

Coding Guideline for Synagis® (palivizumab)

CPT® Code: 90378

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

Criteria for Coverage

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 [Updated Guidance for Palivizumab Prophylaxis Among Infants and Young Children at Increased Risk of Hospitalization for Respiratory Syncytial Virus Infection | From the American Academy of Pediatrics | Pediatrics](#)

Prior Authorization

Prior Authorization must be obtained through Health Information Designs by completing the online form found at; <http://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 and Billing Instruction

CPT® 90378 must be billed electronically via an 837P transaction with the correlating NDC code for the Synagis® administered.

Synagis® is available in both 50 mg and 100 mg vials. Multiple vial dosages should be reported with the most accurate combination to reflect the actual amount of drug administered. Each unique NDC must be reported on a separate line on the 837P with the correlating number of HCPCS units. Effective for dates of service on or after 10/19/2018 standard National Correct Coding Initiative (NCCI) Procedure to Procedure (PTP) editing will be applied to the administration code (CPT 96372) and Evaluation and Management (E/M) Service combination when rendered on the same date of service by the same provider.

Created: July 2017

Updated: October 2019 (format only)

MEDICAL SERVICES

600 E Boulevard Ave Dept 325 | Bismarck ND 58505-0250

701.328.7068 | Fax 701.328.1544 | 800.755.2604 | 711 (TTY) | Provider Relations 701.328.7098 | www.nd.gov/dhs