# Mississippi Medicaid Bulletin

*Volume 6, Issue 4*

**October 1999**


Inside this Issue



## Requirements for Pre-Admission Screening and Resident Review

The State Pre-Admission Screening and Resident Review (PASRR) program requires pre-admission screening of all individuals with mental illness or mental retardation who apply as new admissions to Medicaid nursing facilities.

The following individuals must receive a Level II evaluation from one of the Community Mental Health Centers:

- Applicants with a diagnosis of a serious and persistent mental illness
- Applicants who have a history of, or have taken a psychotropic medication on a regular basis for a mental illness

The following individuals must receive a Level II evaluation from one of the Regional Retardation Centers:

- Applicants with a diagnosis of mental retardation
- Applicants with a history of mental illness or mental retardation
- Applicants who present evidence of cognitive or behavior functions that indicates the need for an MR evaluation

The following individuals must not be referred for a Level II evaluation:

- Applicants with a primary diagnosis of Alzheimer's Disease, dementia or a related disorder
- Applicants with a diagnosis of mental illness or mental retardation who have a serious medical condition, such as a coma or ventilator dependance, or a diagnosis, such as ALS, Parkinson's or Huntington's, that would impede their ability to benefit from specialized services

  Evaluations completed on these individuals by a community mental health center or regional retardation center will not be reimbursed by Medicaid. In addition, no Level II determination will be conducted by the Department of Mental Health's Appropriateness Review Committee.

Any questions concerning the PASRR program should be directed to the Bureau of LTC/Medical Services at 601-359-6050.

## Medical and Dental EPSDT Screening Providers

As of July 1, 1999, the payment schedule for Periodic Medical Screens changed to $37.63 and Dental Screens changed to $16.94.

MISSISSIPPI DIVISION OF MEDICAID

## Revised Physician's Certification for Nursing Facility and MI/MR Screening Form

The Division of Medicaid (DOM) will introduce a revised DOM-260 Physician's Certification for Nursing Facility and MI/MR Screening Form at workshops throughout the state. The use of this form will become effective November 1, 1999. The revised form will provide more demographic and medical information about the individual applying for nursing facility admission. This information will also be used in conjunction with the new Long Term Care Alternatives Program to be implemented November 1, 1999. (See workshop schedule below).

Any questions about the revised Form DOM-260 may be directed to the Bureau of LTC/Medical Services at 601-359-6050.

***Workshop Schedule***

***Thursday, September 30, Jackson - Mississippi Department of Education Auditorium***

***Tuesday, October 5, Oxford - University of Mississippi Ballroom***

***Wednesday, October 6, Hattiesburg - Convention Center***

***Each workshop will held from 9:00 a.m. to 12:00 p.m.***

## Long Term Care Alternatives Program

Effective November 1, 1999, the Division of Medicaid (DOM) will implement the Long Term Care Alternatives Program. Senate Bill 2679, as passed by the 1999 Legislature, requires the DOM to develop and implement an information, education, and referral program for long term care alternatives. Medicaid applicants and beneficiaries who apply for admission to nursing facilities will be contacted and informed of available and appropriate home or community-based services. If services are available either in the home or community, the individual can choose a home and community-based alternative to nursing facility care. However, the individual is always free to choose nursing facility placement. Placement in a nursing facility will not be denied by the DOM if more appropriate alternatives to nursing facility care are available, or if the individual chooses not to receive the appropriate home and community-based service. The DOM plans to conduct workshops to introduce this new program. (See workshop schedule above).

For more information about the Long Term Care Alternatives Program, please visit our web site at www.dom.state.ms.us or contact the Bureau of LTC/Medical Services at 601-359-6050.

