

Mississippi Medicaid

Volume 15, Issue 6

June 2009

Bulletin

Inside this Issue

<i>Physical, Occupational, and Speech Therapy Provided and Billed by MS Cool Kids (EPSDT) School Health Providers</i>	1
<i>Web Portal Reminder</i>	1
<i>Changes to PHRM/ISS Risk Screening Forms</i>	2
<i>Replacement of Durable Medical Equipment</i>	2
<i>Attention Mental Health Providers</i>	2
<i>Ambulatory Surgical Center – Edit 3435</i>	3
<i>Claims Evaluation Software</i>	3
<i>ClaimCheck Reconsideration Form</i>	4
<i>Policy Manual Additions/Revisions</i>	5
<i>Policy Manual Reminder</i>	5

Physical, Occupational, and Speech Therapy Provided and Billed by MS Cool Kids (EPSDT) School Health Providers

Effective for dates of services on and after July 1, 2009, DOM is announcing changes to the pre-certification and/or certification requirements for physical, occupational, and speech therapy services billed by MS Cool Kids (EPSDT) School Health providers.

DOM's Utilization Management and Quality Improvement Organization (UM/QIO), HealthSystems of Mississippi (HSM), will manage the processes and conduct statewide workshops with school providers in the near future. HSM will contact providers in regard to the dates, locations, and times of the workshops. Both DOM and HSM strongly encourage providers to participate in the workshops for the purpose of obtaining information and instructions.

This change is applicable to all MS Cool Kids (EPSDT) School Health providers who are providing physical, occupational, and speech therapy services to Mississippi Medicaid beneficiaries in the school setting and billing for the services under the school's provider number.

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>.

Changes to PHRM/ISS Risk Screening Forms

The maternal and infant risk screens have been streamlined to reflect some of the medical and external factors that can be potential risks to pregnant women and infants.

The maternity screening tool was designed to help identify problems of pregnant women that could result in pre-term labor and/or a poor outcome. The infant screening tool will identify infants who have factors that would increase their morbidity and mortality.

The medical risk screens must be completed by a physician, a physician assistant, a nurse practitioner, or a certified nurse midwife provider type. The Division of Medicaid (DOM) encourages the above listed provider types to perform medical risk screens on this targeted population and refer Medicaid beneficiaries with positive risk factors to an appropriate PHRM/ISS case management agency provider.

A positive and negative finding may be submitted for reimbursement using T1023-TH billing code for the maternal risk screen and T1023-EP for the infant screen. The ICD-9 codes on the new forms allow the care giver to add the fourth and/or fifth digits based on assessment findings.

DOM's goal is for **all** Medicaid-eligible pregnant women and infants to be screened and referred appropriately.

The risk screens and the PHRM/ISS Active Provider List are located on the DOM website at www.medicaid.ms.gov select Services, follow to Maternal and Child Health and click the Perinatal High Risk Management/Infant Services System link. For additional information, contact the Bureau of Maternal and Child Health at 601-359-6150.

Replacement of Durable Medical Equipment

As a reminder, according to our DME Policy, Section 10.02, DOM will consider the replacement of DME necessitated by wear, theft, irreparable damage, or loss by disasters only if there is sufficient documentation that warrants the need for replacement.

Providers should educate Medicaid beneficiaries about proper care and maintenance of equipment and that the beneficiary must be responsible for these items. Beneficiaries should be informed that any DME that is reported to DOM as being abused/neglected will be investigated. If it is determined that abuse/neglect has occurred, DOM will not replace the equipment; it will be the beneficiary's responsibility to purchase a replacement.

Attention Mental Health Providers:

Effective July 1, 2009, "psychologist" will be included as a Medicaid covered provider type for procedure code 90801. Providers are encouraged to visit the DOM website at www.medicaid.ms.gov. The Interactive Fee Schedule, which includes rates by provider types, can be found by following the link on the Mental Health Services page.

Ambulatory Surgical Center – Edit 3435

When submitting claims to the Division of Medicaid, the ‘Servicing Provider’ listed on the claim should always be the Ambulatory Surgical Center (ASC). It is not appropriate to bill another provider, e.g., a physician, as the servicing provider on an ASC claim. Billing a servicing provider number other than your own may cause denials for Edit 3435 - CLAIM CHECK - PROCEDURE INCIDENTAL/INTEGRAL TO ANOTHER PROCEDURE CODE.

