



# Montana Medicaid

# CLAIM JUMPER

Volume XXIII, Issue 6, June 2008

## In This Issue

Revised NDC Instructions Available ..	1
Frequently Asked Questions About NPI and Reenrollment .....	1
AVRS/FaxBack Functionality Enhanced .....	1
Billing for Incontinence Products .....	1
CHIP Extended Dental Plan Accepts New Requests June 1, 2008 .....	1
New Rules for Case Management .....	1
Electronic Billing Tips for DME and Hearing Aid Providers .....	2
Publications Reminder .....	2
Immunization Administration for Vaccines/Toxoids .....	2
RHC/FQHC Taxonomy on Provider Encounters in Hospitals .....	2
Recent Publications .....	3

## Revised NDC Instructions Available

Revised instructions for billing with the National Drug Code (NDC) for providers using the CMS-1500 and 837-P have been posted to [www.mtmedicaid.org](http://www.mtmedicaid.org) (see notice dated April 9, 2008). Effective April 1, 2008, Montana Medicaid requires all claims submitted for physician-administered drugs to include the NDC(s), the corresponding CPT/HCPCS code, unit type, and the units administered for each procedure code and NDC.

## Frequently Asked Questions About NPI and Reenrollment

By May 23, 2008, reenrollment and use of NPI on claims submitted to Montana's Healthcare Programs will be required for all provider types (institutional, professional, and pharmacy). Frequently Asked Questions about NPI and reenrollment have

been posted at [www.mtmedicaid.org](http://www.mtmedicaid.org) (see noticed dated May 12, 2008). If you have further questions, please contact Provider Relations at (800) 624-3958 or 442-1837.

## AVRS/FaxBack Functionality Enhanced

AVRS/FaxBack has been enhanced to allow providers with multiple enrollments and different fax numbers for one NPI to verify eligibility. Providers can also complete eligibility inquiries on the MATH web portal. If you have any questions, please contact ACS Provider Relations at 1-800-624-3958.

## Billing for Incontinence Products

Effective April 1, 2008, T4521 through T4537 and T4539 through T4543 are available for providers to bill incontinence products. For providers who have blanket denials for codes A4520 and A4335, requests for revised blanket denials will need to be completed by June 30, 2008. On June 30, 2008, codes A4520 and A4335 will no longer be available. The T codes are more specific to the type of incontinence product being distributed by Montana Medicaid durable medical equipment providers. These codes will be paid the "by report" percentage of 75% of billed charges. Also maximum allowable amounts will be attached to each code. The allowables are 180 disposable diapers per month, 36 reusable diapers, underpads, liners/shields per year (3 per month), and 240 disposable underpads per month.

Because the T codes are product specific, providers will no longer be required to provide a description.

*Submitted by Fran O'Hara, DPHHS*

## CHIP Extended Dental Plan Accepts New Requests June 1, 2008

Montana's Children's Health Insurance Plan (CHIP) will again offer the Extended Dental Plan (EDP) for CHIP enrolled

children with significant dental needs effective July 1, 2008. This program provides payment for dental services *in addition* to the CHIP Basic Dental plan. The dental provider must complete the "Request for Extended Dental Benefits" form and CHIP must approve the request *prior to providing services*. The dental services are provided to the child after July 1 and within 90 days of the approval determination.

The EDP request form is a treatment plan that includes the services the patient needs, estimated charges, patient information, and the provider's signature. Once CHIP receives the completed form, providers are notified of the approved services within 10 working days. EDP services are not provided until the request is approved. **CHIP will accept EDP requests as of June 1, 2008.** The request form is available on the CHIP website at [www.chip.mt.gov](http://www.chip.mt.gov) under the "Provider Resource" tab or contact CHIP at 1-877-543-7669.

The CHIP Extended Dental Plan allows children to receive additional billed services up to \$1176 after they've met their CHIP Basic Dental plan limit. EDP benefits are reimbursed at 85% of the provider's billed services.

The CHIP Extended Dental Plan is an ongoing benefit of the CHIP dental plan. EDP funding is limited. When all funds are allocated, new funding is available again the next July. If a child previously received EDP services, please contact CHIP to find out if he/she is again eligible.

