

# Mississippi Medicaid

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November 2000

## Bulletin

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### 2000 Influenza and Pneumococcal Immunization Campaign

Dear Health Care Provider,

As the flu season arrives, HealthSystems of Mississippi (HSM) and the Office of the Governor, Division of Medicaid (DOM) want to enlist your support in protecting more of our Medicaid beneficiaries, ages 21-65, and **especially those who are chronically ill**, from the flu and pneumonia. This year, since there may be a delay in obtaining the influenza vaccine, we encourage you to **immunize all high risk patients and health care workers as soon as the flu vaccine is available**. The Centers for Disease Control and Prevention ([www.cdc.gov](http://www.cdc.gov)) recommend that, for this season, you delay all mass influenza vaccination projects for non-high risk patients until an adequate vaccine supply is available. Since **pneumococcal vaccine is now available and will remain so**, please continue to immunize your patients as appropriate to protect them from primary pneumococcal pneumonia and to decrease post-influenza morbidity.

Studies indicate that a **physician's recommendation is the single greatest motivator** for a patient to get a flu shot. With that in mind, HSM has created some materials to assist you in your efforts to secure early immunizations for your chronically ill patients. These materials are **free of charge** and provided by HSM as part of our utilization and quality review contract with DOM. The following is a list of materials available through HSM;

- Flu and pneumococcal immunization reminder poster 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 the flu and/or pneumococcal immunizations

(Continued on page 2)



Influenza  
and  
Pneumococcal  
Immunizations

(2000 Influenza and Pneumococcal Immunization Campaign continued from page 1)

Information is available to help you optimize your compensation for providing needed immunization services. If there is anything we can do to assist you in your immunization effort, please contact Lisa Tyson, RN, HSM Nurse Educator, at 1-601-360-4966 or by e-mail at ltyson@hsom.org.

Thank you for cooperating with HSM, DOM, and other partners to better protect the people of Mississippi from the flu and pneumonia this season.

Sincerely,

Robert P.N. Shearin, M.D.  
Medical Director  
HealthSystems of Mississippi

Rica Lewis-Payton  
Executive Director  
Division of Medicaid

## Changes in Extended Benefits for Children Under 21

### Pharmacy Authorization

**Effective October 1, 2000**, Adult Pharmacy Forms are no longer accepted for children. All requests for additional pharmacy benefits for children under 21 years of age must be submitted on a Plan of Care Authorization Request form. The number of prescriptions allowed before a Plan of Care Authorization Request is required for additional pharmacy benefits has been increased to ten. A request should be made AFTER the tenth prescription. Please mail the Plan of Care Authorization Request form to:

Division of Medicaid  
Bureau of Maternal Child Health/EPSTD Program  
239 North Lamar Street, Suite 801  
Jackson, MS 39201-1399

### Office Visits/Outpatient Visits

**Effective October 1, 2000**, the number of office visits and outpatient visits allowed before a Plan of Care Authorization Request form is required has been extended for children (birth to 21 years of age). Requests for office visits should be made after the 24th office visit. Requests for outpatient visits should be made after the 12th outpatient visit.

To obtain a Plan of Care Authorization Request form (MA-1148), please contact EDS at 601-960-2800 or 1-800-884-3222.



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## Health Fairs Policy

**Health fairs** are events sponsored by health care providers, insurers, and community organizations primarily to educate the general public about health problems and available health services and to market health products. Services provided at health fairs generally include distribution of educational and promotional materials, exhibits, demonstrations, and basic screenings for potential health conditions such as heart disease or diabetes. Basic screenings may involve simple tests such as, but not limited to, a blood pressure check, cholesterol test, hearing and vision tests, and body mass indexing.

Services performed at health fairs will not be reimbursed by the Division of Medicaid for the following reasons:

- These services are offered to anyone who requests them at the health fair and are not specifically ordered by a physician;
- The health fair setting is not considered an outpatient visit;
- Services are performed as part of a mass screening effort and not for diagnosis or treatment of an illness or injury;
- Services are usually advertised as being free to the public with no intention to bill each (and every) participant's health insurance program.

*Services performed at health fairs will not be reimbursed by the Division of Medicaid.*



## Therapeutic Radiology Port Film(s)

Effective November 1, 2000, the following policy is applicable for the therapeutic radiology port films (CPT code 77417):

A therapeutic radiology port film is a radiograph taken with the beneficiary interposed between the treatment machine portal and an x-ray film. The purpose of this film is to radiographically demonstrate that the treatment port, as externally set on the beneficiary, adequately encompasses the treatment volume and at the same time avoids adjacent critical structures. Thus, these "port films" or "portal films" are for quality assurance only, and help confirm the accuracy of treatment fields, field arrangements, custom blocks, and other treatment techniques.

This radiograph is usually taken with the same energy radiation as that used in the actual treatment, but for a much shorter exposure time. In most circumstances, the taking of this film, and the subsequent review by the Radiation Oncologist, is a necessary part of the overall treatment course as it verifies the accuracy of the treatment planning. However, it does not require significant additional physician resources to perform.

CPT procedure code 77417 identifies "therapeutic radiology port film(s)". Mississippi Medicaid considers the review and interpretation of port films as part of the weekly clinical treatment management by the physician. Therefore, the professional component for CPT

*(Continued on page 4)*

(Therapeutic Radiology Port Film(s) continued from page 3)

procedure 77417 is considered incidental and will not warrant separate reimbursement.

