

Mississippi Medicaid

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Bulletin

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Providers Billing Multiple Units and Procedure Codes

Providers are required to bill multiple units for the same procedure code if more than one of the same procedure or service is provided on the same date of service. Providers should not bill the same procedure codes for the same date of service on separate claim lines. Incorrect billing will result in denied lines for duplicate procedures. For example:

Correct Claim

Line 1 07/05/09 07/05/09 71020-TC 2 units

Incorrect Claim – Line 2 will deny as a duplicate

Line 1 07/05/09 07/05/09 71020-TC 1 unit
 Line 2 07/05/09 07/05/09 71020-TC 1 unit

Correct Claim

Line 1 08/16/09 08/16/09 V2100 2 units

Incorrect Claim – Line 2 will deny as a duplicate

Line 1 08/16/09 08/16/09 V2100 1 unit
 Line 2 08/16/09 08/16/09 V2100 1 unit

If you have any questions about correct billing of procedures with multiple units, please contact your Provider Representative or the Division of Medicaid Bureau of Medical Services at 601-359-6050.

Attention Vaccines for Children Providers!!!

Effective immediately, the Mississippi Envision claims processing system will allow payment of the Rotavirus (Rotarix) vaccine procedure code 90681 when billed with the oral administration procedure code 90473, with an EP modifier, and one single unit for both procedure codes. Mississippi Medicaid allows \$10.00 for the vaccine administration only.

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 woman 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 and the infant screening tool will identify infants who have factors that may 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. The Division of Medicaid (DOM) encourages the above listed providers 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 highlight 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.

Updated Fee Schedule for Mental Health Providers - Changes Effective July 1, 2009

In accordance with State Law, mental health procedure code fees have been changed based on 90% of the current Medicare rate for dates of service beginning July 1, 2009. 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 at <https://msmedicaid.acs-inc.com/msenvision/feeScheduleInquiry.do>.

The following procedure codes have been updated:

96101	90845-90847
96110-96111	90849
96118	90853
90801-90802	90857
90804-90819	90862
90821-90824	90865
90826-90829	90870

For additional information, contact the Bureau of Mental Health Programs at 601-359-9545.

Billing for Rho(D) Immune Globulin – Important Changes

Effective for dates of service beginning October 1, 2009, Mississippi Medicaid will implement two important changes related to reimbursement of Rho(D) immune globulin injections:

1. Procedure codes for Rho(D) immune globulin injections will be based on the lower of the provider's charge or the Medicaid allowable fee, rather than manual pricing. This applies to both maternity and non-maternity-related injections. The Medicaid allowable fee for these procedure codes is based on 100% of the Medicare fee and will be updated when Medicare updates them. It will no longer be necessary to submit an invoice or hard copy paper claims for these codes. Providers can bill electronically without any attachments or paper invoices. Providers should bill the appropriate procedure code for the drug actually administered. Mississippi Medicaid covers these codes for Rho(D) immune globulin:

90384	J2790
90385	J2788
	J2791
	J2792

2. National Drug Codes (NDC's) will be required for all procedure codes for Rho(D) immune globulin billed on physician claims. Providers should review previously published instructions for billing physician-administered injectable drugs in the November and December 2007 Provider Bulletins. Providers should:
 - a. Check the NDC numbers on their current stock of Rho(D) immune globulin to be sure these NDC's are rebated and non-DESI. The NDC numbers can be checked through the Envision Web Portal at <https://msmedicaid.acs-inc.com/msenvision/rebateInquiry.do>, click on Provider, Inquiry Options, Physician Administered Drug Inquiry. There are rebated, non-DESI brands of Rho(D) immune globulin available that can be covered by Medicaid.
 - b. Enter the NDC in the appropriate field on each claim billed with a procedure code for Rho(D) immune globulin.

