Mississippi Medicaid Bulletin

Volume 15, Issue 1

January 2009

Inside this Issue

Correction to Vaccines for Children Update Article

There was a typo error in the CPT vaccine codes range printed in the article, *Vaccines for Children Update* in the October and November 2008 Provider Bulletins. The correct CPT vaccine codes range is **90476 through 90749** for the Vaccines for Children (VFC) Program (beneficiaries age 18 and under).

REMINDER – In billing for oral or intranasal administration of the immunizations provided in the VFC Program, providers must bill CPT code 90473, with an EP modifier, and one unit for the single oral or intranasal administration of one vaccine; and bill CPT code 90471, with an EP modifier, and one unit for a single subcutaneous or intramuscular administration of one vaccine. If more than one subcutaneous or intramuscular is administered, providers must also bill CPT code 90472, with an EP modifier, and indicate the appropriate number of units, based on the number of additional subcutaneous or intramuscular vaccines administered to the beneficiary. Mississippi Medicaid allows $10 for each vaccine administered.

Attendance at Delivery – 2009 CPT Code Change

Current policy requires that providers bill CPT code 99436 for reimbursement of attendance at delivery. This code will be discontinued in the 2009 CPT code update and will be replaced with 99464. Effective January 1, 2009, please bill CPT code 99464 for attendance at delivery, along with the appropriate ICD-9 diagnosis code. The Mississippi Medicaid allowable will remain at $110.00.

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.**

2009 New Bed Values for Nursing Facilities, ICF/MR's and PRTF's

The new bed values for 2009 for nursing facilities, intermediate care facilities for the mentally retarded (ICF/MR's), and psychiatric residential treatment facilities (PRTF's) have been determined by 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.

Facility Class	2009 New Bed Value
Nursing Facility	$52,622
ICF/MR	$63,146
PRTF	$63,146

Intellectual Disabilities/Developmental Disabilities (ID/DD) Waiver Rate Changes

Effective January 1, 2009, rates for some of the services covered under the ID/DD waiver have changed. The new rates are as follows:

Procedure	Procedure Code	Procedure Modifier	Amount
Straight tip urinary catheter	A4351	U3	$1.35
Coude tip urinary catheter	A4352	U3	$5.14
Intermittent urinary catheter	A4353	U3	$5.60
Insertion tray with bag	A4554	U3	$ .28
Adult size brief/diaper, medium	T4522	U3	$ .65
Adult size brief/diaper, large	T4523	U3	$ .95
Adult size brief/diaper, xlarge	T4524	U3	$ .95

For additional information, contact the Bureau of Mental Health Programs at 601-359-9545. The full listing of procedure codes and rates may be found on at www.medicaid.ms.gov/MentalHealthServicesDetails.aspx.

Changes in Pre-certification/Certification Requirements

As announced in the November and December 2008 Provider Bulletins, the Division of Medicaid has made changes in the following precertification/certification requirements effective January 1, 2009.

Home Health Visits (Home Health Agency Providers)	Twenty-five home health visits are allowed per Medicaid fiscal year. For adults (beneficiaries age 21 or over), the home health visits may be a combination of skilled nurse or home health aide visits. For children (beneficiaries under age 21), the visits may be a combination of skilled nurse, home health aide, physical therapy, and speech therapy visits. Additional visits are available for children through the Expanded EPSDT Program when approved for medical necessity by the UM/QIO. Effective for dates of service on and after January 1, 2009, home health agency providers will only be required to certify visits beyond the 25th visit for beneficiaries under age 21. Beginning with the 26th visit, the provider must request certification either before or within 30 days after the service, unless Medicaid eligibility is determined after services are rendered, and made retroactive to the date of service. There will be no certification requirement for the 25 visits allowed for adults, and for the initial 25 visits for children. <u>This change does not affect home health services provided to beneficiaries in the Elderly and Disabled Waiver program.</u>
Inpatient Hospital Days	Hospitals will continue to pre-certify all medical/surgical, maternity, and psychiatric admissions and continued stays in an acute care facility and a freestanding psychiatric hospital. However, the process for obtaining the Treatment Authorization Numbers (TAN) will be expanded to include an automated rule driven system-based review process. Through this process, hospital providers will be able to submit both initial and concurrent requests and clinical information for certain conditions and receive real-time approvals.
Maternity Reporting	<u>Effective for dates of admission on and after January 1, 2009</u>, DOM will allow hospitals to report admissions up to <u>three days for a vaginal delivery</u> and <u>five days for a Cesarean Section delivery</u>. A Treatment Authorization Number (TAN) will be issued for the respective number of days. Hospitals **must** submit a request for a continued stay for admissions exceeding three days for vaginal delivery and five days for a Cesarean Section delivery, in accordance with the UM/QIO's policy and procedures. A TAN will be issued if the continued stay is determined to be medically necessary.

