Mississippi Medicaid Bulletin

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Billing for Occupational, Physical and Speech Therapy Services

When billing for Occupational Therapy (OT), Physical Therapy (PT) and Speech Therapy (ST) services, providers should <u>not</u> bill a procedure code modifier. Providers should place the appropriate Revenue Code and/or CPT code, without a modifier, on the UB92 or CMS-1500 claim form. Claims billed with a modifier will be denied. The Division of Medicaid does not require a modifier when billing OT, PT and ST services, and the claims payment system cannot properly process the claim when a modifier is used.

Code 9110 - Palliative (emergency) treatment of dental pain, minor procedure

There is an apparent misunderstanding regarding the billing/use of code D9110. Some providers are using code D9110 to be compensated for the dispensing of fluoride rinse, e.g. Gelkam. The Mississippi Division of Medicaid has never authorized the use of code D9110 for the dispensing of fluoride rinse. Code D9110 should be used only when there is documented pain, a documented oral condition causing pain that requires an immediate treatment to ameliorate the symptoms until a more definitive treatment can be given, and a documented procedure performed that provides a measure of pain relief.

Additionally, if a more definitive treatment is provided at the time of presentation, that code and not code D9110 should be charged. Please reference Section 11.02 of the Mississippi Division of Medicaid Dental Manual for additional information on the appropriate use of this code.

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 improperly filed claims.

Medicaid Drug Coverage Changes Effective January 1, 2006, due to Medicare Part D:

- Barbiturate drug class coverage will be limited to *phenobarbital* and *mephobarbital.* The following barbiturates will no longer be reimbursed for any MS Medicaid beneficiary **amobarbital**, **butabarbital**, **pentobarbital,** and/or **secobarbital**. Drug coverage for butabarbital combination products will not change.
- Benzodiazepine drug coverage will be limited to **generic formulations** for all Medicaid beneficiaries.

Additions to the OTC formulary:
- **Bacitracin topical ointment**
- **Bacitracin and polymyxin topical ointment** *(compares to Double antibiotic ointment)*
- **Loratadine-D 24 hour tablets** *(compares to Claritin- D 24 hour)*
- **Piperonyl/Pyrethrins Topicals** *(compares to RID, A200)*

Frequent Questions Received in the Pharmacy Bureau

Question: Why do some insulin products count as a brand and others count as a generic?
Response: All over-the-counter products, including OTC insulin, count toward the five prescription monthly limit but not toward the two-brand monthly limit.

Question: Are drug prior authorization approvals assigned to a specific pharmacy?
Response: No. Drug prior authorization approvals are assigned to the beneficiary and not to a pharmacy.

Question: Where can I find a listing of generic drugs with federal upper limits (FUL) reimbursements? Where can I find the Centers for Medicare and Medicaid's website?
Response: The Pharmacy Services section of the Mississippi Medicaid web site, located at www.dom.state.ms.us, has direct links for Federal Upper Limits (FUL) and Centers for Medicare and Medicaid (CMS) for your easy reference or you may access the CMS website at www.cms.gov.

Question: What cough products are reimbursed by Mississippi Medicaid?
Response: The following cough products are reimbursed by DOM:
- **promethazine with codeine** *(compares to Phenergan with codeine)*
- **guaifenesin**   *(compares to Robitussin)*
- **guaifenesin** with dextromethorphan *(compares to Robitussin DM)*
- **guaifenesin with codeine** *(compares to Robitussin AC)*
- **guaifenesin, pseudoephrine, and codeine** *(compares to Robitussin DAC)*

Question: My patient needs more than five drugs monthly. What about the extension of benefits prior authorization for two extra drugs monthly?
Response: State law, passed in 2005 and effective June 30**,** 2005**,** limited the number of drugs reimbursed by Medicaid from five per month limit and two additional with a prior authorization (max of seven) to a limit of five drugs per month with no more than two of those being for brand-name drugs for all non-institutionalized beneficiaries. No drugs are excluded from this limit. The only exception to this benefit limit is the number of drugs for beneficiaries under the age of 21 when it is deemed medically necessary. The medically necessary prior authorization form for beneficiaries under the age of 21 may be found at our website, www.dom.state.ms.us, and select Pharmacy Services.

