Mississippi Medicaid Bulletin

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June 2008

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Compliance With Title VI of the Civil Rights Act of 1964

The Division of Medicaid will be conducting Title VI Civil Rights Compliance Reviews beginning June 2008 for the following provider groups: hospitals, nursing facilities, and a random sampling of physicians and dentists. Select providers were notified during the month of May 2008 to submit the required documents approved under the State Plan. Pursuant to Title VI of the Civil Rights Act of 1964, "No person in the United States shall, on the grounds of race, color or national origin (including persons with limited English proficiency) be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program to which this part applies."

Providers who have completed their compliance review with the Medicare Program will be requested to submit a copy of their current Medicare Civil Rights Compliance approval letter, and shall not be required to complete the Medicaid compliance review forms. Medicaid's compliance review process mirrors the Medicare requirements, as both programs are recipients of federal financial assistance and are monitored by the Office of Civil Rights for compliance with the statute.

The Division of Medicaid will make available all respective implementing regulations, relevant data, and required information necessary for the Office of Civil Rights to determine compliance by providers and other participating service providers with Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975.

The State Plan requirements may be retrieved from: **www.dom.state.ms.us/ under the State Plan link; then select Section 7.2, Non-Discrimination. Other required documents for completion are on the ACS Web Portal at https://msmedicaid.acs-inc.com/msenvision/; under Provider/ProviderEnrollment/Download Enrollment Package; then Required Documentation, Civil Rights Compliance Information Request for Medicaid Certification.**

Once you have the required documentation, mail it to: Division of Medicaid, Attention: Dinne Ensley, 550 High Street, Suite 1000, Jackson, MS 39201-1399; or send electronically via e-mail as an attachment to fca.@dom.state.ms.us .

Billing of Multiple Surgical Procedures

Providers must bill according to the Multiple Surgical Procedures policy located in the Provider Policy Manual, Surgery Section 52.03. By following those policies, providers should receive prompt and correct payment. The multiple surgery billing policies also apply to Assistant Surgeons, Co-Surgeons, and Team Surgeons.

The following billing tips may be helpful:

1) When multiple surgical procedures are performed on the same date of service, same operative setting through a single opening; Medicaid will reimburse only for the surgical procedure with the highest allowance. The additional surgical procedures, through this same opening, are not reimbursable.

   Exceptions: If a second surgical procedure adds significant time, risk, or complexity to patient care; reimbursement for the primary procedure will be at 100% of the Medicaid allowable, and any additional procedures at 50% of the Medicaid allowable.

2) When multiple procedures are performed on the same date of service, same operative setting through separate openings; reimbursement for the primary procedure will be at 100% of Medicaid allowable, and any additional procedures at 50% of Medicaid allowable.

   Claims with multiple surgical procedures should be billed as follows:

   - Primary Surgical Procedure billed on 1st line of claim with no modifier and 1 unit - payment will be 100% of the allowable.
   - Additional Surgical Procedures billed on 2nd and subsequent lines of claim with modifier 51 and appropriate units - payment will be 50% of the allowable for each unit.

   EXAMPLE:

27235	1 unit	Pays 100% of allowable
25560-51	1 unit	Pays 50% of allowable for each unit

   - Any additional codes such as radiology, laboratory, or E/M should be listed on the claim after the surgical procedures.

If any of the procedures are performed bilaterally, please refer to the Bilateral Procedures policies located in the Provider Policy Manual, Surgery Section 52.04, and the bulletin article on "Billing of Bilateral Procedures" published in the Mississippi Medicaid Bulletin, March 2008, page 3.

Pharmacy Program Changes Effective July 1, 2008

PDL update: The Division of Medicaid's (DOM) Preferred Drug List (PDL) will be updated July 1, 2008. For a comprehensive list of the PDL, go to the Agency's at www.dom.state.ms.us, select Pharmacy Services and PDL.

All Carisoprodol Products Require Prior Authorization: In accordance to recommendations from DOM's P & T Committee and DUR Board, DOM will require that all Carisoprodol-containing products be subjected to the prior authorization process, effective July 1, 2008.

Carisoprodol is a centrally-acting skeletal muscle relaxant indicated for the relief of discomfort associated with acute, painful musculoskeletal conditions in adults. It should only be used for short periods of time, up to two to three weeks, because efficacy in more prolonged cases has not been established, and in general, acute musculoskeletal injuries are of short duration. Although Carisoprodol is not a controlled substance, abuse associated with this drug is well-documented. Carisoprodol is used frequently by poly-drug abusers, especially those dependent on opioids.

Continued on next page

The following criteria will be used to review the prior authorization requests for these products:

Approval criteria

- Prior authorization will only be granted for the treatment of *acute* musculoskeletal conditions.
- Beneficiaries must have tried and failed treatment in the past 21 days or have documented intolerance to cyclobenzaprine.

Denial criteria

- Concurrent meprobamate therapy or history of meprobamate use within the past 90 days.

