



# Arkansas Department of Human Services

## Division of Medical Services

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### OFFICIAL NOTICE

**DMS-2004-L-2**  
**DMS-2004-R-2**

**TO: Health Care Provider –Outpatient Hospital and Physician**

**DATE:**

**SUBJECT: Arkansas Medicaid Coverage of Infliximab, 10mg (Remicade),  
HCPCS Procedure Code J1745**

#### I. Introduction

- A. The Arkansas Medicaid Program covers injection, infliximab, 10 mg (Remicade), HCPCS procedure code **J1745**.
- B. These injections are covered when given by physicians in their offices or clinics and when given in the outpatient hospital by qualified staff and pursuant to a physician's order

#### II. Purpose

The purpose of this official notice is to establish procedures designed to facilitate the processing of coverage requests. The procedures and requirements set forth in this official notice are effective for dates of service on and after May 1, 2004.

#### III. Procedure

The Medicaid agency's medical staff must manually review claims for infliximab injections before payment is approved.

- A. Claims must be submitted to EDS on paper and accompanied by documentation of an office visit that includes a physical examination.
  - 1. The visit must be specifically identified by its date.
  - 2. The record of the examination must verify that the patient has at least one of the following diagnoses:

- a. Moderate to severe Crohn's disease,
  - b. Fistulizing Crohn's disease or
  - c. Moderate to severe active rheumatoid arthritis.
- B. The documentation of the office visit and physical examination must specifically note the criteria confirming one or more of the diagnoses listed above.
- C. The documentation of the dated history and physical must include the information that, as of the date of that examination, the patient's condition is such that he or she:
- 1. Has failed conventional therapy of at least three doses of each previous drug therapy offered (List the failed drug therapy regimens in detail),
  - 2. Has failed all previously offered treatment regimens, of which one such treatment regimen specifically included methotrexate therapy,
  - 3. Has fistulas present with a diagnosis that includes Crohn's disease.

If you need this material in an alternative format, such as large print, please contact our Americans with Disabilities Act Coordinator at (501) 682-6789 or 1-877-708-8191. Both telephone numbers are voice and TDD.

**If you have questions regarding this notice, please contact the EDS Provider Assistance Center at In-State WATS 1-800-457-4454, or locally and Out-of-State at (501) 376-2211.**

Thank you for your participation in the Arkansas Medicaid Program.

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Roy Jeffus, Director

*Arkansas Medicaid provider manuals (including update transmittals), official notices and remittance advice (RA) messages are available for downloading from the Arkansas Medicaid website: [www.medicaid.state.ar.us](http://www.medicaid.state.ar.us).*