Claims Evaluation Software

Since 1996, the Division of Medicaid (DOM) has utilized the McKesson ClaimCheck software to evaluate coding on claims. The edits for the software are maintained through periodic updates. DOM and the Fiscal Agent, ACS, have completed review of another update. The updates were moved into production on May 17, 2009 and are reflected on the May 25, 2009 remittance advices.

The following are ClaimCheck edits which will continue to be applied to CMS 1500 claims billed by physicians, osteopaths, optometrists, audiologists, podiatrists, chiropractors, clinical psychologists, nurse practitioners, physician assistants, physical therapists, occupational therapists, speech therapists, ambulatory surgical centers, independent labs and radiologists.

Edit #	Description
3400	ClaimCheck: Global System Errors
3431	ClaimCheck: Exceeds Lifetime Limitation
3432	ClaimCheck: No professional / technical component for this code
3434	ClaimCheck: Code replaced to most comprehensive code, see next RA
3435	ClaimCheck: Procedure incidental / integral to another procedure code
3436	ClaimCheck: Medical visit versus procedure; same date of service
3437	ClaimCheck: Code rebundled to most comprehensive code
3442	ClaimCheck: Code is mutually exclusive to another code
3443	ClaimCheck: Visit is within pre/post operative period
3444	ClaimCheck: Assistant surgeon is not allowed
3445	ClaimCheck: Unilateral codes replaced with most comprehensive bilateral code, see next RA
3449	ClaimCheck: Current code rebundled to previously paid or replaced code.

If a provider has questions or wishes to submit a claim for reconsideration, the provider must complete the attached ClaimCheck Reconsideration Form, attach a paper copy of the claim in question, a copy of the remittance advice, and any other substantiating information to be considered. The form with the relevant attachments must be mailed to the following address:

ACS
Attention: Medical Review
P.O. Box 23080
Jackson, MS 39225

Reconsiderations for claims denied on a ClaimCheck edit prior to May 17, 2009 may be submitted for review; however, decisions will not be reversed solely on the basis of a change in the update version. All policies applicable prior to the May 17, 2009 update will be applied. Providers must not resubmit previously denied claims which have been denied through a ClaimCheck edit for reprocessing.

CLAIMCHECK RECONSIDERATION FORM

Beneficiary Name: _____

MS Medicaid ID#: _____

TCN: _____ Paid Date: _____

Date of Service: _____

Claim Check Edit: (Circle Edit Number Reflected on Remittance Advice):

3400	3431	3432	3434	3435	3436
3437	3442	3443	3444	3445	3449

Procedure Code(s): _____

Questions/Comments: _____

Provider Name: _____ Provider #: _____

Provider Address: _____

Provider Contact: _____ Telephone #: _____

Please Check: Have you completed all of the ClaimCheck Reconsideration Form?
 Have you attached paper copy of claim?
 Have you attached copy of remittance advice?
 Have you attached any additional substantiating information which you wish to have considered?

MAIL TO: ACS
 Attn: Medical Review
 P.O. Box 23080
 Jackson, MS 39225

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
1.0 Introduction	1.02 Intentionally Left Blank 1.04 Administration of the Medicaid Program 1.05 DOM Addresses and Telephone Numbers 1.07 Medicaid Regional Offices 1.08 Intentionally Left Blank		X X X X X	07/01/09
7.0 General Policy	7.10 Limited English Proficiency Plan (LEP)		X	07/01/09
8.0 Ambulance	8.03 Emergency Ground Ambulance 8.13 Transport of Nursing Facility Residents 8.20 Transport of Hospice Beneficiaries		X X X	07/01/09
10.0 Durable Medical Equipment	10.02 Reimbursement 10.44 Incontinent Pads (Blue Pads/Underpads) 10.102 Reserved for Future Use	X	X X	07/01/09
17.0 Mississippi Youth Programs Around the Clock (MYPAC)	All (17.01-17.36)	X		07/01/09
25.0 Hospital Inpatient	25.09 Maternity Epidurals		X	07/01/09
31.0 Pharmacy	31.07 Non-Covered Pharmacy Services 31.20 Identification of Prescribers 31.24 Preferred Drug List		X X X	07/01/09
38.0 Maternity	38.02 Multiple Birth Deliveries 38.04 Maternity Epidurals		X X	07/01/09
41.0 Dialysis	41.03 Professional Services		X	07/01/09
53.0 General Medical Policy	53.30 Wellness Policy		X	07/01/09
56.0 Injectables/Physician Office	56.05 17 Alpha-Hydroxyprogesterone(17-P)		X	07/01/09

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.



