

# 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](#).

## Spirometry in the Primary Care Setting

Interested in incorporating spirometry in your primary care practice? The Montana Asthma Control Program provides free training on spirometry. A certified asthma educator will come to your office to demonstrate how spirometry is performed, who should be tested, how to interpret spirometer results, and choosing a spirometer.

The educator will bring a spirometer for hands-on practice. Participants will receive free resources on performing spirometry in the primary care setting and information on reimbursement for pulmonary function testing.

In addition, asthma device demonstration kits are provided free of charge to Montana health care providers by the Montana Asthma Control Program. The kit includes a hard plastic case filled with patient asthma education materials, a summary of the EPR-3 Asthma Guidelines, a spacer and mask, a peak flow meter, and several demonstration inhalers.

To schedule practice training or to receive a demonstration kit, contact Jeanne Cannon, Montana Asthma Control Program, at (406) 444-4592 or [jcannon@mt.gov](mailto:jcannon@mt.gov).

*Submitted by Mary Noel, DPHHS*

## January 1, 2012 HIPAA 5010 Implementation

In only **4 months**, all electronic X12 transactions must be submitted and received in the HIPAA 5010-compliant format.

**It is important that providers contact their software vendor and/or clearinghouse to ensure they are prepared to meet the deadline so that claims processing is not delayed.**

If providers and their software vendor or clearinghouse want to test 5010 transactions with Montana Health Care Programs, they should call Provider Relations (see [Key Contacts](#)) and provide their Montana EDI submitter

number; organization name; the method in which they currently submit transactions; and for the testing, a contact person's name, phone number and e-mail address.

Provider notices and other HIPAA 5010 information are available on the Provider Information [website](#). For additional information regarding changes to the electronic transactions, refer to the 5010 X12 Technical Reports (TR3) documents, available on the Washington Publishing Company [website](#).

## DME Gap-Filled Codes

The following durable medical equipment (DME) gap-filled codes for calendar year 2011 have had their rates established and will be added to the Montana Medicaid claims processing system with an effective date of January 1, 2011.

- **A7020** Interface Cough Stim Device, \$14.63
- **E1831** Static Str Toe Dev Ext/Flex, \$666.50; capped dollar item
- **E1831 RR** Static Str Toe Dev Ext/Flex – \$66.65; 13-month capped rental item; prior authorization is required
- **L5961** Endo Polyp Hi, Pneu/Hyd/Rot, \$4,620.27; prior authorization required

Prior to this update, the codes were present in the system and paid a percent-of-charge.

For more information, contact Fran O'Hara at (406) 444-5296 or [frohara@mt.gov](mailto:frohara@mt.gov).

## CSCT Team Number on 5010 Electronic Claim (837P) Transactions

### School-Based Providers (CSCT Mental Health Agencies)

Per the X12 5010 Health Care Claim: Professional Technical Report Type 3 (TR3) document, the CN1 Contract Information segment in loop 2300 can only be used for post-adjudication claims, which do not meet the definition of a health-care claim under HIPAA.

Effective January 1, 2012, all electronic claims must be submitted in the 5010 format. Therefore, Montana Health Care Programs will not accept the Comprehensive School and Com-

munity Treatment (CSCT) team number in Loop 2300, segment CN1 on or after this date.

Instead, the team number should be submitted on the HIPAA 5010 837P transaction in Loop 2300, NTE Note segment as the first two characters of the NTE02 data element. The qualifier value in NTE01 Note Reference Code should be ADD (Additional Information). In the example below, the team number indicates CSCT team 02.

NTE\*ADD\*02~

This is the only place Montana Health Care Programs will be accepting the CSCT team number. Contact your software vendor and/or clearinghouse to ensure they have this information.

For additional information regarding changes to the electronic transactions, refer to the 5010 X12 Technical Reports (TR3) documents, available from Washington Publishing Company.

