



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](#).

Free Webinars in 2015

DPHHS and Xerox are presenting WebEx sessions during 2015. Sessions are presented on the third Thursday of the month at 10 a.m.

Webinars have been presented on Medicaid Administrative Claiming (MAC) for Schools, Optometric and Eyeglass Services, Healthy Montana Kids, Plan First, Enrollment, and ICD-10 Nursing Facility. Additional ICD-10 training is scheduled for August 20 and September 17.

Visit the [Training](#) page for information on upcoming trainings and recordings and session materials from earlier trainings.

Provider Training Fall 2015

Trainings are scheduled for Billings (October 7), Missoula (October 14), and Butte (October 21). Visit the [Training](#) page for the latest information.

ICD-10 Is Coming October 1, 2015!

Montana Medicaid is getting the word out that ICD-10 will not be delayed. **The implementation date for ICD-10 is October 1, 2015!** There are 61 days from August 1, 2015 to October 1, 2015.

The claims processing system will look at the Date of Service field or the Date of Discharge (inpatient claims) field to determine which diagnosis version is required.

ICD-10 Testing Available

Are you ready to submit test claims with ICD-10 diagnosis codes? It is up to you to have the resources in place to submit ICD-10 codes on claims as of October 1, 2015.

Testing is available for all Montana Medicaid providers to ensure they are using valid ICD-10 codes in the right format.

We recommend you submit 10–20 claims to get a good sample.

In the test region, the effective date for an ICD-10 diagnosis code or ICD-10 surgical procedure code is January 1, 2015.

For claims to be tested and results returned as an 835 X12 file or as an eSOR by October 1, 2015, files must be sent by September 4, 2015. Files received after this date have no guarantee of an 835 X12 file or eSOR until after the October 1, 2015 implementation date.

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

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

Submitted by Janet Reifschneider, DPHHS

Provider Specialty Table of Services in Montana

Mountain-Pacific Quality Health (MPQH) and Montana Medicaid have developed a provider specialty table that lists specialty providers for adult and pediatric services in Montana.

The table includes Montana facilities, physician specialties, Montana Medicaid-enrolled physicians who perform specialized services, and contact numbers.

This unique tool can be used as a quick reference in determining which facility to send Montana Medicaid members to for specialized services (adult and pediatric) if the services cannot be provided in the current facility.

The table is available on the MPQH website. For direct access, click [Provider Specialty Table](#) or on the Provider Information [website](#) click the Provider Specialty Table link and follow instructions to access the table.

This table will be reviewed twice a year to ensure information is up-to-date.

Submitted by Erica Lewis, DPHHS

Provider Requirements for CANS

In addition to any clinical records requirements listed in the General Medicaid Administrative Rules of Montana, all Comprehensive School and Community Treatment (CSCT) service providers must complete a CANS MT assessment as of October 1, 2014 (ARM 37.106.1961).

CSCT providers received two letters from the Department of Public Health and Human Services (DPHHS) Disabilities Services Division in 2015 informing providers of the delay in the use of the electronic Montana CANS System.

The letters addressed some unavoidable implementation issues within the Montana CANS System (MCS) that were the result of moving from a test to production environment. The Children's Mental Health Bureau extended the deadline for providers beginning to enter the CANS into the electronic system until October 1, 2015. **Providers are still required to complete a paper CANS.**

The Department encouraged providers to continue the electronic data entry.

It is important that all providers are following the general Medicaid rules and regulations. It is the responsibility of the provider to be familiar with their particular provider manuals and ARMs specific to their provider type.

To keep up-to-date on ARMs, visit <http://www.mtrules.org/>.

*Submitted by Angela Herbst,
SURS Program Integrity Auditor, DPHHS*

Parent's Guide to Vaccinations

As the kids head back to school, it's time for parents to make sure their kids start off their new year as prepared as possible. One crucial factor is ensuring that children are up-to-date on their vaccinations. The experts at NurseWise, a national multilingual nurse triage and health education provider, have put together some information to help you understand the importance of having your children vaccinated during August's National Immunization Awareness month.

