

Mississippi Medicaid

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Bulletin

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2010 CODE UPDATE REMINDER

It is time for the CPT and HCPCS codes update for 2010. Providers are required to bill with current code sets according to the Health Insurance Portability and Accountability Act (HIPAA). Effective January 1, 2010, providers should reference the 2010 code books for all claims submitted for dates of service beginning January 1, 2010. If 2009 books are used and discontinued codes are billed, the claim line will deny due to an invalid code.

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>.



Billing Eye Exam Visits

Eye exam visit codes (92002, 92004, 92012, and 92014) cannot be billed on the same claim with the same date of service as evaluation and management codes (99202, 99203, 99204, 99212, 99213, and 99214). Claims billed with these code combinations for the same dates of service are subject to denial or recoupment of payments.

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NDC Codes Required for Radiopharmaceuticals on Non-Hospital Claims

The National Drug Code (NDC) will be required on all radiopharmaceuticals billed on non-hospital claims effective December 1, 2009. This change affects all radiopharmaceuticals in the following ranges:

A4641 – A4644

A9500 – A9605

A9699 – A9700

These radiopharmaceuticals must be rebateable and non-Desi; if not, claims for them will be denied. Please refer to the Medicaid Provider Policy Section 56.04 for further information.

Attention Hospice Providers

The Hospice Enrollment and Dis-Enrollment forms have been updated and are available on the Division of Medicaid website (<http://www.medicaid.ms.gov/ProviderForms.aspx>), as well as Envision's Web portal (<https://msmedicaid.acs-inc.com/msenvision/longtermcareform.do>). All Hospice Enrollment and Dis-Enrollment forms with a revision date prior to 04/01/09 are obsolete and will be returned to you without processing.

Effective immediately, providers should use and submit only the 04/01/09 forms to avoid any delays in reimbursement. If you have any questions, please contact James Horton or Rebecca Martin at 601-359-6141, or 1-800-421-2408; or you may contact ACS Provider Relations at 1-800-884-3222.

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.

Billing Influenza and Pneumonia Immunizations (including H1N1 Swine Flu)

The Division of Medicaid (DOM) is continuing its 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.

This notice also includes important information related to Mississippi Medicaid coverage of the H1N1 (swine) flu vaccine and administration.

Seasonal Flu and Pneumonia Immunizations for Adult Beneficiaries Age 19 and Over

Physicians, nurse practitioners and physician assistants will be reimbursed for seasonal 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) for seasonal flu vaccine, and the appropriate vaccine administration code. 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) for seasonal flu vaccine, and the CPT vaccine administration code. The CPT Evaluation and Management (E/M) procedure code billed in this instance will count toward the limit of 12 physician office visits per fiscal year.
- Providers should bill 90471 and 90472 for administration of the seasonal influenza vaccine.
- Rural Health Clinic (RHC) and Federally Qualified Health Centers (FQHC) providers will be reimbursed according to their encounter payment method. 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 and the vaccine code(s) will be zero paid.
- Mississippi Medicaid will reimburse physicians, nurse practitioners, and physician assistants for the FluMist influenza vaccine when given to beneficiaries ages 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.
- All seasonal flu and pneumonia 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.

H1N1 Flu (Swine Flu) Vaccine for All Beneficiaries (Children and Adults)

Mississippi Medicaid will cover administration of the H1N1 flu vaccine for beneficiaries of any age (children and adults). Effective for dates of service beginning October 1, 2009, bill HCPCS code G9141 for administration of the H1N1 flu vaccine for both children and adults. The H1N1 flu vaccine administration fee will be paid in addition to a CPT E/M procedure code when provided during a physician office visit.

Continued on the next page

Mississippi Medicaid will not reimburse the cost of the H1N1 flu vaccine itself. The H1N1 flu vaccine will be made available for both children and adults at no cost to health care providers. Providers should consult with the Mississippi Department of Health for information about obtaining the H1N1 flu vaccine.

