



Montana Medicaid

CLAIM JUMPER

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Extended Hours for Team Care Pharmacy Suspensions

Due to requests from pharmacies around the state, Medicaid has extended the hours for pharmacy lock-in suspension requests. As of July 1, 2006, pharmacies can request lock-in suspensions from 8 a.m. to 6 p.m. Monday through Friday. Lock-in suspensions are used to ensure Team Care clients receive necessary medications without delay. This includes scenarios such as a drug is out of stock or a pharmacy does not carry a specified drug.

To request a temporary suspension or make a pharmacy change request, contact the Medicaid Help Line at 1-800-362-8312. To report possible drug

abuse or make a Team Care referral, or if you have additional questions, please contact Team Care Program Officer Chris Silvonen at (406) 444-1292.

Submitted by Chris Silvonen, DPHHS

Fall Provider Training in November

DPHHS and ACS have scheduled three 1½-day provider training sessions in November. There are many Medicaid changes happening in 2007 that providers need to be aware of.

Day one will include eligibility (how it is determined, QMB, incurment, retro eligibility), verifying eligibility, the Montana Access to Health Web Portal, how to read your remittance advice, including an 835 discussion, and how to bill a claim, which will include discussion on the new CMS-1500 (08-05) and UB-04.

Day two will feature discussions on the upcoming NPI number, COBA, the executive planning process, CHIP, SURS, PASSPORT and TPL. Program officers will be available to answer questions.

Training dates are November 1-2 in Kalispell at the Red Lion; November 15-16 in Great Falls at the Holiday Inn at Great Falls; and November 29-30 in Billings at St. Vincent Healthcare.

You can register by sending in the accompanying registration form, calling Provider Relations at (406) 442-1837 or 1-800-624-3958, or emailing mtprhelpdesk@acs-inc.com.

System Maintenance

The Montana Access to Health Web Portal (MATH), AVRS and FAXBACK are unavailable Saturdays between 10 p.m. and 2 a.m. MST. This downtime allows for maintenance and file updates.

If you are getting errors during this time, please try again at a different time.

The Importance of Cross-Referenced Medicare and Medicaid Numbers

Implementation of COBA allows all Medicare claims for dually eligible clients to be sent directly to Medicaid.

To appropriately process Medicare cross-overs transmitted from the COBC, the Medicaid claims processing system must contain a valid Medicare number to Medicaid number cross-reference. If Medicaid does not have your Medicare number cross-referenced to your Medicaid provider number, Medicaid will not process your claims. You will receive a letter requesting your Medicaid number be cross-referenced to the Medicare number received on the claim. If an inaccurate Medicare number is on file with your Medicaid number, the Medicaid payment may be made to an incorrect provider.

Since Part A claims are now being sent from the COBC, it is very important that you send ACS a request to add a cross-reference. Please send these requests to: Provider Relations P.O. Box 4936, Helena, MT 59604.

Prior Authorization for Inpatient Rehab Admissions

Effective September 1, 2006, Montana Medicaid will no longer require a prior authorization for instate, inpatient rehab admissions. However, the Department will conduct periodic retroreviews and appreciates your help with this. Please contact Mary Patrick, R.N., Hospital Case Manager, at (406) 444-0061 if you have any questions.

Submitted by Mary Patrick, DPHHS

RHC and FQHC Revenue Code Changes Effective July 1

Montana Medicaid has made the following revenue code changes (see table below) to improve the administration of the RHC and FQHC programs and to conform to new Medicare requirements.

Revenue code 512 (dental) is still active. Use of revenue code 529 (FQHC visit) was discontinued effective July 1, 2006.

Revenue codes in the table below must be used for claims with dates of service on or after July 1, 2006.

Submitted by Bob Wallace, DPHHS

The Most Common Denial Reasons and How to Avoid Them (Part 2 of 2)

- **Client has Medicare Part B and it is a Medicare covered service.** Medicare must process this claim prior to Medicaid. If Medicare denies payment, the claim, with the Medicare EOB attached, can be submitted for Medicaid processing. Some Medicare denials are also denied by Medicaid. For example, if Medicare denies the claim for medical necessity, Medicaid will also deny the claim.
- **PASSPORT.** Claims are often denied for lack of PASSPORT approval. When providing services to a Medicaid client, remember to check client eligibility for PASSPORT To Health enrollment information. If you

are not the client's PASSPORT provider, you must have a referral from the client's PASSPORT provider. Claims submitted by a provider that is not the client's PASSPORT provider must have the PASSPORT provider's referral number included on field 17A on a CMS-1500 (professional) claim and form locator 11 on a UB-92 (institutional) claim. Electronic professional and institutional claims should include 2300 loop; REF segment; data element: 01; qualifier '9f'.

- **Timely filing.** Claims can be submitted for processing up to 12 months from the date of service. Most claims beyond this time frame cannot be considered for payment. When a claim is denied within the timely filing period, it does not "reset" the 12-month time frame. If an ACS error caused undue delay in processing the claim, providers may appeal the claim to the Department. Also, if a claim is approaching the timely filing deadline, please contact Provider Relations to expedite processing. Please refer to your Medicaid manual for more information on timely filing.

