



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 (HMK), Plan First, Enrollment, and ICD-10. Additional ICD-10 training is scheduled for September 17.

Visit the [Training](#) page for information on upcoming trainings, recorded sessions, and materials from presented trainings.

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!**

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 Claims 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

Mental Health Services and Targeted Case Management

It has been brought to the attention of Surveillance and Utilization Review (SURS) that Montana Medicaid members have been misinformed regarding psychiatrist and targeted case management services. Members mistakenly believe that in order to receive psychiatric services, they were also required to have targeted case management services.

Mental health centers cannot require Montana Medicaid members who need the care of a psychiatrist to also receive targeted case management services. (ARM 37.85.402 and 42 CFR § 441.18)

ARM 37.85.402 (5) states that providers shall render services to an eligible Medicaid member in the same scope, quality, duration and method of delivery as to the general public, unless specifically limited by these regulations.

42 CFR § 441.18 dictates that a state must meet the following requirements:

- ...
 - “(2) Not use case management (including targeted case management) services to restrict an individual’s access to other services under the plan.
 - (3) Not compel an individual to receive case management services, condition receipt of case management (or targeted case management) services on the receipt of other Medicaid services, or condition receipt of other Medicaid services on receipt of case management (or targeted case management) services.
 - ...
 - (6) Prohibit providers of case management services from exercising the agency’s authority to authorize or deny the provision of other services under the plan.”

The above regulations mean the state is charged with ensuring that an agency does not make the receipt of one service (i.e., psychiatrist) dependent upon another (i.e., targeted case management).

The November 24, 2010 provider notice titled *Policy Clarification of Activities Billed as Targeted Case Management (TCM)* discusses this requirement in the sections titled “Freedom of Choice” and “No Gatekeeping” (page 4).

Gatekeeping is the practice of providers restricting an individual’s access to other care and services furnished by Medicaid and is prohibited by Montana Medicaid.

Barbara Graziano, LCSW, SURS

Passport: Provider Change Form Reminder

Effective July 1, 2014, the Passport to Health program revised the Member’s Provider Change/Enrollment Form.

The form was updated to include more details to identify who is completing the form and streamlined the reasons the member is changing providers.

The Passport to Health program would like to remind providers that the new form is the only version the Montana Medicaid/HMK *Plus* Help Line accepts.

Providers can find the Provider Change Form on the [provider Passport to Health](#) webpage. Members may also change Passport providers by calling the Medicaid/HMK *Plus* Help Line at 1.800.362.8312 or through the Choose a Passport Provider link on the member [Passport to Health](#) webpage.

If a provider assists the member in filling out the form, the new Passport provider’s name should be listed on the form, not the Passport provider number. Members must also sign the form to authorize the change. The Medicaid/HMK *Plus* Help Line will not accept the change without the member’s signature. If the request is on an old form or is not complete, the request will be rejected and the change will not be accepted until the request is made on the correct form and the form is complete.

For Passport provider responsibilities and disenrollment requirements or other information about [Passport to Health](#) visit the Provider Information website, call the Medicaid/HMK *Plus* Help Line at 1.800.362.8312, or contact Amber Sark, Passport to Health Program Officer, at 406.444.0991 or asark@mt.gov.

Submitted by Amber Sark, DPHHS

DME Proof of Delivery

For durable medical equipment (DME) providers, proof of delivery (POD) is a supplier standard, and suppliers are required to maintain POD documentation in their files.

For medical review purposes, POD serves to assist in determining correct coding and billing information. Regardless of the method of delivery, the POD documentation ensures the item delivered is the same as those submitted for Medicaid reimbursement and that the item was received by the Medicaid member or their representative.

Suppliers, their employees, or delivery persons are prohibited from signing and accepting the delivery on behalf of the member. DME must be billed using the date of service the member receives the item unless the supplier uses a shipping service or mail order. In these cases, suppliers should use the shipping or mailing date as the date of service on the claim.

Providers must retain the original prescription or order, the supporting medical need documentation, and proof of delivery in their records.

For additional documentation requirements, see [ARM 37.86.1802](#), Prosthetic Devices, Durable Medical Equipment, and Medical Supplies, General Requirements, the provider manual on the Provider Information [website](#), and Chapters 3 and 4 of the [Medicare Supplier Manual](#).

Submitted by Barbara Doggett, SURS

Five Signs Someone May Be Considering Suicide

Did you know that in the U.S., one person dies from suicide approximately every 13 minutes, resulting in 40,000 deaths each year?

September 7–12 is National Suicide Prevention Week, and as a national multilingual nurse triage and health care provider – including behavioral health – the clinical experts at NurseWise have put together information to bring awareness to the week and support suicide prevention.

Often, those who commit suicide feel hopeless, as if they do not have a reason to live, that they are a burden on their families or society, and that the world may be better off without them. By learning more about the red flags, you can be an active part of interventions that save lives.

1. Keep your ears open. We could all probably be better listeners in general, but when it comes to friends or family

considering suicide, listening is crucial. If you’re hearing statements indicating they can’t handle things anymore, they feel trapped, life would be better without them or they’re expressing an interest in death – take heed. Talking about dying is not a normal reaction to stress, so act calmly, but quickly. Don’t upset people displaying these symptoms or make them feel as though they cannot talk to you about how they are feeling, but it’s probably time to seek help.

