



Mississippi Medicaid Provider Bulletin

Program and Policy Information

Volume 3, Issue 6


December 1996

Medicaid Provider Manuals and Revisions

The Division of Medicaid (DOM) and EDS continue to work on completion and distribution of new provider manuals. Due to constant changes within the Medicaid program, some of the new manuals which have been distributed already need revisions.

In an effort to keep providers apprised of manual revisions, pen-and-ink changes will be published monthly as needed in a supplement to the Mississippi Medicaid Bulletin. For easy recognition, these changes will be on blue pages. Most of these revisions will be minor changes to correct typographical errors, to delete/add words and sentences, or other simple revisions. (See page 3.)

Major revisions to provider manuals will not begin until all manuals have been published and distributed. Upon completion of distribution of all manuals, any revisions affecting more than one manual will be made to all appropriate manuals simultaneously. Until these major revisions begin, providers will be notified of program changes through articles in the Mississippi Medicaid Bulletin as well as Remittance Advice (RA) banner messages.

See page 3  of this bulletin for pen-and-ink changes to the Mississippi Medicaid Provider Manuals.

Inside This Issue

Closure of CPT Code	page 2
Information Regarding 200 Series Medicaid Identification Numbers	page 2
Rural Health Clinics	page 2
Special Insert Page With Pen-and-Ink Changes for Manuals	page 3
Medicare/Medicaid Crossover Claims	page 4
PHRM/ISS Risk Screening Form - New DOM Reporting Policy	page 5
Medicaid Non-Emergency Transportation Services	page 6
ClaimCheck and ClaimReview Software	page 7
Checkwrite and ESC Cut-off Schedules	page 8



Closure of CPT Code

As a result of the ongoing review of the Division of Medicaid's policies and their application and relevance to each CPT code, CPT procedure code 17340 will be closed effective December 9, 1996, and will not be reimbursed by the Mississippi Medicaid Program.

Information Regarding 200 Series Medicaid Identification Numbers

In the past, some Mississippi Medicaid providers have experienced problems receiving payment for services rendered to recipients with 200 series numbers. Staff of the Division of Medicaid and EDS are working to alleviate these problems.

Originally, 200 series numbers were assigned to babies whose mothers received Medicaid while pregnant. These children, commonly known as K-babies, are automatically eligible for Medicaid until their first birthday. In order to remain eligible after the first birthday, the mother must apply for Medicaid through the Department of Human Services or SSI, etc. If the child is determined eligible for Medicaid, he/she will receive a 300 or 600 series Medicaid ID number, depending on which agency determined the child's continuing eligibility. (For more information on K-babies, refer to Chapter 2 in the Medicaid Provider Manual.)

To eliminate duplicate eligibles, Medicaid ID numbers are manually merged by combining the original 200 series number assigned at birth with the newly assigned 300 or 600 series ID number. As the merge occurs, recipients may never receive a Medicaid ID card with a 300 or 600 series number; thus, the 200 series number becomes the permanent Medicaid ID number. Because of the merge, a 200 series number may not necessarily identify the recipient as an infant.

Eligibility must be verified each time a recipient presents for services as a Medicaid card never ensures eligibility. Use the Medicaid card provided by the recipient, regardless of the number, when checking eligibility and Managed Care participation. Either ID number may be used when verifying eligibility or submitting claims information. (The MMIS automatically links the Medicaid ID number to the recipient to whom the number is assigned.) Providers using a card swipe machine may see a different number on their verification tape than the number entered using the recipient's Medicaid ID card.

Providers should not ask a recipient to surrender a Medicaid ID card. Providers suspecting a recipient of fraud should contact the Program Integrity Division at 1-800-421-2408 or 601-987-3962.

Rural Health Clinics

Effective January 1, 1997, all EPSDT services for rural health clinics - freestanding and provider based - will be reimbursed at the fee-for-service rate.

A 200 series number may not necessarily identify the recipient as an infant.

Mississippi Medicaid Provider Manual Changes

Please make the following pen-and-ink changes to the appropriate provider manuals as instructed below. These changes are for provider manuals which are marked “Revised 1996” only.

All Provider Manuals (Chapters 1 through 4 are the same in all manuals.)

Page 36 - Section 2.05.2 Part B — Skilled Nursing Facility (SNF), please cross out the “B” and insert an “A”.

Page 36 - Section 2.05.03 Part C — Physician Services, please cross out the “C” and insert a “B”.

