

Distribution: Community Mental Health Services Programs 03-04
Medicaid Health Plans 03-05

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Subject: Billing for Injectable Medications Ordered by Community Mental Health Services Program (CMHSP) Physicians and Administered Through the CMHSP Clinic

Effective: Upon Receipt

Programs Affected: Medicaid

Medicaid covers injectable drugs administered by a physician in non-facility settings such as an office or clinic, including Community Mental Health Services Program (CMHSP) clinics. These are physician services and are not part of the Medicaid pharmacy benefit.

In the office or clinic setting, physician-administered injectable drugs must be billed by the physician. It is not appropriate to send the beneficiary to a pharmacy to obtain an injectable drug or to have the pharmacy bill the Program directly for the ordered drugs under the pharmacy benefit if the physician administers the drug. When the pharmacy sells injectable drugs to a physician for use in the office or clinic, the pharmacy must obtain payment from the physician.

Injections provided in the CMHSP clinic setting may be administered by appropriate non-physician staff if done under a physician's personal supervision. The non-physician staff may be employed by the physician or the CMHSP clinic that also employs the physician. Personal supervision means the physician must be available in the clinic at the time the injection is administered.

For Medicaid to pay for an injectable drug, the drug must be FDA approved and reasonable and necessary according to accepted standards of medical practice for the diagnosis or treatment of the illness or injury of the beneficiary.

An injectable drug is only covered if the drug:

- is specific and effective treatment for the condition for which it is being given, and
- is given for the treatment of a particular documented diagnosis, condition, or illness, and
- is administered by the recommended or accepted administration method for the condition being treated, and
- is administered according to the recommended dosing schedule and amount for the condition being treated.

The cost of the injectable drug is considered separate from the administration of the drug. If another physician service is rendered at the same time, such as an office visit, the administration of the drug is considered to be a part of the office visit but the cost of the drug is still billed separately. The cost of administering the injection is not billed to the Program, as this coverage is included in the Medicaid capitation payments to the CMHSP for all Medicaid beneficiaries.

Beneficiaries Under Fee-for-Service Medicaid

Physicians administering injectable drugs through a CMHSP clinic to Fee-For-Service (FFS) Medicaid beneficiaries receiving mental health services through the CMHSP will continue to bill the FFS Program directly for the cost of the injectable. The physician must bill the injectable using his/her Medicaid ID number associated with the CMHSP clinic.

Beneficiaries Enrolled in Medicaid Health Plans

Physicians administering injectable drugs through a CMHSP clinic to a Medicaid Health Plan (MHP) enrollee may bill the FFS Program directly for the cost of the injectable if all of the following criteria are met:

- The beneficiary has an open case with the CMHSP.
- The beneficiary receives the injections on a scheduled or routine basis as a part of their CMHSP treatment/supports regimen.
- The CMHSP physician has determined that the beneficiary may not comply with the prescribed medication regimen if the injections were not administered through the CMHSP clinic and that this noncompliance could adversely affect the beneficiary.
- The CMHSP clinic notifies the beneficiary's MHP or primary care physician (PCP) that this service is being rendered.
- The injectable medications are one of the following:
 - Haloperidol (e.g., Haldol)
 - Haloperidol Decanoate (e.g., Haldol-D)
 - Fluphenazine Decanoate (e.g., Prolixin)
 - Benztropine Mesylate (e.g., Cogentin)
 - Lorazepam (e.g., Ativan)
 - Diphenhydramine HCl (e.g., Benadryl)
 - Adrenalin, Epinephrine

NOTE: The list of injectable medications that can be billed directly to the FFS Program for MHP enrollees may be modified as new drugs are approved for Medicaid coverage. A current list of approved medications will be maintained on the DCH webpage at www.michigan.gov/mdch, click on Providers, Information for Medicaid Providers, Medicaid Fee Screens. No notice of changes to the list will be issued directly to providers.

Injectable drugs that do not meet the above criteria remain the responsibility of the MHP and must follow the MHP's authorization and service provision requirements. The MHP must not refer beneficiaries to the CMHSP solely for the purpose of receiving injections through the CMHSP clinic.

Billing the Cost of the Drug(s) to the Program

The cost of the drug(s) administered is billed to the Program using the appropriate HCPCS procedure code(s). The quantity billed must reflect the dose administered according to the description of the procedure code. If the procedure code description does not reflect the exact dosage administered, the quantity is rounded up to best describe the amount given. For example, HCPCS code J1631 is injection, Haloperidol Decanoate, per 50 mg. If 75 mg. is administered, the quantity is reported as 2. When administering a dose drawn from a multiple dose vial, only the amount administered to the beneficiary is billed to the Program. However, if a drug is only available in a single-use size and any drug not used must be discarded, the Program can be billed for the amount of the drug supplied in the vial. Fee screens are established at 95% of the average wholesale price (AWP) of the drug. Injectable drug fee screens are updated quarterly.

Manual Maintenance

Retain this bulletin for future reference.

Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Community Health, P.O. Box 30731, Lansing, Michigan 48909-8231 or e-mail ProviderSupport@michigan.gov. When you submit an e-mail, be sure to include your name, affiliation, and phone number so you may be contacted if necessary. Providers may phone toll free 1-800-292-2550.

Approval



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