MISSISSIPPI DIVISION OF MEDICAID

Mississippi Medicaid Bulletin

Program and Policy Information

Volume 2, Issue 9 March 1996

NURSING FACILITY THIRD PARTY LIABILITY (TPL) BILLING INFORMATION

Mississippi law requires providers participating in the Medicaid program to determine if a recipient is covered by a third party source and to file and collect all third party money prior to billing Medicaid. This includes those recipients who are also eligible for Medicare/Medicaid. If Medicaid records indicate that there is a TPL source, you must bill that third party resource prior to submitting your charges to Medicaid. If the TPL policy is no longer in effect or your claim was otherwise denied, you must submit a copy of the denial with the paper roster marked "TPL DENIAL, see attached." The denial should indicate the recipient's name and Medicaid ID number that corresponds with the attachment. This procedure must be repeated each month until the TPL information has been corrected in the recipient's Medicaid records. If you try in good faith to bill the TPL source and they will not respond, you may utilize the "TPL No Response Form." Since this form is not a part of the Nursing Facilities Manual, you may contact EDS to obtain a copy of the form. It will then be the responsibility of the provider to maintain a supply of these forms.

Questions regarding TPL billing should be directed to the EDS Communications Unit at 601-960-2800 or 1-800-884-3222, or the DOM TPL Unit at 601-359-6050 or 1-800-421-2408.

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EDS

Inside This Issue

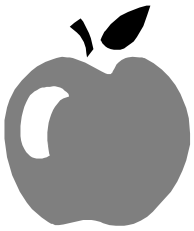
BILLING FOR RADIATION THERAPY

The CPT codes 77419, 77420, 77425, and 77430 identify weekly radiation therapy. However, for Mississippi Medicaid purposes, radiologists are reminded that one unit is equal to one daily treatment. If two treatments are performed on the same day, the radiologist may bill for two (2) units. The Medicaid allowance was calculated to provide a per treatment payment rather than a weekly payment.

EDS Communications Unit
601-960-2800 or 1-800-884-3222

HealthMACS and University Medical Center

Managed Care staff at the Division of Medicaid and EDS were made aware of problems staff at the University of Mississippi Medical Center (UMC) and primary care providers (PCP) and/or their staff were experiencing in trying to provide services to HealthMACS enrollees who need services from UMC.



If you are a PCP and one of your HealthMACS enrollees needs services from UMC, you will be contacted one time by staff from UMC to authorize the services needed. This may be post authorization for emergency services or authorization needed for services for which you referred your patient. For example, if your HealthMACS enrollee is referred to an ear-nose-throat specialist at UMC and it is determined the patient needs surgery to insert tubes, you will authorize treatment one time which will cover all services, such as lab, anesthesia, follow-up, etc. This will prevent you from getting calls from all the departments at UMC who are filing claims and need your authorization number for the claims to process for payment.

UMC staff will be responsible for making the authorization number available to appropriate departments. UMC will also send you as the PCP a report from the primary contact which will give you the information you need for your medical records. This means you will not have to request reports from each of the various departments that provided services to your patient.

If the above is followed, it will result in less work for you as a PCP as you will only get one call from UMC, and UMC will be responsible for sending you a report upon discharge of the patient. It will also help UMC staff get claims filed more timely with fewer denials.

If you have questions or need additional information, please call the Managed Care Hotline at 1-800-421-2804 or 601-359-6050.

COSMETIC SURGERY DEFINITON

CHANGE IN THE DEFINITION OF COSMETIC SURGERY

Currently, the General Exclusion section of your provider manual excludes Mississippi Medicaid benefits for "Cosmetic Surgery directed primarily at improvement of appearance and not for corrections of defects resulting from trauma, disease, or birth defects".

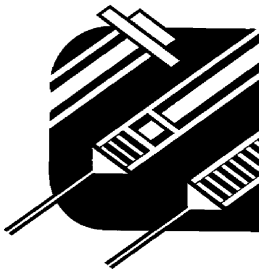
Effective March 1, 1996, the language relating to the cosmetic exclusion is changed to "any operative procedure of any portion of a procedure performed primarily to improve physical appearance and/or treat a mental condition through change in bodily form".

Providers are reminded that their medical records must document the medical necessity for all procedures.

EDS Communications Unit
601-960-2800 or 1-800-884-3222

MEDICAL POLICY FOR VITAMIN B-12 INJECTIONS

Effective March 1, 1996, a Vitamin B-12 injection (HCPCS Code J3420) will be allowed only if administered for one or more of the following diagnoses and if Vitamin B-12 deficiency has been established.



