

# Mississippi Medicaid

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## Bulletin

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### **Mississippi Division of Medicaid Partners with Mississippi Head Start Programs**

The Mississippi Division of Medicaid collaborates with all of Mississippi's Head Start Programs in an effort to facilitate the delivery of health services to children eligible for Medicaid. Although this partnership has been in place for a number of years, some key health care providers are unaware that the partnership exists.

All Medicaid eligible children enrolled in Head Start programs must receive an annual health assessment equivalent to the one offered by Medicaid EPSDT providers within forty-five (45) days of Head Start enrollment. EPSDT providers who currently screen Head Start children are encouraged to continue to do so and provide the screening results to the Head Start agency. EPSDT providers who screen children without prior knowledge of their Head Start status are encouraged to release EPSDT screening results to the Head Start agency in a timely manner so that Head Start can meet the mandatory forty-five (45) day deadline.

Questions relating to the above article should be directed to the Bureau of Maternal and Child Health at 601-359-6150.

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### **Sanctioned/Excluded Providers**

In order to meet Federal requirements regarding public notification of sanctioned Medicare/Medicaid providers, as provided in 42 CFR Section 1002.212, the Mississippi Division of Medicaid has posted on its website at [www.dom.state.ms.us](http://www.dom.state.ms.us) a list of providers that have been excluded from participation in the Medicaid programs.



## Returning Incorrect Medical Service Claims Payments to the Division of Medicaid

ACS State Healthcare and the Division of Medicaid have received numerous inquiries from providers regarding the procedures for returning money to Medicaid.

The most efficient way to return money to Medicaid is for providers to submit an adjustment/void request for each claim to be voided. Boxes 1 through 6 of the adjustment/void request form must be completed.

If providers choose not to have the overpayments deducted from future claims payments, a personal check should be attached to the adjustment/void request form. Checks should be made payable to: Division of Medicaid.

If a provider has an extenuating circumstance which makes completing the adjustment void request unfeasible, the following information should be included with their personal check:

- Provider ID number
- A list of TCNs (transaction control numbers) to be voided
- Beneficiary ID numbers
- Dates of service
- Payment amount
- Remittance advice date

Please note the information requested in the paragraph above is needed for each claim to be voided.

The completed adjustment/void forms or the documentation referenced above with checks attached should be mailed to:

**Division of Medicaid**  
**Attention: Bureau of Accounting & Finance**  
**Suite 801**  
**239 North Lamar Street**  
**Jackson, MS 39201-1399**

Adjustment void forms with no check attached may be submitted to ACS State Healthcare, P. O. Box 23077, Jackson, MS 39225.

If you have any questions, please contact ACS Provider Services at 1-800-884-3222 or 601-206-3000.

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## Reminder to Nursing Facilities and ICF/MR Facilities

Nursing Facility residents may accumulate 58 days of therapeutic leave per state fiscal year (July 1 – June 30). However, effective February 1, 2005, residents may only take 15 consecutive therapeutic leave days or be discharged from the facility. If residents remain out of the facility on the 16<sup>th</sup> consecutive day, the resident must be discharged.

Also, ICF/MR residents must follow the policy for 15 consecutive therapeutic leave days. However, ICF/MR residents may accumulate 90 days of therapeutic leave per state fiscal year.

If you have any questions, please contact your Provider or Beneficiary Relations representative; or contact Evelyn H. Silas at (601) 359-6750.

## Precertification for EPSDT Therapy Services

Effective July 1, 2005, certain physical, occupational, and speech therapy services require precertification through HealthSystems of Mississippi (HSM). HSM is the Division of Medicaid's (DOM) Utilization Management and Quality Improvement Organization.

If a provider has previously received a prior authorization through DOM's EPSDT Unit with an end date of November 1, 2005, and after, the end date on the prior authorization will be revised as listed in the chart below. No revisions will be made to current end dates of July 1, 2005, through October 31, 2005.

For the cases on which end dates are revised, providers may begin submitting new requests to HealthSystems of Mississippi as early as 10 days prior to the revised end date. Usually a request for precertification must be submitted at least three business days in advance of the date therapy is to start. For these cases, the provider may begin submitting as early as 10 days in advance.

