



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.

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

Money Follows the Person Webinars

Wednesday, November 4, at 10 a.m.

This session will give a grant overview; explain who is eligible for MFP grant funds; explain how to make a referral; and provide information about what services are available to an individual as an MFP participant.

Wednesday, December 2, at 10 a.m.

This session will explain what housing meets MFP requirements and provide a basic overview of the different types of subsidized housing, housing terminology, and housing tools that can assist an individual with the moving process.

The information presented in these two sessions will be beneficial for nursing home administrators, social workers, and discharge planners.

Submitted by Rick Norine, DPHHS

ICD-10 Is Here!

As of October 1, 2015, the State of Montana and Xerox are accepting and processing claims with ICD-10 diagnosis codes for dates of service or dates of discharge on or after 10/01/2015.

Submitted by Janet Reifschneider, DPHHS

ICD-10 and Plan First

If you have a service authorization, certificate of medical necessity (CON), or prescription with a diagnosis on it, you must use an ICD-10 diagnosis on the **claim** for dates of service 10/01/2015 and after.

It is up to the provider to either request a new prescription, CON, etc., with an ICD-10 diagnosis code or wait until the document is up for renewal.

The grace period for an updated authorization, CON, or prescription with an ICD-10 code is no longer than 12 months.

When filling prescriptions for the Plan First program that were written prior to the ICD-10 implementation date of October 1, 2015, pharmacies have the option to use the reimbursement mappings posted on the following websites to translate ICD-9 codes into ICD-10 codes.

- [2015 ICD-10-CM and GEMs](#)
- [2015 ICD-10-PCS and GEMs](#)
- [ICD-10Data.com](#)

New prescriptions written after the transition to ICD-10 must use ICD-10 codes.

Submitted by Janet Reifschneider, DPHHS

A+ Government Solutions Concludes PERM Medical Review Process

A+ Government Solutions has concluded the PERM Medical Record Review process. PERM participation is required under the Federal Improper Payments Elimination and Recovery Act (IPERA) of 2010.

If you had a claim selected for review during this PERM cycle, thank you for your cooperation and timely submission of medical records. All providers have been contacted by their program officer if their Medical Record Review resulted in an error or overpayment. If you have not been contacted by your program officer for an error or overpayment, your claim review was found to be correct.

CMS will continue to analyze our states results. Final error rates will be released after November 2015.

Montana's next PERM cycle will begin in October 2016. Providers can expect to see Medical Record Requests in August 2017.

Contact Heather Smith, DPHHS Program Compliance Bureau, at 406-444-4171 or HeatherSmith@mt.gov, with PERM questions.

Providers may also visit the [CMS website](#) at any time to become familiar with the entire PERM Process.

Submitted by Heather Smith, DPHHS

Pediatric Polysomnography

Pediatric polysomnography is the diagnostic study of choice to evaluate for obstructive sleep apnea in children and to evaluate cardio-respiratory function in infants and children with chronic lung disease or neuromuscular disease when indicated.

Reminder: Codes 95782 and 95783 are used to report pediatric polysomnography for children younger than 6 years of age.

Pediatric patients are typically monitored for a longer period of time than adults (on average 9 hours) and typically require a 1:1 technologist to patient ratio.

- Code 95782 – younger than 6 years; sleep staging with 4 or more additional parameters of sleep, attended by a technologist
- Code 95783 – younger than 6 years; sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bi-level ventilation, attended by a technologist

*Submitted by Nancy Barry, CPC
Surveillance and Utilization Review*

Is It Just a Cold or the Flu?

Do you know that your Medicaid and Healthy Montana Kids *Plus* (HMK *Plus*) patients can contact Nurse First and describe their symptoms to a registered nurse who will triage their symptoms

and recommend whether they should treat with home care, call your office for an appointment to see you, or seek emergent care?

Yes, the lights are always on at Nurse First. We take over when your office closes.

Nurse First registered nurses are available 24/7/365 to answer your patient's questions, free of charge and on a confidential basis. Some of the questions we receive include:

- What are flu symptoms?
- How do flu symptoms differ from symptoms with colds?
- How do flu symptoms differ between adults and children, infants, and toddlers?
- What is the swine flu?
- How would I know if I should go to the emergency room or not?

Nurse First is essentially at your service also because we can answer these questions and you do not have to be paged unnecessarily.

And remember, you are always in the driver's seat, because we never make a diagnosis. Our nurses triage symptoms presented and recommend the type of treatment based on the nationally recognized Barton Schmitt/David Thompson guidelines.

In addition, your Medicaid and HMK *Plus* patients can access articles about the flu on the free [Nurse First website](#). (Scroll to the Additional Health and Wellness Information link in the bottom right.)

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

Provider Training Fall 2015

Training took place in Billings on October 7 and is scheduled for Missoula (October 14), and Butte (October 21). Visit the [Training](#) page for the latest information and to register.

Staff from the Community Choice Partnership Money Follows the Person (MFP) Grant will provide two presentations about the grant:

Changes to the Dialysis Clinic Services Provider Manual

Effective October 15, 2015, four new revenue codes have been added for Dialysis Clinics. These revenue codes will allow payment for training of at home dialysis services.