ATTENTION: Billers for Dental and DME Providers

Provider Workshops – July 2009

ACS Government Healthcare Solutions, in conjunction with the Mississippi Division of Medicaid, will conduct provider workshops for Dental and DME **billers** during July of 2009. Registration will occur thirty minutes prior to each session. The agenda for the separate sessions is as follows:

Agenda for Dental Workshop

8:30am – 9:00am Registration
 9:00am – 10:00am Dental Policy
 10:00am – 10:15am AM Break
 10:15am – 12:00pm Billing and Web Portal

Agenda for DME Workshop

1:00pm – 1:30pm Registration
 1:30pm – 2:30pm DME Policy
 2:30pm – 2:45pm PM Break
 2:45pm – 4:00pm Billing and Web Portal

The specific dates and locations of the workshops are as follows:

Date/Time	Location	Date/Time	Location
July 1, 2009	Hilton Garden Inn & BancorpSouth Conference Center 387 East Main Street Tupelo, MS 38804	July 22, 2009	Courtyard by Marriott 1600 East Beach Blvd. Gulfport, MS 39501
July 8, 2009	Greenwood Civic Center 200 Hwy 7 North Greenwood, MS 38930	July 29, 2009	Nursing Allied Health Center Auditorium Hinds Community College 1750 Chadwick Drive Jackson, MS 39204
July 15, 2009	Holiday Inn and Suites 10 Gateway Drive Hattiesburg, MS 39402		

Topics to be discussed in the Dental Workshop

Web Portal – Non-Secure Features (Envision Homepage, Registration, Late Breaking News, Current Month's Bulletin, Downloadable Fee Schedule, Interactive Fee Schedule, Bulletin Search, Provider Type Specific Information) and **Secure Features** (Inquiry functions, Reporting TPL, ADA Dental Claim Entry, Communications Options, Adjusting and Voiding Claims, PA inquiry and entry, and User Administration Options)

Dental Policy and Billing – Acronyms, Dental Programs (section 11.02), Dental Policy (sections 11.03-11.25), Prior Authorization, Orthodontics, Dental Limits, Highlights of the ADA Dental Claim Form (CSR 7250), Billing

Topics to be discussed in the DME Workshop

Web Portal – Non-Secure Features (Envision Homepage, Registration, Late Breaking News, Current Month's Bulletin, Downloadable Fee Schedule, Interactive Fee Schedule, Bulletin Search, Provider Type Specific Information) and **Secure Features** (Inquiry functions, Reporting TPL, CMS 1500 Claim Entry, Communications Options, Adjusting and Voiding Claims, PA inquiry and entry, and User Administration Options)

DME Policy and Billing – Acronyms, DME Policy (sections 10.02-10.07), Non-covered Items, CMS 1500 Claim Form (this is the Medicaid Billing Manual section 2.0), Proper billing methods for DME (amounts to bill, correct dates to bill, how to bill manual priced claims, medical supplies that do not require HSM PA, common edits)

The workshops are free of charge. Seating is limited Provider Relations representatives will be available to assist providers with individual claims issues. Providers attending this session should bring actual claims with beneficiary numbers and dates of service or specific TCNs. It is imperative that you RSVP by **June 18, 2009**. Fax the RSVP to: ACS Government Healthcare Solutions, ATTN: Provider/Beneficiary Services at **601-572-3200** or, you may contact the ACS call center at **1-800-884-3222** with the date and the workshop session you would like to attend.

Please complete the RSVP Section and mail or fax by June 18, 2009 to:

ACS Government Healthcare Solutions
ATTN: Provider/Beneficiary Services
P.O. Box 23078
Jackson, MS 39225

Provider Name	Provider Number
Provider Telephone Number	Contact Name
Name (s) of Attendees	
Date and Session of Workshop Location Attending	
***Please note: If you have specific questions that you would like answered during the workshop, please feel free to submit them with your RSVP form.	

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

June

June 2009

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

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.