Flu (Seasonal and H1N1) and Pneumonia Vaccine and Administration Fees

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	\$18.20	90732	\$32.70	90471	\$16.87
90658	\$13.22			90472	\$8.74
90660	\$22.32			G9141	\$16.87

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Pharmacy Reminders

PHARMACIST'S PROFESSIONAL LICENSE RENEWAL

Professional license renew: Since MS Medicaid requires that providers be in good standing with their regulatory authorities, pharmacists are required to update their provider information with license renewal information. Remember to include the MS Medicaid provider number(s), NPI, name of pharmacy and/or pharmacy DME, on the cover sheet and/or renewal. This information is to be faxed to ACS' Provider Enrollment at 601-206-3015 and *not* to DOM's Pharmacy Bureau.

Be advised that Pharmacy claims may **deny** after December 31, 2009 *IF* license renewal information has not been submitted to ACS.

Preferred Drug List: January 1, 2010 Update

Biannual update: The Division of Medicaid's Preferred Drug List (PDL) is updated two times annually on January 1st and July 1st. Changes to DOM's PDL will be effective on January 1, 2010. For a comprehensive list, go to Pharmacy Services webpage at <http://www.medicaid.ms.gov/Pharmacy.aspx>, refer to the menu on the right hand side of the page, and select PDL.

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. Up to a total of five doses will be allowed per beneficiary. Be advised that in accordance with the AAP revised guidelines, some beneficiaries may be approved for a maximum of three doses, depending upon gestational and and/or chronological age. Pharmacy Prior authorizations forms can be found on the Pharmacy Services webpage at <http://www.medicaid.ms.gov/Pharmacy.aspx>, see menu on right hand side of page, and select Forms. Forms are also available through Health Information Designs or HID's website at www.hidmsmedicaid.com. If there are questions regarding prior authorizations for Synagis®, contact HID at 1-800-355-0486.

Pharmacy Billing for Influenza and Pneumonia

H1N1 Vaccine: As of November 1, 2009, the MS Division of Medicaid reimburses for H1N1 vaccine given in the Pharmacy venue. Reimbursement and restrictions for the H1N1 vaccine are the same as for seasonal influenza and pneumonia vaccinations and does not include an administration fee. This information is posted on the Pharmacy Services webpage at <http://www.medicaid.ms.gov/Pharmacy.aspx>, and go to Pharmacy News: Pharmacy Billing for H1N1.

Seasonal 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. Reimbursement does not include an administration fee. These are the only vaccines/immunizations available via the Pharmacy Program. This information is posted on the Pharmacy Services webpage at <http://www.medicaid.ms.gov/Pharmacy.aspx>, refer to menu on right hand side of page, select Billing Tips, and go to Billing for Influenza and Pneumonia.

Tamiflu

- **Automatic Prior Authorization:** Automatic PAs for beneficiaries up to the age of 21 years of age for antiviral medications are in place. Be advised that this option is limited to Tamiflu (or another antiviral used to treat H1N1) for pediatric Medicaid beneficiaries up to the age of 21 years of age.
- **Compounded Tamiflu suspension:** Due to limited quantities of Tamiflu formulations for pediatric patients, Cherry syrup and Ora-Sweet® vehicles have been opened to Pharmacy Point of Sale (POS) to facilitate compounding for pediatric beneficiaries. Please contact Health Information Designs or HID at 1-800-355-0486 if you encounter problems billing the compounded preparation.
- **Quantity limits:** Antiviral prescription quantity limits reflect the CDC's antiviral dosing recommendations located at <http://www.cdc.gov/h1n1flu/recommendations.htm#C>. If larger doses and/or duration of therapy are required, contact HID at 1-800-355-0486.

Information listed above may be referenced at Pharmacy Services webpage at <http://www.medicaid.ms.gov/Pharmacy.aspx> and select Pharmacy News: Tamiflu.

Acquiring Additional Bulletins

As the fiscal agent for the Mississippi Medicaid program, ACS is responsible for distributing information regarding policy changes and mandates to the provider community. For this reason, a copy of the monthly Medicaid Bulletin must be sent to every active provider. If the need should arise where additional copies are needed, the bulletins may be downloaded from the web portal at the following address: <http://msmedicaid.acs-inc.com>. Or, providers may simply call the ACS Provider and Beneficiary Services call center at 1-800-884-3222 to make a request.

