



ON-LINE BILLING INSTRUCTIONS FOR SYNAGIS®

Questions concerning billing instructions and prior-authorization for Synagis should be directed to Office of Pharmacy Services at 1-800-932-3918.

Billing of Synagis by Community Pharmacy or IV Infusion Pharmacy Providers

After receiving notification of approval of payment for Synagis for the entire RSV season, and after verifying that the participant is still enrolled in fee-for -service MA on the service date, pharmacy providers must bill on-line and take care of all system edits before shipping the drug. Synagis must be billed on-line between October thru March.:

1. Bill days' supply = 28 (and not 30 as Prior-auth will be based on 28),
2. Bill the NDC and corresponding quantity (unit=ml) dispensed. For a dose of 132mg, bill quantity of "1" for '1 ml' for the 100mg/ml- 1ml package size vial (NDC# 60574-4113-01) and "0.5" for 0.5ml of the 50mg/ml- 0.5ml vial (NDC# 60574-4114-01). The Program will allow the number of vials listed below based on the patient's estimated body weight at time of drug administration.

Calculated Dose/Month (15mg/Kg)	Number of Required Vials
From 0 to 52mg	1 x 50mg vial (Bill qty = 0.5 for 0.5ml of the 50mg/0.5ml vial NDC)
From 53 to to 105mg	1 x 100mg vial (Bill qty =1 for 1ml of the 100mg/ml vial NDC)
From 106mg to 157mg	1 x 100mg vial (Bill qty= 1 for 1 ml for the 100mg/ml vial NDC) + 1x 50mg vial (Qty =0.5 for 0.5ml for the 50mg/ml vial NDC)
From 158mg to 210mg	2 x 100mg vials (Bill Qty = 2 for 2ml of the 100mg/ml vial NDC)
From 211mg to 262mg	2 x 100mg vials (Bill Qty = 2 for 2ml of the 100mg/ml vial NDC) + 1 x 50mg vial (Bill Qty= 0.5 for 0.5ml of the 50mg/ml vial NDC)
From 263mg to 315mg	3 x 100 mg vials (Bill Qty = 3 for 3ml of the 100mg/ml vial NDC)

3. When submitted on-line, claim will deny with multiple exception codes requiring service prior-authorization from the State. Providers are to fax to the Program the Synagis Service Prior-Auth form that must be completed and signed by the nurse or medical staff. A history of at least 3 most recent weight measurements is required for processing the Synagis service PA request. The infant's average weight increase per month is added to the prior month's weight to arrive at the estimated weight based on which the Synagis dose will be calculated.
4. The Program will override the appropriate exception/denial codes to allow claims to go through for the correct number of vials needed for the Synagis dose. If the participant should require additional vials due to unanticipated weight increase or due to a large discrepancy between the infant's estimated weight and actual weight measurement, providers are to call the State for an adjustment to the number of vials that had been prior-approved. A new Service Prior-auth form should be faxed to the State documenting the infant's new body weight with date of measurement. The Service PA form must list only "actual" weight measurements.
5. Any vials that are returned unused, sealed or unopened must be credited back to the Program as it is expected that the vials have been properly stored and handled by professionals. Providers only need to reverse the claim(s) from the system to negate any payment previously made by the Program and rebill the correct number of vials that are actually used.

Billing of Synagis by Prescribers

If the prescriber selects to purchase Synagis directly from the wholesaler, they must bill the drug under Physician Services, using the proper HCPC code for Synagis. Please contact Physicians Services at 410-767-1724 for any other related questions.

Coverage of Synagis for Medical Assistance Participants Enrolled under Managed Care

Providers must verify participant eligibility before requesting Synagis from the State. If the participant is enrolled in HealthChoice (under managed care), providers must contact the specific MCO directly to request prior-authorization for payment of Synagis.