

# Mississippi Medicaid

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## Bulletin

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### Update to Medicaid Billing Instructions

The purpose of this article is to highlight important changes in the healthcare industry and the Mississippi Medicaid program as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the revised Medicaid claims processing system, *Envision*.

HIPAA requires covered entities, including providers and health plans, to use national standards for electronic health care transactions. If you submit electronic healthcare information, it is imperative that your practice management system supports the use of these transactions. As a covered healthcare provider, it is your responsibility to ensure that the transactions you conduct electronically are compliant with the HIPAA regulations. Please communicate with your software vendors or billing agents about their progress towards HIPAA compliance.

Listed below are some of the changes to the Mississippi Medicaid program effective October 1, 2003.

- The new ACS EDI Gateway, Inc., clearinghouse will be in effect October 1, 2003, at 5:01 P.M. CST for all providers who submit electronically. The clearinghouse will support HIPAA mandated electronic transactions, such as the 837 Professional, Dental, and Institutional claims formats, and the 835-remittance advice.
- Nursing home providers submitting claims electronically, for the month of September, must submit these claims by 5:00 P.M. CST, October 1, 2003, to be processed in the non-HIPAA or roster format.
- WINASAP2003 is replacing NECS and WINASAP2000. WINASAP2003 supports the HIPAA-mandated electronic claims transactions. If you are currently using WINASAP2000 and have not received notification to download the software, please do so at <http://msmedicaid.acs-inc.com> or contact the EDI Support Unit at 866-225-2502 to request a copy on CD-ROM.

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*Update to Medicaid Billing Instructions Continued...*

On July 24, 2003, the Centers for Medicare and Medicaid Services (CMS) published guidance on compliance with the HIPAA provisions on electronic transactions and code sets and its enforcement approach. CMS has indicated they will not impose penalties on providers who are making reasonable and diligent efforts to comply with the new standards. Also, CMS will not impose penalties on health plans (like Medicaid) that receive non-compliant transactions, under certain conditions. CMS is clear that this relatively lenient approach will not last indefinitely, and providers that send electronic transactions must continue to work toward being able to conduct these transactions using HIPAA mandated X12N formats.

**If your practice management system, software vendor, billing agent or clearinghouse is unable to transmit claims or other transactions in the HIPAA mandated formats, please continue submitting your claims electronically in the existing formats using the new Medicaid policy and guidelines effective October 1, 2003.** Please do not submit claims on paper, as this will only delay processing of your claims. Additionally, the 835 electronic remittance advice (RA) will be available for those providers who requested it. All providers will continue receiving a RA in the new paper format for a limited period of time. The print image of the new paper RA will be available for those providers currently receiving the print image via the web.

NOTE: Nursing home providers must follow the billing procedures outlined in the September 2003 Mississippi Medicaid Bulletin. You will no longer be able to submit roster billings.

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### **Important Facts for Claims Submitted After October 1, 2003**

Please note the following are reminders when submitting claims after October 1, 2003. Any claims received after October 1, 2003, that do not adhere to the following requirements will be denied.

- The 8-digit provider number must be used.
- Two-digit standard place of service codes must be used. Place of service codes are driven by the **date of processing**. As a result, you must use the two-digit standard place of service codes on all claims filed after October 1, 2003. Refer to the September 2003 Mississippi Medicaid Bulletin for a complete list of place of service codes.
- Local codes will not be used for dates of service after October 1, 2003. You must use the Current Procedural Terminology (CPT) and Healthcare Common Procedure Code System (HCPCS) codes on claims with dates of service on and after October 1, 2003. Please remember that procedure codes are **date of service** driven.
- National modifiers must be used for all claims filed after October 1, 2003. Local modifiers will not be allowed on any claim regardless of the date of service.
- Any unresolved **nursing home claims** must be billed on the UB-92 claim form after October 1, 2003, regardless of the date of service.
- Please note that all claims received by ACS after October 1, 2003, must have the appropriate codes in order to be processed.

