# Table of Contents

## Introduction to Mississippi Medicaid Provider Billing Handbook

## Quick Reference Billing Tips

## National Correct Coding Initiative

### Section 1. General Billing Information
- 1.1 Mississippi Division of Medicaid (DOM)
- 1.2 Fiscal Agent
- 1.3 Electronic Data Interchange (EDI)
- 1.4 Alliant Health Solutions and eQ Health Solutions
- 1.5 Pharmacy Prior Authorization
- 1.6 Prior Authorization
- 1.7 National Provider Identifier (NPI)
- 1.8 Mississippi Division of Medicaid Benefits and Limitations
- 1.9 Copayments and Exception Codes
- 1.10 Eligibility
  - Medicaid Eligibility for Non-Qualified Immigrants – Emergency
  - Medical Services Only
  - Retroactive Eligibility
- 1.11 Newborns/Infants with Medicaid
- 1.12 Timely Filing
- 1.13 Fee Schedules
- 1.14 Denied Claims

### Section 2. CMS-1500 Claim Form Instructions
- 2.0 CMS-1500 Claim Form Instructions
- 2.1 CMS-1500 Billing Modifiers
- 2.2 Filing Medicare Part B Crossover Claims on the CMS-1500
- 2.3 Medicare Part C Only - Mississippi Medicaid Part B Crossover Claim

### Section 3. UB-04 Claim Form Instructions
- 3.0 UB-04 Claim Form Instructions
- 3.1 Filing Medicare Part A Crossover Claims on the UB-04
- 3.2 Medicare Part C Only - Mississippi Medicaid Part A Crossover Claim

### Section 4. Dental Claim Form Instructions
- 4.0 2006 ADA Dental Claim Form
Section: Table of Contents

Section 5. Pharmacy Billing Information
   5.0 Pharmacy
   5.1 Pharmacy Claim Form Instructions

Section 6. Third Party Liability
   6.0 Third Party Liability (TPL) General Information
   6.1 Preferred Provider Organizations
   6.2 Billing a Third Party Source
   6.3 Third Party Source for Maternity Claim
   6.4 Assignment of Benefits
   6.5 When Beneficiary Denies Insurance Coverage
   6.6 Billing Medicaid after Receiving a Third Party Payment or Denial
   6.7 Receipt of Duplicate Third Party Money and Medicaid Payment
   6.8 Hospital Retroactive Settlements
   6.9 Exceptions to Cost Avoidance and Casualty Cases
   6.10 Billing Medicare
   6.11 Third Party Sources

Section 7. Remittance Advice
   7.0 Remittance Advice
   7.1 Cover Page Information
   7.2 Message Page
   7.3 Page Header Information
   7.4 Paid Denied Claims
   7.5 Claim Header/Line Information for Adjustments
   7.6 Suspended/Pended RA Field Descriptions
   7.7 Provider Adjustments/Legend Page

Section 8. Adjustment/Void Request and Claim Inquiry Forms
   8.0 Adjustment/Void Request Form
   8.1 Claim Inquiry Form

Section 9. Appendix - Miscellaneous Information and Forms
   9.0 Miscellaneous Items and Forms in Appendix
   9.1 Glossary and Acronyms
   9.2 Forms
LIST OF FIGURES

2-1 Checklist of Required Fields for CMS-1500 Claim Form
2-2 Place of Service Codes
3-1 Checklist of Required UB-04 Fields
3-2 Examples of Type of Bill – Field 4
3-3 Admission Hour Code Structure – Field 13
3-4 Admission Types – Field 14
3-5 Admission Source – Field 15
3-6 Patient Status – Field 17
3-7 Revenue Codes – Field 42
4-1 Checklist of Required ADA Dental Claim Form Fields
4-2 Required Fields for Certain Dental Procedure Codes

Current Dental Terminology (including procedure codes, nomenclature, descriptors and other data contained therein) is copyright © 2012 American Dental Association. All rights reserved. Applicable FARS/DFARS apply.