

Mississippi Medicaid

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Bulletin

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Coverage for Hyperbaric Oxygen Therapy

As noted in section 53.05 of the Provider Policy Manual, Hyperbaric Oxygen Therapy is covered for the following medical diagnoses and ICD-9 codes only:

- acute carbon monoxide intoxication: 986
- decompression illness (Caisson disease): 993.3
- air (gas) embolism: 958.0; 999.1
- gas gangrene: 040.0
- acute traumatic peripheral ischemia, as adjunctive treatment to accepted standard therapeutic measures when function, life, or limb is threatened: 902.53; 903.01; 903.1; 903.2; 903.3; 904.0; 904.1; 904.41; 904.51; 904.53
- crush injuries and suturing of severed limbs, as adjunctive treatment to accepted standard therapeutic measures when function, life, or limb is threatened: 925 – 929.9; 996.90 – 996.99
- progressive necrotizing infections – necrotizing fasciitis: 728.86; meleney ulcer (pyoderma gangrenosum): 686.01
- acute peripheral arterial insufficiency: 444.21; 444.22; 444.81; 733.40 – 733.49
- preparation and preservation of compromised skin grafts: 996.52
- chronic refractory osteomyelitis, unresponsive to conventional medical and surgical management 730.10 – 730.19
- osteoradionecrosis as an adjunct to conventional treatment: 526.89; 909.2
- soft tissue radionecrosis as an adjunct to conventional treatment: 990
- cyanide poisoning: 987.7; 989.0
- actinomycosis, only as an adjunct to conventional therapy when the disease process is refractory to antibiotics and surgical treatment: 039.0 – 039.9

Providers can find the complete policy for Hyperbaric Oxygen Therapy on the web at <http://www.dom.state.ms.us>.



DME Manually Priced Items

There has been some confusion related to the recent change in manual pricing procedures implemented February 1, 2005. This is a clarification for DME providers who are billing for items that do not have a fee listed on the DME Fee Schedule.

- Items for which there is a fee listed on the Mississippi Medicaid DME Fee Schedule, posted at www.dom.state.ms.us, are paid at the lesser of the charge or the fee on file. These fees are set at 80% of the Medicare fee in accordance with the Mississippi State Plan.
- Items that do not have a fee listed on the Mississippi Medicaid DME Fee Schedule will be manually priced. Pricing will be determined through the prior authorization process by HealthSystems of Mississippi based on information presented by the DME provider.
- When requesting manually priced items, the provider must indicate the name of the product, the product number, and the name of the manufacturer. Price lists, computer printouts, and catalog pages are not acceptable for MSRP or invoice requests.
- DME, medical supply, prosthetic, and orthotic items that are purchased and must be manually priced will be paid at the lesser of the charges or the Manufacturer's Suggested Retail Price (MSRP) for the item minus 20%. The provider must submit the MSRP on official manufacturer's letterhead to HSM, and this document must specifically state this is the Manufacturer's Suggested Retail Price (MSRP).
- Items that do not have a fee or MSRP will be reimbursed at the lesser of the charges or cost plus 20%. The provider must attach a copy of a current invoice indicating the cost to the provider for the item dispensed and a statement that there is no MSRP available

for the item. If the provider purchases from the manufacturer, a manufacturer's invoice must be provided. If the provider purchases from a distributor (not directly from the manufacturer), the invoice from the distributor must be provided. Quotes are not acceptable as an invoice. Pro-rated shipping charges to the provider can be itemized on the request as detailed in the Provider Policy Manual, Section 10.02.

These procedures apply regardless of whether the provider is also the manufacturer, or the provider is purchasing from a manufacturer or from a distributor/supplier. It is the responsibility of the provider to clearly note whether a charge is the MSRP or cost so that HSM can price accordingly. Providers are entirely responsible for submitting correct documentation and requesting appropriate manual pricing of MSRP or cost. Providers should be able to produce documentation to show the charges can be substantiated if audited.