This supersedes all previous instructions related to Rho(D) immune globulin injections. Providers are reminded that it is not appropriate to write a prescription for a drug that is administered in a physician office (rather than self-administered) for the beneficiary to have filled in a pharmacy. This unnecessarily uses the beneficiary's limited pharmacy benefit when Medicaid is able to cover the drug through the medical program. If you have questions, please call the DOM Bureau of Medical Services at 601-359-5683.

Newborn Eligibility – “K Babies”

Providers must bill medical (non-pharmacy) claims using a baby's Medicaid ID number, not the mother's Medicaid number with a K. In the near future, Medicaid will begin to deny medical (non-pharmacy) claims billed with the mother's Medicaid number with a K.

For instructions on obtaining a Medicaid number for a newborn, please refer to Section 25.08 in the Medicaid Provider Policy Manual and Section 1.11 in the Medicaid Provider Billing Manual.

4-Digit Revenue Codes

The Division of Medicaid is preparing to convert our claims system to accept and require 4-digit revenue codes on UB04 and Institutional claims. Providers should begin preparations to convert billing systems to submit 4-digit revenue codes instead of 3-digit codes. An effective date for this conversion has not yet been determined. Providers will receive advance notice before this conversion is implemented. Until the change is implemented, do **NOT** bill 4-digit revenue codes; continue to bill 3-digit codes.

REMINDER: All Eyeglass & Hearing Aid Providers

Be sure to submit supporting documentation when submitting prior authorization requests via paper or the web portal for manually priced codes. Remember, prior authorization request cannot be processed without all necessary information. Required information should be attached to your paper request or uploaded with your request via the web portal.

Allowable Board of Directors Fees for Nursing Facilities, ICF-MR's and PRTF's 2009 Cost Reports

The Allowable Board of Directors fees that will be used in the desk reviews and audits of 2009 cost reports filed by nursing facilities (NF's), intermediate care facilities for the mentally retarded (ICF-MR's), and psychiatric residential treatment facilities (PRTF's) have been computed. The computations were made in accordance with the Medicaid State Plan by indexing the amounts in the plan using the Consumer Price Index for All Urban Consumers - All Items. The amounts listed below are the per meeting maximum with a limit of four (4) meetings per year.

The maximum allowable, per meeting Board of Directors fees for 2009 are as follows:

<u>Category</u>	<u>Maximum Allowable Cost for 2009</u>
0 - 99 Beds	\$ 3,629
100 - 199 Beds	\$ 5,443
200 - 299 Beds	\$ 7,257
300 - 499 Beds	\$ 9,072
500 Beds or More	\$10,886

2009 Owner Salary Limits for Long-Term Care Facilities

The maximum amounts that will be allowed on cost reports filed by nursing facilities, intermediate care facilities for the mentally retarded and psychiatric residential treatment facilities as owner's salaries for 2009 are based on 150% of the average salaries paid to non-owner administrators in 2008 in accordance with the Medicaid State Plan. These limits apply to all owners and owner/administrators that receive payment for services related to patient care. The limits apply to salaries paid directly by the facility or by a related management company or home office. Adjustments should be made to the cost report to limit any excess salaries paid to owners. In addition, Form 15 should be filed as part of the Medicaid cost report for each owner.

The maximum allowable salaries for 2009 are as follows:

- | | |
|---|-----------|
| • Small Nursing Facilities (1-60 Beds) | \$108,600 |
| • Large Nursing Facilities (61 + Beds) | \$145,869 |
| • Intermediate Care Facilities for the Mentally Retarded (ICF-MR) | \$113,769 |
| • Psychiatric Residential Treatment Facilities (PRTF) | \$173,010 |

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.

Pharmacy – Frequently Asked Questions

Question: What does it mean when a drug has a ‘FUL’?

Response: In 1987, regulations limited the amount which Medicaid could reimburse for drugs with available generic drugs under the Federal Upper Limit (FUL) Program. These limits are intended to assure that the Federal government acts as a prudent buyer of drugs. The concept of the upper limits program is to achieve savings by taking advantage of the current market prices.

Question: Who is responsible for the FUL program?

