



Montana Medicaid

CLAIM JUMPER

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Reenrollment Begins in January

To prepare for NPI, the Department of Public Health and Human Services is requiring all Medicaid, CHIP, and MHSP providers to reenroll with ACS with their NPI before the May 23, 2007, compliance deadline. ACS will start processing the new enrollments in January 2007. The Department strongly encourages providers to use the Montana Access to Health (MATH) web portal for this reenrollment as it alerts providers to missing information. Also, online applications are processed more quickly; paper applications are not guaranteed to process by May 23, 2007, and may cause your claims to deny.

Providers will continue to bill with their proprietary provider number until May 23, 2007, and will use their NPI after that date.

If you need information about NPI or you have not registered to use the web portal, visit www.mtmedicaid.org.

Changes in Provider-Based Facility Billing and Reimbursement

On January 1, 2007, Montana Medicaid will be changing the way provider-based facility claims are billed and paid.

Billing Guidelines

- **Use of revenue code 510.** Provider-based facilities must bill using revenue code 510 (clinic services) for services provided in a provider-based clinic unless Appendix 3 of the UB manual recommends the use of another revenue code for a specific service. Only provider-based facilities can use revenue code 510. If a non-provider-based facility bills revenue code 510, the claim will deny.

- **CMS-1500/837P.** Only CPT codes for evaluation and management services, procedure codes and the professional component may be billed on a CMS-1500 or 837P claim for professional reimbursement in provider-based facilities. Professionals in provider-based facilities must bill using place of service 22 (outpatient) so that the correct site-of-service differential is paid for RBRVS-reimbursed procedures.

The exceptions are obstetric services and Vaccines For Children, which will be billed as non-provider-based services using place of service 11 (office).

- **UB-92/837I.** All other billable supplies, injectables, drugs, imaging, diagnostics, laboratory and any other services must be billed on a UB-92 or 837I claim under the appropriate revenue code using the provider-based facility provider number.

Payment Changes

Reimbursement for provider-based services billed with revenue code 510 will

be 80 percent of the allowed amount for the service. Other revenue codes will be paid at 100 percent of the applicable rate. Total reimbursement for the claim will be limited to the total claim charge. These changes apply only to providers paid under the Outpatient Prospective Payment System (OPPS). Critical access and exempt hospitals are not subject to this change.

If you have questions about provider-based facility reimbursement, please contact Provider Relations.

Publications Reminder

It is providers' responsibility to be familiar with Medicaid manuals, fee schedules, and notices for their provider type, as well as other information published in the *Claim Jumper* and on the Medicaid website (mtmedicaid.org).

Prior Authorization on the Move

Effective January 1, 2007, responsibility for the prior authorization of DMEPOS and physician related services will be transferred from SURS/PA to the Mountain Pacific Quality Health Foundation (MPQHF). As of January 1, please direct your PA requests to:

Mountain-Pacific Quality Health Foundation
3404 Cooney Drive
Helena, MT 59602

Fax: Local 443-4584
Long distance
1-800-497-8235

Phone: Local 443-4020, ext. 5850
Long distance
1-800-262-1545, ext. 5850

Please contact Liz Harter, SURS Supervisor, at (406) 444-4586 if you have any questions about this transfer and transition.

Submitted by Liz Harter, DPHHS

Understanding 837 Qualifiers

Are you someone with billing responsibility and want a better understanding of electronic billing? If so, we would like to point out some specific qualifiers to use or look for when dealing with certain issues.

For 837 Professional, Institutional and Dental Claims

- **Loop 2300, REF Segment, Element 01.** If a "G1" is present, that indicates the next number in the segment will be a prior authorization number. If a "9F" is there, that means the next number will be a PASSPORT number. This loop may be repeated to show both. Do not use this loop for Medicare information.
- **Loop 2320, SBR Segment, Element 09.** A "ZZ" qualifier here indicates Indian Health Service or Crime Victims Fund, both of which are unique because they pay after Medicaid.
- **Loop 2430.** This loop is used to report Medicare information or line item detail from other payers. The claim adjustment reason code (CAS segment, elements 02, 05, 08, 11, 14 or 17) is used to report Medicare deductible and coinsurance. Report Medicare deductible with reason code "1" and Medicare coinsurance with reason code "2."

