

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, provider notices for their provider type, and information published in *Claim Jumper* issues and on the Medicaid [website](#).

2012 Fall Provider On-Site Training Sessions

Xerox and DPHHS conducted on-site presentations in Bozeman, Billings, and Missoula. To view materials from the WebEx presentations or the on-site presentations, visit the [Training](#) page on the Provider Information website.

TPL Versus Medicare EOB

Xerox has noticed an increase in Explanations of Benefits (EOBs) that are actually TPL-related being received with Medicare printed in the upper right-hand corner.

Since these claims are identified as Medicare due to the Medicare indicator on

the EOB, they are processed as Medicare crossover claims, which results in the claims being denied because they do not have TPL documentation.

To prevent these claims from being denied, remove the Medicare indication on claims that are actually TPL. It is acceptable to mark out the word Medicare on the EOB.

Children's Mental Health Medicaid Makes Changes

The Children's Mental Health Bureau (CMHB) released four provider notices relevant to all children's mental health services informing stakeholders of rule changes.

Below is a summary of each provider notice. To review notices in their entirety, visit the website.

Changes to the ICPC Required

Effective October 1, 2012, additional information is required for completing ICPCs for Montana youth placed in an out-of-state psychiatric residential treatment facility (PRTF) or therapeutic group home (TGH) for treatment.

The ICPC requirement has been in place; the additional information requirement is new.

ICPCs still need to be completed prior to the treatment being authorized by the Magellan Medicaid Administration (MMA), the Department's utilization review contractor. ICPCs are required for youth in the custody of a state agency as well as a parental placement.

For the full [provider notice](#) with instructions, visit the website.

Changes to the CMHB Provider Manual and Authorization Forms

The effective date of the revised Children's Mental Health Bureau's *Provider Manual and Clinical Guidelines for Utilization Management* (UR manual) was October 1, 2012, not October 12, 2012. Due to a clerical error, the Department changed the effective date on the front cover of the utilization review manual to October 1, 2012.

The October 1, 2012, UR manual also includes changes to the appeal process. These changes were also effective October 1, 2012. To review the changes, refer to the CMHB *Provider Manual and Clinical Guidelines for Utilization Management* [manual](#) on the Provider Information website.

Concurrent Outpatient Mental Health Services Reimbursed

Effective October 1, 2012, the CMHB implemented changes to outpatient therapy service medical necessity criteria for reimbursement.

Outpatient therapy in excess of 24 sessions in a state fiscal year no longer requires prior authorization through MMA. Youth may receive up to 24 outpatient sessions per state fiscal year (July 1–June 30) without meeting the SED criteria. For the first 24 sessions, any DSM-IV-TR diagnosis is sufficient to support payment for this service.

If additional sessions in excess of 24 would benefit the youth and family, the licensed mental health professional must document that the youth meets the [clinical guidelines](#) outlined on the website.

The provider notice reminds outpatient providers that CSCT is an all-inclusive

mental health outpatient service intended to address needs of youth with SED; the Department will not reimburse services that appear duplicative. If a licensed mental health professional provides additional outpatient therapy concurrent with CSCT, they must document that the youth meets the clinical guidelines (see above link).

Effective July 1, 2012, prior authorization and continued stay authorization are required for outpatient therapy services concurrent with Therapeutic Group Home (TGH).

To request prior authorization of outpatient therapy concurrent with TGH, the outpatient therapist must complete the Prior Authorization Request Form (outpatient concurrent with TGH).

This form documents the medical need for the service and can be found online at <http://montana.fhsc.com/> or requested from MMA by calling 800-770-3084, faxing 800-639-8982, or writing to MMA at 11013 West Broad Street, Suite 500, Glen Allen, VA 23060.

To view the [provider notice](#) in its entirety, visit the website.

Documenting Medical Necessity for TFC and TFoC Providers

Effective October 1, 2012, the CMHB no longer requires a prior authorization for Therapeutic Family Care Moderate (TFC-M) and Therapeutic Foster Care

Moderate (TFoC-M). Therapeutic Foster Care Permanency (TFoC-P) continues to require prior authorization.

The Department will monitor medical necessity through retrospective reviews. All medical necessity guidelines for TFC-M, TFoC-M, and TFoC-P are in the CMHB *Provider Manual and Clinical Guidelines for Utilization Management*.

To demonstrate medical necessity for TFC-M and TFoC-M, the youth’s chart must demonstrate all admission criteria are met. Since these services do not require prior authorization, continued stay criteria is the same as admission criteria.

To view the [provider notice](#) in its entirety, visit the website.

Submitted by Jamie Stolte, 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 June and July, callers’ most frequent questions were pediatric related.

