



Montana Health Care Programs

CLAIM JUMPER

Volume XXIV, Issue 11, November 2009

In This Issue

Updating a Client's Third-Party Liability.....	1
New Eligibility System Implemented October 1	1
SmartPA® Prior Authorization for Synagis® for Physicians, Mid-Level Practitioners and Public Health Clinics	1
Top 15 Claim Denial Reasons	1
Billing Medicaid Clients Directly..	2
Publications Reminder	2
Adult Mental Health Services Program Contacts—Updated	2
Recent Publications	3

1. Please continue to follow your usual procedures for verifying eligibility each time a Medicaid patient visits your office for services. Contact your local OPA office for assistance with eligibility issues.

SmartPA® Prior Authorization for Synagis® for Physicians, Mid-Level Practitioners and Public Health Clinics

Medicaid will no longer reimburse physicians, mid-level practitioners and Public Health Clinics for Synagis (90378) but will only reimburse for the

administration of the Synagis. Synagis can be acquired through the Pharmacy Program and administered by providers.

The Department has made changes to the Synagis criteria based on new epidemiologic information and guidance from the American Association of Pediatrics. The updated criteria are listed in the provider notice titled "Update: SmartPA® Prior Authorization for Synagis®" dated September 28, 2009. Synagis® will be approved during Montana's RSV season from November 1-April 30 (epidemiology will be monitored to adjust for seasonal variance).

Submitted by Bob Wallace, DPHHS

Updating a Client's Third-Party Liability

When a client's third-party liability (TPL) insurance closes, ACS doesn't automatically receive notification. We rely on providers and clients for these updates. When providers learn about a client's terminated insurance, please call Provider Relations with that information; then TPL staff can verify the dates and update the eligibility system.

Please have the client's name, insurance company name, and term date (if available) when calling. Provider Relations can be reached at (800) 624-3958 or (406) 442-1837.

New Eligibility System Implemented October 1

DPHHS' new eligibility system, the Combined Health Information and Montana Eligibility System (CHIMES), was implemented October

Top 15 Claim Denial Reasons

Exception	September Ranking	August Ranking
RECIPIENT NOT ELIGIBLE DOS	1	1
EXACT DUPLICATE	2	3
REFILL TOO SOON	3	2
DRUG CONTROL CODE = 2 (DENY)	4	4
RATE TIMES DAYS NOT = CHARGE	5	6
PASSPORT PROVIDER NO. MISSING	6	7
REV CODE INVALID FOR PROV TYPE	7	5
CLAIM INDICATES TPL	8	8
PA MISSING OR INVALID	9	9
RECIPIENT COVERED BY PART B	10	10
SUBMIT BILL TO OTHER PROCESSOR OR PRIMARY PAYER	11	11
SLMB OR QI-1 ELIGIBILITY ONLY	12	12
SUSPECT DUPLICATE	13	14
DEPRIVATION CODE RESTRICTED	14	18
INVALID CLIA CERTIFICATON	15	17

Billing Medicaid Clients Directly

In most circumstances, providers can't bill clients for services covered under Medicaid. More specifically, providers can't bill clients directly:

- For the difference between their charges and the amount Medicaid paid.
- For a covered service provided to a Medicaid-enrolled client who was accepted as a Medicaid client, even if the claim was denied because of billing errors.
- When a third-party payer does not respond.
- When a client fails to arrive for a scheduled appointment without cancelling or rescheduling in advance. Medicaid does not reimburse for no-show appointments.
- When services are provided free to the client, such as in a public health clinic, Medicaid can't be billed for those services.

Providers may not send bills to Medicaid clients for information purposes only.

Providers may bill Medicaid clients directly under the following circumstances:

- Cost share. Providers may choose to collect client cost share at the time of service or bill the client later.

- For services not covered by Medicaid, as long as the provider and client have agreed in writing prior to providing services.
- When the provider does not accept the client as a Medicaid client, it is sufficient for the provider to use a routine agreement to inform the client that he or she is not accepted as a Medicaid client, and that the client agrees to be financially responsible for the services received.
- When the client has been accepted as a Medicaid client, but the services are not covered by Medicaid, the services can be billed to the client only after the provider has informed the client in writing (before providing the service) that those services are not covered by Medicaid, and the client has agreed to pay for the specific services on a private-pay basis. In this case, a routine agreement will not suffice. Under certain circumstances, providers may need a signed custom agreement in order to bill a Medicaid client.

There are two types of agreements:

- Routine agreement: This may be a routine agreement between the provider and client which states that the client is not accepted as a Medicaid client, and that he or she must pay for the services received.
- Custom agreement: This agreement lists the service and date the client is receiving the service and states that the service is not covered by

Medicaid and that the client is responsible for payment.

