

# Montana Health Care Programs

# CLAIM JUMPER

Volume XXVIII, Issue 12, December 2013

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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](#).

## EFT / ERA Enrollment Deadline December 15!

Effective January 1, 2014, all Medicaid providers who receive paper warrants (checks) and/or paper remittance advices will be transitioned to electronic documents, mirroring the change Medicare is implementing. In addition, providers must sign up for electronic funds transfer (also referred to as direct deposit.)

**Because the processes take 10 days to implement, it is essential to enroll by December 15, 2013, to receive direct**

**deposit/electronic funds transfer (EFT) and be registered for the Montana Access to Health web portal to be able to access your electronic remittance advices (ERAs).**

To enroll in the Montana Access to Health (MATH) web portal, call Provider Relations, or to enroll online, go to the [MATH web portal](#) home page:

If you currently receive a paper remittance advice, you must complete and sign a Trading Partner Agreement (TPA) and sign up for the MATH web portal by December 15, 2013.

If you currently receive a paper warrant, you must submit the EFT form (also referred to as direct deposit form) to Xerox by December 15, 2013.

These documents are located on the [Forms page](#) of the Montana Medicaid Provider Information website.

For more information regarding these requirements or assistance enrolling, please contact Provider Relations at 1.800.624.3958.

## Passport to Health Referral Changes

A number of significant changes (outlined below) related to Passport referrals took effect on December 1, 2013. The changes were published as provider notices in early November. Passport to Health is Medicaid's primary care case management program in which one primary care provider coordinates the care of the Passport member.

## Radiology

Radiology procedures will no longer be universally exempt from Medicaid Passport to Health referral requirements as of December 1, 2013. Some radiology procedures will require a referral from the member's Passport primary care provider.

## Podiatry

The podiatrist provider type will no longer be exempt from Medicaid Passport to Health referral requirements as of December 1, 2013.

## Fee Schedules

As of December 1, 2013, provider fee schedules will include a column on the requirement for Medicaid Passport to Health referrals.

Providers may check their fee schedule at [www.mtmedicaid.org](http://www.mtmedicaid.org) to see which procedures require Passport referral. The member's Passport primary care provider can be found by logging in to the [MATH web portal](#) or by calling Provider Relations.

For detailed information on the Passport to Health program, including referrals, go to the [Passport to Health web page](#), <http://medicaidprovider.hhs.mt.gov/providerpages/passport.shtml>, to view the providers' guide.

*Submitted by John Hoffland, DPHHS*

## Nurse First

Don't let the flu stop you in your tracks. See [page 2](#) for details!

## ICD-10 Information

As the go-live date of October 1, 2014, gets closer, the industry is focusing more and more on how provider's documentation will be affected by ICD-10.

Recent studies show that only 63% of providers' current documentation practices are sufficient enough to support the more detailed ICD-10 requirements.

Experts are seeing that it takes about twice as long to code in ICD-10 and the outcomes of the codes selected are quite often inaccurate.

ICD codes selected are extremely dependent on how well and how much the provider documents in the record. ICD-10 includes the specificity that was lacking in ICD-9; the increase in specificity allows more information to be conveyed in a code.

ICD-10 includes the use of full code titles and the characters of the codes make distinctions such as right versus left and initial encounter versus subsequent encounter. The ICD-10 code set includes combination codes that consist of both diagnosis and symptoms in one code, so that fewer codes need to be reported to describe a condition. Because of the increased specificity in ICD-10, communication between the provider and the coder is essential. The significance of consistent and complete documentation in the record cannot be stressed enough, without such documentation accurate coding cannot be attained.

Providers are encouraged to begin documenting in detail the events of the service now. This will result in increased specificity in order to code records seamlessly for ICD-10 and ultimately minimize the impact to billing and denials making an easier transition for your practice.

In addition, it is recommended that coders in your office take time to practice coding at least 3–4 cases with ICD-10 codes. This will also help keep open communication between the billers/coders and the providers with the changes that are necessary for accurate ICD-10 coding.

*Submitted by Amber Sark and Jennifer Tucker,  
ICD-10 Co-Coordinator*

## Flu Season Is Right Around the Corner ...

The October issue included an article about the flu and we felt it pertinent to run the second article about the flu and the importance of flu immunizations now that the season is upon us.