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### **Place of Service Codes Addendum**

In the September Bulletin, the Place of Service Code for Outpatient Hospital was inadvertently omitted from the listing. Please note that the correct Place of Service Code is 22-Outpatient Hospital referencing the following description-a portion of a hospital, which provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization.

## Timely Filing ICN is Now Timely Filing TCN

Claims processed on and after October 1, 2003, will be assigned a 17-digit Transaction Control Number (TCN). The TCN is basically the same as the 13-digit Internal Control Number (ICN).

Use the **original ICN/TCN** on the first remittance advice (RA) from the first time the claim adjudicated, as the **timely filing ICN/TCN** when re-submitting claims. The *Envision* system will accept the old 13-digit Timely Filing ICN and will automatically convert it to the new format for further claim adjudication. For all new claims received after October 1<sup>st</sup>, the system will automatically assign a 17-digit Timely Filing TCN.

**The simple rule to remember on timely filing is:**

**Use a 13-digit ICN number or the 17-digit TCN number, whichever appeared on the RA from the original adjudication of the claim.**

### Attention EDI Cut Off October 1, 2003

Due to the implementation of the Envision claims processing system, the EDI cut off date will be at 5:00 p.m. Wednesday, October 1, 2003, instead of Thursday, October 2, 2003. Please review the calendar on the back cover of this bulletin.

### NOTICE

#### Innovative State Use of the Civil Money Penalty Funds - Incentives for High Quality Care Enhancement Grant Award and Education Program Award

*The deadline for submission of grant applications for FY 2004 is January 15, 2004. Application requirements are located on the Division of Medicaid website as follows: [www.dom.state.ms.us](http://www.dom.state.ms.us). At the "select a link", choose Civil Money Penalty (CMP) Funds. A summary of each grant is provided below. If you have any questions, contact Evelyn Silas, Division Director, Institutional Long Term Care, at 601-359-6750.*

**Enhancement Grant Award:** The goal is to provide grants for enhancements to nursing facilities that have maintained compliance with the federal requirements for long term care. The purpose of the Enhancement Grant Award is to provide a nursing facility with current and past compliance history of the federal requirements the opportunity to receive funding for innovative programs/projects that will directly and/or indirectly benefit the residents by providing an enhanced quality of life. The grant award should be self-sustaining once implemented. For FY 05, **\$250,000** has been set aside to award grants in the range of \$5000 - \$50,000. The grant proposal application may be obtained on the Division of Medicaid website at [www.dom.state.ms.us](http://www.dom.state.ms.us) or by telephone request at 601-359-6750. Deadline for completion and receipt of application by DOM is **January 15, 2004**. The grants shall be awarded on or before **April 1, 2004**.

**Educational Program Award:** The goal is to assist nursing facilities that have not been in substantial compliance with federal requirements for long term care facilities to obtain and maintain compliance. The purpose of the Educational Program Award is to provide a nursing facility with current and past non-compliance history of federal requirements the opportunity to receive funding for educational programs/projects that will directly and/or indirectly benefit the residents as well as assist the facility in providing an enhanced quality of life for the residents. This grant award is a one-time award that will benefit the residents. For FY 05, **\$100,000** has been set aside to award grants in the range of \$5000 - \$20,000. The grant proposal application may be obtained on the Division of Medicaid website at [www.dom.state.ms.us](http://www.dom.state.ms.us) or by telephone request at 601-359-6750. Deadline for completion and receipt of application by DOM is **January 15, 2004**. The grants shall be awarded on or before **April 1, 2004**.

## Non-Emergency Transportation Billing Changes

Effective October 1, 2003, the procedure codes for billing non-emergency transportation services by group providers (provider type J3) will change. Procedure code A0100 is being replaced with procedure code A0110 and procedure code W2280 will be replaced with procedure code T2003. These new codes will be in effect for all transports with a date of service on or after October 1, 2003. Transports prior to that time period should be billed using the old procedure codes. The proper procedure code will be listed at the bottom of the closed transaction summary.

