Mississippi Medicaid Bulletin

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Attention Dialysis Providers

When billing for dialysis services, providers should **not** include a procedure code when billing revenue codes 821, 831, 841, and 851. When a procedure code is billed with one of the above revenue codes, the claim will pay incorrectly. Please refer to Section 41 of the Mississippi Medicaid Provider Manual for the current dialysis policy and to the March 2005 Provider Bulletin for specific dialysis billing instructions.

Durable Medical Equipment (DME) Providers

Claims submitted by DME providers have been reviewed. Providers are supplying beneficiaries with, and billing the Division of Medicaid for, quantities of supplies that exceed one month. Division of Medicaid - DME Provider Policy Manual, Section 10.90, states the following;

> "Supplies may only be dispensed in quantities to meet the beneficiary's needs for one month. The beneficiary must request the supplies each month and the prescription, certificate or letter of medical necessity or plan of care must be current. Supplies cannot be shipped on an automatic basis."

This matter will be monitored closely, and any provider found to be billing in violation of this policy will be required to reimburse the Division of Medicaid for any quantities that exceed a one-month supply.

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 a list of providers who have been excluded from participation in the Medicaid programs.

Billing Influenza and Pneumonia Immunizations for Adults
Please Note New Fees Effective July 1, 2005

The Division of Medicaid (DOM) is continuing efforts to educate Medicaid providers and beneficiaries on the benefits of receiving influenza and pneumonia immunizations prior to the influenza season. DOM encourages providers to assist in the effort to increase influenza and pneumonia protection in the state.

To receive maximum reimbursement for providing these services, physicians, nurse practitioners, and physician assistants should bill for flu and pneumonia vaccines administered to beneficiaries age 19 and over as indicated below:

- For beneficiaries receiving immunizations only, the physician, nurse practitioner, or physician assistant may bill E&M procedure code 99211, the vaccine code(s), and the appropriate CPT administration code. E&M procedure code 99211 does not count toward the 12-office visit limit.

- For beneficiaries who are seen by the physician, nurse practitioner, or physician assistant for evaluation or treatment and receive these immunizations, the provider may bill the appropriate E&M procedure code, the vaccine code(s), and the CPT administration code(s). The E&M procedure code billed in this instance will count toward the 12-office visit limit.

- Providers must bill 90471 if one vaccine is administered and 90472 if a second vaccine is administered. CPT Codes 90471 and 90472 may be billed only with the administration of flu and pneumonia vaccines.

- Rural Health Clinics and Federally Qualified Health Centers will count the visit under current procedures. Providers will not count or bill visits when the only service involved is the administration of influenza or pneumonia vaccine.

Reimbursement rates effective July 1, 2005, for vaccines and administration for beneficiaries age 19 and older are as follows:

Influenza Vaccines		Pneumonia Vaccine		Administration Fee	
CPT Code	**Fee**	**CPT Code**	**Fee**	**CPT Code**	**Fee**
90656	$13.68	90732	$24.57	90471	$16.56
90658	$10.10			90472	$10.09
90660	$10.10				

All immunizations for children age 18 and younger must be handled through the Vaccines for Children Program (VFC).

- Mississippi Medicaid will reimburse physicians $10.10 for the FluMist influenza vaccine when given to beneficiaries ages 5 through 49. There will be no separate administration fee paid for the FluMist vaccine. Rural Health Clinics and Federally Qualified Health Centers will be reimbursed in accordance with the methodology applicable to their provider type.

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.

Pharmacy Billing for Influenza and Pneumonia

In the Pharmacy program, influenza and pneumonia immunizations are covered services for Medicaid beneficiaries ages 19 to 64 who are not residents of long-term care facilities. As with other pharmacy services, a hard copy prescription must be on file. Immunizations provided from a credentialed pharmacist will count against the service limits and co-payments are applicable. If a beneficiary has Medicare and Medicaid, Medicare is to be billed first. These are the only vaccines/immunizations available via the Pharmacy Program.

New Drug Quantity Limits Effective September 1, 2005

- Carisoprodol and carisoprodol combination drugs are limited to **60 cumulative** units per 30 rolling days, as recommended by the Division of Medicaid's Drug Utilization Review Board.
- Diastat (diazepam rectal gels) are limited to **3** boxes per 30 rolling days.
- For a complete listing of drugs with quantity limits, refer to the Division of Medicaid's web site, www.dom.state.ms.us, Pharmacy Services, and Products with Quantity Limits.

Frequent Questions Received in the Pharmacy Bureau

Question: If a prescription is written for a 34-day supply of a drug and is authorized for 5 refills and this drug is on the maintenance list, what needs to be done to dispense it as a maintenance drug?
Response: Please refer to the Mississippi Board of Pharmacy and the Pharmacy Practice Act. Since faxed and telephone prescriptions are accepted by DOM, pharmacies may request that the prescriber fax and/or call in a new order for a 90-day supply.

