



Montana Health Care Programs

CLAIM JUMPER

Volume XXV, Issue 11, November 2010

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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 other information published in the *Claim Jumper* and on the Medicaid website (www.mtmedicaid.org).

2011 ICD-9-CM Code Update

This article serves as a reminder that the annual ICD-9-CM coding update is effective for dates of service on or after October 1, 2010 (effective for admits on or after October 1, 2010, for institutional providers). **This is a correction to the October *Claim Jumper* article which incorrectly states discharges for institutional providers.**

An ICD-9-CM code is required for all professional claims, e.g., physicians, non-physician practitioners, independent clinical

diagnostic laboratories, occupational and physical therapists, independent diagnostic testing facilities, audiologist, ambulatory surgical centers (ASCs), and for all institutional claims.

CMS posts the new, revised, and discontinued ICD-9-CM diagnosis codes on the [CMS website](#) on an annual basis. Providers are also encouraged to purchase a new ICD-9-CM book or CD-ROM on an annual basis.

Unlinking Passport Providers

On November 1, 2010, Montana Medicaid will unlink all Passport Providers who no longer practice under a group Passport number. If an unlinked provider is no longer working under a Passport group number, and that unlinked provider still needs to file a claim, the Passport referral number of the group must be on the claim for payment processing.

If you have questions about this change, contact the Passport to Health Program Officer, Rachel Donahoe, at (406) 444-0991 or rdonahoe@mt.gov.

Submitted by Rachel Donahoe, DPHHS

Dental Benefits Increase for HMK/CHIP Children

Great News! The Healthy Montana Kids (HMK) Plan, formerly CHIP, has increased the Basic Dental Plan coverage for children enrolled in the HMK group.

Effective October 1, 2010, the Basic Dental Plan coverage increased to \$1,412 per benefit year. Dental services are reimbursed at 85% of charges up to a maximum of \$1,200 per benefit year. The benefit year is every October 1 through September 30.

Additionally, implant services including CDT codes D6000–D6199 are now included under the Basic Dental Plan. Implant services must be medically necessary, and prior authorization is required.

A statement substantiating the medical necessity must accompany the request. The lifetime limit for implant services is \$1,500 per child.

For children with “significant dental needs” that exceed the Basic Dental Plan limit, assistance may be available through the HMK Extended Dental Plan (EDP).

EDP benefits are in addition to the Basic Dental Plan coverage and are limited to \$1,176 per year in services. The dental provider is reimbursed at 85% of charges up to the maximum of \$1,000.

Prior authorization is necessary for EDP services, and program funding is limited.

For more information or if you have questions about HMK/CHIP dental benefits, contact HMK Dental Manager Barb Arnold at (406) 444-7046 or barnold2@mt.gov.

Submitted by Barb Arnold, DPHHS

Billing Medicaid for No-Show or Canceled Appointments

The Montana Medicaid manual, *General Information for Providers*, instructs providers that they cannot bill a client when he or she fails to arrive for a scheduled appointment without canceling the appointment or rescheduling the appointment in advance.

Medicaid cannot be billed for no-show or canceled appointments either.

Submitted by Bob Wallace, DPHHS

Reminder: Medicaid Coverage Not Available to Inmates in Public Institutions

Per federal and state rules ([42 CFR 435.1009](#), [ARM 37.82.101](#) and [ARM 37.82.1321](#)), Medicaid coverage is not available to inmates in public institutions. An inmate is someone who is involuntarily confined to a public institution, including individuals who are awaiting criminal proceedings, penal dispositions or other involuntary detainment determinations. An individual who is voluntarily residing in a public institution, pending other arrangements, may be eligible for Medicaid. Individuals who are committed to Montana State Hospital or Montana Mental Health Nursing Care Center are not considered inmates, but are also not eligible for Medicaid coverage if over age 21 but not yet age 65.

Suspension span data indicates the client is in a public institution and is sent to the claims processing system from the Department’s eligibility system. The claims processing system will be updated to deny the line on professional claims if the first date of service falls within the client’s suspension span and to deny institutional claims if the claim first date of service falls within the client’s suspension span in December 2010. The denials will be reported with Reason Code 177 (payment denied because the patient has not met the required eligibility requirements) and Remark Code N30 (patient ineligible for this service).

If new or updated suspension span information is received from the eligibility system and claims for that client with dates of service within the suspension span have previously paid, they will automatically be adjusted to reprocess and deny. Providers can appeal these or any other denied claims to the appropriate program officer.

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 July and August, callers’ most frequent questions were pediatric.

