

Mississippi Medicaid

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Bulletin

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Guidelines for Billing Mental Health/Psychiatry Services for Medicaid Beneficiaries and MississippiCAN Members

The policy for Section 55.19 titled “Mental Health/Psychiatry” was added to the Medicaid Provider Manual effective January 1, 2011. This policy outlines psychiatric services and guidelines rendered in a physician’s office or clinic that are provided by a psychiatrist or psychiatric mental health nurse practitioner. Providers are encouraged to view the policy by accessing the DOM website at www.medicaid.ms.gov and select Provider Policy Manuals, under Publications. Billing Guidelines for Psychiatrists and Psychiatric Mental Health Nurse Practitioners for Mental Health/Psychiatry may also be found at www.medicaid.ms.gov and select Fee Schedules, under Publications.

Mental health providers providing services to MississippiCAN members during an inpatient setting and billing an E and M Code in the ranges of 99232 – 99235 must bill the appropriate MississippiCAN vendor. Please contact the appropriate MississippiCAN vendor as noted below for additional information.

UnitedHealth Care 1-877-743-8731 or Magnolia Health Plan 1-866-912-6285



Health Care Acquired Conditions

The Affordable Care Act, enacted March 23, 2010, includes a provision prohibiting payments by States for any amounts expended for providing medical assistance for health care-acquired conditions (HCACs) that occur during inpatient hospitalizations. States will no longer pay a higher payment for patient care that resulted from a condition(s) acquired while the patient was hospitalized.

The Centers for Medicare and Medicaid Services has issued a list of health-care acquired conditions that becomes effective for state Medicaid programs on July 1, 2011. Medicaid states are required to identify and prohibit payment for any medical assistance for these conditions.

As we move closer to implementation of this requirement, the Division of Medicaid will include updates via late breaking news and on our webpage at www.medicaid.ms.gov.

Adult Immunizations

The Bureau of Medical Service's Care Management Division recently performed a review of claims and confirmed eligible Mississippi Medicaid beneficiaries are not receiving all the wellness benefits available to them. The Division of Medicaid is requesting providers' assistance to inform beneficiaries of adult immunizations that are available and covered by Medicaid. Encouraging beneficiaries to receive the immunizations will help to improve their health.



Providers should use the most current vaccination recommendations developed and endorsed by the Centers for Disease Control Advisory Committee on Immunization Practices. For additional information, please, refer to the CDC website, www.cdc.gov/vaccines.

More information regarding Medicaid's immunizations coverage can be found on the Mississippi Medicaid website at www.medicaid.ms.gov, in Section 77.05 of the Provider Policy Manual.

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.

Guidelines for Billing Professional and Technical Radiology Services

When billing for technical personnel required to perform a procedure, use the technical component billed with the TC modifier.

When billing for the physician's interpretation and reporting of the procedure, use the professional component billed with the 26 modifier.

The full or global procedure is billed on one line with no modifier. This part of the procedure should be billed if the same provider is performing both the technical and professional components of a procedure.

Correct Billing:

Provider A performs technical component: 72100-TC

Provider B performs professional component: 72100-26

or

Provider A performs global procedure: 72100 (no modifier)

Incorrect Billing Example:

Provider A performs global procedure: 72100-TC

72100-26

Guidelines for Billing Polycarbonate or Hi-Index Lenses

When billing for polycarbonate or hi-index lenses the appropriate V-code must be used.

- Polycarbonate lenses should be billed using HCPCS code V2784.
- Hi-index lenses should be billed using HCPCS codes V2782 or V2783
- Polycarbonate and Hi-index lenses should not be billed using unspecified codes (V2199, V2299, V2399, V2499, V2599 or V2799)

These codes should not be billed in conjunction with other lens codes nor as add-ons to regular lens codes.

Polycarbonate and Hi-Index lenses are not covered for beneficiaries age 21 and older.

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>.



