

Wisconsin Medicaid update and BadgerCare

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Wisconsin Medicaid and BadgerCare Information for Providers

To:
Federally Qualified
Health Centers
Nurse
Practitioners
Pharmacies
Physician
Assistants
Physician Clinics
Physicians
Rural Health
Clinics
HMOs and Other
Managed Care
Programs

Billing Requirements for Synagis® (palivizumab)

This *Wisconsin Medicaid and BadgerCare Update* clarifies information about submitting claims to Wisconsin Medicaid for Synagis® (palivizumab).

Synagis® (palivizumab), a monoclonal antibody, is used to prevent lower respiratory tract diseases caused by respiratory syncytial virus (RSV) in premature, high-risk infants. The treatment season for Synagis® is from October through April. Wisconsin Medicaid does not require prior authorization for Synagis®.

Providers may submit claims to Wisconsin Medicaid for Synagis® as follows:

- Providers of physician services (i.e., physicians, physician assistants, and nurse practitioners) may submit claims using the 837 Health Care Claim: Professional (837P) transaction, or the CMS 1500 paper claim form.
- Pharmacy providers and dispensing physicians may submit claims using the National Council for Prescription Drug Programs (NCPDP) Telecommunication Standard Format Version 5.1 B1 billing transaction or the Noncompound Drug Claim form.

Claims Submitted on the 837P or CMS 1500 Claim Form

Providers who submit claims on the 837P or CMS 1500 paper claim form are required to indicate *Current Procedural Terminology* code 90378 (respiratory syncytial virus immune globulin [RSV-IgIM], for intramuscular use, 50 mg, each) with the appropriate unit that indicates administered dosage (e.g., 1 unit equals 50 mg) on each claim submission.

Providers should *not* indicate Healthcare Common Procedure Coding System (HCPCS) procedure code J3490 (unclassified drugs) when submitting claims to Wisconsin Medicaid for Synagis®. Claims submitted for Synagis® with HCPCS procedure code J3490 will be denied.

Age Restrictions

Children must be under 24 months of age to begin receiving the drug. If the child turns two during the treatment season, the treatment may continue if the provider submits a completed CMS 1500 paper claim form, a request for an age restriction override, and a request for medical consultant review to:

Wisconsin Medicaid
Written Correspondence
6406 Bridge Rd
Madison WI 53784-0005

Claims Submitted on the National Council for Prescription Drug Programs Version 5.1 Format

Providers who submit claims on the NCPDP 5.1 format are required to indicate the National Drug Codes (NDCs) on the drug product being dispensed. Currently, the NDCs for Synagis® are 60574-4112-01 (Synagis® 50 mg vials) and 60574-4111-01 (Synagis® 100 mg vials). These NDCs are subject to change. Refer to the product being dispensed for the correct NDC.

Age Restrictions

Children must be under 24 months of age to begin receiving the drug. If the child turns two during the treatment season, the treatment may continue if the pharmacy provider or dispensing physician submits a completed Wisconsin Medicaid Pharmacy Special Handling Request form, HCF 13074 (Rev. 06/03), and a Noncompound Drug Claim form, HCF 13072 (Rev. 06/03), to Wisconsin Medicaid. Providers should check the pharmacy consultant review box on the Wisconsin Medicaid Pharmacy Special Handling Request form and indicate an age restriction override.

Refer to the August 2003 *Wisconsin Medicaid and BadgerCare Update* (2003-84), titled “Changes to claims and prior authorization for retail pharmacies dispensing drugs and biologics as a result of HIPAA,” or the “Provider Forms” page of the Medicaid Web site at dhfs.wisconsin.gov/medicaid/ for copies of the Wisconsin Medicaid Pharmacy Special Handling Request form and the Noncompound Drug Claim form.

Send completed Wisconsin Medicaid Pharmacy Special Handling Request forms and Noncompound Drug Claim forms to:

Wisconsin Medicaid
Pharmacy Special Handling
Ste 20
6406 Bridge Rd
Madison WI 53784-0020

For More Information

For questions regarding this *Update*, providers should contact Provider Services at (800) 947-9627 or (608) 221-9883. Pharmacy providers should select “2” at the prompt.

Information Regarding Medicaid HMOs

This *Update* contains Medicaid fee-for-service policy and applies to providers of services to recipients on fee-for-service Medicaid only. For Medicaid HMO or managed care policy, contact the appropriate managed care organization. Wisconsin Medicaid HMOs are required to provide at least the same benefits as those provided under fee-for-service arrangements.

The *Wisconsin Medicaid and BadgerCare Update* is the first source of program policy and billing information for providers.

Although the *Update* refers to Medicaid recipients, all information applies to BadgerCare recipients also.

Wisconsin Medicaid and BadgerCare are administered by the Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For questions, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our Web site at dhfs.wisconsin.gov/medicaid/.

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