Mississippi Medicaid Bulletin

Volume 13, Issue 4

April 2007

AVRS and Web Portal Now Provide More Information

When providers check beneficiary eligibility on either the Automated Voice Response System (AVRS) or on the Mississippi Envision Web Portal, they will now be given a more detailed response tailored specifically to the beneficiary's Category of Eligibility (COE). Providers will be given a brief description of the COE of beneficiary, and the Medicaid benefits to which they are entitled. In addition, if the Medicaid beneficiary is a dual eligible beneficiary with Medicare coverage, that Medicare coverage is clarified, and providers are reminded to file claims with Medicare first. Please be advised that this is a tool for providers to identify eligibility prior to treatment; however, this is not a guarantee of payment.

As a reminder the AVRS number is 1-800-884-3222 and the Envision Web Portal address is http://msmedicaid-acs-inc.com. Use of the Web Portal to check eligibility is available free of charge but does require provider enrollment. Details on how to enroll can be found on the home page under the link titled Web Account Registration.

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 www.dom.state.ms.us a list of providers that have been excluded from participation in the Medicaid programs.

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.

Attention All Providers!!!
National Provider Identifier Not On File for Many Providers

The National Plan and Provider Enumeration System currently reports that 12,769 providers have obtained their National Provider Identifier (NPI) for the State of Mississippi. ACS provider records reveal that approximately 6,000 providers have obtained and submitted their NPI to Mississippi Medicaid.

The NPI compliance date is May 23, 2007. Healthcare providers **MUST** use their NPI as of May 23, 2007, to bill their claims. Not using the NPI on and after May 23, 2007, **WILL** cause claims payment issues for providers.

To prevent claims payment issues, providers are urged to obtain their NPI **NOW**. Once you have obtained your NPI, you must report it to ACS Provider Enrollment immediately.

You may obtain your NPI by
- Completing an on-line application at the National Plan and Provider Enumeration System (NPPES) website at https://NPPES.cms.hhs.gov/NPPES/Welcome.do. When the homepage is accessed, click on "National Provider Identifier (NPI)" which is highlighted in blue. This will take you to the page where an online application can be completed.

Or
- Contacting 1-800-465-3203 to request a paper NPI Application/Update Form and mailing the completed, signed application to the NPI Enumerator, P.O. Box 6059, Fargo, ND 58108-6059. You may also request a paper NPI Application/Update Form by emailing the NPI Enumerator at customerservice@npienumerator.com.

Once you obtain your NPI from NPPES, report it to Mississippi Medicaid/ACS. Please prepare a facsimile cover page and include the following information in transmitting your NPI information to the ACS Provider Enrollment fax number, 601-206-3015:

1. Provider Name
2. The name of a representative in your organization to be contacted
3. A direct telephone number
4. A fax number
5. An email address
6. NPI – Please indicate whether the NPI is for an individual, group, or facility
7. 8-digit MS Medicaid provider number that corresponds to the NPI listed
8. A servicing address which corresponds to the NPI and 8-digit Medicaid provider number
9. A copy of the NPI CMS certification form

You may also use the NPI Submission Form to submit your NPI to Mississippi Medicaid. The form is located at http://msmedicaid.acs-inc.com/PDFs/NPI%20Submission%20Form.pdf. It is recommended that you print the completed form and fax it, along with the NPI Certification Form, to ACS Provider Enrollment at 601-206-3015.

If the NPI Certification Form is not included with your NPI information, the NPI will **NOT** be entered on your Medicaid provider file and the incomplete NPI information will be returned.

You may contact ACS Provider/Beneficiary Support at 1-800-884-3222 if you have additional questions or to verify your NPI has been added to your provider file.

