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:**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>90378</td>
<td>(Synagis)</td>
<td>$0.00</td>
</tr>
<tr>
<td>96372*</td>
<td>(administration fee)</td>
<td>$115.00</td>
</tr>
</tbody>
</table>

* 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://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.