The Division of Medicaid requires that all providers code claims accurately (1) to ensure proper payments for covered services, (2) to preserve the integrity of data used to evaluate processes and outcomes of healthcare for the Mississippi Medicaid beneficiaries, and (3) to prevent waste, fraud, and abuse.

Providers are responsible for adhering to guidance provided by all current state and/or federal policy and statute. All providers submitting claims to Mississippi Medicaid are responsible for selection of the correct codes for the services provided to the beneficiary by following the guidelines listed in current publications for the following coding methodologies.

- Current Procedural Terminology (CPT)
- Level II HCPCS
- ADA Dental Codes
- Revenue Codes
- ICD-9 for Diagnoses and Procedures
- National Drug Classification (NDC)

Providers must maintain complete documentation which supports the reporting of the codes billed on the claims for a minimum of five (5) years or until the completion of any existing investigation surrounding the records.

The ultimate responsibility for codes reported on the claims billed to Mississippi Medicaid is with the provider billing for the services. Providers are not exempt from risks that may be associated with the use of coding consultants, staffing or billing companies, or computer systems and software used for coding and billing activities.