Nurse First also offers a free Healthwise® website. Patients may go to www.dphhs.mt.gov/programsservices/medicaid.shtml, and click on *Montana Health and Wellness Information*. During June and July, the most sought-after information was regarding testosterone and naturopathic medicine.

Submitted by Kriss Hensley, DPHHS

Nurse First Calls			
The top five Nurse First call topics are in the table below.			
July 2012 (683 total calls)		June 2012 (622 total calls)	
Calls	Type of Call	Calls	Type of Call
18	Pediatric fever – 3 months or older	15	Pediatric fever – 3 months or older
16	Information only call – adult	14	Pediatric croup
15	Pediatric colds	13	Adult information
15	Pediatric insect bite	12	Pediatric cough
12	Pediatric poisoning	11	Pediatric trauma – head

Visits to Healthwise® Website			
The top five topics visitors were interested in are in the table below.			
July 2012 (72 website visits)		June 2012 (76 website visits)	
Visits	Topic of Interest	Visits	Topic of Interest
5	Naturopathic medicine	6	Testosterone
5	iTool: Pregnancy due date	5	Deep vein thrombosis
5	Smart decisions: Know your options	4	Klinefelter syndrome
5	Hip problems	4	Eyeglass prescriptions
5	Rectal problems	4	Smart decisions: Know your options

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
Provider Notices, Manuals, and Replacement Pages		
09.26.2012	Hospital Inpatient, PRTF (Out-of-State), and Therapeutic Group Home (TGH)	Changes to the Interstate Compact on the Placement of Children (ICPC) Required
09.26.2012	Hospital Inpatient, Hospital Outpatient PRTF, PRTF Waiver, TGH, TFG, Mental Health Center, Psychologist, Social Worker, LCPC, and FQHC	Changes to the Children's Mental Health Bureau's Provider Manual and Clinical Guidelines for Utilization Management and Authorization Request Forms
10.01.2012	Physicians Mid-Level Practitioners RHCs FQHCs Public Health Clinics Psychologists Social Workers Licensed Professional Counselors Mental Health Centers	Concurrent Outpatient Mental Health Therapy Services Reimbursed by Children's Medicaid
10.01.2012	Therapeutic Family Care (TFC), Therapeutic Foster Care (TFoC), and Licensed Mental Health Centers	Documenting Medical Necessity for Therapeutic Family Care (TFC) and Therapeutic Foster Care (TFoC)
10.02.2012	Schools	New FMAP Rate Reflects Changes to Reimbursement on the Fee Schedule
10.02.2012	Ophthalmologist, Optometrist, and Physician	New Optometric Codes Require Prior Authorization
10.05.2012	Passport to Health	Passport to Health Member Handbook
Fee Schedules		
09.28.2012	Schools	School-Based Services, October 1, 2012
10.05.2012	EPSDT	EPSDT (Update)
Other Resources		
09.10.2012 09.17.2012 09.21.2012 09.28.2012	Pharmacy	Montana SMAC List, September 10, 2012 Montana SMAC List, September 14, 2012 Montana SMAC List, September 21, 2012 Montana SMAC List, September 28, 2012
09.18.2012	Multiple Providers	Medicaid Statistics, 2012
09.19.2012	Multiple Providers	October 2012, <i>Claim Jumper</i>
09.19.2012	Multiple Providers	Provider Training WebEx Presentation Material for HMK, Managed Care, Dental, and Hospital and Clinic Services
09.24.2012	Pharmacy	September 26, 2012 Agenda (Revised)

Top 15 Claim Denial Reasons

Exception	September Ranking	August Ranking
EXACT DUPLICATE	1	2
RECIPIENT NOT ELIGIBLE DOS	2	1
CLAIMSGUARD ONE E&M PER DOS	3	19
PASSPORT PROVIDER NO. MISSING	4	14
RATE TIMES DAYS NOT = CHARGE	5	4
DRUG CONTROL CODE = 2 (DENY)	6	3
REFILL TOO SOON.PDCS	7	5
PA MISSING OR INVALID	8	7
REFILL TOO SOON	9	6
RECIPIENT COVERED BY PART B	10	9
SUSPECT DUPLICATE	11	17
DEPRIVATION CODE RESTRICTED	12	10
REV. CODE INVALID FOR PROV. TYPE	13	15
SLMB OR QI-1 ELIGIBILITY ONLY	14	12
CLAIM INDICATES TPL	15	13

Key Contacts

Provider Information website: <http://medicaidprovider.hhs.mt.gov/>

EDI Gateway website: <http://www.acs-gcro.com>

EDI Help Desk (800) 624-3958

Provider Relations
(800) 624-3958 (In/Out of state)

(406) 442-1837 (Helena)\

(406) 442-4402 Fax

E-mail: MTPRHlpdesk@xerox.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

Integrated Voice Response (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

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