Envision Web Portal Enhancements

On April 30, 2007, the Envision web portal will have a new look and greater capabilities for both providers and beneficiaries. User registration will be maintained with the enhancements to the web portal therefore eliminating the need to register again. The main page of the web portal shown here will have links to the Division of Medicaid website as well as HealthSystems of Mississippi (HSM) and Health Information Designs (HID). Additionally, Late Breaking News and Banner Messages will be available from the main page.
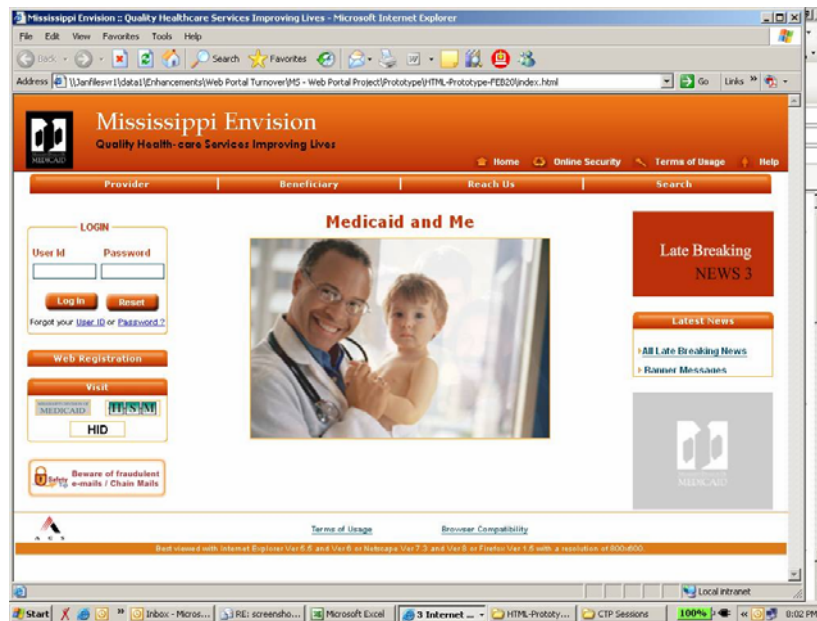
Providers will continue to have the secure features of the web portal with greater enhancements such as direct data entry and adjudication of claims. Through the claim inquiry feature, providers will be able to determine claims status and denial reasons. Additionally the web portal will offer provider type FAQs, access to training material, provider bulletins, fee schedules, and enrollment options. Providers will also be able to submit prior authorization requests and make changes to the third party liability (TPL) beneficiary file via the web portal.
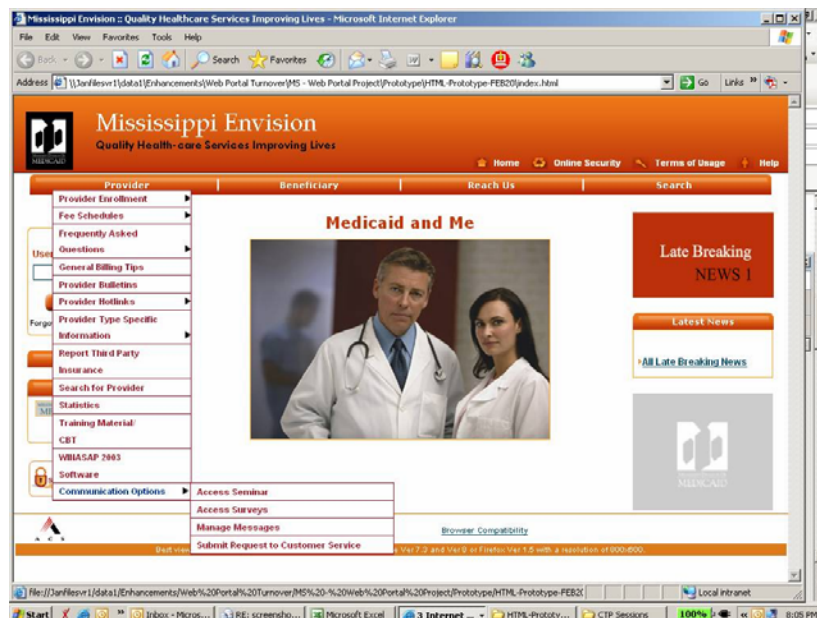
Beneficiaries will also have secure access to request replacement ID cards, TPL changes, search for providers, and be able to submit questions to customer service via the web portal.
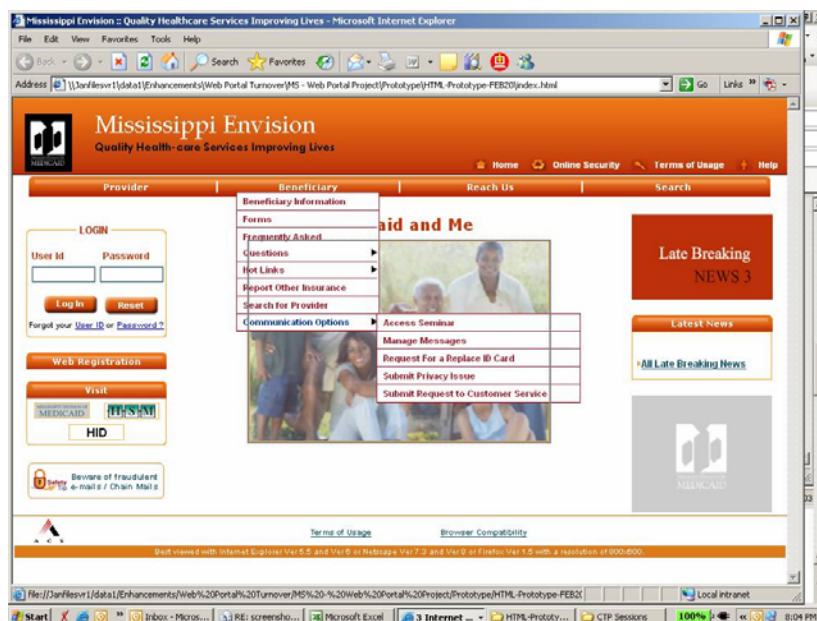
The Mississippi *Envision* Web Portal is available 24 hours a day, 7 days a week, 365 days a year via the Internet at **http://msmedicaid.acs-inc.com**. Training will be available to the provider community in the summer of 2007. For questions about or assistance with the web portal, contact ACS Provider and Beneficiary Services at 1-800-884-3222.

Maternity Anesthesia Billed by Anesthesiologists and CRNAs

The Division of Medicaid uses the following methodology for the reimbursement of maternity anesthesia claims:

- The reimbursement for CPT Codes 01961, 01967, 01968, and 01969 is the provider's charge or the fee on file, whichever is lower. As requested by anesthesiologists, these codes have a flat fee and are <u>not</u> paid based on the anesthesia base rate plus time units.

- Providers must note that CPT Codes 01968 and 01969 are add-on codes and must be billed with CPT 01967.

- The add-on code applies only to add-on procedures or services performed by the same physician/provider.

- Add-on codes are always performed in addition to the primary service or procedure and must never be reported as a stand-alone code.

- When billing for these codes, the provider must always report one unit in field 24 G of the CMS-1500 claim form.