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 49.04 Noncoverage		X X	09/01/09
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* 25.15 Documentation Requirements* 25.19 Non-Covered Procedures* 25.32 Newborn Hearing Screens*		X X X 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	41.02 Composite Rate Reimbursement/ Definition of Units* 41.04 Laboratory Tests or Injectable Drugs*		X X	10/01/09
43.0 Federally Qualified Health Centers (FQHC)	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
1.0 Introduction	1.10 Utilization Management/Quality Improvement Organization (UM/QIO)		X	12/01/09
2.0 Benefits	2.02 Benefits and Limitations		X	12/01/09
35.0 Swing Beds	All (sections 35.01-35.06) 35.07 Coverage Criteria	X	X	12/01/09 12/01/09
7.0 General Policy	7.02 Access to Public Information		X	01/01/10
10.0 Durable Medical Equipment	10.47 Insulin Pump		X	01/01/10
18.0 Mental Health/Psychiatric Residential Treatment Facility (PRTF)	18.03 Admission 18.10 Documentation Requirements 18.18 Reporting Requirements 18.35 CRI-Clinical Services Section A: Resident Record Review		X X X X	01/01/10
36.0 Nursing Facility	36.14 Nurse Aide Training		X	01/01/10

Manual Section	Policy Section	New	Revised	Effective Date
37.0 Laboratory	37.05 Trofile Assay	X		01/01/10
53.0 General Medical Policy	53.40 Implantable Testosterone Pellets (Testopel)- Cross reference only.	X		01/01/10
55.0 Physician	55.18 Implantable Testosterone Pellets (Testopel)	X		01/01/10
66.0 HCBS/Independent Living Waiver	66.06 Covered Services		X	01/01/10
76.0 EPSDT School Health Related Services	76.07 Audiological Services		X	01/01/10
AMA Licensure Requirements for CPT Codes/Descriptions **	See below.		X	01/01/10

*The policy changes below are technical in nature and contain no revisions to the policy content.

****AMA Licensure Requirements for CPT Codes/ Descriptions**

In accordance with the AMA CPT Code License Agreement, the Division of Medicaid has added the following copyright notice to these policy sections:

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Manual Section	Policy Section
9.0 Chiropractic Services	9.02 Guidelines 9.06 Dual Eligibles
13.0 Ambulatory Surgical Center	13.16 Dentoalveolar Structures
29.0 Vision	29.05 Eye Examinations/Refractions 29.15 Lacrimal Punctum Plugs
31.0 Pharmacy	31.19 Pharmacy Disease Management
32.0 Beneficiary health Management (BHM)	32.05 Reimbursement
38.0 Maternity	38.03 Maternity/Fetal Ultrasound 38.05 Billing for Maternity Services
42.0 Foot Care	42.04 Injections 42.06 Physical Therapy 42.07 Radiology 42.14 Avulsions/Excision of Nail/Nail Matrix for Ingrown Toenails and Other Conditions 42.15 Debridement 42.17 Fungal Disease of the Toenails-Onychomycosis 42.18 Hammertoe 42.19 Paronychia 42.21 Viral/Plantar Warts 42.25 Nerve Block Injections
43.0 Federally Qualified Health Centers (FQHC)	43.04 Service Limits 43.10 Encounter services
44.0 Rural Health Clinics (RHC)	44.04 Service Limits 44.10 Encounter Services
46.0 Radiology	46.02 Port Films 46.06 Teleradiology