Response: Centers for Medicare and Medicaid services (CMS) is charged with oversight of the Medicaid FUL program. For detailed information regarding the CMS’ FUL program, go to CMS’ website at http://www.cms.hhs.gov/Reimbursement/05_FederalUpperLimits.asp.

Question: Are FULs assigned to generic drugs only?

Response: Yes. *Be mindful that any branded drug, including listings on DOM’s PDL, whose generic counterpart has been assigned a FUL will reimburse at the FUL unless prior authorization has been granted prior to dispensing.*

Prior authorization (PA) is required for any brand name multiple source drug with a generic equivalent except NTI drugs. If a beneficiary requires a brand name multi-source drug, the prescriber must request a prior authorization **before dispensing** by seeking approval from DOM’s PA contractor, or Health Information Designs (HID). DOM defines the following medications as NTI drugs: Coumadin®; Dilantin®; Lanoxin®; Synthroid®; and Tegretol®. To view prior authorization forms, go to www.hidmsmedicaid.com. If there are questions regarding prior authorizations, contact HID at 1-800-355-0486.

Question: Are all generic drugs assigned a federal upper limit or FUL value?

Response: No.

DOM/ACS Announces - 2009 Fall Provider Workshops

The Mississippi Division of Medicaid and ACS would like to announce the schedule for the 2009 Fall Provider Workshops targeting billers for Ambulance, Eyeglass, Vision, and Multiple Surgery providers. The workshops will address Medicaid policy changes, give tips on claims submission, discuss common billing errors, provide other important information, and answer your billing questions.

These provider workshops are scheduled throughout the state at five convenient locations. The dates and locations are given below:

September 9, 2009	Tupelo, MS
September 16, 2009	Greenwood, MS
September 23, 2009	Hattiesburg, MS
September 30, 2009	Gulfport, MS
October 7, 2009	Jackson, MS

Please continue to check “Late Breaking News” for detailed information on the location and times.

Assistance from DOM and ACS Provider Field Representatives

Provider Field Representatives will provide services to providers in all counties within the state, and some areas outside of the state. They are available to assist you by telephone, email, or in person with complex billing questions, claims issues, and provider education. However, if your respective Provider Field Representative is out of the office on a field visit or not available, feel free to leave a detailed voice mail message. A response will be provided to you within two business days of your call.

Provider visits will be scheduled at the convenience of you the provider. So that any issue(s)/problem(s) can be researched and addressed in an expeditious manner, it is requested that your issue(s) or problem(s) be submitted in writing to your Provider Field Representative prior to any scheduled visit.

Provider Field Representatives may be reached by contacting them directly, using the telephone numbers listed in the chart below. Please be aware that representatives are assigned by billing location, and not by service location.

County	Provider Representative	Telephone #
Adams	Nick Olier	601.206.3048
Alcorn	Prentiss Kitchens	601.206.3042
Amite	Nick Olier	601.206.3048
Attala	Rhonda Evans	601.359.1370
Benton	Prentiss Kitchens	601.206.3042
Bolivar	Clint Gee	662.459.9753
Calhoun	Rhonda Evans	601.359.1370
Carroll	Rhonda Evans	601.359.1370
Chickasaw	Rhonda Evans	601.359.1370
Choctaw	Rhonda Evans	601.359.1370
Claiborne	Nick Olier	601.206.3048
Clarke	Chris Gibson	601.206.2948
Clay	Rhonda Evans	601.359.1370
Coahoma	Clint Gee	662.459.9753
Copiah	Joyce Wilson	601.359.4293
Covington	Pamela Williams	601.359.9575
Desoto	Cynthia Morris	601.572.3237
Forrest	Chris Gibson	601.206.2948
Franklin	Nick Olier	601.206.3048
George	Connie Mooney	601.572.3253
Greene	Chris Gibson	601.206.2948
Grenada	Rhonda Evans	601.359.1370
Hancock	Connie Mooney	601.572.3253
Harrison	Connie Mooney	601.572.3253

