

Section: Quick Reference Billing Tips

Quick Reference Billing Tips

As a provider to the Mississippi Medicaid program, our goal is to help you work easier, faster, and more efficiently. We have provided quick reference billing tips that you will need to bill Medicaid successfully. It is not a substitute for the detailed instructions in the Medicaid Provider Billing Handbook or the Mississippi Administrative Code Title 23. Instructions in this reference are general and are meant to direct the user to the comprehensive instructions in the provider billing handbook.

How To ...							
<p>Obtain a Mississippi Medicaid Provider Number</p>	<p>You may obtain a complete application at (https://ms-medicaid.com) or by calling Xerox at 1-800-884-3222.</p> <p>Providers complete the Medicaid provider enrollment/application package and submit it to:</p> <p style="text-align: center;">Mississippi Medicaid Program Provider Enrollment P.O. Box 23078 Jackson, MS 39225</p>						
<p>Obtain a National Provider Identifier</p> <p>National Provider Identifier (NPI) is a 10 digit number and the standard unique identifier for health care providers.</p>	<p>You may obtain your NPI through the National Plan and Provider Enumeration System (NPPES) as listed below:</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="background-color: #4F81BD; color: white; text-align: center;">By Telephone</td> </tr> <tr> <td style="text-align: center;">1-800-465-3203 (NPI Toll-Free) 1-800-692-2326 (NPI TTY)</td> </tr> <tr> <td style="background-color: #4F81BD; color: white; text-align: center;">By E-mail</td> </tr> <tr> <td style="text-align: center;">https://nppes.cms.hhs.gov</td> </tr> <tr> <td style="background-color: #4F81BD; color: white; text-align: center;">By Mail</td> </tr> <tr> <td style="text-align: center;">NPI Enumerator PO Box 6059 Fargo, ND 58108-6059</td> </tr> </table>	By Telephone	1-800-465-3203 (NPI Toll-Free) 1-800-692-2326 (NPI TTY)	By E-mail	https://nppes.cms.hhs.gov	By Mail	NPI Enumerator PO Box 6059 Fargo, ND 58108-6059
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<p>Register through the Web Portal</p> <p>The Web Portal is the electronic approach to rapid, efficient information exchange with providers including eligibility verification, claim submission, electronic report retrieval, and the latest updates to provider information.</p>	<p>Go to: (https://ms-medicaid.com)</p> <p>Once the site has been accessed, providers should click on the link titled, Web Account Registration, which is on the left side of the web portal homepage, and complete the appropriate fields to become a registered web portal user.</p>						

How To ...	
<p>Download WINASAP2003 Software</p> <p>Free software to submit MS Medicaid Claims electronically.</p>	<p>Go to: (www.acs-gcro.com) Must have completed the EDI (Electronic data Interchange) Submitter Enrollment Packet.</p> <p style="text-align: center;">EDI Questions and Assistance 1-800-884-3222, option 2, then 4</p>
<p>Obtain Provider Billing Forms</p> <p>CMS-1500 UB-04 Dental Pharmacy Medicare Crossover Part A Medicare Crossover Part B</p>	<p>If you are not sure which form to use, please see sections 2.0, 2.3, 3.0, 3.2, 4.0, 5.0 in the billing handbook at (http://www.medicaid.ms.gov) under Provider Billing Handbook or call 1-800-884-3222.</p> <p>CMS-1500, UB-04, and Dental forms are not supplied by the Division of Medicaid or by the fiscal agent. You may obtain these forms at an office supply or printing company.</p>
<p>Refer to the Mississippi Medicaid Provider Billing Handbook</p>	<p>Go to: (http://www.medicaid.ms.gov). This handbook gives general information on the Medicaid program, claims submission, and more.</p>
<p>Refer to the Mississippi Administrative Code Title 23</p>	<p>Go to: (http://www.medicaid.ms.gov). This manual gives detailed information on what services are covered for a provider type, what services require prior authorization (PA), and how to bill for services.</p>
<p>Find Fee Schedules</p>	<p>The Fee Schedule provides the Medicaid provider with information about covered procedure codes, maximum fees allowed, prior authorization requirements for select services, and maximum service limits/units.</p> <p>Some Mississippi Medicaid fee schedules are available for download from the Internet on the DOM web site at http://www.medicaid.ms.gov or at the website of the fiscal agent http://ms-medicaid.com.</p>