Prior Authorization of Dental Procedures

Dental procedures requiring prior authorization under the dental program must be submitted for approval using the dental services authorization request form (MA-1098). The forms can be ordered by contacting ACS at 1-800-884-3222. The provider should mail the form along with all supporting documentation i.e. radiographs to:

Bureau of Medical Services
 Division of Medicaid
 Walter Sillers Bldg, Suite 1000
 550 High Street
 Jackson, MS 39201-1399

The request may also be submitted via the web portal; however, you are still required to submit supporting documentation via mail. The request will be denied if the supporting documentation is not received in the Bureau of Medical Services within five working days of the receipt of the web portal request. Please refer to Section 11 of the Mississippi Medicaid Provider Policy Manual for additional information regarding prior authorizations.

HCBS Intellectual Disabilities/Developmental Disabilities Waiver Providers

The Bureau of Mental Health Programs ID/DD Waiver will begin monitoring providers for compliance with the ID/DD waiver requirements effective July 1, 2011. Providers of these services are encouraged to view the policy, approved waiver, and compliance review instruments by selecting the documents that you wish to review through the following link <http://www.medicaid.ms.gov/MentalHealthServicesDetails.aspx>.

Eligibility for Maternity Service

If a provider verifies that a pregnant woman (regardless of age) is already covered by Medicaid in any full service coverage group (such as the categories of eligibility specified below), there is no need for the beneficiary to apply for coverage as a pregnant woman because pregnancy related services are available under the beneficiary's existing Medicaid coverage. COE-088, coverage of pregnant women up to 185% of poverty, is limited to coverage of pregnant women and minors who are not otherwise eligible for Medicaid except during their pregnancy and post-partum period. There are exclusions for dental and eyeglasses for pregnant women age 21 and older in COE-088. However, these specific exclusions do not apply to beneficiaries in any other category of coverage other than COE-045, Healthier MS waiver coverage.

The full service coverage groups that a pregnant woman or pregnant minor could have full service Medicaid coverage while pregnant includes the following Categories of Eligibility:

<u>COE</u>	<u>Description</u>
001	SSI
003	Foster Care/Adoption Assistance
007	Post-Foster Care coverage
010 - 015	Long Term Care coverage
019	Disabled Child Under Age 19
025	Working Disabled
026	Foster Care/Adoption Assistance
062 – 067	HCBS Waiver coverage
085	Low Income Family coverage
091	Children Under 100% Poverty Under Age19
093-096	Disabled Former SSI Recipients

Billing for Maternity Related Services











When billing maternity related claims, the modifier **TH** identifies “obstetrical treatment/services, prenatal and postpartum” and must be reported with each code for antepartum visits and deliveries and postpartum care. The Division of Medicaid will utilize this modifier to track data and to bypass the physician visit limitation of 12 visits per fiscal year. Antepartum office visits will not be subject to this limitation. Providers may refer to Section 38.05 of the Policy Manual for the policy relating to billing for maternity services.

Preferred Drug List Update

The Division of Medicaid's (DOM) Preferred Drug List (PDL) is updated on January 1st and July 1st of each year. The PDL is a list of medications recommended to DOM by the Pharmacy and Therapeutics Committee. These drugs have been selected for the efficaciousness, clinical significance, cost effectiveness and safety for Medicaid beneficiaries. Most generic agents are preferred, do not require prior authorization, and are not individually listed on the PDL. All dosage forms of a particular brand or generic name listed on the PDL are covered, unless specifically noted.

For a comprehensive list of the PDL including the July 2011 changes, visit our website at www.medicaid.ms.gov/Pharmacy.aspx. We recommend adding this link to your favorites as you will find it very help.

