

TITLE 317. OKLAHOMA HEALTH CARE AUTHORITY
CHAPTER 30. MEDICAL PROVIDERS-FEE FOR SERVICE
SUBCHAPTER 5. INDIVIDUAL PROVIDERS AND SPECIALTIES
PART 1. PHYSICIANS

317:30-5-14. Injections

(a) Coverage for injections is limited to those categories of drugs included in the vendor drug program for SoonerCare. SoonerCare payment is not available for injectable drugs whose manufacturers have not entered into a drug rebate agreement with the Centers for Medicare and Medicaid Services (CMS). OHCA administers and maintains an open formulary subject to the provisions of Title 42, United States Code (U.S.C.), Section 1396r-8. The Authority OHCA covers any a drug for its approved purpose that has been approved by the Food and Drug Administration (FDA) subject to the exclusions and limitations provided in OAC 317:30-5-72.1. Administration of injections is paid in addition to the medication.

(1) **Immunizations for children.** An administration fee will be paid for vaccines administered by providers participating in the Vaccines for Children Program. When the vaccine is not included in the program, the administration fee is included in the vaccine payment. Payment will not be made for vaccines covered by the Vaccines for Children Program.

(2) **Immunizations for adults.** Coverage for adults is provided as per the Advisory Committee on Immunization Practices (ACIP) guidelines. A separate payment will not be made for the administration of a vaccine. The administration fee is included in the vaccine payment.

~~(b) The following drugs, classes of drugs or their medical uses are excluded from coverage:~~

~~(1) Agents used for the treatment of anorexia, weight gain, or obesity;~~

~~(2) Agents used to promote fertility;~~

~~(3) Agents used to promote hair growth;~~

~~(4) Agents used for cosmetic purposes;~~

~~(5) Agents used for the symptomatic relief of coughs and colds. Cough and cold drugs are not covered;~~

~~(6) Agents that are experimental or whose side effects make usage controversial; and~~

~~(7) Vitamins and Minerals with the following exception:~~

~~(A) Vitamin B 12 is covered only when there is a documented occurrence of malabsorption disease;~~

~~(B) Vitamin K injections are compensable; and~~

~~(C) Iron injections when medically necessary and documented by objective evidence of failure to respond to oral iron.~~

~~(e) (b) Use the appropriate HCPC code when available HCPCS code and National Drug Code (NDC). When drugs are billed under~~

~~miscellaneous codes, a paper claim must be filed. The~~ In addition to the NDC and HCPCS code, claims must contain the drug name, strength, and dosage amount, ~~and National Drug Code (NDC).~~

~~(d)~~ (c) Payment is made for allergy injections for adults and children. When the contracted provider actually administers or supervises the administration of the injection, the administration fee is compensable. No payment is made for administration when the allergy antigen is self-administered by the member. When the allergy antigen is purchased by the physician, payment is made by invoice attached to the claim.

~~(e)~~ (d) Rabies vaccine, Imovax, Human Diploid and Hyperab, Rabies Immune Globulin are covered under the vendor drug program and may be covered as one of the covered prescriptions per month. Payment can be made separately to the physician for administration. If the vaccine is purchased by the physician, payment is made by invoice attached to the claim.

~~(f)~~ (e) Trigger point injections (TPI's) are covered using appropriate CPT codes. Modifiers are not allowed for this code. Payment is made for up to three injections (3 units) per day at the full allowable. Payment is limited to 12 units per month. The medical records must clearly state the reasons why any TPI services were medically necessary. All trigger point records must contain proper documents and be available for review. Any services beyond 12 units per month or 36 units per 12 months will require mandatory review for medical necessity. Medical records must be automatically submitted with any claims for services beyond 36 units.

~~(g)~~ (f) If a physician bills separately for surgical injections and identifies the drugs used in a joint injection, payment will be made for the cost of the drug in addition to the surgical injection. The same guidelines apply to aspirations.

~~(h)~~ (g) When IV administration in a Nursing Facility is filed by a physician, payment may be made for medication. Administration should be done by nursing home personnel.

~~(i)~~ (h) Intravenous fluids used in the administration of IV drugs are covered. Payment for the set is included in the office visit reimbursement.

317:30-5-15. Chemotherapy injections

(a) Outpatient.

(1) Outpatient chemotherapy is compensable only when a malignancy is indicated or for the diagnosis of Acquired Immune Deficiency Syndrome (AIDS). Outpatient chemotherapy treatments are unlimited. Outpatient visits in connection with chemotherapy are limited to four per month.

(2) Payment for administration of chemotherapy medication is made under the appropriate ~~HCPC Supplemental J Codes~~ National Drug Code (NDC) and HCPCS code as stated in 371:30-5-14(b).

Payment is made separately for office visit and administration under the appropriate CPT code.

(3) When injections exceed listed amount of medication, show units times appropriate quantity, i.e., injection code for 100 mgm but administering 300, used 100 mgm times 3 units.

(4) Glucose - fed through IV in connection with chemotherapy administered in the office ~~would be~~ is covered under the appropriate NDC and HCPCS code.

(b) **Inpatient.**

(1) Inpatient hospital supervision of chemotherapy administration is non-compensable. The hospital visit in connection with chemotherapy could be allowed within our guidelines if otherwise compensable, but must be identified by description.

(2) Hypothermia - Local hypothermia is compensable when used in connection with radiation therapy for the treatment of primary or metastatic cutaneous or subcutaneous superficial malignancies. It is not compensable when used alone or in connection with chemotherapy.

(3) The following are not compensable:

(A) Chemotherapy for Multiple Sclerosis;

(B) Efudex;

(C) Oral Chemotherapy;

(D) Photochemotherapy;

(E) Scalp Hypothermia during Chemotherapy; and

(F) Strep Staph Chemotherapy.