If NET providers have any questions, they may contact the Bureau of Compliance and Financial Review at 1-800-421-2408 or 601-987-4868.

## Multiple Surgery Claims Processing

All multiple surgery claims with dates of service **BEFORE** 10/01/03 must be submitted on the appropriate claim form to the following address for special handling and processing:

**ACS STATE HEALTHCARE**  
**385B Highland Colony Parkway, Suite 300**  
**Ridgeland, MS 39157**  
**ATTN: Multiple Surgery Claims Processing**

All multiple surgery claims with dates of service on or **AFTER** 10/01/03 may be submitted on paper or electronically.

## Policy Manual Additions/ Revisions

The following policies and policy sections have been added and/or revised to the DOM Provider Policy Manual. Providers of these services may view these changes by accessing the DOM website at [www.dom.state.ms.us](http://www.dom.state.ms.us) and selecting the drop down link "Provider Manuals".

Section	Policy	Effective Date	New	Revised	Revised Sections
8.0	Ambulance	10/01/03		X	8.02, 8.03, 8.05 8.06, 8.07, 8.08 8.09, 8.12, 8.15
10.0	Durable Medical Equipment	10/01/03		X	10.00, 10.02, 10.03 10.04, 10.13, 10.14 10.27, 10.37, 10.58 10.90, 10.91, 10.92
18.0	Mental Health/ Psychiatric Residential Treatment Facility (PRTF)	10/01/03		X	18.14
39.0	Family Planning Waiver	10/01/03	X		
40.0	Home Health	10/01/03		X	40.03, 40.08, 40.11
52.0	Surgery	10/01/03	X		
53.09	Keloid	10/01/03	X		

**All providers are responsible for obtaining and maintaining additions and/or revisions to the DOM provider policy manual.**

## Paper Checks

The Division of Medicaid and ACS have developed the following plan for providers who may need to request a paper check during the initial weeks of implementation of the revised Medicaid claims processing system, Envision, beginning the week of October 13, 2003. Please note that DOM will consider each request individually based on its merit. The need for a paper check must be directly related to implementation of the revised claims processing systems.

1. Providers must request a paper check by 1 p.m. on Tuesday of the payment week. Therefore, providers should check on Monday of each week to determine their payment amount. Providers can check this information by calling the AVRS at 1-800-884-3222 or checking payment amount using the web portal at <http://msmedicaid.acs-inc.com> .
2. Providers should be prepared to give the following information:
  - Specific reason for the check request
  - Provider Name
  - Provider Number
  - Provider Type
  - Provider Contact
  - Provider Phone Number
  - Provider Address
  - Payment Expected
  - If check is to be mailed, sent overnight, or picked up by provider
3. Providers can request a paper check by calling the ACS Call Center at 1-800-884-3222 or the Division of Medicaid, Provider Relations at 1-800-421-2408, ext. 6133 or 601-359-6133.

The amount of the paper check will be based on the provider's average weekly payment for the last six (6) months.

Checks requested by 1 p.m. on Tuesday will be available for mailing or pick up by the provider on Friday of the week requested. Checks requested after 1 p.m. on Tuesday will be available on Friday of the next week.

The week of October 27, 2003, will be the last week to request paper checks unless it is determined that the date should be extended. If the decision is made to extend the weeks for requesting paper checks, information will be posted to the website for the Division of Medicaid at [www.dom.state.ms.us](http://www.dom.state.ms.us) .

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## Provider Workshop Materials

All slide presentations and handouts from the August and September provider workshops are on the website for the Division of Medicaid. The website is: [www.dom.state.ms.us](http://www.dom.state.ms.us). On the home page there is a link that reads Summer 2003 Workshop Presentations. Click on this link to go directly to the materials from the workshops.

## Questions from Provider Workshops

The questions and answers from the August and September provider workshops will be available on the Web Portal on October 6, 2003. The website is: <http://msmedicaid.acs-inc.com>. The questions and answers will be in the public area so an ID and password will not be necessary to get to this information.

