

Mississippi Medicaid

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April 2009

Bulletin

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Deadline for Provider Re-verification

The deadline date for providers to submit the required re-verification document is April 30, 2009. Providers who have completed and returned their re-verification information by this deadline will be processed and the provider file will be updated accordingly. If a provider has not submitted their required re-verification document by April 30, 2009, their assigned provider number may be closed.

When paper re-verification is submitted, the following items should be completed if applicable

1. Individual provider should sign the re-verification for individual provider number and person with signature authority should sign for the group, business or facility.
2. Complete the applicable field(s) for the social security number or tax identification number.
3. Changes to the managing director or authorized representative fields require the provider to note the social security number for that individual.

If you have any questions, please contact ACS 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>.



Request for Assistance from Providers

In an effort to reduce infant mortality as well as teen pregnancy rates in the state of Mississippi, the Division of Medicaid is encouraging Medicaid providers to assist in educating women of childbearing age (ages 13-44) on the importance of family planning and birth spacing.

Changes made to the Family Planning Waiver Demonstration program with the extension granted in late October 2008 can make a positive impact on this program with your help. Beneficiaries enrolled in the Family Planning Waiver Demonstration may now have a prescription for contraceptives written by any Medicaid-participating provider filled at their local Medicaid-participating pharmacy. These contraceptives include contraceptive patches, self-inserted contraceptive products (like NuvaRing), oral contraceptive agents (pills), and injectable contraceptives (like Depo-Provera). Medicaid coverage is also now available for Implanon and Essure.

Additional information including specific covered codes and diagnoses are included on the Medicaid website at www.medicaid.ms.gov. Applications for the Family Planning Waiver program are also available on this website.

Billing Tip: Add-on Codes

The + sign in front of a code in the CPT book identifies an add-on code. These services are always performed with another service or procedure on a particular date of service and should never be reported alone. They should always be reported with the appropriate primary service or procedure.

Not coding the primary and add-on procedures correctly could cause claim denials, incorrect payments, and possibly review of your claims for incorrect coding practices.



Guidelines for the billing of add-on codes are located in the Introduction of the CPT book

Attention: Mental Health Providers

Effective April 1, 2009, the title of Section 21 of the Medicaid Provider Manual will be revised to “**Therapeutic and Evaluative Mental Health Services for Children.**” The policy has been updated with the new website, as well as the new address and contact numbers for the Bureau of Mental Health Programs. In addition, updates have been made to incorporate submitting prior authorization requests online via the Web Portal. Providers are encouraged to view these changes by accessing the DOM website at www.medicaid.ms.gov and clicking on Provider Manuals, under Publications.

Attention: PRTF Providers

Effective April 1, 2009, the policy for Section 18 titled Mental Health Psychiatric Residential Treatment Facility (PRTF) of the Medicaid Provider Manual will be updated. Providers are encouraged to view these changes by accessing the DOM website at www.medicaid.ms.gov and clicking on Provider Manuals, under Publications. For additional information, contact the Bureau of Mental Health Programs at 601-359-9545.



**ATTENTION: Elderly and Disabled Waiver and Assisted Living
Program Providers!!!!**

Provider Workshop Coming Your Way!

The Division of Medicaid and ACS Government Healthcare Solutions would like to announce the upcoming regional workshop for Waiver Program Providers. The purpose of this workshop is to provide information and training on aspects of billing appropriately to the Division of Medicaid in order to receive timely payments for services rendered. The workshops will occur as follows:

**April 23, 2009
Itawamba Community College – Tupelo Campus
Technical Building Auditorium
2176 S. Eason Blvd.
Tupelo, MS 38804**

Training will be hosted from 1:00 p.m. to 5:00 p.m. There will be two sessions. Please see the sessions and times listed below:

- **Assisted Living Waiver Program**
 - **1:00 p.m. – 2:30 p.m.**

- **Elderly and Disabled Waiver Program**
 - **3:00 p.m. – 5:00 p.m.**

The information that will be provided during this training will be both beneficial and critical to your future billing needs. The workshops are free of charge. It is imperative that you RSVP as soon as possible and not later than **April 17, 2009** to confirm your attendance and the number of persons attending from your facility. Please contact Tamara Cry at 601-206-3028 or email at tamara.cry@acs-inc.com to RSVP and include your name, provider number, and a contact number.

We look forward to meeting with you and working with you in the coming years.

ACS Government Healthcare Solutions

Pharmacy Program Update

Benzodiazepines: In accordance to the Drug Utilization Review Board's recommendation and beginning with dates of service May 15, 2009, the Mississippi Division of Medicaid will implement duplicate therapy and quantity limits for *short acting* benzodiazepines. *Short Acting benzodiazepines* will be limited to 62 total units per 31 days. Claims in excess of the 62 units will reject and require Prior Authorization containing an explanation of medical justification from the prescriber.

Benzodiazepines, used in the treatment of symptoms associated with anxiety disorders, are recommended for short-term use only, or restricted to two to four weeks based on the treatment guidelines. Maintenance of anxiety disorders should be managed with either a selective serotonin reuptake inhibitor or a serotonin and norepinephrine reuptake inhibitor.