Other program hotlinks located here are:

-  Billing
-  72 Hr Emergency Prescription Instructions
-  90 Day Maintenance List
-  DESI Drug List
-  PDL
-  Federal Upper Limit Drug List
-  OTC Formulary
-  2011 PDL Review Schedule
-  Prior Authorization Forms
-  Products with Quantity Limits

FDA Prompts Removal of Unapproved Cough, Cold, and Allergy Products

On March 2, 2011, the Federal Drug Administration (FDA) announced that it intends to remove certain unapproved prescription (**first generation**) cough, cold, and allergy drug products from the U.S. market. These prescription drug products have not been evaluated by the FDA for safety, effectiveness, and quality. Experts emphasized that some of these products are inappropriately labeled for use by infants and young children. Please refer to the preferred minimally sedating (**second generation**) antihistamine drug class listed on the PDL or to the Over-The-Counter (OTC) formulary for options. Be advised that some former preferred legend products have moved from legend prescription status to OTC status. **If an OTC product is not listed on DOM's OTC formulary, it is not covered.**

Please refer to the FDA's FAQs regarding this action at <http://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/EnforcementActivitiesbyFDA/SelectedEnforcementActionsonUnapprovedDrugs/ucm244478.htm>.

A listing of the cough and cold products affected by this action can be found at <http://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/EnforcementActivitiesbyFDA/SelectedEnforcementActionsonUnapprovedDrugs/ucm245106.htm>.

DID YOU KNOW?

- DOM implemented an enhanced automated pharmacy prior authorization system for Medicaid pharmacy claims called SmartPA™. This system uses a highly sophisticated clinical rules system to determine if evidence-based criteria for appropriate drug use are met without any action required by the prescriber. It works with the pharmacy point of sale claims system to ensure prior authorization criteria are met by checking historical drug and medical claims from the past two years to validate that the necessary criteria has been met. Remember that submission of a request does not guarantee approval.
- The quickest, most efficient method to obtain a pharmacy prior authorization (PA) for those drugs, which cannot be processed thru SmartPA™ is to submit the request using the ACS Envision Web Portal at <https://msmedicaid.acs-inc.com/msenvision/>. If you are not already using this tool and need assistance to register, please contact ACS at 1-800-884-3222.
- Please do not submit a PA request more than once as duplicate submissions reduce efficiency and increase response time.
- An enhancement to SmartPA™ is the automation of PAs for prescriptions exceeding the monthly five prescriptions limit for beneficiaries under the age of 21 years for certain diagnoses. The list of qualifying diagnoses may be found at <http://www.medicaid.ms.gov/Pharmacy.aspx> and selecting Pharmacy Notice to Prescribers. Remember that a qualifying diagnosis must be present on a medical claim within the past two years and rules for non-preferred, age limitations or dose limitations are applicable.
- Remember that not all generic drugs are on the PDL. In these cases, the brand name drug with the supplemental rebate is more cost effective for the program. Below are some examples.

Drug class	Preferred Agent	Non-preferred generic
Acne medications (Limited to up to age 21 only)	BenzaClin® Retin A-Micro®	Clindamycin/benzoyl peroxide Tretinoin
Alzheimer's agents	Aricept®	donepezil
Low molecular weight heparins	Lovenox®	Enoxaparin
Ophth. Allergic Conjunctivitis	Optivar®	azelastine
PPI	Prevacid® SoluTab	Lansoprazole solutab
Stimulants	Adderall XR®	Amphetamine salt combo. ER

Pharmacy Prior Authorization Contact Information

Payer	Provider Contact Information	Beneficiary Contact Information
Medicaid Pharmacy PA Unit	1-877-537-0722 or 601-359-6685 Fax 1-877-537-0720	1-800-421-2408 or 601-359-6050
Magnolia Health Plan Pharmacy Help Desk	US Script, Inc. 1-800-460-8988	1-866-912-6285 or 601-863-0700
United Healthcare Pharmacy Help Desk	Prescription Solutions 1-877-305-8952	1-877-743-8731

Note: MississippiCAN claims and PA requests must be submitted to the respective entity. Submitting claims and/or prior authorization requests to DOM rather than to the respective plan delays the process for providers and beneficiaries.

2011 CPT Code Changes Lower Extremity Endovascular Revascularization

The following CPT code changes are effective January 1, 2011, for lower extremity endovascular revascularization services. Please review the changes so you may bill correctly for these services and prevent incorrect reimbursement or claim denials.