Manual Section	Policy Section
51.0 Anesthesia	51.02 Anesthesia Services 51.05 Maternity Anesthesia Services 51.06 Billing for Procedures- maternity and Non-Maternity
52.0 Surgery	52.06 Multiple Birth Deliveries
53.0 General Medical Policy	53.05 Hyperbaric Oxygen Therapy (HBOT) 53.11 Physician Office Visits-Extended Hours 53.18 Physical Examinations 53.31 Sleep Disorder Studies
55.0 Physician	55.05 Routine Venipuncture
71.0 Perinatal High Risk Management/Infant Services System (PHRM/ISS)	71.07 Covered Services for High Risk Infants
73.0 Mississippi Cool Kids (EPSDT) Program	73.04 Periodic Referral Schedule/Appointments
77.0 Immunization	77.03 Tuberculin Skin Test 77.05 Vaccines for Adults

Verifying Beneficiary Eligibility

Providers have a variety of resources for verifying the eligibility of a Medicaid beneficiary. Eligibility can be checked by contacting the Provider and Beneficiary Services Call Center at 1-800-884-3222, by calling the AVRS at 1-866-597-2675, by utilizing the Mississippi Envision Web Portal at <http://msmedicaid.acs-inc.com>, and by using a swipe card verification device.

When verifying eligibility through the call center, please obtain the call record number (CRN) from the Call Center Associate prior to ending the call. When verifying eligibility through the web portal, please print a copy of the documentation which contains the eligibility information. If verifying eligibility through the use of a swipe card verification device, please keep a copy of the receipt. If verifying eligibility through the use of the AVRS, please document the audit reference number.

Fraud and Abuse Reminder

In accordance with the Medicaid Provider Policy Manual, General Policy, Section 7.04, Fraud and Abuse, when a provider identifies any overpayments made by Medicaid, caused by billing errors, system errors, human error, etc., he/she should notify Medicaid's Bureau of Program Integrity in writing, and submit an Adjustment/Void Request to the fiscal agent within 30 days of the discovery.

Assistance from DOM and ACS Provider Field Representatives

Provider Field Representatives 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. If your respective Provider Field Representative is out of the office or not available to answer your call, feel free to leave a detailed voice mail message. A response will be provided to you within two business days of your call.

We understand that some billing issues can't be resolved by telephone or email. In those instances, an on-site visit may be arranged at the convenience of the provider. So that issue(s) can be researched and addressed in an expeditious manner, it is requested that your issue(s) be submitted in writing to your Provider Field Representative prior to any scheduled visit.

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

County	Provider Field Representative	Telephone #	Email Address
Adams	Nick Olier	601.206.3048	Nick.Olier@acs-inc.com
Alcorn	Prentiss Butler	601.206.3042	prentiss.kitchens@acs-inc.com
Amite	Nick Olier	601.206.3048	Nick.Olier@acs-inc.com
Attala	Rhonda Evans	601.359.1370	mcrre@medicaid.ms.gov
Benton	Prentiss Butler	601.206.3042	prentiss.kitchens@acs-inc.com
Bolivar	Clint Gee	662.459.9753	rogwclg@medicaid.ms.gov
Calhoun	Rhonda Evans	601.359.1370	mcrre@medicaid.ms.gov
Carroll	Rhonda Evans	601.359.1370	mcrre@medicaid.ms.gov
Chickasaw	Rhonda Evans	601.359.1370	mcrre@medicaid.ms.gov
Choctaw	Rhonda Evans	601.359.1370	mcrre@medicaid.ms.gov
Claiborne	Nick Olier	601.206.3048	Nick.Olier@acs-inc.com
Clarke	Chris Gibson	601.206.2948	charles.gibson@acs-inc.com
Clay	Rhonda Evans	601.359.1370	mcrre@medicaid.ms.gov
Coahoma	Clint Gee	662.459.9753	rogwclg@medicaid.ms.gov
Copiah	Joyce Wilson	601.359.4293	mcjdw@medicaid.ms.gov
Covington	Pamela Williams	601.359.9575	mcpdw@medicaid.ms.gov
Desoto	Cynthia Morris	601.572.3237	cynthia.morris@acs-inc.com
Forrest	Chris Gibson	601.206.2948	charles.gibson@acs-inc.com
Franklin	Nick Olier	601.206.3048	Nick.Olier@acs-inc.com
George	Connie Mooney	601.572.3253	connie.mooney@acs-inc.com
Greene	Chris Gibson	601.206.2948	charles.gibson@acs-inc.com
Grenada	Rhonda Evans	601.359.1370	mcrre@medicaid.ms.gov
Hancock	Connie Mooney	601.572.3253	connie.mooney@acs-inc.com
Harrison	Connie Mooney	601.572.3253	connie.mooney@acs-inc.com
Hinds	Parren Clark	601.572.3275	parren.clark@acs-inc.com
Holmes	Ekida Wheeler	601.572.3265	ekida.wheeler@acs-inc.com
Humphreys	Ekida Wheeler	601.572.3265	ekida.wheeler@acs-inc.com
Issaquena	Ekida Wheeler	601.572.3265	ekida.wheeler@acs-inc.com
Itawamba	Prentiss Butler	601.206.3042	prentiss.kitchens@acs-inc.com
Jackson	Connie Mooney	601.572.3253	connie.mooney@acs-inc.com
Jasper	Chris Gibson	601.206.2948	charles.gibson@acs-inc.com
Jefferson	Nick Olier	601.206.3048	Nick.Olier@acs-inc.com
Jefferson-Davis	Pamela Williams	601.359.9575	mcpdw@medicaid.ms.gov
Jones	Chris Gibson	601.206.2948	charles.gibson@acs-inc.com

