

NOTICE OF PROPOSED RULE ADOPTION

STATE OF MISSISSIPPI
OFFICE OF THE GOVERNOR
DIVISION OF MEDICAID

Miss. Division of Medicaid
c/o Ginnie McCardle, Staff Officer
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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Reference to Rules repealed, amended or suspended by the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 53.36, 26.30, 13.17, 55.14

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

AP2008-37 This administrative policy amendment is being filed to update Medicaid's policy regarding the insertion of
Retisert (Fluocinolone acetonide intravitreal implant). The limitations and documentation required are outlined in Section
53.36. Sections 26.30, 13.17, and 55.15 cross-reference Section 53.36.

This rule is proposed as a [X] 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.

[X] 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:

[X] 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: July 16, 2008

Proposed Effective Date of Rule: October 1, 2008

Executive Director

Signature and Title of Person Submitting Rule for Filing

Division of Medicaid State of Mississippi Provider Policy Manual	New: X Revised: Current:	Date: 10/01/08 Date:
Section: General Medical Policy	Section: 53.36 Pages: 1	
Subject: Insertion of Retisert (Fluocinolone acetonide intravitreal implant)	Cross Reference: Maintenance of Records 7.03	

Retisert is a surgically placed corticosteroid implant for the treatment of chronic non-infectious uveitis affecting the posterior segment of the eye. Non-infectious uveitis is an inflammatory disease which may be idiopathic and/or systemic in origin.

Retisert may be placed unilaterally or bilaterally. The bilateral procedure may be done at the same time, or may be done at separate times.

Limitations

Coverage of the Retisert insertion procedure is restricted to patients who are no longer tolerant of, or responsive to, more conservative treatment modalities.

Retisert is contraindicated in most viral diseases of the cornea and conjunctiva including, but not limited to:

- Epithelial herpes simplex
- Keratitis (dendritic keratitis)
- Vaccinia
- Varicella
- Mycobacterial infections of the eye
- Fungal diseases of ocular structures

Following depletion of fluocinolone acetonide from the implant as evidenced by recurrence of uveitis, Retisert may be replaced once every 2.5 years (30 months).

Insertion of Retisert is not covered in pediatric patients below the age of twelve (12) because the safety and effectiveness have not been established.

Documentation

Medical record documentation must be maintained by the performing physician and must include the clinical/medical necessity for the Retisert implant. Documentation must include, but is not limited to, the signs, symptoms, and/or diagnosis(es) that support the need for the service. All prior treatments shall be identified and documented as to why they failed. Documentation must also include the operative/procedure report and medical records (e.g., office notes, history and physical, etc.) supporting the signs, symptoms and diagnosis.

For further information regarding documentation, refer to Maintenance of Records, section 7.03.

Division of Medicaid State of Mississippi Provider Policy Manual	New: X Revised: Current:	Date: 10/01/08 Date:
Section: Hospital Outpatient	Section: 26.30	
Subject: Insertion of Retisert (Fluocinolone Acetonide Intravitreal Implant)	Pages: 1 Cross Reference: Insertion of Retisert 53.36	

Refer to Provider Policy Manual Section 53.36 for Retisert policy.

Division of Medicaid State of Mississippi Provider Policy Manual	New: X Revised: Current:	Date: 10/01/08 Date:
Section: Ambulatory Surgical Center	Section: 13.17	
Subject: Insertion of Retisert (Fluocinolone acetonide Intravitreal Implant)	Pages: 1	
	Cross Reference: Insertion of Retisert 53.36	

Refer to Provider Policy Manual Section 53.36 for Retisert policy.

Division of Medicaid	New: X	Date: 10/01/08
State of Mississippi	Revised:	Date:
Provider Policy Manual	Current:	
Section: Physician	Section: 55.14	
	Pages: 1	
Subject: Insertion of Retisert (Fluocinolone Acetonide Intravitreal Implant)	Cross Reference: Insertion of Retisert 53.36	

Refer to Provider Policy Manual Section 53.36 for Retisert policy.