CURRENT END DATE	REVISED END DATE	NEED FOR CONTINUED THERAPY
07/01/05 through 10/31/05	No change in current end date.	Provider may submit precertification request to HSM ten (10) days before end date.
11/01/05 through 11/15/05	07/31/05	Provider may submit precertification request to HSM ten (10) days before end date.
11/16/05 through 11/30/05	08/15/05	Provider may submit precertification request to HSM ten (10) days before end date.
12/01/05 through 12/15/05	08/31/05	Provider may submit precertification request to HSM ten (10) days before end date.
12/16/05 through 01/15/06	09/15/05	Provider may submit precertification request to HSM ten (10) days before end date.
01/16/06 through 02/15/06	10/01/05	Provider may submit precertification request to HSM ten (10) days before end date.
02/16/06 and after	10/15/05	Provider may submit precertification request to HSM ten (10) days before end date.

**Prior to submitting a request to HSM, the provider should verify that the CPT code requires precertification by reviewing the Precertification Code List. If the code is not on the list, the code does not require precertification through HSM.**

### 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.

## Help Slow Rising Prescription Costs

“Therapeutic alternative” is a term used to describe two or more chemically different medications that generally produce the same clinical effects. These are drug products of different chemical structure within the same pharmacologic or therapeutic class and that are expected to have similar therapeutic effects and safety profiles when administered in therapeutically equivalent doses. Some therapeutic alternatives may be available in over-the-counter formulations.

Here are some examples of commonly used drugs and therapeutic alternatives:

Drug class	Commonly Used Drug & Monthly Costs*	Optional Therapeutic Alternative & Monthly Costs or Per Unit Costs*	Price Differential Per Claim
Anti-Inflammatory Drugs	Celebrex 100 mg \$1.75 x 30 = \$52.50  Mobic 15 mg \$4.06 x 30 = \$121.80	Ibuprofen 800 mg \$.107 x 90 = \$25.68 (compares to Motrin)  Naproxen 500 mg \$.1085 x 90 = \$16.25 (compares to Naprosyn 500 mg)	Ranges from \$36.25 to \$105.55
Anti-hypertensives	Catapres-TTS 1 \$14.55x 4 patches = \$58.20  Catapres-TTS 2 \$24.5046 x 4 patches = \$98.01  <i>Each patch used for 7 days &amp; costs above represent 28 day supply.</i>	Clonidine 0.1 mg oral tablet \$.0968 x 30 = \$2.94  Clonidine 0.2 mg oral tablet \$.135 x 30 = \$4.05 (compares to Catapres)	Ranges from \$55.25 to \$93.96
Antiemetics	Zofran 4 mg \$21.208 per tablet  Zofran 8 mg \$35.33 per tablet	Promethazine 25 mg \$.42335 per tablet (compares to Phenergan)	Ranges from \$20.78 to \$34.91 per tablet
Quinolone Antibiotics	Levaquin 500 mg \$10.30 per tablet	Ciprofloxacin 500mg \$.45 per tablet (compares to Cipro)	\$ 9.85 per tablet

- based on DOM's maximum allowable costs

Being knowledgeable about drug costs can help prescribers determine the most cost-effective therapy for their patients.

**Policy Change Effective for Prescriber  
Identification Numbers on Pharmacy Claims:**

Effective 8-1-05, pharmacy claims with default provider numbers, 0099999 and/or 0019999, will deny. If the prescriber is not a Mississippi Medicaid provider, then the prescriber's DEA number should be used. It is the responsibility of the pharmacy to maintain accurate and current prescriber identification. To receive a current Prescribing Providers list, contact the fiscal agent, ACS, at 1-800-884-3222. Mississippi Medicaid Provider List is also available on DOM's website at [www.dom.state.ms.us/Pharmacy](http://www.dom.state.ms.us/Pharmacy) Services.

**Claims with Incorrect National Drug Code (NDC) Numbers**

Pharmacy providers must accurately record the NDC number for the drug and package size actually dispensed on each claim submitted. Medicaid policy requires that pharmacy records validate services that have been paid for under the Medicaid program. The entire eleven (11) digit NDC number must be billed properly for the NDC to be correct. When an audit determines that the incorrect NDC number was billed, providers are not allowed to reverse and re-bill the claim. The pharmacy is required to refund to the Mississippi Medicaid Program any money received for claims not substantiated by the pharmacy records.

