Mississippi Medicaid Bulletin

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August 1999

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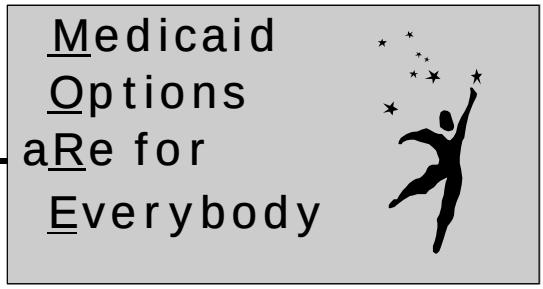
Medicaid Names Capitated Managed Care Program

The Mississippi Division of Medicaid's capitated managed care program is now called "**MORE**", **M**edicaid **O**ptions a**R**e for **E**verybody. The MORE program offers qualified Medicaid beneficiaries more choices, more options and more benefits. If you have any questions about the MORE program, please contact the Managed Care Hotline at 1-800-627-8488.



Update on Managed Care with HMOs (MORE Health Plan)

For the period July 1, 1999 through June 30, 2000, the Division of Medicaid has a contract with Mississippi Managed Care Network.

The Medicaid HMO contracts with Family Health Care Plus (FHCP) and Xantus Healthcare of MS, formerly Phoenix Healthcare of MS, expired on June 30, 1999. Claims for services provided to FHCP and Xantus Medicaid members which have not yet been filed must be filed with EDS as soon as possible.

The Division of Medicaid MORE program continues to operate in the following counties: Covington, Forrest, Hancock, Harrison, Lamar, Lauderdale, Pearl River, Perry, Warren, and Washington.

Claims for Services Provided to Medicaid Members Who Were Enrolled with Family Health Care Plus and Xantus Healthcare of MS

Family Health Care Plus (FHCP) and Xantus will continue to process outstanding claims for Medicaid members. Claims with dates of service July 1, 1998 through June 30, 1999 for services provided to Medicaid members who were enrolled with FHCP and claims with dates of services August 1, 1998 through June 30, 1999 for services provided to Medicaid members who were enrolled with Xantus must be filed with EDS **no later than September 30, 1999.**

Providers who have filed claims for FHCP Medicaid members that have not yet been processed may follow up with FHCP by calling 1-800-323-1999.

Providers who have filed claims for Xantus Medicaid members that have not yet been processed may follow up with Xantus by calling 1-888-328-2244.

MISSISSIPPI DIVISION OF MEDICAID

Closing HCPCS Codes

The following codes are not valid 1999 HCPCS codes and will be closed in the Mississippi Medicaid Information System (MMIS) effective October 1, 1999:

R6099	R6111	R6123	R6135	P0001	P0026	P2025
R6102	R6114	R6126	R6138	P0023	P2000	P5000
R6107	R6117	R6129	R6141	P0024	P2005	P7000
R6108	R6118	R6132	R6144	P0025	P2010	

Closing HCPCS Codes

Billing Medicaid for Psychiatric Therapeutic Procedures

Psychiatric Therapeutic Procedures in the range between 90804 and 90899 in the Current Procedures Terminology (CPT) Manual should be billed according to the following criteria:

1. Psychiatric therapeutic procedures must be billed according to the time specified for the CPT code.
2. When no time is specified for the CPT code (90845 to 90865), one unit is to equal one session, regardless of the time spent in the therapy session. This is consistent with the CPT Manual.
3. CPT codes 90804 through 90899 are limited to one unit per day, with the exception of 90853, which is limited to 2 units per day.
4. Up to two units per day for CPT code 90853-Group Psychotherapy (other than of a multiple-family group) may be billed when:
   a) two distinct sessions, each having mutually exclusive goals and objectives, are provided;
   b) two sessions per day are medically necessary;
   c) two sessions per day are appropriate and in accordance with the standards of medical practice; and
   d) documentation in the clinical record substantiates criteria were met.

Reimbursement for Additional Prescriptions

The Division of Medicaid will currently provide reimbursement for prescriptions in addition to the five previously reimbursable for adults when medical necessity is established by the beneficiary's physician. The Division is presently developing criteria that will be promulgated as an amendment to the currently proposed plan. Until these criteria are complete, requests will be handled on an individual basis. The physician should forward a list of diagnoses and all medications, together with the beneficiary's Medicaid ID number and identification of the beneficiary's choice of pharmacy, including phone number, to the Division of Medicaid, Pharmacy Division, fax 601-359-4185. For further information, contact Jack Lee at 601-359-6296 or Gay Grantham at 601-359-6010.