Codes 81002 and 81003 Are Not Separately Reimbursed When Billed With an E & M Code

CPT codes 81002 and 81003, dealing with urinalysis by dipstick or tablet reagent, will not be separately reimbursed when billed in conjunction with an Evaluation and Management (E & M) code. Providers who bill for either the 81002 or 81003 urinalysis codes in this manner with an E & M code will receive an edit 3435 denial for the urinalysis. The edit 3435, CLAIM CHECK PROCEDURE INCIDENTAL/ INTEGRAL TO ANOTHER PROCEDURE CODE, indicates that the urinalysis is considered incidental or integral to the paid E & M office visit code. This is consistent with the policy of the Division of Medicaid (DOM) first issued in July of 1996 when DOM implemented use of its claims evaluation software.

Please note that providers such as FQHCs and RHCs who are reimbursed by encounter rates and who bill these codes with encounter codes will see the code zero pay instead of deny.

Family Planning (COE-029) Versus Medicaid Coverage for Pregnant Women

When a beneficiary is in a particular category of eligibility (COE) her Medicaid coverage may differ based on the services she is qualified to receive.

A woman who is qualified as a family planning beneficiary (COE 029) will receive a yellow card which will convey that she is limited in the services that Medicaid will reimburse. The following are links that provide in detail the specific services that a woman in the Family Planning COE 029 is allowed to be paid by the Division of Medicaid.

> http://www.dom.state.ms.us/Maternal_Child_Health/Family_Planning_Lab_Codes_revised_10-2006_With_New_codes_Added.pdf - comprehensive list of procedure codes/lab codes covered for Family Planning

> http://www.dom.state.ms.us/Maternal_Child_Health/FamilyPlanningDiagnosisCodes.pdf - comprehensive list of diagnosis codes that DOM will cover for Family Planning

Once a woman finds that she is pregnant and is still in the Family Planning program, she must apply and be approved for full Medicaid coverage at the appropriate Medicaid Regional Office to ensure payment of more extensive services that will be needed during her pregnancy.

The COE that provides Medicaid coverage using the highest income standard is COE-088 that covers pregnant women with household income up to 185% of the poverty level. In COE-088, full Medicaid services with the exception of eyeglasses and dental services are made available to beneficiaries age 21 and older. The pregnant woman is eligible throughout her post-partum period which extends two full months beyond her date of delivery. When full eligibility ends under COE-088, the woman will automatically be changed to family planning coverage (COE-029).

A very low income pregnant woman may qualify for Medicaid coverage in COE-085 which provides full Medicaid coverage to low income adults with children under age 18. Medicaid coverage in COE-085 has no exclusions for dental and eyeglasses and no post-partum end date. Continuing eligibility is based on family income and child support cooperation.

A pregnant minor (under age 19) may be approved for coverage in any appropriate full service COE, depending on household income. If a minor becomes pregnant and is already receiving full service Medicaid, no change in COE is required.

Pregnant women or minors eligible for full Medicaid services are issued a regular Medicaid card at the point of approval for regular Medicaid.

ACS Customer Service

For quicker, more efficient service, please have all pertinent information ready when contacting ACS Provider and Beneficiary Support at 1-800-884-3222.

You will need your:
- Provider ID Number
- Beneficiary ID Number
- Dates of Services
- Billed Amount
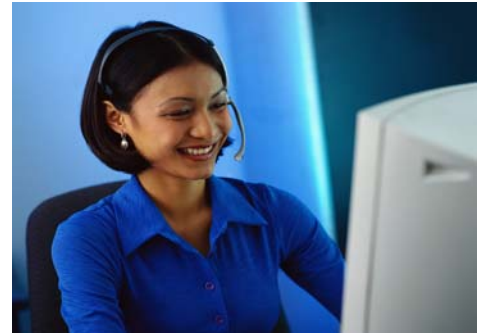
***Fun Fact: Did you know the ACS Provider Services call center takes an average of 3,000 calls per day?

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
7.0 General Policy	7.03 Maintenance of Records		X	04/01/07
10.0 Durable Medical Equipment	10.55 Oxygen and Oxygen Supplies		X	04/01/07
52.0 Surgery	52.16 Supplies/Surgical Trays	X		04/01/07
55.0 Physician	55.11 Supplies/Surgical Trays	X		04/01/07
77.0 Immunization	77.05 Vaccines for Adults		X	04/01/07
7.0 General Policy	7.05 Healthcare Practitioner Peer Review Protocol		X	05/01/07
12.0 Non-Emergency Transportation (NET)	12.05 Modes of Transportation Motel/Hotel Reimbursement		X	05/01/07
15.0 MH/ Community Mental Health	15.30 Billing Guidelines		X	05/01/07
29.0 Vision Services	29.09 Cataract/ Ocular Surgery 29.13 Documentation 29.14 Reserved for Future Use 29.15 Lacrimal Punctum Plugs	X X	X X	05/01/07
52.0 Surgery	52.17 Lacrimal Punctum Plugs	X		05/01/07

Transition to the Revised CMS-1500 (08-05) Claim Form and Billing Instructions

Effective May 23, 2007, providers who bill services to Mississippi Medicaid on the CMS-1500 (12-90) claim form will be required to use the revised CMS-1500 (08-05) claim form. The CMS-1500 claim form is used by physicians, clinics, EPSDT providers, lab providers, radiology providers, chiropractors, podiatrists, mental health providers, durable medical equipment providers, eyeglass and hearing providers, family planning clinics, nurse practitioners, and CRNAs.

Revisions to the existing CMS-1500 (12-90) were facilitated by the National Uniform Claim Committee (NUCC). Minor changes have been made to the claim form in order to accommodate the National Provider Identifier (NPI).

