

Mississippi Medicaid

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Bulletin

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Hospital Inpatient APR-DRG Implementation Delay

The new hospital inpatient APR-DRG reimbursement methodology will not be implemented on July 1, 2007. At this time, the Division of Medicaid has not made a final decision on a new implementation date. The Division continues to believe that the new payment method will bring substantial benefits to Medicaid beneficiaries, to the hospitals that treat them, and to Mississippi taxpayers. We will advise hospitals and other interested parties as soon as a new implementation date has been finalized.

UB-04 Instructions for Split Billing Inpatient Claims

Hospital providers are required to split bill claims for inpatient stays which span the end of the state's fiscal year which is June 30. When split billing a stay which spans fiscal years, the first claim should be type of bill 112.

Occurrence code C3 should be used in field locator 31 with the occurrence date of June 30 or with the actual date benefits were exhausted. In conjunction with occurrence code C3, occurrence code 42 should be used in field locator 32 to indicate the occurrence date representing the actual date of discharge for the beneficiary. Patient status code 30 should be entered in field locator 17 since the patient has not been discharged.

Occurrence code C3 should also be used when a Medicaid beneficiary's inpatient days are exhausted during a hospital stay.



Preferred Drug List Changes, Effective July 1, 2007

Drug class	PDL Additions	PDL Removals
ACEI/CCB combinations		Lexxel® Tarka®
ADHD Agents	Focalin™, Daytrana®	
Angiotensin II Receptor Antagonists (ARB)	Benicar®/Benicar HCT®	
Antibiotics-Cephalosporins	Ceftin® Suspension	
Antibiotics-Macrolides	azithromycin ¹	Zithromax®
Antibiotics-Penicillin	Augmentin®, Augmentin XR®	
Anti-diabetic Agents	Apidra®, Duetact®, Januvia® Janumet®	Prandin®
Antihistamine	Palgic®	Pediatex™ & Pediatex D™ Pediatex 12™ & 12 D™
Antihyperlipidemics	Omacor®	Crestor®
Benign Prostatic Hypertrophy		Avodart®
Beta Blockers	Coreg CR®	
Calcium Channel Blockers	amlodipine ¹	Norvasc®
Digestive Health Agents	Lialda®	Entocort EC®
Electrolyte Depleters	Fosrenol®, Phoslo®	
GU Smooth Muscle Agents	Detrol®, Detrol LA®	
GI Miscellaneous Agents		Zelnorm® ²
Histamine 2 Receptor Antagonists	ranitidine syrup ¹	Zantac® syrup Axid® suspension
Legend Laxatives	Amitiza®	
Miscellaneous Antiemetics/Antivertigo ³		Emend®, Marinol®, Transderm-Scop®
Renin Inhibitors ⁴	None	None
Respiratory Agents	Duoneb®, Flovent®, Maxair®, ProAir® HFA; Proventil® HFA, Pulmicort Flexhaler®, Ventolin® HFA	Azmacort®, Serevent Diskus®, Tilade®, QVAR®
Topical Antibacterial agents	Clindesse®	Metrogel® vaginal
Topical Antifungal agents	Vusion®	
Topical Anti-inflammatory		Locoid®
Topical Scabicides and Pediculicides Agents ⁵	Eurax®, Ovide® permethrin	Lindane

¹ Generic now preferred.

² Product removed from market March 30, 2007.

³ To be incorporated with 5-HT3 agents, currently on the PDL, and therapeutic class name changed to Antiemetic/Antivertigo agents.

⁴ New category to the PDL.

⁵ New category to the PDL.

Mississippi Division of Medicaid Preferred Drug List

The agents listed below are preferred products on the Mississippi Medicaid Preferred Drug List (PDL). The preferred drug list is a medication list recommended to the Division of Medicaid by the Pharmacy and Therapeutics Committee and approved by the Executive Director of the Division of Medicaid. These drugs have been selected for their efficaciousness, clinical significance, cost effectiveness, and safety for Medicaid beneficiaries.

Most generic agents are preferred, do not require prior authorization, and are not individually listed below. Unless otherwise specified, the listing of a particular brand or generic name includes all dosage forms of that drug. For more information concerning the PDL including non-preferred agents, the OTC formulary, and other specifics, please visit our website at www.dom.state.ms.us.