Even if the claim crosses over from Medicare automatically, the provider cannot bill the client without the prior private pay agreement.

For more information on billing Medicaid clients and a chart showing when a Medicaid client can be billed, see the "Billing Procedures" chapter in the provider manual for your provider type.

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 (www.mtmedicaid.org).

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 \$2,197 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.

Adult Mental Health Services Program Contacts – Updated

****Always contact ACS Provider Relations first for questions about claims****

Medicaid

Marcia Armstrong (444-2878)

- HCBS Waiver
- Medicare crossover

Helen Higgins (444-3055)

- Claim denials
- Billing questions
- Inpatient hospital

Deb Sanchez (444-2706)

- Prior authorized services
- First Health liaison
- Administrative reviews and appeals

72-Hour Presumptive

Becky Corbett (444-9530)

- Application processing
- Payment authorization and information
- Claim denials

Cindy Jensen (444-3356)

- Clinical review of 72-Hour Program forms
- Provider training

Deb Sanchez (444-2706)

- Administrative reviews and appeals
- Claim denials

MHSP

Linda Nelson (444-9330)

- Financial eligibility
- Inaccurate eligibility status
- Missing or duplicate cards
- Claim denials

Cindy Jensen (444-3356)

Clinical review of:

- Eligibility Applications
- Prior authorization requests

Deb Sanchez (444-2706)

- Administrative reviews and appeals
- Claim denials

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 and Replacement Pages		
09/08/09, 09/21/09	Inpatient Hospital, Outpatient Hospital, Freestanding Dialysis Clinic	Billing Procedures Regarding National Drug Code (NDC) When Using a UB-04
09/09/09	Pharmacy, Physician, Mid-Level Practitioner	First DataBank, Medi-Span, and McKesson AWP Litigation Settlements: Pharmacy Reimbursements May Be Impacted by Upcoming Reporting Change
09/22/09	Outpatient Hospital, Emergency Room, Podiatry, Physician, Mid-Level Practitioner, IDTF, Freestanding Dialysis Clinic, Birthing Center, Laboratory and X-ray, Pharmacy, Public Health Clinic, Psychiatry, Ambulatory Surgical Center	NDC Billing Tools
09/29/09	Physicians, Mid-Level Practitioners, Pharmacies	Update: SmartPA® Prior Authorization for Synagis®
10/01/09	All Provider Types	Healthy Montana Kids Plan
Fee Schedules		
09/01/09	Mental Health Center, Psychologist, Psychiatrist, Social Worker, Licensed Professional Counselor, Physician, Mid-Level Practitioner, Inpatient Hospital	Revised 72-hour presumptive eligibility program for crisis stabilization individuals 18 years and older fee schedule
09/09/09	Targeted Case Management (Non-Mental Health)	Fee schedule
09/09/09	Outpatient Hospital	Revised outpatient procedure fee schedule
09/10/09	Optician, Optometric	Fee schedule
09/15/09	Home Infusion Therapy	Fee schedule
09/24/09	Home and Community-Based Services	Elderly and Disabled fee schedule
09/29/09	School-Based Services	Fee schedule
Other Resources		
09/01/09, 09/08/09, 09/14/09, 09/21/09, 09/29/09	All Provider Types	What's New on the Site This Week
09/01/09, 09/24/09	Pharmacy	Updated PDL
09/02/09	All Provider Types	News item regarding Holiday eSOR Schedule
09/08/09	Pharmacy	September 23, 2009, DUR Board meeting agenda
09/14/09	All Provider Types	October 2009 <i>Claim Jumper</i>
09/15/09	Pharmacy	DUR Board meeting minutes for February 2009, April 2009, May 2009
09/17/09	All Provider Types	News item regarding Eligibility Systems Maintenance
09/17/09	Physician, Podiatry, Mid-Level Practitioners, IDTF, Birthing Center, Laboratory and X-ray, Public Health Clinics, Outpatient Hospital, Emergency Room, Freestanding Dialysis Clinic, Pharmacy, Psychiatry, Ambulatory Surgical Center	Most Commonly Used NDCs
09/21/09	All Provider Types	Revised news item regarding List of Eligible Drug Manufacturers Updated
09/22/09	All Provider Types	Revised Healthy Montana Kids Coverage Group/Children's Special Health Services Orthodontia Treatment Plan form posted on Forms page
09/23/09	All Provider Types	Claims Instructions added to left column navigation menu with link to new page
09/24/09	Passport, Team Care, Nurst First	News item regarding Important Notice: Montana Medicaid for children is now Healthy Montana Kids <i>Plus</i>
09/29/09	All Provider Types	News item regarding New Eligibility System to Be Implemented October 1

Montana Health Care Programs
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

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