CM

<u>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

<u>Diagnosis Code</u>	<u>Description</u>
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. The prescription, with the doses and treatment duration indicated, must originate with the prescribing practitioner in order to be valid.
- This prescription may be faxed to the pharmacy and must be retained by the pharmacy for audit review.

RSV Season

- Palivizumab prescriptions outside the reimbursement criteria for RSV season which initially deny at the pharmacy require Prior Authorization (PA) to override the denial.
- Palivizumab use outside the RSV season requires completion of the *Palivizumab Override Authorization Request* form available at www.lamedicaid.com following the link for pharmacy and prescribing providers.
- The ICD-9-CM diagnosis code justifying palivizumab use must be indicated on the form. The *Palivizumab Override Authorization Request* form must be completed in full and also signed by the prescribing practitioner. Signature stamps and proxy signatures are not acceptable.
- The justification provided must also be documented in the recipient's **medical record**.
- The completed *Palivizumab Override Authorization Request* form must be faxed from the prescribing practitioner to the Louisiana Medicaid RxPA Operations at the University of Louisiana at Monroe College of Pharmacy at 1-866-797-2329.
- Medical reconsideration of a prior authorization decision may be requested by the prescribing practitioner. Reconsideration requires completion of the *Request for Reconsideration* form available at www.lamedicaid.com following the link for pharmacy and prescribing practitioners. The form must be completed in full and signed by the prescribing practitioner. Signature stamps and proxy signatures are not acceptable. The completed form must be faxed from the prescribing practitioner to the Louisiana Medicaid RxPA Operations at the University of Louisiana at Monroe College of Pharmacy at 1-318-812-2940.
- Louisiana Medicaid RxPA Operations may be contacted for clarification by phone at 1-866-730-4357.

Maximum Number of Doses Allowed

- A claim submitted for palivizumab outside the maximum number of doses allowed will deny with:

**NCPDP rejection code 88 (DUR Reject Error)
mapped to EOB code 656 (Exceeds Maximum Duration of Therapy).**

Age Restriction

- A claim submitted for palivizumab for a recipient who is twenty-five (25) months of age or older on November 1, 2013 will deny with:

**NCPDP rejection code 60 (Product/Service Not Covered for Patient Age)
mapped to EOB Code 234 (P/F Age Restriction).**

ICD-9-CM Diagnosis Code Requirement

- A claim submitted for palivizumab that does not include an ICD-9-CM diagnosis code from List 1 or List 2 requires a handwritten hardcopy prescription with (1) a justification for use outside the criterion and (2) an ICD-9-CM diagnosis code handwritten by the prescribing practitioner.
- A palivizumab claim either submitted with an ICD-9-CM diagnosis code which is not in List 1 or List 2 or submitted without any diagnosis code will deny with:

**NCPDP rejection code 39 (Missing or Invalid Diagnosis Code)
mapped to EOB code 575 (Missing or Invalid Diagnosis Code).**

Override: After consultation with the prescribing practitioner and receipt of a handwritten hardcopy prescription, the pharmacist may override the diagnosis code criterion. The pharmacist must have the justification and an ICD-9-CM diagnosis code from the prescribing practitioner and document the codes listed below and submit the override by:

Placing the 'alternative' ICD-9-CM diagnosis code in NCPDP field 424-DO (Diagnosis Code) and by placing '03' in NCPDP 418-DI field (Level Service).