## Fall 2011 Provider Training Reminder

A printable version of the fall 2011 provider training schedule is available and you can still register for the WebEx sessions by visiting the [Training page](#) on the Provider Information website.

Also, remember to complete the [survey](#) to assist with program development of the Fall 2011 sessions.

## 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 May and June, 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 May and June, the most sought-after information was regarding hand washing, insect bites and stings, and spider bites.

*Submitted by Michael Huntly, DPHHS*

<b>Nurse First Calls</b>			
The top five Nurse First call topics are in the table below:			
<b>June 2011 (637 total calls)</b>		<b>May 2011 (621 total calls)</b>	
<b>Calls</b>	<b>Type of Call</b>	<b>Calls</b>	<b>Type of Call</b>
23	Pediatric general information	16	Pediatric general information
15	Pediatric vomiting	15	Pediatric cough
13	Abdominal pain	12	Abdominal pain
10	Pediatric colds	12	Pediatric vomiting
10	Pediatric fever	9 each	Pediatric diarrhea Pediatric head trauma

<b>Visits to Healthwise® Website</b>			
The top five topics visitors were interested in are in the table below:			
<b>June 2011 (74 website visits)</b>		<b>May 2011 (64 website visits)</b>	
<b>Visits</b>	<b>Topic of Interest</b>	<b>Visits</b>	<b>Topic of Interest</b>
7	Insect bites and stings, and spider bites	63	Hand washing
5	Crying, age 3 and younger	10	Nerve conduction studies
2	Fibromyalgia	6	Upper gastrointestinal endoscopy
2	Childhood BMI, ages 2 to 19	5	Microalbumin urine test
2	Chronic pain	4 each	Kidney dialysis Chronic pain

## 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.

<b>Recent Publications Available on Website</b>		
<b>Date</b>	<b>Provider Type</b>	<b>Description</b>
<b>Notices, Manuals, and Replacement Pages</b>		
07/27/11	Hearing Aid	Hearing Aid Service Reimbursement Rate Change
07/28/11	Pharmacy	NCPDP D.0 Submission Requirements
08/03/11	Personal Assistance	Personal Assistance Service Providers Reimbursement Rate Change
08/03/11	Home Health	Home Health Service Providers Reimbursement Rate Change
08/16/11	Licensed Professional Counselor, Mental Health Center, PRTF, Psychologist, Social Worker, TFC, TGH	Care Coordination Is Available on a Limited Basis for Youth in a Psychiatric Residential Treatment Facility
08/22/11	Home- and Community-Based Services	Elderly and Physically Disabled Waiver
08/24/11	DME	Billing of Miscellaneous Code B9998
09/01/11	Pharmacy	Replacement pages: 2.4, 3.1, 3.2, and 6.4 (Dispensing Fee changes; MHSP Formulary changes)
09/01/11	Ambulatory Surgical Center	<a href="#">ASC manual</a>
<b>Fee Schedules</b>		
07/27/11	Hearing Aid Home Infusion Therapy	Fee Schedule, August 1, 2011 Fee Schedule, August 1, 2011
07/28/11	DME	Fee Schedule FY2012
08/03/11	Home Health	Fee Schedule FY2012
08/03/11	Personal Assistance	Fee Schedule FY2012
08/08/11	Dental	Revised Dental FY2012 Revised Oral Surgeon FY2012
08/17/11	Hospital Inpatient, Licensed Professional Counselor, Mental Health Center, Mid-Level Practitioner, Psychiatrist, Psychologist, Physician, Social Worker	72-Hour Presumptive Eligibility Program for Crisis Stabilization Individuals 18 Years of Age and Older
07/28/11 08/22/11	Home- and Community-Based Services	HCBS for Adults with Severe Disabling Mental Illness Elderly and Physically Disabled Waiver
09/02/11	Chiropractor (QMB), EPSDT, IDTF, Lab and Imaging, Mid-Level Practitioner, Occupational Therapy, Optician, Optometric, Physical Therapy, Physician, Podiatrist, Public Health Clinic, Speech Therapy	Fee Schedules, September 1, 2011
<b>Other Resources</b>		
07/27/11	All Providers	Fall 2011 Provider Training <a href="#">Survey</a>
08/05/11	DME	Big Sky AMES ACS DME Conference Presentation
08/17/11 09/01/11	Pharmacy	MHSP Preferred Manufacturers List, August 2011 MHSP Preferred Manufacturers List, September 2011
08/19/11	All Providers	WebEx Registration Links Fall 2011 Provider Training
08/19/11	All Providers	September 2011 <i>Claim Jumper</i>
07/28/11 08/05/11 08/22/11	Pharmacy	SMAC Update, July 27 SMAC Update, August 5 SMAC Update, August 22
08/03/11 08/05/11 08/26/11	Pharmacy	DUR Agenda, August 24, 2011 (revised) DUR Minutes, July 27, 2011 DUR Agenda, September 28, 2011
08/26/11 09/02/11	Pharmacy	PDL, August 23, 2011 PDL, August 23, 2011 (revised)
09/01/11	Pharmacy	MHSP Formulary, June 28, 2011

