

Mississippi Medicaid

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Bulletin

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National Provider Identifier (NPI)

The Mississippi Division of Medicaid must have your NPI number. Beginning on November 23, 2007, claims submitted to DOM without the NPI **will deny**.

Permit Renewal for Pharmacies

Permits for pharmacies are scheduled for renewal in December 2007. Mississippi Medicaid policy requires that all pharmacies who choose to participate in the Medicaid program must be in good standing with their regulatory authority. Current licensure information must be on file with the Division of Medicaid's fiscal agent.

Pharmacies are required to update their provider information with the Medicaid program at the time of permit renewal. This information should be faxed to ACS Provider Enrollment at 601-206-3015. Remember to include the Mississippi Medicaid provider numbers, pharmacy, and pharmacy DME on the cover sheet and/or renewal information.

Pharmacy claims will **deny** after December 31, 2007 **IF** the pharmacy permit renewal information has not been submitted to ACS.

Frequently Asked Questions in the Pharmacy Bureau

QUESTION: After Medicare Part D pays for a pharmacy claim for a dually eligible beneficiary, can I bill MS Medicaid as a secondary insurer or payer?

RESPONSE: No. Medicare Part D payment is considered payment in full.

QUESTION: If Medicare Part D denies a pharmacy claim for a dually eligible beneficiary because the drug is non-preferred and requires prior authorization, can I bill MS Medicaid as a secondary insurer or payer?

RESPONSE: No.

QUESTION: Is it fraudulent for a beneficiary to have Medicaid and another insurance?

RESPONSE: No, it is not fraudulent for beneficiaries to have Medicaid and another insurance.

QUESTION: What is the pharmacist's responsibility when a Medicaid beneficiary has other insurance?

RESPONSE: Effective October 1, 2004, when beneficiaries are covered by both Medicaid and other third party insurance, pharmacy providers must bill prescription drug claims to private third party insurance carriers before billing Medicaid. All Medicaid policies and procedures such as prior authorization requirements and limits are still applicable.

QUESTION: What should I do if Medicaid's records do not indicate another insurance?

RESPONSE: In the event that Medicaid records do not indicate that the beneficiary has other insurance and the pharmacist has confirmed that they have other insurance, the provider must report the beneficiary's other insurance to Medicaid. Call Third Party Recovery-Division of Medicaid- 601-359-6095, 601-359-6082, 601-359-6121 or (preferably) FAX information to: 1-601-359-6632.

REMEMBER: Medicaid is always the payer of last resort.

Effective October 1, 2007: New CMS Regulation for Tamper-Resistant Prescription Drug Pads

DOM has been notified by the Centers for Medicare and Medicaid Services (CMS) regarding a new provision that mandates the use of tamper-resistant prescription drug pads for Medicaid prescriptions. The provision was included in the fiscal year (FY) 2007 supplemental appropriations measure (P.L. 110-28), and is effective as of October 1, 2007.

The purpose of this federal mandate is to reduce the number of fraudulent prescriptions for which state Medicaid agencies reimburse. The tamper-resistant proof pad requirement *does not apply* to refills of written prescriptions presented at a pharmacy before October 1, 2007. This requirement *does not apply* when a prescription is communicated by the prescriber to the pharmacy electronically, verbally, or by fax.

This regulation *does apply* to all outpatient drugs, including over-the counter drugs if reimbursed by Medicaid, *regardless* of whether Medicaid is the primary or secondary payor of the prescription being filled. Emergency fills with a non-compliant written prescription are allowed as long as the prescriber provides a verbal, faxed, electronic, or compliant written prescription within 72 hours.

(Continued on next page)

The federal law requires that all written, non-electronic prescriptions for Medicaid outpatient drugs must be executed on tamper-resistant pads in order for them to be reimbursable by the federal government. Effective **October 1, 2007**, a prescription pad must contain **at least one** of the following three characteristics:

- * one or more industry-recognized features designed to prevent unauthorized copying of a completed or blank prescription form; or
- * one or more industry-recognized features designed to prevent the erasure or modification of information written on the prescription by the prescriber; or
- * one or more industry-recognized features designed to prevent the use of counterfeit prescription forms.

