Mississippi Medicaid Bulletin

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## Billing Influenza and Pneumonia Immunizations for Adult Beneficiaries Age 19 and Over

The Division of Medicaid (DOM) is continuing efforts to educate Medicaid providers and beneficiaries on the benefits of receiving influenza and pneumonia immunizations prior to the influenza season. DOM encourages providers to assist in the effort to increase influenza and pneumonia protection in the State.

Physicians, nurse practitioners and physician assistants will be reimbursed for flu and pneumonia vaccines administered to beneficiaries age 19 and over as indicated below:

- For beneficiaries receiving immunizations only, the physician, nurse practitioner, or physician assistant may be reimbursed for CPT code 99211, the vaccine code(s), and the appropriate CPT vaccine administration code (CPT 90471 or 90472). CPT code 99211 does not count toward the limit of 12 physician office visits per fiscal year.

- For beneficiaries who are seen by the physician, nurse practitioner, or physician assistant for evaluation or treatment in addition to receiving these immunizations, the provider may be reimbursed for the appropriate CPT Evaluation and Management (E/M) procedure code, the vaccine code(s), and the CPT vaccine administration code (CPT 90471 or 90472). The CPT E/M procedure code billed in this instance will count toward the limit of 12 physician office visits per fiscal year.

- HCPCS Codes G0008 and G0009 are no longer valid for billing administration fees for flu and pneumonia vaccines to beneficiaries age 19 and over. Providers must bill 90471 if one vaccine is administered and 90472 for each additional vaccine administered.

- Rural Health Clinics (RHC) and Federally Qualified Health Centers (FQHC) will be reimbursed according to their encounter rate. If an encounter visit is provided, one encounter payment is made regardless of other procedures included on the claim. If no encounter visit is provided, the CPT vaccine administration code (CPT 90471 or 90472) and the vaccine code(s) will be zero paid.

***Continued on next page***

Reimbursement rates effective July 1, 2009 for vaccines and administration for beneficiaries age 19 and older are as follows:

| Influenza Vaccines | | Pneumonia Vaccine | | Administration Fee | |
|---|---|---|---|---|---|
| **CPT Code** | **Fee** | **CPT Code** | **Fee** | **CPT Code** | **Fee** |
| 90656 | $17.37 | 90732 | $29.73 | 90471 | $16.43 |
| 90658 | $13.22 | | | 90472 | $8.49 |
| 90660 | $22.03 | | | | |

All immunizations for children age 18 and younger must be handled through the Vaccines for Children Program (VFC) and are subject to Medicaid policies in the Provider Manual, Section 77.

- Mississippi Medicaid will reimburse physicians, nurse practitioners, and physician assistants for the FluMist influenza vaccine when given to beneficiaries age 19 through 49. There will be no separate administration fee paid for the FluMist vaccine. Rural Health Clinics and Federally Qualified Health Centers will be reimbursed in accordance with the methodology applicable to their provider type.



## Pre-Admission and Resident Review Training

The Division of Medicaid, Bureau of Mental Health Programs is pleased to announce its WebEx conference call for training on the Pre-Admission Screening and Resident Review (PASSR) policy. The specific training dates and times are listed below. We encourage the Community Mental Health Centers and Regional Centers to participate in this training. According to policy, Section 20.08 Credentialing Requirements for Level II Evaluators, staff who conduct the Level II evaluations must complete this training. We also encourage participation by administrative and billing staff involved in the PASRR Level II process.

| Date | Time |
|---|---|
| Thursday, August 27th | 2:00 p.m. – 4:30 p.m. |
| Tuesday, September 1st | 2:00 p.m. – 4:30 p.m. |
| Thursday, September 3rd | 2:00 p.m. – 4:30 p.m. |
| Wednesday, September 9th | 9:00 a.m. – 11:30 a.m. |
| Thursday, September 10th | 9:00 a.m. – 11:30 a.m. |

To register for a training session, please contact Priscilla Gainer at 601-359-9545.

# DOM/ACS Announces 2009 Fall Provider Workshops

The Mississippi Division of Medicaid and ACS 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.

