



Outpatient Services • Rehabilitation Clinics

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Seminars (two flyers)*

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Abatacept is a New Medi-Cal Benefit

Effective December 1, 2006, abatacept (Orencia) is a Medi-Cal benefit, subject to prior authorization. Claims for abatacept must be billed with HCPCS code J3590 (unclassified biologics) and include an invoice for the drug. Abatacept is used for the treatment of moderate to severely active rheumatoid arthritis in recipients 18 years of age or older.

Treatment Authorization Requests (TARS) must include a diagnosis of ICD-9 code 714.0, 714.1 or 714.2, documentation that the patient is 18 years of age or older and documentation that the patient has had an inadequate response after treatment with the following:

- Two or more Disease-Modifying Anti-Rheumatic Drugs (DMARDs) and
- At least one of the tumor necrosis factor (TNF) antagonists (infliximab, etanercept or adalimumab) or the interleukin-1 receptor antagonist anakinra (inadequate response after at least one month of treatment)

Medical Considerations

Providers should consider the following when administering abatacept:

- It should not be used concurrently with TNF antagonists, anakinra or rituximab.
- It may be given as a monotherapy or with a DMARD.
- It is a pregnancy category C drug.
- A minimum of three months should occur between the administration of abatacept and the patient receiving a live virus vaccine.
- Patients with chronic obstructive pulmonary disease (COPD) may develop adverse reactions to abatacept, including COPD exacerbation.

This information is reflected on manual replacement pages inject 45 and 46 (Part 2) and inject list 2 (Part 2).

HPV Vaccine is New VFC Benefit

Effective December 1, 2006, CPT-4 code 90649 (Human Papilloma virus [HPV] vaccine, types 6, 11, 16, 18 [quadrivalent], 3 dose schedule, for intramuscular use) is a new Vaccines For Children (VFC) benefit for female children ages 9 to 18.

The Food and Drug Administration (FDA) has approved Gardasil® for use in females 9 to 26 years to prevent cervical cancer caused by certain strains of HPV, as a three-dose regimen, injected at 0-, 2- and 6-month intervals.

Medi-Cal reimburses VFC providers an administrative fee for providing the Gardasil® injection. To receive reimbursement, providers must bill using code 90649 and modifier SL (state-supplied vaccine).

This information is reflected on manual replacement pages inject 30 (Part 2), inject vacc 1 (Part 2), modified 4 (Part 2) and vaccine 3 and 6 (Part 2).

Corrected Effective Date for Enzyme Replacement Drugs Policy

Providers should note that the correct effective date for the most recent policy changes concerning laronidase, imiglucerase and agalsidase beta is for dates of service on or after April 1, 2006. An incorrect effective date appeared in the article “Enzyme Replacement Drugs Policy Update,” published in the March 2006 *Medi-Cal Update*.

Claims with dates of service prior to April 1, 2006 for the above enzyme replacement drugs, using the updated policy, were correctly denied. Providers with such denied claims should send in new claims using the policy in effect prior to the publication of the article and manual replacement pages.

For more information on the policy changes, refer to the Part 2 manual, *Injection* section, pages 57 and 58.

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Remove and replace
at the end of the
*California Children's
Services (CCS)
Billing Overview*

section: *CCS Program Billing Guidelines 1/2 **

Remove: cal child sar 7 thru 9

Insert: cal child sar 7/8 *

Remove and replace: cal child ser 1/2 *

Insert: cal child ser 23 *

Remove and replace: forms leg 3/4 *
forms reo io 1/2 *
hcpcs 1/2 *
inject 29/30, 45 thru 48
inject list 1/2
inject vacc 1
modif used 3/4, 5 thru 8 *
vaccine 3 thru 8

* Pages updated due to ongoing provider manual revisions.