Discontinued Codes

35454	35481	35491	75993
35456	35482	35492	75994
35459	35483	35493	75995
35470	35484	35494	75996
35473	35485	35495	
35474	35490	75992	
35480			

New Codes

37220	37224	37228	37232
37221	37225	37229	37233
37222	37226	37230	37234
37223	37227	37231	37235

Description Codes

37205
37206
37207
37208

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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
2.0 Benefits	2.03 Exclusions		X	04/01/11
4.0 Provider Enrollment	4.38 Speech Therapist		X	04/01/11
47.0 Outpatient Physical Therapy	47.09 Prior Authorization/ Pre-Certification		X	04/01/11
48.0 Outpatient Occupational Therapy	48.09 Prior Authorization/ Pre-Certification		X	04/01/11
49.0 Outpatient Speech-Language Pathology (Speech Therapy)	49.09 Prior Authorization/ Pre-Certification		X	04/01/11
3.0 Beneficiary Information	3.01 Eligibility Groups		X	05/01/11
41.0 Dialysis	41.04 Laboratory Tests on Injectable Drugs		X	05/01/11

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 cannot be resolved by telephone or email. In these 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	Justin Griffin	601.206.2922	Justin.Griffin@acs-inc.com
Alcorn	Prentiss Butler	601.206.3042	prentiss.kitchens@acs-inc.com
Amite	Justin Griffin	601.206.2922	Justin.Griffin@acs-inc.com
Attala	Rhonda Evans	601.359.1370	Rhonda.Evans@medicaid.ms.gov
Benton	Prentiss Butler	601.206.3042	prentiss.kitchens@acs-inc.com
Bolivar	Clint Gee	662.459.9753	Clinton.Gee@medicaid.ms.gov
Calhoun	Rhonda Evans	601.359.1370	Rhonda.Evans@medicaid.ms.gov
Carroll	Rhonda Evans	601.359.1370	Rhonda.Evans@medicaid.ms.gov
Chickasaw	Rhonda Evans	601.359.1370	Rhonda.Evans@medicaid.ms.gov
Choctaw	Rhonda Evans	601.359.1370	Rhonda.Evans@medicaid.ms.gov
Claiborne	Justin Griffin	601.206.2922	Justin.Griffin@acs-inc.com
Clarke	Kimberly Guyton-Rice	601.206.2961	Kimberly.Guyton@acs-inc.com
Clay	Rhonda Evans	601.359.1370	Rhonda.Evans@medicaid.ms.gov
Coahoma	Clint Gee	662.459.9753	Clinton.Gee@medicaid.ms.gov
Copiah	Joyce Wilson	601.359.4293	Joyce.Wilson@medicaid.ms.gov
Covington	Pamela Williams	601.359.9575	Pamela.Williams@medicaid.ms.gov
Desoto	Cynthia Morris	601.572.3237	cynthia.morris@acs-inc.com
Forrest	Kimberly Guyton-Rice	601.206.2961	Kimberly.Guyton@acs-inc.com
Franklin	Justin Griffin	601.206.2922	Justin.Griffin@acs-inc.com
George	Connie Mooney	601.572.3253	connie.mooney@acs-inc.com
Greene	Kimberly Guyton-Rice	601.206.2961	Kimberly.Guyton@acs-inc.com
Grenada	Rhonda Evans	601.359.1370	Rhonda.Evans@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 Zip codes 39041-39215 Zip codes 39216-39629	Randy Ponder Parren Clark	601.206-3026 601.572.3275	Randy.Ponder@acs-inc.com 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	Kimberly Guyton-Rice	601.206.2961	Kimberly.Guyton@acs-inc.com
Jefferson	Justin Griffin	601.206.2922	Justin.Griffin@acs-inc.com
Jefferson-Davis	Pamela Williams	601.359.9575	Pamela.Williams@medicaid.ms.gov
Jones	Kimberly Guyton-Rice	601.206.2961	Kimberly.Guyton@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	Pamela.Williams@medicaid.ms.gov