List Effective 7-1-2007

ALLERGY

Antihistamines & Antihistamine Decongestant Combos.
First Generation
Palgic®
Vazol™, Vazol™ D
Second Generation
Astellin Nasal Spray®
Clarinex®
loratadine
Zyrtec®

ANALGESICS

Cox-2
None
NSAIDS
Generics only
Narcotics
Avinza®
Kadian®

ANTIBIOTICS (Oral)

Cephalosporins
Ceftin® Suspension
Omnicef®
Suprax® Suspension
Macrolides
Biaxin XL®
Miscellaneous
Cleocin Ped.Soln®
Penicillins
Generics only
Penicillin Combinations
Augmentin®
AugmentinXR®
Quinolones
Avelox®
Sulfonamides
Gantrisin® Susp
Tetracyclines
Generics only

ANTIBIOTICS (OTIC)

Ciprodex®
Floxin®

ANTICOAGULANTS- INJECTABLE

Arixtra™
Lovenox®

ANTIFUNGALS (Oral)

Grifulvin V®
Gris-PEG®
Lamisil®

ANTIPROTOZOAL

Alinia®

ANTIVIRAL

Copegus® Tabs
Hepsera®
Rebetol® Syrup
Valcyte®
Valtrex®

BPH AGENTS

Flomax®
Uroxatral®

CARDIOVASCULAR

ACE Inhibitors
Altace®
ACE Inhibitor/Diuretics
Generics Only
ACEI/CCB Combinations
Lotrel®
ARBs&Combinations
Avapro®, Avalide®
Benicar™, BenicarHCT™
Diovan®, Diovan HCT®
Beta-Blockers
Coreg®, Coreg CR®
Toprol XL®
Beta-Blocker/Diuretics
Generics Only
Calcium Channel Blockers
Generics Only
CCB/Antihyperlipidemic
Caduet®
Diuretics & Aldosterone Receptor Antagonists
Generics Only
Platelet Aggregation Inhibitors
Aggrenox™
clopidogrel
Renin Inhibitors
None
CENTRAL NERVOUS SYSTEM AGENTS
ADHD
Adderall®-XR
Concerta™
Daytrana®
Focalin™
Focalin™ XR
Metadate® CD
Strattera®
Alzheimer's Agents
Aricept®
Exelon®

Namenda®
Anti-anxiety
Generics only

Anticonvulsants
Carbatrol®
Depakote®/Depakote®ER
Dilantin®
Equetro™
Gabitril®
Keppra®
Lamictal®
Lyrica®
Trileptal®
Topamax®
Tegretol®XR
Antidepressants
Effexor XR®
Wellbutrin XL®
Antipsychotics
Geodon®
Risperdal®
Symbyax™
Zyprexa®
Sedative/Hypnotics
Ambien® CR
Lunesta™
Rozerem™
Skeletal Muscle Relaxants
Generics only
Miscellaneous
Antiemetics/Antivertigo
Zofran®

DIABETES

Incretin Mimetics
Byetta™
INSULINS
ALL Novo Nordisk products
Apidra®
Lantus®
Oral Agents
Actos®
ACTOplus Met™
Avandamet®
Avandaryl™
Avandia®
Duetac™
Januvia™/Janumet™
Starlix®
DIGESTIVE HEALTH AGENTS
Asacol®
Canasa®
Dipentum®

Lialda®
Pentasa®

DISEASE-SPECIFIC IMMUNOSUPPRESSANTS

Enbrel®
Humira®
Raptiva®

ELECTROLYTE DEPLETERS

Fosrenol®
Magnebind® Rx
PhosLo®

ESTROGENS- PROGESTINS

Renagel®
Premarin®
Premphase®
Prempro®

GASTRO-INTEST. AGENTS

H-2 Blockers
Generics Only

PPIs

Prevacid®
Zegerid®

GROWTH HORMONES

Genotropin®
Nutropin®/Nutropin®AQ
Norditropin®
Saizen®
Serostim®
Tev-Tropin®

G-U RELAXANTS

Detrol®/DetrolLA®
Enablex®

HEMATOPOIETIC

Aranesp®
Procrit®

LAXATIVES (Rx)

