

Montana Health Care Programs

CLAIM JUMPER

Volume XXVII, Issue 1, January 2012

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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](#).

Medicare Part B Crossover Claims

For those pharmacies that are enrolled as a Medicare Part B provider with one National Provider Identifier (NPI) as both a pharmacy and DME provider, submit your Part B medications to the Medicare Fiscal Intermediary Agent with your pharmacy taxonomy code on the claim.

The taxonomy code must reflect your **pharmacy** rather than your DME provider for the automatic crossover to occur and for Medicaid reimbursement to be made automatically.

Part B provider notices can be found on the [Pharmacy page](#) of the Provider Information website:

- Billing for Medicare Crossovers After Medicare's 45-Day Response Time
- Medicare Part B Crossover Changes
- Billing Procedures Regarding National Drug Code (NDC) for Providers Using the CMS-1500 and 837P

If you have questions regarding this provider notice, contact Amy Holodnick at (406) 444-2738.

Submitted by Amy Holodnick, DPHHS

January 1, 2012 HIPAA 5010 Implementation

In less than **1 month**, all electronic X12 transactions must be submitted and received in the HIPAA 5010-compliant format.

It is important that providers contact their software vendor and/or clearinghouse to ensure they are prepared to meet the deadline so that claims processing is not delayed.

If providers and their software vendor or clearinghouse want to test 5010 transactions with Montana Health Care Programs, they should call Provider Relations (see [Key Contacts](#)). They

will need to provide their Montana EDI submitter number, organization name, the method in which they currently submit transactions, and for the testing, a contact person's name, phone number and e-mail address.

Provider notices and other HIPAA 5010 information are available on the Medicaid [website](#). For additional information regarding changes to the electronic transactions, refer to the 5010 X12 Technical Reports (TR3) documents on the Washington Publishing Company [website](#).

HIPAA 5010 Update

Montana Health Care Programs began accepting production 5010 transactions on December 1, 2011.

All 5010 transactions (837I Health Care Claim: Institutional, 837P Health Care Claim: Professional, 837D Health Care Claim: Dental, 270 Eligibility Inquiry Status and 276 Claim Inquiry Status) received between December 1, 2011 and December 7, 2011, were released for processing on December 7, 2011.

If you submitted 5010 transactions between December 1 and December 7, and have not received the appropriate response files (999 Implementation Acknowledgment, 277CA Claim Acknowledgement, 271 Eligibility Inquiry Response or 276 Claim Status Response) contact Provider Relations.

Claims submitted electronically were processed through the MMIS on December 7. Transactions submitted after December 7 will be processed immediately upon receipt.

All electronic transactions must be submitted in the 5010 format on and after January 1, 2012; any transactions submitted in the 4010 format on or after this date will not be processed.

Contact ACS Provider Relations (800-624-3958 or 406-442-1837) if you have any questions.

Qualifier for Anesthesia Services on HIPAA 5010 837P Transactions

This notice is a reminder to providers based on findings during testing of 5010 claims. Per the HIPAA 5010 Technical Report Type 3 (TR3)

document, anesthesia services must be sent with the qualifier MJ (minutes) on the 837P 5010 transaction in Loop 2400, data element SV103 Unit or Basis for Measurement Code.

Anesthesia services are identified by an RBRVS status J in the claims processing system; these are the codes listed on the fee schedule with a method of “ANES VALU”.

Montana Health Care Programs will reject the claim if the qualifier value in SV103 is not MJ (minutes) when the service on the line is for anesthesia. This will be reflected on the 277CA Claim Acknowledgement transaction

in the STC Segments of Loop 2200D, Claim Level Status Information and Loop 2220D, Line Level Status Information.

Data element STC01-1 Health Care Claim Status Category Code will have a value of A3 (Acknowledgement/returned as unprocessable claim – the claim/encounter has been rejected and has not been entered into the adjudication system) and data element STC01-2 Health Care Claim Status Code will have values of 21 (Missing or invalid information) and 251 (Total anesthesia minutes).

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 August and September, callers’ most frequent questions were regarding abdominal pain and pediatric bee/wasp stings.

Nurse First also offers patients a free Healthwise® website. Patients may go to www.dphhs.mt.gov/programsservices/medicaid.shtml, and click on *Montana Health and Wellness Information*. During August and September, the most sought-after information was regarding common hernias and hemorrhoids.