Physician Manual

Page 151 - Section 5.05.11 - In the description of the code 99360, please cross out the word “allowable”. Insert a beginning parenthesis before “must be reported with”, cross out the words “diagnosis code or” and insert “V23.9”. The description should then read, “Physician standby service for high risk delivery only (must be reported with ICD-9 V23.9).

Page 305 - Appendix H - Under Family Planning, please delete Procedure Code W9010 Adolescent Counseling.

Page 306 Appendix H - under EPSDT, please insert Procedure Code W9010 Adolescent Counseling.

Eyeglass Manual

Page 248 - Appendix J - Under Other Specialized Services, please change 95275 to 92275.

Page 249 - Appendix J - Under Contact Lens Services, please add the following:

92325 Modification Contact Lens (Separate Procedure), With Medical Supervision of Adaptation

92326 Replacement of Contact Lens

Page 255 - Appendix J - Insert the topic name “Other Visual Aids” above code V2610.



Don't Forget



Medicare/Medicaid Crossover Claims

Until October 31, 1996, providers had six months from the Medicare payment date to submit original crossovers and up to twelve months from the Medicare payment date to resubmit a previously denied crossover claim. As of November 1, 1996, providers have up to six months from the Medicare payment date to submit a crossover claim to Medicaid. Claims filed after the six-month timely filing limitation will be denied.

PHRM/ISS Risk Screening Form - New DOM Reporting Policy

The Perinatal High Risk Management/Infant Services System program (PHRM/ISS) is one Medicaid reimbursed targeted case management program which was developed to identify those pregnant/postpartum women and infants in the first year of life who are at risk for morbidity or mortality.

This program makes available case management with enhanced perinatal services providing nutritional assessment/counseling, psychosocial assessment/counseling, health education, and home visits to the above targeted population.

Pregnant/postpartum women and infants are eligible to voluntarily enroll in the PHRM/ISS program if they screen positive on the PHRM/ISS Risk Screening Form or the Holister record form. A positive screen on a pregnant/postpartum woman or infant is when one or more risk factors are indicated on the PHRM/ISS Risk Screening Form or the Holister record form.

Any provider may perform a medical risk screen to determine whether a pregnant/postpartum woman or infant is eligible for the enhanced perinatal services in the PHRM/ISS program by completing the PHRM/ISS Risk Screening Form or the Holister record form. Both the maternal (W9350) and infant (W9353) medical risk screen generate a fee-for-service reimbursement for private providers for both positive and negative screens. In areas where there are PHRM/ISS case management agencies available for referrals, the Division of Medicaid (DOM) encourages all providers to complete risk screenings on this targeted population. For the name of a PHRM/ISS case management agency in your area, please call the EPSDT Unit at DOM listed below.

Effective December 01, 1996, a copy of the PHRM/ISS Risk Screening Form or the Holister record form must be mailed to the DOM, whether the medical risk screen is positive or negative. However, only copies of **positive screens** are forwarded to the referring PHRM/ISS case management agency. All original copies of the Risk Screening Form or Holister record form, **positive or negative**, are to be filed in the client's record along with the provider who completed the form.

Mail all completed PHRM/ISS Risk Screening or Holister record forms to the following address:

Division of Medicaid
Early, Periodic, Screening, Diagnosis and Treatment
Suite 801, Robert E. Lee Building
239 N. Lamar Street
Jackson, Mississippi 39201-1399
Phone: 601-359-6150
Fax: 601-359-6147



Effective December 01, 1996, a copy of the PHRM/ISS Risk Screening Form or the Holister record form must be mailed to the DOM, whether the medical risk screen is positive or negative.

Medicaid Non-Emergency Transportation Services

The Mississippi Medicaid program provides non-emergency transportation (NET) assistance to qualified recipients who have no other means of accessing Medicaid-covered services. NET services are arranged through a network of coordinators located throughout the state and provided by individuals and organizations who are enrolled in the Medicaid program as NET providers.

When a Medicaid recipient is interested in accessing transportation assistance, he/she contacts the NET coordinator who serves his/her county. Not all Medicaid recipients are eligible for NET assistance. The NET coordinator conducts a number of activities to ensure that the recipient is eligible for NET assistance including, for example, verification of the recipient's need for NET assistance, verification of the recipient's eligibility for the Medicaid program, confirmation of the recipient's appointment with a Medicaid-enrolled provider, and availability of Medicaid service benefits. The coordinator also checks to ensure that no transportation resources are available to the recipient. Once eligibility for NET services is established, the NET coordinator chooses the most appropriate Medicaid-enrolled transportation provider for the recipient and arranges transport of the recipient with that provider.