(Pharmacy Frequently Asked Questions continued)

Question: Are any brand name drugs included on Medicaid's 90-Day Maintenance List?
Response: Effective August, 1, 2005, the following brand name drugs and strengths _**only**_ were added to the maintenance list due to overall therapeutic cost effectiveness:

- **Carbatrol 200 & 300 mg capsules**
- **Depakote 250 & 500 mg tablets**
- **Dilantin 100 mg capsules**
- **Geodon 60 mg & 80 mg capsules**
- **Lamictal 150 & 200 mg tablets**
- **Phenytek 200 & 300 mg capsules**
- **Risperdal 1mg, 2mg, 3mg, 4mg tablets**
- **Tegretol XR 200 & 400 mg tablets**
- **Zoloft 100 mg tablets**
  for a comprehensive listing of the 90 Maintenance list see our website at www.dom.state.ms.us

In the know:
- _**Coming soon-- PDAs & electronic prescribing will be used by 225 Medicaid prescribers.**_

The Personal Digital Assistant (PDA) will allow prescribers to research beneficiaries' prescription profiles, view drug interactions or adverse drug reactions, check on drugs which need prior authorizations, and submit prescriptions electronically and/or by fax to your pharmacy. For questions regarding this project, please contact Perelia Taylor, Division of Medicaid Health Services, at 601-359-9129.

- _**Centers for Disease Control and Prevention**_

Refer to CDC's website at http://www.cdc.gov/ for timely and pertinent information regarding infectious diseases, emergency preparedness, disaster recovery, and other health or safety topics.

- _**Algorithm for Treatment of Hypertension**_

The Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure (JNC 7) and algorithm for the treatment of hypertension may be found on-line at:
http://www.nhlbi.nih.gov/guidelines/hypertension/phycard.pdf

New Quantity Limits Effective 11-1-05 *

Drug	Strength	Maximum units per 30 rolling days
Amerge (naratriptan)	**1mg**	**9 tablets (1 box)**
Amerge (naratriptan)	**2.5mg**	**9 tablets (1 box)**
Axert (almotriptan)	**6.25mg**	**6 tablets (1 box)**
Axert (almotriptan)	**12.5 mg**	**6 tablets (1 box)**
Frova (frovatriptan)	**2.5 mg**	**9 tablets (1 box)**
Imtrex (sumatriptan)	**25mg**	**9 tablets (1 box)**
Imtrex (sumatriptan)	**50 mg**	**9 tablets (1 box)**
Imtrex (sumatriptan)	**100mg**	**9 tablets (1 box)**
Imitrex (sumatriptan)	**6 mg/0.5ml vial**	**4 vials (or 2 mls)#**
Imitrex (sumatriptan)	**stat kit 2x 6 mg**	**4 injections (2 kits)#**
Imitrex (sumatriptan)	**stat refill kit 2 x 6 mg**	**4 injections (2 kits)#**
Imitrex (sumatriptan)	**nasal spray 5 mg**	**6 (1 box)**

(New Quantity Limits continued)

