MISSISSIPPI DIVISION OF MEDICAID

Mississippi Medicaid Bulletin

Program and Policy Information

Volume 2 Issue 2 August 1995

Manual Revisions

EDS and DOM are in the process of revising all provider manuals. The new provider manuals will be produced in multiple sections instead of as a single, 200 page document. Part 1: General Information covers chapters 1, 2 and 3 of the old provider manual and will be distributed to all active providers. It is anticipated that this first section will be ready for distribution no later than August 31, 1995. Please keep Part 1 separate from your old provider manual. Once you have received all pertinent sections, you should discard the old manual. As each segment of the manual is approved for distribution, it will be mailed to the appropriate providers.

Part 1: General Information covers chapters 1-3 of the old provider manuals.

Most providers will receive Part 1: General Information, Part 2: Billing Instructions and Part 3: Program Information. A few programs, such as dental and emergency ambulance, will only receive two parts due to program-specific billing forms. Providers enrolled in multiple programs and groups or institutions which require multiple manuals will be able to order only those sections of the specific manual which they need. For example, Part 1 and Part 2 of the EPSDT, Physician, RHC and FQHC manuals are the same; therefore, a clinic which provides more than one of these services will only need to request Part 3 for each additional program. The design and layout of the provider manuals has changed, so the new manual will look different. It is also designed to be more "user friendly" to help providers take

(article continued on page 2)

Inside This Issue

EDS

Manual Revisions (Continued)

advantage of this valuable resource. Each section will feature a table of contents, a glossary and an index. Each section of the manual will be mailed with a tab so that once placed in a three-ring binder each major portion can be easily identified.

If you have questions about the new provider manuals, please contact the Publications Coordinator at EDS.

Questions regarding the publication of new provider manuals should be directed to the Publications Coordinator at EDS.

Note to Hospitals providing Psychiatric Services: Chapter 7.0 Psychiatric Services of the old hospital manual will not be included in the program information for hospitals. Because these are expanded EPSDT Services, Psychiatric Services will be included in Part 3: EPSDT Program Information.

Provider Relations, EDS
601-960-2800 or 1-800-884-3222

Field 33 of the HCFA-1500 Form

Providers who submit HCFA-1500 forms to Medicaid for payment should be aware that a claim must have the appropriate name and Medicaid ID number in Field 33. Your Medicaid provider number is a unique seven-digit number that identifies you by provider type and specialty. If you are in doubt about how your name and number are listed in our files, please refer to the address page of your remittance advice.

The following instructions for the completion of Field 33 come from Part 2: Billing Instructions for HCFA-1500 Billers:

33. **Physician/Supplier and/or Group Billing Name/Address/Zip Code and Telephone No**
REQUIRED; enter the following information exactly as shown on your Medicaid RA:
Health care provider name
Street and address
City and state
Telephone number
Mississippi Medicaid Provider ID Number, **either** group **or** individual (use only one)

Provider Relations, EDS
1-800-884-3222 or 601-960-2800

MAC Drug Pricing

There was an error in the Pharmacy Billing Tip for the Month in the June 1995 bulletin. The article should have read "The physician must hand write 'brand medically necessary' across the face of the prescription to qualify as a MAC override." EDS apologizes for any inconvenience or confusion that this may have caused. The fact that this error occurred only serves to underscore the need for a clear distinction between "dispense as written" and MAC. A physician must write "brand medically necessary" to indicate that he/she believes the legend drug to be more effective than a substitute. Therefore, a drug marked "dispense as written" or signed on the left side, does not qualify for the MAC override.

A physician must write "brand medically necessary" to indicate that he/she believes a legend drug to be more effective than a substitute.

In order for a pharmacy to bill for a drug using the MAC override, two conditions must be met.

1. The physician must write **"brand medically necessary"** in his own hand on the face of the prescription.

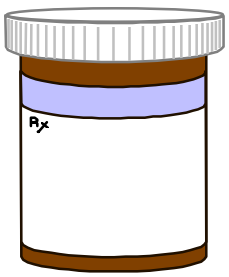
2. The drug must be included on the Federal MAC list.

When billing for a claim that is marked "dispense as written", place a "1" in the DAW field. This will not trigger the MAC override. If you have filled a prescription that meets the criteria for a MAC override, place a "9" in the DAW field. On a paper pharmacy claim, the field is labeled "MAC."