For 837 Professional Claims

- **Loop 2000B, PAT Segment, Element 09.** A "Y" indicates Pregnancy.
- **Loop 2400, SV1 Segment, Element 09.** For Emergency will show "Y."
- **Element 11.** For EPSDT will show "Y."
- **Element 12.** For Family Planning will show "Y."
- **Other insurance information.** Indicate third party insurance payments in loop 2320, segment AMT02, qualifier D (Payer Amount Paid), or in loop 2430, segment SVD02 (Service Line Paid Amount).

For 837 Institutional Claims

- **Loop 2300, HI Segments 01-12, Elements 02, 05.** To indicate EPO units, report a value code of "68."
- **Loop 2300, HI Segments 01-12, Element 02.** To indicate Family Planning Services, use condition code "A4."
- **Loop 2300, HI Segments 01-12, Element 02.** To indicate Pregnant, use condition code "B3."
- **Loop 2300, REF Segment, Element 02.** To indicate Emergency Care, use service authorization exception code "3."
- **Other insurance information.** Indicate third party insurance payments in loop 2320, segment AMT02, qualifier C4 (Other Payer Paid Amount), or in loop 2430, segment SVD02 (Service Line Paid Amount).

For 837 Dental Claims

- **Loop 2400, REF Segment, Element 01.** A "G1" indicates Prior Authorization.
- **Other insurance information.** Indicate third party insurance payments in loop 2320, segment AMT02, qualifier D (Payer Amount Paid), or in loop 2430, segment SVD02 (Service Line Paid Amount).

Changes in Emergency Department Reimbursement

Effective for dates of service beginning January 1, 2007, Montana Medicaid will be changing the way both professional (CMS-1500) and facility (UB-92) claims for emergency department services are paid:

- Most facility services provided in an emergency department (except those in a critical access hospital or exempt facility) will be reimbursed under the Outpatient Prospective Payment System (OPPS). Payment for CPT codes 99281 and 99282 will be calculated using the OPPS at the lowest clinic visit level, regardless of "emergency medical condition."
- Providers filing professional claims will no longer need to use procedure code 99050 to indicate the client is under 2 years old and is seen in the emergency room on a weekday outside of regular office hours.

- Outpatient emergency departments and professional services rendered in an emergency department will be exempt from PASSPORT and cost-share requirements.
- Professional claims for emergency department services must be identified by place of service 23. Institutional claims for emergency department services must be identified by revenue codes in the 45X or 68X ranges.
- Claims for Dedicated Emergency Departments (DED) will continue to be submitted using the professional (CMS-1500) claim form.

If you have questions about emergency department reimbursement, please contact Provider Relations.

Claim Attachments

Providers can submit electronic claims to ACS even if they need to include separate paper documentation. Simply mail or fax the documentation with the paperwork attachment cover sheet available on www.mtmedicaid.org.

There are two types of attachments: claim-specific and non-claim specific. Claim-specific attachments are TPL attachments indicating the claim was either denied by the other payer or the full allowed amount was applied to the other payer deductible. Non-claim-specific attachments include sterilization forms, abortion forms, hysterectomy forms and FA-455 forms. Non-claim-specific attachments will be copied and imaged as a paperwork attachment to be referenced for other claims submitted for that client. Claim-specific attachments need to be sent separately with the paperwork attachment cover sheet.

14,250 copies of this newsletter were printed at an estimated cost of \$.38 per copy, for a total cost of \$5,492.49, which includes \$2,514.56 for printing and \$2,977.93 for distribution.

