



# Mississippi Medicaid Provider Bulletin

## Program and Policy Information

Volume 3, Issue 8

February 1997

### Provider Licensure and Certification

Documentation of current licensure and/or certification is required of all Medicaid providers. Each time your license is renewed, **you** must forward documentation of the renewal to Medicaid. If you have not sent your current renewal documentation, please submit it immediately to:

EDS  
Provider Enrollment  
111 East Capitol, Suite 400  
Jackson, MS 39201

### ☞ Important Messages to Providers ☞

Please be sure to read carefully all pages of your weekly Remittance Advice (RA). Included with your RA for each payment cycle are RA Banner Messages which provide important information concerning closure of codes, coverage of services, billing instructions, and other special announcements which may affect you as a Medicaid provider. Taking the time to read these messages may save you time or a phone call in the end.

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\* Please read all RA \*  
\* banner messages \*  
\* for program \*  
\* information that \*  
\* may affect you. \*  
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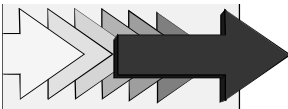
**1997 CPT Codes**

The additions, changes, and deletions to the 1997 CPT codes will be in our system January 31, 1997. The new codes will be effective for all dates of services on and after January 1, 1997. The discontinued CPT codes will not be accepted on and after April 1, 1997.

**Home Health Billing Types**

There is a typographical error in the Home Health Provider Manual. This manual is currently being updated to reflect these corrections to section 6.01 page 150. When billing for home health services, please use the following types of bill codes:

When you bill for any home health service, bill using types of bill codes 331, 332, 333, or 334. All other codes will deny for these services.



- 331 Used when the resulting claim is for a complete stay, admission through discharge
- 332 Used when the patient is admitted and is still a patient through the date noted in the Form Locator 6. The resulting claim is the first of a split bill.
- 333 Used when the recipient is a patient for the full month of billing, having been admitted in a previous month. The resulting claim is an interim bill.
- 334 Used when the patient is discharged in a different month from admission. The resulting claim is the last of a split bill.

Any other types of bill codes used on the UB-92 for home health services will be denied.

**Expansion of Managed Care Programs**

During the month of January, Medicaid recipients in Hancock and Harrison Counties received information from the Division of Medicaid (DOM) and EDS about enrolling with health maintenance organizations (HMO). On February 1, 1997, the HMOs, AmeriCan Medical Plans of Mississippi, Apex Healthcare of Mississippi, Family Health Care Plus, and Mississippi Managed Care, will begin providing services to those recipients who elected to join an HMO.

New counties in the Managed Care Program.

February 1, 1997, HealthMACS, the primary care case management program, is expanding into the following counties: Jackson, Lamar, Marion, Pearl River, and Perry, and on March 1, 1997, George County. Many of the Medicaid recipients who are certified for Medicaid through the Department of Human Services will be assigned to a primary care provider (PCP). Most of their Medicaid services will have to be provided by or arranged for by the PCP.

**PASARR Amendment**

PASARR Amended: An amendment to section 1919(e)(7) of the Social Security Act signed into law on October 28, 1996, and effective upon enactment, deleted the “annual resident review” for mentally ill and mentally retarded Nursing Facility residents. The law now requires that the resident reviews be conducted only when a significant change in the physical or mental status of the resident has occurred, and for this occurrence, matches the requirement to generate another MDS assessment on the resident. Any indication detected on the MDS assessment that the mental/mental retardation status of the resident has been effected, a new mentally ill/mental retarded level II screen must be obtained. The host Nursing Facility is responsible for notifying the appropriate Community Mental Health Center or Intermediate Care Facility/Mentally Retarded to schedule the level II MI/MR screen. The facility conducting the patient level II screens, must complete their reviews timely to comply with federal requirements.

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**Maternity Anesthesia Codes and Allowances  
for Delivering Physician**

**Delivering physicians** who also manage the patient’s anesthesia during a delivery are reminded of the following codes/allowances for the anesthesia service.

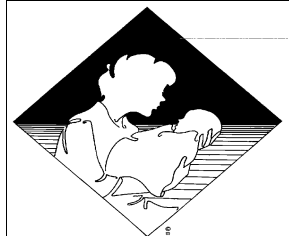
**Effective for Dates of Services March 1, 1996 through July 31, 1996**

W9510	Insertion of epidural and all subsequent management of epidural by <b>delivering physician</b> (file 1 unit with type of service B)	\$175.00
W9511	Saddleblock by <b>delivering physician</b> (file 1 unit with type of service B)	\$ 48.11

**Effective for Dates of Services Beginning on August 1, 1996**

W9510	Insertion of epidural and all subsequent management of epidural by <b>delivering physician</b> (file 1 unit with type of service B)	\$175.00
W9511	Saddleblock/Spinal by <b>delivering physician</b> (file 1 unit with type of service B)	\$ 50.00

Pudendal and/or paracervical blocks performed in conjunction with a delivery are inclusive in the obstetrical fee paid to the delivering physician and are not covered as a separate anesthesia service to either the delivering physician or the anesthesia provider.



*Maternity  
Anesthesia  
Reminder*

**February 1997**

<i>S</i>	<i>M</i>	<i>T</i>	<i>W</i>	<i>T</i>	<i>F</i>	<i>S</i>
						<b>1</b> Managed Care enters new counties.
<b>2</b>	<b>3</b> Checkwrite	<b>4</b>	<b>5</b>	<b>6</b> ESC Cut-Off	<b>7</b>	<b>8</b>
<b>9</b>	<b>10</b> Checkwrite	<b>11</b>	<b>12</b>	<b>13</b> ESC Cut-Off	<b>14</b>	<b>15</b>
<b>16</b>	<b>17</b> <small>Closed</small> Checkwrite	<b>18</b>	<b>19</b>	<b>20</b> ESC Cut-Off	<b>21</b>	<b>22</b>
<b>23</b>	<b>24</b> Checkwrite	<b>25</b>	<b>26</b>	<b>27</b> ESC Cut-Off	<b>28</b>	

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**

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