



# Montana Medicaid

# CLAIM JUMPER

Volume XXI, Issue 2, February 2006

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## Credit Balance Remittance Advice

The remittance advice is divided into groups of claims such as paid, denied and suspended. The most confusing section of a remittance advice is the credit balance section. Adjustments to claims can cause a provider number to be placed in a credit balance which means that there is money owed the State. Credit balances credit against future claims submitted and claims will remain in a credit balance until the full amount due is met.

Should a remittance advice have a credit balance section, do not post these claims as they are not truly paid even though they may show as paid. The claims may be in a paid status but because the credit is outstanding, they have not been released to appear in the paid section of the remittance advice. All claims in the credit balance section will print and reprint on subsequent notices until the credit

balance is satisfied. While it may appear as if a claim is being processed multiple times for a provider in a credit balance, the claims that are printing are the same claim. The repeated claims have the same internal control number (ICN) each time they print so they are the same claim not duplicates.

Once the credit balance has been met these claims will appear in the normal sections of the remittance advice and then are ready to post.

Submitted by ACS

## Coverage Review Board to Convene

Montana Medicaid is convening a Coverage Review Panel. This panel of physicians will examine coverage policy on those procedures that are most divergently treated in the health care industry, including Botox, gastric bypass, circumcision, mammoplasty and high cost diagnostics.

The panel will recommend coverage changes to the director of the Department of Public Health & Human Services.

The panel will accept testimony from interested parties on any issue on the provisional list. Testimony will be taken during a 2-hour conference call in February. Interested parties are to contact Denise Brunett at 406-444-3995 or e-mail [dbrunett@mt.gov](mailto:dbrunett@mt.gov). Written testimony is acceptable, but must be received before February 7, 2006.

Submitted by Denise Brunett, DPHHS

## CHIP Teams Up with Providers to Insure More Kids

Every day, health care providers treat children who do not have health insurance. In Montana, about 17 percent, or more than 40,000 kids do not have health insurance.

Providers are in a unique position to help these families by telling parents about the Children's Health Insurance Plan or CHIP. This program provides free or low-cost health insurance for children who do not qualify for Medicaid and do not have other health insurance.

Recent legislation increased CHIP funding and opened up thousands of slots in this popular program. CHIP's goal is to increase enrollment by 2,000 children in 2006. Currently, there is no waiting list.

Currently, over 30 Montana hospitals, community health centers, and doctors' offices are helping to insure more children by distributing CHIP information to families in their local communities. CHIP will provide all the materials, including brochure display stands.

Many parents do not realize their children may be eligible for CHIP. It is estimated that more than 15,000 children in Montana meet the CHIP eligibility guidelines.

CHIP has a new, shorter, and easier-to-complete application form. There is minimal paperwork involved as proof of income is not required at the time of application (but may be requested later).

The easiest way for families to apply for coverage is to visit the CHIP website at [www.chip.mt.gov](http://www.chip.mt.gov). Parents can complete the application on their computer or quickly and easily download an application form to mail or fax to CHIP.

Applications are also available at local public health departments, Offices of Public Assistance, community health centers, Head Start locations, Indian Health Services and Tribal Clinics, and at participating health care facilities. Applications can be requested by e-mail at [chip@mt.gov](mailto:chip@mt.gov) or by calling CHIP toll-free at 1-877-KidsNow (1-877-543-7669).

Health care providers interested in receiving CHIP applications, brochures, display stands, and posters for their offices should call Michael Mahoney, CHIP Community Relations Manager at 406-444-7877 or toll-free at 1-877-543-7669.

Submitted by Michael Mahoney, CHIP

## Changes in Observation Billing

Beginning January 1, 2006, the Outpatient Claim Editor (OCE) will determine if a claim qualifies for observation reimbursement (APC 0339). Because of this change, claims must be coded differently.

Effective January 1, 2006, codes G0244, G0263, G0264 and 99217-99220 will be discontinued. Codes 99234-99236 may be used for Obstetric Observation ONLY.

