

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](#).

Update! CMS-1500 (02/12)

As of April 1, 2014, the 08/05 version of the CMS-1500 was discontinued and only the 02/12 version is accepted. **Claims billed using the CMS-1500 (08/05) after April 1 were returned to providers.**

Montana Medicaid has received claims submitted on the 02/12 version, and providers are asked to note the following:

- Using the 02/12 version with the 08/05 format does not work. The diagnosis codes for Box 21 end up in the wrong location, and the Claims Unit will not key them to fit. If claims do not follow the 02/12 format, **payment of your claims could be affected.** Work with your software vendor to fix this issue.

- In conjunction with the incorrect claim format, boxes for diagnosis code pointers are being completed incorrectly; 24E is alphabetic, not numeric.

- The Department currently accepts diagnosis codes in Boxes A–D on the CMS-1500 (02/12); for the 837P X12 5010 electronic claim this equates to 1–4. Anything submitted in boxes other than A–D on the CMS-1500 (02/12) or other than 1–4 on the 837P X12 5010 electronic claim could cause denial of line or claim.

• Box 10d Claim Codes

- No longer scanned for the member ID. Montana Medicaid scans 1a, 9a, and 11 for the member ID.

• Box 17 Name of Referring Provider or Other Source.

- Montana Medicaid accepts with referring provider’s name.

• Box 17a Unlabeled

- Montana Medicaid reserves for Passport to Health referral number

• Box 17b NPI and Unlabeled Field

- Montana Medicaid reserves for Indian Health Services referral number

• Box 21 Diagnosis or Nature of Illness or Injury

- Decimal points are not allowed in Boxes A–L for diagnosis pointer.

• Box 29 Amount Paid

- Montana Medicaid reserves for third party liability payments.

Providers rebilling a claim after April 1 must use the 02/12 version even if the 08/05 version was used to bill the claim.

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

2014 Spring Provider Fair

The fair will be held May 20–21, 2014, at the Helena Great Northern Hotel,

Register online no later than May 12. If registering after May 12, please call Provider Relations to register. Each participant must register individually. An e-mail confirmation of your registration will be sent to the e-mail address provided in during registration.

This training gives medical billers and providers an opportunity to learn more about Medicaid, Healthy Montana Kids (HMK)/CHIP, and Children’s Mental Health Services policies and billing practices.

If you have questions regarding the Spring Provider Fair, contact Provider Relations at 1-800-624-3958. Visit the [Training](#) page to register and for up-to-date information!

Nurse First

What’s new with Nurse First?
See [page 2](#) for details!

New Addition to Nurse First

Making sure our callers receive the best possible care and continually enhancing the service we offer are core to who we are. That's why we have made the decision to collaborate with two health information experts to provide online and audio support for our callers when they need it.



As you may know, Healthwise has been our health information partner in the past. We will continue our relationship with them to provide audio support. If callers choose, they can still request seamless transfer (or we can provide them the number to call) into the Healthwise audio library to learn more about their topic of choice. Healthwise is a URAC-accredited health content provider offering evidence-based health education tools. The Healthwise Audio Library is made up of audio files that we use on our IVR (Interactive Voice Response) telephone system.

We understand that sometimes callers may prefer to see the information in writing. While there are many places online to find health information, we want to make sure that your patients have access to the most reputable, clinically sound information. To ensure they have that access, we are pleased to announce that we have partnered with Krames StayWell as our online knowledge provider. Krames StayWell provides more than 4,000 topics relating to health and medications. The peer-reviewed information was written specifically for patients and covers diseases and conditions, diagnoses and treatments, surgeries and procedures, and wellness and safety for people of all ages and walks of life. Additionally, when members access the health information library, they also have access to a comprehensive drug reference to answer their medication questions about 33,000 prescriptions, over-the-counter products, and nutraceuticals.

One of the major benefits of Krames StayWell's online information is that with a simple click of a button, callers can switch the site to the fully translated Spanish version. Krames StayWell is also a URAC-accredited health content provider.

Krames StayWell and Healthwise are two leading authorities in the health care field, and we are pleased to be able to offer those you care for access and resources to make it easy for them to get the answers they need.

Members can access this information by calling the Nurse First Advice Line at 1-800-330-7847 or online at <http://www.dphhs.mt.gov/medicaid/nursefirst/> under "Would you like more Montana Health and Wellness Information?"