"Vaccinations are crucial to keeping you healthy, both today and in the future. They protect those who receive them, and they also prevent disease outbreaks," said Kim Tuck, RN, President & CEO of Nurse-

Wise. "Today, children do not receive a vaccination for the life-threatening disease smallpox because it has been eradicated due to immunizations. However, many other diseases we vaccinate against still do exist, so it's important to ensure our children are safe from these preventable illnesses."

The [Centers for Disease Control and Prevention](#) offers a breakdown of what vaccinations children should receive and at what age. With so much information about immunizations available, it can be hard to determine what really matters. Below are five reasons vaccinations are important to the health of your family and your future:

- 1. Vaccinations are required.** Most states require certain vaccinations for your child to enter daycare, public school, and private school. There are exemptions, most often for medical or religious reasons, your child will likely be required to prove he or she has the necessary immunizations according to federal and state laws. [Click for details.](#)
- 2. They save lives.** Illnesses like measles, meningitis, diphtheria, polio, and hepatitis B can quickly become life-threatening, especially for children. Many are highly contagious, but are now preventable by keeping children up-to-date on their immunizations. These diseases still exist and if children are not protected, they can more easily catch the virus or bacteria. Vaccinations also continue to protect you as you age.
- 3. Preventable illnesses increase your health care costs.** Many of the diseases and health issues that have vaccines can result in extensive medical bills and time missed from school (and work for parents of sick children). Immunizations not only prevent children from suffering from those illnesses, but they may be covered by your insurance. There are also federal programs (e.g., [Vaccines for Children](#)), which offer free vaccinations to low-income families without health insurance.
- 4. Immunizing eliminates disease.** Vaccines protect future generations. Vaccinating our children today decreases the risk of future disease. Not only are many deadly diseases, including polio and diphtheria, extremely rare in the U.S. due to vaccinations, immunizations have also helped eliminate deadly diseases such as smallpox. The key is to continue vaccinations until the disease is eradicated. Easing up on vaccinations can allow the disease to return, even developing into an epidemic.

5. Vaccines are safe. Years of research and testing have gone into the vaccines that are given today. You cannot get the disease of the immunization you are receiving. Vaccines either use a dead virus, which cannot make you sick, or a weakened version of a live virus that also cannot give you the disease for which you are being vaccinated.

Always check with your child's doctor for the most up-to-date vaccination requirements and visit the CDC website for information and resources.

*Submitted by Connie Olson,
Nurse First Program Officer, DPHHS*

End-Stage Renal Disease (ESRD) Payment

Montana Medicaid streamlined the payment process and began reimbursing providers who furnish outpatient maintenance dialysis to end-stage renal disease (ESRD) patients under a revised prospective payment system (PPS) beginning November 1, 2011.

Reimbursement for these claim types bundle the dialysis and other related services into the base Medicare composite rate (ARM 37.86.4205, ARM 37.85.105).

The Montana Medicaid fee schedule for dialysis clinics may be accessed on the Provider Information [website](#).

- Select *Resources by Provider Type*.
- Read and accept the End User Agreement; must select *I Accept*.
- Select *Dialysis Clinic*.
- Select *Fee Schedules – Dialysis Clinic*.

No other services, including the ESRD-related laboratory tests, are paid separately, and the Department does not allow adjustments to the composite rate under our revised payment system. However, when a laboratory test is performed for the Medicaid member that is not related to their maintenance dialysis, the test may be billed when coded appropriately (ARM 37.86.101, ARM 37.86.105, and ARM 37.85.413) and when documentation supports the claim.

For guidance, access the CMS website, [ESRD Consolidated Billing](#).

CMS lists ESRD-related services that are commonly provided for ESRD treatment; however, the list is not all-inclusive and the provider must maintain records that fully demonstrate the extent, nature, and medical necessity of the services billed to Montana Medicaid (ARM 37.85.414).

