

South Carolina
DEPARTMENT OF HEALTH AND HUMAN SERVICES
Post Office Box 8206
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www.scdhhs.gov

September 22, 2008

MEDICAID BULLETIN

**TO: Physicians, Hospital Providers,
and Infusion Centers**

SUBJECT: Rate Increase for Synagis® Injectable

<i>HMO</i>	<i>08-11</i>	<i>PHY-MSP-HBP</i>	<i>08-09</i>
<i>HOS-IP-GEN</i>	<i>08-16</i>	<i>PHY-OPHT</i>	<i>08-09</i>
<i>HOS-IP-IMD</i>	<i>08-15</i>	<i>PHY-PATH</i>	<i>08-09</i>
<i>HOS-IP-RTF</i>	<i>08-15</i>	<i>PHY-PC-FP/GP</i>	<i>08-12</i>
<i>HOS-OP</i>	<i>08-14</i>	<i>PHY-PC-GER</i>	<i>08-12</i>
<i>MC-DRC</i>	<i>08-11</i>	<i>PHY-PC-INT</i>	<i>08-12</i>
<i>MC-FQHC</i>	<i>08-11</i>	<i>PHY-PC-NEO</i>	<i>08-12</i>
<i>MC-RHC</i>	<i>08-11</i>	<i>PHY-PC-OG</i>	<i>08-13</i>
<i>PHARM</i>	<i>08-06</i>	<i>PHY-PC-PED</i>	<i>08-12</i>
<i>PHY-ALG</i>	<i>08-09</i>	<i>PHY-PC-PED/SUB</i>	<i>08-12</i>
<i>PHY-ANES</i>	<i>08-09</i>	<i>PHY-PS</i>	<i>08-10</i>
<i>PHY-CARD</i>	<i>08-09</i>	<i>PHY-RAD</i>	<i>08-09</i>
<i>PHY-DERM</i>	<i>08-09</i>	<i>PHY-S</i>	<i>08-09</i>
<i>PHY-ENT</i>	<i>08-10</i>	<i>PHY-SPEC</i>	<i>08-10</i>
<i>PHY-ER</i>	<i>08-09</i>	<i>PHY-SURG</i>	<i>08-10</i>
<i>PHY-MSP-CBP</i>	<i>08-09</i>		

Effective October 15, 2008, the South Carolina Department of Health and Human Services (SCDHHS) will limit Synagis® to five (5) doses per season, given on or after October 15th and no later than March 31st. No prior approval is required for 5 doses as long as they are given at least 30 days apart and meet the guidelines of the American Academy of Pediatrics (AAP) for Synagis® administration. Prior approval by the SCDHHS Medical Director will be required for any dose over the limit of five or any dose administered after the Respiratory Syncytial Virus (RSV) season (October-March).

Providers must dose appropriately for each child according to their weight. When less than a full vial of Synagis® is used, providers are encouraged to maintain a waste log to support reimbursement of a full vial.

The new rates will apply to all providers including Specialty Pharmacies. The payment methodology for Synagis® will not change. Providers will be paid for an 1-unit (50mg) dosage @ \$845.11. For 2 units (100mg) dosage payment will be \$1,595.80. For multiples of 50mg dosages (150mg) or 3 units, DHHS will pay the 100mg price plus the 50mg price not to exceed 4 units.

If you have any questions regarding this bulletin or any other Medicaid billing or policy questions, please contact your program representative at either the Division of Physician Services at (803) 898-2660, or Hospital Services at (803) 898-2665. Thank you for your continued support and participation in the South Carolina Medicaid program.

/s/

Emma Forkner
Director

EF/mgvb

Note: To receive Medicaid bulletins by email, please register at bulletin.scdhhs.gov/. To sign up for Electronic Funds Transfer of your Medicaid payment, please go to <http://www.dhhs.state.sc.us/dhhsnew/hipaa/index.asp> and select "Electronic Funds Transfer (EFT)" for instructions.