County	Provider Field Representative	Telephone #	Email Address
Kemper	Cherry Woods	601.206.3013	cherry.woods@acs-inc.com
Lafayette	Cynthia Morris	601.572.3237	cynthia.morris@acs-inc.com
Lamar	Pamela Williams	601.359.9575	mcpdw@medicaid.ms.gov
Lauderdale	Cherry Woods	601.206.3013	cherry.woods@acs-inc.com
Lawrence	Pamela Williams	601.359.9575	mcpdw@medicaid.ms.gov
Leake	Joyce Wilson	601.359.4293	mcjdw@medicaid.ms.gov
Lee	Prentiss Butler	601.206.3042	prentiss.kitchens@acs-inc.com
Leflore	Clint Gee	662.459.9753	rogwclg@medicaid.ms.gov
Lincoln	Nick Olier	601.206.3048	Nick.Olier@acs-inc.com
Lowndes	Cherry Woods	601.206.3013	cherry.woods@acs-inc.com
Madison	Ekida Wheeler	601.572.3265	ekida.wheeler@acs-inc.com
Marion	Pamela Williams	601.359.9575	mcpdw@medicaid.ms.gov
Marshall	Cynthia Morris	601.572.3237	cynthia.morris@acs-inc.com
Monroe	Rhonda Evans	601.359.1370	mcrre@medicaid.ms.gov
Montgomery	Rhonda Evans	601.359.1370	mcrre@medicaid.ms.gov
Neshoba	Cherry Woods	601.206.3013	cherry.woods@acs-inc.com
Newton	Cherry Woods	601.206.3013	cherry.woods@acs-inc.com
Noxubee	Cherry Woods	601.206.3013	cherry.woods@acs-inc.com
Oktibbeha	Rhonda Evans	601.359.1370	mcrre@medicaid.ms.gov
Panola	Cynthia Morris	601.572.3237	cynthia.morris@acs-inc.com
Pearl River	Connie Mooney	601.572.3253	connie.mooney@acs-inc.com
Perry	Chris Gibson	601.206.2948	charles.gibson@acs-inc.com
Pike	Pamela Williams	601.359.9575	mcpdw@medicaid.ms.gov
Pontotoc	Prentiss Butler	601.206.3042	prentiss.kitchens@acs-inc.com
Prentiss	Prentiss Butler	601.206.3042	prentiss.kitchens@acs-inc.com
Quitman	Clint Gee	662.459.9753	rogwclg@medicaid.ms.gov
County	Provider Field Representative	Telephone #	Email Address
Rankin	Joyce Wilson	601.359.4293	mcjdw@medicaid.ms.gov
Scott	Joyce Wilson	601.359.4293	mcjdw@medicaid.ms.gov
Sharkey	Ekida Wheeler	601.572.3265	ekida.wheeler@acs-inc.com
Simpson	Joyce Wilson	601.359.4293	mcjdw@medicaid.ms.gov
Smith	Chris Gibson	601.206.2948	charles.gibson@acs-inc.com
Stone	Connie Mooney	601.572.3253	connie.mooney@acs-inc.com
Sunflower	Clint Gee	662.459.9753	rogwclg@medicaid.ms.gov
Tallahatchie	Clint Gee	662.459.9753	rogwclg@medicaid.ms.gov
Tate	Cynthia Morris	601.572.3237	cynthia.morris@acs-inc.com
Tippah	Prentiss Butler	601.206.3042	prentiss.kitchens@acs-inc.com
Tishomingo	Prentiss Butler	601.206.3042	prentiss.kitchens@acs-inc.com
Tunica	Cynthia Morris	601.572.3237	cynthia.morris@acs-inc.com
Union	Prentiss Butler	601.206.3042	prentiss.kitchens@acs-inc.com
Walthall	Pamela Williams	601.359.9575	mcpdw@medicaid.ms.gov
Warren	Nick Olier	601.206.3048	Nick.Olier@acs-inc.com
Washington	Ekida Wheeler	601.572.3265	ekida.wheeler@acs-inc.com
Wayne	Chris Gibson	601.206.2948	charles.gibson@acs-inc.com
Webster	Rhonda Evans	601.359.1370	mcrre@medicaid.ms.gov
Wilkinson	Nick Olier	601.206.3048	Nick.Olier@acs-inc.com
Winston	Cherry Woods	601.206.3013	cherry.woods@acs-inc.com
Yalobusha	Clint Gee	662.459.9753	rogwclg@medicaid.ms.gov
Yazoo	Ekida Wheeler	601.572.3265	ekida.wheeler@acs-inc.com