The Federal MAC list appears as Appendix J of the Pharmacy Manual. The most recent Federal MAC list, effective July 1, 1995, was mailed to all participating pharmacies at the end of June. Any provider who did not receive the new MAC list, should contact the Publications Coordinator at EDS.

The Federal MAC list is published biannually. Between publications, pharmacies are notified of MAC list changes by means of banner messages on the remittance advice.

Provider Relations, EDS
601-960-2800 or 1-800-884-3222



Mississippi Medicaid/Head Start Interagency Agreement

The purpose of the Mississippi Medicaid/Head Start agreement is to facilitate delivery of health services to Medicaid-eligible Head Start enrollees.

The Mississippi Division of Medicaid has renewed the interagency agreement with Mississippi Head Start. The purpose of the agreement is to facilitate delivery of health services to children enrolled in Head Start programs who are eligible for Medicaid in Mississippi. Although this effort has been underway for three years, many providers are unaware of the collaboration between Medicaid and Head Start.

All children enrolled in Head Start programs must receive an annual health assessment equivalent to the one offered by Medicaid EPSDT providers within forty-five (45) days of Head Start enrollment. EPSDT providers who currently screen Head Start children are encouraged to continue to do so. Providers who screen children without prior knowledge of their Head Start status are encouraged to release EPSDT screening results to the Head Start agency in a timely manner so that Head Start can meet the mandatory forty-five (45) day deadline.

EPSDT Unit, DOM
601-359-6055 or 1-800-421-2408

Covered Chiropractic Services

The Mississippi Legislature authorized the Division of Medicaid (DOM) to cover chiropractic services effective July 1, 1995. This means that DOM may reimburse for a chiropractor's manual manipulation of the spine to correct a subluxation if an x-ray demonstrates that a subluxation exists and if the subluxation has resulted in a neuromusculoskeletal condition for which manipulation is appropriate treatment. Under the law, there shall be no reimbursement for x-rays or other diagnostic or therapeutic services furnished or ordered by a chiropractor. Reimbursement for chiropractic services shall not exceed three hundred dollars ($300.00) per recipient per fiscal year (July 1 - June 30).

Chiropractors interested in participating in the Medicaid program should contact the EDS Provider Enrollment Unit at 1-800-884-3222 for an enrollment packet.

Medical Services, DOM
601-359-6050 or 1-800-421-4208

Dental Services Update

The dental procedure code D2830 will be closed effective September 30, 1995. Providers billing for crowns should use the following codes:

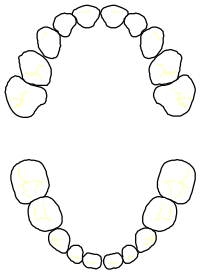
D2336	Composite resin crown - anterior - primary tooth
D2930	Prefabricated stainless steel crown - primary tooth
D2931	Prefabricated stainless steel crown - permanent tooth
D2999	Unspecified restorative procedure, by report

Please note that D2999 is a "by report" procedure and must be authorized and priced by the Division of Medicaid. Providers should submit a Dental Services Authorization Request Form (MA-1088) and any supporting documentation to the Division of Medicaid for review. If approved by DOM, write the prior authorization number exactly as it appears in the upper right hand corner of the MA-1088 in field locator 1 of the Mississippi Dental Claim Form. The pre-printed letters "DT" are part of the prior authorization number and must by entered in field 1 for the claim to be paid.

Please refer to the revised Appendix G of you Dental Manual for current pricing and age restriction information. It is important to remember that restorative procedures are only covered for recipients under the age of twenty-one (21). **There is no exception to this policy.**

Restorative dental procedures are only allowable for patients under twenty-one (21). There are no exceptions to this age limitation.

Medical Services, DOM
601-987-3912 or 1-800-421-2408



Orthodontic Update

DOM is currently revising policy governing orthodontic treatment for patients under the age of twenty-one. The Medical Services Division mailed surveys regarding the criteria for orthodontia to orthodontists across the state several months ago. DOM thanks everyone who took the time to respond to the survey.

Providers will be notified in the monthly Medicaid bulletin once the criteria becomes policy. The revised policy information will be incorporated into the new Dental Manual and all dentists and orthodontists are encouraged to read the section covering orthodontia.

