

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, provider notices for their provider type, and information published in *Claim Jumper* issues and on the Montana Medicaid [website](#).

CMS and ICD-10 Provider Readiness Assessment

Please assist CMS in assessing our state's readiness by responding to the ICD-10 Provider Readiness Assessment at https://www.surveymonkey.com/s/ICD-10_Provider_Readiness_CMS. **The survey ends January 31, 2014.**

The purpose of this assessment is to gauge the current state of ICD-10 readiness among our providers to determine how we can help our providers transition to ICD-10.

The assessment should take no more than 10 minutes to complete and all responses will remain anonymous.

ICD-10 Vendor Information

Providers who utilize vendors will need to verify that their vendors will have functionally compliant products.

One of the biggest concerns providers have regarding the transition to ICD-10 is vendor readiness. Providers have the most to lose from the lack of vendor readiness because it's provider revenue that will suffer.

Readiness surveys show that the three biggest barriers regarding the implementation of ICD-10 are staffing, competing priorities and vendor readiness.

Surveys also show that there has been very little communication between providers and their vendors regarding ICD-10.

Below are helpful points of discussion to consider when contacting your vendors regarding ICD-10 readiness:

- System upgrades and replacements needed to implement ICD-10.
- Will a mapping or crosswalk strategy be used between ICD-9 and ICD-10?
- Additional costs and/or whether upgrades will be covered under existing contracts.
- Are there any new hardware requirements?
- When will new systems or upgrades be available for testing and implementation?
- Will training and customer support be provided and are there additional charges?
- Will the product support both ICD-9 and ICD-10 code sets for claims provided before and after the implementation date, and how long will both code sets be supported?
- Is there a contingency plan if the product does not go live on October 1, 2014?

Providers are encouraged to communicate with vendors so everyone is on the same page. Talking with vendors **now** about ICD-10 will help the transition to ICD-10 go much more smoothly.

Visit the [ICD-10 page](#) for ICD-10 news and the second ICD-10 Readiness survey!

*Submitted by Amber Sark and Jennifer Tucker
ICD-10 Co-Coordinators*

New CMS-1500 Form

The CMS-1500 form underwent revisions to better align the form with changes to the 837P and accommodate ICD-10 reporting needs.

Effective April 1, 2014, the 08/05 version will be discontinued and only the 02/12 version will be accepted. Therefore, if rebilling a claim after April 1, 2014, providers must use the 02/12 version even though the 08/05 version was used to bill the claim.

A sample CMS-1500 (02/12) is located on the [Forms page](#); however, actual claim forms must be ordered from an authorized vendor.

Providers should become familiar with the new form prior to April 1, 2014. For specific changes, see the [NUCC website](#).

IMPORTANT Effective Immediately for All Providers

Use the Medicaid member ID, **not** the member's Social Security number, for billing purposes and checking eligibility to ensure expenditures go to the correct member and query information is for the correct member. If you only have the member's SSN, have questions, or need assistance, contact Provider Relations at 1.800.624.3958.

Nurse First

Weighing in on holiday weight gain ... see [page 2](#) for details!



The Skinny on Holiday Weight Gain

Did your patients go overboard during the holidays?

Some reports of holiday weight gain have been greatly exaggerated. Media stories often suggest that the average person gains 7 to 10 pounds between Thanksgiving and Christmas. However, participant surveys say they gain, on average, about 5 pounds during this time of year.



Surprisingly, a new study suggests that Americans probably only gain about 1 pound during the winter holiday season. As you know, this extra weight accumulates through the years and may be a major contributor to obesity later in life.

If you or your patients find they indulged a bit too much over the past several months, you can refer them to Nurse First to request articles on nutrition, exercise and ways to lose weight.

There is no time like the present for your patients to start taking better care of themselves and setting the proper example for their children.

In addition to Nurse First providing articles, you and your patients also have access to research and print articles yourselves. To access the Healthwise articles and information on the [Nurse First page](#), click on the Health and Wellness Information link at the bottom of the page. There is a wealth of information at your fingertips! The skinny on weight gain is available either by phone or website 24/7/365.

