



# Montana Healthcare Programs CLAIM JUMPER

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## Publications Reminder

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

## Website Changes

The Montana Medicaid website will undergo changes in the coming months,

While temporary redirects may be in place, the URLs for provider pages will change, and previously created bookmarks will no longer work.

If you have questions, please call Provider Relations.

## Reporting Physical and Mailing Address Changes

As a Montana Medicaid provider you are required to report, within 30 days, all changes that may affect your provider status. These include but are not limited to, changes in your physical and/or mailing address.

If we receive a mailing back from the U.S. Postal Service, Provider Relations will attempt to contact you and your provider number will be put into a temporary termination status.

Failure to send Provider Relations a change of address could result in missed mailings such as license expiration letters, prior authorization letters, and remittance advices for which a hard copy was specially requested.

Therefore, it is very important that you notify Provider Relations of all address changes as soon as possible.

You must also complete the Change of Address form, and if the change is related to a pay-to address change, you must also complete a new W-9 form. These forms are available on the Forms page of the Provider Information website.

For more information, please call Provider Relations at 1-800-624-3958.

### Nurse First

Watch out for norovirus!  
See [page 2](#) for details!

## LARC Inserted at Time of Delivery in PPS Hospital

Long-acting reversible contraception (LARC) such as IUDs and contraceptive implants are shown to be safe and highly beneficial when inserted immediately postpartum.

Currently, any LARC devices inserted immediately postpartum in a PPS hospital are bundled into the APR-DRG birth payment. The APR-DRG does not increase the payment when a LARC is inserted during the hospital stay.

Effective January 1, 2015, Montana Medicaid is allowing PPS hospitals to unbundle the LARC device and the insertion from the inpatient delivery claim.

These services can now be billed as an outpatient service on a 13X type of bill, and will be paid at the OPPS rates. The following HCPCS/CPT codes are allowed:

- **J7300** Paragard, intrauterine copper contraceptive
- **J7301** Skyla, levonorgestrel-releasing intrauterine contraceptive, 13.5 mg
- **J7302** Mirena, levonorgestrel-releasing intrauterine contraceptive, 52 mg
- **J7307** Implanon/Nexplanon, etonogestrel (contraceptive) implant system, including implant and supplies
- **11981** Insertion of drug delivery implant
- **58300** Insertion of intrauterine device

If you have any questions, please contact Jennifer Rieden at 406-444-7018.

*Submitted by Jennifer Rieden, DPHHS*

## Norovirus

Norovirus is the most common cause of gastroenteritis in the U.S.

The CDC estimates that each year norovirus causes 19 to 21 million illnesses, 56,000 to 71,000 hospitalizations, and 570 to 800 deaths. Anyone can get infected with norovirus and you can get it more than once. Many people usually get sick with norovirus in cooler months, especially from November to April.



Norovirus spreads quickly in enclosed places like nursing homes, daycare centers, and schools. Below are a few ways you can become ill with norovirus:

- Eating food or drinking liquids that are contaminated with norovirus.
- Putting your hands in your mouth after touching surfaces with norovirus on them.
- Caring for someone who is infected with norovirus or sharing foods with them.
- People with norovirus are contagious from the moment they begin to feel sick and for the first few days after recovery.

You can share the following prevention tips, as recommended by the CDC, with your patients:

- Practice proper hygiene: Wash hands with soap and water or an alcohol-based hand sanitizer when soap and water are not available.
- Carefully rinse fruits and vegetables.
- Do not prepare food for others while infected.
- Clean and disinfect contaminated surfaces.
- Wash laundry thoroughly.

For most people, norovirus is not serious and they get better in 1 to 3 days; however, norovirus can be serious in young children, the elderly, and people with other health conditions. It can lead to severe dehydration, hospitalization and even death.

To learn more, please visit: <http://www.cdc.gov/features/norovirus/>.

*Submitted by Connie Olson, DPHHS*

## Passport: Establishing Care and Referrals

Establishing care with a provider helps assure members receive effective, quality medical care. The Passport to Health program recommends that in most cases Passport referrals should not be given to specialists or other PCPs if the member has not established care with their Passport provider (PCP).