Submitted by Michael Huntly, DPHHS

Nurse First Calls			
The top five Nurse First call topics are in the table below:			
September 2011 (669 total calls)		August 2011 (672 total calls)	
Calls	Type of Call	Calls	Type of Call
17	Pediatric bee/wasp sting	13	Abdominal pain
15	Pediatric cough	14	Pediatric vomiting
15	Pediatric vomiting/diarrhea	14	Pediatric general information
11	Pediatric head trauma	11	Pediatric diarrhea
11	Pediatric vomiting without diarrhea	11	Headache

Visits to Healthwise® Website			
The top five topics visitors were interested in are in the table below:			
September 2011 (70 website visits)		August 2011 (91 website visits)	
Visits	Topic of Interest	Visits	Topic of Interest
6	Common hernias	18	Hemorrhoids
4	Toe, foot, ankle problems	14	Making better health decisions
3	Making better health decisions	11	Know your treatment options
3	Cold temperature exposure	5	Make the most of your health appointment
2	Seasonal influenza	5	Suicidal thoughts or threats

5010 WINASAP Production Version Now Available

The 5010 production version of ACS' free claims billing software, WINASAP, is now available.

Test versions of the database are no longer available, but you can send test claims using this version by clicking the radio button for Test under the Tools/Send Claim File option. The software and user manual are available at <http://www.acs-gcro.com>.

This is the single install of the WINASAP 5010 database; it will be a separate application from your current WINASAP 2003 database.

There are instructions in the manual for installing the new software as well as for converting your 2003 database into a 5010 database, if desired.

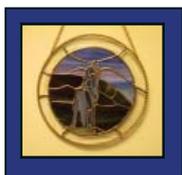
It is not necessary to do this but if you do not, you will be required to enter the patients, providers, taxonomy and other reference data into the 5010 database before you can create any claims.

If you have questions or issues with downloading, installing or using the software, contact ACS Provider Relations at 1-800-624-3958 or via e-mail at MTPRHelpDesk@acs-inc.com.

Remember, the deadline for sending 5010-compliant transactions is January 1, 2012, which is less than a month away!

Door Prize Winner!

Thank you to all who participated in the Fall 2011 Provider Training via WebEx and completed the evaluation forms.



Congratulations to Marcia Hayden of the Marias Medical Center, the winner of the door prize drawing!

The training sessions are available on the Training page of the Provider Information website.

Youth Psychiatric Hospital Services Require Prior Authorization

The Department would like to remind in-state and out-of-state hospitals that provide psychiatric services to youth that prior authorization is required per the hospital Administrative Rules of Montana 37.86.2801.

The All Patient Refined Diagnosis Related Groups (APR-DRG) hospital payment system is based on the individual's discharge diagnosis.

If the admitting diagnosis is not psychiatric and the discharge diagnosis is, a retroactive prior authorization request must be made.

Retroactive prior authorization requests will only be approved under certain circumstances where the youth's Medicaid is retroactive, the hospital is retroactively enrolled in the Montana Medicaid program, or the youth's admitting diagnosis is not psychiatric and the discharge diagnosis is.

Retroactive prior authorization requests must be made within 3 business days (Monday through Friday) of the youth's admission or the date the hospital gained knowledge of the youth's Medicaid eligibility.

The Children's Mental Health Bureau contracts with Magellan Medicaid Administration to prior authorize hospital services. If the admitting diagnosis is psychiatric, prior authorization must be requested from Magellan within 1 business day of admission.

The Certificate of Need must be submitted to Magellan within 14 days of admission, and a Discharge Notification Form must be submitted to Magellan within 5 business days for the hospital to receive the prior authorization number for billing.

The Prior Authorization, Certificate of Need, and Discharge Notification Form are on Magellan's website at <https://montana.fhsc.com/>. Additional contact information for Magellan is **Magellan Medicaid Administration** (previously First Health), 4300 Cox Road, Glen Allen, VA 23060, **(800) 770-3084** (Phone), **(800) 639-8982** (Fax).