Alternative accessible formats are available by calling the DPHHS Office of Planning, Coordination and Analysis, at (406) 444-9772.

Recent Publications

The following are brief summaries of recently published Medicaid information and updates. For details and further instructions, download the complete document from www.mtmedicaid.org, the Provider Information website. Select **Resources by Provider Type** for a list of resources specific to your provider type. If you cannot access the information, contact Provider Relations at (800) 624-3958 or (406) 442-1837 in Helena or out-of-state.

| Recent Publications Available on Website | | |
|---|--|---|
| Date | Provider Type | Description |
| Notices | | |
| 11/08/06 | DMEPOS, Physicians, Mid-Level Practitioners, Lab and X-ray, Podiatrists, IDTF, Public Health Clinics, Speech Therapists, Physical Therapists, Occupational Therapists | Prior Authorization on the Move |
| 11/21/06 | Pharmacy, Physician, Mid-Level Practitioner | Abilify® Dose Consolidation |
| Fee Schedules | | |
| 11/09/06 | Hospital Inpatient | DRG relative values, average length of stay and outlier thresholds |
| 11/12/06 | Schools | Revised fee schedule |
| 11/15/06 | Hospital Inpatient, Mental Health Center, Physician, Mid-Level Practitioner, Psychologist, Psychiatrist, Social Worker, Licensed Professional Counselor, Mental Health Case Management | Revised fee schedule for Medicaid mental health and MHSP services for clients 18 years of age and older |
| 11/21/06 | DMEPOS | Revised fee schedule |
| 11/28/06 | Hospital Outpatient | APC schedule, outpatient procedure fee schedule |
| Other Resources | | |
| 11/06/06, 11/12/06, 11/20/06, 11/28/06 | All Provider Types | What's New on the Site This Week |
| 11/06/06 | All Provider Types | Updated carrier codes sorted by ID number and name |
| 11/09/06 | Pharmacy | Updated PDL |
| 11/09/06 | All Provider Types | New "Contact Us" link added to left column navigation menu |
| 11/14/06 | All Provider Types | December 2006 <i>Claim Jumper</i> |
| 11/15/06 | All Provider Types | Emergency Diagnosis and Procedure Codes List |
| 11/16/06 | All Provider Types | Updated remittance advice notice |
| 11/17/06 | All Provider Types | News item regarding delay of e!SOR and 835 files added to home page |
| 11/20/06 | All Provider Types | "NPI: Get It. Share It. Use It." article added to NPI page |
| 11/20/06 | All Provider Types | News item regarding NPI update added to home page |
| 12/01/06 | All Provider Types | Link to the CMS State Medicaid Manual added to Web Links page |

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ACS
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Key Contacts

Provider Information website: <http://www.mtmedicaid.org>

ACS EDI Gateway website: <http://www.acs-gcro.com>

ACS EDI Help Desk (800) 624-3958

Provider Relations

(800) 624-3958 (In and out-of-state)

(406) 442-1837 (Helena)

(406) 442-4402 Fax

Email: MTPRHelpdesk@ACS-inc.com

TPL (800) 624-3958 (In and out-of-state)

(406) 443-1365 (Helena)

(406) 442-0357 Fax

Direct Deposit Arrangements (406) 444-5283

Verify Client Eligibility

FAXBACK (800) 714-0075

Automated Voice Response (AVR) (800) 714-0060

Point-of-Sale Help Desk for Pharmacy Claims (800) 365-4944

PASSPORT (800) 362-8312

Prior Authorization

DMEPOS (406) 444-6977

Mountain-Pacific Quality Health Foundation (800) 262-1545

First Health (800) 770-3084

Transportation (800) 292-7114

Prescriptions (800) 395-7961

Provider Relations
P.O. Box 4936
Helena, MT 59604

Claims Processing
P.O. Box 8000
Helena, MT 59604

Third Party Liability
P.O. Box 5838
Helena, MT 59604