If you do not have access to the Web Portal, you may contact Provider and Beneficiary Services at 1-800-884-3222 and request that a copy of the workshop questions and answers be mailed to you.

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## Important Pharmacy Information

The following pharmacy claim form changes become effective on October 5, 2003 at 12:00 midnight CT:

- BIN number becomes 610084
- Processor Control Number (PCN) is DRMSPROD
- ACS has forwarded the NCPDP Version 5.1 Payor Sheet to all software vendors and to all pharmacies. This sheet provides the information necessary for submitting claims via Point of Sale (POS) to Medicaid.
- DAW codes allowed by Medicaid:
  - DAW 5 - brand used as generic. *For trade name drugs priced as generics, e.g., Amoxil®, Deltasone®, Roxicet®, etc.*
  - DAW 7 - brand mandated by law. *For narrow therapeutic index drugs as defined by DOM policy: Dilantin®, Synthroid®, Coumadin®, Tegretol®, Lanoxin®*
- It is not necessary for pharmacies to enter the prior authorization (PA) number via POS. The system logic will review the claim and compare it to the PA files. If a PA is on file, the claim will process. If no PA is on file, the pharmacy will receive a message indicating that prior authorization is necessary.

There are **no** changes in the following pharmacy policy:

1. Medicaid **reimburses only** for compounds such as total parenteral nutritionals/ hyperalimentations. You must continue to bill these claims via paper at this time.
2. For dually eligible beneficiaries, if Medicare and Medicaid cover the service, Medicare will automatically submit the balance of the claim as a 'crossover' to Medicaid's fiscal agent electronically. Pharmacies may receive denials from Medicare and will need to bill Medicaid prescriptions. Only denials for non-covered drugs or lack of eligibility will be acceptable reasons for Medicaid consideration. If Medicare denies a drug, the drug may be billed to Medicaid on the Mississippi Pharmacy Paper Claim form and the Explanation of Medicare Benefits (EOMB) from Medicare must be attached. These claims should be mailed to the following address:

Division of Medicaid  
Attn: Pharmacy Bureau  
239 N. Lamar St., Suite 801  
Jackson, MS 39201-1399

After initial paper claim submission, the beneficiary's information will be profiled so that future claims for the same beneficiary and same drug can be billed electronically through pharmacy POS. The usual POS edits, drug co-payments and service limits will apply.

3. You may access the pharmacy paper claim electronically by going to:  
[www.dom.state.ms.us/Provider/Publications/Provider\\_Forms/provider\\_forms.html](http://www.dom.state.ms.us/Provider/Publications/Provider_Forms/provider_forms.html)

## Local Code Conversion Table

**Effective For Dates Of Services On And After October 1, 2003**

TYPE SERVICE	LOCALCODE	HCPCS CODE	MODIFIER
Ambulance	W2000	A0428	Origin/Destination Modifiers: D, E, G, H, I, J, N, P, R, S, X
Ambulance	W2007	A0436	Origin/Destination Modifiers: D, E, G, H, I, J, N, P, R, S, X
Ambulance	W2008	A0435	Origin/Destination Modifiers: D, E, G, H, I, J, N, P, R, S, X
Ambulance	W2010	A0380	Origin/Destination Modifiers: D, E, G, H, I, J, N, P, R, S, X
NET: Non Emergency Transportation	W2200	T2001	None
NET: Non Emergency Transportation	W2201	Code Closed	None
NET: Non Emergency Transportation	W2202	Code Closed	None
Ambulance	W2205	A0428	Origin/Destination Modifiers: D, E, G, H, I, J, N, P, R, S, X
NET: Non Emergency Transportation	W2211	A0210	None
NET: Non Emergency Transportation	W2212	A0210	None
NET: Non Emergency Transportation	W2280	S0215 for NET Individual Providers  T2003 for NET Group Providers	None
NET: Non Emergency Transportation	W2291	A0190	None
NET: Non Emergency Transportation	W2292	A0190	None
Mental Health CMHC	W3000	90862	HW
Mental Health CMHC	W3005	90804, 90806, or 90808	HW
Mental Health CMHC	W3006	H0031	HW
Mental Health CMHC	W3007	H0032	HW and HT
Mental Health CMHC	W3008	H0039	HW
Mental Health CMHC	W3009	90846 90847	HW

