



# Arkansas Department of Human Services

## Division of Medical Services

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### OFFICIAL NOTICE

**DMS-2004-A-3      DMS-2004-R-9**  
**DMS-2004-CA-5    DMS-2004-EE-3**  
**DMS-2004-L-11**

**TO:                      Health Care Provider – Ambulatory Surgical Center; Critical Access Hospital; Hospital; Physician and Podiatrist**

**DATE:                    October 1, 2004**

**SUBJECT:                Coverage of Zoledronic Acid Injection (J3487)  
Prior Authorization of Procedure Codes 15342 and 15343**

I. Coverage of Zoledronic Acid Injection

Effective for dates of service on and after October 1, 2004, Arkansas Medicaid will cover procedure code **J3487**, injection, zoledronic acid, 1 mg (Zometa). Procedure code **J3487** is payable to the physician when furnished in the office, place of service **11**. It is payable when furnished in the outpatient hospital, place of service **22** and in the ambulatory surgical center, place of service **24**.

- A. This injection is covered for male and female patients of all ages. However, a diagnosis of HIV/AIDS or cancer is required for patients aged 21 and older.
- B. Providers must obtain approval prior to beginning treatment from the Medicaid agency's Medical Director by submitting the documents listed below.
  - 1. Documentation of an office visit that includes a physical examination. (The office visit must be specifically identified by its date and must note the diagnosis.)
  - 2. Medical history that includes an annotated list of previous treatment protocols administered and their results.
  - 3. Treatment plan for use of this drug.

- B. Paper claims (form CMS-1500) are required and must be submitted to EDS. Field 24-D. of form CMS-1500 must include the drug, dose and which treatment session is being billed.

Attachments required include:

1. Documents listed above.
2. A procedure report documenting the billed dose for the date of service on the claim
3. The Medical Director's approval letter.

Medical staff must manually review claims for zoledronic acid injections before payment is approved.

II. Prior Authorization of Procedure Codes **15342** and **15343**

Procedure codes **15342** and **15343** are covered for ambulatory surgical centers, hospitals, physicians and podiatrists. These services currently require prior authorization.

Effective for dates of service on and after October 1, 2004, CPT procedure codes **15342** and **15343** do *not* require prior authorization when the diagnosis is burn injury (ICD-9-CM code range 940.0 through 949.5). All other diagnoses requiring use of these procedures will continue to require prior authorization.

Thank you for your participation in the Arkansas Medicaid Program.

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Roy Jeffus, Director

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.**

*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).*