The Division of Medicaid and ACS Government Healthcare Solutions will accept both the CMS-1500 (12-90) and CMS-1500 (08-05) claim forms from March 1, 2007, through May 22, 2007. However, beginning May 23, 2007, only the CMS-1500 (08-05) claim form will be accepted from that date forward. For the time period beginning April 30, 2007 and ending May 22, 2007, both the provider ID and the NPI may be submitted.

To assist you with effectively completing and submitting the revised CMS-1500 (08-05) claim form, the following information is provided as a guide.

NOTE: Instructions are being provided only for those fields which have changed. Please continue to follow previous billing instructions for fields not included below.

Item Number 17a and 17b (split field)

17a.		
17b.	NPI	

Item 17a   **Referring Provider ID #**
                                        Required if applicable; **prior to 5/23/07**, enter the 8-digit Medicaid provider number of the referring provider in 17a. If the referring provider does not have an 8-digit Medicaid provider number, enter the name of the referring provider in 17.

                                        On and after 5/23/07, if the referring provider is considered an atypical provider, enter the 8-digit Medicaid provider number of the referring provider in 17a. If the referring provider does not have an 8-digit Medicaid provider number, enter the name of the referring provider in 17.

Item 17b   **Referring Provider NPI**
                                               Required if applicable; **on and after 5/23/07**, if the referring provider is
                                               considered a health-care services provider, enter the NPI of the referring provider
                                               in 17b.

Section 24

The six service lines in section 24 have been divided horizontally to accommodate submission of both the NPI and 8-digit Mississippi Medicaid provider number during the NPI transition and to accommodate the submission of supplemental information to support the billed service. The top area of the six service lines is shaded and is the location for reporting supplemental information. It is not intended to allow the billing of 12 lines of service.

Item 24j   **Rendering Provider ID #**
(top shaded portion)   Required if applicable; **prior to 5/23/07**, if you are billing as a group practice or
                                               clinic, enter the 8-digit Medicaid provider number of the servicing/performing
                                               provider for each applicable line on the claim form.

                                               On and after 5/23/07, if you are billing an NPI that represents multiple Medicaid
                                               provider numbers, then enter the taxonomy code of the servicing/performing
                                               provider for each applicable line on the claim form.

Item 24j
(bottom unshaded portion)   **Rendering Provider ID #**
                                               Required if applicable; **on and after 5/23/07**, if you are billing as a group practice
                                               or clinic, enter the 10-digit NPI of the servicing/performing provider for each
                                               applicable line of the claim form.

Section 32

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32. SERVICE FACILITY LOCATION INFORMATION




a.   NPI          b.
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Item 32   **Service Facility Location Information**
                                Required if applicable; enter the name, address, city, state, and zip code of the
                                location where the services were rendered if other than home or office. Enter the
                                name and address information in the following format: 1st Line – Name, 2nd Line
                                – Address, 3rd Line – City, State, and Zip Code.

Section 33

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33. BILLING PROVIDER INFO & PH #    (       )




a.   NPI          b.
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Item 33   **Billing Provider Info & Ph #**
                                Required; enter the billing provider's name, address, zip code, and phone number
                                as shown on your Medicaid remittance advice and provider file.

Item 33a   **NPI**
                                Required; **on and after 5/23/07**, if the provider is considered a health-care
                                services provider, enter the NPI of the billing provider in 33a.

Item 33b   **Other ID #**
                                Required; **prior to 5/23/07**, enter the 8-digit Medicaid provider number of the
                                billing provider**. On and after 5/23/07**, if the provider is considered an atypical
                                provider, enter the 8-digit Medicaid provider number of the billing provider. If
                                the provider is considered a health-care services provider and **if the NPI
                                represents multiple Medicaid provider numbers, enter the taxonomy code of
                                the billing provider.**

For additional instructions on using the revised CMS-1500 claim form, please be sure to attend provider
workshops that will be facilitated by the Division of Medicaid and ACS Provider Relations staff. Workshop
dates and locations are listed on pages 16-19 of this bulletin. You may also contact ACS Provider/Beneficiary
Relations at 1-800-884-3222.

Pre-Admission Screening (PAS) Training for Nursing Facilities, Hospital Discharge Planners, and Other Medical Professionals

The Division of Medicaid (DOM) has the ultimate responsibility for the development of a new pre-admission screening assessment process for entry to the Division of Medicaid long term care programs as a result of the Billy A Lawsuit settlement. The new PAS form will replace all Home and Community Based Services DOM HCBS 260 forms and the current Nursing Facility DOM NF 260 form (Physician Certification for Nursing Facility Care and Mental Illness/Mental Retardation Screening). The training will be conducted by E P& P Consulting, Inc., and the Division of Medicaid.

On May 8, 2007, this training for the Pre-Admission Screening (PAS) process will be held for nursing facilities, hospital discharge planners, and other medical professionals at the UMC Conference Center at the Jackson Medical Mall, from 9:00 a.m. – 3:00 p.m. There will be a maximum of two persons allowed per nursing facility in order to accommodate as many persons as possible from other provider groups. You may pre-register by using the form below. **Please pre-register by April 30, 2007.** For more information contact Mike Gallarno at 601-359-6697, Evelyn Silas at 601-359-6750, or Rebecca Martin at 601-359-9548.