123.4	Fish Tapeworm Anemia
266.2	Other B-Complex Deficiencies
281.0	Pernicious Anemia
281.1	Vitamin B-12 Deficiency Anemia
535.5	Atrophic Gastritis
579.0	Idiopathic Steatorrhea
579.1	Sprue
579.2	Blind Loop Syndrome
579.3, V45.3	Partial or Total Gastrectomy
579.4	Pancreatic Steatorrhea
579.8	Other Specified Intestinal Malabsorption

The accepted standard of medical practice in maintenance treatment is one Vitamin B-12 injection per month. Once a therapeutic B-12 level has been achieved following initiation of therapy, excessive doses will be subject to review for medical necessity and may result in denial.

EDS Communications Unit
601-960-2800 or 1-800-884-3222

If you would like to receive additional bulletins, please call 1-800-884-3222 to speak with an EDS representative.

ADDITIONAL NON-COVERED MEDICAID PROCEDURES

Several CPT codes are being closed as the result of a review by DOM. Please be aware of these changes.

The Division of Medicaid has begun a review of agency policies as well as the application and relevance of these policies to each CPT procedure code. As a result of this review, the following codes were closed and will not be reimbursed by the Mississippi Medicaid program.

Effective February 19, 1996

CPT Code 30430

Effective February 26, 1996:

CPT Code 15780
CPT Code 15781
CPT Code 15782
CPT Code 15783
CPT Code 15786
CPT Code 15787
CPT Code 15788
CPT Code 15789
CPT Code 15792
CPT Code 15793
CPT Code 15810
CPT Code 15811
CPT Code 19316
CPT Code 54235
CPT Code 54250
CPT Code 54400
CPT Code 54401
CPT Code 54402
CPT Code 54405
CPT Code 54407
CPT Code 54409

Effective March 25, 1996

CPT Code 86910
CPT Code 86911

As the review continues, providers will be notified of additional changes.

PSYCHOTHERAPY BILLING CHANGES

Effective February 15, 1996, CPT codes 90841, 90842, and 90844 were closed and will not be accepted by the Mississippi Medicaid program.

Providers billing for individual medical psychotherapy should bill under code 90843 in increments of 30 minutes. One unit will equal 30 minutes. For Medicaid purposes, individual medical psychotherapy less than 30 minutes will not be covered.

EDS Communications Unit
601-960-2800 or 1-800-884-3222

PSYCHIATRIC RESIDENTIAL TREATMENT CENTERS BILLING INFORMATION

Facilities that qualify as Psychiatric Residential Treatment Centers under Division of Medicaid policy must have inpatient admissions certified as medically necessary according to the guidelines established between the Division of Medicaid and the Mississippi Foundation for Medical Care. The provider can not bill for services that fall outside the dates approved by the Foundation. If a claim for services appears on the remittance advice denied with the message "claim data does not match PA data," the facility will need to verify the approved dates of service with the Foundation and rebill only dates that have been approved. The Foundation sends a notification of approval or disapproval. If the claim for services appears on the remittance advice denied with the message "awaiting PRO approval," the facility should contact the Foundation to determine if the approval is pending additional information or if the admission has been disapproved.

Questions regarding extensions of confinements or disapproved admissions should be directed to the Review Unit at the Mississippi Foundation for Medical Care at 601-948-6812 or 1-800-222-7013.

POLICY FOR INHALATION SOLUTIONS

Effective February 1, 1996, HCPCS codes J7610 through J7799 which identify inhalation solutions were closed and will no longer be covered by Mississippi Medicaid.

For inhalation treatments performed in the physician's office, the inhalation solutions will be inclusive in the reimbursement for the particular procedure.

If the patient requires such solutions for home inhalation treatments, the physician should provide the patient with a prescription as the inhalation solutions are covered in accordance with the terms of the Mississippi Pharmacy program.

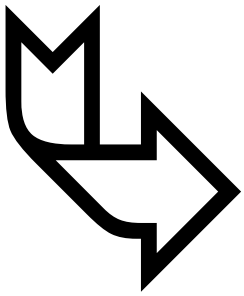
For aerosol inhalation of pentamidine for the prophylaxis or treatment of pneumocystis carini pneumonia, the physician may continue to file for the procedure under CPT code 94642 and for the drug under HCPCS code J2545. This is applicable only if the procedure is performed in the physician's office and the pentamidine is furnished by the physician.