Submitted by Heather Racicot, DPHHS

Reimbursement Changes for Ancillary Services

In 2012, the Centers for Medicare and Medicaid (CMS) announced it would allow states the flexibility to ensure youth receiving inpatient psychiatric services would receive medically necessary Medicaid services. Based upon this directive, the Children's Mental Health Bureau adopted the following changes to the PRTF administrative rules to implement the changes in federal policy:

- All Medicaid state plan ancillary services will be reimbursed by the Montana Medicaid State Plan Program and not the PRTF, with the exception of targeted case management provided by the in-state PRTF or by outside providers. Limited targeted case management services are a covered ancillary service for youth in an out-of-state PRTF. The Medicaid state plan ancillary services must be in the plan of care for the youth, provided under the direction of the PRTF physician, and provided under an arrangement with other qualified providers. Reference ARM 37.87.1223.
- Care coordination by a licensed or in-training mental health professional is no longer an allowable ancillary service. (ARM 37.87.1202)
- PRTF waiver denials are not required for youth to be served in out-of-state PRTFs as the PRTF waiver is no longer available.
- The term "chemical dependency" is replaced with "substance use disorder" to align with the DSM-V and is now an optional service which is not reimbursable. (ARM 37.87.1214)
- Clinical assessments completed by a mental health center serving adults is a covered ancillary service in order to determine whether a youth 17 to 18 years of age has a severe disabling mental illness. (ARM 37.87.1222)

System changes to allow ancillary service providers to bill Medicaid directly are effective December 31, 2013, and FaxBack and the web portal now reflect the change.

If you have any questions, contact Melissa Higgins at mhiggins@mt.gov or 406.444.1535.

Submitted by Melissa Higgins, DPHHS

Passport Providers Must Enroll in EFT and ERA

Passport Case Management is a program that pays Passport providers a flat fee each month for each Passport member enrolled whether or not the member is seen that month. Passport providers who have not already done so must enroll in EFT to receive this payment electronically in addition to Medicaid payments.

To be in compliance with HIPAA Operating Rules, providers must use the EFT/ERA Authorization Agreement, available on the [Provider Enrollment page](#) of the website.

The Passport provider ID is linked to a tax ID; therefore, providers must complete the Authorization Agreement for the Passport provider ID and each provider in the facility.

Providers must also specify whether the ERA is to be aggregated under their NPI or their tax ID and whether they want the account to be linked with their tax ID or NPI.

If you are a Passport provider and have already submitted your application, and the same bank account is to be used, write your Passport provider ID on your copy of the previously submitted form and fax to Provider Relations with an explanation. The Provider Relations fax number is 406.442.4402.

If you are a Passport provider and have already submitted your application and a different bank account is to be used, you must complete and submit a new form. If you have questions, contact Provider Relations at 1.800.624.3958.

Medicaid and G-Codes

Beginning January 1, 2014, Medicare changed to a single code (G0463) for the facility fee on clinic visits, and Medicaid will follow suit per ARM. Provider-based clinics will use G0463 (which will group to APC 0634) for the facility fee portion of the outpatient clinic visits. The change applies only to the hospital or facility portion of clinic visit codes 99201–99205 and 99211–99215. The physician services claim will remain the same and continue to bill the appropriate procedure code in the code ranges 99201–99205 and 99211–99215.

Submitted by Shaunda Hildebrand, DPHHS

Publications Available on the Website

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.