- 2. Watch for signs of depression.** If you’re noticing bouts of continued sadness, seclusion from friends and family, or decreased interest in activities or social environments, these may all be indicators they are suffering from depression. They may also show an increase or decrease in their eating or sleeping habits, or their mood may become more aggressive or anxious. This is the time to have a conversation for some non-judgemental fact-finding.
- 3. They’re suddenly a daredevil.** Are they taking more risks than they used to? Are you noticing them participating in dangerous, harmful or reckless activities? If you’re noticing behavior that could hurt them, including substance abuse, it’s time to speak up.
- 4. Saying “goodbye.”** This may seem obvious, but often calls or visits to say “goodbye” are dismissed by others as being peculiar but not alarming. If you experience calls like this or see similar posts on social media bidding farewell, reach out to professionals for help right away. Giving away favorite belongings may also be an indicator they have given up on life and are preparing to take drastic actions. Call the suicide prevention hotline below for information about how to talk about your concerns.

- 5. There’s a history of or recent increase in risk factors.** Certain situations or conditions can increase risk of suicide, including a family history of suicide or abuse as a child. It’s also important to consider if your friends or loved ones are suffering from a significant loss (job or family), physical illness, mental disorder (including depression), substance abuse or impulsive behavior. These and other risk factors may serve as an alert to keep a watchful eye and ear open.

If you’re concerned that someone is considering suicide, help is available 24/7 by calling the National Suicide Prevention Lifeline at 1.800.273.8255. For information about National Suicide Prevention Week and resources, visit [The American Foundation for Suicide Prevention](#).

*Submitted by Connie Olson,
Nurse First Program Officer, 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		
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
08.07.2015	Psychologists, Social Workers, Licensed Clinical Professional Counselors (LCPCs), Mental Health Centers, and Psychiatrists	Requesting Additional Therapy Sessions
08.19.2015	Hospital Inpatient, Hospital Outpatient, Critical Access Hospital, FQHC, and RHC	Identification of Ordering and Referring Providers on UB-04 and 837I X12 Transactions
08.25.2015	RHC and FQHC	RHC and FQHC Manual, August 1, 2015
08.28.2015	Indian Health Service (IHS)/Tribal 638	Indian Health Service (IHS)/Tribal 638 Manual
08.28.2015	Indian Health Service (IHS)/Tribal 638	Substance Use Disorder, Revenue Code 944
09.01.2015	DME	Durable Medical Equipment, Prosthetics, Orthotics, and Medical Supplies (DMEPOS) Manual
Fee Schedules		
08.03.2015	Hospital Outpatient	APC, July 1, 2015; CLAB, July 1, 2015; and OPPS, July 1, 2015
08.21.2015 08.07.2015	Hearing Aid	Hearing Aid, July 1, 2015 (Revised)
08.27.2015 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)
08.20.2015	HCBS	Proposed HCBS Adults with SDMI, October 1, 2015
08.21.2015	Audiology	Audiology, July 1, 2015 (Revised)
Other Resources		
08.06.2015	Training	WebEx ICD-10 Nursing Facility
08.07.2015	Pharmacy	Montana SMAC Update, August 7, 2015
08.14.2015	All Providers	September 2015 <i>Claim Jumper</i>
08.26.2015	Physician	Prior Authorization Request Form for Viekira Pak, Harvoni, and Sovaldi
08.27.2015	Pharmacy DUR	DUR Meeting Agenda, September 30, 2015
08.31.2015	Pharmacy	MHSP Preferred Pharmaceutical Manufacturers (Revised)
08.31.2015	Pharmacy	MHSP Formulary, August 31, 2015

Attention RHC and FQHC Providers!

See the newly revised Montana Medicaid manual posted on your provider type page on the Provider Information [website](#). Updates include billing for QMB members, where to find answers on Passport, and where to find more on EPSDT.

Submitted by Holly Mook, DPHHS

Top 15 Claim Denial Reasons		
Exception	August Ranking	July 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
DRUG CONTROL CODE = 2 (DENY)	8	9
RECIPIENT COVERED BY PART B	9	8
MISSING/INVALID INFORMATION	10	11
SUSPECT DUPLICATE	11	14
SLMB OR QI-1 ELIGIBILITY ONLY	12	10
DEPRIVATION CODE RESTRICTED	13	12
PROVIDER TYPE/PROCEDURE MISMATCH	14	13
CLAIM INDICATES TPL	15	15

Xerox Field Representatives' Corner

Paper Claims

Are you submitting paper claims and want to speed up the processing time? Below are some tips from our Document Control/Mailroom Department:

- Claims must be signed and dated.
- Claims should be legible. If the scanner cannot read the claim, the claim must be keyed manually.
- Handwritten claims take longer to process.
- Do not use staples; if staples are necessary, use only one.
- If claims share the same EOB, send a copy of the EOB with each claim.
- For Medicare crossover claims, print the word *Medicare* on the face of the claim.
- Claims should be on the red line CMS-1500 claim forms. They will be keyed manually if submitted on black and white.
- Do not use a dot matrix printer; these need to be keyed manually.
- Do not over-stuff a claims envelope. The equipment used to open envelopes may slice the claims.

Document Control receives thousands of paper claims every day. Following these simple steps will eliminate some of the manual processes and will shorten the time it takes to process your claims.

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.

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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