

NOTICE OF RULE ADOPTION—FINAL RULE

STATE OF MISSISSIPPI
OFFICE OF THE GOVERNOR
DIVISION OF MEDICAID

Miss. Division of Medicaid
c/o Bob M. Dent, Staff Officer
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Specific Legal Authority Authorizing the promulgation of
Rule: Miss Code Ann. §43-13-121(1972), as amended

Reference to Rules repealed, amended or suspended by the
Proposed Rule :
Provider Policy Manual New Section 53.24 and 53.26

Date Rule Proposed:

Explanation of the Purpose of the Proposed Rule and the reason(s) for proposing the rule:
AP 2006-41. This Provider Policy Manual creates new subsections for 53.24 and 53.26 regarding
General Medical Policy - Post-Operative Pain Management and Hyaluronate Joint Injection,
respectively.

The Agency Rule Making Record for this rule including any written comments received during the comment period and the record of any oral proceeding is available for public inspection by contacting the Agency at the above address.

An oral proceeding was held on this rule:

Date:
Time:
Place:

An oral proceeding was not held on this rule.

The Agency has considered the written comments and the presentations made in any oral proceedings, and

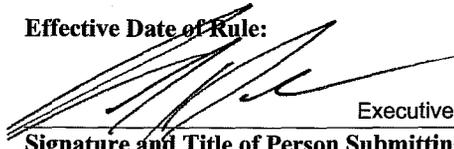
This rule as adopted is without variance from the proposed rule.

This rule as adopted differs from the proposed rule as there are minor editorial changes which affect the form rather than the substance of the rule.

The rule as adopted differs from the proposed rule. The differences however are:
Within the scope of the matters in the Notice of Proposed Rule Adoption, the logical outgrowth of the contents of the Notice of Proposed Rule Adoption and the comments submitted in response thereto, and
The Notice of Proposed Rule Adoption provided fair warning that the outcome of the proposed rule adoption could be the rule in question.

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.

Effective Date of Rule:



Executive Director

Signature and Title of Person Submitting Rule for Filing

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|---|---|---------------------------------|
| Division of Medicaid State of Mississippi Provider Policy Manual | New: X Revised: Current: | Date: 11/01/06 Date: |
| Section: General Medical Policy | Section: 53.24 | |
| Subject: Post-Operative Pain Management | Pages: 2 | |
| | Cross Reference: 7.03 Maintenance of Records | |

The definition for post-operative pain management is the management of a patient's pain beyond, or separate from, the recovery room or operating room.

Daily post-operative pain management services are the responsibility of the surgeon, except under extraordinary circumstances.

Post-operative pain management may be provided by several means, including, but not limited to:

- A) Oral and parenteral administration – The use of oral and parenteral analgesia is included in the hospital post-operative care, and the prescription is part of the surgeon's post-operative management and is included in the surgery reimbursement fee.
- B) Patient controlled analgesia (PCA) – Patient controlled analgesia is generally administered as an intravenous opiate infusion. The medication is available via an intravenous pump, and the patient can trigger the pump to deliver additional doses of medication based on his/her individual threshold for pain, within the parameters programmed into the device. This type of post-operative pain management is considered part of the surgeon's post-operative management.
- C) Epidural – Epidural analgesia usually requires the placement of an epidural catheter, but may also be performed by a single injection. Examples of epidural placement include, but are not limited to, the following:
 - 1) Anesthesiologist administers general anesthesia for the surgery and also places an epidural for post-operative pain management.
 - 2) Anesthesiologist administers an epidural for the surgery and uses the same epidural for post-operative pain management.
 - 3) Anesthesiologist administers anesthesia for surgery; after the recovery, an epidural is required for post-operative pain management.
 - 4) Anesthesiologist administers anesthesia for surgery; the surgeon inserts an epidural for post-operative pain management on the same date of service.

Documentation Requirements

Providers must maintain proper and complete documentation to verify the services provided. The provider has full responsibility for maintaining documentation to justify the services provided. At a minimum, the medical record should include, but is not limited to, the following:

- Documentation must reflect the medical necessity of providing the service;
- Documentation of daily services provided by the surgeon;
- The name, strength, dosage, route (intramuscular, intravenous, subcutaneous, oral, topical, etc.), date and time, indication for, and the administration of medications administered to the patient.
- Documentation supporting failure of conservative management;

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- Relevant clinical signs and symptoms;

Documentation must be legible and medical records must be available to the Division of Medicaid, the fiscal agent, and/or the Utilization Management/Quality Improvement Organization (UM/QIO) upon request.

Refer to Section 7.03, Maintenance of Records in this manual for additional information regarding documentation.

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|---|---|---------------------------------|
| Division of Medicaid State of Mississippi Provider Policy Manual | New: X Revised: Current: | Date: 11/01/06 Date: |
| Section: General Medical Policy | Section: 53.26 | |
| Subject: Hyaluronate Joint Injection | Pages: 2 | |
| | Cross Reference: 7.03 Maintenance of Records | |

Hyaluronate is a synthetic synovial fluid approved by the FDA as a medical device and not as a drug. It is approved for the treatment of pain in osteoarthritis of the knee joint only, in those patients who have not responded adequately to conservative therapy (ex: physical therapy, weight loss, simple analgesics, such as acetaminophen, etc.). This device is not indicated for use in end-stage degenerative joint disease.

The literature suggests that maximum benefits may not be obtained for several weeks after injection, and that after a course of treatment, the relief may last for 6 to 8 months in those patients who respond to the treatment.

Criteria for Coverage

The following criteria for coverage apply to Hyaluronate:

1. The patient is being treated for pain which is caused by osteoarthritis of the knee joint.
2. The patient does not have end-stage degenerative joint disease.
3. The patient has not responded adequately to conservative therapy (ex: physical therapy, weight loss, and/or simple analgesics, etc.).
4. The treatment is performed in accordance with acceptable standards of practice.
5. The medical necessity is documented on the claim by reporting ICD-9 Diagnosis Code 715.16.
6. Modifier -50, when applicable, is used with the appropriate CPT code which identifies a bilateral arthrocentesis of a major joint (injection into joint).
7. If the first series of injections failed to prove beneficial, repeat injections are considered not medically necessary.
8. The medical device/solution must be FDA approved.

For Mississippi Medicaid, the provider **must** bill separately for each date of service rather than combining and billing after the completion of the full series of injections.

Documentation Requirements

The physician performing the procedure must maintain, at a minimum, the following documentation relating to the medical necessity for the procedure.

- Patient History
- Physical Examinations
- Diagnosis(es)
- Examination notes documenting the evaluation and management of the condition/diagnosis(es)
- Relevant clinical signs and symptoms

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- Abnormal laboratory, x-ray, and/or other diagnostic test results
 - Documentation supporting failure of conservative treatment (Ex: physical therapy, weight loss, simple analgesics, etc.)
 - Documentation must indicate the route of administration, the clinical information supporting the indication for use, and the frequency of its use

Documentation must be legible and medical records must be available to the Division of Medicaid, the fiscal agent, and/or Utilization Management/Quality Improvement Organization (UM/QIO) upon request.

Refer to Section 7.0, General Policy in this manual for additional documentation information.