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

| Date/Time | Location | Date/Time | Location |
|---|---|---|---|
| September 9, 2009 | Hilton Garden Inn & BancorpSouth Conference Ctr.<br>387 East Main Street<br>Tupelo, MS 38804 | September 30, 2009 | Hilton Garden Inn<br>14108 Airport Road<br>Gulfport, MS 39503 |
| September 16, 2009 | Greenwood/Leflore County Civic Center<br>200 Hwy 7 North<br>Greenwood, MS 38930 | October 7, 2009 | Nursing Allied Health Center Auditorium<br>Hinds Community College<br>1750 Chadwick Drive<br>Jackson, MS 39204 |
| September 23, 2009 | Holiday Inn and Suites<br>10 Gateway Drive<br>Hattiesburg, MS 39402 | | |

The agenda for the separate sessions is as follows:

| **Workshop Times** | **Workshop Title** |
|---|---|
| **10:00 am – 11:00 am** | **Mississippi Medicaid Surgery Policy & Billing** |
| **11:00 am – 12:00 pm** | **Mississippi Medicaid Ambulance Policy & Billing** |
| **1:00 pm – 2:00 pm** | **Mississippi Medicaid Vision Policy & Billing** |

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. Fax the RSVP to: ACS Government Healthcare Solutions, ATTN: Provider/Beneficiary Services at **601-572-3200** or, contact the ACS call center at **1-800-884-3222** with the date and the workshop session(s) you would like to attend.

**Please complete the RSVP Section and fax by September 1, 2009 to:**

**ACS Government Healthcare Solutions**
**ATTN: Provider/Beneficiary Services**
**Fax: 601-572-3200**

| **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.*** | |

## Dental Providers – Prior Authorizations

- Radiographs and narrative documentation must be completed prior to the placement of any type of crown. Please refer to the revised policy for crowns in the Medicaid Provider Manual Section 11.09 for coverage criteria and documentation requirements.

- When submitting prior authorization requests via the web portal, supporting documentation, such as x-rays, pictures or models, is still required. The prior authorization request will be denied if the documentation is not received by the DOM Bureau of Medical Services within five (5) working days of the receipt of the request.

- When submitting a prior authorization via the web portal, **DO NOT** mail a paper prior authorization form that duplicates the request.

- When submitting a prior authorization request via the web portal or paper form, multiple procedures for the same beneficiary should be submitted on one prior authorization request if space allows.

- Orthodontic procedures requiring authorization under the dental program must be submitted for approval using the Dental Services Orthodontics Authorization Request Form (MA-1097).

- Non-orthodontic procedures requiring authorization under the dental program and all unspecified procedures must be submitted for approval using the Dental Services Authorization Request form (MA-1098).

- The Dental Services Orthodontic Authorization Request Form (MA-1097) and the Dental Services Authorization Request form (MA-1098) are four (4) part forms. **The provider must mail three (3) parts of the form to:**

DIVISION OF MEDICAID
Bureau of Medical Services
Walter Sillers Building
550 High Street, Suite 1000
Jackson, MS 39201

If you are unsure which dental procedures require the submission of supporting documentation or for more detailed information regarding these and other dental issues, please visit our website at www.medicaid.ms.gov, Provider Policy Manual Section 11. If you have any questions or concerns, please contact the Bureau of Medical Services at 1-800-421-2408 ext. 95683 or 601-359-5683.

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## Dental Providers

Endodontics therapy (root canals) for permanent teeth of beneficiaries under age twenty-one (21) **does not** require prior authorization. Refer to Section 11.10 in the Medicaid Policy Manual for coverage criteria.

## Synagis® 2009-10 Season Procedure

MS Medicaid will approve the administration of Synagis® for children meeting the American Academy of Pediatrics (AAP) 2009 Redbook's criteria for RSV immunoprophylaxis. Beginning on October 26, 2009 prior authorizations may be submitted to Health Information Designs (HID) for administration starting on November 2, 2009. Up to a total of five doses will be allowed per beneficiary. Be advised that in accordance with the AAP revised 2009 guidelines, some beneficiaries may be approved for a maximum of three doses, depending upon gestational and/or chronological age.

Synagis® Prior Authorization (PA) procedures are the same as the previous year. HID handles Pharmacy PA Requests. Pharmacy PA forms may be found on DOM's website at www.medicaid.ms.gov, see Pharmacy Services, and select Forms. Forms are also available through HID's website at www.hidmsmedicaid.com or contact HID at 1-800-355-0486.

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## Pharmacy Billing for Influenza and Pneumonia

In the Pharmacy program, influenza and pneumonia immunizations are covered services for Medicaid beneficiaries ages 19 and above who are not residents of long-term care facilities. As with other pharmacy services, a hard copy prescription must be on file. Immunizations provided from a credentialed pharmacist will count against the service limits and co-payments are applicable. If a beneficiary has Medicare and Medicaid, Medicare is to be billed. These are the only vaccines/immunizations available via the Pharmacy Program.

