



# 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](#).

## Attention Providers!

### Providers and Paper Warrants

As of June 30, 2015, **no paper warrants will be issued**. See below for more information.

### Payments Suspended

In an effort to assist providers in the final transition to electronic funds transfer (EFT), claims payment has been set to suspend for providers who still receive payment via paper.

As a result, thousands of claims have been suspended. In an effort to offer information showing the reason a claim suspended, EOB code 996 has been created.

This code references Remark Code N24: MISSING/INCOMPLETE/INVALID ELECTRONIC FUNDS TRANSFER (EFT) BANKING INFORMATION.

As providers call Xerox to determine the status of their payments, Provider Relations can outline what is needed to set up electronic payments (direct deposit).

Providers can verify whether payments have been suspended and work with Provider Relations to enroll.

## Free Webinars in 2015

DPHHS and Xerox will present WebEx sessions on a variety of topics in 2015.

Sessions will be presented on the third Thursday of the month at 9:30 a.m. Visit the [Training](#) page for details.

## Consequences for Providers Employing Excluded Individuals

Providers must avoid the consequences of employing excluded individuals and entities. Check the exclusion list on the OIG website, <http://exclusions.oig.hhs.gov/>, before hiring a new staff member.

Providers also need to ensure that no current employees are on the exclusion list (ARM 37.85.402 and 42 CFR 455.106). On the OIG site, providers can download the updated exclusion list and the current month's exclusions and reinstatements.

The consequences of employing an excluded individual can be very expensive. The OIG may impose up to \$10,000.00 in Civil Monetary Penalties for each item or service furnished by an excluded individual, as well as an assessment of up to three times the amount claimed.

From December 2014 to February 2015 there were 13 cases finalized for the employment of excluded individuals across the United States. The average payback for the providers was \$234,113.

It is the responsibility of the provider to be knowledgeable about sections of the Administrative Rules that relate to their provider type, provider policies, and covered services.

The following websites will provide you with the necessary databases to check for excluded providers and employees.

- DOLI  
<http://app.mt.gov/lookup/index.html>
- LEIE  
<http://exclusions.oig.hhs.gov/>
- SAM  
<https://www.sam.gov>

*Submitted by Jennifer Tucker, DPHHS*

## ICD-10 Testing Available

Are you ready to submit test claims with ICD-10 diagnosis codes? Xerox is now accepting test claims.

Contact [Tom Keith](#) or [Janet Reifschneider](#), or call Provider Relations at 1.800.624.3958 to make arrangements to send test claims.

Additional information is available on the [ICD-10 page](#) on the Provider Information website.

**The implementation date for ICD-10 is October 1, 2015!**

*Submitted by Janet Reifschneider, DPHHS*

## Nurse First

Summer safety! See [page 2](#) for details!

## Get Sun Smart! NurseWise Debunks 5 Summer Safety Myths

After a long winter, nothing feels better than the hot summer sun, but it's important to remember the sun can be dangerous.

In honor of Sun Safety Week (June 1–8), the health experts at NurseWise, a national multilingual nurse triage and health education provider, answer 5 myths of summer sun.



“Clearing up misinformation is the first step in protecting your family,” said Kim Tuck, RN, Chief Executive Officer of NurseWise. “Sun safety should be a priority because skin damage accumulates over the course of a lifetime.”

### **MYTH 1 – *It’s not safe to use sunscreen on my baby.***

For babies younger than 6 months old, limit the amount of sunscreen; however, sunscreen needs to be used on exposed areas such as hands, face and neck. Ideal sun protection for babies is clothing, hats, etc., many of which now come with extra UV protection within the fabric.

### **MYTH 2 – *I won’t get melanoma if I only tan.***

You’re still at risk if you never burn, because a tan indicates damage to your skin. But if you do get sunburnt, just one burn can double your chance of developing melanoma, according to the American Cancer Society’s Skin Cancer Advisory Group.

### **MYTH 3 – *Sun can’t harm me through the window.***

Glass filters out UVB rays, but UVA rays can still get through. Studies show that most adults have more freckles on their left side than their right from UV exposure on that side through their car window when driving. Bonus points if you have tinted windows – they keep out almost four times more UVA light than regular ones.

### **MYTH 4 – *If it’s cool or cloudy outside, my kids don’t need sunscreen.***

Sunburns are common on overcast days if kids spend time outside with no sun protection. Up to 80% of the sun’s UV rays can pass through the clouds, according to the Skin Cancer Advisory Group.

### **MYTH 5 – *Too much sunscreen causes vitamin D deficiency.***

Both adults and kids get plenty of vitamin D through multivitamins, vitamin D-rich foods (such as milk and orange juice), and through everyday sun exposure, according to the American Academy of Dermatology. If you’re worried about Vitamin D levels, ask your primary care provider (PCP) if a simple blood test to check is needed.