**DIVISION OF MEDICAID, BUREAU OF LONG TERM CARE
REGISTRATION FOR MAY 8, 2007, PRE-ADMISSION SCREENING (PAS) TRAINING**

NAME OF FACILITY/PROVIDER	ADDRESS AND TELEPHONE NUMBER
PERSON ATTENDING TITLE:	PERSON ATTENDING TITLE:

FAX TO
TREMEKA MINOR AT 601-359-1383

OR

MAIL TO
DIVISION OF MEDICAID, BUREAU OF LTC
ATTN: TREMEKA MINOR
239 NORTH LAMAR STREET, SUITE 801
JACKSON, MISSISSIPPI   39201-1399

How to Complete the ADA Dental Claim Form

Effective May 1, 2007, the Division of Medicaid will accept the 2006 American Dental Association (ADA) Claim Form **only**. No other forms will be accepted after this date.

This article provides instruction for filing paper claims only, and identifies the fields required by Medicaid to properly complete the dental claim form. This form must be used in conjunction with the Mississippi Medicaid Provider Policy Manual. Providers with issues concerning policy and the specific procedures that Medicaid reimburses should refer to the policy manual and fee schedules. For quick access on policy, billing and fee schedule information utilize the DOM web site www.dom.state.ms.us. If you have questions, please contact ACS Provider and Beneficiary Services Unit toll-free number 1-800-884-3222.

The following provides the necessary instruction and required fields for billing Medicaid-covered dental services for the Division of Medicaid.

HEADER INFORMATION

1.   Type of Transaction – Not Required
2.   Predetermination/Preauthorization Number – ***Required if applicable***; enter the 8 digit pre-printed prior authorization (PA) number for services that require PA and approval by DOM.

INSURANCE COMPANY/DENTAL BENEFIT PLAN INFORMATION

3.   Company/Plan Name – Not Required

OTHER COVERAGE

4.   Other Dental or Medical Coverage? – ***Required***; enter "X" in the appropriate box to indicate whether or not the beneficiary has other insurance. If "yes" is checked, complete fields 5-11.
5.   Name of Policy Holder/Subscriber in # 4 – ***Required if applicable***.
6.   Date of Birth – ***Required if applicable***.
7.   Gender – ***Required if applicable***.
8.   Policyholder/Subscriber ID – ***Required if applicable***.
9.   Plan/Group Number – ***Required if applicable***.
10.   Patient's Relationship to Person Named in # 5 – ***Required if applicable***.
11.   Other Insurance Company/Dental Benefit Plan Name, Address etc. – ***Required if applicable***.

POLICY HOLDER/SUBSCRIBER INFORMATION

12.   Policy/Subscriber Name, Address, etc. – Not Required.
13.   Date of Birth – Not Required.
14.   Gender – Not Required.
15.   Policyholder/Subscriber ID – Not Required.
16.   Plan/Group Number – Not Required.
17.   Employer Name – Not Required.

PATIENT INFORMATION

18.   Relationship to Policyholder/Subscriber in #12 Above – *Required*.
19.   Student Status – Not Required.
20.   Name, Address, etc. – *Required*.
21.   Date of Birth – *Required*.
22.   Gender – *Required*.
23.   Patient ID/Account # - *Required*; type or clearly print the full 9-digit Medicaid ID number as indicated on the beneficiary's current Medicaid ID card.

RECORD OF SERVICES PROVIDED

24.   Procedure Date – *Required*; enter the date of service on which services were performed.
25.   Area of Oral Cavity – Not Required.
26.   Tooth System – Not Required.
27.   Tooth Number(s) or Letter(s) – *Required if applicable*; enter the tooth number, 1 through 32 for permanent teeth or letter A through T for deciduous teeth.
28.   Tooth Surface – *Required if applicable*; Leave this field blank if the surface code is not applicable for the service.
29.   Procedure Code – *Required*; enter the dental procedure code.
30.   Description – *Required*; enter a description of the services performed.
31.   Fee – *Required*; enter your usual and customary charge. Do not deduct co-payment from your usual and customary charge. List only a single date and a single procedure per line.
32.   Other Fee(s) – Not Required.
33.   Total Fee – *Required*; enter the total of the line item charges. Each individual claim form must be totaled in this item. Do not submit forms that are continued on a second page.
34.   (Place an 'X' on each missing tooth) – *Required*; chart the tooth or teeth requiring service(s) on this particular claim form. Extractions are to be charted by placing 'X' over the tooth.
35.   Remarks – *Required if applicable*; if re-submitting claim that was originally submitted within twelve (12) months from the date of initial service, but it is now over twelve (12) months old, enter the 17-digit transaction control number (TCN).

AUTHORIZATIONS

36.   Patient/Guardian Signature/Date – *Required*; the beneficiary must sign his/her name. If the patient cannot write his/her name, he/she should sign by a mark and have a witness sign his/her name and indicate by whom the name was entered. If the patient is a minor or otherwise unable to sign, any responsible person such as a parent or guardian must enter the patient's name and write "By," sign his/her own name in the space, show his/her relationship to the patient, and explain briefly they patient cannot sign. In lieu of having the beneficiary sign a claim form on each visit, the provider may retain a copy of a statement of release signed by the beneficiary or his/her guardian. Medicaid will allow a patient signature for a lifetime when the provider has a signature authorization on file. On the claim form, the provider would enter "Signature on File" to satisfy the signature guidelines. If the patient is unable to sign, the billing clerk may sign the beneficiary's name and indicate "By: (name of office person signing)" In addition, the reason the beneficiary is not available must be specified.
37.   Subscriber signature – Not Required.

