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Bulletin

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Medicare/Medicaid Dually Eligible Beneficiaries

It is policy that when a beneficiary is eligible under both Medicare and Medicaid, Medicare is responsible for primary coverage. There are several categories of drugs which are covered by Medicare for outpatients. These include (but may not be limited to):

- Immunosuppressive agents for transplant recipients covered by Medicare
- Total Parenteral Nutrition
- Total Enteral Nutrition
- Oral Anti-cancer agents
- Oral Anti-emetic agents
- Inhalation Drugs

At the present time, the Division of Medicaid is not able to capture this information up front in order to reject those claims which should be filed with Medicare.

However, beginning June 1, 2002 (tentative), Medicaid plans to have software in place which will identify dually eligible beneficiaries and reject claims for drugs which should be billed to Medicare.

In order to file claims with Medicare, a pharmacy must be a Medicare DMEPOS supplier. Applications can be obtained by calling the toll free number 1-866-238-9652 or by accessing it on the internet at www.palmettogba.com and clicking on "forms" then clicking on CMS 855S Application Form. The form can be printed from the site.

The Division of Medicaid is providing this information to help providers prepare for this change in procedure; however, we are not able to handle the applications or answer specific questions about Medicare procedures.

Any questions about Medicare and the DMEPOS supplier requirements should be directed to the National Supplier Clearing House at the toll free number 1-866-238-9652 or by accessing the Palmetto GBA web site at www.palmettogba.com.

Internet Access Is A Must!

Today, in keeping up with the rapidly growing pace of business technology, Internet access is a must. Convenience is one of the many benefits the Internet provides. Therefore, ACS encourages all providers to take advantage of the Mississippi Medicaid web site.

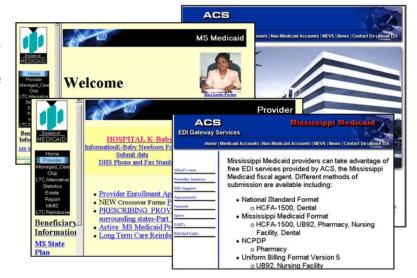
The Division of Medicaid web site is available 24 hours a day, 7 days a week. Over a period of time, using the web site will result in tremendous cost and staff savings by the quick and easy access to Medicaid information.

The Medicaid web site was designed to assist the Mississippi Medicaid provider with the ability to search and retrieve information immediately. The web site is divided into two main areas: the public site and the data exchange site.

The public site contains provider support information such as:

- Manuals, provider enrollment applications, and enrollment forms
- Medicaid information, such as EDI service information
- Frequently asked questions
- Electronic claims submission software
- Medicaid Provider Bulletins

The data exchange web site is a secured site that contains Electronic Remittance Advices (ERAs) and Claim Rejection Reports. Providers are assigned a log on and password that will allow secure access to that particular provider's Remittance Advice and/or Claim Rejection Report.



Providers can gain access to all of the above information by simply visiting the Division of Medicaid's web site at www.dom.state.ms.us and/or ACS's EDI web site at www.acs-gcro.com.

We strongly encourage providers without Internet access in their offices to obtain it now. The Division of Medicaid web site can save staff resources and money with instant information at no cost to the provider. The Internet is the avenue of choice for receiving current and immediate information. In other words, access is a must for any office!

Nursing Facilities Bed Tax Recoupment

Nursing facilities involved in the recoupment process (reduction in Medicaid payment by outstanding bed tax) will be allowed to pick up a check for the balance of their Medicaid payment. Facilities must contact the Medicaid fiscal agent at 601-206-3000 to arrange the pickup. Proper identification will be required.

Billing For Emergency Room Services

Question:

When a beneficiary has exhausted six (6) emergency room outpatient visits, is it appropriate for the hospital to remove the emergency room revenue codes (revenue codes 450 - 459) from the charges on the UB92 claim in order to receive reimbursement for the other services rendered during this visit?

Answer:

No, it is not permissible. According to the Hospital Outpatient Section 26.16 of the Medicaid Provider Policy Manual, "The Medicaid program provides for six (6) emergency room outpatient visits (revenue codes 450-459) per fiscal year. All emergency room charges must be submitted as an outpatient bill." Therefore, any omission of a revenue code for a service rendered during the emergency room visit could be considered fraudulent and incomplete billing as well as being subject to audit by the appropriate entity.

Reimbursement of Ostomy Supplies

Effective for prior authorization requests received on or after February 1, 2002, the Division of Medicaid has authorized HealthSystems of Mississippi to price ostomy supplies at 15% above the actual cost of each item.

- An invoice reflecting the cost of each item must be attached to each request. Catalog pages are not acceptable.
- Each request must be submitted with a valid 2002 HCPCS code. E1399 will no longer be utilized for ostomy supplies except when there is no specific HCPCS code.
- The provider must list the usual and customary charge on the prior authorization request and the HCFA-1500 request form.

These changes are applicable only to Durable Medical Equipment providers.

ADA Dental Claim Form

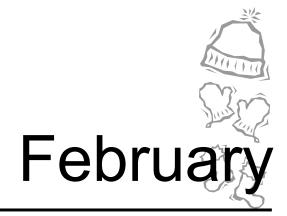
As of January 1, 2002, Mississippi Medicaid is accepting the ADA claim form for dental services. The state dental claim form used previously will not be accepted after April 1, 2002. It will be mandatory at that time to bill all dental services on the standard ADA claim form.

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ACS P.O. Box 23078 Jackson, MS 39255

If you have any questions related to the topics in this bulletin, please contact ACS at 1-800 -884 -3222 or 601 -206 -3000

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



February 2002

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
					1 EDI Cut Off 5 p.m.	2
3	4	5	6	7	8 EDI Cut Off 5 p.m.	9
10	L L	12	13	14	15 EDI Cut Off 5 p.m.	16
17	18 DOM, ACS and HOM CLOSED	19	20	21	22 EDI Cut Off 5 p.m.	23
24	25 Checkwrite	26	27	28		

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.