Submitted by Heather Racicot, DPHHS

PERM Provider Educational Webinars

The FFY2014 PERM review process has begun. The PERM audits will review medical payments for Medicaid and CHIP programs. PERM participation is required under the Federal Improper Payments Elimination and Recovery Act (IPERA) of 2010.

The Centers for Medicare and Medicaid Services will host 4 PERM Provider Educational webinars designed to explain what providers should expect during the audit process and give providers an opportunity to ask questions.

The four webinars will be:

- Tuesday, June 10, 2014, 3:00–4:00 pm EST
- Thursday, June 26, 2014, 3:00–4:00 pm EST
- Wednesday, July 16, 2014, 3:00–4:00 pm EST
- Wednesday, July 30, 2014, 3:00–4:00 pm EST

We encourage all providers to attend one of the presentations. The PERM webinar log in instructions are found on the CMS website at:

<http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicaid-and-CHIP-Compliance/PERM/Downloads/2014WebinarInvitation.pdf>

Providers may also visit the CMS website to become familiar with the entire PERM process:

<http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicaid-and-CHIP-Compliance/PERM/Providers.html>

Submitted by Heather Smith, DPHHS

Modifier Changes

Effective July 1, 2014, there will be reimbursement changes to what is known as “by-report” modifiers. By using a “by-report” modifier on the claim line, the line is priced at a percentage of the charges rather than a percentage of the fee for that service. Montana Medicaid has two “by-report” modifiers: 66 (Surgical Team) and 22 (Increased Procedural Services).

Modifier 66 – Surgical Team

This modifier is rarely used and when used, the “by-report” reimbursement methodology creates confusion in the provider community. This modifier will now be used for informational purposes only thereby allowing reimbursement to be the fee for the service that was provided.

Modifier 22 – Increased Procedural Services

When the work required to provide a service is substantially greater than typically required, it may be identified by adding Modifier 22 to the procedure code. Documentation must support the substantial additional work and the reason for the additional work (i.e., increased intensity, time, technical difficulty of procedure, severity of patient’s condition, and physical and mental effort required). This modifier should not be appended to an evaluation and management service.

This modifier should be used only when significantly more work, time, and complexity than normal is required for a procedure. The reimbursement for a procedure without Modifier 22 already takes into account that sometimes the procedure will require more work, time, and complexity than normal but not significantly more work, time, and complexity than normal.

In some circumstances, surgeons perform services or procedures that entail significantly greater physician work than described by the CPT code descriptor. In many cases, there are not additional or add-on codes to describe the significantly increased complexity of the services. In these cases Modifier 22 should be appended to the CPT code.

Modifier 22 is appropriate in reporting unusual operative cases, such as:

- Trauma extensive enough to complicate the particular procedure and cannot be billed with additional procedures; or
- Significant scarring requiring extra time and work.

Modifier 22 is not appropriate in the following cases, such as:

- Use of Modifier 22 is prohibited for mental health services. On January 1, 2013, the CPT manual added two codes specifically for crisis with instructions and guidance for providers.
- If the cause of the complication results from the surgeon’s choice of approach (e.g., open versus laparoscopic).

Effective July 1, 2014, when Modifier 22 is appended to a procedure code, the service will be reimbursed at one hundred ten percent (110%) of the fee for that service. This method of reimbursement will allow consistent enhanced reimbursement for a service that requires substantially more work by the provider.

Notes are not required to be attached to the claim when it is submitted with Modifier 22 appended to a procedure code. However notes will be requested if the claim is selected for post payment review.

Nursing Facility Services Bureau WebEx Trainings

The Nursing Facility Services Bureau will continue offering quarterly provider training via WebEx for Nursing Facility providers and staff.

The Bureau would like feedback on topics to include in these trainings. Please contact Becky McAnally, Nursing Facility Services, at bmcanally@mt.gov with your suggestions and to register.

Our next training, scheduled for June 4, 2014, at 10 a.m., is on Payment Error Rate Measurement (PERM) and Recovery Audit Contractor (RAC) provider reviews, and will cover the PERM & RAC process, including the facilities’ responsibilities during these reviews. This webinar training will be presented jointly by the Quality Assurance Division (DPHHS) and the states audit contractor, HMS.