If you plan to attend any of the Long Term Care Alternatives Program (LTCAP) workshops, please register by:

completing the information below and faxing it to Sherrell Wright at 601-359-5252, or
e-mail lmshw@medicaid.state.ms.us and include the information listed below:

Number of people attending the LTCAP Workshop _____

☐ Thursday, September 30, 1999
Jackson, MS

☐ Tuesday, October 5, 1999
Oxford, MS

☐ Wednesday, October 6, 1999
Hattiesburg, MS

## HealthMACS Enrollment for Newborns

Each month the Medicaid Management Information System (MMIS) is used to assign as many HealthMACS eligible beneficiaries as possible to a HealthMACS Primary Care Provider (PCP). The MMIS has been used to assign newborns as soon as possible after birth. In most cases this has resulted in the baby being assigned to the mother's PCP since the baby has no claims history to use for assigning the PCP. This has caused problems for babies in continuity of care with pediatricians who have taken care of them since birth. In an effort to maintain the continuity of care for newborns, effective in November, no HealthMACS assignments will be made through the MMIS until the baby is six (6) months old. The MMIS will allow one exception to this process, which is for any baby with a claims history with a pediatrician who has available HealthMACS enrollee slots. Any baby without this history will not be assigned to a HealthMACS PCP by the MMIS until on or after the six (6) month birth date.

Newborns eligible for HealthMACS participation may continue to be enrolled with a HealthMACS PCP at any time by having the parent call the Managed Care Enrollment Line at 1-800-884-3240 to make a PCP selection. These newborns must have their own Medicaid I.D. number before they can be enrolled by calling the Managed Care Enrollment Line.

## Retro-Drug Utilization Review (DUR) Program New Board Members

The Mississippi Medicaid Retro-DUR program announces the addition of two new members to its Board. Richard "Buddy" Ogletree, PharmD. and Randy Pittman, PharmD. have accepted offers to serve as Board members. Both have previously served as consultants on the Central Committee for this program. The Retro-DUR Board evaluates the clinical criteria used in the administration of this program and gives guidance for proposed clinical initiatives.

## Local W Codes

Effective November 1, 1999, the following Local W Codes will be closed and no longer valid in the Mississippi MMIS system.

| | | | |
|---|---|---|---|
| W0030 | W0040 | W9011 | W9015 |
| W9117 | W9118 | W9348 | W9349 |

For services previously identified by Local Codes W9348 and W9349, providers must choose from the appropriate CPT Evaluation and Management Codes in the 99201 - 99215 and 99281 - 99285 range.

Also, CPT Codes for Echocardiograms replace Local Codes W9117 and W9118.

## 1999 Physician Fee Schedule

The Division of Medicaid, as authorized by House Bill 1332 during the 1999 legislative session, has updated the fees for the CPT/HCPCS/local codes effective July 1, 1999. Claims with dates of services on and after July 1, 1999 that paid prior to completion of the update will be reprocessed by the fiscal agent, EDS. No action is required by the provider. Please note that this update does not include crossover claim adjustments for Medicare and Medicaid beneficiaries.

A copy of the fee schedule is available on the Division of Medicaid's web site at www. dom.state.ms.us. This information may also be obtained by submitting a written request to the Information Officer, Division of Medicaid, Robert E. Lee Building, Suite 801, 239 North Lamar Street, Jackson, MS 39201-1399 or by facsimile at 601-359-6048.

## Flu and Pneumonia Immunizations for Adults

The Division of Medicaid (DOM) is working with Health Systems of Mississippi (HSM) and other organizations to promote flu and pneumonia immunizations for adults. The focus of DOM and HSM will be to educate Medicaid providers and beneficiaries on the benefits of receiving these immunizations prior to the flu season.

During the next few months, HSM will be contacting selected providers with additional information about the flu and pneumonia immunizations.

During the next few months, HSM will be contacting selected providers with additional information about the flu and pneumonia immunizations.

Physicians, nurse practitioners, rural health clinics, federally qualified health centers, health department clinics, and other medical clinic providers should consider making the immunizations available when beneficiaries are in the office/clinic for routine medical care.

Nursing homes are encouraged to work with physicians for standing orders for all Medicaid beneficiaries in their facilities to receive the flu and pneumonia immunizations.

Home health agencies are encourage to work with other health care providers in coordinating efforts to immunize patients.

