



Mississippi Medicaid Bulletin

Program and Policy Information

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Tips for a Successful EPSDT Audit

When auditing EPSDT screening providers, one of the most frequently occurring problems is inadequate documentation. All components of the periodic screens must be appropriately documented. The EPSDT Unit has identified the following assessment as those most often lacking essential documentation:

- developmental assessments
- gross assessments of hearing and vision
- adolescent counseling

Specific components of developmental, hearing and vision assessments, and adolescent counseling may be found in the APPENDIX of the EPSDT MANUAL. If these guidelines are followed and appropriately documented, your composite score on the annual audit will improve.

If you have any questions, please call the EPSDT Unit at
1-800-421-2408 or
601-359-6150.



Specific components of developmental, hearing and vision assessments and adolescent counseling may be found in the Appendix of the EPSDT manual.

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EDS

Pharmacy Drug Suspended

Effective immediately, the following drug products are suspended from the Federal Upper Limits Listing (MAC):

Generic Name

Fenoprofen Calcium

Eq. 200 mg base, Capsule, Oral 100



Processing a Plan of Care form can be more timely if you follow these few steps. Please call 601-359-6150 or 1-800-421-2408 with any questions you may have on the Plan of Care form.

Completing a Plan of Care Form for Faster Results

Tips from the EPSDT Unit to increase the timely processing of your Plan of Care form are listed below:

- Be sure all 4 copies are attached.
- List full mailing address of Provider and Other Provider (if applicable).
- Be sure A, B, C, and D in the Medical Data section are completed.
- Be sure Patient Information is filled out completely, most importantly the Medicaid ID # and Date of Birth (DOB).
- Be sure Services Requested are listed.
- Do not write in sections 5 or 6; these sections are for MEDICAID USE ONLY.
- Be sure the Plan of Care is signed and dated by the PHYSICIAN or NURSE PRACTITIONER. If signed by anyone else, it will be returned. Rubber stamps are not accepted for Physician's or Nurse Practitioner's signatures.
- Always use ink or type the Plan of Care.
- PLEASE BE SURE WRITING IS LEGIBLE ON ALL 4 COPIES.
- Please do not mark through an original PA number. If you have an original PA number, it should be submitted on our new Addendum form. All extensions and updated services should be requested on the Addendum form. These forms may be ordered by calling EDS at (601) 960-2800 or 1-800-884-3222.

REMEMBER!! THE PLAN OF CARE FORM IS LIMITED TO CHILDREN FROM BIRTH TO 21 YEARS OF AGE.

If you have any questions regarding the Plan of Care form, please call 601-359-6150 or 1-800-421-2408.

Dental Changes

Effective July 1, 1996, the following change in dental codes will be implemented:

1. All current exam codes will be closed (D0110, D0120, D0130).
2. New exam codes will be opened:

D0140 - Limited Oral Evaluation - \$20.00 - Limited to 4 times/year, for all ages, and restricted to place of service (office).

Description: An evaluation or re-evaluation limited to a specific oral health problem. Typically, patients receiving this type evaluation have been referred for a specific problem and/or present with dental emergencies, trauma, acute infections, etc.

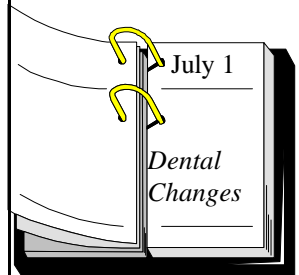
D0150 - Comprehensive Oral Evaluation - \$28.02 - Limited to 2 times/year for ages 0-20, and restricted to place of service (office).

Description: It is a thorough evaluation and recording of the extraoral and intraoral hard and soft tissues. This will include the evaluation and recording of the patient's dental and medical history and a general health assessment. It may typically include the evaluation and recording of dental caries, missing or unerupted teeth, restorations, occlusal relationships, periodontal conditions (including periodontal charting), hard and soft tissue anomalies, etc.