Submitted by Becky McAnally, 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		
05.05.2014	Mental Health Centers and School-Based Services	CSCT Requirement
05.02.2014	Mental Health Centers, Home Support Services, and Therapeutic Foster Care	Home Support Services Limitations
04.22.2014	Ambulance, ASC, Chiropractic, DME, FQHC, Hearing Aid, Lab and X-Ray, Mental Health Centers, Mid-Levels, Occupational Therapy, Optician, Optometric, Pharmacy, Physical Therapy, Physician, Podiatrist, Private Duty Nursing, Psychiatrist, Psychologist, RHC and Speech Therapy	Modifier Changes
04.04.2014	IHS	Manual Replacement Pages
04.01.2014	Hospital Outpatient, Podiatrist, ASC, Family Planning, Pharmacy, Ambulance, Physician, Lab/Imaging, Social Worker, Mid-Level, Freestanding Dialysis, Home Health, Psychiatrist, IDTF, and Provider Information	Rebateable Manufacturers List of companies that have a signed rebate agreement with CMS.
04.01.2014	Physicians, PRTF,, Social Worker, LCPC, Mental Health Center, Targeted Case Manage (Mental Health), Therapeutic Group Home, Therapeutic Foster Care, Psychiatrist,	Adult Mental Health Manual, January 2014
04.01.2014	Hospital Inpatient and Outpatient	CAH Manual Replacement Pages
04.01.2014	PPS Hospitals	Medicaid G Codes, Update
Fee Schedules		
04.24.2014	1915(i); 72-Hour; Ambulance; Audiology; Bridge Waiver; Chemical Dependency; Children's Chiropractic; Children's Mental Health; Dental; Durable Medical Equipment; EPSDT; HCBS Adults with SDMI; HCBS Waiver Elderly/Physically Disabled; Hearing Aid; Home Health ; Home Infusion Therapy ; Medicaid Mental Health Adult; Medicaid MHSP Adult; Nutrition; Occupational Therapy; Optician; Optometric; Orientation and Mobility Services; Personal Assistance Services; Personal/Commercial Transportation; Physical Therapy; Private Duty Nursing; RBRVS; Respiratory; School-Based Services; Speech Therapy; and TCM	Proposed Fee Schedules, http://medicaidprovider.hhs.mt.gov/providerpages/disclaimerproposedfs.shtml
04.18.2014	IHS	IHS Fee Schedule, January 1, 2014
04.18.2014 04.10.2014	Personal Assistance	Personal Assistance Fee Schedule (Revised), January 1, 2014
04.10.2014	Hospice	October 2013 to September 2014
04.10.2014	Home Health	Fee Schedule, July 2014
Other Resources		
05.02.2014	Forms	Drug Prior Authorization
04.25.2014	Pharmacy	Preferred Drug List (Revised)
05.07.2014 04.08.2014	Pharmacy	Montana SMAC Update, May 7, 2014 Montana SMAC Update, April 7, 2014
04.07.2014	Pharmacy DUR	Pharmacy DUR Agenda, April 23 Pharmacy DUR Minutes, March 26
04.01.2014	Physicians, Mid-Levels	Enhanced Payment Enrollment, March 31, 2014
04.02.2014	Multiple	Montana Access to Health Web Portal Link Request
04.02.2014	Presumptive Eligibility	Training Video

Top 15 Claim Denial Reasons		
Exception	April Ranking	March Ranking
RECIPIENT NOT ELIGIBLE DOS	1	1
EXACT DUPLICATE	2	3
RATE TIMES DAYS NOT = CHARGE	3	2
PA MISSING OR INVALID	4	4
DRUG CONTROL CODE = 2 (DENY)	5	5
PASSPORT PROVIDER NO. MISSING	6	7
REFILL TOO SOON PDCS	7	6
REFILL TOO SOON	8	8
DEPRIVATION CODE RESTRICTED	9	12
SLMB OR QI-1 ELIGIBILITY ONLY	10	11
RECIPIENT COVERED BY PART B	11	10
MISSING OR INVALID INFORMATION	12	9
REV CODE INVALID FOR PROV TYPE	13	14
SUSPECT DUPLICATE	14	13
CLAIM INDICATES TPL	15	23

Key Contacts

Provider Information

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

Xerox EDI Solutions (previously ACS EDI Gateway)

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

EDI Support Unit – Montana 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

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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