## HMK Updates Vaccine Reimbursement for FQHCs and RHCs

Effective September 1, 2011, the Healthy Montana Kids (HMK) program will process vaccination claims through Blue Cross and Blue Shield of Montana (BCBSMT) for vaccines and eligible administration fees from federally qualified health centers (FQHCs) and rural health clinics (RHCs).

This change in vaccine reimbursement through the HMK's third party administrator, BCBSMT, resolves a payment gap which occurred when HMK implemented the Medicaid Outpatient Prospective Payment System (PPS) methodology in October 1, 2010.

While FQHC and RHC facilities receive vaccines at no cost from the Vaccines for Children (VFC) program for HMK<sup>Plus</sup> (formerly children's Medicaid) enrollees, the clinic must purchase the vaccine for HMK (formerly CHIP) members.

HMK will now reimburse FQHCs and RHCs for both vaccines and administration fees, when appropriately billed. If the FQHC or RHC receives a payment for a face-to-face visit through ACS, vaccine administration reimbursement is not available for that visit through BCBSMT.

**Example A:** Mary is an enrolled HMK member, and the only service she receives is a vaccination from a nurse at an FQHC/RHC. The vaccine and administration fee are billed to BCBSMT on a CMS-1500. Nothing is billed to ACS since it does not qualify as an 'office visit' under the PPS.

**Example B:** Tony is an enrolled HMK member, and during an FQHC/RHC office visit for a well child check-up with a mid-level provider, he also receives a vaccination. The office visit is billed to ACS on a UB-04 and reimbursed through the PPS formula. Only the vaccine is billed to BCBSMT on a CMS-1500 form since the administration fee is already included in the PPS office visit reimbursement.

All vaccination claims for HMK members for dates of service retroactive to October 2010 or later are now submitted to BCBSMT on a CMS-1500. Claims should be submitted electronically or mailed to BCBSMT, P.O. Box 5004, Great Falls, MT 59403.

All other FQHC/RHC provider visit claims for HMK children are submitted to ACS on a UB-04. HMK will review all vaccine administration fees billed to BCBSMT to ensure that duplicate billing does not inadvertently occur when a corresponding office visit on the same date of service is submitted to ACS.

If you have questions, contact HMK Program Officer Liz LeLacheur at (877) 543-7669, X6002, or [lelacheur@mt.gov](mailto:lelacheur@mt.gov).

*Submitted by Liz LeLacheur*

## HIPAA 5010/OCR Qualifier Changes Effective January 1, 2012

### Paper Claims

Montana Health Care Programs will **not** be requiring value PXC as the taxonomy qualifier on CMS-1500 paper claims and will continue accepting only value ZZ to indicate taxonomy.