Amitiza®

LIPIDS

Advicor®
Lipitor®
Niaspan®
Omacor®
Tricor®
Vytorin®
Zetia®

MIGRAINE

Imitrex®
Maxalt®

OSTEOPOROSIS

Boniva®
 Evista®
 Fosamax®
 Miacalcin®

RESPIRATORY AGENTS

Advair®
 Asmanex®
 Combivent®
 Duoneb®
 Flovent®
 Intal® Aerosol Inhaler
 Maxair®
 ProAir® HFA
 Proventil® HFA
 Pulmicort® Flexhaler
 Pulmicort Respules®
 Singulair®
 Spiriva®
 Ventolin® HFA
 Xopenex HFA™
 Xopenex® Inhalation Soln

Smooth Muscle Relaxants&Combinations

Generics Only

Nasal Corticosteroids

Flonase®
 Nasonex®

THYROID/ANTI-THYROID AGENTS

All Brands & Generics

TOPICAL AGENTS

Acne Preparations (Under Age 21 only)

BenzaClin®
 Benzamycin® Pak
 Duac™
 Evoclin™
 Klaron®
 NuOx
 Suphera™
 Tazorac®
 Zaclir

Anti-inflammatory Agents

Generics only

Antibacterial Agents

Clindesse®

Antifungals

Naftin®

Vusion®

Antipruritic

None

Antiviral

None

Miscellaneous-Skin and Mucous Membrane Agents

Aldara®

Elidel®

Scabicides and Pediculicides Agents

Eurax®

Ovide®

permethrin

Effective

07/01/07 through 12/31/07

Billing Tip For Providers Receiving Edit 0112 - DOS Cannot Span Months

Many times when providers bill services which span months, they will receive edit exception **0112-DOS Cannot Span Months**. To avoid getting this error, the provider should bill the claim line in multiple line increments for each unique month of service. For example, procedure code B4035 is authorized for one unit per day. To bill 30 units of the procedure code B4035 from April 17, 2007, to May 16, 2007, the claim should be billed as 2 claim lines, one for each respective month of service. The total units billed are still 30, but they have been broken down into two claim lines. Billing procedures which span months of service in this manner will prevent the edit 0112 from posting.

Correct Billing Example - multiple claim line increments for each unique month of service

Line	From DOS	Thru DOS	Proc Code	Units	Edit Exception
01	04/17/2007	04/30/2007	B4035	14	none
02	05/01/2007	05/16/2007	B4035	16	none

Incorrect Billing Example - single claim line spanning months

Line	From DOS	Thru DOS	Proc Code	Units	Edit Exception
01	04/17/2007	05/16/2007	B4035	30	0112-DOS Cannot Span Months

ADDITIONAL TRAINING**Pre-Admission Screening (PAS) for DOM Long Term Care Programs Provider Training**

The Division of Medicaid (DOM) has the ultimate responsibility for the development of a new pre-admission screening 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 (except MR/DD waiver program) and the current Nursing Facility DOM NF 260 form (Physician Certification for Nursing Facility Care and Mental Illness/Mental Retardation Screening). Certification for ICF/MR facilities is excluded from this process.

June 12, 2007	Holmes Junior College, Corey Forum 1060 Avent Drive Grenada, Mississippi 38901 10:00 a.m. – 3:00 p.m.
June 20, 2007	Jackie Doyle Sherrill Community Center 220 West Front Street Hattiesburg, Mississippi 39401 10:00 a.m. – 3:00 p.m.

You may pre-register by using the form below. Please pre-register by June 8, 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 June, 2007 Pre-Admission Screening (PAS) Training

CIRCLE ONE

Registration for: Grenada Hattiesburg

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

Mississippi Medicaid *Roads to Good Health Wellness Program*

The Division of Medicaid, in its continuing effort to support good health for Mississippians, encourages all beneficiaries to utilize the benefits provided in the *Roads to Good Health Wellness Program*. The Division of Medicaid reimburses for certain wellness services for eligible beneficiaries and encourages health-care providers to utilize current evidence-based guidelines and recommendations from the American Cancer Society, American Diabetes Association, and the American Heart Association in providing wellness services to their patients.

