

Medicaid Coding Guideline

Effective: October 19, 2016

Synagis[®] (palivizumab)

CPT CODE: 90378

Respiratory syncytial virus, monoclonal antibody, recombinant, for intramuscular use, 50 mg, each

ICD10CM: Z29.11

Encounter for prophylactic immunotherapy for respiratory syncytial virus (RSV)

Indications for use:

Children at increased risk include those with prematurity, chronic lung disease, or congenital heart disease (CHD)

Criteria:

Synagis[®] (palivizumab) will be allowed monthly during the RSV season, October 19th – April 21st.

Patient must meet the most current AAP guidelines which can be found at www.aap.org or <http://pediatrics.aappublications.org/content/134/2/415>

Prior Authorization:

Prior Authorization must be obtained through Health Information Designs by completing the online form found at;

<http://www.hidesigns.com/ndmedicaid/pa-forms.html> - choose Synagis Registration Form

The ND MMIS Service Authorization Number located on the approval letter must be entered on the claim at the time of submission. Failure to do so will result in claim denial.

Coding / Billing:

CPT[®] 90378 must be billed electronically on an 837P with the correlating NDC code for the Synagis[®] administered. Synagis[®] will be reimbursed at the current Wholesale Acquisition Cost based on the date of service.

CPT[®] 96372 will not be separately reimbursed on the same date of service as an Evaluation and Management Service (CPT[®] 99201-99499).