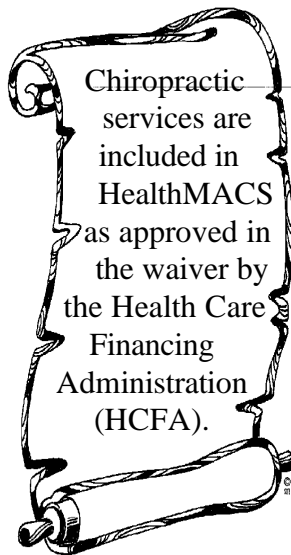


Mississippi Medicaid Bulletin

Program and Policy Information

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Chiropractic Services and HealthMACS

Through Mississippi Medicaid's HealthMACS program, the primary care physician (PCP) is responsible for the provision of primary care, appropriate referrals for specialty services, and authorization of specified Medicaid services. AFDC and AFDC - related Medicaid recipients must participate in HealthMACS if they live in a county in which HealthMACS has been implemented.

Chiropractic services are included in HealthMACS as approved in the waiver by the Health Care Financing Administration (HCFA) HealthMACS requirements will be applicable to chiropractor claims for dates of service on and after November 1, 1996. Chiropractors providing chiropractic services for HealthMACS enrollees should be aware that authorization must be obtained from the patient's HealthMACS PCP prior to treatment. Without prior authorization from the PCP, chiropractors will not receive payment from Medicaid for services provided to HealthMACS patients.

Chiropractors and any other Medicaid providers may verify that a Medicaid recipient is enrolled in the HealthMACS program in one of two ways. One, when using the Medicaid ID swipe card device to determine eligibility, there is a section on the tape for managed care. If the recipient is in HealthMACS, it will be indicated in this section along with the name and telephone number of the PCP. Two, when calling

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the automated voice response system, information about managed care enrollment is given. If the recipient is in HealthMACS, the name and telephone number of the PCP are given.

For chiropractors who are treating a HealthMACS patient, Field 19 on the HCFA-1500 will be used for an 11-digit number which will identify the authorization number/x-ray data. The first 7 digits will be the authorization number from the PCP and the next 4 numbers will be x-ray data as indicated below. Chiropractors who do not treat HealthMACS patients will use only the 4-digit number for x-ray data.

The x-ray data has been changed from 7 digits to 4 digits to accommodate HealthMACS requirements The first digit remains the same and is either 2, 3, 4, or 5. The next 2 digits are the month and the last digit is the last digit of the year. The specific day is no longer required.

Examples of x-ray data are as follows:

2MMY - Date of x-ray (must be within 12 months of the date of service)

3MMY - Expected date of delivery

4MMY - Date of last menstrual period

5MMY - Child's birth date (For children 12 years of age or less, the x-ray is left to the discretion of the chiropractor. If the x-ray is done, report using the "2" number with the date of x-ray. If the x-ray is not done, report using the 5 number with the child's date of birth.)

For example, the 4-digit x-ray number may be 2086 which would indicate that an x-ray was taken in August of 1996. Another example is 3126 which would mean that no x-ray was taken because the patient is pregnant and expected to deliver in December of 1996.

An example of the 11-digit number for the HealthMACS patient is 98765432086. The number must be written in consecutive order with no spaces. An example of the 4-digit number for the non-HealthMACS patient is 2086. Either number, whichever is applicable, must be correctly indicated in Field 19 on the HCFA-1500 Claim Form.

Chiropractors should have received the Mississippi Medicaid Chiropractor Manual from EDS. Chapter 4 of this manual provides more detailed information regarding PCP authorization and the overall HealthMACS program. Also, the May 1996 and the October 1996 Medicaid Provider Bulletins have articles regarding HealthMACS billing for referrals and authorized services.

If additional assistance is needed, please contact the EDS Communications Unit at 1-800-884-3222 or the Managed Care Hotline at 1-800-627-8488.

CORRECTION - Laboratory Procedures Waived by CLIA

The previous bulletin regarding CLIA Release #29 indicated that the following procedures did not require CLIA certification. That information was incorrect. These procedures **DO** require a CLIA Certificate of Waiver. Entities holding this certification are limited to performing these waived tests.

81002	82273	82951	83718	85013	87072
81025	82465	82952	83986	85018	
82044	82947	82962	84478	85651	
82270	82950	83026	84830	86588	

All previously waived Q codes will no longer be reimbursed. This is effective October 1, 1996.

Closure of CPT Codes

As a result of the ongoing review of the Division of Medicaid's policies and their application and relevance to each CPT code, the following CPT codes will be closed and no longer reimbursed by Medicaid.

Effective November 1, 1996

CPT codes 80091 and 80092 for thyroid panels will be closed.

Also, system modifications are being made so that Medicaid will NOT reimburse for T4 or T3 (CPT procedure codes 84436, 84439, 84479 and 84480) concomitant with the sTSH (CPT procedure code 84443), except in inpatient settings.

Please be reminded that the Mississippi Medicaid program does NOT cover routine or screening procedures. The medical records must document the medical necessity of all procedures performed.