ANCILLARY CLAIM/TREATMENT INFORMATION

38.   Place of Treatment – ***Required***; check the appropriate box, if treatment took place in the:
   a.   Office – check the provider's office box.
   b.   Hospital in-patient – check the hospital box.
   c.   Nursing home – check the ECF box.
   d.   Hospital out-patient or another facility – check the other box.
39.   Number of Enclosures – Not Required.
40.   Is Treatment for Orthodontics? – Not Required.
41.   Date Appliance Placed – Not Required.
42.   Months of Treatment Remaining – Not Required.
43.   Replacement of Prosthesis? – Not Required.
44.   Date of Prior Placement – Not Required.
45.   Treatment Resulting from – Not Required.
46.   Date of Accident – Not Required.
47.   Auto Accident State – Not Required.

BILLING DENTIST OR DENTAL ENTITY

48.   Name, Address, City etc. – ***Required***; type or clearly print the provider's full name (last name first, first name last) and address, city, state, and zip code.
49.   NPI – ***Required***; clearly indicate the provider ten-digit National Provider Identifier. (NPI)
50.   License Number – Not Required.
51.   SSN or TIN – Not Required.
52.   Phone Number – Not Required.
52A. Additional Provider ID – ***Required***; clearly indicate the provider seven-digit Medicaid group provider number.

TREATING DENTIST AND TREATMENT LOCATION INFORMATION

53.   Signature/Date (Treating Dentist) – ***Required***; the provider must sign and date the claim form. A rubber stamp signature is not acceptable. If anyone other than the provider is designated to sign the provider's name, a power of attorney must be on file and available on request. The provider is also stating that it is understood that payment and satisfaction of this claim will be from Federal or State funds, and that any false claims, statements, or documents or concealment of a material fact may be prosecuted under applicable Federal or State laws.
54.   NPI – ***Required***; clearly indicate the provider ten-digit National Provider Identifier. (NPI)
55.   License Number – Not Required.
56.   Address, City, State, Zip Code – Not Required.
56A. Provider Specialty Code – Not Required.
57.   Phone Number – Not Required.
58.   Additional Provider ID – ***Required***; clearly indicate the provider seven-digit Medicaid individual provider number.

The chart on the next page provides a summary of the required fields for the ADA claim form. Once the form is complete, the health care provider should keep a copy and mail the original to:

<div align="center">

Mississippi Medicaid Program
Post Office Box 23076
Jackson, MS 39201

</div>

<div align="center">

An example of the ADA claim form is available at the following web address:
http://www.ada.org/prof/resources/topics/topics_claimform.pdf

</div>

How To Complete the ADA Form Checklist

ADA Claim Form Check List for Required Fields	Required	Required if applicable	Not Required		ADA Claim Form Check List for Required Fields	Required	Required if applicable	Not Required
1. Type of Transaction			x		31. Fee	X		
2. Predetermination/Preauthorization #		X			32. Other Fee(s)			X
3. Company/Plan Name			X		33. Total Fee	X		
4. Other Dental or Medical Coverage	X				34. Identify Missing Teeth	X		
5. Name of Policy Holder		X			35. Remarks		X	
6. Date of Birth		X			36. Patient/Guardian Signature/Date	X		
7. Gender		X			37. Subscriber Signature			X
8. Policyholder/Subscriber ID		X			38. Place of Treatment	X		
9. Plan/Group Number		X			39. Number of Enclosures			X
10. Patient's Relationship		X			40. Is treatment for Orthodontics?			X
11. Other Insurance Company		X			41. Date Appliance Placed			X
12. Policy/Subscriber Name			X		42. Months of Treatment Remaining			X
13. Date of Birth			X		43. Replacement of Prosthesis			X
14. Gender			X		44. Date of Prior Placement			X
15. Policyholder/Subscriber ID			X		45. Treatment Resulting From			X
16. Plan/Group #			X		46. Date of Accident			X
17. Employer Name			X		47. Auto Accident State			X
18. Relationship to Policyholder	X				48. Name/Address	X		
19. Student Status			X		49. NPI	X		
20. Name/Address	X				50. License #			X
21. Date of Birth	X				51. SSN/TIN			X
22. Gender	X				52. Phone #			X
23. Patient ID(Medicaid ID #)	X				52A. Additional Provider ID	X		
24. Procedure Date	X				53. Signature/Date	X		
25. Area of Oral Cavity			X		54. NPI	X		
26. Tooth System			X		55. License Number			X
27. Tooth Number(s)/Tooth Letter(s)		X			56. Address			X
28. Tooth Surface		X			56A. Privider Specialty Code			X
29. Procedure Code	X				57. Phone Number			X
30. Description	X				58. Additional Provider ID	X		

ADA Dental Claim Form

HEADER INFORMATION

1. Type of Transaction (Mark all applicable boxes)
   - ☐ Statement of Actual Services
   - ☐ Request for Predetermination /Preauthorization
   - ☐ EPSDT /Title XIX

2. Predetermination /Preauthorization Number

INSURANCE COMPANY/DENTAL BENEFIT PLAN INFORMATION

3. Company/Plan Name, Address, City, State, Zip Code

OTHER COVERAGE

4. Other Dental or Medical Coverage? ☐ No (Skip 5-11) ☐ Yes (Complete 5-11)

5. Name of Policyholder/Subscriber in #4 (Last, First, Middle Initial, Suffix)

6. Date of Birth (MM/DD/CCYY)
7. Gender ☐ M ☐ F
8. Policyholder/Subscriber ID (SSN or ID#)

9. Plan/Group Number
10. Patient's Relationship to Person Named in #5
    ☐ Self ☐ Spouse ☐ Dependent ☐ Other

11. Other Insurance Company/Dental Benefit Plan Name, Address, City, State, Zip Code

POLICYHOLDER/SUBSCRIBER INFORMATION (For insurance Company Named in #3)

