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Provider Bulletin Number 6109a

Professional Providers

Prior Authorization Required for Abatacept

Effective with dates of service on and after November 1, 2006, abatacept (Orencia[®]) will require prior authorization (PA).

The prior authorization request forms and clinical criteria can be accessed at <http://www.khpa.ks.gov/MedicalAssistanceProgram/PharmacyInformation/default.html>.

Information about the Kansas Medical Assistance Program as well as provider manuals and other publications are on the KMAP Web site at <https://www.kmap-state-ks.us>. For the changes resulting from this provider bulletin, please view the *Professional Services Provider Manual*, page AI-4.

If you have any questions, please contact the KMAP Customer Service Center at 1-800-933-6593 (in-state providers) or (785) 274-5990 between 7:30 a.m. and 5:30 p.m., Monday through Friday.

INJECTIONS Updated 10/06

Injection procedure codes listed below are placed in alphabetical order by generic name. Reference this list by using the generic drug name to find the procedure code. Utilize units to designate the dosage administered if there is not a specific injection code for the dosage.

CHILDREN IMMUNIZATION ADMINISTRATION

Providers must bill the appropriate administration code in addition to the vaccine and toxoid code for each Vaccine for Children (VFC) dose administered. VFC program is for beneficiaries 18 years of age and under.

Administration codes:

90471 Immunization administration (Utilize with the initial or the only vaccine procedure code – one unit)

90472 each additional vaccine (Utilize with additional vaccines administered – one or more unit.)

ADULT IMMUNIZATION ADMINISTRATION

Reimbursement for adult (non-VFC) immunization administration is included in the total cost; i.e., providers are reimbursed one rate for the vaccine and the administration.

COVERAGE INDICATORS

KBH - Covered for KAN Be Healthy participants (KBH medical screen current) only.
MCD - Injection covered for Medicaid recipients only.
PA - Prior authorization is required.
* Administration only (patient brings own medication). Medication shall not be billed in conjunction with this procedure.
VFC Vaccine for Children (18 years of age and under) Note that these procedures are for VFC eligible consumers only.

<u>COV.</u>	<u>PROCEDURE</u>		<u>STRENGTH</u>	<u>QUANTITY</u>
	<u>CODE</u>	<u>NOMENCLATURE</u>		
	90772	Therapeutic, prophylactic or diagnostic injection (specify substance or drug); subcutaneous or intramuscular		
	90773	Therapeutic, prophylactic or diagnostic injection (specify substance or drug); intra-arterial		
	90774	Therapeutic, prophylactic or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug		
	90775	Therapeutic, prophylactic or diagnostic injection (specify substance or drug); each additional sequential intravenous push of a new substance/drug (list separately in addition to code for primary procedure)		
PA	C9230	Abatacept	10 mg	- - -
	J1120	Acetazolamide Sodium	up to 500 mg	vial
	Q0475	Acyclovir, Zovirax	up to 500 mg	- - -