

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, notices for their provider type, and information published in the *Claim Jumper* and on the Medicaid website.

ESRD Services Effective Date Correction

The July 2011 *Claim Jumper* article entitled "Prospective Payment System for End-Stage Renal Disease (ESRD)" indicated that effective for dates of service July 1, 2011 and after, Montana Health Care Programs would pay dialysis clinics for ESRD services using a revised prospective payment system (PPS).

However, this has not yet gone into effect. Providers will be notified through a provider notice when this does become effective.

Nursing Facility Provider Per Diem Rates

Effective August 1, 2011, the nursing facility Medicaid per diem rates will be changing for FY 2012.

Nursing facility electronic billers must remember to update their system with the new nursing facility Medicaid rate before billing for August 2011.

Submitted by Steve Blazina, DPHHS

New Passport to Health Program Officer

John Hoffland is the new Medicaid Passport to Health Program Officer. John previously worked as the Medicaid Outreach Coordinator and looks forward to working with providers in providing quality managed care in a medical home setting to our Medicaid Passport clients.

He can be reached at (406) 444-0991 or at jhoffland@mt.gov.

Fall 2011 Provider Training Survey

Watch the Provider Information page of the website for the fall provider training survey. This is your opportunity to assist with program development for the fall WebEx sessions!

PA Requirements Discontinued for TCM and Outpatient Therapy

Effective July 1, 2011, Targeted Case Management (TCM) providers no longer need to obtain a prior authorization (PA) number to bill Code T1016 HA, TCM for youth with a serious emotional disturbance (SED).

Effective August 1, 2011, outpatient therapy providers no longer need to obtain PA to

bill outpatient therapy codes concurrent with CSCT.

It is the intent of the Department to manage TCM services and outpatient therapy services within the budget. Both TCM and outpatient therapy services must be medically necessary.

Please see the [provider notice](#) dated July 18, 2011, for more information.

Submitted by Jamie Stolte, DPHHS

PRTF Ancillary Services and Reimbursement Changes

Effective July 1, 2011, additional ancillary services are covered for youth in a PRTF. Also effective July 1, 2011, all ancillary services youth receive in a PRTF must be sent to and reimbursed by the PRTF and not the Montana Medicaid program.

Montana Medicaid does reimburse for ancillary services the youth receives on the day of admission to and discharge from the PRTF. This applies to both in and out-of-state PRTFs enrolled in the Montana Medicaid program. PRTFs are reimbursed by Montana Medicaid through a bundled rate to include all psychiatric, medical, and ancillary services to meet the youth's psychiatric and physical health care needs. Covered ancillary services are defined in Administrative Rules of Montana (ARM) 37.87.1222, see Montana Administrative Register (MAR) Notice 37-533.

Care coordination is a new ancillary service with limited coverage for youth in a PRTF.

Currently, family planning services are not a covered ancillary service for youth in a PRTF.

Medicaid prior authorization requirements do not apply to ancillary services when provided to youth in a PRTF. Third party

liability requirements do apply for PRTF and ancillary services.

For more information, see the July 18, 2011 provider notice or 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

HAC on Inpatient Claims and Using POA Indicator

Hospital-Acquired Conditions (HAC)
Effective August 1, 2011, Montana Medicaid will no longer pay for HAC or provider-preventable conditions. These conditions are identified by the Medicare program and will be updated quarterly.

For claims with dates of payment on or after August 1, 2011, when a HAC occurs

during hospitalization in a PPS facility and the condition was not present or was undetermined to be present on admission, claims will be paid as though the diagnosis code is not present.

For critical access hospitals (CAHs), a retroactive review will be conducted on all claims with a HAC that was billed on or after August 1, 2011. If this condition was not present or was undetermined to be present on admission, Medicaid payment for that condition must be repaid to the Department.

Present on Admission (POA)

Effective for inpatient claims with dates of payment on or after January , 2012, Medicaid will require the following indicators be used for reporting HAC that were present at the time of inpatient admission:

Y Diagnosis was present at the time of inpatient admission.

- N** Diagnosis was not present at the time of inpatient admission.
- U** Documentation is insufficient to determine if the condition was present at the time of inpatient admission.
- W** Clinically undetermined. The provider was unable to clinically determine whether the condition was present at the time of inpatient admission.

The POA indicator of “1” formerly used to report “exempt from POA reporting” will no longer be valid on claims submitted under the new 5010 format and UB-04 paper claims effective January 1, 2012.