For more information, contact Diane White, Clinical Program Officer, Children's Mental Health Bureau, P.O. Box 4210, Helena, MT 59604-4210, (406) 444-1535, dwhite@mt.gov.

Submitted by Diane White, DPHHS

Provider Fair 2012 Survey

Provider Fair 2012 is scheduled for May 15–16, 2012 at the Great Northern Hotel in Helena.

Please take the [survey](#) for your opportunity to assist with development of the sessions to be offered at the Provider Fair. Your input is important to ensure the trainings are beneficial and provide the information necessary for your participation in Montana Health Care Programs.

A link to the survey is posted on the Provider Information page of the [website](#) and on the Training and the Upcoming Events pages.

Recent Publications

The following are brief summaries of recently published Medicaid information and updates. For details and further instructions, download the complete document from 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 1-800-624-3958 or (406) 442-1837 in Helena.

Recent Publications Available on Website		
Date	Provider Type	Description
Notices, Manuals, and Replacement Pages		
11/02/11	Hospital Inpatient and Hospital Outpatient	Replacement Pages Inpatient: <i>Passport</i> and <i>Definitions</i> Replacement Pages Outpatient: <i>Definitions</i>
11/02/11	Freestanding Dialysis Clinic	End-Stage Renal Disease Revised Prospective Payment System
11/02/11	Mid-Level Practitioner, Pharmacy, Physician	Smart PA® Prior Authorization for Synagis®
11/04/11 11/16/11	ASC, Birthing Center, Freestanding Dialysis Clinic, Hospital Inpatient, Hospital Outpatient, DTF, Laboratory, Mid-Level Practitioner, Physician, Podiatry, Psychiatry, Public Health Clinic, and RHC	Meeting the Requirements of HIPAA 5010 When Reporting National Drug Codes on Electronic 837I and 837P Transactions (Update posted 11/16/2011)
11/07/11	All Providers	Provider Information on HIPAA 5010 837 Health Care Claim Transactions
11/22/11	PRTF, Optician, and Optometrist	Reimbursement for Eyeglasses for Youth in an In- State Psychiatric Residential Treatment Facility
12/02/11	Pharmacy	Medicare Part B Crossover Claims
12/02/11	Hospital Inpatient	Psychiatric Services for Youth in Both In-State and Out-of-State Hospitals Require Prior Authorization
Fee Schedules		
11/11/11	Physician	Fee Schedule, Updated
11/11/11	Mid-Level Practitioner	Fee Schedule, Updated
11/11/11	Public Health Clinic	Fee Schedule, Updated
11/11/11	Lab and X-Ray	Fee Schedule, Updated
11/11/11	IDTF	Fee Schedule, Updated
11/11/11	Optometrist	Fee Schedule, Updated
11/11/11	Optician	Fee Schedule, Updated
11/11/11	Podiatrist	Fee Schedule, Updated
11/11/11	EPDST	Fee Schedule, Updated
11/11/11	Physical Therapy	Fee Schedule, Updated
11/11/11	Speech Therapy	Fee Schedule, Updated
11/11/11	Hospital Outpatient	APC Fee Schedule, Update
Other Resources		
11/03/11	All	HIPAA 5010 FAQs
11/07/11	Pharmacy	Montana SMAC Update
11/09/11	Pharmacy	PDL Update and UR Board Minutes, September 28
11/16/11	All Providers	December 2011 <i>Claim Jumper</i>

Top 15 Claim Denial Reasons		
Exception	November Ranking	October Ranking
RECIPIENT NOT ELIGIBLE DOS	1	1
EXACT DUPLICATE	2	2
RATE TIMES DAY NOT = CHARGE	3	4
DRUG CONTROL CODE = 2 (DENY)	4	3
PA MISSING OR INVALID	5	7
REFILL TOO SOON	6	5
PDCS REFILL TOO SOON	7	6
PASSPORT PROVIDER NO. MISSING	8	8
CLAIM INDICATES TPL	9	9
RECIPIENT COVERED BY PART B	10	11
DEPRIVATION CODE RESTRICTED	11	13
REV CODE INVALID FOR PROV TYPE	12	10
NDC MISSING OR INVALID	13	17
SLMB OR QI ELIGIBILITY ONLY	14	14
PROC. FACT.CODE=4 (NOT ALLOW)	15	26

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

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

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

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