3. Prophylaxis (D1120) and Topical applicant of fluoride (including prophylaxis) (D1201) will be allowed 2 times/year. Restricted to place of service (office).
4. Code W9367 will be opened for Dental Screening in Schools, \$8.82, limited to 2 times/year.
5. The following codes will have a fee increase:

D7110	Single tooth extraction	\$ 25.78
D7120	Single tooth extraction, each additional	25.78
D7210	Surgical removal of erupted tooth	33.58
D7220	Surgical removal of impacted tooth - soft tissue	33.58

Note the dental changes that will be implemented July 1, 1996.



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

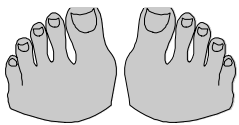
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Modifiers to be Used by Podiatrists

Effective July 1, 1996, the appropriate digit modifier must be used when applicable. These modifiers are:

- | | |
|----|--------------------------|
| TA | Left Foot, Great Toe |
| T1 | Left Foot, Second Digit |
| T2 | Left Foot, Third Digit |
| T3 | Left Foot, Fourth Digit |
| T4 | Left Foot, Fifth Digit |
| T5 | Right Foot, Great Toe |
| T6 | Right Foot, Second Digit |
| T7 | Right Foot, Third Digit |
| T8 | Right Foot, Fourth Digit |
| T9 | Right Foot, Fifth Digit |

The appropriate digit modifier must be used when applicable.



Also, effective July 1, 1996, the appropriate modifier for foot care because of a systemic condition must be used. These modifiers are:

- | | |
|----|--|
| Q1 | Certifies evidence of mycosis of the toenail which causes marked limitation of ambulation. |
| Q7 | One Class A finding |
| Q8 | Two Class B findings |
| Q9 | One Class B and two Class C findings |

Generally, there is sufficient evidence of medical necessity when any of the above conditions (Q1, Q7, Q8, Q9) are met and documented in the clinical record.

Class A Findings

Nontraumatic amputation of foot or integral skeletal portion thereof

Class B Findings

Absent posterior tibial pulse

Advanced trophic changes such as (three required):

Hair growth (decrease or absence)

Nail changed (thickening)

Pigmentary changes (discoloration)

Skin texture (thick, shiny)

Skin color (ruber or redness)

Absent dorsalis pedis pulse

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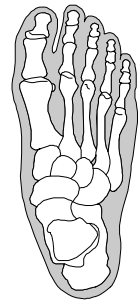
Modifiers to be Used by Podiatrists (Continued)

Class C Findings

- Claudication
- Paresthesias (abnormal sensations in the feet)
- Temperature changes (e.g., cold feet)
- Edema
- Burning

See pages 8.2 through 8.4 in the Guidelines for Foot Care Manual.

IT IS IMPERATIVE THAT THE ABOVE MODIFIERS BE PLACED LAST WHENEVER OTHER MODIFIERS ARE USED. FAILURE TO DO SO MAY RESULT IN INCORRECT PAYMENT OF YOUR CLAIM.



Examples:

<u>Procedure Code</u>	<u>Modifier(s)</u>	
1. 11750	50, TA, T5	(bilateral surgery)
2. 28150	T1	(primary surgery)
28150	51, T2	(secondary surgery)
3. M0101	T9, Q8	



If you have any questions regarding any information in this bulletin please call the EDS Correspondence Unit at

1-800-884-3222
or
601-960-2800

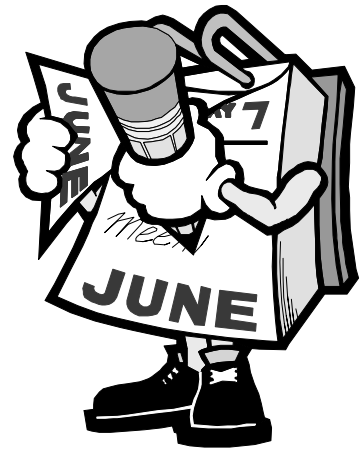
Checkwrite Schedule

June 03, 1996
June 10, 1996
June 17, 1996
June 24, 1996
July 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

June 06, 1996
June 13, 1996
June 20, 1996
June 27, 1996
July 04, 1996



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