DME Providers

When billing for medical supplies, DME providers must bill the appropriate number of units according to the description of the code that is billed. Providers should use the current HCPCS manual and not the descriptions on the Medicaid DME fee schedule. The descriptions on the DME fee schedule are abbreviated and may be incomplete. When calculating the number of units, providers must be aware of the unit of issue for the HCPCS code that is billed. For example, A4253, blood glucose test or reagent strips for home blood glucose monitor, per 50 strips, should be billed one unit per 50 strips, and S8490, Insulin syringes (100 syringes, any size), should be billed one unit per 100 syringes. Overpayments resulting from the improper billing of units may be considered fraudulent and could result in the recoupment of funds.

Hospital Billers: Revenue Codes and Procedure Codes

Inpatient and outpatient hospital claims must include the appropriate national standard revenue code on each line of the hospital claim. Revenue codes are issued by the National Uniform Billing Committee and a current NUBC manual containing the approved list of national revenue codes is available from that organization (www.nubc.org).

Mississippi Medicaid requires a national standard CPT or HCPCS procedure code for specified revenue codes on outpatient hospital claims only. The revenue codes for which a corresponding procedure code is required are listed below. If a revenue code is not on this list, a procedure code is not required. If a procedure code is included on the claim, and it is not required by Mississippi Medicaid for that revenue code, the claim should still process appropriately.

This list may be updated periodically. Hospital billers should check the Medicaid web site (www.dom.state.ms.us) and future bulletins for updates.

REVENUE CODES THAT REQUIRE A PROCEDURE CODE

300	333
301	339
302	340
303	341
304	342
305	349
306	350
307	351
309	352
310	359
311	400
312	401
314	402
319	403
320	404
321	409
322	610
323	611
324	612
329	619
330	923
331	925
332	949

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.

MISSISSIPPI DIVISION OF MEDICAID PREFERRED DRUG LIST

The agents listed below are preferred products on the Mississippi Medicaid Preferred Drug List (PDL). The preferred drug list is a medication list recommended to the Division of Medicaid by the Pharmacy and Therapeutics Committee and approved by the Executive Director of the Division of Medicaid. These drugs have been selected for their efficaciousness, clinical significance, overall efficiencies, and safety for Medicaid beneficiaries.

For more information concerning the PDL including non-preferred agents, the OTC formulary and other specifics please visit our website at www.dom.state.ms.us.

ALLERGY

(Implemented 3-1-05)

Antihistamines

First Generation

Generic Legend
Antihistamines and/or
Decongestant Combo
OTC Antihistamines

Second Generation

Astelin Nasal Spray®
OTC Loratadine
Zyrtec®

ANALGESICS

(Implemented 3-1-05)

Cox-2

Pending

NSAIDS

All covered generics

ANTIFUNGALS (Oral)

(Implemented 4-1-05)

All Generics¹
Brand Griseofulvin
Microsize¹
Lamisil®¹

CARDIOVASCULAR

(Implemented 3-1-05)

ACE Inhibitors

Altace®
Generics and/or
Diuretic Combinations

ACEI/CCB combinations

Class review 3-29-05

Lotrel®

ARBs

Avapro®
Diovan®

ARB Combinations

Class review 3-29-05

Beta-Blockers

Coreg®
Generics and/or
Diuretic Combinations
Toprol XL®

Calcium Channel Blockers

Diltiazem IR & ER
Felodipine
Nifedipine ER
Norvasc®
Verapamil IR & ER

Platelet Aggregation

Inhibitors

Aspirin
Dipyridamole
Plavix®

CENTRAL NERVOUS SYSTEM AGENTS

(Implemented 3-1-05)

Alzheimer

Aricept®
Exelon®
Namenda®

Anti-anxiety

Alprazolam
Chlordiazepoxide
Clonazepam
Clorazepate
Diazepam
Lorazepam
Oxazepam
Buspirone
Hydroxyzine HCl
Hydroxyzine Pamoate

ANTIDEPRESSANTS

Aminoketone

Bupropion IR & SR

MAOI

None

SRNI

Effexor®
Effexor XR®

SSRI

Citalopram
Fluoxetine
Lexapro®
Paroxetine
Zoloft®

TCA

Amitriptyline
Desipramine
Doxepin
Imipramine
Nortriptyline

TCA-like

None

Tetracyclic

Mirtazapine

Triazolopyride

Trazodone

Sedative/Hypnotics

Ambien®
Estazolam
Flurazepam
Phenobarbital
Temazepam
Triazolam
Sonata®

Skeletal Muscle Relaxants

Baclofen
Cyclobenzaprine
Tizanidine

5-HT₃ Receptor Antagonists

Zofran®

DIABETES

(Implemented 3-1-05)