Wellness services covered by Mississippi Medicaid include

- Annual health screening/physical exam
- Cardiovascular screening
- Diabetes screening
- Cervical and vaginal cancer screening
- Screening mammography
- Colorectal cancer screening
- Prostate cancer screening
- Bone density study
- Glaucoma screening
- Influenza vaccine
- Pneumococcal vaccine
- EPSDT services

Annual Health Screening/Physical Exam

Eligible Mississippi Medicaid beneficiaries are encouraged to have an annual health screening, or physical exam. Appropriate age-related screenings such as those listed below will be reimbursed separately when performed as part of the annual physical exam. The annual physical exam does not count toward the physician visit limit of twelve (12) per fiscal year and is covered after the limit is reached. The physical exam is exempt from copayment. Refer to Section 53.30 in the Mississippi Medicaid Provider Manual for policy concerning physical examinations.

Cardiovascular Screening An annual screening of cholesterol, lipids, and triglyceride levels is covered.

Diabetes Screening An annual screening for diabetes that may include appropriate laboratory studies is covered.

Cervical and Vaginal Cancer Screening A Pap test and a pelvic exam are covered yearly for women.

Screening Mammography Beginning at age 40, an annual mammogram is covered for women.

Colorectal Cancer Screening Beginning at age 50, a yearly screening for occult blood is covered. Additionally, a flexible sigmoidoscopy or barium enema is covered every 5 years, or a colonoscopy is covered every 10 years.

Prostate Cancer Screening A prostate-specific antigen (PSA) blood test and digital rectal examination (DRE) are covered annually for men beginning at age 50. Both screenings are covered annually beginning at age 45 for men of African-American descent.

Bone Density Studies Bone density studies are allowed every 24 months for women age 65 and older.

Vision and Glaucoma Screening Eye exams are covered as specified in section 29 of the Mississippi Medicaid Provider Policy Manual.

Influenza and Pneumonia Vaccines Influenza and pneumonia vaccines are covered services for both children and adults under Mississippi Medicaid. Refer to section 77.04 of the Mississippi Medicaid Provider Manual for policy for adult vaccines and section 77.05 for vaccines for children.

Early Periodic Screening, Diagnosis, and Treatment Program (EPSDT) The EPSDT program, a mandatory service under Medicaid, provides preventive and comprehensive health services for Medicaid-eligible children and youth up to age twenty-one (21). Please refer to section 73 of the Mississippi Medicaid Provider Manual for policy concerning EPSDT services.

For billing guidelines, refer to the “Wellness Benefits” link on the Mississippi Medicaid website, www.dom.state.ms.us

National Provider Identifier (NPI) Frequently Asked Questions

NPI: Get it. Share it. Use it.

With the arrival of the NPI compliance date, the Division of Medicaid and ACS Government Healthcare Solutions are receiving numerous inquiries from providers. Following is a list of the most frequently asked questions and their responses.

When am I required to use my NPI?

Mississippi Medicaid providers will be granted a 6-month extension from the initial deadline date of May 23, 2007, to comply with the NPI regulations. The extension date for NPI regulation compliance for the State of Mississippi is November 23, 2007. When Medicare implements NPI, providers submitting Medicare crossover claims must have NPI number on their Medicaid file for electronic billing of Medicare crossover claims for reimbursement.

How do I obtain an NPI?

Providers can obtain an 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, the provider should click on “National Provider Identifier (NPI)” which is highlighted in blue. This will take the provider 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. Providers may also request a paper NPI Application/Update Form by emailing the NPI Enumerator at customerservice@npienumerator.com.

How do I report my NPI to Mississippi Medicaid?

If you have obtained your NPI with the certification form from the NPI Enumerator, then you are ready to report your NPI to MS Medicaid. There are three options for reporting your NPI.

