

# Mississippi Medicaid

Volume 12, Issue 3

March 2006

## Bulletin

### Inside this Issue

<i>Eyeglasses – Questions and Answers</i>	1
<i>Authorization Required for Dental Treatment</i>	2
<i>Code D9110 – Palliative (Emergency) Treatment of Dental Pain, Minor Procedure</i>	2
<i>Revision of Orthodontics Authorization Request Form</i>	2
<i>Sanctioned/Excluded Providers</i>	2
<i>Important Pharmacy Information</i>	3
<i>Nursing Facilities Billing Paper Claims</i>	4
<i>Policy Manual Additions/Revisions</i>	4
<i>Take the Right Route!</i>	5

### Eyeglasses – Questions and Answers

The Division of Medicaid updated the Vision Section of the Provider Policy Manual in November 2005. Since then, some eyeglasses providers have called to ask questions about the policies for coverage of eyeglasses for adults and children.

*Question: Can adult beneficiaries receive more than one pair of eyeglasses every five years?*

Answer: Yes. Adult beneficiaries (age 21 and over) are allowed one complete pair of eyeglasses (frame and lenses) every five years. Additional eyeglasses (frames and lenses) are also covered for adult beneficiaries who have had surgery on the eyeball or ocular muscle when all these criteria are met:

- Surgery results in a vision change, AND
- Eyeglasses are medically indicated within six months of the surgery, AND
- Eyeglasses are prescribed by an optometrist or ophthalmologist.

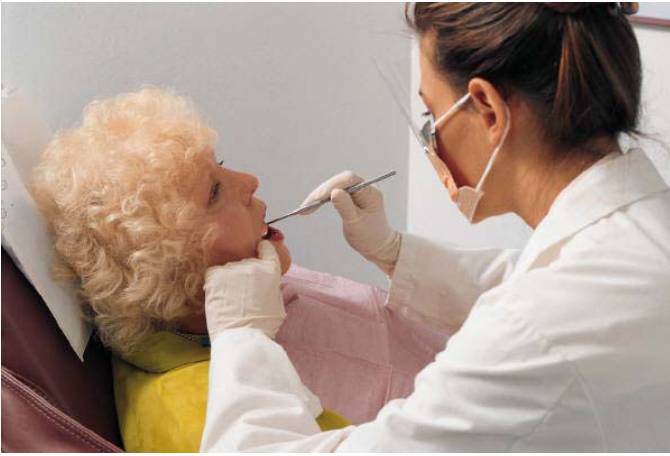
Beneficiaries who undergo multiple surgeries (example: cataract surgery) will be eligible for eyeglasses (frames and lenses) following each surgery if all criteria are met. Therefore, it is possible for an adult beneficiary to receive more than one pair of eyeglasses in a five-year period.

*Question: What is the procedure for children who need replacement eyeglasses?*

Answer: Children (under age 21) are allowed up to two complete pairs of eyeglasses (frames and lenses) each fiscal year – one pair and one replacement pair – without prior authorization. Beginning with the third pair in a fiscal year, each pair of eyeglasses will require a prior authorization with documentation of the reason for more eyeglasses.

Currently, providers may receive a claim denial for edits 3701 and 3704 when billing the second pair of eyeglasses for children without a prior authorization. A systems modification is being made to allow the second pair of eyeglasses without a PA. If you are experiencing these denials, please contact your provider representative for assistance.





### **Authorization Request for Dental Treatment**

Effective March 15, 2006, dental procedure code D9110, Palliative (Emergency) Treatment of Dental Pain will require authorization. When submitting requests, providers must give a description of the service performed and justification for performing the service. Providers must receive authorization prior to billing for the service and the authorization number must be included in block two (2) of the Dental claim form. Requests must be submitted to the Division of Medicaid on the Dental Services Authorization Request form, MA-1098, and mailed to the following address:

Division of Medicaid  
Bureau of Medical Services  
239 North Lamar St. Suite 801  
Jackson, MS 39201-1399

Forms may be obtained by contacting ACS at 1-800-884-3222.

### **Code D9110 - Palliative (Emergency) Treatment of Dental Pain, Minor Procedure**

The Division of Medicaid has detected improper billing 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 billed. 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 the Division of Medicaid will address any fraud/abuse identified.



### **Revision of Orthodontics Authorization Request Form**

The Orthodontics Authorization Request form has been revised and the new form is being distributed to active orthodontia service providers. Providers should begin using the new form immediately upon receipt. As of March 15, 2006, the old Orthodontics Authorization Request form, MA-1097 1/92, will be obsolete and no longer accepted by Medicaid. Providers may request additional copies of the form by contacting ACS at (800) 884-3222.