Submitted by Kay Propst, 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.

Date	Provider Type	Description
Provider Notices, Manuals, and Replacement Pages		
07.01.2015	Hospital Inpatient	Hospital Inpatient Manual, June 2015
07.06.2015	Dialysis Clinic	Dialysis Clinic Manual, June 2015
07.06.2015	Family Planning,	Montana Plan First - Revised List of Plan First Covered Services
07.08.2015	Ambulance	Ambulance Provider Reimbursement Rate Changes
07.08.2015	Transportation Providers	Personal and Commercial Provider Reimbursement Rate Changes
07.08.2015	Transportation Providers	Non-Emergency Specialized Wheel Chair Van Provider Reimbursement Rate Changes
07.13.2015	Dental and Denturist	Dental Reimbursement Rate Change and Provider Manual
07.21.2015	Pharmacy	Prescription Drug Program Manual
07.31.2015	All Providers	General Information for Providers Manual
07.31.2015	Physician, Podiatrist, Family Planning, Lab and Imaging, Mid-Level, Public Health Clinic, Psychiatrist, IDTF, and Oral Surgeon	Physician-Related Services Manual
07.31.2015	Passport to Health, Hospital Outpatient, Physical Therapist, Speech Therapist, Occupational Therapist, Private Duty Nursing, ASC, Family Planning, Physician, Nutrition (EPSDT), PRTE, Mid-Level, Schools, RHC, FQHC, IHS, and Public Health Clinic	Passport to Health Manual
07.31.2015	All Providers	Adult and Pediatric Specialty Table of Services Available in Montana
08.03.2015	All Providers and ICD-10 Information	ICD-10 Guidance for Implementing International Classification of Diseases, 10th Edition (ICD-10)
08.07.2015	Dental and Denturist	Identification of Referring Providers on ADA Claim Form and 837D X12 Transactions
Fee Schedules		
07.01.2015	Audiology	Audiology, July 1, 2015
07.01.2015	Hearing Aid	Hearing Aid, July 1, 2015
07.01.2015	DME	DME, July 1, 2015
07.01.2015	Home Infusion Therapy	Home Infusion Therapy, July 1, 2015
07.02.2015	Speech Therapy	Speech Therapy, July 1, 2015
07.02.2015	Occupational Therapy	Occupational Therapy, July 1, 2015
07.02.2015	Physical Therapy	Physical Therapy, July 1, 2015
07.02.2015	EPSDT	Children's Chiropractic, July 1, 2015; Private Duty Nursing, July 1, 2015; and Orientation and Mobility Specialist, July 1, 2015
07.02.2015	Targeted Case Management	Targeted Case Management, July 1, 2015
07.02.2015	Private Duty Nursing	Private Duty Nursing, July 1, 2015
07.02.2015	Chiropractic	Children's Chiropractic, July 1, 2015
07.02.2015	Nutrition	Nutrition, July 1, 2015