The POA field must be populated using one of the above-mentioned POA indicators. This requirement pertains to both PPS hospitals and CAHs. Claims will deny if a valid POA indicator is not reported.

Submitted by Jennifer Wilhoit, DPHHS

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 March and April, callers’ most frequent questions were pediatric.

Nurse First also offers patients a free Healthwise® website: Patients may go to <http://www.dphhs.mt.gov/programsservices/medicaid.shtml> and click on *Montana Health and Wellness Information*. During March and April, the most sought-after information was carpal tunnel syndrome and health risks from chewing tobacco.

Submitted by Michael Huntly, DPHHS

Nurse First Calls			
The top five Nurse First call topics are in the table below:			
April 2011 (692 total calls)		March 2011 (773 total calls)	
Calls	Type of Call	Calls	Type of Call
22	Pediatric cough	34	Pediatric cough
21	Pediatric general information	27	Pediatric general information
20	Pediatric colds	22	Pediatric colds
16	Pediatric constipation	12	Pediatric eye discharge
13 each	Abdominal pain Adult general advice	10 each	Pediatric fever Pediatric medications Adult chest pain

Visits to Healthwise® Website			
The top five topics visitors were interested in are in the table below:			
April 2011 (69 website visits)		March 2011 (100 website visits)	
Visits	Topic of Interest	Visits	Topic of Interest
8	Carpal tunnel syndrome	11	Health risks from chewing tobacco
8	Raynaud’s phenomenon	9	Irritable bowel syndrome
6	Smart health decisions	8	Diverticulosis
4 each	Basic dental care Dental care for older adults Bipolar disorder	7 each	Toothache and gum problems Weight management

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 and Replacement Pages		
05/05/2011	Physician, Mid-Level Practitioner, RHC, FQHC, IHS	Renew Passport Provider Agreement
05/18/2011	Dentist, Denturist, Physician, and Mid-Level Practitioner	Provider Notice: Dentist and Denturist Provider Manual Updated and Replacement Pages: Dentist and Denturist Provider Manual
05/27/2011	Pharmacy, Physician, and Mid-Level Practitioner	Provider Notice: Prior Authorization for Horizant, Gralise, Daliresp, and Sprix
06/01/2011	Physician, Mid-Level Practitioner, and Public Health Clinic	Provider Notice: 17-AHP and Makena
06/24/2011	DME	Provider Notice: Prior Authorization for Rental of Electric Hospital Beds and Rental of Bone Growth Stimulators
Fee Schedules		
06/21/2011	ASC	Current Fee Schedule
Other Resources		
05/06/2011 05/10/2011 05/13/2011 05/25/2011	Pharmacy	SMAC Update, April 27 SMAC Update, May 6 Preferred Manufacturer's List, May 13 Preferred Drug List
05/06/2011 05/13/2011 05/16/2011	Training and Upcoming Events Provider Training Material	Session 12: Medicare Crossover; Session 14: Healthy Montana Kids (HMK) Presumptive Eligibility; Session 13: Children's Mental Health; and Session 8: Hospital and Clinic (revised)
05/16/2011	All Providers	June 2011 <i>Claim Jumper</i>
05/20/2011	Forms	Address Correction Form
05/24/2011	Training and Upcoming Events Provider Training Material	Session 16: Adult Mental Health
05/25/2011	Pharmacy	Preferred Manufacturers List
06/15/2011	Pharmacy	SMAC Update, June 7, 2011
06/15/2011	Pharmacy	DUR Meeting Agenda, July 27, 2011
06/17/2011	Pharmacy	Prescription Drug Services Manual
06/20/2011	Pharmacy	Updated DUR Agenda, July 27, 2011
06/21/2011	All Providers	July 2011 <i>Claim Jumper</i>
06/24/2011	DME, Hearing Aid and Audiology	Key Contacts
06/24/2011	Hospital Inpatient, Hospital Outpatient, Psychologist, Physician, PRTF, Social Worker, Mid-Level Practitioner, RHC, FQHC, Licensed Professional Counselor, Mental Health Center, TCM -- Mental Health, TGH, Public Health Clinic, TFC, Psychiatrist, CAH	Provider Notice: PRTF Waiver Denial Required

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

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

<p>Provider Relations P.O. Box 4936 Helena, MT 59604</p>

<p>Claims Processing P.O. Box 8000 Helena, MT 59604</p>
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<p>Third Party Liability P.O. Box 5838 Helena, MT 59604</p>
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