Medical Supplies	Through the Durable Medical Equipment (DME) Program, benefits are provided for medically necessary durable medical equipment, orthotics, prosthetics, and medical supplies. Currently, DOM requires certification for all items supplied through the DME program. Effective for dates of service on and after January 1, 2009, DME providers will no longer be required to certify medical supplies except for underpads and diapers. DOM will continue to require certification for underpads and diapers either before the provider provides the item or within 30 days of delivery unless Medicaid eligibility is determined after services are rendered, and made retroactive to the date of service. DME providers must continue to certify all durable medical equipment, orthotics, and prosthetics.
Outpatient Hospital Mental Health Services	Effective for dates of service on and after January 1, 2009, hospitals must pre-certify all mental health services provided through outpatient hospital departments. The services must be pre-certified prior to the service, unless Medicaid eligibility is determined after services are rendered, and made retroactive to the date of service.
Therapy Services (Outpatient Physical, Occupational, and Speech Therapy)	Effective for dates of service on and after January 1, 2009, the following services will no longer be exempt from pre-certification requirements for outpatient physical, occupational, and speech therapy services: • Therapy services provided to beneficiaries in nursing facilities. • Therapy services covered under regular State Plan benefits and provided to beneficiaries also enrolled in a Home and Community Based (HCBS) waiver program. Pre-certification will be required for the above services when provided by therapists (individual or groups) or therapy clinics and billed directly to Medicaid. Pre-certification is not required, regardless of the CPT codes used, when the services fall into one of the following categories: • Therapy services billed by school providers. • Therapy services provided to beneficiaries in an ICF/MR. • Therapy services provided to beneficiaries enrolled in a hospice program. • Therapy services provided to beneficiaries covered under both Medicare and Medicaid if Medicare benefits have not been exhausted.

Questions relating to the changes may be directed to the Helpline at HealthSystems of Mississippi: local number, 601-360-4949 or toll free number, 1-866-740-2221.

In addition, providers may contact the Division of Medicaid's Provider Relations Division at 601- 359-6133 or 1-800-421-2408.

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.medicaid.ms.gov and clicking on "Provider Policy Manuals" under "Publications".

Manual Section	Policy Section	New	Revised	Effective Date
4.0 Provider Enrollment	All (Sections 4.01-4.08) (Sections 4.09-4.41)	 X	X	12/01/08
10.0 Durable Medical Equipment	10.02 Reimbursement 10.03 DME Co-Payments 10.07 Documentation 10.32 Diapers and Underpads 10.90 Medical Supplies 10.91 Medical Supplies List		X X X X X X	01/01/09
25.0 Hospital Inpatient	25.25 Prior Authorization of Inpatient Hospital Services		X	01/01/09
26.0 Hospital Outpatient	26.12 Mental Health Services	X		01/01/09
36.0 Nursing Facility	36.07 Per Diem/Covered Services 36.18 Therapy Services		X X	01/01/09
38.0 Maternity	38.09 17 Alpha-Hydroxyprogesterone (17-P)	X		01/01/09
40.0 Home Health	40.02 Criteria for Coverage 40.03 Covered Services 40.05 Certification Requirements 40.06 Physician Responsibilities 40.08 Documentation Requirements 40.09 Home Health Services Provided in Another State 40.12 Reimbursement 40.13 Dual Eligibles		X X X X X X X	01/01/09
47.0 Outpatient Physical Therapy	47.09 Prior Authorization/Pre-Certification		X	01/01/09
48.0 Outpatient Occupational Therapy	48.09 Prior Authorization/Pre-Certification		X	01/01/09
49.0 Outpatient Speech-Language Pathology (Speech Therapy)	49.09 Prior Authorization/Pre-Certification		X	01/01/09
56.0 Injectables/Physician Office	56.05 17 Alpha-Hydroxyprogesterone (17-P)	X		01/01/09
57.0 Indian Health Services	All (Sections 57.01-57.05)	X		01/01/09
64.0 LTC/Pre-Admission Screening (PAS)	64.08 PAS Instrument Components		X	01/01/09

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.

PRSRT STD
U.S. Postage Paid
Jackson, MS
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

January

January 2009

Sunday	*Monday*	*Tuesday*	*Wednesday*	*Thursday*	*Friday*	*Saturday*
				1 **EDI Cut Off 5:00 p.m.**	2	3
4	5 CHECKWRITE	6	7	8 **EDI Cut Off 5:00 p.m.**	9	10
11	12 CHECKWRITE	13	14	15 **EDI Cut Off 5:00 p.m.**	16	17
18	19 CHECKWRITE	20	21	22 **EDI Cut Off 5:00 p.m.**	23	24
25	26 CHECKWRITE	27	28	29 **EDI Cut Off 5:00 p.m.**	30	31

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.