Medicaid covers training for patients to learn to perform their own dialysis at home and training for a helper/backup person if a patient is determined to be appropriate for self-dialysis (ARM 37.40.901-905).

Self-dialysis training can occur in the patient's home or in the facility when it is provided by the qualified staff of the ESRD facility. ESRD facilities must be certified through CMS to provide home dialysis training. This certification must be on file as part of the enrollment packet with Xerox in order to bill. The facility is reimbursed a training fee amount and is billed using the following revenue codes:

- 825 Hemodialysis Support Services
- 835 Peritoneal Support Services
- 845 CAPD Support Services
- 855 CCPD Support Services

Training services and supplies that are covered under the composite rate include personnel services, dialysis supplies, and parenteral items used in dialysis, written training manuals, material, and laboratory tests.

For more detailed information regarding home dialysis equipment, support, and supplies, review the updated Dialysis Clinic Services manual on the Dialysis Clinic webpage. Replacement pages can be printed separately to update provider manuals.

The Dialysis Clinic fee schedule is also available on the Dialysis Clinic webpage on the Provider Information [website](#).

Submitted by Casey Peck, 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		
09.01.2015	DME	Durable Medical Equipment, Prosthetics, Orthotics, and Medical Supplies (DMEPOS) Manual (Replacement Pages)
09.08.2015	IHS	Billing Montana Medicaid for Durable Medical Equipment (DME) Diabetic Supplies
09.17.2015	Pharmacy	2015 Annual Montana Dispensing Fee Survey
09.23.2015	Ambulatory Surgical Center	Ambulatory Surgical Center Manual, August 2015
10.01.2015	All Providers	Changes to the Children's Mental Health Bureau Medicaid Services Provider Manual
Fee Schedules		
09.08.2015	IHS	IHS Fee Schedule, September 1, 2015
09.17.2015	Audiology	Audiology Fee Schedule, July 2015 (Revised)
09.17.2015	School-Based Services	School-Based Services Fee Schedule, October 1, 2015
09.28.2015	Hospital Inpatient, Hospital Outpatient, Psychologist, Physician, PRTF, Social Worker, Mid-Level Practitioner, School-Based Services, LCPCs, Mental Health Center, TCM Mental Health, Therapeutic Group Home, Therapeutic Foster Care, Public Health Clinics, Psychiatrist	Mental Health Youth Fee Schedule, October 1, 2015
Other Resources		
09.25.2015 09.08.2015 09.05.2015	Pharmacy	SMAC Update, September 25, 2015 SMAC Update, September 8, 2015 SMAC Update, August 21, 2015
09.11.2015	Pharmacy	Montana Preferred Drug List (PDL)
09.15.2015	All Providers	October 2015 Claim Jumper
09.16.2015	Pharmacy DUR	DUR Meeting Agenda, September 30, 2015 (Revised)
09.21.2015	School-Based Services	Medicaid in Schools Training
09.25.2015	Provider Information, Ambulance, Ambulatory Surgical Center, Dialysis Clinic, Family Planning, Home Health, Hospital Outpatient, IDTF, Lab/Imaging, Mid-Level, Pharmacy, Physician, Podiatrist, Psychiatrist, and Social Worker	Rebateable Labelers, September 25, 2015
09.30.2015	Passport	Health Improvement Program Provider Referral Form

Top 15 Claim Denial Reasons

Exception	September Ranking	August Ranking
EXACT DUPLICATE	1	1
RECIPIENT NOT ELIGIBLE DOS	2	2
PA MISSING OR INVALID	3	3
RATE TIMES DAYS NOT = CHARGE	4	4
REFILL TOO SOON PDCS	5	6
REFILL TOO SOON	6	7
PASSPORT PROVIDER NO. MISSING	7	5
DRUG CONTROL CODE = 2 (DENY)	8	8
RECIPIENT COVERED BY PART B	9	9
MISSING/INVALID INFORMATION	10	10
SLMB OR QI-1 ELIGIBILITY ONLY	11	12
PROVIDER TYPE/PROCEDURE MISMATCH	12	14
DEPRIVATION CODE RESTRICTED	13	13
REV, CODE INVALID FOR PROVIDER TYPE	14	22
CLAIM INDICATES TPL	15	15

Xerox Field Representatives' Corner

We are excited to announce Tanya Hartman as the newest member of our team! Tanya replaces Phil Curry, who resigned his position as Field Representative in September.



Tanya

Tanya brings over 12 years of medical office experience to the table with a focus in dentistry. We are elated that Tanya will not only provide guidance to Montana Medicaid providers, but will also be an asset in helping Provider Relations improve our customer service by sharing her Medicaid experiences and offering suggestions on how we can improve our communication to the Medicaid community. Welcome aboard Tanya!

Happy fall everyone! I would like to take this time to introduce myself. My name is Olivia Roussan, and I am the Xerox Provider Relations Manager.



Olivia

Provider Relations is responsible for the enrollment of Montana Medicaid providers, maintaining provider files, overseeing the Provider Help Line, developing provider trainings, and oversight of provider manuals and the Provider Information website.

Since becoming the Provider Relations Manager last November, my concentration has been on streamlining procedures and identifying areas we can improve. We will harness the motivation we have and continue to focus on the quality of our customer service. Thank you for your continued care and support of Montana Medicaid members.

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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