Out of State Assignments	Provider Representative	Telephone #	Email Address
Alabama	Tamara Cry Kimberly Rice	601.206.3028 601.206.2961	tamara.cry@acs-inc.com kimberly.guyton@acs-inc.com
Mobile, Alabama	Connie Monney	601.572.3253	connie.mooney@acs-inc.com
Arkansas	Tamara Cry Kimberly Rice	601.206.3028 601.206.2961	tamara.cry@acs-inc.com kimberly.guyton@acs-inc.com
Louisiana	Tamara Cry Kimberly Rice	601.206.3028 601.206.2961	tamara.cry@acs-inc.com kimberly.guyton@acs-inc.com
Tennessee	Tamara Cry Kimberly Rice	601.206.3028 601.206.2961	tamara.cry@acs-inc.com kimberly.guyton@acs-inc.com
Memphis, Tennessee	Cynthia Morris	601.572.3237	cynthia.morris@acs-inc.com
Montana	Tamara Cry Kimberly Rice	601.206.3028 601.206.2961	tamara.cry@acs-inc.com kimberly.guyton@acs-inc.com
Nebraska	Tamara Cry Kimberly Rice	601.206.3028 601.206.2961	tamara.cry@acs-inc.com kimberly.guyton@acs-inc.com
Other	Tamara Cry Kimberly Rice	601.206.3028 601.206.2961	tamara.cry@acs-inc.com kimberly.guyton@acs-inc.com

Suspended Claims – What Do They Mean?

When claims process they either pay, deny, or suspend and are reflected on the Remittance Advice (RA) as such. Claims that deny should be researched, corrected, and resubmitted immediately. Claims that suspend should **NOT** be resubmitted.

Claims suspend for various reasons and will eventually pay or deny. If a second claim is submitted while the initial claim is in a suspended status, both claims will suspend. Providers should allow the suspended claim to be fully processed and reported on the RA as paid or denied before additional action is taken.

Claims commonly suspend when:

- beneficiary eligibility updates are required
- manual pricing from an invoice is required
- a prior authorization is required and the authorization is not in the Medicaid system
- a consent form is required
- generic codes are billed

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>

December

December 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	31 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.