12. Policyholder/Subscriber Name (Last, First, Middle Initial, Suffix), Address, City, State, Zip Code

13. Date of Birth (MM/DD/CCYY)
14. Gender ☐ M ☐ F
15. Policyholder/Subscriber ID (SSN or ID#)

16. Plan/Group Number
17. Employer Name

PATIENT INFORMATION

18. Relationship to Policyholder/Subscriber in #12 Above
    ☐ Self ☐ Spouse ☐ Dependent Child ☐ Other
19. Student Status ☐ FTS ☐ PTS

20. Name (Last, First, Middle Initial, Suffix), Address, City, State, Zip Code

21. Date of Birth (MM/DD/CCYY)
22. Gender ☐ M ☐ F
23. Patient ID/Account # (Assigned by Dentist)

RECORD OF SERVICES PROVIDED

	24. Procedure Date (MM/DD/CCYY)	25. Area of Oral Cavity	26. Tooth System	27. Tooth Number(s) or Letter(s)	28. Tooth Surface	29. Procedure Code	30. Description	31. Fee
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

MISSING TEETH INFORMATION

34. (Place an 'X' on each missing tooth)

					Permanent									Primary					
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	A	B	C	D	E	F	G	H	I	J
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	T	S	R	Q	P	O	N	M	L	K

32. Other Fee(s)
33. Total Fee

35. Remarks

AUTHORIZATION

36. I have been informed of the treatment plan and associated fees. I agree to be responsible for all charges for dental services and materials not paid by my dental benefit plan, unless prohibited by law, or the treating dentist or dental practice has a contractual agreement with my plan prohibiting all or a portion of such charges. To the extent permitted by law, I consent to your use and disclosure of my protected health information to carry out payment activities in connection with this claim.

X _____
Patient/Guardian signature   Date

37. I hereby authorize and direct payment of the dental benefits otherwise payable to me, directly to the below named dentist or dental entity.

X _____
Subscriber signature   Date

BILLING DENTIST OR DENTAL ENTITY (Leave blank if dentist or dental entity is not submitting claim on behalf of the patient or insured/subscriber)

48. Name, Address, City, State, Zip Code

49. NPI
50. License Number
51. SSN or TIN
52. Phone Number ( ) –
52A. Additional Provider ID

ANCILLARY CLAIM/TREATMENT INFORMATION

38. Place of Treatment
    ☐ Provider's Office ☐ Hospital ☐ ECF ☐ Other
39. Number of Enclosures (00 to 99)
    Radiograph(s) Oral image(s) Model(s)

40. Is Treatment for Orthodontics?
    ☐ No (Skip 41-42) ☐ Yes (Complete 41-42)
41. Date Appliance Placed (MM/DD/CCYY)

42. Months of Treatment Remaining
43. Replacement of Prosthesis? ☐ No ☐ Yes (Complete 44)
44. Date Prior Placement (MM/DD/CCYY)

45. Treatment Resulting from
    ☐ Occupational illness /Injury ☐ Auto accident ☐ Other accident

46. Date of Accident (MM/DD/CCYY)
47. Auto Accident State

TREATING DENTIST AND TREATMENT LOCATION INFORMATION

53. I hereby certify that the procedures as indicated by date are in progress (for procedures that require multiple visits) or have been completed.

X _____
Signed (Treating Dentist)   Date

54. NPI
55. License Number
56. Address, City, State, Zip Code
56A. Provider Specialty Code
57. Phone Number ( ) –
58. Additional Provider ID

ATTENTION: Physicians, Nurse Practitioners, Nurse Midwives, Clinics, and Optometrists!!!!

Provider Workshops – May 2007

ACS Government Healthcare Solutions, in conjunction with the Mississippi Division of Medicaid, will conduct provider workshops for Physicians, Nurse Practitioners, Nurse Midwives, Clinics, and Optometrists in May 2007. The specific dates and locations of the workshops are listed below:

Date/Time	Location	Date/Time	Location
May 2, 2007 9:30 am – 3:00 pm	BancorpSouth Arena 375 E. Main St. Tupelo, MS 38804	May 9, 2007 9:30 am – 3:00 pm	Eagle Ridge Conference Center 1500 Raymond Lake Rd Raymond, MS 39154
May 3, 2007 9:30 am – 3:00 pm	Greenville Higher Education Center 2900 A Hwy 1 South Greenville, MS 38701	May 10, 2007 9:30 am – 3:00 pm	Hattiesburg Lake Terrace Convention Center One Convention Center Plaza Hattiesburg, MS 39401
May 4, 2007 9:30 am – 3:00 pm	Oxford Conference Center 102 Ed Perry Blvd Oxford, MS 38655	May 14, 2007 9:30 am – 3:00 pm	Eagle Ridge Conference Center 1500 Raymond Lake Rd Raymond, MS 39154
May 8, 2007 9:30 am – 3:00 pm	MSU Riley Center 2200 Fifth Street Meridian, MS 39301	May 15, 2007 9:30 am – 3:00 pm	Beau Rivage Conference Center 875 Beach Blvd Biloxi, MS 39530

The same information will be presented at each workshop. Workshop registration will be from 8:30 to 9:30 a.m. The workshop morning session will be from 9:30 a.m. to 12:15 p.m. and will cover the new enhanced Web Portal functionality, NPI, the revised CMS-1500 form, and provider information. A light lunch will be provided (excluding the workshop on May 15).

