

# Mississippi Medicaid

Volume 10, Issue 1

January 2004

## Bulletin

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### 2004 New Bed Values for Nursing Facilities ICF-MRs and PRTFs

The new bed values for 2004 for nursing facilities, intermediate care facilities for the mentally retarded (ICF-MRs) and psychiatric residential treatment facilities (PRTFs) have been determined by using the R.S. Means Construction Cost Index. These values are the basis for rental payments made under the fair rental system of property cost reimbursement for long-term care facilities.

Facility Class	2004 New Bed Value
Nursing Facility	\$32,475
ICF-MR	\$38,970
PRTF	\$38,970

### 2003 Owner Salary Limits for Long-Term Care Facilities

On cost reports filed by nursing facilities, intermediate care facilities for the mentally retarded and psychiatric residential treatment facilities, the maximum amounts that will be allowed as owners' salaries for 2003 are based on 150% of the average salaries paid to non-owner administrators in 2002 in accordance with the Medicaid State Plan. These limits apply to all owners and owner/administrators that receive payment for services related to patient care. The limits apply to salaries paid directly by the facility or by a related management company or home office. Adjustments should be made to the cost report to limit any excess salaries paid to owners. In addition, Form 15 should be filed as part of the Medicaid cost report for each owner.

The maximum allowable salaries for 2003 are as follows:

- Intermediate Care Facilities for the Mentally Retarded (ICF-MR) \$122,149
- Small Nursing Facilities (1-60 Beds) \$ 83,485
- Large Nursing Facilities (61 + Beds) \$ 99,754
- Psychiatric Residential Treatment Facilities (PRTF) \$ 99,461

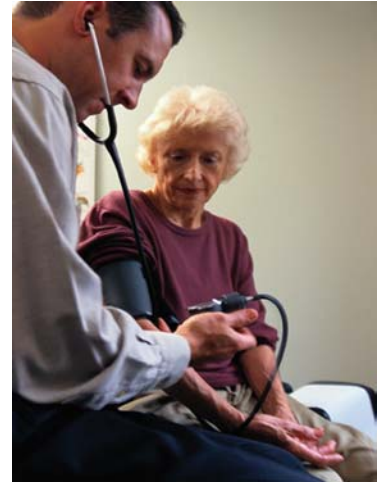


## Allowable Board of Directors' Fees for Nursing Facilities, ICF-MRs and PRTFs 2003 Cost Reports

The allowable Board of Directors' fees that will be used in the desk reviews and audits of 2003 cost reports filed by nursing facilities (NFs), intermediate care facilities for the mentally retarded (ICF-MRs), and psychiatric residential treatment facilities (PRTFs) have been computed. The computations were made in accordance with the Medicaid State Plan by indexing the amounts in the plan using the Consumer Price Index for All Urban Consumers - All Items. The amounts listed below are the per-meeting maximum with a limit of four (4) meetings per year.

The maximum allowable, per meeting Board of Directors' fees for 2003 are as follows:

Category	Maximum Allowable Costs for 2003
0 - 99 Beds	\$3,090
100 - 199 Beds	\$4,636
200 - 299 Beds	\$6,181
300 - 499 Beds	\$7,726
500 Beds or More	\$9,271



### Codes Requiring Prior Approval – Dental and Hearing Aid Providers

Effective December 1, 2003, the following HCPCS/CPT codes required prior approval:

Dental: D0999, D5955, D6999, D7280, D7490, D7860, D7912, D7940, D7941, D7943, D7944, D7945, D7946, D7947, D7948, D7949, D7955, D7983, D7990, D7991, D7999, D9999

Hearing Aids: V5014

Providers must submit the appropriate prior approval form and applicable documentation to the Division of Medicaid prior to providing services. The primary purpose for this change is to expedite the manual pricing process and help your claims process more efficiently. If you have any questions about this change, please call the Bureau of Medical Services at 1-800-421-2408 extension 5683.

