



# Montana Health Care Programs

# CLAIM JUMPER

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## Publications Reminder

It is the responsibility of all providers to be familiar with Medicaid manuals, fee schedules, notices for their provider type, and information published in the *Claim Jumper* and on the Medicaid [website](#).

## Provider Relations Contact Information

The contact information for Provider Relations was erroneously printed on the Address Correction form, accessed through the *General Information for Providers* manual. The correct contact information is:

- 1-800-624-3958 (in- and out-of-state)
- (406) 442-1837 (local)
- (406) 442-4402 (fax)
- MTPRHelpdesk@ACS-inc.com

If a number is in your auto-dial system, be sure the correct one is entered.

## HMK to Initiate New Temporary Coverage

Effective January 1, 2011, the Healthy Montana Kids (HMK) Program launches a new temporary eligibility program for Montana children to have access to health care while they are evaluated for permanent coverage.

Presumptive Eligibility initially will be offered through Montana hospitals, including critical access and Indian Health Services facilities, when children present for services.

Families will complete a brief application for hospital staff to review and determine if the child is eligible for presumptive “temporary” coverage based on family income. Subsequently, the family must complete a full HMK application and submit needed income documentation no later than the end of the next month for program eligibility determination.

All the children in a family under age 19 are enrolled as presumptively eligible at the same time. Families may qualify for Presumptive Eligibility only once every 12 consecutive calendar months.

“We want to reach Montana’s children every way we can,” said Katherine Buckley-Patton, Program Director for Healthy Montana Kids. “Presumptive Eligibility supports families as they seek services, and offers another option for enrollment in the Healthy Montana Kids Program.”

Presumptive Eligibility coverage is available in both HMK coverage groups: HMK (formerly CHIP), and HMK *Plus* (formerly Children’s Medicaid).

*Submitted by Trinda Smith, DPHHS*

## Enhanced Claims Editing and Add-On Codes

Beginning in December 2010, Montana Health Care Programs will implement add-on editing for Ambulatory Surgical Center (ASC) claims. Add-on codes are always performed in conjunction with a primary procedure and should never be reported as stand-alone services.

These procedures are designated as add-on codes with the symbol + and identified with the parenthetical statement *List separately in addition to code for primary procedure*. Other times the supplemental code is used only with certain primary codes, which are parenthetically identified.

The reason for these CPT codes is to separately identify a service that is performed in certain situations as an additional service. Refer to the AMA CPT® Manual for more information.

Procedures that are billed without the primary code will be denied. Reason and Remark Code N122 will specify that an add-on code cannot be billed by itself.

If you have any questions, please contact Provider Relations.

## Electronic Dental Claims with Other Subscriber Information

The claims processing system was recently updated to allow dental providers to submit electronic claims with other subscriber information so they can process correctly through MMIS instead of rejecting or denying because the client ID was invalid.

On the 837D transaction, Loop 2000B, Subscriber Hierarchical Level, segment SBR Subscriber Information, data element 09 Claim Filing Indicator Code indicates Medicaid (since the claim is being sent to Medicaid) and data element 01 Payer Responsibility Sequence Number Code indicates whether Medicaid is the primary, secondary, tertiary (and so on) payer.

If Medicaid is not the primary payer, other subscribers are sent in Loop 2320 Other Subscriber Information.

Segment SBR, Other Subscriber Information, data element 09 Claim Filing Indicator Code indicates the other payer (i.e., Medicare Part B, Medicare Part A, Commercial Insurance) and data element 01 Payer Responsibility Sequence Number Code indicates if that other payer is the primary, secondary, tertiary (and so on) payer.

If there is more than one other subscriber, multiple 2320 Loops should be sent on the transaction.

**MHSP Waiver**

The 1115 Basic Medicaid Waiver for Able Bodied Adults amendment was approved effective December 1, 2010. The amendment, referred to as “MHSP Waiver,” includes one additional population, up to 800 individuals.

These individuals qualified for the State-only Mental Health Services Plan (MHSP), have a primary diagnosis of schizophrenia or bipolar disorder, are between the ages of 18 and 64, and are residents of Montana with incomes at or below 150% FPL.

Individuals with schizophrenia will be enrolled in the MHSP waiver through a computer-based random drawing,

up to 50 per month, to reach the total individuals with schizophrenia.

The remaining waiver openings will be filled with persons with bipolar disorder, up to 800 total individuals. Individuals enrolled in the MHSP Waiver will have Basic Medicaid.

The Addictive and Mental Disorders Division Mental Health Services Bureau has been working with adult licensed mental health centers to facilitate a smooth transition from MHSP to Medicaid for those selected each month.

For program questions, please contact Marcia Armstrong at 444-2878 or marmstrong@mt.gov. For eligibility questions, contact Helen Higgins at 444-3055 or hhiggins@mt.gov; Linda Nelson at 444-9330 or lnelson@mt.gov; or Becky Corbett at 444-9530 or rcorbett@mt.gov.