We will only be accepting value G2 (Provider Commercial Number) as the provider secondary identifier qualifier (in place of the current value, 1D (Medicaid)) for paper claims received January 1, 2012 and after, regardless of date of service per the CMS-1500 billing instructions, version 7.0, dated 7/11, on the [NUCC website](#).

Montana Health Care Programs will **not** be requiring value PXC as the taxonomy qualifier on UB-04 paper claims and will continue accepting only value B3 to indicate taxonomy.

We will accept only value 1D (Medicaid) to indicate secondary provider identifier qualifier on the UB-04 forms even after January 1, 2012, since no instructions have been published to indicate otherwise at this point.

Since the ADA Dental Claim Form does not currently require taxonomy qualifier or provider secondary identifier qualifier, Montana Health Care Programs does not require either of these qualifiers on paper dental claims.

There has been nothing published at this point to indicate there will be any changes to this form related to HIPAA 5010.

### Electronic Claims

Electronic 837P (professional), 837D (dental) and 837I (institutional) claim

transactions submitted to Montana Health Care Programs on or after January 1, 2012, must be in the HIPAA 5010-compliant format, which includes value PXC for taxonomy and value G2 for provider secondary identifier. Transactions sent with value ZZ as the taxonomy qualifier or value 1D as the provider secondary identifier qualifier after January 1, 2012, will be rejected at the translator as invalid, resulting in a negative 999 transaction returned to the submitter.

For additional information regarding changes to the electronic transactions, refer to the 5010 X12 Technical Reports (TR3) documents, available on the Washington Publishing Company [website](#).

## Payment Error Rate Measurement

Beginning October 1, 2011, Montana Health Care Programs will be required to participate in the federal Office of Management and Budget (OMB) Payment Error Rate Measurement (PERM) program. This national program measures improper payment in Medicaid and Healthy Montana Kids (HMK) because OMB identified these two programs as being at risk for significant erroneous payments.

The Centers for Medicare and Medicaid Services (CMS) will use two national contractors to measure the accuracy of Montana Medicaid and HMK payments for services rendered to clients. Montana providers will work primarily with A+ Government Solutions, the CMS documentation and database contractor. A+ Government Solutions will collect medical policies from Montana Medicaid and HMK and either electronic or hard copy medical records from providers.

Medical records are needed to support required medical reviews to determine if claims were correctly paid. If a provider's ID number is identified on a claim as receiving payment, and that claim is selected as a sample for a service the provider rendered to either a Medicaid or HMK client, A+ Government Solutions will contact the provider for a copy of the required medical records.

A+ Government Solutions will verify the correct name and address information and determine whether the provider wants to receive the request by fax or mail. Once the request is received, the provider must submit the information electronically or in hard copy within 75 days. The provider who is identified on the claim as receiving payment will be responsible for ensuring that all supporting medical records from all providers who rendered a service for which the claim payment under review was requested are submitted in a timely manner. During this 75-day time frame, A+ Government Solutions will follow up to ensure that the provider submits the documentation before the deadline.

Providing the requested medical records is required by the Social Security Act and is permissible by HIPAA.

It is very important that providers submit complete medical records in a timely manner to support evaluation of the accuracy of claims payments. No response or insufficient documentation will count against the State as an error, and result in a recovery of an overpayment from the provider. The Montana DPHHS Program Compliance Bureau is available to help providers identify the required documentation for submission.

If you have any questions, contact Steve Kranich at (406) 444-9356. See below for a minimum list of documents that comprise a complete medical record.

*Submitted by Terri Thompson, DPHHS*

## Summary of Required Documents to Support Claims

Administrative Rule of Montana [37.85.414](#) outlines the medical record requirements for the State of Montana Medicaid program.

Section 1 of this ARM states: "All providers of service must maintain records which fully demonstrate the extent, nature and medical necessity of services and items provided to Montana Medicaid recipients. These records must support the fee charged or payment sought for the services and items and demonstrate compliance with all applicable requirements."