Fee Schedules, Continued		
07.02.2015	Optician	Optician, July 1, 2015
07.02.2015	Optometric	Optometric, July 1, 2015
07.02.2015	Schools	Schools, July 1, 2015
07.06.2015	Hospital Inpatient	APR-DRG, July 2015
07.13.2015	Dental and Dental Hygienist	Dental and Dental Hygienist, July 1, 2015
07.14.2015	Ambulatory Surgical Center	Ambulatory Surgical Center, July 2015
07.14.2015	IDTF	IDTF, July 1, 2015
07.14.2015	Mid-Level	Mid-Level, July 1, 2015
07.14.2015	Physician	Physician, July 1, 2015
07.14.2015	Podiatry	Podiatry, July 1, 2015
07.14.2015	Public Health	Public Health, July 1, 2015
07.14.2015	Psychiatrist	Psychiatrist, July 1, 2015
07.15.2015	Lab and Imaging	Lab and Imaging, July 1, 2015
07.15.2015	IHS	IHS, July 1, 2015
07.15.2015	Provider Information	RBRVS, July 1, 2015
07.27.2015	Family Planning	Family Planning
07.29.2015	Physician	Physician (Revised)
07.29.2015	Mental Health – Youth	Proposed Mental Health – Youth, October 1, 2015
08.07.2015	Hearing Aid	Hearing Aid, July 1, 2015 (Revised)
08.07.2015	DME	DME, July 1, 2015 (Revised)
08.07.2015	Physician	Physician, July 1, 2015 (Revised)
08.07.2015	Public Health Clinic	Public Health Clinic, July 1, 2015 (Revised)
08.07.2015	Hospital Outpatient	APC, July 1, 2015; CLAB, July 1, 2015; and OPSS, July 1, 2015
Other Resources		
07.02.2015	Provider Information Home, Ambulance, Ambulatory Surgical Center, Dialysis Clinic, Family Planning, Home Health, Hospital Outpatient, IDTF, Lab/Imaging, Mid-Level, Pharmacy, Physician, Podiatrist, Psychiatrist, Social Worker	Rebateable Labelers, July 2, 2015
07.06.2015	All Providers	Medicaid Statistics
07.22.2015	All Providers	August 2015 Claim Jumper (Revised)
07.27.2015 08.07.2015	Pharmacy	Montana SMAC Update, August 7, 2015 Montana SMAC Update, July 24, 2015
08.07.2015	Training	WebEx ICD-10 Nursing Facility

Top 15 Claim Denial Reasons		
Exception	July Ranking	June Ranking
EXACT DUPLICATE	1	1
RECIPIENT NOT ELIGIBLE DOS	2	2
PA MISSING OR INVALID	3	3
RATE TIMES DAYS NOT = CHARGE	4	4
PASSPORT PROVIDER NO. MISSING	5	5
REFILL TOO SOON PDCS	6	6
REFILL TOO SOON	7	7
RECIPIENT COVERED BY PART B	8	10
DRUG CONTROL CODE = 2 (DENY)	9	8
SLMB OR QI-1 ELIGIBILITY ONLY	10	12
MISSING/INVALID INFORMATION	11	9
DEPRIVATION CODE RESTRICTED	12	11
PROVIDER TYPE/PROCEDURE MISMATCH	13	14
SUSPECT DUPLICATE	14	16
CLAIM INDICATES TPL	15	15

Xerox Field Representatives' Corner

Did you know Xerox has provider field representatives? Meet Aaron and Phil, a vital part of Provider Relations (PR).

They work closely with PR Call Center Agents to provide enhanced customer service to effectively resolve claim issues and answer providers' questions promptly and accurately. They generally handle more complex claim issues, educate providers on the use of the Montana Access to Health (MATH) web portal, and provide WINASAP support and electronic billing expertise. They work directly with DPHHS to research resolutions and develop Montana Medicaid provider training programs to be delivered via telephone, WebEx sessions online, or on-site visits.



Aaron



Phil

Aaron Hahm began his career at Xerox as a PR Call Center Agent. During this time, he developed extensive knowledge through provider communication and support. This valuable experience was integral to his success as he transferred into the role of PR Field Representative. He enjoys resolving complex multifaceted issues and simplifying Montana Healthcare Programs policies and processes for providers.

Phil Currey is in his third year with Xerox. He began as a Quality Assurance Specialist using his attention to detail and listening skills to monitor the job performance of 40+ Xerox staff members. It was there that he learned the intricate Medicaid processes, which motivated him to join Aaron as a PR Field Representative. He enjoys working with providers and staff on EDI and WINASAP issues and is looking forward to helping providers navigate the changes coming to Medicaid.

Aaron and Phil can be reached at 1.800.624.3958 or MTPRHelpdesk@xerox.com. Beginning September 2015, they will post monthly articles on trainings, WebEx sessions, FAQs, tips, and more! Stay tuned for a Special Training Request registration link!

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

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 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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