Nurse First will provide recommendations for your patients about the flu when you can't — after your office closes, on the weekends, and every holiday.

Below are questions and answers that will help you and your patients be prepared.

### What sort of flu season is expected this year?

Flu epidemics happen every year, the timing, severity, and length of the season varies from one year to another.

### When will flu activity begin and when will it peak?

The timing of flu is very unpredictable and varies each season. In the United States flu activity peaks in January or February. However, seasonal flu activity can begin as early as October and continue to occur as late as May.

### Who should get the flu vaccine?

The Center for Disease Control and Prevention (CDC) recommends a yearly flu vaccine for everyone 6 months of age and older as the first and most important step in protecting against this serious disease. Getting the flu vaccine as soon as it becomes available each year is always a good idea, and the protection you get from vaccination will last throughout the flu season.

### What else should I do to prepare for this flu season?

You can take every day preventative steps like staying away from sick people and washing your hands to reduce the spread of germs. If you are sick with flu, stay home from work or school to prevent spreading influenza to others.

### Where can I get a flu vaccine?

Flu vaccines are offered in many locations, including doctors' offices, clinics, health departments, pharmacies, and college health centers, as well as by many employers, and even in some schools.

Even if you don't have a regular doctor or nurse, you can get a flu vaccine at health department, pharmacy, urgent care clinic, and often your school, college health center, or work.

### How much vaccine will be available during 2013-2014?

Manufacturers have projected that they will produce between 135 million and 139 million doses of influenza vaccine for use in the United States during the 2013-2014 influenza seasons.

Nurse First is an extension of your services. Recommend your patients call us when they can't call you!

*Submitted by Kathy Wilkins, DPHHS*

## Provider Reminder – Passport

When referring a Passport patient to a specialist, providers should use their Passport number as the referral. No other number should be used. If you have questions, contact Provider Relations.

## Primary Care Enhancement Payment Program

The Department of Public Health and Human Services (the Department) participates in a program to enhance payments to primary care practitioners titled Payment for Services Furnished by Certain Primary Care Physicians and Charges for Vaccine Administration under the Vaccine for Children Program. This program was implemented in late March 2013 retroactive to January 1, 2013, and is effective for calendar year (CY) 2013 and CY 2014.

To assist providers in obtaining enhanced reimbursement, the Department developed a self-attestation form that can be completed, signed, and returned to the Department's fiscal agent. To qualify, physicians must first self-attest that they practice in a specialty designation of family practice, general internal medicine, or pediatric medicine.

Additional information, including a list of physicians who qualified for CY 2012 is available on the [Enhanced Payment](#) page of the Montana Medicaid Provider Information website. Providers who are unsure if they meet the 60% threshold can access the Montana Medicaid website to determine if their billing history qualifies them for enhanced reimbursement. Updated claims utilization information for CY 2013 will be available in early 2014.

The Department's first provider notice concerning this topic was published February 8, 2013. It detailed how providers who qualify because they meet the 60% threshold would have to re-apply for CY 2014. However, the Centers for Medicare and Medicaid Services (CMS) now allows Medicaid programs to not require re-enrollment in this program.

Therefore, the Department is not requiring a new self-attestation form for CY 2014. All providers who successfully were admitted into this program for CY 2013 will be automatically enrolled for CY 2014.

Because of this automatic rollover, those providers who qualified due to a board certificate must maintain that certification through 2014.

Those providers who met the 60% threshold are urged to view the claims utilization information to insure they continue to meet the 60% threshold.

Providers may choose to opt out of this program by sending a signed letter with their contact information and NPI to Beverly Hertweck, DPHHS/HRD/HPSB, P.O. Box 202951, Helena, MT 59620-2951.

Enrollment cutoff for CY 2013 is December 31, 2013. Enrollments received after that date will be for CY 2014 only. Providers must send their self-attestation forms to Xerox Provider Relations Manager, Xerox State Healthcare, LLC, P.O. Box 4936, Helena, MT 59604.

If you have any questions concerning this program, please contact Bob Wallace at 406.444.5778 or [bwallace@mt.gov](mailto:bwallace@mt.gov). If you have questions regarding enrollment, re-enrollment, or opting out of this program, contact Beverly Hertweck at 406.444.9633 or [bhertweck@mt.gov](mailto:bhertweck@mt.gov).

