TO: Contracted Medicaid Managed Care Plans

FROM: Megan Powell, Interim Chief
Policy and Program Development Section, Office of Managed Care

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SUBJECT: Zolgensma Coverage Under Medicaid Hospital Benefit

The Ohio Department of Medicaid (ODM) will be adding coverage of Zolgensma under the Ohio Medicaid Fee-for-Service (FFS) hospital benefit. Zolgensma is a one-time-only gene therapy for the treatment of children less than 2 years old with spinal muscular atrophy (SMA). More information about Zolgensma can be found here: https://www.zolgensma.com/.

Claims guidance below explains how coverage of the drug will be handled in the managed care delivery system. Managed care plans (MCPs) are required to cover, and provide payment for, all medically necessary inpatient or outpatient hospital claims associated with the treatment of these individuals. Regardless of the setting and the payer (FFS or Managed Care), Zolgensma must be prior authorized through FFS. The approved prior authorization will be shared with the appropriate MCP for care management purposes. A copy of the request form will be shared with the MCPs at a later date.

Outpatient Hospital Setting

- The hospital submits all services, except for Zolgensma, provided on the date of service on an outpatient claim to the MCP.
- The hospital submits a fee-for-service outpatient claim for Zolgensma and only bill for drug acquisition charges on revenue code 631 with J3490 and Zolgensma product specific NDC.

Inpatient Hospital Setting

- The hospital submits an inpatient claim for the admission, except for Zolgensma, to the MCP.
- The hospital submits a fee-for-service outpatient claim for Zolgensma and only bill for drug acquisition charges on revenue code 631 with J3490 and Zolgensma product specific NDC.

ODM coverage of Zolgensma is effective for dates of service on or after May 24, 2019 – the date of the Federal Drug Administration approval.