

Mississippi Medicaid

Volume 15, Issue 10

October 2009

Bulletin

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Notice to Providers Regarding Third Party Liability and Recovery (TPL/TPR) Program

The Code of Federal Regulations, Part 433, Subpart D, requires the Medicaid Agency to develop and maintain a Third Party Liability (TPL) Program. TPL Program is designed to ensure that Medicaid pays for medical services only when there is no other source available to pay for a recipient's health care.

Mississippi Medicaid has contracted with HMS for TPL supplemental services which include automated data matching and recovery, including private and governmental insurance coverage of beneficiaries, to identify any possible third party resources. This process includes contacting providers and advising them that Medicaid is the payer of last resort and providers must file with other coverage plans prior to filing with Medicaid. This contract does not relieve providers of their responsibility as state law requires providers to identify to DOM any third party source and to cooperate with DOM in the recovery of Medicaid's payment from the third party. Details of this requirement may be referenced in the Provider Policy Manual, Section 6.01.

Thank you for your continued participation in the Medicaid program. If you have any questions, please contact the Division of Medicaid Bureau of Recovery at 601-359-6095.

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>.



ICD-9-CM Code Update

As a result of the Health Insurance Portability and Accountability Act (HIPAA), providers are required to bill with current code sets. The Division of Medicaid has updated the Medicaid Management Information System to accept the new ICD-9-CM codes and deny invalid ICD-9-CM codes, effective October 1, 2009.

Please remember that ICD-9-CM is composed of codes with 3, 4, or 5 digits. A code is invalid if it has not been coded to the full number of digits required for that code. You must, therefore, use a current version of ICD-9-CM which is updated October 1 of each year. Be sure to keep your previous books as they may be needed when reconciling older claims.

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
<hr style="width: 20%; margin: 0 auto;"/>				
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.

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.

PRTF CANS-MH Training

The Division of Medicaid, Bureau of Mental Health Programs is pleased to announce its training course for PRTF providers on the Child and Adolescent Needs and Strengths (CANS-MH) assessment. The policy for Section 18.05 titled Mental Health Psychiatric Residential Treatment Facility (PRTF) of the Medicaid Provider Manual requires a Child and Adolescent Needs and Strengths (CANS-MH) Assessment during the fourteen (14) day assessment period. CANS-MH is an information and communication tool designed to support individual treatment planning and the planning and evaluation of services. The CANS-MH Assessment may only be conducted by staff certified to evaluate and complete the assessment. The specific training dates and times are listed below.

Date	Time	Location
Tuesday, October 13, 2009	9:00 a.m. – 4:30 p.m.	Webinar for Out-of-State providers
Wednesday, October 14, 2009	9:00 a.m. – 4:30 p.m.	Mississippi Library Commission 3881 Eastwood Drive Jackson, MS 39211
Wednesday, October 21, 2009	9:00 a.m. – 4:30 p.m.	Mississippi Library Commission 3881 Eastwood Drive Jackson, MS 39211

To register for a training session, please contact Kim Sartin at 601-359-6630.

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
49.0 Outpatient Speech-Language Pathology	49.03 Coverage		X	09/01/09
	49.04 Noncoverage		X	
1.0 Introduction	1.01 Purpose of Mississippi Medicaid Provider Policy Manual*		X	10/01/09
7.0 General Policy	7.09 Fundraising*		X	10/01/09
10.0 Durable Medical Equipment	10.04 Dual Eligibles		X	10/01/09
25.0 Hospital Inpatient	25.08 Newborn Child Eligibility*		X	10/01/09
	25.15 Documentation Requirements*		X	
	25.19 Non-Covered Procedures*		X	
	25.32 Newborn Hearing Screens*		X	
37.0 Laboratory	37.02 Independent Diagnostic Testing Facilities and Other Independent Mobile Diagnostic Units*		X	10/01/09
41.0 Dialysis	41.02 Composite Rate Reimbursement/ Definition of Units*		X	10/01/09
	41.04 Laboratory Tests or Injectable Drugs*		X	
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
51.0 Anesthesia	51.07 Maternity Epidurals*		X	10/01/09

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

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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>

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<i>Sunday</i>	<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>	<i>Saturday</i>
				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.