Alpha-Glucosidase

Inhibitors

Precose®
Biquanides
Metformin IR & ER

Insulins

All VIAL products

Meglitinides

Prandin®
Starlix®

Sulfonylureas

Acetohexamide
Chlorpropamide
Glipizide
Glyburide
Tolbutamide
Tolazamide

Thiazolidinediones

Actos®
Avandia®

Combination Products

Avandamet®
Glyburide/Metformin

GASTRO-INTEST. AGENTS

(Implemented 3-1-05)

H-2 Blockers

All covered Generics
Zantac Syrup®²

PPIs

Prilosec OTC®

LIPIDS

(Implemented 3-1-05)

Bile Acid Sequestrants

Cholestyramine

Fibric Acid Derivatives

Gemfibrozil
Tricor®

Niacins

OTC Niacin
Niaspan®

Niacin combinations

Advicor®

Selective Cholesterol

Absorption Inhibitor

None

Statins

Lipitor®
Lovastatin
Pravachol®
Zocor®

Statin Combinations

Class Review 3-29-05

Vytorin®

OSTEOPOROSIS

(Implemented 3-1-05)

Actonel®
Evista®
Fosamax®
Miacalcin®

RESPIRATORY AGENTS

(Implemented 3-1-05)

Anticholinergics

Atrovent® Inhaler
Ipratropium Neb Soln
Spiriva®

Inhaled Corticosteroids

Aerobid®
Aerobid M®
Azmacort®
Flovent® Inhaler
Flovent Rotadisk®
Pulmicort Respules®
Pulmicort Turbuhaler
QVAR®

Leukotriene Modifiers

Singulair®

Mast Cell Stabilizers

Cromolyn Sodium Soln
Intal® Aerosol Inhaler

Nasal Corticosteroids

Flonase®
Flunisolide
Nasonex®

Smooth Muscle Relaxants

Aminophylline
Dyphylline
Oxtriphylline
Theophylline
Generic combination
products

Sympathomimetics

Albuterol
Metaproterenol
Serevent Diskus®
Terbutaline

Sympathomimetic

Combinations

Advair®
Combivent®

THYROID/ANTI- THYROID AGENTS

(Implemented 4-1-05)

All Brand and Generic agents¹

Continued on next page

(Preferred Drug List continued from page 4)

TOPICAL AGENTS

(Implemented 4-1-05)

Antibacterial Agents

All Generics¹
OTC Agents¹
Cleocin Vaginal Ovules®¹

Antifungals

All Generics¹
OTC Agents¹

Anti-Inflammatory Agents

All Generic¹

Antipruritics

None¹

Anitvirals

None¹

Miscellaneous – Skin and Mucous Membrane Agents

All Generics¹
Aldara®¹
Elidel®¹

Effective Date: 04/01/2005

² for beneficiaries age 12 and under

¹ Added Agents Effective 4/1/05

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.