**Billing for Self-administered, Home Health or LTC Injectable Drugs**

There are variances in the methodology that FirstDataBank uses to price pre-filled syringes for injectable drugs. For example, some drugs are priced by milliliters and other drugs are priced as single syringes. Since it is the responsibility of the billing pharmacy to bill correctly, it is requested that pharmacists routinely verify quantity and reimbursement amounts on these types of claims. When an audit determines that an incorrect amount was billed, providers are not allowed to reverse and re-bill the claim. The pharmacy is required to refund to the Mississippi Medicaid Program any money received for claims not substantiated by the pharmacy records.

**Medical Necessity for Beneficiaries Under 21 Prior Authorization Form:**

Non-institutionalized beneficiaries under the age of 21 may receive more than five prescriptions monthly or more than two brand name drugs monthly. The treating practitioner must complete the Medical Necessity for Beneficiaries under Age 21 Prior Authorization Form and submit it via facsimile to Health Information Designs (HID) at 800-459-2135. This form may be found on Medicaid's website at [www.dom.state.ms.us](http://www.dom.state.ms.us) under Pharmacy Services, or contact HID at 800-355-0486, and has been included in this bulletin for your reference.

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**Outstanding Duplicate Payments to Providers**

Effective immediately, providers should submit voids for any outstanding duplicate payments that have been received and not yet recouped by the ACS State Healthcare. The voids may be submitted electronically or on paper adjustment void forms. If voiding claims paid to a provider number that is now closed, a check should be submitted with paper adjustment void forms to clear the credit balance which will remain when the claims are voided.

Specific information necessary for voiding claims and submission of payments is included in the article titled **Returning Incorrect Medical Service Claims Payments to the Division of Medicaid** on page two.

Questions should be directed to ACS Provider Services at 1-800-884-3222 or 601-206-3000.

FAX TO : 1-800-459-2135  
Health Information Designs, Inc.  
P.O. Box 320506  
Flowood, MS 39232  
Phone 800-355-0486

**Medical Necessity Prior  
Authorization Form for Children  
Under 21 Years of Age**

(\*Request for a non-preferred agent must be accompanied  
by a Preferred Drug List Exception Request Form)

**Indicate Reason(s) for Request:**

- Request for > 5 RX per month
- Request for >2 Brand-name RX per month
- Request for non-covered medication – is this medication available commercially? Y N\*  
(\*If no please contact Division of Medicaid @ 601-359-5253)
- Other

**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 #: \_\_\_\_\_

Physician's signature and date \_\_\_\_\_

*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.*

**PHARMACY INFORMATION**

Dispensing Pharmacy: \_\_\_\_\_ Provider # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Phone #: \_\_\_\_\_  
FAX #: \_\_\_\_\_

	REQUESTED MEDICATION	DIAGNOSIS	EXPECTED DURATION OF THERAPY
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

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

**\*MS Division of Medicaid requires that all information requested on this form be completed for consideration of approval.**

FOR HID USE ONLY

Reviewed by \_\_\_\_\_  
Approved \_\_\_\_\_  
Denied/Code: \_\_\_\_\_  
From Date \_\_\_\_\_ Thru Date \_\_\_\_\_

Confidentiality Notice: This communication, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential and privileged information. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please contact the sender by reply telephone (1-800-355-0486) or fax (1-800-459-2135) and destroy all copies of the original message.

### Additions to Maintenance Drug List:

The Division of Medicaid has identified certain drugs that are used to maintain certain conditions. These drugs may be dispensed in 90-day supply increments. Refer to our website at [www.dom.state.ms.us](http://www.dom.state.ms.us) under Pharmacy Services for the entire listing of drugs that may be dispensed in a 90-day supply as maintenance drugs.