Sedative/Hypnotics: In accordance to the Drug Utilization Review Board's recommendation and beginning with dates of service May 15, 2009, the Mississippi Division of Medicaid will implement duplicate therapy and quantity limits for sedatives/hypnotics. Sedatives/hypnotics will be limited a 31-day supply for a single drug in this class. Claims for a second agent will reject and require Prior Authorization containing an explanation of medical justification from the prescriber.

These changes are enhancements to DOM's current Products with Quantity Limits which can be referenced at www.medicaid.ms.gov, select Pharmacy Services, and go to Products with Quantity Limits.

Drug Devices = Non-Pharmacy Coverage

The determination of covered outpatient drugs under Medicaid Drug Rebate Program generally depends on whether the drug has been approved as a prescription drug by the FDA under Section 505 or 507 of the Federal Food, Drug, and Cosmetic Act. Products approved as devices do not meet the definition of covered outpatient drugs as defined in Section 1927(k) of the Social Security Act and are not eligible for Medicaid coverage in the Pharmacy Program.

While most products are easily identifiable as devices, other products could commonly be misidentified as a drug. Some of the more common devices presumed to be drugs include, but are not limited to, Mimyx® cream, Hylira™ products, Atopiclair™ cream, Biafine® emulsion, Bionect® products and sodium hyaluronate lotion. These products, as well as all devices with an American Society of Health-Systems (AFHS) code of 940000, are not covered through pharmacy services. If a claim is processed for a medical device, Edit 4114-Drug/Product Not Covered, will post with a denial.

For additional information concerning coverage of medical devices, contact the Bureau of Medical Services at 1-800-421-2408.

Pharmacy Program Reminders

Pharmacy Monthly Service Limits:

- **Children:** Beneficiaries under the age of 21 may get more than 2 brands or 5 total drugs monthly with medical necessity. For assistance, contact Health Information Designs at 1-800-355-0486 or go to www.hidmsmedicaid.com.
- **Adults:** Beneficiaries over the age of 21 cannot receive more than the monthly service limit of 2 brand/5 total drugs monthly in accordance with state law, which has been in effect since July 1, 2005.

Billing Other Insurance and/or Hospice: Federal law mandates that Medicaid is the payer of last resort.

- **Other insurance:** Since October 1, 2004, pharmacy providers have been required to bill prescription claims to private third party insurance carriers for those beneficiaries covered by both Medicaid and other third party insurance.
- **Hospice:** Medicaid beneficiaries enrolled in Hospice Services are covered under a per diem rate covering all services for that beneficiary. All palliative therapy, or drugs used to treat beneficiary's terminal illness, is to be billed to the Hospice provider. Medicaid will only pay for drugs used for an indication not directly related to the beneficiary's terminal illness and are within the applicable Medicaid prescription service limits.

Since plans of care are specific for beneficiaries, it is the responsibility of the dispensing pharmacy to bill the Hospices Provider or Medicaid appropriately. The dispensing pharmacy must retain documentation regarding Hospice Services drug coverage for beneficiaries which is easily retrievable for auditing purposes.

For instructions on billing other insurance and/or Hospice, see the Agency's website www.medicaid.ms.gov, select Pharmacy Services, refer to Billing Pharmacy Services located on the menu on the right hand side of page, and go to Billing Other Insurance Instructions or Billing for Hospice Patients.

Correct Date of Birth: DOM requires the correct date of birth on pharmacy claims. To obtain the beneficiary's correct date of birth

- check for "DOB" on Medicaid card;
- ask beneficiary and/or family member for correct date of birth; or
- contact ACS's Help Desk at 1-800-884-3222; or
- go to the web portal "Mississippi Envision" at <https://msmedicaid.acs-inc.com/msenvision/userLogin.do>
 - log in; and
 - go to, "Provider", "Inquiry Options" and "Eligibility Inquiry"; and enter either the Beneficiary ID or Last Name, First Name and SSN; and a response will appear showing both beneficiary personal and eligibility information including the date of birth.

If there is an error with a beneficiary's date of birth on file with DOM, refer the beneficiary and/or responsible party to the Agency's Provider and Beneficiary Bureau (PBR) at 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
2.0 Benefits	2.01 Medicaid Services		X	04/01/09
8.0 Ambulance	8.19 Reimbursement	X		04/01/09
18.0 Mental Health/ Psychiatric Residential Treatment Facility (PRTF)	All (Sections 18.01-18.35) excludes 18.34 & 18.36		X	04/01/09
20.0 Mental Health/ Pre-Admission Screening and Resident Review (PASRR)	20.02 Definitions 20.08 Credential Requirements for Level II Evaluators		X X	04/01/09
21.0 Therapeutic and Evaluative Mental Health Services for Children	All (Sections 21.01-21.20)		X	04/01/09
31.0 Pharmacy	31.09 Prescription Requirements 31.27 Tamper Resistant Prescription Pad/Paper		X X	04/01/09
68.0 HCBS/Assisted Living Waiver	68.05 Prior Approval/Physician Certification		X	04/01/09
72.0 Family Planning Waiver	All (Sections 72.01-72.09)		X	04/01/09

Correction- The March 2009 bulletin reflected a revision to Section 2.05 Medicaid Cost Sharing for Medicare/Medicaid Dually Eligibles. This policy revision has been delayed. Providers will be notified of any changes to this section in the future.

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.medicaid.ms.gov
 And Medicaid Bulletins are on the Web Portal <http://msmedicaid.acs-inc.com>

April

April 2009

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