The physician, pharmacy and beneficiary will be notified of the approval and its duration. At present, additional prescriptions must be billed on paper, as a manual over-ride is required for the MMIS to pay the claim. The Division will accept electronic submissions as soon as the necessary system changes are complete, and will notify pharmacists accordingly.

Dental Fee Reimbursement Rate Change

House Bill 1332, approved during the 1999 legislative session, provides for the Division of Medicaid to increase all dental fees to 160% of the reimbursement rate that was in effect on June 30, 1999. It is the intent of the Legislature to encourage more dentists to participate in the Medicaid program.

Co-Payment Billing Tips

Certain Medicaid beneficiaries are not required to pay co-payments for Medicaid services (i.e., infants, children under 18, pregnant women, nursing facility residents, family planning services, and services for emergency room care). Each exception to co-payment is identified by an assigned code. The code(s) must be entered on the provider claim form(s) in the appropriate section(s). If the exception code is not included on the claim, the co-payment amount is entered and noted on the EOB. Co-payments are counted as provider income.

If you have questions, please contact the EDS Correspondence Unit at 1-800-884-3222.

Infant Exception Code (For Newborn)

K Infant

Co-Payment Exception Codes

C Children Under 18
P Pregnant Women
N Nursing Facility Residents
F Family Planning Services
E Emergency Room Services*

* Certified by the physician as true emergencies and so recorded in the medical record

Co-Payment Amounts

Hospital Inpatient	$ 5.00 per day
Hospital Outpatient	2.00 per visit
Physician Office, Home, Emergency Room and Opthalmological Visit	1.00 per visit
Prescription	1.00 per prescription
Ambulance	2.00 per trip
Home Health	2.00 per visit
Dental	2.00 per visit
Eyeglass	2.00 per pair of eyeglasses
Federally Qualified Health Clinic	1.00 per visit
State Department of Health Clinic	1.00 per visit
Rural Health Clinic	2.00 per visit

Skilled Nursing Facility (SNF) Beds in Hospitals

Hospitals with SNF units should be aware that unless a hospital has a separate Medicaid provider number for the SNF unit, these beds are **not** Medicaid certified beds. Services provided to patients in non-Medicaid SNF beds should not be billed to Medicaid nor should Medicare cross-over claims be billed to Medicaid. Hospitals **must not** bill SNF claims as an acute claim on the hospital's provider number.

Minimum Laboratory Requirements for the EPSDT Screening Program

Currently, the EPSDT Screening Program requires anemia testing during each periodic screening visit beginning at age six (6) months (EPSDT Manual pages 227 and 281). Federal regulations allow state Medicaid agencies to establish screening services after consultation with recognized medical organizations (See CFR §441.56 (b) (2). After consulting with the medical community and reviewing AAP Guidelines, the Division of Medicaid has approved the following policy changes effective **August 2, 1999.**

Anemia Testing (HCB/HCT) will be required during periodic screens for the following ages:

Initial testing done at age six (6) months
Subsequent testing between fifteen (15) months and four (4) years of age
Subsequent testing between five (5) years and twelve (12) years of age
Subsequent testing between fourteen (14) and twenty (20) years of age

Additional HCT's/HGB's may be done during periodic screens based on the child's need and the physician's judgement.

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If you have any questions related to the topics in this bulletin, please contact the EDS Correspondence Unit at 1-800-884-3222 or 601-960-2800.

Mississippi Medicaid Bulletins and Manuals are on the Web!
www.dom.state.ms.us

Contact EDS Publications if you would like to receive the Mississippi Medicaid Bulletin, or have an interest in what you would like to see. Fax EDS Publications at 601-960-2807, or e-mail publications@msxix.hcg.eds.com.

EDS

August 1999

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2 New EPSDT requirements go into effect Checkwrite	3	4	5 ESC Cut-Off 5 pm	6	7
8	9 Checkwrite	10	11	12 ESC Cut-Off 5 pm	13	14
15	16 Checkwrite	17	18	19 ESC Cut-Off 5 pm	20	21
22	23 Checkwrite	24	25	26 ESC Cut-Off 5 pm	27	28
29	30 Checkwrite	31				

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.