This Computes!

Department of Health Services
Children's Medical Services Network
(CMS Net) - Information Bulletin #179

Synagis Instructions for RSV Seasons **REVISED**

The following instructions are for authorizing Synagis for RSV seasons. The information provided at the time of the request must document eligibility requirements as identified in Synagis Numbered Letter 04-0509.

Authorizing a Physician, Clinic, or SCC

1. If a physician, clinic or SCC is purchasing Synagis and is requesting an authorization for its administration:

   a. Issue an authorization for **CPT code 90378** to the physician, clinic or SCC for the medication. (For this code 50 mg Synagis is 1 unit). **Note: Select Type "I". Do not select Type "N".**
   b. Use the Synagis Calculator spreadsheet to calculate the appropriate number of "Units" to authorize. This calculator can be found at:
   http://www.dhcs.ca.gov/services/ccs/cmsnet/Documents/synagiscalculator.xls
   c. Input client data into the worksheet labeled "Client Info". Worksheets are identified by a tab at the bottom.
   d. At a minimum, input the client's weight (in kilograms) at first dose. Input only a number, no units. Hit the "Enter" key.
   e. Then, click the tab indicating the total number of doses you want to authorize.
   f. Leave the "Quantity" box on the SAR empty.

2. CPT code 90378 includes an administration fee for Synagis.

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3. If the physician, clinic or SCC does not already have an existing authorization for SCG 01 or SCG 02, issue an authorization in order that the office visit and/or facility codes can be billed as appropriate.

Authorizing a Pharmacy

1. If a pharmacy is requesting to dispense Synagis, issue an authorization to the **pharmacy** for Synagis with the appropriate NDC number(s):

   - **60574411301** (100 mg/1 ml vial)
   - **60574411401** (50 mg/0.5 ml vial)

   a. Use the Synagis Calculator spreadsheet to calculate the appropriate number of "Units" and "Quantity" to authorize. This calculator can be found at: http://www.dhcs.ca.gov/services/ccs/cmsnet/Documents/synagiscalculator.xls
   b. Input client data into the worksheet labeled "Client Info". Worksheets are identified by a tab at the bottom.
   c. At a minimum, input the client's weight (in kilograms) at first dose. Input only a number, no units. Hit the "Enter" key.
   d. Then, click the tab indicating the total number of doses you want to authorize.

2. Verify that an authorization is also in place for the following, as applicable:

   a. An SCG 01 for a physician (if giving the injection in the office or clinic setting);
   b. An SCG 02 for the SCC; **or**
   c. Z6900 for a Home Health Agency (HHA) which will be giving the injection in the home because of the fragile condition of the infant/child (one visit for each monthly injection, so the units will be the total number of visits to provide all the injections requested).

3. SAR example (for maximum of 5 doses), units, and quantity:

   - The following is an example of a SAR for a 5.5 kg infant receiving Synagis over 5 months (anticipating a 1-kg monthly weight increase). This infant requires Synagis 100 mg vial for each of the first 2 months; and for each of the next 3 months the infant requires both a 100 mg vial and a 50 mg vial.

Service Code	Modifier	Service Description	Units	Quantity	Amount
60574411301		SYNAGIS 100 MG/1 ML VIAL	5	1.0	
60574411401		SYNAGIS 50 MG/0.5 ML VIAL	3	0.5	

- Remember for NDC numbers, “units” is the total number of fills. In the example above, during the RSV season, a 100 mg vial is required 5 times (5 units) and a 50 mg vial is required 3 times (3 units).

- The “quantity” box must be filled with a number (for purposes of authorization). “Quantity” is how much of the product is dispensed per month. The “quantity” for Synagis is billed by the milliliter (ml), so the number of vials per month is multiplied by the number of milliliters in each vial. For the 100 mg/1 ml vial: 1 vial per month X 1 ml per vial yields a “quantity” of 1 ml. For the 50 mg/0.5 ml vial: 1 vial per month X 0.5 ml per vial yields a “quantity” of 0.5 ml.

The following table may be helpful for determining the dosing for weight ranges. The dosing is 15 mg/kg by intramuscular injection monthly. Providers may estimate a 1-kg monthly weight increase unless the infant/child’s growth pattern is known to be different.

WEIGHT RANGE - KG	**WEIGHT RANGE - LB**	**DOSE**
0 - 3.3 kg	0 - 7.3 lb	0 - 50mg
3.4 - 6.6 kg	7.4 - 14.5 lb	51 - 100mg
6.7kg - 10kg	14.6 - 22 lb	101mg - 150mg
10 kg – 13.3 kg	22.1 - 29.3 lb	151 mg – 200 mg
13.4 kg – 16.7kg	29.4 - 36.7 lb	201 mg - 250 mg
16.8kg - 20kg	36.8 - 44 lb	251mg - 300mg