READY TO BILL	
<p>Check Beneficiary's Eligibility</p>	<p>Anyone receiving covered services should have a Medicaid identification card at the time of service. If the beneficiary cannot present an ID card at the time of service, eligibility can be determined through use of either of the following services:</p> <p>Automated Voice Response System (AVRS) at 1-866-597-2675</p> <p>Provider/Beneficiary Services Call Center at 1-800-884-3222</p> <p>Envision web portal at http://ms-medicaid.com.</p> <p>MEVS transaction using PC software or POS swipe card verification device provided by switch vendors (Section 1.10 contains contact information for vendors authorized for MEVS services).</p> <p>Eligibility and service limits should be verified each time a service is provided whether or not the beneficiary is able to present an ID card.</p> <p>Co-payments - Certain services require a co-payment from the beneficiary. See Provider Billing Handbook Section 1.10.</p>
<p>Filing Claims</p>	<p>When filing claims:</p> <ul style="list-style-type: none"> ● Use correct beneficiary Medicaid ID number ● Bill accurately using the current HIPAA Transaction and Code Sets: CPT, HCPCS, UB Revenue, NDC, ICD-9 and ICD-10 (as of 10/01/2015). ● Claims filed within 12 months from the initial date of service, but denied, can be resubmitted with the transaction control number (TCN) from the original denied claim. The original TCN must be placed in the appropriate field on the resubmitted claim. Corrected claims must be submitted no later than two years from the initial date of service. ● Medicare Crossover Claims time limit is 180 days from the Medicare pay date. <p>Providers are encouraged to submit their claims as soon as possible after the dates of services. For more specific information regarding timely filing refer to the Mississippi Medicaid Provider Billing Handbook section 1.12.</p>

READY TO BILL	
Claim Submission Methods	<p>Claim submission methods:</p> <ul style="list-style-type: none"> ● Electronically through Pharmacy Switch Vendor ● Electronically through the Web Portal ● Electronically through WINASAP ● Electronically using a Batch Vendor or Clearinghouse (EDI cut off is 5:00 p.m. Thursdays) ● Paper Claims should be submitted to the <p style="text-align: right;">Division of Medicaid P.O. Box 23076 Jackson, MS 39225</p>
REMINDERS!!!	<p>As a participating provider you must:</p> <ul style="list-style-type: none"> ● Determine the patient’s identity. ● Verify the patient’s age. ● Verify the patient’s eligibility. ● Accept, as payment in full, the amount paid by Mississippi Medicaid. ● Bill any and all other third-party carriers.
Remittance Advice (RA)	<p>When claims process they either pay, deny, or suspend and are reflected on the Remittance Advice (RA). The last page of the RA contains a legend that provides a descriptive list of edit codes necessary for interpreting denied claims.</p> <p>RAs are available on the Web Portal each Monday for the previous week’s adjudicated claims. RAs remain on the Web Portal for 90 days to allow continuous access.</p> <p>You may also request RAs through the Provider/Beneficiary Call Center at 1-800-884-3222 or your assigned Provider Field Representative.</p> <p>For a complete listing of the current denial edits, visit the DOM website http://www.medicaid.ms.gov links Resources / Helpful Links / Envision / Quick Billing Tips.</p>

WHERE TO FIND INFORMATION WHEN ...	
Claims Deny	<p>Not complying with the above mentioned requirements for filing claims could cause your claim to deny. If you have questions concerning an edit received on a denied claim, contact the Provider/Beneficiary Services Call Center at 1-800-884-3222.</p> <p><u>Claims that deny should be researched. There are a number of reasons claims may deny. If the denial is correctable, the claim should be resubmitted immediately.</u></p>
Claims Suspend	<p><i>Claims that suspend should not be re-submitted.</i> If a second claim is submitted while the initial claim is in a suspended status, both claims will suspend. Please allow the suspended claim to be processed and to be reported on the RA as paid or denied before additional action is taken.</p>
Adjusting and Voiding a Claim	<p>An Adjustment/Void Request Form can be downloaded at http://www.medicaid.ms.gov under the links Resources / Forms. Claims can also be adjusted or voided through the web portal: https://ms-medicaid.com.</p> <p>Electronically filed claims <i>cannot</i> be adjusted with an Adjustment/Void Request Form. Denied claims cannot be adjusted or voided. If a claim paid at -0- dollars, it is considered to be a paid claim and not denied.</p>
Claims are Reconsidered	<p>The claims reconsideration process is designed to address claim inquiries for:</p> <ul style="list-style-type: none"> • Service not covered by Medicaid • Authorization denied or service not authorized within specified Medicaid guidelines • Service denied as not being medically necessary • Repayment of identified overpayments <p>For claim reconsideration contact: Conduent P. O. Box 23076 Jackson, MS 39225 1-800-884-3222 https://ms-medicaid.com</p>