- **Imitrex (sumatriptan)**   nasal spray 20 mg   6 (1 box)
- **Maxalt (rizatriptan)**   5mg   12 tablets
- **Maxalt (rizatriptan)**   5 mg MLT   12 tablets
- **Maxalt (rizatriptan)**   10 mg   12 tablets
- **Maxalt (rizatriptan)**   10 mg MLT   12 tablets
- **Relpax(eletriptan)**   20 mg   6 (1 box)
- **Relpax(eletriptan)**   40 mg   6 (1 box)
- **Zomig (zolmitriptan)**   2.5mg   6 (1 box)
- **Zomig (zolmitriptan)**   2.5mg ZMT   6 (1 box)
- **Zomig (zolmitriptan)**   5 mg   6 (2 boxes)
- **Zomig (zolmitriptan)**   5mg ZMT   6 (2 boxes)
- **Zomig (zolmitriptan)**   5mg nasal spray   6 (1 box)
- **Ambien CR (zolpidem)**   6.25mg   30 tablets
- **Ambien CR (zolpidem)**   12.5 mg   30 tablets
- **Rozerem (ramelteon)**   8 mg   30 tablets
- **Zofran (ondansetron)**   4 mg   12 tablets
- **Zofran (ondansetron)**   4 mg ODT   12 tablets
- **Zofran (ondansetron)**   8 mg   12 tablets
- **Zofran (ondansetron)**   8 mg ODT   12 tablets
- **Zofran (ondansetron)**   24 mg   5 tablets
- **Zofran (ondansetron)**   4 mg/5 ml solution   100 ml
- **Zelnorm (tegaserod)**   all strengths   **6 months cumulative therapy annually**

 # Imitrex injections are limited to a total of 4 cumulative injections monthly.
*Additions to the Products Quantity Limits were recommended by the DUR Board on 9-29-05. For a comprehensive listing of DOM's Products with Quantity Limits, refer to our website at www.dom.state.ms.us.

Nursing Facility Civil Money Penalty Grant Award Notice

The deadline for submission of grant applications for FY 2006 is January 15, 2006. 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, Case Mix, 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. The grant awards range is $5000 -$50,000. Deadline for completion and receipt of application by DOM is *January 15, 2006*.

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. The grant awards range is $5000 - $20,000. Deadline for completion and receipt of application by DOM is *January 15, 2006*.

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 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
Antihistamine-decongestant tablets	Zyrtec-D $60.41 Clarinex-D 24 hr $74.88 Allegra-D 24 hr $83.65	Loratadine-D 24 hr $18.20 *(compares to Claritin)* Claritin-D 24 hr $24.30	Ranges from $36.11 to $65.45
Contraceptive	Ortho Evra patches $41.15/month	Trivora-28 $20.61 (compares to TriPhasil)	$15.54
Muscle relaxant	Skelaxin 800 mg tab $52.09 (costs for a 10 day regimen of 30 tablets)	Cyclobenzaprine 10 mg $8.18 *(compares to Flexeril)* (costs for a 10 day regimen for 30 tablets)	$43.91
Nasal anti-inflammatory steroid	Flonase 0.05% $69.16/16 gm Nasonex 50 mcg $70.35/17gm	Flunisolide $31.89/25 gm 0.025%	Ranges from $37.27 to $38.46

* based on DOM's maximum allowable costs

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

Long Term Care Providers and Exception Code 0336

Long Term Care providers (Nursing Facilities, Intermediate Care Facilities for the Mentally Retarded, Psychiatric Residential Treatment Facilities and Hospice Providers) are advised that Exception Code 0336 will be set to deny, effective December 1, 2005. Exception Code 0336 will deny for "Billing provider not authorized by LTC span or Lock-in Span". Long Term Care providers are advised to make sure a DOM Form 317 has been submitted and processed by the Medicaid Regional Office for all residents in their facility no later than December 1, 2005, to avoid claims denials.

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
25.0 Hospital Inpatient	25.32 Newborn Hearing Screens		X	11/01/05
29.0 Vision Services	All		X	11/01/05
30.0 Hearing Services	All		X	11/01/05
12.0 Non-Emergency Transportation	12.01 Introduction		X	12/01/05
	12.03 Needs Verification		X	
	12.06 NET Services by Public Carrier		X	
	12.07 Ground Services Provided by Individual, Group and Public Transit Providers		X	
	12.09 Individual Mileage/ Group and Public Transit Rates		X	
	12.13 Monitoring		X	
	12.15 Provider Complaint and Non-Compliance		X	
14.0 Hospice	14.03 Physician Certification/ Plan of Care		X	12/01/05
	14.04 Election Procedures		X	
	14.06 Election, Revocation, and Change of Hospice		X	
	14.07 Dually Eligible Beneficiaries		X	
	14.10 Hospice Reimbursement		X	

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.