Nurse First also offers patients a free Healthwise® website: Patients may go to www.medicaid.mt.gov and click on Montana Health and Wellness Information. Chronic pain was the most sought after information during July and August.

Submitted by Michael Huntly, DPHHS

Nurse First Calls			
The top five Nurse First call topics are in the table below:			
August 2010 (578 total calls)		July 2010 (443 total calls)	
Number of Calls	Type of Call	Number of Calls	Type of Call
16	Pediatric health information	17	Adult health information
14	Pediatric head trauma	12	Pediatric health information
14	Pediatric medication question	8	Pediatric medication question
11	Bee/wasp sting	7	Pediatric cough
11	Adult health information	7	Pediatric fever

Visits to Healthwise® Website			
The top five topics visitors were interested in are in the table below:			
August 2010 (144 website visits)		July 2010 (125 website visits)	
Number of Visits	Topic of Interest	Number of Visits	Topic of Interest
36	Chronic pain	31	Chronic pain
15	Weight management	7	Stopping unwanted thoughts
15	COPD: avoiding your triggers	6	Pregnancy
13	Diabetes: taking care of your feet	6	Colonoscopy
9	Pain management	5	Prostate cancer screening

Recent Publications

The following are brief summaries of recently published Medicaid information and updates. For details and further instructions, download the complete document from www.mtmedicaid.org, 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 (800) 624-3958 or (406) 442-1837 in Helena or out-of-state.

Recent Publications Available on Website		
Date	Provider Type	Description
Notices and Replacement Pages		
09/15/10	FQHC, IHS, Inpatient Hospital, Outpatient Hospital, Mid-Level Practitioner, Physician, RHC	Unlinking Passport Providers No Longer Part of Group Practice
10/05/10	Hospice	Hospice Rate Increase
Fee Schedules		
08/30/10	Ambulatory Surgical Center	Fee Schedule
08/30/10	Hospital – Outpatient	APC and Outpatient Procedure Fee Schedule
09/22/10	Dental	Fee Schedule (edit to cover page)
10/05/10	Hospice	Fee Schedule
Other Resources		
08/30/10	School-Based Services	Medicaid Administrative Claiming Coordinator and Financial Officer Training, Summer 2010
09/03/10 09/24/10	Provider Information	Videoconference Update
09/07/10	Mental Health Center	Service Matrix – July 1, 2010
09/15/10	Pharmacy	Updated SMAC List
09/15/10	Medicaid DUR Board/Formulary Committee Meeting Notification and Minutes	DUR Meeting Announcement
09/15/10	Provider Newsletters and Upcoming Events pages	October <i>Claim Jumper</i>
10/01/10	Pharmacy	Preferred Pharmaceutical Manufacturer List

Attending Provider Clarification

The attending provider is the individual who has overall responsibility for the patient's medical care and treatment reported on the institutional claim. For Montana Health Care Programs, the attending provider NPI is required on institutional claims for inpatient hospitals, outpatient hospitals, federally qualified health centers, rural health clinics, and dialysis clinics.

The attending provider NPI must be a valid 10-digit NPI but the attending provider does not have to be enrolled as a Medicaid provider.

If a claim is submitted without an attending provider NPI when it is required or it is not a valid 10-digit NPI, an edit will post and the claim will be denied with Reason Code 16 (claim/service lacks information which is needed for adjudication) and Remark Code N253 (missing/incomplete/invalid attending provider primary identifier).

If the attending provider NPI is submitted for a provider type when it is not required, it will not cause the claim to be denied.

Top 15 Claim Denial Reasons		
Exception	September Ranking	August Ranking
RECIPIENT NOT ELIGIBLE DOS	1	1
EXACT DUPLICATE	2	3
RATE TIMES DAYS NOT = CHARGE	3	2
DRUG CONTROL CODE = 2 (DENY)	4	4
REFILL TOO SOON	5	6
PARTIAL DENTURES	6	7
PA MISSING OR INVALID	7	5
PASSPORT PROVIDER NO. MISSING	8	8
CLAIM INDICATES TPL	9	10
RECIPIENT COVERED BY PART B	10	9
SUBMIT BILL TO OTHER PROCESSOR OR PRIMARY PAYER	11	13
SLMB OR QI-1 ELIGIBILITY ONLY	12	12
MISSING/INVALID INFORMATION	13	14
REV CODE INVALID FOR PROV TYPE	14	11
DEPRIVATION CODE RESTRICTED	15	16

Key Contacts

Provider Information website: <http://www.mtmedicaid.org> (<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

Email: 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 (AVR) (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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