

Title 23: Division of Medicaid

Part 203: Physician Services

Chapter 2: Physician-Administered Drugs and Implantable Drug System Devices

Rule 2.2: Drug Rebates

- A. In accordance with federal regulations, the Division of Medicaid collects Medicaid drug rebates from manufacturers on physician-administered drugs per the following:
1. Effective for all drugs administered on and after January 1, 2008, providers must submit the National Drug Code (NDC) of the drug administered in addition to the appropriate drug code for physician-administered drugs on claims.
 - a) An NDC is not required for vaccines or other drugs as specified by CMS.
 - b) The NDC of the drug administered must contain eleven (11) digits in the five (5) four (4) two (2) grouping and, if applicable, include “leading zeros (0)” to constitute an eleven (11) digit NDC code.
 - c) The NDC of the drug administered must be matched against a database to ensure its validity.
 2. Providers reimbursed based on a fee-for-service must submit the NDC of the drug administered with the appropriate code(s) including, but not limited to, ambulances, independent radiology clinics, free-standing and hospital based dialysis facilities, nurse practitioners, optometrists, individual physicians, physician groups, physician assistants, and podiatrists.
 3. Providers reimbursed based on a per diem, encounter or other type of rate are not required to submit the NDC or appropriate code(s) for drugs administered/dispensed by providers including, but not limited, to outpatient hospitals, federally qualified health centers (FQHC), rural health clinics (RHC), ambulatory surgical centers (ASC), home health agencies, nursing homes or other long term-term care facilities.
 4. The Division of Medicaid only reimburses for physician administered drugs that are:
 - a) Subject to the federal rebate program, and
 - b) Not considered Drug Efficacy Study Implementation (DESI) drugs.
 5. Providers participating in the 340B program must adhere to all the provisions in Miss. Admin. Code Part 200, Chapter 4, Rule 4.10.

B. The Division of Medicaid has the authority to recoup monies when an audit determines that the incorrect NDC number was billed.

Source: Deficit Reduction Act of 2005; 42 U.S.C. § 1396r-8; Miss. Code Ann. § 43-13-121.

History: Revised eff. 09/01/2015; Revised eff. 07/01/2014.

Rule 2.6: 17 Alpha-Hydroxyprogesterone Caproate Injections (17-P)

The Division of Medicaid covers medically necessary intramuscular injections of 17 Alpha-Hydroxyprogesterone Caproate (17-P). [Refer to Miss. Admin. Code Part 203, Rule 2.1.A.]

Source: 42 CFR §§ 435.116, 440.210; Miss. Code Ann. § 43-13-121.

History: Revised eff. 09/01/2015.

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 4. The Division of Medicaid only reimburses for physician administered drugs that are:
 - a) Subject to the federal rebate program, and
 - b) Not considered Drug Efficacy Study Implementation (DESI) drugs.
 5. Providers participating in the 340B program must adhere to all the provisions in Miss. Admin. Code Part 200, Chapter 4, Rule 4.10.

B. The Division of Medicaid has the authority to recoup monies when an audit determines that the incorrect NDC number was billed.

Source: Deficit Reduction Act of 2005, ~~Section 1927(a)(7) of the Security Act~~ U.S.C. § 1396r-8; ~~Federal Regulations published by CMS on July 17, 2007;~~ Miss. Code Ann. § 43-13-121.

History: Revised eff. 09/01/2015; Revised eff. 07/01/2014.

Rule 2.6: 17 Alpha-Hydroxyprogesterone Caproate Injections (17-P)

A. The Division of Medicaid covers medically necessary intramuscular injections of 17 Alpha-Hydroxyprogesterone ~~injection~~ Caproate (17-P) [Refer to Miss. Admin. Code Part 203, Rule 2.1.A.] weekly from sixteen (16) to thirtysix (36) weeks gestation when one of the following indications are present:

- ~~1. Patient with a prior history of spontaneous pre-term birth in a singleton pregnancy, with or without shortened cervix, that was not an indicated delivery for obstetric, infectious or medical disorder/pre-eclampsia reason(s), or~~
- ~~2. Patient with a singleton gestation and a shortened cervix as demonstrated by vaginal ultrasound > five (5) mm but < twenty five (25) mm at eighteen (18) to thirty four (34) weeks.~~

~~B. The therapy should be started by twenty one (21) weeks gestation for best results, but can be initiated later in gestation if the patient is identified as a candidate at a later time. No benefit is gained if the mode of therapy is initiated at or after thirty four (34) weeks of gestation.~~

~~C. Prescribing providers must document the beneficiary's desire to take 17-P injections and to be compliant with the treatment plan and be responsible for teaching the beneficiary the signs and symptoms of pre-term labor and instructions to follow if symptoms occur.~~

~~D. The injection of 17 P is non-covered if the beneficiary has one (1) of the following contraindications:~~

- ~~1. Prior pre-term delivery/birth indicated or occurred in association with infection, obstetric and/or medical disorder causation;~~
- ~~2. Multiple gestation unless cervix is shortened;~~
- ~~3. Ruptured membranes;~~
- ~~4. Evidence of chorioamnionitis, or~~
- ~~5. Cervical length < five (5) mm.~~

~~E. The drug must be administered in a physician's office or clinic.~~

~~F. The provider must complete a Certificate of Medical Necessity for review.~~

Source: 42 CFR §§ 435.116, 440.210; Miss. Code Ann. § 43-13-121.

History: Revised eff. 09/01/2015.