WHAT TO DO WHEN...	
Updating TPL Information	<p>If you believe there is an error in a beneficiary’s private insurance record or if you need to inform DOM of a change in a beneficiary’s private insurance information, please submit the request to update the beneficiary’s file to the Office of Recovery (OR). Office of Recovery staff will research and update the beneficiary file appropriately. The request to update the information may be submitted to OR via the web portal at https://ms-medicaid.com under the links Contacts / Reporting Requirements or by fax at 601-359-6294. Be sure to include the following information on your request:</p> <ul style="list-style-type: none"> • Provider Name/NPI • Contact Phone Number • Beneficiary Name and Medicaid ID number • Policy Holder Name • Policy Number • Carrier Name
Reporting Medicare Information	<p>If you need to report a change or an update of Medicare coverage of a dual eligible beneficiary, contact DOM Office of Recovery (OR) at 1-800-421-2408 or 601-359-6095. BR staff will research the request and update the beneficiary’s file accordingly.</p>
Reporting Changes to Provider File	<p>If you need to update pertinent provider information such as mailing address, phone numbers, or fax numbers, you may use the change of address form located at the DOM website, http://www.medicaid.ms.gov at links Resources / Forms, or utilize the Provider Update link under Provider Submission Options on the web portal at https://ms-medicaid.com.</p>

MEDICAL NECESSITY CONTACT INFORMATION	
<p>Treatment Authorization Number (TAN)</p>	<p>eQ Health Solutions is the UM/QIOs for the Division of Medicaid. The purpose of a UM/QIO is to evaluate medical necessity for specific Medicaid services (see Mississippi Medicaid Provider Billing Handbook).</p> <p style="text-align: center;"> eQ Health Solutions 460 Briarwood Drive, Suite 300 Jackson, MS 39206 601-352-6353 (phone) or 601 352 6358 (fax) http://ms.eqhs.org </p>
<p>Prior Authorization (PA) Requests</p>	<p>Prior Authorization (PA) requests can be made through eQ Health Solutions, (contact information provided above), the Pharmacy Prior Authorization Unit, and the Division of Medicaid (DOM).</p> <p>The Pharmacy Prior Authorization Unit provides Pharmacy prior authorizations (PAs) designed to encourage appropriate use of cost-effective pharmaceuticals for Medicaid beneficiaries.</p> <p style="text-align: center;"> Telephone # 877-537-0722 Fax# 877-537-0720 </p> <p>PAs provided by Division of Medicaid Program Areas. Contact Information for specific Medicaid services/programs requiring prior authorizations can be found in Section 1.6 of this Handbook.</p>

IMPORTANT REMINDER

<p>Maintenance of Records</p>	<p>All professional and institutional providers participating in the Medicaid program are required to keep records that fully disclose the extent of services rendered and billed under the program. These records must be retained for a minimum of five years in order to comply with all federal and state regulations and laws.</p>
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IMPORTANT CONTACT INFORMATION

<p>Division of Medicaid Walter Sillers Building, Suite 1000 550 High Street Jackson, MS 39201 601-359-6050 or 1-800-421-2408 http://www.medicaid.ms.gov</p>	<p>Conduent P.O. Box 23076 Jackson, MS 39225 1-800-884-3222 https://ms-medicaid.com</p>
<p>Provider/Beneficiary Call Center</p> <p>Available to answer questions regarding Medicaid eligibility verification, covered services, and billing inquiries</p> <p style="text-align: center;">Monday - Friday 8 AM -5PM CST 1-800-884-3222</p>	<p>Conduent Provider Field Representative</p> <p>Complex inquiries may require special assistance. Please contact the Provider Field Representative assigned to the territory of your billing location.</p> <p style="text-align: center;">If you do not know the name of your Provider Field Representative, please contact the Conduent Call Center at 1-800-884-3222.</p>
<p>eQ Health Solutions 460 Briarwood Drive, Suite 300 Jackson, MS 39206 601-352-6353 (phone) or 601 352 6358 (fax) http://ms.eqhs.org</p>	
<p>Pharmacy Helpdesk</p> <p>Agents are available at the pharmacy helpdesk to assist providers with the following services:</p> <ul style="list-style-type: none"> • Problems with reversal/backing out a POS claim • Claim submission problems • Questions regarding prescription drug billing. <p style="text-align: center;">24 Hour Help Desk 1-800-884-3222</p>	
<p>Please visit the Mississippi Medicaid website http://www.medicaid.ms.gov at the Contact link for a complete listing of important contact information.</p>	