

Mississippi Medicaid

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Bulletin

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Contingency Claims

Effective November 1, 2004, the Mississippi Division of Medicaid will no longer accept claims in contingency format from providers, billing agents, clearinghouses and Medicare intermediaries. All claims must be in the HIPAA mandated ASC X12N 837 format. If you are currently using a billing agent or clearinghouse to submit your claims, please contact them immediately to ensure they are submitting this format. It is imperative that you act immediately to prevent rejection of your claims.

Correspondence Mailing Changes

Effective October 1, 2004, all correspondence that is generated from ACS, except for your remittance advice (RA), will be sent to your address noted as "other". This correspondence includes claims returned to the provider, any written correspondence from Provider Services, provider bulletins and any information sent from Provider Enrollment. Your RA will continue to be mailed to the Remittance Advice mailing address. If there is no mail "other" address on your provider file, correspondence from ACS will be mailed to your service location address.

If you wish to change your correspondence mailing address (mailing "other address") please fill out a change of address form and return it to:

ACS Provider Enrollment

P. O. Box 23078

Jackson, MS 39225

Change of Address forms are located on the MS Envision Web Portal publications page located at <http://msmedicaid.acs-inc.com>.

Checking Eligibility

Eligibility may also 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.



Third Party Payment and PPOs

When a Medicaid provider is part of a preferred provider organization (PPO), the provider must report the contractual agreement (discount) plus the money received as the third party payment.

Current Medicaid policy states that when a Medicaid beneficiary is covered by a private insurance policy whose administrator has a PPO in which the Medicaid provider participates, the following applies:

Medicaid is to make no payment when billed for the difference between the third party payment and the provider's charges. The provider agreed as a member to accept payment of less than his charges. This agreement and acceptance constitute receipt of full payment for services, and the Medicaid beneficiary who is insured has no further responsibility. Medicaid's intent is to make payment only when the beneficiary has a legal obligation to pay.

To comply with this policy, the provider must enter the total of the contractual adjustment and the third party payment as the third party amount in fields 54 of the UB92, 29 of the HCFA 1500, or 19 of the Mississippi Crossover Form. If no payment is received, enter zero in the third party field. An explanation of benefits must be attached if the insurance company denies the claim or the amount in the third party field is less than 20% of charges. ACS has been directed to return claims which are not billed in accordance with this policy.

Medical Supplies Provided to Beneficiaries with Medicare

Medicare Part B covers medical supplies, durable medical equipment, orthotics, and prosthetics for eligible beneficiaries. The Medicare coverage policies and guidelines for these items are available at the website for Palmetto, which is the DME Medicare carrier for Mississippi: www.palmettogba.com.

For non-institutionalized beneficiaries with Medicare Part B, medical supplies, durable medical equipment, orthotics, and prosthetics should be billed to Medicare as the primary payer. This

includes items provided to beneficiaries receiving services from the Home and Community-Based Waiver programs.

As stated in the Mississippi Medicaid Provider Policy Manual, Section 10.04, items denied by Medicare may be submitted to Medicaid for consideration. There are also selected items not covered by Medicare that may be billed to Medicaid. The policy is available on the DOM web site at www.dom.state.ms.us – Click on Provider Manuals, then Section 10 Durable Medical Equipment, then Section 10.04 Dual Eligibles.

Billing CPT 76816 – Ultrasound

The Division of Medicaid has received inquiries relating to billing CPT 76816 for a follow-up ultrasound for multiple fetuses. The CPT Manual directs billers to report modifier 59 for each additional fetus examined in a multiple pregnancy. Mississippi Medicaid must accept modifier 59 as a valid modifier; however, the modifier is not used to calculate reimbursement. Therefore, when billing CPT Code 76816 for multiple fetuses, the provider should also report the number of fetuses in the units field of the CMS 1500 claim format (i.e., report 2 units for 2 fetuses, report 3 units for 3 fetuses, etc.).

Paper RA Retrieval from the Web Portal

Beginning November 1, 2004, providers will be able to download a printable image of their paper remittance advice from the web portal. This functionality will only be available to providers who have registered at the Envision web portal. For detailed instructions on web portal registration, please refer to Page 6 of the September 2004 Medicaid Bulletin.

Billing Tip

Please do not highlight any information on your claims or attachments prior to submitting them to ACS for processing. All claims and attachments are scanned and anything highlighted scans as solid black, which prevents keyers from reading the information. If you need to identify specific information, it should be circled.

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

The deadline for submission of grant applications for FY 2005 is January 15, 2005. Application requirements are located on the Division of Medicaid website as follows: 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 or by telephone request at 601-359-6750. Deadline for completion and receipt of application by DOM is **January 15, 2005**. The grants shall be awarded on or before **April 1, 2005**.

Educational Program Grant 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 noncompliance 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 or by telephone request at 601-359-6750. Deadline for completion and receipt of application by DOM is **January 15, 2005**. The grants shall be awarded on or before **April 1, 2005**.

