Title 23: Division of Medicaid

Part 203: Physician Services

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

Rule 2.1: Covered Services

A. The Division of Medicaid covers medically necessary physician-administered drugs and implantable drug system devices defined as a drug other than vaccines, diagnostic or therapeutic radiopharmaceutical, contrast imaging agent, biological or implantable drug system device covered under the Social Security Act § 1927(k)(2) that:

   1. Are administered by a medical professional in a physician's office or other outpatient clinical setting,

   2. Are incident to physician services that are separately billed to the Division of Medicaid,

   3. Qualifies for rebate in accordance with 42 USC § 1396r-8,

   4. Are Food and Drug Administration (FDA) approved or follows medically accepted indications and dosing limits supported by one (1) or more of the official compendia as designated by the Centers for Medicare and Medicaid Services (CMS), and

   5. Are not considered cosmetic, investigational, experimental or unproven.

B. The Division of Medicaid reimburses for discarded drugs or biologicals up to the dosage amount indicated on the single-use vial or package label minus the administered dose(s) if:

   1. The drug or biological is supplied in a single use vial or single-use package,

   2. The drug or biological is actually administered to the beneficiary to appropriately address his/her condition and any unused portion is discarded,

   3. The amount wasted is recorded in the beneficiary's medical record,

   4. The provider has written policy and procedures regarding single-use drugs and biologicals and bills all payers in the same manner, and

   5. The amount billed to the Division of Medicaid as a discarded drug is not administered to another beneficiary or patient.

C. The Division of Medicaid does not reimburse for discarded drugs or biologicals when:

   1. A beneficiary misses an appointment,

2. A multi-use vial or package is used,

3. The actual dose of the drug or biological administered is less than the billing unit,

4. The drug or biological is administered during an inpatient stay, or

5. The extra amount of the drug is provided to account for wastage in a syringe hub.

D. The Division of Medicaid defines an implantable drug system device as an instrument, apparatus, implement, machine, contrivance, implant, in vitro reagent or other similar or related article, including a component part, or accessory which is:

1. Recognized in the official National Formulary, the United States Pharmacopoeia or any supplement to one of these, or

2. Intended for use in the diagnosing of disease or other conditions, or in the cure, mitigation, treatment, or prevention of disease.

E. The Division of Medicaid covers the insertion and removal of a Food and Drug Administration (FDA) approved implantable drug system device if it:

1. Is medically necessary,

2. Is in compliance with its approved uses, specifications and restrictions, and

3. Meets all other applicable coverage requirements.

F. The Division of Medicaid does not cover:

1. Services related to the use of a non-covered medical device, or

2. Implantable drug system devices that are considered experimental or investigational.

Source: 42 USC § 1396r-8; Miss. Code Ann. § 43-13-121.

History: Added Miss. Admin. Code Part 203, Rule 2.1.A.5. eff. 05/01/2016. Revised eff. 07/01/2014.

Rule 2.3: [Refer to Miss. Admin. Code Part 203, Rule 2.1]

Rule 2.4: [Refer to Miss. Admin. Code Part 203, Rule 2.1]

Rule 2.5: [Refer to Miss. Admin. Code Part 203, Rule 2.1]

Rule 2.6: [Refer to Miss. Admin. Code Part 203, Rule 2.1]

Chapter 4: Surgery

Rule 4.13: [Refer to Miss. Admin. Code Part 203, Rule 2.1]

Rule 4.14: [Refer to Miss. Admin. Code Part 203, Rule 2.1]