

Division of Medicaid	New:	Date:
State of Mississippi	Revised: X	Date: 10/01/09
Provider Policy Manual	Current:	
Section: Durable Medical Equipment	Section: 10.04	
Subject: Dual Eligibles	Pages: 1	
	Cross Reference:	
	Billing Procedures 6.03	

Mississippi law requires providers participating in the Medicaid program to determine if a beneficiary is covered by a third source, and to file and collect all third party coverage prior to billing Medicaid. This includes beneficiaries who are Medicare/Medicaid (dual) eligible. Refer to Section 6.03 of the Provider Policy Manual for billing procedures policy.

Providers may file a claim with Medicaid for equipment, orthotics, prosthetics, and supplies not covered by Medicare if the reason for the Medicare denial is other than for medical necessity. The provider must submit a hard copy of the CMS 1500 claim form, using Medicaid specific codes, and a copy of the Medicare EOB denial. This must be mailed to:

HealthSystems of Mississippi
175 East Capitol, Suite 250, Lockbox 13
Jackson, MS 39201

All durable medical equipment items submitted for Mississippi Medicaid benefits must satisfy all coverage criteria.

A retrospective review will be completed for the dual eligible cases, and the request will be forwarded to the fiscal agent for processing.

The six (6) month timely filing limitation for filing crossover claims is applicable with NO exceptions.