Correction to Field Representative Listing

The August 2005 issue of the monthly provider bulletin inadvertently omitted Cindy Brown as one of the provider field representatives for Hinds County. Mrs. Brown can be contacted at (601) 206-2981. She is also the provider representative for all providers in Louisiana that are to the east of I-55.

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.

Billing Positron Emission Tomography (PET) Scans

Effective for dates of service beginning November 15, 2005, the following CPT codes must be used for billing PET scans:

Code	Rate		
78811	General - $1829.88	TC - $1731.35	26 - $70.38
78812	General - $2272.37	TC - $2150.02	26 - $87.40
78813	General - $2356.85	TC - $2229.94	26 - $90.65
78814	General - $2586.17	TC - $2446.91	26 - $99.47
78815	General - $2858.54	TC - $2704.62	26 - $109.94
78816	General - $2926.64	TC - $2769.05	26 - $112.56

Additional pricing changes for PET scans are as follows:

Code	Rate		
78459	General - $1785.94	TC - $1689.77	26 - $68.69
78491	General - $1807.00	TC - $1709.70	26 - $69.50
78492	General - $2252.90	TC - $2131.59	26 - $86.65

The G Series HCPCS codes used for billing PET scans will be closed effective for dates of service beginning November 15, 2005, and will no longer be accepted. The Provider Policy Manual, Section 46.03, details the coverage criteria for PET scans. Providers can access the policy on the DOM website at www.dom.state.ms.us.

Sterilization Consent Form Submission

Please note that there are a number of errors with regard to the submission of sterilization consent forms that can delay the processing of a sterilization procedure billed on a claim. The following points are just a few things to consider when submitting a sterilization consent form to ACS. For a complete copy of instructions related to completing the sterilization consent form, please visit the Mississippi Division of Medicaid website @ http://www.dom.state.ms.us/Provider/Provider_Manuals/Section_25_Hospital_Inpatient_Manual.pdf. Search (CNTL F) for sterilization.

1. Mississippi Medicaid only accepts the Mississippi Medicaid specific sterilization consent form. The form cannot be from another state nor can the form be an internally generated form by the submitting physician or entity. A valid copy of the Mississippi Medicaid specific sterilization consent form can be obtained by contacting the ACS Call Center at 1-800-884-3222. Simply ask the Customer Service Associate to mail you a current copy of the sterilization consent form. The current form will be sent to you as a set with two carbon copy attachments. The original page is for the patient's record. The remaining two carbon copies are for the physician and the Fiscal Agent (ACS) respectively.
2. The sterilization consent form must be completely **legible**.
3. **The beneficiary name and number must be written or typed on the form in order to ensure timely processing.** We recommend that you place your provider number on the form below the beneficiary number. By doing so, you ensure that we will return the form to the correct provider if we need additional information.
4. All sections of the form must be complete. The only exceptions are the Interpreter's Statement section which is not required **if an interpreter was not required** to explain the sterilization consent form to the beneficiary and the Emergency Operation section which is the last section on the form above the physician's signature. Please note that, if the procedure was performed on an emergency basis (i.e., less than 30 days but no more than 72 hours after the beneficiary signed the form), the emergency operation section **is required**. All other information on the form must be complete and accurate in order for the form to be processed.

The preceding statements are general in nature and are only meant to be a supplement to completing the sterilization consent form. For complete rules and guidelines related to consent form completion, please visit the Division of Medicaid website which is referenced in the first complete paragraph of this article.

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

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