### Dental Codes with Primary and Permanent Tooth Designations

Dental codes D2140, D2150, D2160, D2161 and D7140 have been modified to accept both primary and permanent tooth designations. Claims that denied previously with error codes 0365, 0366, 3365 and 3366 will be reprocessed; no additional action is required from providers.



## Dental Provider HCPCS Code Changes

DOM has finalized cleanup of dental provider HCPCS codes in compliance with HIPAA.

For dates of service on or after October 1, 2003, dental providers can no longer use the following invalid HCPCS codes when submitting claims:

D0471	D2110	D2120	D2130	D2131	D2336	D2380	D2381
D2382	D2385	D2386	D2387	D4220	D7110	D7120	D7420
D7430	D7431	D7470	D7480	D7942	D9240	W7100	W9367

For dates of service on or after October 1, 2003, the following HCPCS codes must be used:

Code	Rate	Code	Rate	Code	Rate
D0350	\$1.98	D4211	\$118.77	D4240	\$89.09
D4241	\$89.09	D4261	\$197.95	D4342	\$79.18

For dates of service on or after January 1, 2004, the following HCPCS codes must be used:

Code	Rate	Code	Rate	Code	Rate
D2390	\$86.90	D2391	\$39.78	D2392	\$45.73
D2393	\$55.09	D2394	\$55.09	D7411	\$176.67
D7413	\$116.38	D7414	\$176.67	D7671	\$415.70

On and after January 1, 2004, the following HCPCS codes have description changes. Please check these changes to see how they may affect your billing of procedures.

D0150	D2140	D2150	D2160	D2161	D4210	D4260	D4341
D7410	D7450	D7451	D7460	D7461	D7670		

For dates of service on or after October 1, 2003, HCPCS codes D9240 and D9610 are no longer available for billing injectable medications. Providers must bill the appropriate J code from the HCPCS list for injectable medications.

## Policy Manual Additions/ Revisions

The following policies and policy sections have been added and/or revised in 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
1.08	NET Regional Offices	01/01/04		X	1.08
9.0	Chiropractic Services	01/01/04		X	9.01-9.06
36.0	Nursing Facility	02/01/04	X		
38.0	Maternity /Fetal Ultrasound	01/01/04		X	38.03
41.08	Dialysis: Immunizations	02/01/04	X		

## Pharmacy Program Updates for Pharmacies and Prescribers

### Systems Changes as a result of Envision

Due to the implementation of our renovated HIPAA compliant claims processing system, a few changes were necessary.

1. Pharmacists are no longer required to key in prior authorization numbers.
2. Pharmacists must use **DAW code 7** for narrow therapeutic index drugs as defined by DOM policy: *Dilantin®*, *Synthroid®*, *Coumadin®*, *Tegretol®*, *Lanoxin®*.
3. A dedicated pharmacy POS call center is available at **1-866-759-4108**.

### New Monthly Maximum Quantities\*

<u>Drug</u>	<u>Quantity</u>
Caverject (all strengths)	#1 kit or box
Edex (all strengths)	#1 kit or box
Muse (all strengths)	#1 kit or box
Stadol NS 10mg/ml	#2-2.5 ml
butorphanol nasal spray 10mg/ml	#2-2.5ml
Rapid acting insulin (all types) ^	#6-10 ml (or 60 ml)
Intermediate acting insulin (all types) ^	#6-10 ml (or 60 ml)
Long-acting insulin (all types) ^	#6-10 ml (or 60 ml)

\*If higher dosage or quantities are indicated, the prescriber must submit a Maximum Unit Override Form to Health Information Designs.

+ Non-oral impotency drugs are limited to one kit or box total per class per month.

^ Insulin maximums are 60 units per class i.e. rapid, intermediate or long-acting.

### Exceptions to the Days Supply Limit

Certain drugs must be dispensed in units greater than a typical 34-day supply limit. This is due to the packaging and dosing requirements.