Below is a list of the minimum required documents to support payment from the Montana Medicaid program.

### Inpatient Hospitalization

- Admission face sheet/coding summary
- Admission history and physical (H&P)
- Ambulance record
- Anesthesia record (pre- and post-op)
- Cardiovascular reports
- Case management plan
- Consent forms
- Consultation reports/notes
- Critical pathways
- Critical pathways
- Dialysis
- Discharge summary
- Electronic fetal monitor record
- Emergency Department record/notes
- ER admit note
- Hospital transfer form
- Intake and output (I&O)
- Labor and delivery record/notes
- Laboratory and diagnostic tests/reports
- Medication administration record (MAR)
- Nurse's notes
- Nursing assessment/database
- Nursing care plan
- Nursing care plan
- Nutrition/dietary assessment
- Nutrition/dietary assessment
- Operative reports/notes
- Patient education documentation
- Perioperative record/notes
- Physician orders, signed
- Procedure reports/notes
- Progress notes
- PT, OT, SLP assessments/notes
- Respiratory reports
- Therapy records
- Treatment administration record/notes
- Vital sign flow sheets
- Weight record

**Inpatient Psychiatric/Mental Health Facility Services**

- 24-hour patient care/monitoring
- Admission face sheet
- Admission history and physical (H&P)
- Consent forms
- Consultation reports/notes
- Discharge summary
- Emergency Department record/notes
- Hospital transfer form
- Incident report
- Laboratory and diagnostic tests/reports
- Medication administration record (MAR)
- Multidisciplinary care plan/notes
- Number of units billed with unit definition (e.g., 15 minutes, 30 minutes, 1 hour, 1 visit)
- Nurse's notes
- Nursing assessment/database
- Nursing care plan
- Nursing flow sheets
- Physician orders, signed
- Procedure reports/notes
- Progress/therapy notes
- Psychiatric certification for admission
- Psychiatric evaluation/testing
- Treatment administration record/notes
- Treatment plan and goals

**Nursing Facilities (NF) Services and ICF Services for MR**

- 24-hour patient care/monitoring
- Admission face sheet/coding summary
- Admission history and physical (H&P)
- Case management plan
- Consent forms
- Consultation reports/notes
- Dialysis
- Discharge summary
- Hospital transfer form
- Incident report
- Intake and output (I&O)
- Laboratory and diagnostic tests/reports
- Level of care assessment/determination
- Medication administration record (MAR)
- Mini mental state exam (MMSE)
- Minimum data set (MDS) applicable to DOS timeframe, signed
- Multidisciplinary care plan/notes
- Number of units billed with unit definition (e.g., 15 minutes, 30 minutes, 1 hour, 1 visit)
- Nurse's notes
- Nursing assessment/database
- Nursing care plan
- Nutrition/dietary assessment
- Patient education documentation
- Physician certification/recertification
- Physician orders, signed
- Progress notes
- Psychiatric evaluation/testing
- Psychiatric treatment plan and goals

- PT, OT, SLP assessments/notes
- Resident assessment protocol (RAP)
- Social Services assessment/notes
- Spiritual assessment/notes
- Treatment administration record/notes
- Vital sign flow sheet
- Weight record

**Dental Services**

- Dental chart
- Dental history
- Dental plan of care
- Dental visit clinical notes
- Dental x-rays
- Prior authorization, if required

**Physicians' Services**

- E&M/counseling notes
- Encounter/office visit record/notes
- Number of units billed with unit definition (e.g., 15 minutes, 30 minutes, 1 hour, 1 visit)
- Procedure record/notes
- Related laboratory/diagnostic reports
- Treatment consent form
- Treatment plan

**Nurse Practitioner**

- E&M/counseling notes
- Encounter/office visit record/notes
- Physician documentation
- Procedure record/notes
- Related laboratory/diagnostic reports
- Treatment consent form
- Treatment plan