Continued on the next page

County	Provider Representative	Telephone #
Hinds	Parren Clark	601.572.3275
Holmes	Ekida Wheeler	601.572.3265
Humphreys	Ekida Wheeler	601.572.3265
Issaquena	Ekida Wheeler	601.572.3265
Itawamba	Prentiss Kitchens	601.206.3042
Jackson	Connie Mooney	601.572.3253
Jasper	Chris Gibson	601.206.2948
Jefferson	Nick Olier	601.206.3048
Jefferson Davis	Pamela Williams	601.359.9575
Jones	Chris Gibson	601.206.2948
Kemper	Cherry Woods	601.206.3013
Lafayette	Cynthia Morris	601.572.3273
Lamar	Pamela Williams	601.359.9575
Lauderdale	Cherry Woods	601.206.3013
Lawrence	Pamela Williams	601.359.9575
Leake	Joyce Wilson	601.359.4293
Lee	Prentiss Kitchens	601.206.3042
Leflore	Clint Gee	662.459.9753
Lincoln	Nick Olier	601.206.3048
Lowndes	Cherry Woods	601.206.3013
Madison	Ekida Wheeler	601.572.3265
Marion	Pamela Williams	601.359.9575
Marshall	Cynthia Morris	601.572.3237
Monroe	Rhonda Evans	601.359.1370
Montgomery	Rhonda Evans	601.359.1370
Neshoba	Cherry Woods	601.206.3013
Newton	Cherry Woods	601.206.3013
Noxubee	Cherry Woods	601.206.3013
Oktibbeha	Rhonda Evans	601.359.1370
Panola	Cynthia Morris	601.572.3237
Pearl River	Connie Mooney	601.572.3253
Perry	Chris Gibson	601.206.2948
Pike	Pamela Williams	601.359.9575
Pontotoc	Prentiss Kitchens	601.206.3042
Prentiss	Prentiss Kitchens	601.206.3042
Quitman	Clint Gee	662.459.9753
Rankin	Joyce Wilson	601.359.4293
Scott	Joyce Wilson	601.359.4293
Sharkey	Ekida Wheeler	601.572.3265
Simpson	Joyce Wilson	601.359.4293
Smith	Chris Gibson	601.206.2948

County	Provider Representative	Telephone #
Stone	Connie Mooney	601.572.3253
Sunflower	Clint Gee	662.459.9753
Tallahatchie	Clint Gee	662.459.9753
Tate	Cynthia Morris	601.206.3237
Tippah	Prentiss Kitchens	601.206.3042
Tishomingo	Prentiss Kitchens	601.206.3042
Tunica	Cynthia Morris	601.206.3237
Union	Prentiss Kitchens	601.206.3042
Walthall	Pamela Williams	601.359.9575
Warren	Nick Olier	601.206.3048
Washington	Ekida Wheeler	601.572.3265
Wayne	Chris Gibson	601.206.2948
Webster	Rhonda Evans	601.359.1370
Wilkinson	Nick Olier	601.206.3048
Winston	Cherry Woods	601.206.3013
Yalobusha	Clint Gee	662.459.9753
Yazoo	Ekida Wheeler	601.572.3265

Out of State Assignments

Alabama	Tamara Cry	601.206.3028
	Kimberly Rice	601.206.2961
Mobile, Alabama	Connie Mooney	601.572.3253
Arkansas	Tamara Cry	601.206.3028
	Kimberly Rice	601.206.2961
Louisiana	Tamara Cry	601.206.3028
	Kimberly Rice	601.206.2961
Tennessee	Tamara Cry	601.206.3028
	Kimberly Rice	601.206.2961
Memphis, Tennessee	Cynthia Morris	601.572.3237
Montana	Tamara Cry	601.206.3028
	Kimberly Rice	601.206.2961
Nebraska	Tamara Cry	601.206.3028
	Kimberly Rice	601.206.2961

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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>

August

August 2009

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

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.