The technical component is covered for the provider who takes the films. The provider may bill CPT procedure 77417, one unit, for every five (5) treatment sessions.

Therapeutic radiology port film(s) are imaged on a weekly basis for each beneficiary undergoing radiation treatments. An example is a port film done after every five (5) treatment sessions. A week, for the purpose of making payments under this code, is comprised of five (5) treatments, regardless of the actual time period in which the services are furnished. Multiple treatments representing two (2) or more treatment sessions furnished on the same day may be counted as long as there has been a distinct break in therapy sessions, and the treatments are of the character usually furnished on different days.

If, at the final billing of the treatment course, there are three (3) or four (4) treatments beyond a multiple of five (5), and a port film is done, then the treatments and the port film are paid. If there are one (1) or two (2) treatments beyond a multiple of five (5), and a port film is done, then the treatments are paid and the port film is considered as having been paid through prior payments.

EXAMPLE:   12 treatments - reimburse 12 treatments and 2 port films  
                   18 treatments - reimburse 18 treatments and 4 port films  
                   33 treatments - reimburse 33 treatments and 7 port films  
                   62 treatments - reimburse 62 treatments and 12 port films

## Provider Lookup Database

The Division of Medicaid now has available at [www.dom.state.ms.us](http://www.dom.state.ms.us) a Provider Lookup database which contains all providers with an open Mississippi Medicaid provider number. To search for a Medicaid provider, you may enter any combination of the specific provider by name, provider type, provider specialty, city, state, ZIP code or county. The list of providers returned as a result of a search does not mean that the provider is available to accept Medicaid beneficiaries. Providers with an open Medicaid provider number may not be accepting new patients, may not have notified the Division of Medicaid to close their provider numbers, and for a variety of other reasons may not be accepting patients.

The information regarding address and telephone for each provider is what is currently on file with the Division of Medicaid. Information in the database is updated on a weekly basis. Providers are encouraged to check the information on the Provider Lookup database to ensure that information is correct. If the information is not correct, please call the DOM Provider Relations Division at 1-800-421-2408 or 601-359-6133, or fax the correct information to 601-359-4185.



*Search for a  
 Medicaid Provider  
 using the  
 Division of Medicaid  
 Provider Lookup  
 Database.*

## HealthMACS Patients in the Emergency Room (ER)

Effective with dates of service on or after September 1, 2000, services provided to HealthMACS enrollees in the emergency room no longer require authorization of the HealthMACS PCP. This includes:

**All ER facility services billed for outpatient admissions in conjunction with a revenue code in the range of 450 through 459. When additional ER services are provided outside of the revenue code range 450-459, at least one occurrence of a revenue code in the range of 450-459 must exist or a HealthMACS authorization number will be required. For HealthMACS enrollees, a valid admit date (field 17) and admit hour (field 18) is required on the UB-92 claim form for all outpatient ER facility billing.**

**ER professional services billed for services provided in the ER having procedure codes in the range of 99281 through 99285. When other professional services are provided in the ER, the appropriate procedure code in the range 99281 through 99285 should be used and a HealthMACS authorization number is not required.**

Although ER services do not require HealthMACS authorization, the hospital must provide medical documentation to the PCP for the HealthMACS patient's unified medical record.



*Although ER services do not require HealthMACS authorization, the hospital must provide medical documentation to the PCP for the HealthMACS patient's unified medical record.*

## PRTF Program Policy Changes Provider Workshop

Mental Health Services staff from the Division of Medicaid and Health Systems of Mississippi (HSM) will be conducting a workshop on November 6, 2000. Mental Health Services staff will present policy changes to the Psychiatric Residential Treatment Facility (PRTF) program that went into effect October 1, 2000. PRTF providers were provided a copy of the new PRTF Policy Manual prior to October 1, 2000. There will be a six month implementation period with a completion date of March 1, 2001. HSM staff will present changes outlined in the HSM Manual. Staff from Medicaid and HSM will be available to answer questions and address concerns about the policy changes related to the PRTF program. The training session will start at 1:00 pm and finish no later than 5:00 pm at HSM, 175 East Capitol Street, Suite 250, Jackson, MS.

This meeting is open to all PRTF providers. If you have any questions, please contact Lisa Tyson, HSM, at (601) 352-6353 or Wanda Niblett-Smith, RN, DOM, at (601) 359-6080.

## Administration of Prevnar

Effective October 1, 2000, the Division of Medicaid has opened CPT procedure code 90669 for the administration of Prevnar. The reimbursement is \$10.00. Use of this code is restricted to providers enrolled in the Vaccines for Children program.



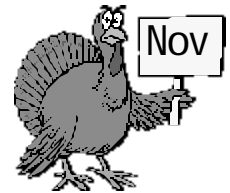
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*If you have any questions related to the topics in this bulletin, please contact the EDS Correspondence Unit at 1-800-884-3222 or*

**Mississippi Medicaid Bulletins and Manuals are on the Web!**  
[www.dom.state.ms.us](http://www.dom.state.ms.us)



## November 2000

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			1	2 <small>ESC Cut-Off 5 pm</small>	3	4
5	6	7  Election Day	8	9 <small>ESC Cut-Off 5 pm</small>	10	11  Veterans Day
12	13 <small>DOM and HSM closed</small>	14	15	16 <small>ESC Cut-Off 5 pm</small>	17	18
19	20	21	22	23 <small>DOM, EDS, and HSM closed for Thanksgiving Holiday</small>		24 
26	27	28	29	30 <small>ESC Cut-Off 5 pm</small>		

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.