The following agents have been added to the maintenance list:

#### 90-Day Maintenance Drug List Additions\*

<i>DRUG /STRENGTH</i>	<i>COMPARES TO</i>
Citalopram 10 mg	Celexa 10 mg
Citalopram 20 mg	Celexa 20 mg
Trazodone 50 mg	Desyrel 50 mg
Trazodone 100 mg	Desyrel 100 mg
Fluoxetine 10 mg capsule	Prozac 10 mg capsule
Fluoxetine 20 mg capsule	Prozac 20 mg capsule
Fluoxetine 10 mg tablet	Prozac 10 mg tablet
Clonazepam 0.5 mg	Klonopin 0.5 mg tablet
Clonazepam 1.0 mg	Klonopin 1 mg tablet
Buspirone 10 mg	Buspar 10 mg
Mirtazapine 30 mg	Remeron 30 mg
Paroxetine 10 mg	Paxil 10 mg
Paroxetine 20 mg	Paxil 20 mg
Paroxetine 30 mg	Paxil 30 mg
Paroxetine 40 mg	Paxil 40 mg
Valproic acid 250 mg (capsules)	Depakene 250 mg (capsules)

\*Only these generic drugs and strengths have been approved by Medicaid for reimbursement in 90-day supply increments. Agents were selected for overall therapeutic/cost effectiveness.

List Subject to Revision

Effective 7/1/2005

### Call Record Tracking Numbers

When calling the ACS Call Center, ask for the call record number (CRN) from the Call Center Associate prior to ending your call. Make a record of this number, as it will be useful if there is a need for you to follow up on an inquiry.

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

Manual Section	Policy Section	New	Revised	Effective Date
14.0 Hospice	14.01 Introduction 14.02 Services 14.03 Physician Certification/ Plan of Care 14.04 Election Procedures 14.06 Election, Revocation, and Change of Hospice 14.07 Dually Eligible Beneficiaries 14.10 Hospice Reimbursement 14.12 Documentation Requirements		X X X  X X X X	06/01/05
25.0 Hospital Inpatient	25.25 Prior Authorization of Inpatient Hospital Services		X	06/01/05
31.0 Pharmacy	31.12 Prior Authorization 31.24 Preferred Drug List		X X	06/01/05
55.0 Physician	55.02 Physician Fees	X		06/01/05
11.0 Dental	All 11.01-11.22 11.23-11.24	X	X	07/01/05
40.0 Home Health	40.02 Criteria for Coverage 40.03 Covered Services 40.05 Prior Authorization/ Precertification 40.06 Physician Responsibilities 40.09 Home Health Services Provided in Another State 40.12 Reimbursement 40.13 Dual Eligibles	X	X X X X  X	07/01/05
47.0 Physical Therapy	47.02 Precertification Requirements	X		07/01/05
48.0 Occupational Therapy	48.02 Precertification Requirements	X		07/01/05
49.0 Speech Therapy	49.02 Precertification Requirements	X		07/01/05
56.0 Injectables/ Physician Office	56.01 Xolair	X		07/01/05
71.0 PHRM/ISS	All sections 71.01-71.11		X	07/01/05

*Continued on next page*



(Policy Manual Additions/Revision continued from page 8)

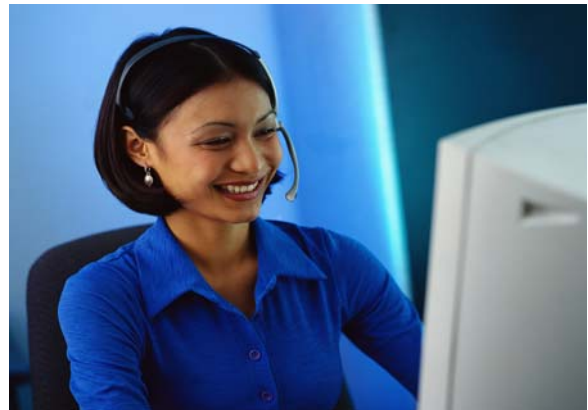
Manual Section	Policy Section	New	Revised	Effective Date
31.0 Pharmacy	31.03 Co-Payment		X	07/01/05
	31.04 Reimbursement		X	
	31.09 Prescription Requirements		X	
	31.10 Refills/ Renewals of Prescription Drugs		X	
	31.11 Generic Mandates for Prescription Drugs		X	
	31.13 Over the Counter (OTC) Drugs		X	
	31.16 Medicare-covered Drugs		X	
	31.21 Beneficiary Signature		X	
73.0 EPSDT	All		X	08/01/05

### 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



\*\*\***Fun Fact:** Did you know the ACS Provider Services call center takes an average of 3,000 calls per day?

### 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)

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

*July*

*July 2005*

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
				EDI Cut Off 5:00 p.m.	1	2
3	4 DOM and ACS CLOSED 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 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.