**Other Licensed Practitioners' Services**

- E&M/counseling notes
- Encounter/office visit record/notes
- Prior authorization, if required
- Procedure record/notes
- Related laboratory/diagnostic reports
- Related testing/evaluations and reports
- Treatment consent form
- Treatment plan

**Outpatient Hospital Services**

- Ambulance record
- Anesthesia record
- Beneficiary ESRD election form
- Cardiovascular reports
- Dialysis treatment records/notes
- E&M/counseling notes
- Emergency Department record/notes
- Encounter/visit record/notes
- Operative record/notes
- Outpatient/clinic face sheet
- Patient education documentation
- Perioperative record/notes
- Prior authorization, if required
- Procedure record/notes
- Related laboratory/diagnostic reports
- Respiratory reports
- Treatment consent form
- Treatment plan

**Clinic Services**

- Beneficiary ESRD election form
- Clinic face sheet
- Dialysis treatment records/notes
- E&M/counseling notes
- Encounter/visit record/notes
- Immunization record
- Patient education documentation
- Prior authorization, if required
- Procedure record/notes
- Related laboratory/diagnostic reports
- Treatment consent form
- Treatment plan

**Home Health Services**

- 24-hour patient care/monitoring
- Admission face sheet
- Admission history and physical (H&P)
- Case management plan
- Consent forms
- Consultation reports/notes
- Discharge summary
- DME prescription
- DME prior authorization, if required
- DME signature log/proof of delivery
- Home health aide notes/worksheets
- Incident reports
- Infusion therapy
- Initial/intake assessment
- Laboratory and diagnostic tests/reports
- Medication list
- Multidisciplinary care plan/notes
- Number of units billed with unit definition (e.g., 15 minutes, 30 minutes, 1 hour, 1 visit)
- Nursing assessments
- Nursing care plan
- Nursing notes/visit notes
- Nutrition/dietary assessment/notes
- OASIS data
- Patient education documentation
- Physician certification/recertification
- Physician orders, signed
- PT, OT, SLP assessments/notes
- Respiratory therapy visits/notes
- Social Services assessment/notes
- Spiritual assessment/notes

**Personal Care Services**

- Admission face sheet
- Admission history and physical (H&P)
- Aide notes/worksheets
- Client signature for services
- Consent forms
- Discharge summary
- IEP/ISP covering date(s) of service
- IEP/ISP daily service worksheets records/notes
- IEP/ISP service/treatment plan and goals
- Initial/intake assessment
- Menus
- Number of units billed with unit definition (e.g., 15 minutes, 30 minutes, 1 hour, 1 visit)
- Nursing notes/supervisory visit notes
- Other supervisory notes

- Physician certification/recertification
- Physician orders, signed
- Physician referral/order for IEP/ISP services
- Plan of care

### Targeted Case Management

- At-risk assessment
- Case management care plan
- Case management invoice/billing
- Case management notes
- Case management referral
- Coordination of services sheet
- Number of units billed with unit definition (e.g., 15 minutes, 30 minutes, 1 hour, 1 visit)

### Rehabilitative Services

- Admission face sheet
- Admission history and physical (H&P)
- Consent forms
- Discharge summary
- DME prescription
- DME prior authorization, if required
- DME signature log/proof of delivery
- IEP/ISP covering date(s) of service
- IEP/ISP daily service worksheets/ records/notes
- IEP/ISP service/treatment plan and goals
- Initial/intake assessment
- Nursing notes/supervisory visit notes
- Physician certification/recertification, if required
- Physician orders, signed
- Physician referral/order for IEP/ISP services
- Plan of care
- Treatment notes and goals

