

Mississippi Medicaid

Volume 10, Issue 7

July 2004

Bulletin

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2004 HCPCS and CPT Code Changes Completed

The 2004 CPT and HCPCS code changes have been completed in the Envision system. New and changed codes are effective for dates of service on and after January 1, 2004. Deleted codes are no longer covered for dates of services on and after April 1, 2004.

Providers that received denials related to these code changes may resubmit those claims. Durable medical equipment (DME) providers may now submit requests with new 2004 codes to HealthSystems of Mississippi (HSM). Previous requests that were returned may be resubmitted through July 31, 2004. The DME Fee Schedule has been updated with these changes and posted to the DOM web site at www.dom.state.ms.us.

Family Planning Demonstration Waiver Program

The Division of Medicaid Family Planning Demonstration Waiver Program **does not** cover oral contraceptives through the regular pharmacy program (Participants in this program have a **YELLOW** Medicaid Identification Card). Oral contraceptives are supplied to enrolled providers at no cost through the Mississippi State Department of Health (MSDH) Division of Family Planning.

The Division of Medicaid does cover IM injections Depo Provera , Lunelle and the Ortho Evra Patch through the pharmacy program.

Billing Tip

If a paid amount appears on the beneficiary's third party payor EOMB, that amount must be entered on the Medicaid claim form. If third party payor paid zero dollars, enter \$0.00 as the paid amount on the Medicaid claim form.



Dental Oral Cavity Designations - Correction

The Dental Oral Cavity designations listed in the March 2004 Bulletin contained an error. A corrected listing of Dental Oral Cavity designations is listed below. The items that were incorrect are listed in bold type.

- 00 – Entire Cavity
- 01 – Upper Right Perm. Tooth 01 or Maxillary Area
- 02 – Upper Right Perm. Tooth 02 or Mandibular Area
- 09 – Upper Left Perm. Tooth 09 or Other Area of Oral Cavity
- 10 – Upper Left Perm. Tooth 10 or Upper Right Quadrant
- 20 – Lower Left Perm. Tooth 20 or Upper Left Quadrant
- 30 – Lower Right Perm. Tooth 30 or **Lower Left Quadrant**
- 40 – **Lower Right Quadrant**
- L – Primary Tooth L or Left Oral Cavity
- R – Primary Tooth R or Right Oral Cavity

Anesthesia Providers Specializing In Pain Management

Under Mississippi Medicaid, all anesthesiologists and CRNAs must bill modifier AA, GC, QX, or QZ with each code billed on the CMS 1500 claim form. If the anesthesia service is for an inpatient delivery, the provider must also bill modifier TH. Anesthesia providers who specialize in Pain Management are not exempt from this policy and must bill the modifiers.

Billing for Palonosetron Hydrochloride (Aloxi) – Physicians and Clinics

Palonosetron hydrochloride (Aloxi) is covered by Mississippi Medicaid at the reimbursement rate of \$307.80 for .25mg in 5 ml single dose vial when billed by physicians and clinics (subject to Medicaid policies for FQHC and RHC encounters). Claims for Aloxi must be submitted using HCPCS code J3490 on a CMS-1500 claim form. The claims

will be reviewed by the fiscal agent's Medical Review Unit and priced according to the dosage administered to the patient. Physicians and clinics that have billed Aloxi and received a different reimbursement rate should void the initial claim and rebill.

Federally Qualified Health Centers (FQHC) and Rural Health Clinics (RHC) are reminded that all services provided during a visit billed with an encounter code are included in the encounter rate.

Phone Number Correction for Provider Representative Clint Gee

The May issue of the Monthly Provider Bulletin included an incorrect phone number for Provider Representative Clint Gee. **The correct phone number is 662-459-9753.** Mr. Gee is the provider representative for Bolivar, Carroll, Coahoma, Leflore, Panola, Quitman, Sunflower, Tallahatchie, Tate, Tunica, and Washington Counties.

Counterfeit-proof Prescription Pad Program Implemented

New legislation requires the Division of Medicaid to develop and implement a program that requires practitioners who prescribe drugs to use counterfeit-proof prescription blanks when writing prescriptions for controlled substances to Medicaid beneficiaries. The counterfeit-proof prescription blanks cannot be erased, altered, or fraudulently reproduced. Medicaid will reimburse only hard copy prescriptions written on counterfeit-proof prescription blanks. Prescriptions sent via facsimile or telephones are exempt.

This requirement will be effective August 1, 2004, for all hard copy prescriptions. After October 1, 2004, hard copy prescription orders on traditional blanks will no longer be reimbursed. Additional information regarding the implementation of the Counterfeit-proof Prescription Pad Program will be forthcoming.

Mississippi Physician License Expiration

Effective June 30, 2004, all physician licenses issued by the Mississippi State Board of Medical Licensure expired. A notice in the June Provider Bulletin asked providers who renewed and received their updated licenses to fax a copy to ACS Provider Enrollment at 601-206-3015. The Mississippi Medicaid provider number should have been included on the fax so the appropriate provider file could be updated to reflect the new eligibility end date. Failure to provide an updated license could result in claim denials, inability to access the web portal, and payment delays.

