

# Mississippi Medicaid

Volume 6, Issue 5

November 1999

## Bulletin

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Dear Medicaid Provider:

As the flu season rapidly approaches, HealthSystems of Mississippi (HSM) and the Mississippi Division of Medicaid (DOM) want to enlist your support in protecting more of our adult Medicaid beneficiaries, ages 21-65, from the flu and pneumonia.

Studies indicate that a physician recommendation is the single greatest motivator for a patient to get a flu shot. With that in mind, HSM has created some tools to assist physicians in their efforts to immunize their patients. These materials are **free of charge** and are provided by HSM as part of the utilization review contract with DOM:

- ◆ **Flu and pneumococcal immunization reminder posters for the office**
- ◆ **Preventive care chart stickers**
- ◆ **Patient flow charts**
- ◆ **Postcards to mail to your patients reminding them to call your office to set up an appointment for flu and/or pneumococcal immunizations**

It is a common assumption that far more people are immunized than reflected in the Medicaid claims data. We would like to encourage you to bill Medicaid for immunizations given to Medicaid beneficiaries and to record them with the Mississippi State Department of Health Statewide Immunization Registry so that they will be officially counted. You may enroll your office or receive additional information about the Immunization Registry by calling 1-601-576-7751. At the very least, we do hope your office will keep track of the number of immunizations you give.

Please join HSM, the DOM and the other partners and physicians participating with the Mississippi Statewide Immunization Coalition in its effort to protect the people of the Mississippi this flu season. If there is anything we can do to assist you in your immunization efforts, please contact Lisa Tyson, HSM Nurse Educator, at 1-601-360-4966 or by email at [ltyson@hsom.org](mailto:ltyson@hsom.org). We will be pleased to help you.

Sincerely,

Dr. Robert P.N. Shearin  
Medical Director  
HealthSystems of Mississippi

Anna Marie Barnes  
Executive Director  
Division of Medicaid



### Billing Flu and Pneumonia Immunizations for Adults

The Division of Medicaid (DOM) has begun efforts to educate Medicaid providers and beneficiaries on the benefits of receiving flu and pneumonia immunizations prior to the flu season. The DOM is requesting that providers work with us in our effort to increase flu and pneumonia protection in the state.



*The DOM is requesting that providers work with us in our effort to increase flu and pneumonia protection in the state.*

For beneficiaries who are seen by the physician or nurse practitioner for evaluation or treatment and receive these vaccinations, the provider may bill the appropriate E & M procedure code, the vaccine code(s), and the G administration code(s). The E & M procedure code billed in this instance will count toward the 12 office visit limit for beneficiaries.

In order to receive maximum reimbursement for providing these services, physicians and nurse practitioners should bill as indicated below.

For beneficiaries who come in only for these vaccinations, physicians and nurse practitioners may bill E & M procedure code 99211, the vaccine code(s), and the G administration code (s). This E & M procedure code **does not count toward the 12 office visit limit** for beneficiaries.

Rural health clinic (RHC) and federally qualified health center (FQHC) providers will count visits under current procedures. Providers will not count or bill for visits when the only service involved is the administration of influenza or pneumonia vaccine. Payment for influenza and pneumonia vaccines and their administration is made at the time of cost settlement.

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**Reimbursement for vaccines and administration is as follows:**

	<u>Influenza</u>			<u>Pneumonia</u>		
Vaccine	90724	\$3.22		Vaccine	90732	\$11.28
Administration	G0008	\$3.37		Administration	G0009	\$ 3.37

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

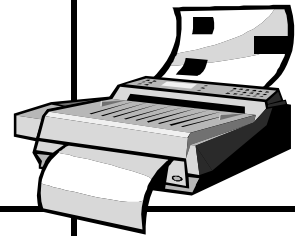
The Division of Medicaid recently introduced the revised DOM-260 Physician's Certification for Nursing Facility and MI/MR Screening Form. The revised forms may be ordered by calling EDS at 1-800-844-3222.

Providers should start using the forms upon receipt and destroy all old DOM-260 NR forms. Any questions about the revised form may be directed to the Bureau of Long Term Care/Medical Services, Kenni Howard, at 601-359-6050.

## Long Term Care Alternatives Program Facsimile Number for Nursing Facility Admissions

Effective November 1, 1999, in conjunction with the new Long Term Care Alternatives Program, a copy of any DOM-260 NF completed for admission to a nursing facility **MUST** be faxed to the Division of Medicaid, Long Term Care/Medical Services at 601-359-1383.

Fax  
601-359-1383



## 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 and signed by the Governor, 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 alternatives to nursing facility care. The individual can choose home or community-based alternatives or nursing facility care, if available and eligibility criteria can be met. However, the individual is always free to choose nursing facility placement. Placement in a nursing facility will not be denied by the DOM even if more appropriate alternatives to nursing facility care are available, or if the individual chooses not to receive the appropriate home or community-based service.

*For more information about the Long Term Care Alternatives Program, please visit our web site at [www.dom.state.ms.us](http://www.dom.state.ms.us) or contact the Bureau of Long Term Care/Medical Services, Kenni Howard, at 601-359-6050.*

## 1999 Physician Fee Schedule

A copy of the Physician Fee Schedule may be obtained at no charge by visiting the Division of Medicaid's web site at [www.dom.state.ms.us](http://www.dom.state.ms.us). The fee schedule may also be obtained for a fee 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. The cost for a hard copy is \$92.00 or \$45.78 for a diskette.

