Mississippi Medicaid Bulletin

Volume 8, Issue 1

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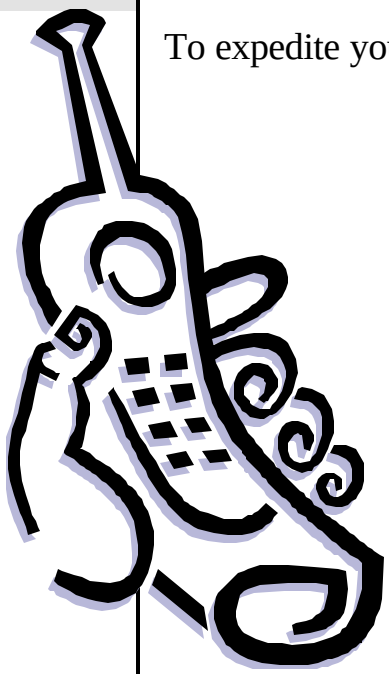
Revenue Code 101

This is to clarify existing billing instructions for in-patient claims. Psychiatric Residential Treatment Facilities (PRTF's) have been instructed to bill revenue code 101 for all-inclusive room and board. Only PRTF's should bill revenue code 101. Acute Free Standing Psychiatric Hospitals must bill revenue code 124. Medical Surgical Hospitals must bill revenue codes 110-120.

If you have any questions regarding information in this bulletin, please call the EDS Correspondence Unit at **1-800-884-3222** or **601-960-2800**.

To expedite your call you can use the AVRS system by choosing one of the following menu options:



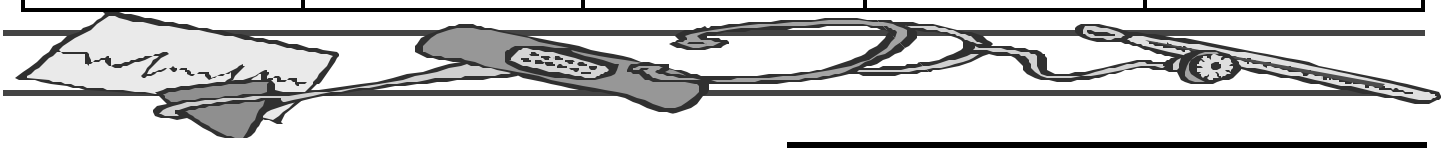
1	**Eligibility, Check Amount, Drug Coverage or Managed Care Information**
2	**Drug Prior Authorization**
3	**Recipients**
4	**Point of Service Help Desk**
0	**EDS Representative**

MISSISSIPPI DIVISION OF MEDICAID

Hospice Rate Increase

In accordance with the Federal Health Care Financing Administration, there was an increase in Mississippi Medicaid Hospice rates effective April 1, 2001. Below are the new rates by revenue and group rate codes.

Group	Revenue Code 651	Revenue Code 652	Revenue Code 655	Revenue Code 656
1	$93.32	$22.44	$101.16	$414.79
2	$95.13	$23.12	$103.57	$426.45
3	$99.20	$24.11	$107.05	$443.29
4	$93.30	$22.68	$102.00	$418.87
5	$0.00	$0.00	$0.00	$0.00
6	$98.08	$23.84	$106.10	$438.66



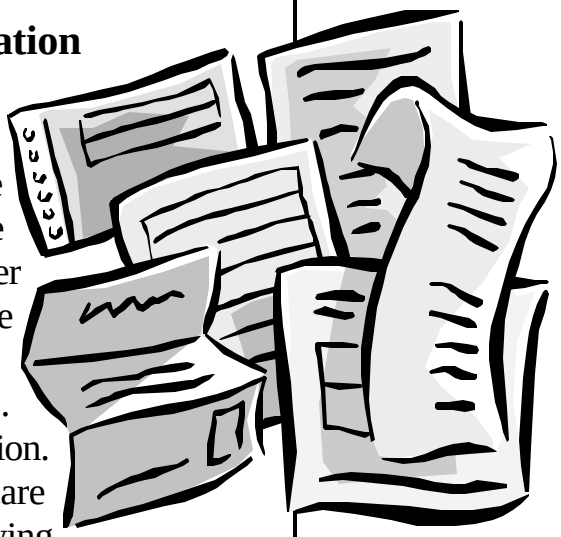
Valid Place of Service Codes

The Mississippi Medicaid Management Information System (MMIS) captures a one-digit Place of Service (POS) code. However, several providers are submitting claims using a two-digit POS code. As a result, these providers' claims are either being returned for correction or denying. To avoid claim-processing delays, please use one of the POS codes in the box to the right to denote where the service was rendered.

For additional information, please contact the EDS Correspondence Unit at **1-800-884-3222.**

1	Inpatient Hospital
2	Outpatient Hospital
3	Doctor's Office
4	Patient's Home
5	Day Care Facility
6	Night Care Facility
7	Nursing Facility
8	Skilled Nursing Facility
9	Ambulance
0	Other Locations
A	Independent Lab
B	Ambulatory Surgical Center
C	Residential Treatment Facility
D	Specialized Treatment Facility
E	Comprehensive Outpatient Rehabilitation Facility
F	Independent Kidney Disease

Medicare/Medicaid Crossover Claim Limitation Reminder



Providers have six months (180 days) from the Medicare paid date to file a claim with Medicaid. The six-month limitation for Medicare/Medicaid crossover claims is determined by comparing the Medicare payment date against the date of receipt by Medicaid. Timely filing ICNs cannot be used on crossover claims. Timely filing ICNs cannot override the six-month limitation. Claims received more than six months after the Medicare payment date are denied unless they meet the following guidelines:

- Claims over six months old can be processed if the beneficiary's Medicaid eligibility has been approved retroactively. Proof of the retroactive determination must accompany the claim. Dates of service must be within the eligibility period stated on the eligibility approval document. Providers have six months from the date of the retroactive eligibility notification letter to submit claims.

- The six-month filing limitation for newly enrolled providers begins the date the new provider number is assigned. New providers have six months from the date of the notification letter to submit claims for the eligibility period as stated in the notification letter. A copy of the notification letter must be attached to each claim.

If you have EOMBs (Explanation of Medicare Benefits) stating the claims crossed over to Medicaid, and you have no record of payment by Medicaid, or if you have paper or electronic claims that do not appear on your remittance advice after thirty days, please call the EDS Correspondence Unit at **1-800-884-3222** for assistance. If no record of the claim is on file, you may submit a follow-up claim if it is within six months of the Medicare EOMB date. To assist the Correspondence Unit, please have your Medicaid number, payment dates, and EOMB available when you call. Follow-up on denied claims must be completed within the 180-day limitation.

Timely filing ICNs cannot be used on crossover claims. Timely filing ICNs cannot override the six-month limitation. Claims received more than six months after the Medicare payment date are denied.

Mississippi Medicaid Bulletin

Bulk Rate
U.S. Postage
PAID
Jackson, MS
Permit No. 584

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

EDS

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Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2 Checkwrite	3	4 DOM, EDS & HSM closed	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.