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## Antihistamine/Decongestant PDL

First generation Antihistamine/Decongestants were added to DOM's Preferred Drug List (PDL) on July 1, 2009. A Cross Reference Antihistamine/Decongestant has been developed which identifies products by their active ingredient, preferred/non-preferred status and brand/generic indication as it counts towards a beneficiary's monthly pharmacy service limit. For your easy reference and to view this document, go to http://www.providersynergies.com/services/documents/MSM_Antihistamine_Decongestant_Cross_Reference_2009-07-01.pdf.

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## Medicare Part D Point-of-Sale Facilitated Enrollment (POS FE) Process

The POS FE process was designed to ensure that individuals with both Medicare and Medicaid, "dual eligibles," who are not yet enrolled in a Part D prescription drug plan are still able to obtain immediate prescription drug coverage when evidence of Medicare and Medicaid eligibility is presented at the pharmacy. For detailed instructions regarding the use of the POS FE process including how to submit an E1 Transaction to the TrOOP Facilitator, see this: http://www.medicaid.ms.gov/Documents/Pharmacy/POS_FE_Process.pdf .

Remember, Medicaid in accordance to a federal mandate, is the payer of last resort.

## Pharmacy Edits

It has come to the attention of the Division of Medicaid that beneficiaries under the age of 21 may have been denied services due to misconceptions about MS Medicaid's pharmacy monthly and/or brand limits. Since May 11, 2009, the following *new* edits have posted, for pharmacy providers, when a beneficiary less than 21 years of age requires prior authorization(s) in order to obtain their medications, that is, for more than 2 brands and/or 5 drugs monthly; or for a non-covered medically necessary medication:

| ***EDIT NUMBER*** | ***NCPDP*** | ***NCPDP PRIMARY (SHORT) MESSAGE*** | ***LONG MESSAGE*** |
|---|---|---|---|
| 4700<br>Posts when a non-covered drug is billed for a beneficiary less than 21 years of age. | 75-PRIOR AUTH REQUIRED | PA REQUIRED FOR AGE UNDER 21 | Children's Medical Necessity PA required for non-covered drug. Have Prescriber Submit PA or call HID @ 1-800-355-0486. |
| 4720<br>Posts when more than 2 brands are billed in a month for a beneficiary less than 21 years of age. | 75-PRIOR AUTH REQUIRED | PA REQUIRED FOR AGE UNDER 21 | RX exceeds monthly brand limit. Additional brand RXs allowed for beneficiaries under age 21 with prior authorization. Have Prescriber Submit PA or call HID @ 1-800-355-0486. |
| 4750<br>Posts when more than 5 Rx are billed in a month for a beneficiary less than 21 years of age. | 75-PRIOR AUTH REQUIRED | PA REQUIRED FOR AGE UNDER 21 | RX exceeds monthly limit. Additional RXs allowed for beneficiaries under age 21 with prior authorization. Have Prescriber Submit PA or call HID @ 1-800-355-0486. |

For your easy reference, Prior Authorization forms are posted on HID's website at http://www.hidmsmedicaid.com/.

Pharmacy providers who only see the short returned message explanation of pharmacy edits are encouraged to contact their software vendor in order to have access to the long and more detailed returned message.

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## 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 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 |
|---|---|---|---|---|
| 25.0 Hospital Inpatient | 25.08 Newborn Child Eligibility*<br>25.15 Documentation Requirements*<br>25.19 Non-Covered Procedures*<br>25.32 Newborn Hearing Screens* | | X<br>X<br>X<br>X | 10/01/09 |
| 37.0 Laboratory | 37.02 Independent Diagnostic Testing Facilities and Other Independent Mobile Diagnostic Units* | | X | 10/01/09 |
| 41.0 Dialysis | 41.04 Laboratory Tests or Injectable Drugs* | | X | 10/01/09 |
| 43.0 Federally Qualified Health Centers | 43.10 Encounter Services* | | X | 10/01/09 |
| 44.0 Rural Health Clinics (RHC) | 44.10 Encounter Services* | | X | 10/01/09 |
| | | | | |

***These policy changes are only technical in nature and contain no revisions to the policy content.**

## 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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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

# *September*

## *September 2009*

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