Lauderdale	Cherry Woods	601.206.3013	cherry.woods@acs-inc.com
Lawrence	Pamela Williams	601.359.9575	Pamela.Williams@medicaid.ms.gov
Leake	Joyce Wilson	601.359.4293	Joyce.Wilson@medicaid.ms.gov
Lee	Prentiss Butler	601.206.3042	prentiss.kitchens@acs-inc.com
Leflore	Clint Gee	662.459.9753	Clinton.Gee@medicaid.ms.gov
Lincoln	Justin Griffin	601.206.2922	Justin.Griffin@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
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Marshall	Cynthia Morris	601.572.3237	cynthia.morris@acs-inc.com
Monroe	Rhonda Evans	601.359.1370	Rhonda.Evans@medicaid.ms.gov
Montgomery	Rhonda Evans	601.359.1370	Rhonda.Evans@medicaid.ms.gov
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Newton	Cherry Woods	601.206.3013	cherry.woods@acs-inc.com
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Prentiss	Prentiss Butler	601.206.3042	prentiss.kitchens@acs-inc.com
Quitman	Clint Gee	662.459.9753	Clinton.Gee@medicaid.ms.gov
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Scott	Joyce Wilson	601.359.4293	Joyce.Wilson@medicaid.ms.gov
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Simpson	Joyce Wilson	601.359.4293	Joyce.Wilson@medicaid.ms.gov
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Stone	Connie Mooney	601.572.3253	connie.mooney@acs-inc.com
Sunflower	Clint Gee	662.459.9753	Clinton.Gee@medicaid.ms.gov
Tallahatchie	Clint Gee	662.459.9753	Clinton.Gee@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	Pamela.Williams@medicaid.ms.gov
Warren	Justin Griffin	601.206.2922	Justin.Griffin@acs-inc.com
Washington	Ekida Wheeler	601.572.3265	ekida.wheeler@acs-inc.com
Wayne	Kimberly Guyton-Rice	601.206.2961	Kimberly.Guyton@acs-inc.com
Webster	Rhonda Evans	601.359.1370	Rhonda.Evans@medicaid.ms.gov
Wilkinson	Justin Griffin	601.206.2922	Justin.Griffin@acs-inc.com
Winston	Cherry Woods	601.206.3013	cherry.woods@acs-inc.com
Yalobusha	Clint Gee	662.459.9753	Clinton.Gee@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	601.206.3028	tamara.cry@acs-inc.com
Mobile, Alabama	Connie Mooney	601.572.3253	connie.mooney@acs-inc.com
Arkansas	Tamara Cry	601.206.3028	tamara.cry@acs-inc.com
Louisiana	Tamara Cry	601.206.3028	tamara.cry@acs-inc.com
Tennessee	Tamara Cry	601.206.3028	tamara.cry@acs-inc.com
Memphis, Tennessee	Cynthia Morris	601.572.3237	cynthia.morris@acs-inc.com
Montana	Tamara Cry	601.206.3028	tamara.cry@acs-inc.com
Nebraska	Tamara Cry	601.206.3028	tamara.cry@acs-inc.com
Other	Tamara Cry	601.206.3028	tamara.cry@acs-inc.com

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Mississippi Medicaid Manuals are on the Web www.medicaid.ms.gov
 And Medicaid Bulletins are on the Web Portal <http://msmedicaid.acs-inc.com>

June 2011

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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	2 EDI Cut Off 5:00 p.m.	3	4
5	6 CHECKWRITE	7	8	9 EDI Cut Off 5:00 p.m.	10	11
12	13 CHECKWRITE	14	15	16 EDI Cut Off 5:00 p.m.	17	18
19	20 CHECKWRITE	21	22	23 EDI Cut Off 5:00 p.m.	24	25
26	27 CHECKWRITE	28	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 while funds are not transferred until the following Thursday.