



Montana Health Care Programs

CLAIM JUMPER

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In This Issue

Presumptive Eligibility for Pregnant Women	1
Publications Reminder	1
Disenrolling a Passport Client	1
Top 15 Claim Denial Reasons	1
2009 H1N1 Influenza Vaccine and Administration	2
HCBS Elderly and Physically Disabled Waiver Fee Schedule Updated	2
Hospice Providers Rate Increase . . .	2
Medically Needy Reimbursement . . .	2
Limits on Ostomy Supplies	2
Recent Publications	3

Presumptive Eligibility for Pregnant Women

The Physician's Program is reminding our providers of the following service they may be interested in providing to their Montana Medicaid clients.

To encourage prenatal care, uninsured pregnant women may receive "presumptive eligibility" for Medicaid. If the client presents a Presumptive Eligibility Notice of Decision, call (800) 932-4453 to confirm presumptive eligibility. See Appendix C: Forms in the *General Information for Providers* manual for a sample Presumptive Eligibility Notice of Decision (DPHHS HCS-428). Presumptive eligibility may be for only part of a month and does not cover inpatient hospital services, but does include all other applicable Medicaid services listed on the Covered Services table in Appendix A of the general manual.

Designated providers determine presumptive eligibility and give the client a Presumptive Eligibility Notice of De-

cision. To be a designated provider, the provider must complete an application and provide one of the following services: outpatient hospital, rural health clinic, or clinic services under physician direction. For education in becoming a QPEP or for eligibility questions, please contact Teri McDonald at (406) 755-8201.

Submitted by Connie Olson, DPHHS

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).

Disenrolling a Passport Client

Do you have a client on your Passport caseload that you have never seen but for whom you are consistently asked to give referrals? If a client is seeking care with a different Passport provider, you may choose to disenroll them from your Passport caseload.

A provider may disenroll a Passport or Team Care client for reasons that include the following:

- The client does not establish care with the Passport Provider.
- The provider-patient relationship is mutually unacceptable.

Top 15 Claim Denial Reasons

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

- The client fails to follow prescribed treatment.
- The client is abusive.
- The client could be better treated by a different type of provider, and a referral process is not feasible.

When you disenroll a Passport client a written notice must be sent to them and you must continue to treat or refer the client for treatment for 30 days. You must also fax a copy of the letter to ACS at 406-442-2328. ACS will remove the client from your caseload and send the client a notice to choose another provider.

2009 H1N1 Influenza Vaccine and Administration

The Medicaid Physician, Mid-Level Practitioner, and Public Health Clinic Programs will participate in the reimbursement of 2009 H1N1 influenza vaccine and administration.

The diagnosis (Dx)/CPT/HCPCS codes that should be used are:

Bill these codes for those Medicaid clients who do *not* have Medicare:

- Dx: V04.81 Need for prophylactic vaccination and inoculation against certain viral diseases (influenza)
- CPT: 90663 Influenza virus vaccine, pandemic formulation, H1N1
- CPT: 90470 H1N1 immunization administration (intramuscular, intranasal), including counseling when performed

Bill these codes for those Medicaid clients who *do* have Medicare benefits:

- Dx: V04.81 Need for prophylactic vaccination and inoculation against certain viral diseases (influenza)
- HCPCS: G9142 Influenza A (H1N1) vaccine, any route of administration
- HCPCS: G9141 Influenza A (H1N1) immunization administration (includes the physician counseling the patient/family)

Reimbursement for G9142 and 90663 (H1N1 vaccine product) will be zero because the vaccine will be supplied free of charge to all providers.

Reimbursement for G9141 and 90470 will be \$5.78 and \$15.52 respectively. However, reimbursement for these services is not available if you have received

monies to reimburse you for the administration of this vaccine (i.e. grants etc.). Therefore, if the cost of the vaccine administration is covered, then bill the administration fee at \$0.00 or do not bill for the vaccine and administration.

CMS-1500 and 837P claims forms will be accepted. Roster billing will not be permitted.

HCBS Elderly and Physically Disabled Waiver Fee Schedule Updated

Retroactively effective July 1, 2009, Montana Medicaid updated the fee schedule for Home and Community Based Services providers for the Elderly and Physically Disabled Waiver.

Rates listed are maximum rates paid. All rates may be negotiated by case management teams who authorize services. Providers must bill Medicaid the negotiated rate agreed upon with the case management team or with the Department. Contact the case management team authorizing services to verify your rate.