Effective October 1, 2008, a prescription pad must contain **all three** characteristics to be considered tamper-resistant.

Within CMS, the Medicaid Integrity Group has authority for this provision.

Pharmacy Billing for Influenza and Pneumonia

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

Synagis®

MS Medicaid will approve the administration of Synagis® for children meeting the American Academy of Pediatrics (AAP) Redbook criteria for RSV immunoprophylaxis. Beginning October 8, 2007, prior authorizations may be submitted to Health Information Designs (HID) for administration starting on October 15, 2007. HID may approve a total of five (5) doses per season according to AAP guidelines.

Synagis® Prior Authorizations procedures are the same as the previous year and will be updated on a monthly basis due to weight and dose adjustments. PA requests are not required to be resubmitted every month. As with the 2006-2007 season, prescribers are requested to include current weight of the child and date of last injection with the pharmacy reorder request. For an updated prior authorization, it is the responsibility of the pharmacy vendor to submit a copy of the original PA approval letter with the current weight and date of last injection to HID. By including the date of administration, you are confirming that the drug billed to Medicaid was administered and is not being recycled and/or double billed. Injections administered in a hospital setting, such as in NICU, are to be included on a prior authorization form so as to avoid duplicate administration to the beneficiary.

Any unused and unopened vial of Synagis® received by the medical offices for MS Medicaid beneficiaries must be returned to the pharmacy and credit must be issued to the MS Division of Medicaid. The vials must have been properly stored and handled by the appropriate personnel. Synagis® is available through a limited distribution network established by the manufacturer and all MS Synagis® pharmacy providers have been contacted regarding DOM's guidelines and procedures.

Health Information Designs (HID) handles Pharmacy Prior Authorization (PA) requests. Pharmacy prior authorization forms may be found at DOM's website www.dom.state.ms.us; go to Pharmacy Services, and select Forms. Forms are also available through HID's website at www.hidmsmedicaid.com. A copy of the current criteria and prior authorization forms are included in this article for your easy reference.

Medicaid questions are to be directed to DOM's Pharmacy Bureau at 601-359-5253 or 1-800-421-2408. Questions pertaining to prior authorizations are to be directed to HID's Clinical Team at 601-709-0000 or 1-800-355-0486.

SYNAGIS (PALVIZUMAB)

MS Medicaid will approve the administration of Synagis® for children meeting the American Academy of Pediatrics (AAP) Redbook recommendations for RSV immunoprophylaxis. The criteria detailed below are based on the AAP recommendations.

Beneficiaries must meet criteria in one of four categories:

<p>Category 1 Prematurity of \leq 28 weeks gestation Age: \leq 1 year</p>	<p>Category 2 Prematurity of 29-32 weeks gestation Age: \leq 6 months at the start of Respiratory Syncytial Virus season.</p>
<p>Category 3 Prematurity of \leq 35 weeks gestation Age: 0 – 24 months old Risk factor(s) as noted below are present, documented, and indicated on PA form.</p>	<p>Category 4 33 - 35 weeks gestation Age: 0-6 months old during RSV season Risk factor(s) as noted below are present, documented, and indicated on PA form.</p> <p>No diagnosis of CLD is required.</p>

COVERAGE LIMITATIONS:

- Authorization will end at age 24 months (last day of child's birthday month). Extension beyond age 24 months will be considered on an individual basis when supported by clinical documentation of extreme necessity.
- Authorization will be granted for administration between October 15 and March 31.
- Coverage will be limited to five doses. Doses administered during hospitalization will be included as part of these five covered doses.

