

MEDICAID CODING GUIDELINE

Update: Effective for date of service 10/1/2004

Revised: 8/7/2009

Synagis (palivizumab)

CPT CODE: 90378 Respiratory syncytial virus immune globulin (RSV-IgIM), for intramuscular use, 50 mg, each

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 (specific dates vary from year to year)**
- Pt. must meet the most **current** AAP guidelines - See below

COVERED DIAGNOSIS: Follow AAP guidelines.

CODING/BILLING: **90378** (Synagis) - **\$0.00** (ND Medicaid allowed amount) **(This line must appear on the claim form in order for the administration fee to be paid.)**
(The pharmacy is to bill ND Medicaid for the drug.)

96372* (administration fee) - **\$115.00** (ND Medicaid allowed amount when billed with 90378 ONLY)

* 96372 Therapeutic, prophylactic or diagnostic injection (specify substance or drug); subcutaneous or intramuscular

NOTE: When NDMA is secondary payer the provider must bill the same as they submitted claim to the primary payer. Example

90378 -	\$ 549.00	3U
96372 -	\$ 8.00	1U

The provider must submit the claim on paper (CMS 1500) with a copy of the primary insurance EOB attached.

AAP News Vol. 30, Number 7, July 2009 www.aapnews.org
<http://pediatrics.aappublications.org/cgi/reprint/112/6/1442>
<http://aappolicy.aappublications.org/cgi/content/full/pediatrics;112/6/1447>

PEDIATRICS Vol. 112 No. 6 December 2003

AAP vol. 102 no. 5 Nov. 1998

Memo per ND Medicaid 1-23-02

Revised: **BK/9/23/05; 1/1/06;1/1/09; 4/1/09; 8/7/09**

SP/1-30-02

**Based on additional data regarding the seasonality of respiratory syncytial virus (RSV) disease as well as risk factors for disease acuity, AAP recommendations for immunoprophylaxis with palivizumab have been updated in the 2009 Red Book. For more information or questions contact Brendan Joyce, PharmD, Administrator of Pharmacy Services at 701-328-4023.