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Provider Bulletin Number 6109c

Hospital 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 *Hospital 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 procedures listed below are placed in alphabetical order by generic name. Reference this listing 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.

COVERAGE INDICATORS

KBH - Covered for KAN Be Healthy participants only
MCD - Injection covered for Medicaid recipients only
MN - Medical Necessity documentation required
PA - Prior authorization is required

<u>COV.</u>	<u>PROCEDURE CODE</u>	<u>NOMENCLATURE</u>	<u>STRENGTH</u>	<u>QUANTITY</u>
	90782*	Therapeutic, prophylactic or diagnostic injection (specify material injected); subcutaneous or intramuscular	- - -	- - -
	90788*	Intramuscular injection of dose antibiotic (specify)		
PA	C9230	Abatacept	10 mg	- - -
	J1120	Acetazolamide Sodium	up to 500 mg	vial
	Q047S	Acyclovir, Zovirax	up to 500 mg	- - -
	Q4075	Acyclovir	5 mg	
	J0135	Adalimumab	20 mg	
	J0150	Adenosine for therapeutic use, 6 mg (not to be used to report any adenosine phosphate compounds, instead use A9270)		
	J0152	Adenosine for diagnostic use, 30 mg (not to be used to report any adenosine phosphate compounds; instead use A9270)		
	J0170	Adrenalin, Epinephrine	up to 1 ml	1 cc
	J0180	Agalsidase beta	1 mg	
	J0200	Alatrofloxacin Mesylate	100 mg	- - -
PA	J0215	Alefacept	0.5 mg	
	J9015	Aldesleukin	- - -	vial
MCD	J0205	Alglucerase	- - -	10 units
	J2997	Alteplase Recombinant	1 mg	
	J0207	Amifostine	500 mg	- - -

* Administration only (patient brings own medication). Medication shall not be billed in conjunction with this procedure.