



Mississippi Medicaid Bulletin

Special Issue

August 2010

Volume 16, Issue 3

Implementation Notice of ICD-10 and Electronic Transaction Standards

On January 15, 2009, the U.S. Department of Health and Human Services announced two final rules that will facilitate the United States' ongoing transition to an electronic health care environment through adoption of a new generation of diagnosis and procedure codes and updated standards for electronic health care and pharmacy transactions.

The first rule adopts two medical data code sets as Health Insurance Portability and Accountability Act of 1996 (HIPAA) standards for use in reporting diagnosis and inpatient hospital procedures in health care transactions (ICD-10 final rule). The standards adopted under this final rule will replace the ICD-9-CM code sets, developed nearly 30 years ago, with greatly expanded ICD-10 code sets. The ICD-10 code sets rule compliance date is October 1, 2013.

The second rule adopts updated versions of the standards for certain electronic health care transactions, under the authority of HIPAA (5010/D.0 final rule). The updated versions replace the current versions of the standards and will promote greater use of electronic transactions. Under the transaction standard final rule, covered entities must comply with Version 5010 (for some health care transactions) and Version D.0 (pharmacy transactions) on January 1, 2012.

The Centers for Medicare and Medicaid Services has posted on its website (<http://www.cms.gov/ICD10/>) frequently asked questions (FAQ) about this implementation as well as additional informational material. To access these FAQs, select the Medicare

Fee-for-Service Provider Resources link on the left side of the page, scroll down the page to the "Related Links Inside CMS" section and select "ICD-10 FAQs". Please check the FAQ section regularly for newly posted or updated FAQs.

As we move closer to these implementation dates, the Division of Medicaid will include updates via our Provider Bulletin articles and on our webpage at <http://www.medicaid.ms.gov/>.

Oral Health Assessment and Application of Fluoride Varnish for Children Under Age Three

Effective for dates of service beginning July 1, 2010, medical providers can be reimbursed for an oral health assessment and application of fluoride varnish for Medicaid beneficiaries under age three. Medical providers eligible for reimbursement of these services are physicians, nurse practitioners, and physician assistants. Medical providers should bill D0145 for the oral health assessment and D1206 for application of fluoride varnish on their medical claims (CMS-1500 or electronic equivalent). These services can be paid twice per fiscal year per child, at least five months apart. Mississippi Cool Kids (EPSDT) providers are encouraged to provide these services at the same time as a child's regularly scheduled screenings; the codes will be paid in addition to the regular screening codes. In addition, dentists will also be reimbursed for D0145 on their dental claims for children under age three; fluoride varnish is already covered. Providers can refer to the Medicaid web site at www.medicaid.ms.gov, click on the Programs page, for more information.

Billing for Rho(D) Immune Globulin

The following changes related to reimbursement of Rho(D) Immune Globulin injections became effective for dates of services beginning October 1, 2009.

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.

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.

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>.





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ATTENTION: Dental Providers!!!

Provider Workshops – September 2010

ACS Government Healthcare Solutions, in conjunction with the Mississippi Division of Medicaid, will conduct provider workshops for **billers** at dental facilities during the month of September. The workshops will cover the following topics:

- Web Portal functionality – This presentation is designed to teach the provider how to properly navigate the Envision web portal and explore all the secure and non-secure functions available as a web portal user.
- Correct Billing Practices – This presentation will discuss beneficiary eligibility, tooth number, surface, and quadrant, and claims submission using the web portal.
- Mississippi Medicaid Policy – This presentation will discuss root canals, prior authorization submissions, dental limitations, etc.
- ADA claim form – This presentation is designed to teach the provider how to correctly complete an American Dental Association claim form for Mississippi Medicaid billing purposes.
- Claims Resolution – This session is designed to present common billing errors, denials, and utilization of the remittance advice to resolve claims issues.

The specific dates and locations of the workshops are listed below:

Date/Time	Location
September 8, 2010 9:00 am – 3:00 pm	Hilton Garden Inn/BancorpSouth Conference Center 363 East Main Street Tupelo, MS 38801
September 15, 2010 9:00 am – 3:00 pm	Hilton Garden Inn Gulfport Airport 14108 Airport Road Gulfport, MS 39503
September 22, 2010 9:00 am – 3:00 pm	Eagle Ridge Conference Center 1500 Raymond Lake Road Raymond, MS 39154
September 29, 2010 9:00 – 3:00 pm	Best Western 635 Highway 82 W Greenwood, Mississippi, 38930

The workshops are free of charge. Workshop registration will be from 8:30 to 9:00 am. During the afternoon from 1:00 pm to 3:00 pm (Claims Resolution Session), DOM and ACS Field Representatives will be available to assist providers with individual claims issues. Providers attending this session should bring specific claims examples with beneficiary numbers and dates of service or specific TCN examples.

Please RSVP by **September 2, 2010**. Fax the RSVP to: ACS Government Healthcare Solutions, Attn: Provider/Beneficiary Services at **601-206-3119** or you may contact the ACS call center at 1-800-884-3222 with the date and the workshop you would like to attend. Additionally, you may contact Tamara Cry at 601-206-3028 or email her at tamara.cry@acs-inc.com to RSVP or if you have questions about the workshops.

We look forward to meeting with you in September and working with you in the coming years.



Please complete the RSVP Section and mail or fax by September 2, 2010 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 of Workshop Location Attending	

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 quarterly Mississippi Medicaid Bulletins.



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 P.O. Box 23078
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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>

August

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