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TYPE SERVICE	LOCALCODE	HCPCS CODE	MODIFIER
Mental Health CMHC	W3010	90853 90857	HW
Mental Health CMHC	W3015	H2030	HW and HB
Mental Health CMHC	W3016	H2012	HW
Mental Health CMHC	W3020	T1502	HW
Mental Health CMHC	W3021	T1017	HW and HB
Mental Health CMHC	W3022	T1017	HW and HA
Mental Health CMHC	W3023	T1001	HW
Mental Health CMHC	W3025	90849	HW
Mental Health CMHC	W3026	H2015	HW and HA
Mental Health CMHC	W3027	H0035	HW
Mental Health CMHC	W3036	H2019	HW
Mental Health CMHC	W3037	H2017	HW
Mental Health CMHC	W3038	H2030	HW and HC
HCBS Elderly / Disabled	W3100	<b>T2022</b>	U1
HCBS Elderly / Disabled	W3101	S5150	U1
HCBS Elderly / Disabled	W3102	S5151	U1
HCBS TBI /SCI	W3102	S5151	U5
HCBS Elderly / Disabled	W3103	S5102	U1
HCBS TBI / SCI	W3104	S5165	U5
HCBS Elderly / Disabled	W3105	S5130	U1
HCBS and MR/DD	W3106	S5150	U3
HCBS TBI / SCI	W3106	S5150	U5
HCBS and MR/DD	W3107	S5136	U3
HCBS and MR/DD	W3108	A4521 – A4525	U3
HCBS and MR/DD	W3108	A4554	U3
HCBS and MR/DD	W3108	A4338 – A4346	U3

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TYPE SERVICE	LOCALCODE	HCPCS CODE	MODIFIER
HCBS and TBI / SCI	W3108	<b>T2028 Or T2029</b>	U5
HCBS and MR/DD	W3109	H2019	<b>U3, U3 and H0 (Master's Level), U3 and HN (Bachelor's Level)</b>
HCBS and MR/DD	W3110	<b>T2022</b>	U3
HCBS and MR/DD	W3112	T1005	U3
HCBS and TBI / SCI	W3112	T1005	U5
HCBS Elderly / Disabled	W3113	S5170	U1
HCBS Independent Living	W3114	S5125	U2
HCBS and TBI / SCI	W3114	S5125	U5
HCBS Independent Living	W3115	<b>T2022</b>	U2
HCBS and TBI / SCI	W3115	<b>T2022</b>	U5
HCBS and MR/DD	W3117	<b>S5150</b>	U3
HCBS and MR/DD	W3118	<b>T2017</b>	U3
HCBS and MR/DD	W3119	S5125	U3
HCBS and MR/DD	W3120	S5100	TT and U3
HCBS and MR/DD	W3121	T2015	U3
HCBS and MR/DD	W3122	<b>H2023</b>	U3
HCBS and MR/DD	W3123	G0151	U3
HCBS and MR/DD	W3124	G0152	U3
HCBS and MR/DD	W3125	G0153	U3
HCBS and MR/DD	W3126	H0045	U3
HCBS and MR/DD	W3127	T1005	U3
HCBS Elderly / Disabled	W3128	T2001	U1
Mental Health Expanded EPSDT	W3305	90804,90806, 90808, 90810, 90812 or 90814	HA with AH or AJ
SCHOOL	W3305	90847	EP
Mental Health Expanded EPSDT	W3310	90846 or 90847 or H0031	HA with AH or AJ
SCHOOL	W3310	90849	EP
Mental Health Expanded EPSDT	W3315	90853 90857	HA with AH or AJ
SCHOOL	W3315	90853	EP
Mental Health Expanded EPSDT	W3320	H2012	HA with AH or AJ
Expanded EPSDT	W4001	92507	EP