NET services are available to transport eligible recipients only to Medicaid-enrolled providers.

NET services are available to transport eligible recipients only to Medicaid-enrolled providers. Also, NET assistance must be requested at least three days before the transport is needed and may be provided only by a Medicaid-enrolled NET provider. All NET services must be prior approved by one of the NET coordinators or the Division of Medicaid in order to be paid.

The location, service areas, and phone numbers of the NET coordinators are as follows:

<u>Location</u>	<u>Counties Served</u>	<u>Phone Number</u>
NET Coordinator - Bay Springs	Jasper, Smith	764-2151
NET Coordinator - Carrollton	Carroll, Montgomery	237-9235
NET Coordinator - Carthage	Leake, Scott	267-3996
NET Coordinator - Charleston	Tallahatchie, Grenada	647-2207
NET Coordinator - Clarksdale	Coahoma	624-3079
NET Coordinator - Columbia	Marion	731-3789
NET Coordinator - Fayette	Jefferson	786-3571
NET Coordinator - Greenville	Washington, West Bolivar	335-6051
NET Coordinator - Greenwood	Leflore, Humphreys	453-3124
NET Coordinator - Hattiesburg	Forrest, Covington, Perry, Jones	800-757-9665
NET Coordinator - Hazlehurst	Copiah	894-6193
NET Coordinator - Indianola	Sunflower, East Bolivar	887-2051

(Continued on page 7)

(Continued from page 6)

<u>Location</u>	<u>Counties Served</u>	<u>Phone Number</u>
NET Coordinator - Iuka	Tishomingo, Prentiss, Alcorn	800-834-1387
NET Coordinator - Jackson	Hinds, Rankin, Madison	362-9892 Ext. 7469
NET Coordinator - Lexington	Holmes, Attala	834-1221
NET Coordinator - Macon	Noxubee	726-5884
NET Coordinator - Marks	Quitman	326-8021
NET Coordinator - McComb	Pike, Amite	684-7100
NET Coordinator - Meridian	Lauderdale, Newton, Kemper	800-834-0991
NET Coordinator - Monticello	Lawrence, Lincoln	800-834-1892
NET Coordinator - Moss Point	Jackson, Greene, Harrison, George	800-834-1876
NET Coordinator - Natchez	Adams, Franklin	800-937-7802
NET Coordinator - Philadelphia	Neshoba, Winston	800-834-1362
NET Coordinator - Picayune	Pearl River, Hancock, Lamar, Stone	798-7847
NET Coordinator - Pittsboro	Calhoun, Lafayette, Yalobusha, Chichasaw	800-416-4062
NET Coordinator - Pontotoc	Pontotoc, Iawamba, Union, Monroe, Lee	489-4182
NET Coordinator - Prentiss	Jeff Davis, Simpson	800-264-2375
NET Coordinator - Ripley	Tippah, Benton, Marshall	837-9307
NET Coordinator - Senatobia	Tate, Tunica, Panola, Desoto	800-834-0748
NET Coordinator - Starkville	Oktibbeha, Choctaw	800-834-1386
NET Coordinator - Tylertown	Walthall	800-834-0739
NET Coordinator - Vicksburg	Warren, Claiborne, Issaquena, Sharkey, Yazoo	800-757-9664
NET Coordinator - Waynesboro	Wayne, Clarke	800-467-2373
NET Coordinator - West Point	Clay, Webster, Lowndes	494-3843
NET Coordinator - Woodville	Wilkinson	800-834-6687


Questions regarding the Medicaid NET program may be referred to the Division of Medicaid by calling (601)987-3054.

ClaimCheck and ClaimReview Software

As announced in our letter of October 1, 1996, work is continuing on the claims evaluation software. This software will provide increased consistency in claims processing and payment. Look for details in a separate bulletin.

NET Coordinators

December

<i>S</i>	<i>M</i>	<i>T</i>	<i>W</i>	<i>T</i>	<i>F</i>	<i>S</i>
1 Copy of PHRM/ISS or Holister record form needs to be sent to DOM.	2 Checkwrite	3	4	5 ESC Cut-Off	6	7
8	9 CPT code 17340 will be closed. Checkwrite	10	11	12 ESC Cut-Off	13	14
15	16 Checkwrite	17	18	19 ESC Cut-Off	20	21
22	23 Checkwrite	24	25 CLOSED	26 ESC Cut-Off	27	28
29	30 Checkwrite	31	EPSDT services for rural health clinics will be reimbursed at the fee for services rate.			

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.

Mississippi Medicaid Bulletin

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

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