### Physical and Occupational Therapy, and Services for Speech, Hearing and Language Disorders

- Admission face sheet
- Admission history and physical (H&P)
- Consent forms
- Discharge summary
- DME prescription
- DME prior authorization, if required
- DME signature log/proof of delivery
- IEP/ISP covering date(s) of service
- IEP/ISP daily service worksheets/ records/notes
- IEP/ISP service/treatment plan and goals
- Initial/intake assessment
- Medication list
- Monthly therapy/progress notes
- Number of units billed with unit definition (e.g., 15 minutes, 30 minutes, 1 hour, 1 visit)
- Patient education documentation
- Physician certification/recertification
- Physician orders, signed
- Physician referral/order for IEP/ISP services
- PT, OT, SLP assessments/notes
- Skilled nursing visit notes
- Therapy care plan/goals

### Hospice Services

- 24-hour patient care/monitoring
- Admission face sheet
- Consent forms
- Discharge summary
- History and physical (H&P)
- Home health aide notes/worksheets
- Hospice benefit election/revoke forms
- Hospice nurse visit notes
- Hospice nursing/case management care plan
- Hospice nursing progress notes
- Initial/intake assessment
- Laboratory and diagnostic tests/ reports
- Medication list
- Multidisciplinary care plan/notes
- Nutrition/dietary assessment
- Patient education documentation
- Physician certification/recertification
- Physician orders, signed
- Social Services assessment/notes
- Spiritual assessment/notes
- Volunteer notes

### Nurse Midwife

- Encounter/visit record/notes
- Patient education documentation
- Physician orders, signed
- Procedure record/notes
- Treatment consent form
- Treatment plans

### Private Duty Nursing

- 24-hour patient care/monitoring
- Consent forms
- Discharge summary
- Initial/intake assessment
- Medication list
- Number of units billed with unit definition (e.g., 15 minutes, 30 minutes, 1 hour, 1 visit)
- Nursing/case management care plan
- Nursing flow sheets
- Nursing visit notes
- Patient education documentation
- Physician orders, signed

### Religious Non-Medical Health Care Institutions

- 24-hour patient care/monitoring
- Admission face sheet
- Care plans
- Consent forms
- Discharge summary
- Patient education documentation
- Progress notes
- RNHCI election form
- Treatment plan

### Other Care, Services and Supplies and Home- and Community-Based Waiver Services

- DME prescription
- DME prior authorization, if required
- Eyeglass/optician invoices
- HCBS waiver checklist/plan of care

- HCBS waiver progress notes/flow sheets
- IEP/ISP covering date(s) of service
- IEP/ISP daily service worksheets/ records/notes
- IEP/ISP service/treatment plan and goals
- Invoice for services
- Meals On Wheels delivery record
- Meals On Wheels menus
- Number of units billed with unit definition (e.g., 15 minutes, 30 minutes, 1 hour, 1 visit)
- Optometrist orders/notes
- Physician orders, signed
- Physician referral/order for IEP/ISP services
- Prior authorization, if required
- Proof of delivery/signature logs
- Prosthetic billing
- Prosthetic device assessments/notes
- Timesheets to support employee work schedule

### Lab and X-Ray Services

- Invoice/billing/charge ticket
- Lab reports
- Physician order sheet, signed
- Prior authorization, if required
- X-ray reports

### Transportation

- Documentation reflecting medical necessity for transportation
- Mileage/number of units billed with unit definition (e.g., 15 minutes, 30 minutes, 1 hour, 1 visit)
- Physician order for transportation
- Starting point and destination
- Transportation log with member signature
- Transportation provider's account ledger/billing statements
- Transportation schedule for requested DOS

### Prescribed Drugs

- Copy of prescription: original, facsimile or telephonic
- DEA number for controlled substances
- Member pharmacy signature log/ proof of delivery
- NDC number
- Nursing home pharmacist drug regimen review
- Physician medication order for SNF/ NF or ICF/MR
- Prescription label and patient information
- Prior authorization, if required
- Proof of delivery to nursing home

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

### 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](mailto: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

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