*Submitted by Barbara Arnold  
CHIP Dental & Eyeglass Manager*

## New Rules for Case Management

Effective March 3, 2008, a new federal rule (CMS-223-IFC) changes how Medicaid will reimburse targeted case management and case management activities. The rule changes the way case management is performed in order to be reimbursed by Medicaid. The Centers for Medicare and Medicaid Services (CMS) have indicated all claims filed with a date of service on or after April 1, 2008, must be in compliance with the federal rule. The

State has been working with CMS regarding implementation details of the new rule.

The Department projects revised state case management administrative rules that govern billing for and reimbursement of Medicaid case management services will be effective September 1, 2008.

The changes required by the federal rule for the following Medicaid case management services are outlined in the provider notice available at [www.mtmedicaid.org](http://www.mtmedicaid.org):

- Waivers
- Single case manager
- 15-minute unit
- Definition of case management
- Right to refuse case management
- Freedom of choice
- No gate keeping
- Transportation
- Case records
- Transitioning to community

*Submitted by Jo Thompson, DPHHS*

## Electronic Billing Tips For DME and Hearing Aid Providers

Providers can submit electronic claims to ACS even if they need to include separate paper documentation. Simply mail (P.O. Box 8000, Helena, MT 59604) or fax (406-442-4402) the documentation with the paperwork attachment cover sheet available on [www.mtmedicaid.org](http://www.mtmedicaid.org).

There are two types of attachments: claim-specific and non-claim specific. Claim-specific attachments include descriptions of miscellaneous or undefined procedure codes and 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 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.

Providers who submit claims with miscellaneous or undefined procedure codes that require descriptions should *always* send a paperwork attachment for the descriptions. Descriptions included in the ANSI X12 transactions are not included on the claim record in the claims processing system. Therefore, it is important that even if you submit the transaction with a description you also send the description as a paperwork attachment. It is important to send the paperwork attachment indicator on the X12 to serve as notification that paperwork was sent and can be reviewed. Claims will be denied if a paperwork attachment is not sent for those miscellaneous codes that need a description.

## 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](http://mtmedicaid.org)).

## Immunization Administration for Vaccines / Toxoids

### From CPT 2008 Professional Edition

In the pediatric population, the delivery of immunizations is an inherently different service than it is in the adult population. Children are given some 25 recommended and/or mandated vaccines before the age of 18, the majority of which are administered during early childhood years when reactions can be more frequent and more severe. Children react differently to vaccines due to the physiologic differences inherent in their developing brains, which may cause them to react with neurological events such as seizures and sequelae of an encephalopathic nature.

During the past decade, a number of new vaccines have been approved for use by the Food and Drug Administration (FDA) and incorporated into the 2003 Recommended Childhood Immunization Schedule. Therefore, a new series of codes (90465-90468) for immunization administration was added to *CPT 2005*.

### Use of Codes 90465, 90467, 90371 and 90373 on the Same Claim for the Same Date of Service

The physician needs to determine which of these two codes he/she will use as the primary administration/injection code. All other administration/injection codes will need to be billed as add-on codes.

### What Services Are Included In the Immunization Administration Codes?

The following services are included in the immunization administration CPT codes:

- Administrative staff services such as making the appointment, preparing the patient chart, billing for the service, and filing the chart
- Clinical staff services such as greeting the patient, taking routine vital signs, obtaining a vaccine history on past reactions and contraindications, presenting a vaccine information sheet, answering routine vaccine questions, preparing and administering the vaccine with chart documentation, and observing for any immediate reaction

**NOTE:** There can be only one initial administration code (90465, 90467, 90471, 90473). For each additional administration you need to use an add-on code (90466, 90468, 90472, 90474). Be sure to use the appropriate modifier (SL) with each VFC administration. (The type of vaccine administration is different for each of these codes but the same services are built into the payment of these codes and if both are billed, it's like saying, "I'm doing everything twice.")

**NOTE:** You may bill for administration services only if performed by, or under the direct supervision of, a reimbursable professional (i.e. physician, mid-level). All administration of VFC vaccines must be billed on a CMS-1500 at no charge for the VFC-supplied vaccine and the administration should have the appropriate modifier (SL) to be reimbursed for the federal mandated administration rate of \$14.13. (See fee schedule for changes.)