*Submitted by Bob Wallace, DPHHS*

## Change in Healthy Montana Kids FQHC/RHC Vaccination Billing

Effective October 1, 2010, HMK began reimbursing each FQHC and RHC using the Medicaid Outpatient Prospective Payment System (PPS). Under the PPS, providers are reimbursed at the same visit rate as the HMK *Plus* program (formerly Children's Medicaid). However, providers receive vaccine at no cost from the federal Vaccines for Children (VFC) program for HMK *Plus* eligible children, but the clinic must purchase the vaccine for HMK eligible children since they're not eligible for VFC vaccine.

In order to address the payment gap for HMK children receiving vaccines in FQHC and RHC facilities, HMK has updated their vaccine reimbursement process allowing facilities to be reimbursed for both vaccines and administration fees.

Effective October 1, 2013, claims from FQHCs and RHCs for vaccines and administration fees (if eligible) provided to HMK members are now paid in the following manner:

1. HMK vaccine claims should be billed in conjunction with FQHC and RHC office visit claims on a UB-04. Vaccine CPT codes should be listed on a separate line using revenue code 636. Vaccine administration fees should be billed on a line using revenue code 771. When billed in conjunction with an office visit, administration fees will bundle and pay at zero.
2. Administration fees for non-office visit vaccinations should also be submitted to Xerox on a UB-04 using instructions in #1 above. Administration fees will be paid according to the Medicaid physician fee schedule.
3. Vaccine claims covering dates of service prior to October 1, 2013, should be submitted to Blue Cross and Blue Shield of Montana (BCBSMT) on a CMS-1500. See "HMK Updates Vaccine Reimbursement for FQHCs and RHCs," published in the October 2011 *Claim Jumper*.

**Example A:** Mary is an enrolled HMK member and the only service she receives is a vaccination from a nurse at a FQHC/RHC. The vaccine and administration fee are billed to Xerox on a UB-04. The provider will be reimbursed for both vaccines and administration fees but not the PPS visit fee.

**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 and vaccinations are billed to Xerox on a UB-04 and reimbursed through the PPS formula. Only the vaccine and the office visit are reimbursed as the administration fees bundle into the PPS visit fee.

HMK sincerely appreciates the services provided to HMK children at FQHC and RHC facilities. We are pleased that vaccinations can finally be reimbursed using one claim. If you have any questions, please contact Rey Busch, RHC Program Officer, at 406.444.4834 or [rbusch@mt.gov](mailto:rbusch@mt.gov) or John Hein, FQHC Program Officer, at 406.444.4349 or [jhein@mt.gov](mailto:jhein@mt.gov).

*Submitted by Liz LeLacheur, DPHHS*

## Publications Available on the Website

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.

Date	Provider Type	Description
<b>Fee Schedules</b>		
10.21.2013	ASC	ASC Fee Schedule, October 1, 2013
10.22.2013	Dental	Dental Fee Schedule, July 1, 2013 Revised
10.29.2013	Schools	Schools Fee Schedule, October 1, 2013
10.30.2013	Hospital Outpatient	APC Fee Schedule, October 1, 2013 OPPS Fee Schedule, October 1, 2013
11.08.2013	HCBS	Adult SDMI Fee Schedule