<u>Drug</u>	<u>Quantity</u>	<u>Billing Day Supply</u>
Depo-Estradiol 5 mg/ml	5	105 days and over
Depo-Provera 150 mg/ml	1	90 days
Estring (all strengths)	1	90 days
Femring (all strengths)	1	90 days
Seasonale (all strengths)	91	91 days
Vitamin B-12 1000mcg/ml	10or 30 ml	up to 120 days

\*If higher dosage or quantities are indicated, the prescriber must submit a Maximum Unit Override Form to HID.

### 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.

**FAX TO: 1-800-459-2135**

HEALTH INFORMATION DESIGNS, INC.  
P.O. BOX 320506  
Flowood, MS 39232  
Phone: (800) 355-0486

**MAXIMUM UNIT OVERRIDE  
REQUEST FORM**

**BENEFICIARY INFORMATION**

Beneficiary's Name: \_\_\_\_\_ Beneficiary's Medicaid #: \_\_\_\_\_  
DOB: \_\_\_\_\_ City: \_\_\_\_\_  
Month Day 4 Digit Year

**PRESCRIBER INFORMATION**

Prescribing Physician: \_\_\_\_\_ Medicaid ID #: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Fax #: \_\_\_\_\_

*I hereby certify that I am the ordering physician/nurse practitioner/physician assistant identified in this form and I deem the prescribed medication to be necessary for the patient listed. I understand that any falsification, omission or concealment of material fact may subject me to civil penalties, fines or criminal prosecution.*

\_\_\_\_\_  
Physician's Signature and date

**PHARMACY INFORMATION**

Dispensing Pharmacy: \_\_\_\_\_ Provider ID# \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Fax #: \_\_\_\_\_

**DRUG/CLINICAL INFORMATION**

Drug Name: \_\_\_\_\_ Quantity/Month: \_\_\_\_\_  
Diagnosis: \_\_\_\_\_ Maximum Qty Requested: \_\_\_\_\_

**Reason for Request:**

List current dose strength: \_\_\_\_\_ mg List current dosing frequency: \_\_\_\_\_

Length of current therapy: \_\_\_\_\_ months

List requested dose strength: \_\_\_\_\_ mg List requested dosing frequency: \_\_\_\_\_

Medical Justification: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*Supporting documentation must be available in the patient record

**FOR HID USE ONLY**

Eligibility Verified by \_\_\_\_\_  
Approved \_\_\_\_\_  
Denied/Code: \_\_\_\_\_  
From Date \_\_\_\_\_ Thru Date \_\_\_\_\_  
Reviewed by \_\_\_\_\_  
HID# \_\_\_\_\_ PA# \_\_\_\_\_

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ACS  
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 Jackson, MS 39225

*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 Manuals are on the Web [www.dom.state.ms.us](http://www.dom.state.ms.us)  
 And Medicaid Bulletins are on the Web Portal <http://msmedicaid.acs-inc.com>

## January

### January 2004

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
				<b>1</b> DOM and ACS CLOSED  EDI Cut Off 5:00 p.m.	<b>2</b> DOM and ACS CLOSED	<b>3</b>
<b>4</b>	<b>5</b> CHECKWRITE	<b>6</b>	<b>7</b>	<b>8</b> EDI Cut Off 5:00 p.m.	<b>9</b>	<b>10</b>
<b>11</b>	<b>12</b> CHECKWRITE	<b>13</b>	<b>14</b>	<b>15</b> EDI Cut Off 5:00 p.m.	<b>16</b>	<b>17</b>
<b>18</b>	<b>19</b> DOM and ACS CLOSED CHECKWRITE	<b>20</b>	<b>21</b>	<b>22</b> EDI Cut Off 5:00 p.m.	<b>23</b>	<b>24</b>
<b>25</b>	<b>26</b> CHECKWRITE	<b>27</b>	<b>28</b>	<b>29</b> EDI Cut Off 5:00 p.m.	<b>30</b>	<b>31</b>

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.