RSV Risk Factors For categories 3 and 4: One of the following are considered sufficient:

- Chronic lung disease requiring medical treatment within the past six months (e.g. diuretics, systemic steroids, oxygen on a continuous basis, bronchodilators or ventilation-dependent); or
- Hemodynamically significant Congenital Heart Disease (simple, small Atrial Septal Defects {ASD}, Ventricular Septal Defects {VSD}, and Patent Ductus Arteriosus {PDA} are not eligible); or
- Human Immunodeficiency Virus (HIV) or Acquired Immune Deficiency Syndrome (AIDS).

OR

For category 4 only: Two of the following are considered sufficient:

- Exposure to tobacco smoke in the home; and/or
- School age Siblings; and/or
- Multiple Birth; and/or
- Day Care; and/or
- Severe neuromuscular disease; and/or
- Congenital airway abnormalities

FAX TO: 1-800-459-2135

HEALTH INFORMATION DESIGNS, INC.
P.O. BOX 320506
Flowood, MS 39232
Phone: (800) 355-0486

2007-2008 SYNAGIS

PRIOR AUTHORIZATION REQUEST FORM
October 15 - March 31 for a total of 5 injections

BENEFICIARY INFORMATION

Beneficiary's Name: _____ Beneficiary's Medicaid #: _____
DOB: _____ City: _____
Month Day 4 Digit Year

PRESCRIBER INFORMATION

Prescribing Physician: _____ Medicaid ID #: _____
City: _____ State: _____ Phone #: _____
Fax #: _____

I hereby certify that I am the ordering physician/nurse practitioner/physician assistant identified in this form and I deem the prescribed medication to be necessary for the patient listed. I understand that any falsification, omission or concealment of material fact may subject me to civil penalties, fines or criminal prosecution.

Physician's Signature and date

PHARMACY INFORMATION

Dispensing Pharmacy: _____ Provider ID# _____
City: _____ State: _____ Phone #: _____
Fax #: _____

DRUG/CLINICAL INFORMATION

NDC#: _____ Gestational Age: _____ wks Birth Weight: _____ lbs _____ oz
Current Weight: _____ lbs _____ oz

Did the patient receive Synagis in the hospital? Yes ___ No ___ If Yes, list date(s) of administration: _____

Risk Factors: Check all that apply

- Chronic Lung Disease requiring medical treatment within the past six months (e.g. diuretics, systemic steroids, oxygen on a continuous basis, bronchodilators or ventilator-dependent).
- Hemodynamically Significant Congenital Heart Disease
- HIV or AIDS
- Exposure to tobacco smoke in the home
- School Age Siblings living in the home
- Multiple Birth
- Day Care
- Severe neuromuscular disease
- Congenital airway abnormalities

Additional Medical Justification: _____

RSV prophylaxis approval will terminate at the end of RSV season. Authorization will end at age two (2) on the last day of the child's birthday month. Additional information may be requested.

***Supporting documentation must be available in the patient record.

FOR HID USE ONLY

Eligibility Verified by _____
Approved _____ Denied/Code: _____
From Date _____ Thru Date _____
Reviewed by _____
HID# _____ PA# _____

Confidentiality Notice: This communication, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential and privileged information. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please contact the sender by reply telephone (1-800-355-0486) or fax (1-800-459-2135) and destroy all copies of the original message.

Training for Preadmission Screening (PAS) for the Division of Medicaid Long Term Care Programs

The Division of Medicaid (DOM), Bureau of Long Term Care, will conduct training on the Pre-Admission Screening (PAS) process for providers seeking to place individuals into a Medicaid long term care program, either to a nursing facility or home and community based service waiver program (IL, TBI/SCI, E&D). The PAS process will become effective October 1, 2007. The sites for the training are listed below. Seating will be limited at the Ellisville location; only one person per provider will be allowed to attend. The Jackson and Grenada locations will accommodate two persons per provider. Please submit your completed registration form (located below) to Tremeka Minor by facsimile at 601-359-1383, or e-mail to lmtjm@medicaid.state.ms.us.