Top 25 Drugs Based on Paid Claims for Fiscal Year 2004

<i>Ranking</i>	<i>Drug Name</i>	<i>Number of Rxs</i>	<i>Average Monthly Payment Per Rx Claim</i>	<i>Total Payments FY 04</i>
1	Plavix 75 MG Tablet	110,330	\$ 120.73	\$ 13,320,421
2	Zyprexa 10 MG Tablet	18,468	\$ 368.82	\$ 6,811,355
3	Synagis 100 MG Vial	4,412	\$ 1,321.15	\$ 5,828,903
4	Prevacid 30 MG Capsule Dr	39,575	\$ 146.13	\$ 5,783,006
5	Celebrex 200 MG Capsule	45,994	\$ 116.02	\$ 5,336,011
6	Neurontin 300 MG Capsule	47,097	\$ 109.27	\$ 5,146,235
7	Norvasc 10 MG Tablet	79,404	\$ 64.71	\$ 5,138,322
8	Seroquel 200 MG Tablet	14,194	\$ 351.55	\$ 4,989,913
9	Nexium 40 MG Capsule	35,968	\$ 136.88	\$ 4,923,310
10	Zyprexa 20 MG Tablet	7,657	\$ 605.89	\$ 4,639,292
11	Lipitor 20 MG Tablet	44,765	\$ 103.45	\$ 4,631,027
12	Lipitor 10 MG Tablet	65,001	\$ 70.96	\$ 4,612,359
13	Singulair 10 MG Tablet	52,848	\$ 85.63	\$ 4,525,632
14	Zyprexa 5 Mg Tablet	18,044	\$ 219.89	\$ 3,967,719
15	Zoloft 50 MG Tablet	45,140	\$ 86.15	\$ 3,888,591
16	Zyprexa 15 MG Tablet	7,496	\$ 507.16	\$ 3,801,684
17	Norvasc 5 MG Tablet	75,629	\$ 48.56	\$ 3,672,276
18	Levaquin 500 MG Tablet	41,880	\$ 87.12	\$ 3,649,959
19	Depakote 500 MG Tablet Ec	22,843	\$ 154.03	\$ 3,518,470
20	Zoloft 100 MG Tablet	37,021	\$ 94.09	\$ 3,483,248
21	Neurontin 600 MG Tablet	16,601	\$ 208.60	\$ 3,462,930
22	Xopenex 0.63 MG/ 3ML Soution	26,088	\$ 130.17	\$ 3,395,910
23	Zocor 40 MG Tablet	25,824	\$ 130.21	\$ 3,362,793
24	Risperdal 2 MG Tablet	13,999	\$ 238.92	\$ 3,344,604
25	Renagel 800 MG Tablet	9,249	\$ 357.20	\$ 3,303,764
Total				\$ 118,537,735

Being knowledgeable about drug costs can help prescribers determine the most cost effective therapy for their beneficiaries. The Division of Medicaid paid over \$118.5 M for the top 25 drugs prescribed in fiscal year 2004.

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 Sections	Revised	Revised Sections
29.0 Vision	Lens Coating	05/01/05	X	29.07		



Rubber Signature Stamps

On October 7, 2002, the Division of Medicaid authorized ACS to accept signature stamps on paper claim submissions in lieu of original signatures.

In recent months, ACS has received an increasing number of block letter name stamps on claims submissions. Block name stamps are not acceptable. Providers who utilize the block name format must have transitioned to a signature stamp or an original signature on or before January 1, 2005. Claims received on or after January 1, 2005, utilizing the block name format will be returned to the provider.

Example of block name stamp:

JANE DOE, MD

Effective January 1, 2005, claims submitted with a block name format for the provider or supplier signature will be returned to the provider.

Example of signature name stamp:

Jane Doe, MD

Effective January 1, 2005, only claims submitted with a signature stamp or original signatures will be accepted for processing.

Verifying Beneficiary Eligibility

Providers have a variety of resources for verifying the eligibility of a Medicaid beneficiary. Eligibility can be checked by contacting the Provider and Beneficiary Services Call Center at 1-800-884-3222, by calling the AVRS at 1-866-597-2675, by utilizing the Mississippi Envision Web Portal at <http://msmedicaid.acs-inc.com>, and by using a swipe card verification device.

When verifying eligibility through the call center, please obtain the call record number (CRN) from the Call Center Associate prior to ending the call. When verifying eligibility through the web portal, please print a copy of the documentation which contains the eligibility information. If verifying eligibility through the use of a swipe card verification device, please keep a copy of the receipt. If verifying eligibility through the use of the AVRS, please document the audit reference number.

“Helpful Hints”

1. All hard copy claims should be submitted on red "drop out" CMS-1500 or UB-92 claim forms. Photocopied claims are not acceptable.
2. All claims should be coded appropriately. Consult your ICD-9 and CPT-4 manuals for code definitions.
3. All place of service codes should be two digits. See September 2003 bulletin for the one to two digit place of service crosswalk.
4. If Medicare is the primary payor, timely filing guidelines state that providers have 180 days from Medicare's payment date to file the claim with Medicaid.
5. Remember to utilize the AVRS and web portal for eligibility inquiries!

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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>

April

April 2005

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

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.