Medical Services, DOM
601-987-3912 or 1-800-421-2408

Requests For Additional Bulletins

As fiscal agent for the Medicaid program, EDS is responsible for disseminating information regarding policy changes and mandates to the provider community. For this reason, a copy of the monthly Medicaid Bulletin must be sent to every active provider. If you are receiving multiple copies because there are several providers who use your mailing address, please forward the bulletin to the addressee. The bulletin contains policy and program information that is pertinent to all active providers.

Please contact the Publications Coordinator at EDS if you have concerns about your monthly Medicaid bulletin.

EDS maintains a separate mailing list for additional copies requested by both active providers and other interested parties. If you are receiving additional copies in error, or your request for additional copies was not processed, please contact the Publications Coordinator at EDS.

Additional Medicaid Bulletins and back issues may be requested by phone, mail or fax. Please be sure to include the following information:

Last Name: _____ First Name: _____

Title: _____

Company: _____

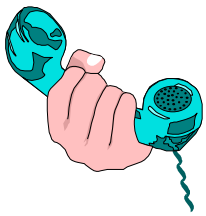
Address: _____

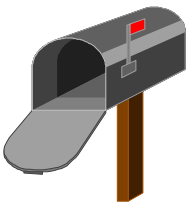
City: _____ State: _____ Zip: _____

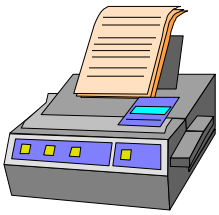
If you supply a nine-digit zip code (zip+4), a postal bar code will be generated on your label which allows for quicker delivery.

Unless otherwise specified, one mailing label will be generated for each request.

EDS
Rissa Richardson, Publications Coordinator
111 East Capitol, Suite 400
Jackson, MS 39201-2121
Phone: 601-960-2805 or
Fax: 601-960-2807







Provider Survey

ESC Facts:

- Electronically submitted claims are adjudicated in 5 days whereas paper claims take an average of 14 days to adjudicate.
- You can save money on postage cost if you submit your claims electronically, because you will no longer be mailing in paper claims.
- 86 % of electronically submitted claims in June paid on the first pass through the MMIS compared to 71% for paper claims.

1. Do you currently submit any insurance claims electronically (i.e. Medicare)?
   _____

2. Do you currently submit your Mississippi Medicaid claims electronically?
   _____

3. If you answered yes to question #2, what software package are you using to submit Medicaid claims?
   _____ EDS provided NECS software
   _____ Vendor developed Software Vendor Name _____
   _____ Other (please explain) _____

4. If you answered no to question #2, please check the reason that most closely describes why you don't.
   _____ No computer in the office
   _____ Medicaid billing software not available through Vendor
   _____ Other (please explain) _____

5. If you have a computer in your office, what type of computer is it?
   _____ IBM compatible 286 _____ IBM compatible 386
   _____ IBM compatible 486 _____ Pentium
   _____ Unix Based _____ Other: _____

6. Comments about Electronic Submission of Claims to Mississippi Medicaid.
   _____
   _____
   _____
   _____
   _____

Please return to:

EDI Services, EDS
111 East Capitol, Suite 400
Jackson, MS 39201-2121

Fax: 601-960-2807
1-800-884-3222 or 601-960-2901

EDS is evaluating ESC needs of the provider community. Your answers to this survey will help determine EDS' next step in expanding ESC services in Mississippi.

Checkwrite Schedule

August 07, 1995	September 04, 1995
August 14, 1995	September 11, 1995
August 21, 1995	September 18, 1995
August 28, 1995	September 25, 1995

Checkwrites and Remittance Advices are dated every Monday. However, funds are not transferred until the following Thursday and Remittance Advices usually arrive the following Friday.

ESC Cut-Off Schedule

August 03, 1995	September 07, 1995
August 10, 1995	September 14, 1995
August 17, 1995	September 21, 1995
August 24, 1995	September 28, 1995

The deadline for transmissions to be included in the current week's claim processing cycle is 5:00 p.m., but transmissions can be accepted 24 hours a day, 7 days a week.

Mississippi Medicaid Bulletin

EDS
111 East Capitol, Suite 400
Jackson, MS 39201-2121

Bulk Rate
U.S. Postage
PAID
Jackson, MS
Permit No. 584