September 5, 2007	Jones Community College 900 South Court Street Ellisville, Mississippi 39434 9:30 a.m. – 3:00 p.m.
September 7, 2007	Holmes Junior College, Corey Forum 1060 Avent Drive Grenada, Mississippi 38901 9:30 a.m. – 3:00 p.m.
September 10, 2007	UMC Conference Center Jackson Medical Mall 350 West Woodrow Wilson Drive Jackson, MS 39213 9:30 a.m. – 3:00 p.m.

For more information contact Mike Gallarno at 601-359-6697, Rebecca Martin at 601-359-9548, or LTC staff at 601-359-5191.

DIVISION OF MEDICAID, BUREAU OF LONG TERM CARE Registration for September 2007 Preadmission Screening (PAS) Training

CIRCLE ONE

Registration for	Ellisville September 5	Grenada September 7	Jackson September 10
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NAME OF FACILITY/PROVIDER	ADDRESS AND TELEPHONE NUMBER
PERSON ATTENDING	PERSON ATTENDING
TITLE:	TITLE:

FAX TO: TREMEKA MINOR AT 601-359-1383 OR E-MAIL TO LMTJM@MEDICAID.STATE.MS.US

Calendar Year 2007 Bed Values for Nursing Facilities, ICF/MRs and PRTFs

The bed values for Calendar Year 2007 for nursing facilities, intermediate care facilities for the mentally retarded (ICF/MR's), and psychiatric residential treatment facilities (PRTF's) have been determined using the R.S. Means Construction Cost Index. These values are the basis for rental payments made under the fair rental system of property cost reimbursement for long-term care facilities.

<u>Facility Class</u>	<u>2007 New Bed Value</u>
Nursing Facility	\$40, 759
ICF-MR	\$48, 911
PRTF	\$48,911

If you have any questions, please contact the DOM Bureau of Reimbursement at 601-359-6046.

Professional and Technical Component Billing

The technical component of a procedure includes the equipment, supplies, and technical personnel required to perform the procedure. This part of the procedure should be billed with the TC modifier.

The professional component of a procedure includes the physician's interpretation and reporting of the procedure. This part of the procedure should be billed with the 26 modifier.

If the same provider is performing both the technical and professional components of a procedure, it is considered the full or global procedure and should be billed on one line with no modifier.

Correct Billing:

Provider A performs technical component: 72100-TC
 Provider B performs professional component: 72100-26

or

Provider A performs global procedure: 72100 (no modifier)

Incorrect Billing Example:

Provider A performs global procedure: 72100-TC
 72100-26

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
10.0 Durable Medical Equipment	10.14 BiLevel Positive Airway Pressure Device (BIPAP) 10.22 Reserved for Future Use 10.25 Commode Chairs and Other Toileting Aids 10.26 Compressors 10.27 Continuous Positive Airway Pressure (CPAP) 10.41 Hospital Bed 10.42 Humidifier 10.65 Pulse Oximeter 10.82 Reserved for Future Use 10.91 DME- Related Supplies		X	09/01/07
13.0 Ambulatory Surgical Center	All sections (13.01-13.16)	X		09/01/07
14.0 Hospice	All sections (14.01-14.13)		X	09/01/07
27.0 Nursing Services	27.03 Private Duty Nursing		X	09/01/07
53.0 General Medical	53.12 Cochlear Implant		X	09/01/07
8.0 Ambulance	8.13 Transport of Nursing Facility Residents 8.14 Transport of Dual Eligibles		X X	10/01/07
12.0 Non-Emergency Transportation (NET)	12.11 Monitoring/Quality Assurance		X	10/01/07
25.0 Hospital Inpatient	25.35 Trauma Team Activation/Response	X		10/01/07
53.0 General Medical	53.35 Ventricular Assist Device	X		10/01/07
65.0 HCBS/ Elderly and Disabled Waiver	65.07 Covered Services		X	10/01/07
72.0 Family Planning Waiver	72.06 Standards of Care		X	10/01/07

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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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>

September

September 2007

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

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.