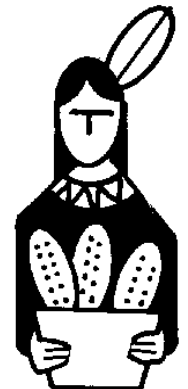
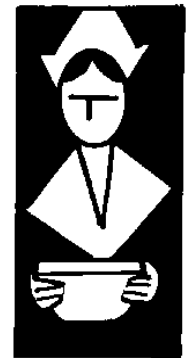
Effective November 11, 1996

The following codes will not be reimbursed by the Mississippi Medicaid program:

10040	17360	36471
15831	36470	54660

Important Reminder for Vaccine Providers

The Division of Medicaid reimburses for the administration of vaccine ONLY if you obtain your vaccine from the Vaccine for Children (VFC) Program through the Mississippi State Department of Health. We do not pay for the administration when you obtain the vaccine from other sources. We encourage you to contact Letitia Thompson with the State Department of Health at 1-800-634-9258 or 601-960-7751 to enroll in the VFC Program.



HealthMACS - Billing for Excluded Services

The Managed Care Division has received questions from providers having difficulties obtaining authorization numbers from HealthMACS Primary Care Providers (PCP) **for excluded services**. We would like to remind HealthMACS PCPs that although some services are excluded from the HealthMACS program, authorization numbers must be passed without discretion of the **excluded service** being provided. It is not necessary that the HealthMACS PCP receive medical documentation for the patient's medical record for an **excluded service**.

A servicing provider of an excluded service may request lab work or x-rays for a HealthMACS patient. In order for the lab or radiology department to receive payment for services, a HealthMACS authorization number is required on all claims for services referred by a provider of an **excluded service**. **The excluded services for HealthMACS are listed below:**

- ✓ Dental
- ✓ Psychiatry
- ✓ Ophthalmology
- ✓ Optometry and Eye Glasses
- ✓ Podiatry
- ✓ Nursing Home and ICF-MR
- ✓ General Transportation and Ambulance/Wheelchair Van
- ✓ Hearing Aids

Example of an excluded service that requires a HealthMACS Authorization Number for billing purposes:

A HealthMACS patient is scheduled for Oral Surgery to be performed by a Dental Surgeon. Because the patient will need services from other providers, such as an anesthesiologist, it will be necessary for the HealthMACS PCP to pass authorization in order for the anesthesiologist to receive payment for services he/she provides to the HealthMACS patient.

Influenza Vaccines for Long Term Care Facility Residents

Flu vaccines will be reimbursed by the DOM for residents with a payment source of Medicaid-only in nursing facilities, ICF-MRs and Psychiatric Residential Treatment Facilities.

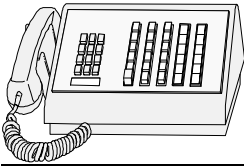
Facilities may have a physician come to the facility and administer the injection or may send a resident to the physician's office for the injection. The physician may bill and be reimbursed by Medicaid.

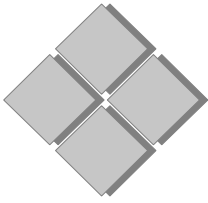
OR

The facility may purchase the flu vaccine, administer the injection and claim the cost of the vaccine in the Medicaid cost report for Medicaid-only residents.

Medicare must be billed for residents with a payment source of Medicaid/Medicare. The facility cannot claim the cost of the flu vaccine in the Medicaid cost report for Medicaid/Medicare residents.

If you have any questions concerning any information in this bulletin or would like to receive additional bulletins, please call the EDS Correspondence Unit at 1-800-884-3222.





HMO Pilot Project Provider Workshop for Warren County

A provider workshop has been planned for those Medicaid providers who provide services to recipients of Warren County. Workshops will be conducted in other areas as the pilot program is implemented in additional counties. These providers are invited to attend a provider workshop focusing on the health maintenance organization (HMO) managed care pilot program beginning in Warren County. Effective November 1, 1996, Mississippi Medicaid recipients in Warren County will have the option to choose a managed care program, an HMO, the HealthMACS program or they may choose to remain in fee-for-service Medicaid. Following a 30-day initial enrollment period, recipients will begin receiving services from their respective HMOs on December 1, 1996. This workshop will provide you with a basis for understanding the HMO managed care program and billing for Medicaid recipients enrolled with an HMO. The Warren County workshop will be held on **Tuesday, November 19, 1996**, at the following location:

**Holiday Inn Vicksburg
3330 Clay Street
Vicksburg, Mississippi
Mississippi Room**

There will be three sessions during the day that you may attend at your convenience:

9:00 a.m. Medicaid Managed Care Plans
or
1:00 p.m. Medicaid Managed Care Plans
or
3:00 p.m. Medicaid Managed Care Plans

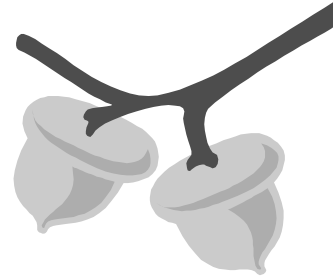
There will also be representatives available from the various managed care plans to answer your question and provide you with information about their plans. Representatives from the various managed care plan will be available to meet with you at your convenience in Parlor A from 8:30 a.m. until 5:00 p.m. The managed care plans which will be represented are:

**Apex
AmeriCan
Mississippi Managed Care Network
Family Health Care Plus
HealthMACS**

Please remember that this workshop is for those providers who provide services to recipients of Warren County. Due to limited space, please respond as quickly as possible by calling the Managed Care Hotline at **1-800-627-8488**.

Checkwrite Schedule

November 04, 1996
November 11, 1996
November 18, 1996
November 25, 1996
December 02, 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

November 07, 1996
November 14, 1996
November 21, 1996
November 28, 1996
December 05, 1996



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