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TYPE SERVICE	LOCALCODE	HCPCS CODE	MODIFIER
SCHOOL	W4001	92507	EP
Expanded EPSDT	W4002	92507	EP
SCHOOL	W4002	92507	EP
Expanded EPSDT	W4003	92507	EP
SCHOOL	W4003	92507	EP
Expanded EPSDT	W4010	92508	EP
SCHOOL	W4010	92508	EP
Expanded EPSDT	W4011	92508	EP
SCHOOL	W4011	92508	EP
Expanded EPSDT	W4012	92508	EP
SCHOOL	W4012	92508	EP
Family Planning	W5830	J7300 or S4989	FP
Vaccine For Children (VFC)	W6000, W6001 W6005, W6006 W6010, W6011 W6015, W6020 W6025, W6026 W6030, W6031 W6035, W6036 W6040, W6041 W6045, W6050 W6055, W6060 W6065, W6070 W6075, W6080 W6085, W6086 W6090, W6091 W6092, W6095 W6100, W6101 W6102, W6103 W6105, W6106 W6107, W6108 W6116, W6119	90471 <u>or</u> 90471 <u>and</u> 90472	EP
Antepartum Visit 1 <sup>st</sup> Trimester	W6130 W6140 W6150	<u>For all three (3) local codes, the following is applicable:</u>	TH on all antepartum maternity visits
Antepartum Visit 2 <sup>nd</sup> Trimester		For Visit # 1,2, or 3: Bill appropriate E & M code <u>per</u> visit	
Antepartum Visit 3 <sup>rd</sup> Trimester		For Visit # 4, 5, or 6: 59425 <u>per</u> visit  For Visit #7 and above: 59426 <u>per</u> visit	

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TYPE SERVICE	LOCALCODE	HCPCS CODE	MODIFIER
Expanded EPSDT	W7000	S9123	EP
Expanded EPSDT	W7001	S9124	EP
Expanded EPSDT	W7002	S9524	EP
Not Applicable	W7003	Code Closed	Not Applicable
Dental	W7100	D7999	None
Dental	W8999	Code Closed	Not Applicable
Family Planning	W9009	99201 - 99215	FP
EPSDT	W9010	99401	EP
Family Planning	W9014	A4260	FP
HCBS Assisted Living	W9017	<b>T2022</b>	U4
HCBS Assisted Living	W9018	T1020	U4
Expanded EPSDT	W9021	99358	EP
Expanded EPSDT	W9022	99358	EP
Expanded EPSDT	W9023	99358 and 99359	EP
Expanded EPSDT	W9024	99358 and 99359	EP
Expanded EPSDT	W9025	99371	EP
Expanded EPSDT	W9026	99372	EP
Expanded EPSDT	W9027	99372	EP
Expanded EPSDT	W9028	99373	EP
Rape	W9127	Appropriate Evaluation and Management code	None
PHRM	W9350	T1023	TH
PHRM	W9351	H1002	TH
PHRM	W9352	T1017	TH
PHRM	W9353	T1023	EP
PHRM	W9355	S9470	TH
PHRM	W9356	H0023	TH
PHRM	W9357	S9445	TH
EPSDT	W9358	Code Closed	Not Applicable
EPSDT	W9360	Code Closed	Not Applicable
PHRM	W9361	S9123	TH
PHRM	W9362	S9470	TH