Tips for Billing Adjustment and Void Requests

1. Boxes 1 through 6 on the Adjustment/Void Request form must be completed for proper processing.
2. Corrected claims are required when submitting an adjustment request.
3. Corrected claims are not required when submitting a void request. Corrected claims submitted with a void request will be used as an attachment and not processed. If you need to rebill your claim, you must wait until the void appears on your remittance advice and then resubmit.
3. When submitting an adjustment request with an Explanation of Benefits (EOB) from a TPL carrier, be sure that the third party amount (TPL) is on the corrected claim in its proper field. If a TPL carrier submits an adjustment request with attached EOB without the TPL amount, the claim will be returned.
4. Adjustments/Void requests and appropriate documentation should be mailed to:

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

Assistance from Provider Representatives

Provider representatives are available to assist providers with billing and claims issues. You may also contact your provider representative with other inquiries. The representatives are assisting providers by telephone with as many issues as possible. Due to the high volume of calls, our representatives are currently on the phone a large portion of the day. Please leave a voice mail message and allow the representative an opportunity to return your call. If the issues cannot be resolved by telephone, a provider visit may be scheduled at a time that is convenient for you. Prior to all provider visits, providers must submit a list of issues to be covered at the visit. This will allow the provider representative an opportunity to research the issues and be prepared to provide the needed assistance.

These representatives may be reached by contacting them at the phone numbers listed on the chart below.

County	Provider Representative	Telephone #
Adams	Charleston Green	601-359-9804
Alcorn	Machelle Dorman	601-206-3025
Amite	Charleston Green	601-359-9804
Attala	Justin Griffin	601-206-3023
Benton	Machelle Dorman	601-206-3025
Bolivar	Clint Gee	662-459-9753
Calhoun	Rhonda Evans	601-359-1370
Carroll	Clint Gee	662-459-9753
Chickasaw	Rhonda Evans	601-359-1370
Choctaw	Rhonda Evans	601-359-1370
Claiborne	Charleston Green	601-359-9804
Clarke	Pamela Williams	601-359-9575
Clay	Rhonda Evans	601-359-1370
Coahoma	Clint Gee	662-459-9753
Copiah	Charleston Green	601-359-9804
Covington	Pamela Williams	601-359-9575
DeSoto	Machelle Dorman	601-206-3025
Forrest	Pamela Williams	601-359-9575
Franklin	Charleston Green	601-359-9804
George	Pamela Williams	601-359-9575
Greene	Pamela Williams	601-359-9575
Grenada	Rhonda Evans	601-359-1370
Hancock	Mariam May-Clayton	601-359-6673
Harrison	Mariam May-Clayton	601-359-6673
Hinds	Jose Johnson	601-206-2996
	Randy Ponder	601-206-3026
Holmes	Loretta Green	601-359-6129
Humphreys	Loretta Green	601-359-6129
Issaquena	Loretta Green	601-359-6129
Itawamba	Rhonda Evans	601-359-1370
Jackson	Mariam May-Clayton	601-359-6673

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(Provider Representative continued from page 4)

County	Provider Representative	Telephone #
Jasper	Justin Griffin	601-206-3023
Jefferson	Charleston Green	601-359-9804
Jones	Justin Griffin	601-206-3023
Kemper	Justin Griffin	601-206-3023
Lafayette	Machelle Dorman	601-206-3025
Lamar	Pamela Williams	601-359-9575
Lauderdale	Charleston Green	601-359-9804
Lawrence	Charleston Green	601-359-9804
Leake	Justin Griffin	601-206-3023
Lee	Jose Johnson	601-206-2996
Leflore	Clint Gee	662-459-9753
Lincoln	Charleston Green	601-359-9804
Lowndes	Rhonda Evans	601-359-1370
Madison	Loretta Green	601-359-6129
Marion	Pamela Williams	601-359-9575
Marshall	Machelle Dorman	601-206-3025
Monroe	Rhonda Evans	601-359-1370
Montgomery	Rhonda Evans	601-359-1370
Neshoba	Justin Griffin	601-206-3023
Newton	Justin Griffin	601-206-3023
Noxubee	Rhonda Evans	601-359-1370
Oktibbeha	Rhonda Evans	601-359-1370
Panola	Clint Gee	662-459-9753
Pearl River	Pamela Williams	601-359-9575
Perry	Pamela Williams	601-359-9575
Pike	Charleston Green	601-359-9804
Pontotoc	Rhonda Evans	601-359-1370
Prentiss	Machelle Dorman	601-206-3025
Quitman	Clint Gee	662-459-9753
Rankin	Mariam May-Clayton	601-359-6673
Scott	Justin Griffin	601-206-3023
Sharkey	Loretta Green	601-359-6129
Simpson	Charleston Green	601-359-9804
Smith	Justin Griffin	601-206-3023
Stone	Pamela Williams	601-359-9575
Sunflower	Clint Gee	662-459-9753
Tallahatchie	Clint Gee	662-459-9753
Tate	Clint Gee	662-459-9753
Tippah	Machelle Dorman	601-206-3025
Tishomingo	Machelle Dorman	601-206-3025
Tunica	Clint Gee	662-459-9753
Union	Jose Johnson	601-206-2996