Code G0378 will be used to report hospital observation care for patients admitted through an outpatient setting. Code G0379 will be used to report hospital observation care for patients directly admitted without an associated emergency room, hospital outpatient clinic or critical care service on the day of admission. Code G0379 is to be used only when a patient is admitted directly to observation care after being seen by a physician in the community.

### Outpatient Admissions to Observation

All services must be reported on a 13X bill type (851 if a CAH). Code

G0378 should be reported with the first date of admission to an observation bed. Total hours of the observation visit should be reported on this line regardless if the visit spans more than one date. All other services associated with the observation service must be billed on separate lines with the appropriate CPT/HCPCS codes and appropriate revenue centers. You must bill a unique E/M or critical care (C/C) visit on a separate line with this code. Modifiers should be used where required.

### Direct Admissions to Observation

All services must be reported on a 13X bill type (851 if a CAH). Both codes G0379 (Direct admit) and Code G0378 (Hourly observation) should be reported with the first date of admission to an observation bed. One (1) unit of service is reported on G0379. Total hours of the observation visit should be reported on the line with G0378 regardless if the visit spans more than one date. All other services associated with the observation service must be billed on separate lines with the appropriate CPT/HCPCS codes and appropriate revenue centers. Modifiers should be used where required.

### Obstetric Observation

All services must be reported on a 13X bill type (851 if a CAH). Do NOT use codes G0378 or G0379. Use codes 99234-99236 to report Obstetric Observation. Total hours of the observation visit should be reported on the line with 99234-99236 regardless if the visit spans more than one date. All other services associated with the observation service must be billed on separate lines with the appropriate CPT/HCPCS codes and appropriate revenue centers. Modifiers should be used where required.

### Qualifying Observation

Patient must have one of four medical conditions: congestive heart failure, chest pain, asthma or obstetric complications. Qualifying diagnosis codes must be in either

Admitting Diagnosis or Principal Diagnosis..

Qualifying observation time for code G0378 must be at least 8 hours but no more than 72 hours. Qualifying observation time for 99234-99236 must be at least 1 hour but no more than 8 hours.

For qualifying outpatient admits no procedure with a "T" status indicator can be reported on the same day or day before. For direct admits no procedure with a "T" or "V" (E/M or C/C visits) can be reported on the same day or day before.

Only observation services that are billed on a 13X bill type may be considered for separate APC payment for in-state, out-of-state and border facilities. CAH and exempt facilities are paid outpatient hospital specific cost to charge ratio for covered services.

If you have any questions or require additional information, please call Provider Relations at 1-406-442-1837 (Helena) or 1-800-624-3958.

Submitted by Deb Stipcich, DPHHS

## Provider Fair to be Held in Helena This Spring

The Department of Public Health and Human Services, and ACS, will be hosting a provider fair to be held March 22-23 in downtown Helena. The event will be held in the Great Northern Town Center's Best Western Hotel, in several of the conference rooms.

Providers are invited to take a class on coding in the morning, then join ACS and DPHHS for seminars and break-out sessions for the rest of the two-day event. Representatives from various programs will be available to answer any questions you may have.

If you have any questions about the provider fair, please contact Tom Keith at 1-406-457-9532, or by e-mail at [MTPRHelpdesk@acs-inc.com](mailto:MTPRHelpdesk@acs-inc.com).

