

Provider Newsbrief

October 6, 2022

AHCCCS to Start Process to Disenroll Non-Compliant Providers

Process is expected to take 10 months

In April 2022, AHCCCS reinstated provider enrollment requirements that had been suspended during the COVID-19 public health emergency. Beginning in October, AHCCCS will start a 10-month process of disenrolling providers who have not complied with multiple re-registration requests.

Any provider who has not completed the revalidation process in the AHCCCS Provider Enrollment Portal will receive written notification to submit an application. Providers who do not respond will receive written notification of pending disenrollment and appeal rights.

To avoid termination and/or loss of billing privileges, **providers must respond and take action**, following specific actions outlined in the letter, within the noted time frames. Failure to complete these actions result in disenrollment and claim denials.

What AHCCCS Providers need to know:

- Providers who need to complete the revalidation process or meet additional screening requirements will be notified in writing through United States Postal Service mail.
- AHCCCS will review the submitted application and issue a written notice upon completion.
- Providers that have an expired license will be notified in writing to submit the current license or certification.
- Providers who fail to respond to the request could experience delays such as termination and/or loss of billing privileges.

If you are no longer participating as a Medicaid provider or not employed with an organizations, or if you have questions, please reach out to APEPTrainingQuestions@azahcccs.gov.

Provider Guidance: RSV Prophylaxis Season Begins Early

We would like to provide guidance to pediatricians, family medicine physicians and other providers regarding coverage of Synagis® (palivizumab) in high-risk infants for passive immunoprophylaxis against Respiratory Syncytial Virus (RSV) during the 2022-23 RSV season. RSV activity in the United States usually begins in the late fall and extends through spring; peak activity typically occurs in early February. National and regional surveillance data indicate that

RSV infection rates have increased in recent weeks. In response to this trend, Banner – University Family Care/ACC (B – UFC/ACC) is issuing prior authorization requests, effective immediately for members who qualify for RSV immunoprophylaxis with Synagis. A copy of the form follows this newsbrief.

Banner – University Health Plans (B – UHP) will be using the July 2014 American Academy of Pediatrics (AAP) guidelines in making coverage determinations for RSV immunoprophylaxis as well as all guidance related to any out-of-season RSV case trends. Please submit a completed RSV form to B – UHP for all patients you plan to prescribe and/or administer Synagis **before the first dose is administered** for a coverage determination. Note: if you have already submitted a prior authorization request, you are not required to resubmit the request, but you may be contacted by B – UHP to submit additional clinical documentation as needed.

Synagis® (palivizumab) is covered via medical or pharmacy benefit. Submit medical claims for Synagis using standard billing practices for “buy and bill” drug products. To submit claims via the pharmacy benefit, follow the instructions below once an approved prior authorization is in place.

1. Ordering Synagis for In Office Administration
 - a. Please use Banner Family Pharmacy – Chandler
 - i. Contact Information: (844) 747-6442
 - ii. Please include provider’s office shipping address and best contact information for member’s legal guardians.
 - iii. Banner Family Pharmacy will verify prescription and coverage.
 - iv. Once verified, Banner Family Pharmacy will complete a welcome call with member’s legal guardians.
 - v. After the welcome call has been completed, medication will be shipped to the provided office address.
2. Ordering Synagis for In Home Administration by Home Health Agency
 - a. Please use CVS Specialty Pharmacy.
 - i. Contact Information
 - 1 Phone: (800) 753-2777 ext. 1037886
 - 2 Fax: (800) 323-2445
 - 3 E-mail: Customer.ServiceFax@CVSHealth.com
 - ii. CVS will require completion of their [2022-23 Synagis Seasonal Respiratory Syncytial Virus Enrollment Form](#).

For assistance with prior authorization, coordination with Home Health or care management for your patient; please do not hesitate to contact us at B – UHP Customer Care at (800) 582-8686.

Pediatric specialty nurse care managers are available to help with coordination of care. Please email the B – UHP Maternal and Child Care Management team at email the B – UHP Maternal and Child Care Management team at BUHPMaternalChildHealth@bannerhealth.com.



Respiratory Syncytial Virus Prophylaxis Prior Authorization Form – 2022-23

1. Complete this form in its entirety and submit to Banner - University Health Plans via fax at: 866-349-0338. Include all relevant clinical documentation, including NICU discharge summary and other chart notes. Twins require separate authorization.
2. Synagis is covered via pharmacy or medical benefit. If using pharmacy, send prescription to Banner Family Pharmacy – Chandler or CVS Specialty Pharmacy.
3. If your patient will be receiving Synagis via in-home administration, complete a referral for home health nurse administration.

Member Information			
Member Name:	DOB:	Member ID:	
Parent / Guardian Name:		Telephone:	
Street Address:	City:	State:	Zip Code:
Language Spoken in the Home:			
Gestational Age at Birth: _____ Weeks _____ Days			
Current Weight	Date Recorded:		
Provider Information			
Provider Name:	Telephone:	Fax:	
Provider NPI:	Date of Request:	Date Next Dose Needed:	
Provider Address:			
City:	State:	Zip Code:	
Office Contact:			
<input type="checkbox"/> Injection to be given in provider office		<input type="checkbox"/> Injection to be given in home by Home Health Care provider	
Synagis given in NICU? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Synagis dose in NICU:	
Prescriber has counseled parent/guardian on Synagis therapy and parent/guardian is aware that specialty pharmacy or Home Health Care may make contact.			<input type="checkbox"/> Yes <input type="checkbox"/> No

By signing, providers certify that the clinical information provided on this form is complete and accurate.

Criteria for Approval: Please indicate all that apply including ICD-10 code where applicable

- Age of 12 months or less at start of RSV season AND born before 29 weeks 0 days gestation
- Age of 12 months or less at start of RSV season with **Chronic Lung Disease of prematurity (CLD) / Bronchopulmonary Dysplasia** AND born at less than 32 weeks 0 days gestation and required >21% oxygen for at least 28 days after birth [ICD10 Code:_____]
- Age of 12 months or less at start of RSV season with impaired clearance of respiratory secretions from upper airway AND one of the following:
 - Congenital pulmonary abnormality
 - [ICD10 Code:_____]
 - Neuromuscular disorder
 - [ICD10 Code:_____]
- Age of 12 months or less at start of RSV season with hemodynamically significant **Congenital Heart Disease** AND one of the following:
 - Acyanotic heart disease and receiving medication to control congestive heart failure
 - [ICD10 Code:_____]
 - Moderate to severe pulmonary hypertension
 - [ICD10 Code:_____]
 - Cyanotic heart disease and prescribed in consultation with pediatric cardiologist
 - [ICD10 Code:_____]
- Age of 23 months or less with **Cardiac Transplantation** occurring during RSV season
- Age of 23 months or less at start of RSV season with **Severe Immunodeficiency** [ICD10 Code:_____]
- Age of 23 months or less at start of RSV season with **Cystic Fibrosis** and one of the following:
 - CLD and/or nutritional compromise by the age of 12 months or less
 - [ICD10 Code:_____]
 - Manifestations of severe lung disease during second year of life
 - [ICD10 Code:_____]
- Age of 23 months or less at start of RSV season with **Chronic Lung Disease (CLD)/Bronchopulmonary Dysplasia** AND required oxygen, corticosteroids, or diuretics within the past 6 months [ICD10 Code:_____]

If approved, Synagis will be covered for all clinically indicated doses administered during RSV season (11/01/2022 – 3/31/2023)

Provider Signature:	Date
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By signing, providers certify that the clinical information provided on this form is complete and accurate.