### **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.



## Important Pharmacy Information

### Medicare Part D Assistance

Information and assistance regarding Medicare Part D may be located at the Division of Medicaid's web page. Refer to [www.dom.state.ms.us](http://www.dom.state.ms.us), select Pharmacy Services, and Medicare Part D\* help for:

- Part D dedicated Medicare help line telephone number, for pharmacists 1-866-835-7595
- Wellpoint/Anthem Prescription website
- Medicare Parts B/D Coverage Issues
- POS Facilitated Enrollment Summary
- Eligibility Facilitator Services Overview

\* Please check this site routinely since contents are subject to change.

### Frequent Questions in the Pharmacy Bureau

**Question:** I am confused about new acronyms QMBs, SLMBs, or QI-1s. What do these terms mean? What does this mean regarding pharmacy and Medicaid services?

**Response:**

(1) The acronym QMB, or Qualified Medicare Beneficiary, means that the person has Medicare and is in a certain income category. QMB beneficiaries have full Medicare cost sharing which means that Medicaid pays for Medicare premiums (for Part A and B), deductibles, and co-insurance. Medicare is the primary payer for services. QMB beneficiaries have no Medicaid drug coverage. QMBs do have crossover coverage for Part B drugs and DME supplies.

(2) The acronym SLMB or Specified Low-Income Medicare Beneficiary, means that the person has Medicare and is within a certain income category. Medicaid pays Part B premiums for SLMBs. SLMB beneficiaries have neither Medicaid drug coverage nor crossover coverage for Part B drugs or DME supplies.

(3) The acronym QI-1, or Qualified Individual, means that the person has Medicare and is within a certain income category. Medicaid pays Part B

premiums for QI-1 beneficiaries and they have no Medicaid drug coverage, or Part B drug, or DME supplies crossover coverage.

**Question:** Are LTC beneficiaries charged co-payments or deductibles with Part D?

**Response:** Full service dually eligible beneficiaries are not charged co-payments or deductibles with Part D.

**Question:** What does the acronym LIS mean for Medicare Part D beneficiaries?

**Response:** LIS, or low-income subsidy, represents cost sharing for low-income Medicare beneficiaries. For pharmacies and beneficiaries, this means that cost sharing is applied at the pharmacy point of service when appropriate. LIS enrollees, eligible for a full subsidy such as Medicaid/Medicare dual eligibles, are set up for a benefit that would adjudicate at the pharmacy for no more than the \$2/\$5 pharmacy copay and institutionalized dual eligible beneficiaries with no pharmacy copays.

**Question: What drugs are billed to Medicare Part D and Part B?**

**Response:** CMS, or Centers for Medicare and Medicaid Services, has issued a quick and easy reference for Medicare Part B and Medicare Part D coverage issues. This table may be located at DOM's web site, [www.dom.state.ms.us](http://www.dom.state.ms.us), select Pharmacy Services, go to Medicare Part D Help, and Medicare Parts B/D Coverage issues.

**Question:** What benzodiazepines are covered by Mississippi Medicaid?

**Response:** Generic benzodiazepines, including but not limited to lorazepam, temazepam, and diazepam, are covered for all Medicaid beneficiaries.

**Question:** Can a brand name prior authorization be granted for a branded benzodiazepine?

**Response:** No. Benzodiazepine coverage for all Medicaid beneficiaries is limited to generic formulations only.

## Nursing Facilities Billing Paper Claims

In September 2003, the Division of Medicaid and ACS provided each nursing home facility with approximately 40 brightly colored yellow envelopes for paper claims submission. The purpose of the envelope is to differentiate the nursing facility UB92s from all other UB92s. Although many providers have transitioned from paper to electronic billing since that time, some providers are still utilizing the yellow envelopes. These envelopes will no longer be automatically mailed to all providers. Providers that wish to continue to bill paper UB92s on a routine basis until electronic billing is implemented by the provider must contact ACS provider/beneficiary support at 1-800-884-3222 to receive a supply of envelopes. If the provider has not contacted ACS by April 30, 2005, yellow envelopes will no longer automatically be sent.

## 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](http://www.dom.state.ms.us) and clicking on "Provider Manuals" in the left window.