**Referrals for Members Who Have Not Established Care.** The member's access to care, whether or not the member has established care, is the responsibility of the member's PCP. A referral determination should be based on whether it is reasonable for the PCP to provide that care in a specific situation and whether it is reasonable for the member to access that care.

Some examples in which referrals are required in order to ensure access to needed care are:

- Member has moved away and has chosen a new provider.
- Member is sick or injured and far from home.
- Member is sick or injured and the PCP is unable to see them promptly.
- Follow-up care with a doctor who the member initially saw through an ED admittance and surgery.

Encourage the member to establish a patient/provider relationship with their PCP. If a PCP receives numerous referral requests for a member whom they have never seen, it may be appropriate to remove the member from their caseload. It is also acceptable to disenroll established patients who are consistently seeking primary care elsewhere.

For disenrollment requirements and other information about Passport to Health visit our website, call the Medicaid Help Line at 1-800-362-8312, or contact the Passport to Health Program Officer, Amber Sark, at 406-444-0991 or [asark@mt.gov](mailto:asark@mt.gov).

*Submitted by Amber Sark, DPHHS*

## Primary Care Enhanced Payment Extended

The Department of Public Health and Human Services (DPHHS) participated in a program to enhance payments to primary care practitioners.

The program is titled *Payment for Services Furnished by Certain Primary Care Physicians and Charges for Vaccine Administration under the Vaccine for Children Program* as defined in the Patient Protection and Affordable Care Act of 2010.

This program was effective for CY 2013 and CY 2014. Information concerning this program is located on the [Enhanced Payment webpage](#).

The Department has decided to continue this program through June 30, 2015.

Providers who are presently in the program are not required to submit a new self-attestation form. All providers who are in the program will be automatically enrolled for the time period January 1, 2015 through June 30, 2015.

Because of this automatic rollover, those providers who qualified due to a board certificate must maintain that certification through June 30, 2015.

Those providers who met the 60% threshold are urged to view the claims utilization information to insure they continue to meet the 60% threshold; a listing of eligible providers by paid claims review for 2014 will be generated and published in early January.

*Submitted by Bob Wallace, DPHHS*

## Publications Available on the Website

Below is a list of recently published Medicaid information and updates. 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.

<b>Date</b>	<b>Provider Type</b>	<b>Description</b>
<b>Provider Notices, Manuals, and Replacement Pages</b>		
11.25.2014	FQHC, RHC, and IHS	Telehealth
11.24.2014	DME, Pharmacy, Physician, and Mid-Level	DME Order and Prescription Requirements
11.24.2014	Pharmacy	Pharmacy Provider License Status
11.19.2014	All Providers	<i>General Information for Providers</i> Manual/Replacement Pages
11.19.2014	DME	<i>DMEPOS</i> Manual/Replacement Pages
<b>Fee Schedules</b>		
11.24.2014	Hospice	<b>Proposed</b> Hospice Rates, October 1, 2014 to September 30, 2015
11.24.2014	Hospice	<b>Proposed</b> Hospice Penalty Rates, October 1, 2014 to September 30, 2015
11.07.2014	Hospital Outpatient	APC Fee Schedule, October 1, 2014
11.07.2014	Hospital Outpatient	OPPS Fee Schedule, October 1, 2014
11.07.2014	Hospital Outpatient	CLAB Fee Schedule, October 1, 2014
<b>Other Resources</b>		
11.04.2014	All Providers	Medicaid Statistics State Fiscal Year 2014 (July 1, 2013 to June 30, 2014)
11.04.2014	Physician and Mid-Levels	Enhanced Payment Registration Data
11.07.2014 11.14.2014	Pharmacy	Montana SMAC Update, November 7, 2014 Montana Preferred Drug List (PDL), November 12, 2014
11.14.2014	All Providers	December 2014 <i>Claim Jumper</i>

## Personal Assistance Services/Community First Choice Mass Adjustment

Community Services Bureau and Xerox are working to adjust claims coded as Personal Assistance Services (PAS) to be coded as Community First Choices (CFC) claims. This change is for reporting purposes only. The claims were paid correctly when they were processed; however, the data was not captured as a CFC claim until August 2014.