Question: Do children have monthly prescription limits?
Response: In cases of medical necessity, requests for more than the monthly benefit limits, i.e. more than 5 prescriptions monthly or more than 2 brand name drugs for beneficiaries under the age of 21, are to be submitted via fax to Health Information Designs (HID) at 1-800-459-2135. There is no change in coverage policy regarding drug benefits for children. The Medically Necessary Prior Authorization Form for beneficiaries less than 21 may be found at DOM's website at www.dom.state.ms.us, Pharmacy Services, and forms or call Health Information Designs at 1-800-355-0486.

Question: Is DAW 7 still active for Narrow Therapeutic Index (NTI) drugs? Do NTI drugs count against the 2-brand limit?
Response: DAW 7 is still active for NTI Drugs. All legend brand name drugs, including NTI drugs, count against the 2-brand monthly limit. Some Narrow Therapeutic Index drugs have been added to the 90-Day Maintenance list. Please refer to DOM's website at www.dom.state.ms.us, Pharmacy Services, for the most current 90-Day Maintenance List.

Question: Why does Medicaid require that other insurance always be billed first? What if my patient requests that I bill Medicaid first?
Response: The Centers for Medicare and Medicaid or CMS addresses this question: "The Medicaid program by law is intended to be the payer of last resort, that is, all other available third party resources must meet their legal obligation to pay claims before the Medicaid program pays for the care of an individual eligible for Medicaid."

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*	Price Differential Per Claim
Antibiotics	**Augmentin XR 1000/62.5 tabs** **$2.55 per tablet**	**Amox. 875 mg tab. $.58 / tab** **Amox. 500 mg cap. $.13 / cap** **(compares to Amoxil)**	**Ranges from $1.97 to $2.42 per unit**
Topical antibiotics	**Bactoban 2% cream** **31.32/ 15 gm & $52.95/30 gm** **Mupirocin 2 % ointment** **$28.21/22 gm** **(compares to Bactroban ointment)**	**Triple Antibiotic ointment** **$3.22/15 gm; $5.21/30 gm** **(compares to Neosporin)**	**Ranges from $23.00 to $49.73**
Pediatric Antihistamine/Decongestant **Combination liquids**	**Brovex D $27.44/4 oz** **Dytan-D $39.89/4 oz** **Lodrane-D $17.98/4 oz** **Pediatex D $11.34/4 oz** **Vazol-D $11.37/4 oz** **Zymine D $9.72/4 oz**	**Dimetapp elixir** **$4.20 / 4 ounces** **p-eped hcl/brompheniramine elixir** **$1.02 / 4 ounces** **(compares to Dimetapp elixir)**	**Ranges from $5.52 to $38.87**

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

Manual Section	Policy Section	New	Revised	Effective Date
1.0 Introduction	1.07 Medicaid Regional Offices		X	10/01/05
3.0 Beneficiary Information	3.01 Eligibility of Persons 3.02 Newborn Child Eligibility		X X	10/01/05
25.0 Hospital Inpatient	25.08 Newborn Child Eligibility		X	10/01/05

Provider Quick Contact List

There are several resources designed to address your questions concerning Medicaid claims processing, billing, mailing, policy procedures and more. To effectively assist you with these needs, the following information will serve as a guide to contacting the proper resource.

Contact Name	Contact Address/Phone Number/Website (if applicable)
ACS Medicaid Web Portal	http://msmedicaid.acs-inc.com
ACS Provider and Beneficiary Services	P.O. Box 23078 Jackson, MS 39225 **1-800-884-3222 or 601-206-3000**
• **Claims**	P.O. Box 23078 Jackson, MS 39225
• **Adjustment/Void Requests**	P.O. Box 23077 Jackson, MS 39225
• **Financial Correspondence (Mail with Checks)**	P.O. Box 6014 Ridgeland, MS 39158-6014
Automated Voice Response System (AVRS)	**1-866-597-2675 or 601-206-3090**
Health Information Designs (HID)- To obtain pharmacy prior authorization	**1-800-355-0486** **or** **601-709-0000**
Health Systems Mississippi (HSM) (Peer Review Organization – conducts certification reviews of some Medicaid services.)	**1-888-204-0221** **or** **601-352-6353**
ACS EDI – For assistance with transmission of electronic claims	www.acs-gcro.com **1-866-225-2502**
Division of Medicaid – • Third Party Liability • EPSDT Services	801 Robert E. Lee Bldg. 239 N. Lamar St. Jackson, MS 39201 **601-359-6050** www.dom.state.ms.us
Division of Medicaid – • Provider and Beneficiary Services	801 Robert E. Lee Bldg. 239 N. Lamar St. Jackson, MS 39201 **601-359-6133**

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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

September

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Sunday	*Monday*	*Tuesday*	*Wednesday*	*Thursday*	*Friday*	*Saturday*
				1 **EDI Cut Off 5:00 p.m.**	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	

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.