Manual Section	Policy Section	New	Revised	Effective Date
15.0 MH/ Community Mental Health	15.30 Billing Guidelines		X	03/01/06
46.0 Radiology	46.03 Positron Emission Tomography (PET) Scans		X	03/01/06
65.0 HCBS/ Elderly & Disabled Waiver	All	X		03/01/06
75.0 Early Intervention/ Targeted Case Management	All	X		03/01/06
76.0 EPSDT/ School Health Related Services	All	X		03/01/06
79.0 School Based Administrative Claiming	All	X		03/01/06
8.0 Ambulance	8.05 Non-Emergency Ground Ambulance 8.12 Billing Claims on CMS-1500 8.14 Transport of Dual Eligibles		X  X X	04/01/06
53.0 Physician	53.11 Physician Office Visits- Extended Hours		X	04/01/06
34.0 Immunization	* All policies in section 34.0 are being moved to section 77.0. There is no change in policy.			02/01/06
39.0 Family Planning Waiver	* All policies in section 39.0 are being moved to section 72.0. There is no change in policy.			02/01/06

### 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.

## Take the Right Route!

To ensure proper documentation and claim submittal, the following information will serve as your guide to routing your paperwork to the appropriate address. By using the assigned addresses below, you will lessen the chance for errors and shorten the time required to complete your transactions. If you have any questions or comments, please contact ACS Provider/ Beneficiary Support at 1-800-884-3222 or 601-206-3000.

Below is a list of each type of form or document with its corresponding address or fax number:

Form #	Title	Send this Form to :
DOM 210	<b>Eyeglass/Hearing Aid Authorization Form</b>	Division of Medicaid Bureau of Medical Services 239 North Lamar St., Suite 801 Jackson, MS 39201-1399
DOM 260 NF	<b>Certification for Nursing Facilities</b>	Fax to 601-359-1383
DOM 260 DC	<b>Certification for Disabled Child</b>	Division of Medicaid Bureau of Eligibility 239 North Lamar St., Suite 801 Jackson, MS 39201-1399
DOM 260HCBS	<b>Certification for HCBS</b>	Division of Medicaid Bureau of Long Term Care 239 North Lamar St., Suite 801 Jackson, MS 39201-1399
DOM 260 MR	<b>Certification for ICF/MR</b>	ACS, P.O. Box 23076, Jackson MS 39225
DOM 301 HCBS	<b>HM Comm-Based SVS/PH</b>	ACS, P.O. Box 23076, Jackson MS 39225
Drug PA	<b>Drug Prior Authorization Request</b>	Health Information Designs P. O. Box 32056 Flowood, MS 39212 Fax to 800-459-2135
DOM 413	<b>Level II PASARR Billing Roster</b>	Division of Medicaid Mental Health Services 239 North Lamar St., Suite 801 Jackson, MS 39201-1399
HCBS 105	<b>Home and Community Based Services</b>	ACS P.O. Box 23076, Jackson MS 39225 Attention: Medical Review
MA 1001	<b>Sterilization Consent Form</b>	ACS, P.O. Box 23076, Jackson MS 39225
MA 1002	<b>Hysterectomy Acknowledgement Statement</b>	ACS, P.O. Box 23076, Jackson MS 39225
MA 1097	<b>Dental Services for Orthodontics Authorization Request</b>	Division of Medicaid Bureau of Medical Services 239 North Lamar St., Suite 801 Jackson, MS 39201-1399
MA 1098	<b>Dental Services Authorization Request</b>	Division of Medicaid Bureau of Medical Services 239 North Lamar St., Suite 801 Jackson, MS 39201-1399
MA-1148A	<b>Addendum to Plan of Care</b>	Division of Medicaid Maternal and Child Health 239 North Lamar St., Suite 801 Jackson, MS 39201-1399
MS/ADJ	<b>Adjustment Void Form</b>	ACS, P.O. Box 23077, Jackson MS 39225
MA 1165	<b>Hospice Membership Form Effective July 1, 2002</b>	Division of Medicaid Long Term Care, Hospice Services 239 North Lamar St., Suite 801 Jackson, MS 39201-1399
MS/INQ	<b>Claim Inquiry Form</b>	ACS, P.O. Box 23078, Jackson MS, 39225
MS/XOVE	<b>Medicare/Medicaid Crossover Form - Part A</b>	ACS, P.O. Box 23076, Jackson MS, 39225
MS/XOVE	<b>Medicare/Medicaid Crossover Form - Part B</b>	ACS, P.O. Box 23076, Jackson MS, 39225
Pharmacy	<b>Pharmacy Claim Form</b>	ACS, P.O. Box 23076, Jackson MS, 39225
ADA	<b>American Dental Association Claim Form</b>	ACS, P.O. Box 23076, Jackson MS, 39225
HCFA 1500	<b>HCFA 1500</b>	ACS, P.O. Box 23076, Jackson, MS 39225
UB-92	<b>UB-92</b>	ACS, P.O. Box 23076, Jackson, MS 39225



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>

**March**

**March 2006**

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