



State of New Mexico
 Medical Assistance Program Manual
Supplement



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TO: ALL DIALYSIS FACILITY PROVIDERS PARTICIPATING IN THE NEW MEXICO MEDICAID PROGRAM AND MAD STAFF

FROM: CAROLYN INGRAM, DIRECTOR, MEDICAL ASSISTANCE DIVISION

BY: ROBERT STEVENS, CHIEF, BENEFITS BUREAU

SUBJECT: BILLING PROCEDURE FOR DRUGS NOT INCLUDED IN THE DIALYSIS COMPOSITE RATE

Currently, Medicaid billing procedure require dialysis facilities to bill drugs administered during dialysis, that are not inclusive of the composite rate, using revenue codes 0250 (Pharmacy General Classification), 0251 (Pharmacy Generic Drugs) or 0252 (Pharmacy Non-Generic Drugs).

Effective with dates of service November 1, 2006, dialysis facility providers will be required to bill drugs administered during dialysis, **that are not included in the composite rate**, using revenue code 0636 (Drugs Requiring Specific Information) along with the HCPCS code that identifies the drug that was administered. Drugs are assigned HCPCS codes, if no HCPCS code is listed for a drug (e.g., a new drug) the facility bills using HCPCS code J3490, "Unclassified Drugs," and submits documentation identifying the drug, eg: NDC number and description. Submit claim with required documentation to the fiscal agent. Reimbursement will be made at the lower of the provider's billed charge or the Medicaid fee schedule in effect for the HCPCS code, for the date of service.

The following is a list of drugs that are covered under the facility's composite rate and may **not** be billed separately. Drugs that are used as a substitute for any of these items, or are used to accomplish the same effect, are also included in the composite rate.

Heparin	Mannitol	Glucose
Antiarrhythmics	Saline	Antihypertensives
Protamine	Pressor drugs	Antihistamines
Local anesthetics	Heparin antidotes	Dextrose
Apresoline (hydralazine)	Benadryl	Inderal
Dopamine	Hydralazine	Levophed
Insulin	Lanoxin	Verapamil
Lidocaine	Solu-cortef	Antibiotics (when used at home by a patient to treat an infection of the catheter site or peritonitis associated with peritoneal dialysis)

The administration of these items (both the staff time and the supplies) is covered under the composite rate and may not be billed separately.

BILLING UNITS OF SERVICE:

When the dosage amount is greater than the amount indicated for the HCPCS code, the facility rounds up to determine units of measure. When the dosage amount is less than the amount indicated for the HCPCS code, use one as the unit of measure. In the example below, if the dosage were 7 mg, the facility would show 2 in the unit field, if the dosage were 3 mg, the facility would show 1 in the unit field.

EXAMPLE:

HCPCS	Drug	Dosage (lowest denominator)
J3360	Valium	5 mg

Epoetin Alfa (EPO)

Revenue codes 0634 [Erythropoietin (EPO) Less Than 10,000 Units] and 0635 [Erythropoietin (EPO) 10,000 or More Units] must be used to report EPO. Code 0634 reports the number of administrations under 10,000 units and 0635 reports the number of administrations of 10,000 or more.

The HCPCS code for EPO must be included: Q4055 – Injection, Epoetin alfa, 1,000 units (for ESRD on Dialysis). Units of service must be billed as one (1) unit per 1,000 units of EPO. When the dosage amount is greater than the amount indicated for the HCPCS code, the facility rounds up to determine units. When the dosage amount is less than the amount indicated for the HCPCS code, use one as the unit of measure.

Please visit the Medical Assistance website at <http://www.state.nm.us/hsd/mad/Index.html> for HCPCS drug procedure codes fee schedule information and other program information. You may also contact the Medical Assistance Division at (505) 827-3171.