

## PROVIDER BULLETIN

No. 10-60

December 15, 2010

TO: Mental Health Substance Abuse Medicaid Providers  
Physical Health Medicaid Providers

FROM: Vivianne M. Chaumont, Director   
Division of Medicaid and Long-Term Care

BY: Bonnie Brown, R.N., Nurse Consultant, MHSA Program  
Louise Tollefson, R.N., Program Specialist, Physical Health Services

RE: A. Coverage of Zyprexa Relprevv  
B. Revised Risperdal Consta Authorization Requirements  
C. End Prior Authorization of Certain Psychiatric Injectable Medications

### **Please share this information with administrative, clinical, and billing staff**

A. Effective with date of service (DOS) January 1, 2011, Zyprexa Relprevv will be covered for clients age 18 or over with an ICD-9-CM primary diagnosis of 295.0X through 295.9X. Providers will bill procedure code J3490 (Unclassified Drugs) until CMS assigns a specific procedure code.

B. Also effective with DOS January 1, 2011, Risperdal Consta injections (J2794) must be prior authorized for Fee-for-Service clients, in addition to the currently prior authorized Managed Care (Magellan) clients.

C. Lastly, effective with DOS 01/01/2011, the following injectable medications will no longer require prior authorization for either the medication or the injection fee: J0400/Abilify, J1630/Haldol 5 mg, J1631/Haldol Dec, J2680/Prolixin Dec, S0166/Zyprexa 2.5mg (daily dose) and the 96372/injection fee only if it is on the same claim with the same DOS as the injectable medication. Any Office Visit/Medication Check procedure code/s would still require prior authorization for MC clients (but not for FFS clients).

**Please note:** Zyprexa Relprevv, Risperdal Consta, Invega Sustenna and Vivitrol must now all be prior authorized through Magellan for both Fee-for-Service and Managed Care (Magellan) clients. The one exception is the dual-eligible Medicare/Medicaid client who does not require prior authorization from Magellan because Medicare is their primary insurance.

**Physical Health** physicians, clinics or outpatient hospital settings that provide these services for clients must enroll with Medicaid as a Psychiatric Provider to be reimbursed for the injections.

Physical Health providers must also obtain a “Single Case Agreement” from Magellan so that prior authorizations can be entered for claims reimbursement.

**Reimbursement** will be based on the provider’s cost (471 NAC 18-004.28) as documented on an invoice. The invoice must include: provider’s name, provider’s psychiatric Medicaid provider number and the number of units. Fax the invoice to Bonnie Brown at (402) 471-9092 for the invoice cost to be loaded. Once the first invoice cost is loaded, new invoices are only required when the provider’s cost either decreases or increases.

**Claim forms** must include the Magellan prior authorization number, appropriate HCPCS procedure code, number of units per HCPCS description, correct National/Drug Code (NDC), NDC ‘unit of measure” and number of NDC units. The CPT code for the administration (96372) must be submitted on the same claim.

**NDC numbers:** Please see Provider Bulletin No. 10-59, dated November 17, 2010 on the Medicaid website if you have questions regarding the NDC Requirements.

**Contacts:**

Magellan for prior authorizations at 1-800-424-0333

Magellan for general prior authorization questions: Carl Chrisman at (402) 437-4218 or [CJChrisman@magellanhealth.com](mailto:CJChrisman@magellanhealth.com)

Magellan for “Single Case Agreements”: Teresa Danforth at 1-800-424-0333 or [TJDanforth@magellanhealth.com](mailto:TJDanforth@magellanhealth.com)

Medicaid for billing questions: Bonnie Brown at (402) 471-1611 or [bonnie.brown@nebraska.gov](mailto:bonnie.brown@nebraska.gov)

Medicaid for Provider Enrollment: Vernalisa Fowler at (402) 471-9334 or [www.hhss.ne.gov/med/mhsaenrollment.htm](http://www.hhss.ne.gov/med/mhsaenrollment.htm)