**1999  
Physician  
Fee  
Schedule**



*Since June 14, 1999 provider's name and identification number must be entered on all claims.*

## Provider Name/Number Mismatch

The Division of Medicaid is implementing a Provider Name/Number Mismatch claims processing edit. As of June 14, 1999, the provider's name and identification number **MUST** be entered on **ALL** claims exactly as they 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 EDS Correspondence Unit at 1-800-884-3222 to verify the correct provider name/facility on file.

### Fax Number Change for Pharmacy Program

The new fax number for the Medicaid Pharmacy Program is 601-359- 4185. Drug prior approval requests, except NSAIDS, for beneficiaries ages twenty-one (21) and over should be faxed to this number.

### New Pharmacy



### Reimbursement for Additional Prescriptions

Effective Monday, October 18, 1999, pharmacy providers may bill prescription claims on-line for additional authorized prescriptions. The



eight (8) digit prior approval number assigned to each qualified beneficiary must be used on any prescription claim after five (5) prescriptions have been billed.

*Bill pharmacy claims on-line effective October 18, 1999*

### Prescription Vitamins and Mineral Products Exclusions

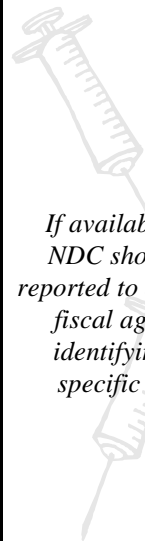
Medicaid pharmacy benefits include reimbursement for prenatal vitamins for pregnant women. Please refer to the Pharmacy Manual Chapter 5, "Non-covered Pharmacy Services" section which lists prescription vitamins and mineral products as exclusions except prenatal vitamins for OB patients, fluoride vitamins for children, and B complex with C vitamins for dialysis patients.



### Rhogam Billing for Maternity Patients

Effective for dates of service on and after October 1, 1999, physicians or nurse practitioners billing for Rhogam for maternity patients may bill a hard copy HCFA claim form using either CPT Code 90384 or 90385 and provide the name of the drug, the strength, and dosage. If available, the NDC (National Drug Classification Number) should also be reported to assist the fiscal agent in identifying the specific drug. A copy of the invoice showing purchase price should also be attached for review. These claims will be manually priced through Medical Review at the fiscal agent.

HCPCS Code J2790 should only be used for non-maternity cases when the description of the code specifically identifies the name, strength, and dosage of the drug. If J2790 is not specific, HCPCS Code J3490 should be billed with the name of the drug, strength, and dosage.



*If available, the NDC should be reported to assist the fiscal agent in identifying the specific drug.*

### Ambulance Providers Workshop

The Division of Medicaid is sponsoring a workshop for Ambulance Providers Wednesday, December 8, 1999 at Eagle Ridge Conference Center in Raymond MS from 9:00 a.m. until 4:00 p.m. Ambulance providers will be sent a registration form under separate cover. Pre-registration will be required.

### Workshop for



### Providers

### 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](http://www.dom.state.ms.us) for updates on the Y2K initiative.*

### Diagnosis to Procedure Comparisons Project

The Division of Medicaid utilizes the ClaimReview Diagnosis to Procedure editing tool to monitor the appropriateness of procedures in relation to the diagnoses submitted on claims by providers.



For informational and educational purposes, the Policy Division is sending reports to those providers who had claims processed that reflect the procedures considered

*unexpected* when billed with a given diagnosis. Expected procedures are those procedures that are predictably associated with the corresponding diagnosis.

If, after review of the data, you have questions or comments, please submit them to the Policy Division, Division of Medicaid, Robert E. Lee Bldg., Suite 801, 239 North Lamar Street, Jackson, MS 39201-1399 or via facsimile to 601-359-5252.

*Please submit questions to Policy Division, Division of Medicaid, Robert E. Lee Bldg., Suite 801, 239 North Lamar St., Jackson, MS 39201-1399 or fax to 601-359-5252.*

### Medicare/Medicaid Crossover Reimbursement Policy

House Bill 1332, passed during the 1999 Legislative Session and signed by the Governor, provides for the Division of Medicaid to reimburse fees for services covered by both Medicare and Medicaid at ten percent (10%) of the adjusted Medicare payment established January 1, 1999, and as adjusted each January thereafter, under Medicare (Title XVIII of the Social Security Act), as amended. The Division of Medicaid applied this policy to claims effective October 1, 1999.

*The Division of Medicaid to reimburse fees for services covered by both Medicare and Medicaid.*

### Anesthesia for Multiple Surgical Procedures

Anesthesia providers are reminded that the Base Value for anesthesia when multiple surgical procedures are performed during a single anesthetic administration is the Base Value for the procedure with the highest unit value (refer to Page 144 of the Physicians Manual).

Providers may bill only one code when multiple surgical procedures are performed during a single anesthetic administration. This code should identify the procedure that has the highest Base Value.



*Providers may bill only one code when multiple surgical procedures are performed during a single anesthetic administration.*

# Mississippi Medicaid Bulletin

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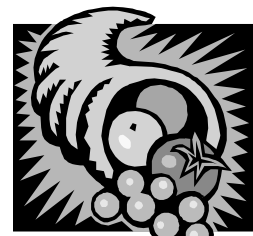
**EDS**  
111 East Capitol, Suite 400  
Jackson, MS 39201-2121

*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](http://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](mailto:publications@msxix.hcg.eds.com).

**EDS**



**November**

## November 1999

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1	2	3	4 ESC Cut-Off 5 pm	5	6
7	8	9	10	11 DOM and EDS closed for Veterans Day ESC Cut-Off 5 pm	12	13
14	15	16	17	18 ESC Cut-Off 5 pm	19	20
21	22	23	24	25 DOM and EDS closed for Thanksgiving ESC Cut-Off 5 pm	26	27
28	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.