

HEALTH CARE AUTHORITY
Washington Medicaid Program
Olympia, Washington

To: All Prescribers
Managed Care Organizations
Nursing Facility Administrators
Pharmacists
Regional Support Networks

Memo: 11-61
Issued: November 1, 2011

From: Doug Porter, Director
Health Care Authority

For further information, go to:
<http://hrsa.dshs.wa.gov/pharmacy>

**Subject: Synagis® (2011 - 2012 Respiratory Syncytial Virus (RSV) Season):
Administration and Authorization Requirements**

Effective for dates of service on and after December 1, 2011, the Medicaid Program of the Health Care Authority (the Agency) will:

- Establish the RSV/ Synagis® Season as beginning December 1, 2011 through April 30, 2012.
- Require providers to follow the 2009 American Academy of Pediatrics (AAP) guidelines for the administration of Synagis®.
- Require the use of agency-approved forms when submitting requests for authorization of Synagis®.

Respiratory Syncytial Virus (RSV)/Synagis® Season

The Agency established the RSV/ Synagis® season as December 1, 2011, through April 30, 2012. The Agency monitors RSV incidence as reported by laboratories and other health care delivery resources throughout the state and may change the dates based on the data collected and the rate of severity of the virus infection.

Unless otherwise notified by the Agency, these dates are firm.

Note: This information relates only to clients **NOT** enrolled in an Agency-approved Managed Care Organization (MCO). For clients enrolled in an Agency-approved MCO, please refer to the coverage guidelines in the enrollee's plan.

Requirements for Administration of Synagis® for 2011 - 2012 RSV Season

The Agency requires providers to follow the 2009 guidelines established by the American Academy of Pediatrics (AAP) for the administration of Synagis®. Criteria for Administration of Synagis® to Agency clients will not change for the 2011-2012 season.

The Agency requires that providers use and accurately apply the “Criteria for Administration of Synagis® to Agency clients” found in Section C of the [Early and Periodic Screening, Diagnosis and Treatment \(EPSDT\) Program Billing Instructions](#). Billing for Synagis® outside of these guidelines is considered an overpayment and is subject to recoupment.

Authorization and Billing Procedures

Synagis® may be dispensed and billed by a retail pharmacy for administration by a physician, or may be billed by the physician’s office. The biller is responsible for requesting the Pharmacy Authorization.

- **Pharmacy Billers**

- ✓ When requesting authorization, pharmacies must submit their request using a Pharmacy Information Authorization form, 13-835A, as the cover sheet.
- ✓ To submit an authorization request, please complete form 13-835A. Fax the form to the Agency at: 1-866-668-1214. If authorized, the Agency may approve the 100mg strength, the 50mg strength, or both. However, pharmacies must use **National Drug Code (NDC) 60574-4113-01** in box #21 of form 13-835A. After the Agency reviews your request, you will receive notification by fax of strengths, quantities, and NDC(s) approved.
- ✓ The Request for Synagis® (Not Managed Care/Healthy Options) form, 13-771 must be submitted as supporting documentation with authorization form 13-835A.
- ✓ Pharmacies billing for Synagis® through standard pharmacy Point-of-Sale electronic claim submission must use the appropriate, actual NDC for the product dispensed.

- **Physician Office Billers**

- ✓ Physician offices must submit a request for authorization using a General Information for Authorization form, 13-835 as the cover sheet.
- ✓ The Request for Synagis® (Not Managed Care/Healthy Options) form, 13-771, must be submitted as supporting documentation with General Information for Authorization form, 13-835.
- ✓ Physician's offices billing the Agency directly for Synagis® must bill using a CMS-1500 claim form, or comparable electronic billing format, using Current Procedural Terminology (CPT®) code 90378.

Note: Agency forms are available for download at:
<http://hrsa.dshs.wa.gov/mpforms.shtml>.

Requesting an Increase in Dose

The quantity of Synagis® authorized for administration is dependent upon the weight of the client at the time of administration. If you obtained authorization for a quantity of Synagis® that no longer covers the client's need due to weight gain:

- Complete the appropriate ProviderOne Cover Sheet by entering the initial authorization number.
 - ✓ Pharmacy billers use the "Pharmacy PA Supporting Docs" sheet
 - ✓ Physician office billers use the "PA (Prior Authorization) Pend Forms" sheet

Note: The above forms are available for download at:
http://hrsa.dshs.wa.gov/download/document_submission_cover_sheets.html

- Complete the Request for Additional MG's of Synagis® Due to Client Weight Increase form, 13-770 along with the appropriate ProviderOne cover sheet.

The Agency will update the authorization to reflect an appropriate quantity and return a fax to the requestor confirming the increased dosage.

Contact Us

Please direct questions or concerns regarding billing and authorization of Synagis® to the Agency's Pharmacy Authorization Unit at 1-800-562-3022, ext. 15483.

Fax prior authorization requests on completed Agency prior authorization form(s) to 1-866-668-1214.

To check the status of pending authorizations use the ProviderOne "PA Inquire" feature.

To verify receipt of authorization requests, or check the status of pending authorizations, call the Pharmacy authorizations at 1-800-562-3022 extension 15483.

Completing the ProviderOne-compatible Authorization Form

- **The form must be typed.**
- Provide supporting documentation such as: Request of Synagis® (Not Managed Care/Healthy Options), Form 13-771, and any relevant labs or chart notes *after* the form.
- **Do not use a fax cover sheet.**
- ProviderOne compatible Pharmacy Information Authorization Form 13-835A or General Information for Authorization Form 13-835 **must be the first page of the fax transmission.**
- You must fax only one request at a time. Combining multiple requests into a single fax transmission will cause only the first request to be entered into the system.

Note: If your fax machine 'holds' multiple faxes to send to the same fax number as a single transmission, you will need to manually ensure that each request faxes separately so that your fax machine does not bundle multiple requests into a single transmission.

Evaluation of Authorization Requests

The Agency's physicians will evaluate requests for authorization to determine whether the client falls within 2009 AAP guidelines for the administration of Synagis®. The Agency will fax an approval or denial to the requestor.

Please allow at least five business days for the Agency to process the authorization request.

You may verify the status of a pending authorization request by using the ProviderOne "PA Inquire" feature or, by calling Pharmacy Authorizations at 1-800-562-3022 extension 15483.

Updated Billing Instructions

Effective for dates of service on and after November 1, 2011, the Medicaid Program of the Health Care Authority (the Agency) will update the [*Early and Periodic Screening, Diagnosis and Treatment \(EPSDT\) Program Billing Instructions*](#) to reflect the changes outlined within this memo.

How Can I Get the Agency Provider Documents?

To download and print the Agency provider numbered memos and billing instructions, go to the Agency website at: <http://hrsa.dshs.wa.gov> (click the ***Billing Instructions and Numbered Memorandum*** link).