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TYPE SERVICE	LOCALCODE	HCPCS CODE	MODIFIER
PHRM	W9363	S9127	TH
EPSDT	W9364	Code Closed	Not Applicable
EPSDT	W9365	99173	EP
EPSDT	W9366	92551	EP
EPSDT	W9367	Code Closed	Not Applicable
EPSDT	W9368	99381 or 99391	EP
EPSDT	W9369	99382 or 99392	EP
EPSDT	W9370	99381 or 99391	EP
EPSDT	W9371	99381 or 99391	EP
EPSDT	W9372	99381 or 99391	EP
EPSDT	W9373	99381 or 99391	EP
EPSDT	W9374	99382 or 99392	EP
EPSDT	W9375	99382 or 99392	EP
EPSDT	W9376	<u>For Age 1 to 4:</u> 99382 or 99392  <u>For Age 5 – 11:</u> 99383 or 99393	EP
EPSDT	W9377	<u>For age 12 – 17:</u> 99384 or 99394  <u>For age 18 – 21:</u> 99385 or 99395	EP
EPSDT	W9378	Code Closed	Not Applicable
PHRM	W9379	T1017	EP
PHRM	W9380	Code Closed	Not Applicable
PHRM	W9381	S9470	EP
PHRM	W9382	H0023	EP
PHRM	W9383	S9445	EP
PHRM	W9384	S9123	EP
PHRM	W9385	S9470	EP
PHRM	W9386	S9127	EP
EPSDT	W9387	Code Closed	Not Applicable
EPSDT	W9388	Code Closed	Not Applicable
EPSDT	W9401	99371, 99372, or 99373	EP
Mental Health Expanded EPSDT	W9405	T1017	HA with AH or AJ
Anesthesia	W9500	36620 or 36625	<b>AA, GC, QX or QZ only if billed by anesthesia provider</b>

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TYPE SERVICE	LOCALCODE	HCPCS CODE	MODIFIER
Anesthesia	W9501	36488, 36489, 36490, or 36491	AA, GC, QX, or QZ only if billed by anesthesia provider
Anesthesia	W9502	93502	AA, GC, QX, or QZ only if billed by anesthesia provider
Maternity Anesthesia	W9510	62319	AA, GC, QX, or QZ only if billed by anesthesia provider
Maternity Anesthesia	W9511	62311	AA, GC, QX, or QZ only if billed by anesthesia provider
Maternity Anesthesia	W9514, W9515 W9518, W9519 W9520, W9521 W9522	Select one of following codes: 01960, 01961, 01962, 01963, 01964, 01967, 01968, or 01969	AA, GC, QX or QZ
Newborn Hearing	W9523	V5008	None
Hearing Aid	Z5250	V5014	None
Hearing Aid	Z5252	V5299	None
Hearing Aid	Z5254	V5299	None
Hearing Aid	Z5255	V5264	None
Medical Supplies	Z0000 – Z9999 (Excluding Z5250, Z5252, Z5254, and Z5255 as conversion for these codes listed above)	Select appropriate DME code	SC
Anesthesia	DP	GC	Not Applicable
DME	MODIFIER 1	RR	Not Applicable
DME	MODIFIER 2	KR	Not Applicable
DME	MODIFIER 3	NU	Not Applicable
DME	MODIFIER 4	RP	Not Applicable
DME	MODIFIER 5	MS	Not Applicable
DME	MODIFIER 6	UE	Not Applicable
DME	MODIFIER 7	SC	Not Applicable

### Policy Manual Reminder

This bulletin is a document for the Mississippi Medicaid Policy Manual and must be placed behind Tab 88 of the manual. All providers are held accountable for all policies in the monthly Mississippi Medicaid Bulletins.

PRSRT STD  
 U.S. Postage Paid  
 Jackson, MS  
 Permit No. 53

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](http://www.dom.state.ms.us)

*October*

**October 2003**

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
			1 EDI Cut Off 5:00 p.m.	2	3	4
5	6 CHECKWRITE	7	8	9 EDI Cut Off 5:00 p.m.	10	11
12	13 CHECKWRITE	14	15	16 EDI Cut Off 5:00 p.m.	17	18
19	20 CHECKWRITE	21	22	23 EDI Cut Off 5:00 p.m.	24	25
26	27 CHECKWRITE	28	29	30 EDI Cut Off 5:00 p.m.	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.