See www.mtmedicaid.org for more detail. If you do not have web access, please call Provider Relations for information on how to obtain this fee schedule.

Hospice Providers Rate Increase

Effective October 1, 2009, Hospice rates have increased.

See www.mtmedicaid.org for more detail. If you do not have web access, please call Provider Relations for information on how to obtain this fee schedule.

Medicaid Nursing Facility rates can be found at <http://www.dphhs.mt.gov/sltc/services/nursing facilities>.

Medically Needy Reimbursement

Medically Needy Program

Medically Needy is a Medicaid and Healthy Montana Kids Plus program for individuals and families whose income exceeds program standards but who have a significant medical need.

To remain eligible for the Medically Needy program an individual or family must pay a "spend-down" or "incurment" every month through either a direct payment to the state of Montana, or through incurring medical bills.

Facilitate Reimbursement

To help facilitate your full Medicaid reimbursement please inform Medically Needy patients to submit a copy of their medical bills as soon as possible to the local Office of Public Assistance. Medically Needy patients can satisfy their incurment and maintain Medicaid or Healthy Montana Kids Plus coverage by prompt submission of bills.

Administrative Rules of Montana (ARM) 37.82.1101-1116

To establish Medically Needy coverage, clients must satisfy their incurment obligation. The incurment obligation is equal to the difference between their "total countable income" and the appropriate "medically needy income level" (MNIL).

For more information please contact your county Office of Public Assistance. A full listing of OPAs can be found at <http://www.dphhs.mt.gov/contactus/humancommunityservices.shtml>.

Thank you for delivering care to Montanans with Medicaid, and helping them preserve health care coverage.

Submitted by Connie Olson, DPHHS

Limits on Ostomy Supplies

Attention DME providers: Medicare limits have been put in the system for ostomy supplies. Where appropriate please append the modifier A1 through A9 for wound care, AU for urological, ostomy or tracheostomy supplies, AW for surgical dressings and KX to let us know you have supporting documentation. Maximum units are posted on the web in a provider notice.

Providers should only dispense a one-month supply at a time.

Submitted by Fran O'Hara, 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 \$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.

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		
10/06/09	Hospice	Rate Increase
10/06/09	Targeted Case Management (Non-Mental Health)	Developmental Disabilities Program manual of fee for service reimbursement rates and procedures (posted under Provider Manuals and Fee Schedules)
10/07/09	DME, Physician, Mid-Level Practitioner	Quantity Limits on Ostomy Products
10/08/09, 10/15/09	Public Health Clinic, Physician, Mid-Level Practitioner	2009 H1N1 Influenza Vaccine and Administration
10/21/09	Home and Community Based Services Elderly and Physically Disabled Waiver	Fee Schedule Changes
Fee Schedules		
10/06/09	Hospice	Fee schedule
10/21/09	Home and Community Based Services Elderly and Physically Disabled Waiver	Revised Elderly and Physically Disabled fee schedule
10/28/09	Mental Health Center, Licensed Professional Counselor, Social Worker, Psychologist, Targeted Case Management —Mental Health, Physician, Psychiatrist, Mid-Level Practitioner	Revised fee schedule for Medical Mental Health services for clients 18 years of age and older
Other Resources		
10/01/09, 10/05/09	Pharmacy	Updated PDL
10/05/09, 10/12/09, 10/19/09, 10/27/09	All Provider Types	What's New on the Site This Week
10/05/09	All Provider Types	Fall Provider Training information updated on Upcoming Events page
10/08/09	All Provider Types	News item regarding Holiday eSOR Schedule
10/14/09	All Provider Types	November 2009 <i>Claim Jumper</i>
10/19/09	Pharmacy	Revised NCPDP Version 5 Payer Sheet—B1/B3 Transaction
10/20/09	All Provider Types	Medicaid statistics for State fiscal year 2009 added to Medicaid Information page
10/22/09, 10/27/09	Physician, Podiatry, Mid-Level Practitioners, IDTF, Birthing Center, Laboratory and X-ray, Public Health Clinics, Outpatient Hospital, Emergency Room, Free-Standing Dialysis Clinic, Pharmacy, Psychiatry, Ambulatory Surgical Center	Revised updated list of rebateable manufacturers
10/22/09, 10/27/09	All Provider Types	News item regarding List of Eligible Drug Manufacturers Updated

Montana Health Care Programs
ACS
P.O. Box 8000
Helena, MT 59604

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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

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