

Mississippi Medicaid

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Bulletin

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Mississippi Medicaid Providers Must Have NPI

Mississippi Medicaid requires the National Provider Identifier (NPI) on electronic and paper claims transactions. All claims must include the Medicaid provider number and the NPI number in the appropriate billing form locators.

If your NPI is not on file with the Division of Medicaid, your claims will deny without further notice.

Pharmacy point of sale (POS) claims must include NPI numbers for the primary/billing provider or the dispensing pharmacy and for the secondary provider or the prescriber. Claims without either pharmacy or secondary NPI will deny.

In order for the fiscal agent to receive and process your claims correctly, your software vendor/clearinghouse must be transmitting the correct provider/NPI numbers. Providers are advised to contact their vendor/clearinghouse to ensure that the appropriate billing number is transmitted correctly.

Fax your NPI to the Division of Medicaid, Provider and Beneficiary Relations at 601-359-4185. If you need more information, contact Evelyn H. Silas or Mary Randazzo at 601-359-6133.

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.



2008 CPT & HCPCS Code Updates

As a result of the Health Insurance Portability and Accountability Act (HIPAA), providers are required to bill with current code sets. The Division of Medicaid has updated our system by adding the new 2008 CPT and HCPCS codes and deleting all discontinued codes. You must use the current code sets when submitting claims to prevent claim denials. You should also retain your previous books as they may be needed when reconciling older claims.

Medicare Advantage Plans - Part C

The Division of Medicaid (DOM) accepts Medicare Advantage Plans - Part C claims filed for dually eligible beneficiaries, individuals enrolled in Medicare and eligible for Medicaid coverage. DOM will **not** accept any electronic Part C claims. These claims must be paper submission only.

Instructions for Submission of Part C Claims

1. All claims should be submitted on the appropriate revised paper Medicaid Crossover Claim and attach the EOB to each claim. To access these forms, go to www.dom.state.ms.us ; select Medicaid Provider Information/Forms for Providers. Instructions must be followed as indicated.

NOTE: All claims to be processed after January 1, 2008, must include the NPI number and Medicaid provider number in the appropriate billing form locators or it will deny. Medicaid Crossover Claim forms have been revised to include this requirement.

2. Claims processed with the EOB payment date of December 1, 2007, and thereafter, will be subject to the 180-day timely filing limitation.
3. Providers should write across the bottom portion of the claim form “**Advantage Plan**”. **The plan’s name must be identified on the EOB to process for payment.**
4. Part C Claims should be sent to:
ACS
P.O. Box 23076
Jackson, MS 39225

Submission of Part C Past 180 Day Filing Time Limit

1. All claims should be submitted on the appropriate revised paper Medicaid Crossover claim form, and the EOB with the plan’s name clearly identified should be attached. To access these forms, go to www.dom.state.ms.us ; select Medicaid Provider Information/Forms for Providers. Instructions should be followed for completion as indicated.
2. Claims to be processed for consideration of timely overrides **must** be received by April 1, 2008, and submitted to:
Division of Medicaid
Attention: Provider and Beneficiary Relations
550 High Street, Suite 1000
Jackson, Mississippi 39201

NOTE: Claims that are not sent to the Bureau of Provider and Beneficiary Relations by the above required deadline **will not** be reimbursed by the Division of Medicaid.

For additional assistance, contact the ACS Call center at 1-800-884-3222.

Web Portal Reminder

For easy access to up-to-date information, Providers are encouraged to use the **Mississippi Envision Web Portal**. The Web Portal is the electronic approach to rapid, efficient information exchange with providers including eligibility verification, claim submission, electronic report retrieval, and the latest updates to provider information. 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>.

Dental Providers

Crowns

Effective January 1, 2008, dental providers must complete radiographs and narrative documentation prior to placement of any type of crown. If the radiographs do not support extensive coronal destruction, the narrative documentation must support the placement in order for Medicaid to cover the crowns.

Post and Core and Occlusal Guard

Effective January 1, 2008, the Division of Medicaid opened the codes D2952 and D9940 for post and core and for occlusal guards, limited to beneficiaries under the age of 21. Prior authorization is required. Radiographs must be submitted with the prior authorization form. Authorizations will be approved on a case by case basis only when the procedure/treatment is determined to be medically necessary.

For more detailed information regarding these and other dental issues, please visit our website at www.dom.state.ms.us, Provider Policy Manual Section 11.

Reminder!!! All Dental Providers

When submitting prior authorization (PA) requests via the web portal supporting documentation, such as X-rays, pictures or models, is still required. The PA request will be denied if the documentation is not received by the DOM Bureau of Medical Services within 5 working days of the receipt of the request. Please refer to Section 11 of the Mississippi Medicaid Provider Policy Manual if you are unsure of which dental procedures require the submission of supporting documentation.

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
31.0 Pharmacy	31.20 Identification of Prescribers		X	01/01/08
10.0 Durable Medical Equipment	10.02 Reimbursement 10.87 Custom Wheelchairs: Drivers and Seating Systems		X X	03/01/08
31.0 Pharmacy	31.07 Non-Covered Pharmacy Services 31.13 Over the Counter (OTC) Drugs 31.15 Tobacco Cessation 31.16 Medicare-Covered Drugs		X X X X	03/01/08
38.0 Maternity	38.08 Terbutaline Therapy	X		03/01/08
53.0 General Medical Policy	53.12 Cochlear Implant 53.13 Tobacco Cessation		X X	03/01/08
55.0 Physician	55.16 Terbutaline Therapy* *(Cross reference to section 38.08)	X		03/01/08
76.0 EPSDT School Health Related Services	76.09 Psychotherapy Services		X	03/01/08

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 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>

February

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Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
					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	28	29 EDI Cut Off 5:00 p.m.		

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.