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(Provider Representative continued from page 5)

County	Provider Representative	Telephone #
Walthall	Charleston Green	601-359-9804
Warren	Loretta Green	601-359-6129
Washington	Clint Gee	662-453-1053
Wayne	Pamela Williams	601-359-9575
Webster	Rhonda Evans	601-359-1370
Wilkinson	Charleston Green	601-359-9804
Winston	Justin Griffin	601-206-3023
Yalobusha	Rhonda Evans	601-359-1370
Yazoo	Loretta Green	601-359-6129
Out of State Assignments		
Alabama	Randy Ponder	601-206-3026
Louisiana	*Cindy Brown	601-206-2981
Louisiana	*Justin Griffin	601-206-3023
Tennessee	Machelle Dorman	601-206-3025

* Cindy Brown will be assisting providers in Louisiana that are east of I-55. Justin Griffin will be assisting providers in Louisiana that are west of I-55.

Notice to Providers Regarding Reprocessing of Claims: Stand-Alone Codes DOS from 7/1/2003 to 3/2/2004

In order to correct erroneous payments made on the CPT codes listed below, all claims processed utilizing these codes with dates of service from 7/1/2003 to 3/2/2004 will be reprocessed. These codes pay a general fee only and should not be billed with the 26 or TC modifier.

Reprocessing will occur during the week of 9/27/04 and will appear on the 10/4/04 Remittance Advice.

This process will result in the original claim being voided and reprocessed to pay the correct reimbursement. When reprocessed, claims originally billed with the -26 or -TC modifier will deny with Exception 3299, CPT Procedure Code No Longer Valid. Providers can then resubmit the claim without the -26 or -TC modifier for correct reimbursement. Claims originally billed without the -26 or -TC modifier will pay the correct reimbursement with no action required by the provider.

Claims over 12 months old require special processing to bypass Medicaid's timely filing requirement. Those claims must be submitted in paper format and must be sent to the appropriate provider representative for reprocessing.

CPT codes to be reprocessed: 76150, 77261, 77262, 77263, 77336, 77370, 77401, 77402, 77403, 77404, 77406, 77407, 77408, 77409, 77411, 77412, 77413, 77414, 77416, 77417, 77420, 77427, 77430, 77431, 86490, 86510, 86580, 86585, 89350, 89360, 92547, 92552, 92553, 92555, 92556, 92557, 92561, 92562, 92563, 92564, 92565, 92567, 92568, 92569, 92571, 92572, 92573, 92575, 92576, 92577, 92582, 92583, 92584, 92589, 92596, 93005, 93010, 93012, 93014, 93017, 93018, 93041, 93042, 93225, 93226, 93227, 93231, 93232, 93233, 93236, 93237, 93721, 93722, 94760, 94761, 94762, 95010, 95015, 95024, 95027, 95028, 95056, 95060, 95065, 95075, 95078

Policy Manual Additions/ Revisions

The following policies and policy sections have been added to 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 and clicking on Medicaid Provider Information in the left window and then clicking on "Provider Manuals".

Section	Policy	Effective Date	New	New Sections	Revised	Revised Sections
6.0	Third Party Recovery	10/01/04			X	6.02 6.03
31.0	Pharmacy	10/01/04	X	31.26		

TOP TEN REASONS CLAIMS ARE RETURNED TO PROVIDERS

1. Provider Signature Missing
2. Group or PIN Number Missing
3. Billing Date Missing
4. Total Charges Missing
5. Service Dates Missing
6. Missing Attachments (EOMB's, EOB's, TPL's)
7. Wrong Claim Type
8. Beneficiary ID Number Missing
9. Correction Fluid/Correction Tape
10. Highlighted Documents (Unable To Image)

ACS Customer Service

For quicker, more efficient service, please have all pertinent information ready when contacting Provider and Beneficiary Services at 1-800-884-3222.

You will need your:

- Provider ID Number
- Beneficiary ID Number
- Dates of Services
- Billed Amount



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.

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

ACS
 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>

October

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Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
					1	2
3	4 CHECK-WRITE	5	6	7 EDI Cut Off 5:00 p.m.	8	9
10	11 CHECK-WRITE	12	13	14 EDI Cut Off 5:00 p.m.	15	16
17	18 CHECK-WRITE	19	20	21 EDI Cut Off 5:00 p.m.	22	23
24	25 CHECK-WRITE	26	27	28 EDI Cut Off 5:00 p.m.	29	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.