For more information about skin and sun safety, visit [www.cancer.org/healthy/besafeinthesun/](http://www.cancer.org/healthy/besafeinthesun/).

*Submitted by Connie Olson, DPHHS*

## National Drug Code (NDC) Billing

### NDC Requirements

The Federal Deficit Reduction Act of 2005 mandates that all state Medicaid programs require the submission of National Drug Codes (NDCs) on claims submitted with certain procedure codes for physician-administered drugs.

This mandate affects all providers who submit claims for procedure-coded drugs both electronically and manually.

Montana Medicaid requires all claims submitted for physician administered drugs to include the NDCs, the corresponding CPT/HCPCS codes, and the units administered for each code.

Montana Medicaid reimburses only in the case where a drug is manufactured by companies that have a signed rebate agreement with the Centers for Medicare and Medicaid Services (CMS).

A list of drug manufacturers who have a rebate agreement is on the Provider Information website.

For more information, refer to the provider notice titled National Drug Code (NDC) Billing on the Provider Information [website](#).

*Submitted by Dani Green, DPHHS*

## Publications Available on the Website

Below is a list of recently published Medicaid information and updates. Download the document from the Provider Information [website](#). Select Resources by Provider Type in the website menu to locate information specific to your provider type. If you cannot locate 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>		
05.06.2015	Pharmacy, Physician, and Mid-Level	Prior Authorization Required for Jublia® Topical Solution
05.07.2015	Pharmacy, Physician, and Mid-Level	Anesthesia and Global Service Requirement
05.22.2015	Hospital Inpatient	Hospital Inpatient Provider Manual, May 2015
06.09.2015	Commercial Transportation and Specialized Non-Emergency Transportation	Commercial and Specialized Non-Emergency Transportation Manual
06.09.2015	Outpatient Hospital, Emergency Room, Podiatrist, Physician, Mid-Level Practitioner, Independent Diagnostic Testing Facility (IDTF), Birthing Center, Laboratory and X-Ray, Pharmacy, Public Health Clinic, Psychiatrist, and Ambulatory Surgery Center	National Drug Code (NDC) Billing
<b>Fee Schedules</b>		
04.29.2015	IHS	IHS Fee Schedule, January 1, 2015
05.04.2015	ASC	ASC Fee Schedule, January 1, 2015
05.05.2015	Hospital Outpatient	OPPS, CLAB, and APC Fee Schedules, April 2015
05.13.2015	Multiple Providers	Proposed Fee Schedules, July 1, 2015: 1915(i), Ambulance, Audiology, Bridge Waiver, Children's Chiropractic, Community First Choice, Dental, DME, Elderly and Physically Disabled Waiver, EPSDT, Hearing Aid, Home Health, Home Infusion Therapy, Mental Health Adult, Mental Health Youth, MHSP Adult, Nutrition, Occupational Therapy, Optician, Optometric, Orientation and Mobility Specialist, Personal Assistance, Physical Therapy, Private Duty Nursing, Speech Therapy, Targeted Case Management, Transportation: Personal and Commercial, and Transportation: Specialized Non-Emergency
05.14.2015	Multiple Providers	72-Hour Presumptive Eligibility for Adults, Chemical Dependency, HCBS for Adults with SDMI, Mental Health Adult, MHSP Adult
05.14.2015	Hospital Inpatient	APR-DRG, July 2014 (Revised)
05.29.2015	Hospital Inpatient	Proposed APR-DRG, July 2015 (Proposed Fee Schedule page)
<b>Other Resources</b>		
05.01.2015	Pharmacy	Montana Preferred Drug List
05.29.2015 05.07.2015	Pharmacy	Montana SMAC Update, May 29, 2015 Montana SMAC Update, May 7, 2015
05.14.2015	All Providers	Cultural and Language Services Policy
05.20.2015	All Providers	<i>Claim Jumper</i> , June 2015
05.28.2015	Pharmacy	DUR Meeting Minutes, April 29, 2015

<b>Top 15 Claim Denial Reasons</b>		
<b>Exception</b>	<b>May Ranking</b>	<b>April Ranking</b>
EXACT DUPLICATE	1	1
RECIPIENT NOT ELIGIBLE DOS	2	2
PA MISSING OR INVALID	3	3
PASSPORT PROVIDER NO. MISSING	4	4
RATE TIMES DAYS NOT = CHARGE	5	7
REFILL TOO SOON PDCS	6	5
REFILL TOO SOON	7	6
DRUG CONTROL CODE = 2 (DENY)	8	8
RECIPIENT COVERED BY PART B	9	12
MISSING/INVALID INFORMATION	10	9
SLMB OR QI-1 ELIGIBILITY ONLY	11	13
PROVIDER TYPE/PROCEDURE MISMATCH	12	18
DEPRIVATION CODE RESTRICTED	13	11
SUSPECT DUPLICATE	14	17
CLAIM INDICATES TPL	15	14

**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 <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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