New prescriptions

- Approval will be limited to a 21-day supply for a maximum of 84 tablets, in accordance with the FDA-approved labeling of carisoprodol.
- Patients will only be allowed **one** 84-tablet prescription every six months, for a total of two prescriptions per year.

Chronic Carisoprodol users

- Beneficiaries will be allowed **one** 18-tablet prescription to allow for the nine day tapering schedule.
- Approval will be limited to one 18-tablet supply to allow for the nine day tapering schedule.

For a copy of the carisoprodol prior authorization form and/or carisoprodol tapering schedule, refer to the agency's website at www.dom.state.ms.us ; Pharmacy Services; and Carisoprodol Tapering Schedule and/or Forms.

PHARMACY REMINDERS

Return to Stock/Reversals: If a beneficiary does not receive a drug within 15 calendar days from the date that the prescription is filled, the pharmacy must reverse the claim and refund payment to the Division of Medicaid. For additional information regarding DOM's policy on Pharmacy Return to stock/reversals, refer to the Pharmacy Manual, Section 31.25.

Generic Flat Rate Pricing: The Division of Medicaid has received questions regarding the flat rate price of generics being offered in Mississippi. Refer to DOM's Pharmacy Manual, Section 31.04, pages 1 and 2, which states the following: "Usual and customary charge for prescription drugs is the price charged to the general public. DOM defines the general public as the patient group accounting for the largest number of non-Medicaid prescriptions from the individual pharmacy, but does not include patients who purchase or receive their prescriptions through a third party payer."

The rate charged to Medicaid is not to exceed the rate charged to the public. All Medicaid policies and procedures such as prior authorization requirements and limits are still applicable. Records must be available to Medicaid upon request.

Tamper Resistant Prescription Pads/Paper Federal Mandate

Question: Will DOM tell me if this prescription blank meets the tamper resistant criteria?
Response: It is the responsibility of prescribers to select documents with tamper resistant features in order to comply with the federal mandate.

Question: What modifications can be made to computer-generated prescriptions on plain paper to meet the tamper resistant requirements?
Response: As with written prescriptions, CMS has stated that computer generated prescriptions must incorporate at least one feature to be compliant, in accordance with the April 1, 2008 deadline. Two modifications for computer-generated prescriptions on plain paper are

- Alter Quantity Border and Fill Quantities by special characters such as an asterisk to prevent alteration, e.g. QTY **50** or value may also be expressed as text, e.g. (FIFTY);
- Alter Refill Border and Fill by special characters such as an asterisk to prevent alteration, e.g. QTY **5** or value may also be expressed as text, e.g. (FIVE).

Based on information provided by CMS and their understanding of current prescription security technology, it was indicated that computer generated prescriptions, printed by a prescriber on plain paper, will not be able to meet the 'Category 1' requirement that prescriptions contain one or more industry - recognized features designed to prevent unauthorized copying of a completed or blank prescription form. In other words, prescriptions printed on plain paper will not be able to meet all three categorical characteristics as outlined by CMS. Therefore, beginning October 1, 2008, computer generated prescriptions must be printed on paper with all of the required three features.

Question: Will a clinic's logo or an embossing stamp qualify as tamper resistant features?
Response: No.

Question: Federal laws require that all prescriptions for Schedule II Controlled substances be written. If a non-tamper resistant controlled prescription that complies with Federal and State law is presented to a pharmacy, may the pharmacy obtain verbal confirmation from the prescriber in order to satisfy the tamper resistant requirement of section 7002(b)?
Response: Per CMS, a CII prescription may comply with all Federal CII requirements, yet not be compliant with the tamper-resistant prescription law because it lacks the requisite security features. When that situation arises, a pharmacist may call the prescriber to verbally confirm that the written script is in fact his and is accurate (or have the prescriber's office fax a copy of the script or send it via e-prescription for the same purpose). The prescription is now compliant with both the CII laws and with the TRPP law.

Question: Is there a grace period for prescribers to get tamper resistant pads/paper?
Response: Grace period ended March 31, 2008.

Question: Are pharmacies required to document telephoned prescriptions on tamper resistant pads/paper?
Response: No.

Question: Does this rule apply to prescriptions for Part D?
Response: No. Only Part D excluded drugs paid for by Medicaid must be executed on tamper-resistant pad/paper.

Question: My clinic produces computer-generated prescriptions which are consecutively numbered. Are we in compliance?
Response: If this is the only feature used, then it is insufficient to qualify as an acceptable feature**.**

Question: Does MS Medicaid have an approved vendor and/or list of vendors?
Response: No.

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	31.04 Reimbursement		X	05/01/08
40.0 Home Health	40.03 Covered Services		X	07/01/08
64.0 LTC/Pre-Admission Screening (PAS)	64.17 PAS Level II Requirements for Mental Illness (MI) or Mental Retardation (MR)		X	07/01/08

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**.

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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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

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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 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.