

NOTICE OF PROPOSED RULE ADOPTION

STATE OF MISSISSIPPI  
OFFICE OF THE GOVERNOR  
DIVISION OF MEDICAID

Miss. Division of Medicaid  
c/o Ginnie McCardle, Spec. Proj. Officer  
Robert E. Lee Building  
239 N. Lamar Street  
Suite 801  
Jackson, MS 39201-1399  
(601) 359-6310  
<http://www.dom.state.ms.us>

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Reference to Rules repealed, amended or suspended by the Proposed Rule : Provider Policy Manual Section 42.11, 52.15, 53.29,

**Explanation of the Purpose of the Proposed Rule and the reason(s) for proposing the rule:**

AP2006-65 This Provider Policy Update creates three new sections for inclusion: 42.11, 52.15, and 53.29 regarding casting, splinting, or strapping in the office setting under the General Medical Policy, Surgery, and Foot Care Sections respectively. When billing MS Division of Medicaid, the provider must use the appropriate codes. This also applies to the coding of supplies used in the above procedures and the coding of replacement casts, splints, or straps.

This rule is proposed as a  Final Rule, and/or a  Temporary Rule (Check one or both boxers as applicable.)

Persons may present their views on the proposed rule by addressing written comments to the agency at the above address. Persons making comments should include their name and address, as well as other contact information, and if you are an agent or attorney, the name, address and telephone number of the party or parties you represent.

Oral Proceeding: Check one box below:

An oral proceeding is scheduled on this rule on Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Place: \_\_\_\_\_

If you wish to be heard and present evidence at the oral proceeding you must make a written request to the agency at the above address at least \_\_\_\_\_ day(s) prior to the proceeding to be placed on the agenda. The request should include your name, address, telephone number as well as other contact information; and if you are an agent or attorney, the name, address and telephone number of the party or parties you represent.

An oral proceeding is not scheduled on this rule. Where an oral proceeding is not scheduled, an oral proceeding will be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address and telephone number of the person(s) making the request; and if you are an agent or attorney, the name, address and telephone number of the party or parties you represent.

Economic Impact Statement: Check one box below:

The agency has determined that an economic impact statement is not required for this rule, or

The concise summary of the economic impact statement required is attached.

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

Date Rule Proposed: November 16, 2006

Proposed Effective Date of Rule: February 1, 2007

Executive Director

Signature and Title of Person Submitting Rule for Filing

<b>Division of Medicaid</b>	<b>New: X</b>	<b>Date: 02/01/07</b>
<b>State of Mississippi</b>	<b>Revised:</b>	<b>Date:</b>
<b>Provider Policy Manual</b>	<b>Current:</b>	
<b>Section: General Medical Policy</b>	<b>Section: 53.29</b>	
	<b>Pages: 1</b>	
<b>Subject: Casting, Splinting, or Strapping in Office Setting</b>	<b>Cross Reference:</b>	

For the professional fees for application of casts, splints, or strapping performed in the office setting, a physician, physician assistant, or nurse practitioner must bill the appropriate CPT evaluation and management code, or fracture or dislocation codes, or application of casts and strapping code. Providers must follow the CPT coding guidelines for selection of the appropriate code.

For casting, splinting, or strapping supplies provided by a physician, physician assistant, or nurse practitioner in the office setting, the provider must bill the HCPCS codes in the Q4001-Q4050 range for the cost of the supplies.

The coding criteria listed above apply to replacement casts, splints, or strapping.

<b>Division of Medicaid</b>	<b>New: X</b>	<b>Date: 02/01/07</b>
<b>State of Mississippi</b>	<b>Revised:</b>	<b>Date:</b>
<b>Provider Policy Manual</b>	<b>Current:</b>	
<b>Section: Foot Care</b>	<b>Section: 42.11</b>	
	<b>Pages: 1</b>	
<b>Subject: Casts, Splinting, or Strapping in Office Setting</b>	<b>Cross Reference: Casting, Splinting, or Strapping in Office Setting 53.29</b>	

Refer to General Medical Policy, Section 53.29, in this manual.

<b>Division of Medicaid</b>	<b>New: X</b>	<b>Date: 02/01/07</b>
<b>State of Mississippi</b>	<b>Revised:</b>	<b>Date:</b>
<b>Provider Policy Manual</b>	<b>Current:</b>	
<b>Section: Surgery</b>	<b>Section: 52.15</b>	
	<b>Pages: 1</b>	
<b>Subject: Casting, Splinting, or Strapping in Office Setting</b>	<b>Cross Reference: Casting, Splinting, or Strapping in Office Setting 53.29</b>	

Refer to General Medical Policy, Section 53.29. in this manual.