Date	Provider Type	Description
Provider Notices, Manuals, and Replacement Pages		
01.09.2014	All Providers	Reimbursement Changes for Covered Ancillary Services Provided to Youth in a PRTF and Additional Information Pertaining to PRTF Services
01.09.2014	All Providers	Using Medicaid Card ID Number When Billing and Checking Eligibility
12.19.2013	HCBS	1915(i) HCBS Provider Policy Manual
Fee Schedules		
01.08.2014	ASC	January 1, 2014 Fee Schedule
01.08.2014	Dental	July 1, 2013 Fee Schedule
12.11.2013	EPSDT, Chiropractic, IDTF, Lab and Imaging, Schools, and Speech Therapy	December 1, 2013 Fee Schedule
01.09.2014 12.11.2013	Occupational Therapy	December 1, 2013 Fee Schedule, Passport Update December 1, 2013 Fee Schedule
01.09.2014 12.11.2013	Physical Therapy	December 1, 2013 Fee Schedule, Passport Update December 1, 2013 Fee Schedule
12.11.2013	Public Health Clinic	December 1, 2013 Fee Schedule
12.03.2013	Ambulance	July 1, 2013 Fee Schedule, Revised
01.09.2014 12.11.2013 12.03.2013	Physician	December 1, 2013 Fee Schedule, Passport Update December 1, 2013 Fee Schedule July 1, 2013 Fee Schedule, Revised
01.09.2014 12.11.2013 12.03.2013	Mid-Level	December 1, 2013 Fee Schedule, Passport Update December 1, 2013 Fee Schedule July 1, 2013 Fee Schedule, Revised
01.09.2014 12.11.2013 12.03.2013	Podiatry	December 1, 2013 Fee Schedule, Passport Update December 1, 2013 Fee Schedule July 1, 2013 Fee Schedule, Revised
Other Resources		
01.07.2014	Pharmacy DUR	DUR Meeting Agenda, January 29, 2014
01.02.2014	All Providers	Harnessing the Power of ICD-10 for Better Patient Outcomes and Appropriate Reimbursement
01.03.2014	All Providers	Best Practices: The Importance of Long-Term Strategic Decisions in Any Transition Efforts
01.03.2014	Hospital Outpatient, Podiatrist, ASC, Family Planning, Pharmacy, Ambulance, Physician, Lab/Imaging, Social Worker, Mid-Level, Freestanding Dialysis, Home Health, Psychiatrist, and IDTF	Rebateable Manufacturers List
12.30.2013	Home Infusion	Home Infusion Prior Authorization
01.09.2014 12.19.2014	Pharmacy	Montana SMAC Update Preferred Drug List
01.08.2014 12.19.2014	Physician and Mid-Levels	60% Threshold List Primary Care Enhancement Fee Schedule
12.19.2014	IHS	IHS Teleconference Minutes, November 20, 2013
12.09.2013	Forms and Passport	Health Improvement Program Provider Referral Form
12.01.2013	Team Care	Team Care Information and FAQs (Revised); Team Care Provider Pharmacy Change Form; Team Care Program Fact Sheet; and Team Care Referral Form

Top 15 Claim Denial Reasons		
Exception	December Ranking	November Ranking
RECIPIENT NOT ELIGIBLE DOS	1	1
EXACT DUPLICATE	2	3
RATE TIMES DAYS NOT = CHARGE	3	2
DRUG CONTROL CODE = 2 (DENY)	4	5
PA MISSING OR INVALID	5	8
REFILL TOO SOON PDCS	6	6
REFILL TOO SOON	7	7
PASSPORT PROVIDER NO. MISSING	8	4
CLAIM INDICATES TPL	9	14
RECIPIENT COVERED BY PART B	10	10
DEPRIVATION CODE RESTRICTED	11	12
REV CODE INVALID FOR PROV TYPE	12	11
NDC MISSING OR INVALID	13	22
SLMB OR QI-1 ELIGIBILITY ONLY	14	31
PROC. FACT. CODE=4 (NOT ALLOW)	15	20

Key Contacts

Provider Information

<http://medicaidprovider.hhs.mt.gov/>

Xerox EDI Solutions (previously ACS EDI Gateway)

<http://www.acs-gcro.com>

EDI Support Unit – Montana 1.800.624.3958

Provider Relations 1.800.624.3958 (In/Out of State)

406.442.1837 (Helena)

406.442.4402 Fax

MTPRHelpdesk@xerox.com

Third Party Liability 1.800.624.3958 (In/Out of State)

406.443.1365 (Helena)

406.442.0357 Fax

Electronic Funds Transfer and Electronic Remittance Advices

Fax completed documentation to Provider Relations, 406.442.4402.

Verify Member Eligibility

FaxBack 1.800.714.0075

Voice Response 1.800.714.0060

Point-of-Sale Help Desk for Pharmacy Claims 1.800.365.4944

Passport 1.800.362.8312

Prior Authorization

Mountain-Pacific Quality Health 1.800.262.1545

Mountain-Pacific Quality Health – DMEPOS/Medical

406.457.5887 Local; 877.443.4021, Ext. 5887 Long-Distance

Magellan Medicaid Administration (dba First Health) 1.800.770.3084

Transportation 1.800.292.7114

Prescriptions 1.800.395.7961

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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