The following breakout session will be offered from 1:00 p.m. to 3:00 p.m.:

- Web Portal prior authorization functions
- Policy and billing tips for providers serving children
- Policy and billing tips for obstetrics and family planning providers
- Claims resolution

The workshops are free of charge. Seating is limited. It is imperative that you RSVP and indicate which workshop and breakout session you will be attending. Please RSVP by **April 20, 2007**. Mail the RSVP to: ACS Government Healthcare Solutions, ATTN: Provider/Beneficiary Services, P.O. Box 23078, Jackson, MS 39225 or fax it to ACS, Attn: Provider/Beneficiary Services at **601-572-3200**.   You may contact Tamara Cry at 601-206-3028 or email her at tamara.cry@acs-inc.com to RSVP or if you have questions about the workshops.

We look forward to meeting with you in May and working with you in the coming years.

Sincerely,

ACS Government Healthcare Solutions

Please complete the RSVP Section and mail or fax by <u>April 20, 2007</u> **to**

ACS Government Healthcare Solutions
ATTN: Provider/Beneficiary Services
P.O. Box 23078
Jackson, MS 39225

Provider Name	*Provider Number*
Provider Telephone Number	*Contact Name*

Name (s) of Attendees

Date of Workshop Location Attending

Breakout Session of Interest and Number of Attendees
Please check the session(s) that you are interested in attending. Please indicate the number of attendees for each session checked.

☐ New Web Portal prior authorization functions   _____ Number of Attendees

☐ Policy and billing tips for providers serving children   _____ Number of Attendees

☐ Policy and billing tips for obstetrics and family planning   _____ Number of Attendees

☐ Claims Resolution   _____ Number of Attendees

ATTENTION: Hospital Providers!!!

Provider Workshops – May & June 2007

ACS Government Healthcare Solutions, in conjunction with the Mississippi Division of Medicaid, will conduct provider workshops for Hospital providers in May and June 1, 2007. The specific dates and locations of the workshops are listed below:

Date/Time	Location	Date/Time	Location
May 22, 2007 9:30 am – 3:00 pm	MSU Riley Center 2200 Fifth Street Meridian, MS 39301	May 30, 2007 9:30 am – 3:00 pm	Beau Rivage Conference Center 875 Beach Blvd Biloxi, MS 39530
May 23, 2007 9:30 am – 3:00 pm	Eagle Ridge Conference Center 1500 Raymond Lake Rd Raymond, MS 39154	May 31, 2007 9:30 am – 3:00 pm	Oxford Conference Center 102 Ed Perry Blvd Oxford, MS 38655
May 24, 2007 9:30 am – 3:00 pm	Hattiesburg Lake Terrace Convention Center One Convention Center Plaza Hattiesburg, MS 39401	June 1, 2007 9:30 am – 3:00 pm	BancorpSouth Arena 375 E. Main St. Tupelo, MS 38804
May 29, 2007 9:30 am – 3:00 pm	Eagle Ridge Conference Center 1500 Raymond Lake Rd Raymond, MS 39154		

The same information will be presented at each workshop. Workshop registration will be from 8:30 to 9:30 a.m. A light lunch will be provided (excluding the workshop on May 30). Topics covered in the morning session include:

- Web Portal functionality
- NPI update
- UB-04 claim form

The following two breakout sessions will be offered in the afternoon from 1:00 pm to 3:00 pm:

Claims Resolution: ACS Field Representatives will be available to assist providers with individual claims issues. Providers attending this session should bring specific claims examples with beneficiary numbers and dates of service or specific TCN examples.

Web Portal Navigation: This is a computer-based session in which ACS Field Representatives will provide hands-on instruction to individual providers on how to navigate through and use the new Web Portal effectively.

The workshops are free of charge. Seating is limited. It is imperative that you RSVP and indicate which workshop and breakout session you will be attending. Please RSVP by **May 4, 2007**. Mail the RSVP to: ACS Government Healthcare Solutions, ATTN: Provider/Beneficiary Services, P.O. Box 23078, Jackson, MS 39225 or fax it to ACS, Attn: Provider/Beneficiary Services at **601-572-3200**.   You may contact Tamara Cry at 601-206-3028 or email her at tamara.cry@acs-inc.com to RSVP or if you have questions about the workshops.

We look forward to meeting with you in May and June and working with you in the coming years.

Sincerely,

ACS Government Healthcare Solutions

Please complete the RSVP Section and mail or fax by <u>May 4, 2007</u> to

ACS Government Healthcare Solutions
ATTN: Provider/Beneficiary Services
P.O. Box 23078
Jackson, MS 39225

Provider Name	*Provider Number*
Provider Telephone Number	*Contact Name*

Name (s) of Attendees

Date of Workshop Location Attending

Breakout Session of Interest and Number of Attendees
Please check the session(s) that you are interested in attending. Please indicate the number of attendees for each session checked.

☐ Claims Resolution   _____ Number of Attendees

☐ Web Portal Navigation   _____ Number of Attendees

ACS P.O. Box 23078 Jackson, MS 39225	PRSRT STD U.S. Postage Paid Jackson, MS Permit No. 53

If you have any questions related to the topics in this bulletin, please contact ACS at 1-800 -884 -3222

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 2007

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

Checkwrites and Remittance Advices are dated every Monday. The Remittance Advice is available for download each Monday morning at http://msmedicaid.acs-inc.com while funds are not transferred until the following Thursday.