- 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 –Indicate if 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 certification form from the NPI Enumerator

IMPORTANT NOTE: The NPI certification form must be **one** of four Division of Medicaid approved formats. The four approved formats are described as follows:

1. Email from customerservice@npienumerator.com which includes the NPI for an individual healthcare provider.
 2. Email from customerservice@npienumerator.com which includes the NPI for an organizational healthcare provider.
 3. Official notice from CMS (Centers for Medicare and Medicaid Services) and Fox Systems, Inc. (the NPI Enumerator) which includes the NPI assigned to the health-care provider. The CMS logo will be in the top left-hand corner and the Fox Systems, Inc. logo will be in the top right-hand corner of the notice.
 4. Official notice from NCPDP (National Council for Prescription Drug Programs) which includes the NPI assigned to a pharmacy provider. The NCPDP logo will be in the top left-hand corner of the notice.
- You may email the information requested above to msnpi.provider@acs-inc.com. A copy of the NPI certification form from the NPI Enumerator must be attached in the portable document format (pdf) to your email.
 - If facsimile transmission and email are not viable options for you, the information requested above may be mailed to *ACS Provider Enrollment, P.O. Box 23078, Jackson, MS 39225*.

In the event one of the nine required elements stated above is omitted from the facsimile or email received, ACS will notify the contact representative by phone, email, or facsimile to obtain the necessary information to complete the NPI Medicaid enrollment process.

How can I verify that my NPI is on file with the Division of Medicaid and ACS?

You may contact ACS Provider/Beneficiary Support at 800-884-3222 to verify your NPI has been added to your provider file. You may also verify your NPI on the web portal. It will be displayed as is your Mississippi Medicaid provider number.

How do I bill the NPI on the CMS-1500, the ADA Dental Claim Form, and the UB04 claim form?

Detailed billing instructions for using the NPI on the CMS-1500, ADA Dental, and UB04 claim forms have been published in prior Mississippi Medicaid Provider Bulletins. Refer to pages 7-9 of the April 2007 Mississippi Medicaid Provider Bulletin for CMS-1500 billing instructions. Refer to pages 11-15 of the April 2007 Mississippi Medicaid provider bulletin for ADA Dental Claim Form billing instructions. Refer to pages 7-12 of the March 2007 Mississippi Medicaid Provider Bulletin for UB04 billing instructions.

Where can I obtain more information?

Additional information is published in previous Mississippi Medicaid Provider Bulletins, the Division of Medicaid website at www.dom.state.ms.us, on the MS Envision Web Portal at <http://msmedicaid.acs-inc.com>, and will be published in future Mississippi Medicaid Provider Bulletins. You may also contact ACS Provider/Beneficiary Support at 800-884-3222 if you have questions or visit <http://www.cms.hhs.gov/NationalProvIdentStand/> for additional information.

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.

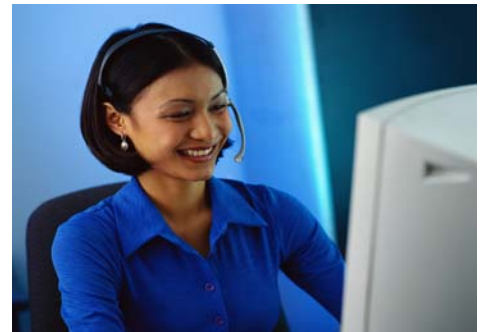
Manual Section	Policy Section	New	Revised	Effective Date
2.0 Benefits	2.03 Exclusions		X	06/01/07
7.0 General Policy	7.09 Fundraising	X		06/01/07
15.0 MH/Community Mental Health	15.07 Reserved for Future Use		X	06/01/07
26.0 Hospital Outpatient	26.28 Radiopharmaceuticals	X		06/01/07
28.0 Transplants	28.08 Fundraising		X	06/01/07
31.0 Pharmacy	31.10 Refills/Renewals of Prescription Drugs		X	06/01/07
	31.12 Prior Authorization		X	06/01/07
	31.25 Return to Stock/Claims Reversals	X		06/01/07
46.0 Radiology	46.05 Radiopharmaceuticals	X		06/01/07
53.0 General Medical	53.30 Wellness Policy	X		06/01/07
55.0 Physician	55.12 Radiopharmaceuticals	X		06/01/07
46.0 Radiology	46.06 Teleradiology	X		07/01/07
67.0 HCBS/Mentally Retarded/Developmentally Disabled Waiver	67.01-67.11	X		07/01/07

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 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.

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 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

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>

June

June 2007

<i>Sunday</i>	<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>	<i>Saturday</i>
					1	2
3	4 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. 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.