Hospitals should consider making the immunizations available, when appropriate, upon discharge of a Medicaid beneficiary who has been an inpatient. Also, hospitals should consider offering the flu and pneumonia immunizations, as appropriate, to Medicaid beneficiaries being seen on an outpatient basis.

## Y2K Status


The Division of Medicaid (DOM) is accepting claims with dates of service after December 31, 1999, for testing with individual providers and third party billers. Electronic test claims may be submitted using the standard test Bulletin Board System (BBS). Please refer to your provider manual for instructions. Electronic Data Interchange (EDI) operators are available weekdays from 9:00 a.m. to 5:00 p.m. to help with the instructions for the testing and transmission process.

Please read the Medicaid Provider Bulletins and RA Banner Messages, or visit the web page for the DOM at www.dom.state.ms.us for updates on the Y2K initiative.

Questions regarding information in this bulletin may be directed to the EDS Correspondence Unit at 601-960-2800 or 1-800-884-3222.

## Policy and Procedure for Medicaid Reimbursement for Synagis™ (palivizumab) in the Office Setting

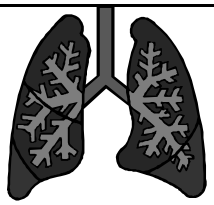
SYNAGIS™ (palivizumab) is indicated for the prevention of serious lower respiratory tract disease caused by respiratory syncytial virus (RSV) in pediatric patients at high risk for RSV disease. On November 1, 1998, the DOM began reimbursing physicians for SYNAGIS™ (palivizumab) injections using HCPCS code J3490 (Injection, palivizumab, per 1 mg IM). This drug will be reimbursed for the RSV season (November through April). Medicaid reimburses $11.52/mg. Prior authorization is required and certain clinical criteria must be met (see below). All claims must be submitted on the HCFA-1500 (paper claims only) and will pend for review. Claims must be submitted with the diagnosis code V07.2 (Prophylactic immunotherapy) and an appropriate ancillary diagnosis (example BPD, lung/respiratory failure).

- Prior Authorization for Synagis™ (palivizumab) must be obtained using the Plan of Care (POC) Authorization Request form (MA-1148). The POC must be submitted to the EPSDT Unit of the Division of Medicaid (DOM) and processed by the DOM prior to administering Synagis™ (palivizumab) to any Medicaid eligible child. If an infant or child is hospitalized, the physician should initiate the prior authorization process before discharge from the hospital. The DOM will not authorize payment for services rendered without proper prior authorization.
- The Certificate of Medical Necessity (CMN) for Synagis™ (palivizumab), must be attached to the Plan of Care form. No substitute for the CMN form will be accepted.
- All potential Synagis™ (palivizumab) beneficiaries must meet criteria in one of the four (4) categories (see CMN Part II).
- All authorizations for Synagis™ (palivizumab) will end at age two (last day of the child's birthday month).
- Authorization will be for the RSV season only. If there is evidence that the RSV season begins during the month of October, authorization will then be for the months of October through March. If there is no evidence, the authorization period will remain November through April.

If the drug is not supplied by the physician's office but is supplied by a pharmacy the same prior authorization limits and clinical criteria will apply. The pharmacist must have a valid, approved prior authorization before supplying the drug.

If you have any questions, please call Rosemary Beason at 601-359-6150.

*SYNAGIS™ (palivizumab) is indicated for the prevention of serious lower respiratory tract disease caused by respiratory syncytial virus (RSV) in pediatric patients at high risk for RSV disease.*



## Provider Name/Number Mismatch

The Division of Medicaid is implementing a Provider Name/Number Mismatch claims processing edit. The provider's name and identification number **must** be entered on **all** claims exactly as it appear in the upper left-hand corner of the Remittance Advice. Please refer to the billing procedures in the provider manual for further instructions on completing the claims processing edit change. Providers may call the EDS Correspondence Unit at 1-800-884-3222 to verify the correct provider name/facility on file.

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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.*

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## October 1999

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

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.