*Submitted by Patricia Osterhout, DPHHS*

## RHC/FQHC Taxonomy on Provider Encounters in Hospitals

Due to NPI there are required changes in billing on CMS-1500 (professional). One of the changes that affected RHC/FQHC providers is the necessity of reporting a rendering physician and pay-to provider on the 837P or CMS-1500 claim form when billing professional encounters in a hospital setting.

Until now there has been a problem with accepting claims where the RHC/FQHC provider is the pay-to provider and they are using the corresponding NPI and taxonomy for the rendering provider.

Changes have been made in the claims processing system and it is now required that the RHC/FQHC providers *must* report a rendering provider NPI and taxonomy (person who actually encountered the patient) and a pay-to provider (entity who will be paid for the encounter) on professional claims. These cannot be the same numbers.

Please re-submit, electronically, any claims that were denied as there will NOT be a mass adjustment.

For more information and billing specifics, see the provider notice located on [www.mtmedicaid.org](http://www.mtmedicaid.org).

*Submitted by Patricia Osterhout, DPHHS*

14,250 copies of this newsletter were printed at an estimated cost of \$.36 per copy, for a total cost of \$5,174.93, which includes \$2197 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](http://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.

<b>Recent Publications Available on Website</b>		
<b>Date</b>	<b>Provider Type</b>	<b>Description</b>
<b>Notices and Replacement Pages</b>		
04/01/08	Pharmacy, Physician, Mid-Level Practitioner	Preferred Drug List (PDL): Brand Products No Longer Preferred Over Generics
04/02/08	Outpatient Hospital, Emergency Room, Podiatry, Physician, Mid-Level Practitioner, IDTF, Free-Standing Dialysis Clinic, Birthing Center, Laboratory and X-Ray, Pharmacy, Public Health Clinic, Psychiatry, Ambulatory Surgical Center	Billing Procedures Regarding National Drug Code (NDC) (revised)
04/09/08, 04/21/08, 04/22/08	Podiatry, Physician, Mid-Level Practitioner, IDTF, Laboratory and X-Ray, Public Health Clinic, Psychiatry, ASC, Pharmacy	Billing Procedures Regarding National Drug Code (NDC) for Providers Using the CMS-1500 and 837P
04/14/08	DME	New Codes for Disposable and Reusable Incontinence Products
04/17/08	School-Based Services	Montana Healthcare Schools Re-enrollment and Billing CSCT (removed)
04/22/08	Pharmacy, Physician, Mid-Level Practitioner	Effexor XR® Dose Consolidation (revised)
04/30/08	Passport	Passport manual replacement pages: Key Contacts
05/01/08	RHC, FQHC, Physician, Mid-Level Practitioner	RHC/FQHC Taxonomy on Provider Encounters in Hospitals
05/06/08	Case Management, Targeted Case Management, Home and Community-Based Services	New Rules for Case Management
05/07/08	Chemical Dependency	New Rules for Case Management
<b>Other Resources</b>		
03/31/08, 04/07/08, 04/14/08, 04/21/08, 04/28/08	All Provider Types	What's New on the Site This Week
03/31/08	Pharmacy	PDL and PDL Quicklist noted as "Under Review by DPHHS" and links removed
04/02/08	Pharmacy	Updated PDL
04/04/08	All Provider Types	Revised news item regarding NPI and Taxonomy Paper Claim Instructions
04/07/08	All Provider Types	Vendor information updated on Tamper-Resistant Pad Vendors page
04/08/08	Pharmacy	Request for Information: Acquisition Costs
04/11/08	All Provider Types	May 2008 <i>Claim Jumper</i>
04/15/08, 04/16/08	All Provider Types	News item regarding Providers to Receive Paper Checks
04/16/08	All Provider Types	News item regarding AVRS/FaxBack Functionality Enhanced
04/21/08	Pharmacy	Agenda for May 28 DUR Board meeting
04/29/08	All Provider Types	News item regarding May 7 Is "Legacy Free" Day — An Opportunity to Check Your NPI Readiness!
04/30/08	Pharmacy	New Suboxone® Criteria Sheet

Montana Medicaid  
ACS  
P.O. Box 8000  
Helena, MT 59604

PRSR STD  
U.S. Postage  
PAID  
Eau Claire, WI  
Permit No. 366

## 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](mailto: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

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

Mountain-Pacific Quality Health Foundation—DMEPOS/Medical

(406) 457-5887 local, (877) 443-4021, ext. 5887 long-distance

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