Submitted by ACS

## 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</b>		
12/07/05	All Providers	RAs Now Available on Montana Medicaid Provider Website; More Features Planned
12/08/05	Physician, Pharmacy, Mid-level Practitioners	Prior Authorization Requirements for Rozerem and Lunesta
12/20/05	Pharmacy	Revised Notice: Prior Authorization Requirements for Rozerem and Lunesta
12/28/05	Physician, Inpatient Hospital, Outpatient Hospital, Mid-level Practitioner	Montana Medicaid Provider Website Now Offers Online Medical History
<b>Fee Schedules</b>		
12/08/05	Oral Surgeons	New Fee Schedule
12/14/05	Durable Medical Equipment	New Fee Schedule
<b>Manuals/Replacement Pages</b>		
12/12/05	Physician, Mid-level Practitioner, Podiatrist, Laboratory and X-ray, IDTF, Public Health Clinics	New EPSDT Chapter, Hysterectomy Acknowledgement Form, Revised Information on Imaging Modifiers, Billing for Immunizations, and ER Visits for Clients Under Age 2
12/16/05	Outpatient Hospital	New Instructions on Completing Medicaid Hysterectomy Acknowledgement Form
<b>Other Resources</b>		
12/05/05	All Provider Types	What's New on the Site This Week?
12/07/05	Pharmacy	Updated PDL and Quicklist
12/07/05	All Provider Types	Forms: Revised Well Child Screen Recommendations
12/08/05	All Provider Types	Forms: Medical History Authorization Form
12/12/05	All Provider Types	What's New on the Site This Week?
12/13/05	All Provider Types	Handbook Insert on Medicare Part D for Dual Eligibles
12/14/05	All Provider Types	Fraud and Abuse Link Added
12/15/05	All Provider Types	Provider Satisfaction Survey
12/15/05	All Provider Types	January Claim Jumper added Revised December Claim Jumper
12/16/05	School-Based Services	2006 MAC Agreement Memorandum of Understanding
12/19/05	All Provider Types	What's New on the Site This Week?
12/20/05	All Provider Types	Forms: Prior Authorization Request for Rozerem and Lunesta
12/27/05	All Provider Types	What's New on the Site This Week?
12/27/05	Pharmacy	Updated PDL
12/27/05	Pharmacy	Updated PDL and Quicklist
12/27/05	All Provider Types	December 2005 PASSPORT Summit Update

Montana Medicaid  
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

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

(406) 443-1365 (Helena)

(406) 442-0357 Fax

Email: [MTPRHelpdesk@ACS-inc.com](mailto:MTPRHelpdesk@ACS-inc.com)

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) 624-3958

### Prior Authorization

DMEPOS (406) 444-0190

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

# Montana Medical Association/Brown Consulting Associates Spring 2006 Coding Competency Workshop

Wednesday, March 22nd 8:00 a.m. – 12:00 p.m. Great Northern Hotel & Convention Center, Helena

## Modifiers that Matter

*This program has prior approval by the American Academy of Professional Coders for 4 CEUs*

Modifiers do matter...for reimbursement and for compliance. Correctly used, modifiers explain unusual or complicated circumstances and can have a positive effect on practice reimbursement. This outstanding session will bring you up to speed on the correct use of CPT and HCPCS modifiers, with special focus on Montana payers' unique, ever-changing guidelines. Your instructor will share the latest information from Medicare, Medicaid and private payers. Get answers to your toughest modifier questions, including billing for bilateral services, multiple surgeries, E/M same day and more. Find out how to use the Medicare Physician Fee Schedule Database (MPFSDB) and the Correct Coding Initiative (CCI) edits to assist you in proper modifier use.

## Workshop Costs

**\$50 MMA Members or \$100 Non-MMA Members**

***If registering seven calendar days prior to workshop date or later, remit LATE REGISTRATION FEE.***

***\$75 MMA Members or \$125 Non-MMA Members***

***The MMA Reserves the right to cancel this program if at least 15 participants have not registered by 3/1/06***

## MMA 2006 Spring Coding Workshop Registration

Registrant Name \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Physician/Provider Name \_\_\_\_\_ Specialty \_\_\_\_\_ Clinic/Hospital Name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Check Method of Payment:**  Check Enclosed  VISA/MasterCard/AE/Discover (**complete information below**)

Print Name as it appears on card: \_\_\_\_\_ Your Signature: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

### Mail completed form with payment to:

Montana Medical Association Seminars, 2021 11th Avenue, Suite 1, Helena, MT 59601

Please call the MMA at 406-443-4000 or instate toll free 877-443-4000 if you have any questions.