If you have any questions please call the EDS Communications Unit at 601-960-2800 or 1-800-884-3222

BILLING CODE FOR CHIROPRACTORS

Under the Mississippi Medicaid program, chiropractors are only reimbursed under HCPCS code A2000.

A review of chiropractor claims indicates that some chiropractors are billing codes other than A2000 on their claim forms. **This is to remind chiropractors that no codes other than A2000 are to be filed on Medicaid claims.**



PROSPECTIVE DUR SYSTEM DETAIL DESIGN SPECIFICATIONS

Prospective Drug Utilization Review (DUR) was added to Point of Service (POS) in October, 1995. The following outcome codes can be used to override an alert message when appropriate.

DUR Outcome Codes

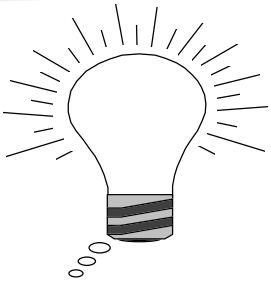
1A	FILLED AS IS, FALSE POSITIVE
1B	FILLED PRESCRIPTION AS IS
1C	FILLED, WITH DIFFERENT DOSE
1D	FILLED, WITH DIFFERENT DIRECTIONS
1E	FILLED, WITH DIFFERENT DRUG
1F	FILLED, WITH DIFFERENT QUANTITY
1G	FILLED, WITH PRESCRIBER APPROVAL

If you have questions regarding Prospective DUR, please contact the EDS Communications Unit at 601-960-2800 or 1-800-884-3222.

SUPPLIES AND MATERIALS PROVIDED BY THE PHYSICIAN

Under Mississippi Medicaid, supplies and materials provided by the physician are considered inclusive in the office visit or other services.

Therefore, effective February 1, 1996, CPT code 99070 was closed for Medicaid purposes.

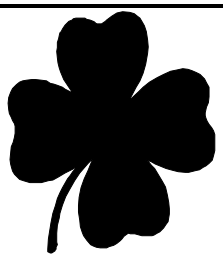


BILLING TIP

Always verify Medicaid eligibility before rendering services to Medicaid recipients.

HOSPITAL REIMBURSEMENT FOR OUTPATIENT RADIOLOGY

Effective for dates of services on and after March 1, 1996, the Division of Medicaid will convert reimbursement for outpatient radiological services from the usual 75% of billed charges to a fee schedule allowance for the technical components.



Hospitals will be required to list the usual revenue code in the 70,000 through 79,999 range. This is the same procedure currently used to bill for outpatient laboratory services.

Should there be any questions or if your billing department needs billing instructions, please contact the Correspondence Unit at EDS at 601-960-2800 or 1-800-884-3222.

ASSISTANT SURGEON BILLING FOR NON-MATERNITY PROCEDURE

When billing for an assistant surgeon for a Non-Maternity related procedure, type of service "8" must be entered in item 24C of the HCFA Claim Form and Modifier"80" must be entered immediately after the procedure code in item 24D. These indicators allow the claim to process and pay correctly. When other numbers are entered, payment is issued incorrectly and the primary surgeon in denied payment.

EDS Communications Unit
601-960-2800 or 1-800-884-3222

STAFF CHANGES AT EDS

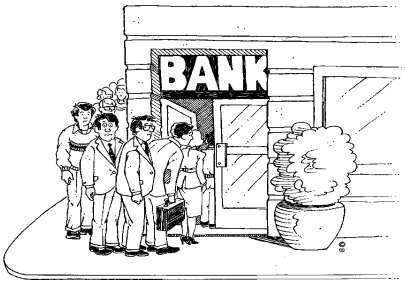
EDS would like to acknowledge those who are taking on new roles and responsibilities. Carl Matthews has assumed the role and responsibility of Managed Care Manager. Bernice Shelton has been named the new Provider Relations Manager. Tripp Fulton has assumed the responsibilities of the Managed Care Provider Services Unit, and Amy Baker has been promoted to Managed Care Operations Coordinator.

If you have any questions regarding any information in this bulletin, please contact the EDS Provider Relations Unit at
601-960-2800
or
1-800-884-3222.

EDS Publications
111 E. Capitol St.
Suite 400
Jackson, MS 39201

Checkwrite Schedule

March 04, 1996
March 11, 1996
March 18, 1996
March 25, 1996
April 01, 1996



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

March 07, 1996
March 14, 1996
March 21, 1996
March 28, 1996

Mississippi Medicaid Bulletin

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