Group Links Via the Web Portal

Beginning July 1, 2004, Mississippi Medicaid providers can submit requests for group links and Medicare links via the Mississippi Envision Web Portal. Follow these simple steps to submit your request:

1. Log in to the Mississippi Envision Web Portal
2. Click on 'Ask Provider Relations'
3. Select 'Provider Enrollment' and click 'Continue'
4. Click on 'Continue'
5. For Medicaid-to-Medicaid number links, in the 'Question' field provide the provider number that needs to be linked, the number that it should be linked to, and an effective date of affiliation.
6. For Medicaid-to-Medicaid number de-links, in the 'Question' field provide the provider number that needs to be linked, the number that it should be linked to, and an end date of affiliation.
7. For Medicare to Medicaid provider number links and de-links, in the 'Question' field provide the Medicaid provider number and the Medicare provider number that should be linked and the date that this link became effective. Remember that only one Medicare to Medicaid link can be valid at a time. ACS provider enrollment will terminate any other Medicare links with the end date one day prior to the effective date of the new link.
8. Click 'Submit' to complete the transaction.

Provider link requests that do not have the appropriate information will be returned to the provider for more information. Once the update has been completed, the provider will receive an e-mail verification that the link is complete.

Billing Bedhold for Inpatient Hospital Days for Nursing Facility (NF) Residents

Nursing facilities billing for Medicaid beneficiaries who have been transferred to an inpatient hospital are allowed up to 15 days for bedhold. When billing Medicaid, the nursing facility must consider several crucial circumstances upon their return to the facility as follows:

1. Medicaid Beneficiaries in a NF are allowed 15 bedhold days for each inpatient hospital stay.
2. If that beneficiary returns as a skilled resident (Medicare only - Part A), that resident must be discharged from NF as a Medicaid resident. A crossover claim can be filed beginning on the 21st day. The patient status code should be "still resident". Bedhold days apply up to 15 days. Because it is not known if that resident is going to be a skilled patient upon return, the bed must be held. If that beneficiary returns anytime prior to the 15th day as a skilled resident, he/she should be discharged as a Medicaid beneficiary on that day, but "still resident". Revenue code 181, bedhold, days, should only be applied for the number of days that the resident is in the inpatient hospital up to 15 days. If they return to the same NF as a skilled resident (Part A), even if the maximum 15 days have not been used, the above will still apply and the resident should be discharged, but "still resident" patient status code.
3. If that beneficiary returns as a resident (Medicare Part B receiving therapy), that resident is returned as a Medicaid beneficiary. Bedhold days apply up to 15 days.
4. Once that resident is discharged as a skilled resident, that resident is re-admitted on the census as a Medicaid resident and is billed as an 892 bill type, in most instances.
5. The bill type and patient status code are very crucial in getting the bill paid correctly.

Providers with questions about billing should refer to the May provider bulletin and contact the provider representative assigned to their county.

Submission of Adjustment/Void Request

When submitting an Adjustment/Void request, please complete boxes 1 through 6 on the Adjustment/Void request form for proper processing. If filing for an adjustment with or without a returned check to Medicaid, please attach a corrected claim and any other appropriate documentation that will aid in properly processing your request. Please mail Adjustment/Void request and appropriate documentation to:

Mississippi Medicaid Program
P.O. Box 23077
Jackson, Mississippi 39225

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 and clicking on "Provider Manuals" in the left window.

Section	Policy	Effective Date	New	New Section	Revised	Revised Sections
1.0	Introduction	07/01/04			X	1.05 1.07 1.09 1.11
2.0	Benefits	07/01/04			X	2.01 2.02
3.0	Beneficiary Information	07/01/04			X	3.08
10.0	Durable Medical Equipment	07/01/04	X	10.93 10.94		
25.0	Hospital Inpatient	07/01/04			X	25.11 25.14
28.0	Transplants	07/01/04	X	28.18	X	28.01 28.02 28.04 28.10 28.15
27.0	Nursing Services	08/01/04			X	27.03
51.0	Anesthesia	08/01/04			X	All

Checking Eligibility

Eligibility may be checked via the AVRS at 1-800-884-3222 and via the Envision web portal at <http://msmedicaid.acs-inc.com>. Please note that you must complete the web account registration process before accessing beneficiary eligibility information.

Internet Access Is A Must!

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. ACS encourages all providers to take advantage of the Mississippi Medicaid website.

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

The Mississippi Medicaid site was designed to assist the Mississippi Medicaid Provider with the ability to search and retrieve information immediately. The website 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

The Data Exchange site is a secured site that contains Electronic Remittance Advices (ERAs) and Claim Rejection Reports. Providers are assigned a logon and password that will allow secure access to only 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 website at www.dom.state.ms.us or ACS's EDI website at www.acs-gcro.com.

We encourage providers without Internet access in their offices to obtain it now. The Mississippi Medicaid 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.

The screenshot displays the Mississippi Medicaid website. The top section features the state seal and the text: "STATE OF MISSISSIPPI OFFICE OF THE GOVERNOR DIVISION OF MEDICAID Suite 001, Robert C. Lee Building, 239 North Lamar Street Jackson, MS 39201-1359, (601) 359-6050". Below this is a navigation menu with links for Home, Provider Manuals, Annual Reports, Medicaid Eligibility Guidelines and Application form, and Services for Medicaid Beneficiaries (English). The main content area includes a photo of Governor Haley Barbour and FAAPP member Warren A. Jones, M.D., with the text: "Medicaid is a national health care program. It helps pay for medical services for low-income people, for those eligible for full Medicaid services, Medicaid is paid to providers of health care. Providers are doctors, hospitals and pharmacists who take Medicaid." Below the navigation menu is a section titled "Mississippi Envision Quality Medicaid Services Improving Lives" with a sub-section for "Provider Enrollment". This section includes a thank you message, a description of the program, and links for "Enroll Online" and "Download a PDF Provider Enrollment Package". It also mentions "EDI Companion Guides" and provides contact information for ACS.

Policy Manual Reminder

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

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 P.O. Box 23078
 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 And Medicaid Bulletins are on the Web Portal <http://msmedicaid.acs-inc.com>

July

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