## Brown Consulting Associates, Inc. Workshop Leader

Candi Miller, RHIT, CCS, CCS-P has worked as a consultant and staff educator with Brown Consulting Associates, Inc. since 2002. After graduating from Idaho State University School of Applied Technology, Candi earned registration as an RHIT. She worked as a Medical Records Director in a Long Term Care and Rehabilitation facility. She then worked in the acute care hospital setting where she was involved in inpatient/outpatient coding. At Magic Valley Regional Medical Center she had the opportunity to work with various QA projects and APC implementation.

Candi served on the IHIMA board of directors as the legal legislative chair in 1999-2000. She was credentialed by AHIMA in 2002 as a Certified Coding Specialist and as a Certified Coding Specialist-Physician Based in 2004.

During the past three years her professional emphasis has centered on physician coding training. She serves as a seminar and workshop speaker and has developed customized training programs as well as web-based training programs. Candi is a coding instructor at the College of Southern Idaho and for the Northwest Regional Primary Care Association teaching the Medical Coding for Physician Services and Comprehensive Coding Educational Programs.

In addition to serving physician offices, Brown Consulting Associates, Inc. provides specialized training for various third party payers, Military Treatment Facilities, and Federally Qualified Health Care Centers. Brown Consulting offers physician and staff education designed and customized to enhance operations and federal compliance and allow for appropriate third party payer reimbursement. Our association with the American Health Information Management Association, American Academy of Professional Coders, Medical Group Management Association as well as other groups, helps to keep us current in the field of coding, documentation and reimbursement.

# DPHHS PROVIDER FAIR

## March 22nd and 23rd

*You are invited to participate in DPHHS Provider Fair*

**Great Northern Hotel & Convention Center  
835 Great Northern Blvd, Helena MT**

Please pre-register for the classes you will attend, as space is limited. Return your registration to ACS no later than March 15, 2006.

Provider #: \_\_\_\_\_ Provider Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Name of Person(s) Attending: \_\_\_\_\_

Lunch will be provided on day two, please list number that will be staying for lunch: \_\_\_\_\_

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**Training Topics:**

**Day One Session: 1:00PM - 4:00PM**  
**Classes that will be covered on Day One include:**

**Eligibility Verification - Provider Information -  
Claim Session (Claim Submission, Remittance Advices,  
My Claim Denied, Attachments)**

**Please list number of attendees for day one: \_\_\_\_\_**

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**Day Two Session: 8:00AM - 4:30PM**  
**Classes that will be covered on Day Two include:**

**Physicians Related - Nursing Home - Nurse First - Team Care  
Disease Management - Schools - CSCT - SURS - Children's Mental Health  
Big Sky Rx/Medicare Part D - Hospital/Outpatient - PASSPORT  
CHIP Dental/Dental - Transportation - TPL - MHSP - DME**

**Please list number of attendees for day two: \_\_\_\_\_**

Place  
Stamp  
Here

**Montana Medicaid  
P.O. Box 4936  
Helena, MT 59604**

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**DPHHS PROVIDER FAIR  
Spring 2006**

Attend the Provider Fair hosted by DPHHS and ACS! This free day-and-a-half training provides medical billers and providers an opportunity to learn more about Medicaid, CHIP, and Children's Mental Health Services policies and billing practices. Day one will focus on materials for new Medicaid billers. Day two will be valuable for all providers and billers, offering concurrent sessions running throughout the day on a number of interesting topics. In addition, DPHHS program officers will be involved with the classes on day two and be available at the end of the day to answer questions.

Lunch will be provided by ACS on day two of the fair.

For further detail regarding each class being offered, visit the [mtmedicaid.org](http://mtmedicaid.org) website.

Please fill out and mail (or fax to 442-4402) the registration form on the reverse side to register for the DPHHS Provider Fair. Space is limited so advanced registration is required. Please keep a copy of your registration for your records.

The Great Northern is offering hotel rooms has set aside a block of rooms for those that are coming in from out of town. Please contact them by March 10, 2006 at 406-457-5500 or 800-829-4047 to reserve your rooms.

If you have any questions regarding the DPHHS Provider Fair, please contact ACS Provider Field Representatives Tom Keith at 406-457-9532.