Claims-Based Medical History Reminder

The Montana Access to Health Web Portal provides a unique medical history functionality that assists providers in treating their Medicaid, MHSP and CHIP clients. This function provides hospitals, physicians, and mid-level practitioners access to clients' claims-based medical histories interactively. Providers can request claims-based medical history

back to October 2002. A client's treatment history can provide a key to the client's current needs as well as provide a cost savings to the overall State health care programs. A link to the MATH Web Portal is available from mtmedicaid.org.

COBA Update

As of July 31, 2006, all crossover claims are coordinated through GHI Medicare, the new Coordination of Benefits Contractor. Termination notices were sent to BlueCross/BlueShield of Montana notifying them that effective July 31, 2006, Montana Medicaid will no longer be processing Medicare crossovers through them. The new COBA program promotes greater efficiency and simplification through consolidation. Crossover claims will be processed on September 13, 2006.

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).

14,250 copies of this newsletter were printed at an estimated cost of \$.48 per copy, for a total cost of \$6,833.99, which includes \$3,856.06 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.

Redefined Revenue Codes		
Revenue Code	Existing Definition	New Definition
521	RHC Clinic Visit	RHC/FQHC Clinic Visit
522	RHC Home Visit	RHC/FQHC Home Visit
Revenue Codes Added as Billable		
Revenue Code	Existing Definition	New Definition
524		Visit by RHC/FQHC practitioner to a client in a covered Part A stay at a skilled nursing facility
525		Visit by RHC/FQHC practitioner to a client in a skilled nursing facility (not in a covered Part A stay) or nursing facility or intermediate care facility for the mentally retarded or other residential facility
527		RHC/FQHC visiting nurse service(s) to a client's home when in a home health shortage area
528		Visit by an RHC/FQHC practitioner to other non-RHC/FQHC site (e.g., scene of accident)

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		
08/04/06	Licensed Professional Counselor	Third-Party Insurance Must Be Billed Prior to Billing Medicaid
08/30/06	Pharmacy	Extended Hours for Team Care Pharmacy Lock-in Suspensions
Fee Schedules		
08/02/06	Physical Therapy, Occupational Therapy, Speech Therapy, School-Based Services, Optician, Optometric, Eyeglasses	Updated fee schedule
08/10/06	Durable Medical Equipment	Updated fee schedule
08/18/06	Dentist, Denturist, Ambulance, Nutrition, Personal Transportation, Specialized Non-Emergency Transportation, EPSDT Respiratory Therapy, Oral Surgeon, Audiology	Updated fee schedule
08/21/06	Hospital Outpatient	Updated APC schedule and APC fee schedule
Other Resources		
07/31/06, 08/07/06, 08/14/06, 08/21/06, 08/28/06	All Provider Types	What's New on the Site This Week
08/10/06	All Provider Types	Updated carrier codes sorted by ID number and name
08/11/06	All Provider Types	September 2006 <i>Claim Jumper</i>
08/11/06	All Provider Types	Home page menu items reorganized and new Nurse First link and page added
08/16/06	All Provider Types	Team Care FAQs
08/16/06	All Provider Types	Client page reorganized and Team Care "stuffers" added
08/18/06	All Provider Types	Patient enrollment letter added to Team Care page
08/22/06	All Provider Types	Revised Team Care FAQs
08/24/06	All Provider Types	FY2006 Medicaid statistics added to Medicaid Information page
08/25/06	All Provider Types	Fall provider training added to Upcoming Events
08/28/06	Hospital Outpatient	Outpatient Prospective Payment System billing guide
08/28/06	All Provider Types	Team Care client and provider brochures added to Team Care page; Team Care client brochure added to client page
08/29/06	All Provider Types	Schedule and registration form added to fall provider training on Upcoming Events

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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

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



Fall Provider Training



Nov 1st-2nd: Kalispell-Red Lion Inn

Nov 15th-16th: Great Falls-Holiday Inn of Great Falls

Nov 29th-30th: Billings-St. Vincent Healthcare Mansfield HEC

Day One: Medicaid Refresher

- **Eligibility:** How it is determined, QMB, retro eligibility, incurment
- **Remittance Advices:** How to read your remittance advice, Adjustments, Credit Balances and 835's
- **Verification:** Valuable resources to locate eligibility on a client
- **How to Bill your Claim:** CMS 1500 and UB-92 including discussion on the UB-04 and CMS 1500(08/05)
- **Web Portal Exploration:** How to navigate with confidence

Day Two: What's New

- **Web Portal Exploration:** How to navigate with confidence
- **PASSPORT and Team Care:** Meet the new enrollment Broker PSI
- **NPI:** National Provider Identification Number
- **SURS:** Surveillance and Utilization Review
- **COBA:** Coordination of Benefits Agreement
- **CHIP:** Children's Health Insurance Plan's Overview and Extended Mental Health Benefits (SED)
- **EPP:** 2007 Legislative Proposals
- **TPL and Medicare**
- **EFT:** The Benefits

Registration Form

Please check the appropriate box

Location: Kalispell(Nov 1-2)___ Great Falls(Nov 15-16)___ Billings(Nov 29-30)___

Day One___ 1pm-4:30pm Day Two___ 8am-4:00pm

Name/Organization: _____

Provider Number: _____ Contact Name: _____

City: _____ Phone Number: _____

Names of Attendees: _____

*You can register via e-mail at mtprhelpdesk@asc-inc.com,
calling 1-800-624-3958, 406-457-9532
or fax to 406-442-4402*

Schedule can be downloaded at www.mtmedicaid.org



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