*Submitted by Marcia Armstrong, DPHHS*

**Nurse First Services and Usage**

All Montana Medicaid, Healthy Montana Kids, and Healthy Montana Kids Plus patients are eligible for the Nurse First advice line. They can call 1-800-330-7847 at any time to speak with a registered nurse. It’s free and confidential. During September and October, callers’ most frequent questions were pediatric.

Nurse First also offers patients a free Healthwise® website: Patients may go to [www.medicaid.mt.gov](http://www.medicaid.mt.gov) and click on *Montana Health and Wellness Information*. Chronic pain was the most sought-after information during September and October.

*Submitted by Michael Huntly, DPHHS*

<b>Nurse First Calls</b>			
The top five Nurse First call topics are in the table below:			
<b>October 2010 (599 total calls)</b>		<b>September 2010 (626 total calls)</b>	
<b>Number of Calls</b>	<b>Type of Call</b>	<b>Number of Calls</b>	<b>Type of Call</b>
17	Pediatric health information	12	Pediatric colds
13	Abdominal pain	12	Pediatric health information
12	Chest pain	11	Abdominal pain
12	Pediatric medication	11	Pediatric diarrhea
12	Pediatric vomiting	10	Pediatric fever
		10	Chest pain

<b>Visits to Healthwise® Website</b>			
The top five topics visitors were interested in are in the table below:			
<b>October 2010 (87 website visits)</b>		<b>September 2010 (123 website visits)</b>	
<b>Number of Visits</b>	<b>Topic of Interest</b>	<b>Number of Visits</b>	<b>Topic of Interest</b>
3	Chronic pain	28	Chronic pain
3	Heart failure	7	Smoking tobacco
2	Abscessed tooth	7	Heart problems
2	Heart disease	5	Anger, hostility, and violent behavior
2	Hysteroscopy	5	Ear canal problems

## Recent Publications

The following are brief summaries of recently published Medicaid information and updates. For details and further instructions, download the complete document from <http://medicaidprovider.hhs.mt.gov/>, 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>		
10/05/2010	All Providers	Changes to NCCI Edits
10/05/2010	Hospice	Provider Notice: Hospice Rate Increase
11/15/2010	Personal Assistance Service	Outdated manual removed; replaced with note referencing applicable ARM chapters and contact information
11/17/2010	School-Based Services	Free Care and CSCT
11/17/2010	Physician, Mid-Level Practitioner, Public Health Clinic	17-APH
11/17/2010	Physician, Mid-Level Practitioner, Public Health Clinic	Compound Drugs Billed on a CMS-1500
11/22/2010	ASC	Enhanced Claims Editing – Add-On Codes
11/24/2010	TCM	Policy Clarification for Activities Billed as TCM
<b>Fee Schedules</b>		
10/05/2010	Hospice	Fee Schedule
12/08/2010	ASC	Fee Schedule
12/08/2010	Hospital Outpatient	October 2010 APC Fee Schedule
12/08/2010	Hospital Outpatient	October 2010 Outpatient Procedure Code Fee Schedule
12/08/2010	Hospital Outpatient	July 2010 Outpatient Procedure Code Fee Schedule
<b>Other Resources</b>		
10/01/2010	Pharmacy	Preferred Pharmaceutical Manufacturer List
10/08/2010	All Providers	Payment and Remittance Advice Delay Notification
10/15/2010	Pharmacy	Montana SMAC List
10/12/2010	All Providers	Medicaid Statistics 2010
10/19/2010	Pharmacy	Montana SMAC List
10/26/2010	All Providers	Provider Training Fall 2010 Slideshow
11/01/2010	Pharmacy	DUR Board Meeting Minutes
11/05/2010	Pharmacy	SMAC Update
11/08/2010	All Providers	CMHB PowerPoint Presentation from Fall 2010 Provider Training
11/08/2010	Pharmacy	PDL Update`
11/08/2010	All Providers	Health IT Environmental Survey
11/15/2010	Pharmacy	PDL Update
11/19/2010	Pharmacy	PDL Update
11/22/2010	All Providers	Payment and Remittance Advice Delay due to holidays
12/03/2010	All Providers	Claim Inquiry, Individual Adjustment Request, Paperwork Attachment Cover Sheet
12/06/2010	Pharmacy	SMAC Update

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

## Key Contacts

**Provider Information website:** <http://medicaidprovider.hhs.mt.gov>

**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

E-mail: [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 System (AVRS) (800) 714-0060

Point-of-Sale Help Desk for Pharmacy Claims (800) 365-4944

**Passport (800) 362-8312**

**Prior Authorization**

Mountain-Pacific Quality Health (800) 262-1545

Mountain-Pacific Quality Health–DMEPOS/Medical

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

Magellan Medicaid Administration (previously dba First Health Services)

(800) 770-3084

**Transportation (800) 292-7114**

**Prescriptions (800) 395-7961**

<p><b>Provider Relations</b> P.O. Box 4936 Helena, MT 59604</p>
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<p><b>Claims Processing</b> P.O. Box 8000 Helena, MT 59604</p>
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<p><b>Third Party Liability</b> P.O. Box 5838 Helena, MT 59604</p>
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