



Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

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Director

INFORMATIONAL LETTER NO.1118

DATE: April 20, 2012

TO: Iowa Medicaid Pharmacies, Physicians and Advanced Registered Nurse Practitioner Providers

ISSUED BY: Iowa Department of Human Services, Iowa Medicaid Enterprise (IME)

RE: Hypertonic Saline for Inhalation Therapy

EFFECTIVE: Immediately

A change has been made in the coverage of hypertonic saline solution for inhalation therapy for patients with a diagnosis of Cystic Fibrosis (CF). Effective January 1, 2012, hypertonic saline (7% sodium chloride) for inhalation therapy is a covered benefit under the Medicaid program. This product will no longer require an exception to policy for coverage.

Pharmacies may bill HCPC J7131. Please note one (1) unit of J7131 is equivalent to one (1) milliliter of solution. The NDC for the solution provided must be included on the claim.

If you have any questions, please contact the IME Provider Services Unit at 1-800-338-7909, locally 515-256-4609 or by email at imeproviderservices@dhs.state.ia.us.