<b>Date</b>	<b>Provider Type</b>	<b>Description</b>
<b>Provider Notices, Manuals, and Replacement Pages</b>		
10.03.2013	HCBS	1915(i) HCBS State Plan Amendment
10.03.2013	Physician, Mid-Level, and Hospitals	Mid-Level Provider Services in a NICU Setting
10.10.2013	Audiology, Hearing Aid, and Physician	Referrals for Audiology Services
10.11.2013	DME	Automatic Blood Pressure Monitor (A4670)
10.15.2013	Dental	<a href="#">HMK/CHIP Dental Manual, September 2013</a>
10.16.2013	Lab and Imaging	Provider notices added to Lab/Imaging: 06/20/2013 Montana Plan First – Additional Information 05/13/2013 Montana Plan First – Revised List of Plan First Covered Services 02/11/2013 Montana Plan First Additional Information Update, 2012 06/11/2012 Plan First Effective June 1
10.28.2013	DME	Mail Order Diabetic Testing Supplies
10.30.2013	RHC and FQHC	<a href="#">RHC and FQHC Services Manual, Replacement Pages, Multiple</a>
10.30.2013	DMEPOS	<a href="#">DMEPOS Manual</a>
11.07.2013	Podiatrist, Physician, Mid-Level, IHS, FQHC, RHC, and Public Health Clinic	Podiatrists and Medicaid Passport to Health Referrals
11.07.2013	Podiatrist, Physician, Mid-Level, Lab and Imaging, IHS, FQHC, RHC, and IDTF	Radiology Procedures and Medicaid Passport to Health Referrals
11.07.2013	Podiatrist, Physician, Mid-Level, Lab and Imaging, Chiropractic, Nutrition, Private Duty Nursing, EPSDT, Home Infusion, Home Health Code, IDTF, Occupational Therapy, Physical Therapy, Speech Therapy, Public Health, Schools, IHS, FQHC, and RHC,	Medicaid Passport to Health Referrals and Fee Schedules
11.07.2013	Physician and Mid-Level Providers	Primary Care Enhanced Payment Program Notification
<b>Other Resources</b>		
10.01.2013	Hospital Outpatient, Podiatrist, Physician, Mid-Level, ASC, Ambulance, Lab and Imaging, Social Worker, Psychiatrist, Home Health, Freestanding Dialysis, and IDTF	Rebateable Labelers
10.02.2013 11.01.2013	Pharmacy	Preferred Drug List, October 1, 2013 Preferred Drug List, November 1, 2013
10.08.2013 11.12.2013	Pharmacy	Montana SMAC Update, October 7, 2013 Montana SMAC Update, November 7, 2013
10.10.2013	Pharmacy	DUR Agenda, October 23, 2013
10.28.2013	All Providers	November 2013 <i>Claim Jumper</i>
10.28.2013	All Providers	Fall 2013 Provider Training Presentations
10.29.2013	IHS	Teleconference Minutes, IHS UB-04 Training
11.01.2013	Hospital Inpatient	APR-DRG Worksheet, July 2013, Revised APR-DRG Worksheet, April 2012, Revised
11.01.2013	ICD-10 Information	Readiness Survey II

<b>Top 15 Claim Denial Reasons</b>		
<b>Exception</b>	<b>October Ranking</b>	<b>September Ranking</b>
RECIPIENT NOT ELIGIBLE DOS	1	1
EXACT DUPLICATE	2	2
DRUG CONTROL CODE = 2 (DENY)	3	4
RATE TIMES DAYS NOT = CHARGE	4	3
REFILL TOO SOON PDCS	5	6
REFILL TOO SOON	6	7
PA MISSING OR INVALID	7	5
PASSPORT PROVIDER NO. MISSING	8	8
CLAIM INDICATES TPL	9	9
REV CODE INVALID FOR PROV TYPE	10	12
RECIPIENT COVERED BY PART B	11	10
SUBMIT BILL TO OTHER PROCESSOR OR PRIMARY PAYER	12	19
DEPRIVATION CODE RESTRICTED	13	11
SLMB OR QI-1 ELIGIBILITY ONLY	14	14
MISSING / INVALID INFORMATION	15	22

## Key Contacts

**Provider Information**

<http://medicaidprovider.hhs.mt.gov/>

**Xerox EDI Solutions (previously ACS EDI Gateway)**

<http://www.acs-gcro.com>

**EDI Help Desk** 1.800.624.3958

**Provider Relations** 1.800.624.3958 (In/Out of State)

406.442.1837 (Helena)

406.442.4402 Fax

[MTPRHelpdesk@xerox.com](mailto:MTPRHelpdesk@xerox.com)

**Third Party Liability** 1.800.624.3958 (In/Out of State)

406.443.1365 (Helena)

406.442.0357 Fax

**Direct Deposit Arrangements**

Fax information to Provider Relations, 406.442.4402.

**Verify Client Eligibility**

FaxBack 1.800.714.0075

Voice Response 1.800.714.0060

**Point-of-Sale Help Desk for Pharmacy Claims** 1.800.365.4944

**Passport** 1.800.362.8312

**Prior Authorization**

Mountain-Pacific Quality Health 1.800.262.1545

Mountain-Pacific Quality Health – DMEPOS/Medical

406.457.5887 Local; 877.443.4021, Ext. 5887 Long-Distance

Magellan Medicaid Administration (dba First Health) 1.800.770.3084

Transportation 1.800.292.7114

Prescriptions 1.800.395.7961

**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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