Accurate reporting of the CFC claims data is required for Department reports submitted to the Centers for Medicare and Medicaid Services (CMS). Because CFC was implemented in July 2014 and made retroactive to October 2013, all CFC claims that were received without the CFC indicator will be adjusted weekly until all claims have been adjusted.

These claims will remain in a pending status until the edit has been completed. Although it is expected that most claims will be resolved and you will not see any activity on your remittance advice, some claims may be delayed, and you will have a deduction or credit balance on your remittance advice for the week.

When the claim is resolved, the amount of the claim will be returned as a CFC claim. If you have questions, please call Provider Relations at 1-800-624-3958.

## Home Support Services and Therapeutic Group Home Utilization Review Update Notification

The source for authorization request forms for Home Support Services (HSS) and Therapeutic Group Home (TGH) services changed when DPHHS redesigned web pages. The new link is <http://www.dphhs.mt.gov/dsd/CMB/CMHBforms.aspx>.

The HSS Authorization Request after 365 Days of Service form and Exception to HSS Admission Criteria Request form have been updated. Exceptions to HSS Admission Criteria are not available after a youth has received 365 days of HSS services.

The new forms will be available starting December 9 at the link noted above. Completed forms can be faxed to CMHB at 406-444-6864 or e-mailed using the state’s File Transfer Service (e-Pass) to [CMHB.UR@mt.gov](mailto:CMHB.UR@mt.gov).

To access the File Transfer Service, go to <https://transfer.mt.gov/>. Do not send completed forms via regular e-mail as it is not secure for sending identifiable health information.

*Submitted by Laura Taffs, DPHHS*

### Top 15 Claim Denial Reasons

Exception	November Ranking	October Ranking
RECIPIENT NOT ELIGIBLE DOS	1	1
RATE TIMES DAYS NOT = CHARGE	2	3
EXACT DUPLICATE	3	2
PA MISSING OR INVALID	4	5
REFILL TOO SOON PDCS	5	6
REFILL TOO SOON	6	7
DRUG CONTROL CODE = 2 (DENY)	7	4
PASSPORT PROVIDER NO. MISSING	8	8
RECIPIENT COVERED BY PART B	9	10
DEPRIVATION CODE RESTRICTED	10	11
SUSPECT DUPLICATE	11	21
SLMB OR QI-1 ELIGIBILITY ONLY	12	14
MISSING/INVALID INFORMATION	13	22
PROCEDURE/AGE MISMATCH	14	23
REV CODE INVALID FOR PROV TYPE	15	12

### Key Contacts

#### Montana Healthcare Programs Provider Information

<http://medicaidprovider.mt.gov/>  
**Xerox EDI Solutions**  
<http://www.acs-gcro.com/gcro/>  
**Xerox EDI Support Unit**  
 1.800.987.6719

#### Provider Relations

1.800.624.3958 In/Out of state  
 406.442.1837 Helena  
 406.442.4402 Fax  
[MTPRHelpdesk@xerox.com](mailto:MTPRHelpdesk@xerox.com)

#### Third Party Liability

1.800.624.3958 In/Out of state  
 406.443.1365 Helena  
 406.442.0357 Fax

#### EFT and ERA

Fax completed documentation to  
 Provider Relations, 406.442.4402.

#### Verify Member Eligibility

FaxBack 1.800.714.0075 or  
 Voice Response 1.800.714.0060

#### POS Help Desk for Pharmacy Claims

1.800.365.4944

#### Passport 1.800.362.8312

#### PERM Contact Information

[HeatherSmith@mt.gov](mailto:HeatherSmith@mt.gov) or 406.444.4171  
 Visit the website,  
<http://www.dphhs.mt.gov/qad/PC/PERMPC.aspx>

#### Prior Authorization

MPQH 1.800.262.1545  
 MPQH – DMEPOS/Medical  
 406.457.5887 Local  
 877.443.4021 X 5887 Long-Distance

Magellan Medicaid Administration  
 (dba First Health) 1.800.770.3084  
 Transportation 1.800.292.7114  
 Prescriptions 1.800.395.7961

**Claims Processing**  
**P.O. Box 8000**  
**Helena, MT 59604**

**Provider Relations**  
**P.O. Box 4936**  
**Helena, MT 59604**

**Third Party Liability**  
**P.O. Box 5838**  
**Helena, MT 59604**

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