

Montana Healthcare Programs

Claim Jumper

Volume XXXI, Issue 4, April 2016

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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 Healthcare Programs Provider Information website.

Bookmark

www.medicicaidprovider.mt.gov

February 2015, over a year ago, the Montana Healthcare Programs Provider Information website moved to a new URL. Many providers navigate to the current website through old site addresses. All old addresses will be retired at the end of April 2016. Providers and billers are urged to make sure that they have bookmarked the correct website:

www.medicicaidprovider.mt.gov

and have deleted any older URLs. Check the website frequently for announcements, provider notices, fee schedules, manuals, trainings, and many other resources.

2016 Provider Fair Offers Information Critical to Your Job

The 2016 Provider Fair is approaching! Are you ready to learn the latest and greatest ways to save yourself time and energy, get your questions answered and your remittances paid more smoothly?

The free Provider Fair is offered only in even numbered years so you want to make sure you register and attend. This year the Provider Fair will be held May 10–11 at the Radisson Colonial Hotel, formerly the Red Lion located at 2301 Colonial Drive in Helena.

Day 1 will include a session designed to help you resolve some of the major issues in the billing process and give you tips and tricks to make it easier to get your payments quickly. There will also be a session with the SURS program officer, explaining what they are and how the information they gather can affect your payments as well – and not always in a good way. Finally, there will be a session on the new abbreviated enrollment option and how it can benefit you too.

Especially important this year will be a panel discussion on Day 2 for the new HELP program. This will be your opportunity to hear from several programs involved with HELP, understand all the moving pieces including the changes still to come as we move toward a standard Medicaid benefit, and an opportunity to ask questions.

Day 2 will also include a fresh selection of workshops. The list is still growing. Keep an eye on the Training Page, for more information and the expanding list of workshops

2016 Provider Fair May 10-11

[CLICK TO REGISTER](#)

As of March 1 confirmed workshops include:

- Implementation of the National Drug Codes on Revenue Codes
- School based services
- Collaborating with specialized services such as Passport/Team Care/ Health Improvement/ and Nurse First
- Children's Mental Health
- SURS
- TPL (Third Party Liability)

Additionally, a Xerox Website/Web Portal lab is scheduled to be available during each of the Day 2 sessions so you can increase your skill at finding information which can save you time on the phone.

To register for the FREE information packed two-day workshop visit the Training page or click here to register directly.

Hospital National Drug Code (NDC) Billing on Revenue Codes and Electronic Claim Submission Denials

After the implementation of the requirement of NDCs on the revenue codes listed below on October 23, 2015, it was discovered that the NDC information was not transferring from the 837 interface file to the Medicaid Management Information System (MMIS).

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Affected Codes include:

250	253	256	259
251	254	257	260
252	255	258	

The NDC issue was resolved as of February 4, 2016. Any electronic claims submitted between October 23, 2015 and February 4, 2016 that contain the revenue codes in the above table will need to be re-submitted if the original claim denied. If the original claim paid, an adjustment will need to be submitted to add NDC information to the denied line items.

For more information, please see provider notice Hospital National Drug Code (NDC) Billing on Revenue Codes and Electronic Claim Submission Denials posted on February 22, 2016 at <http://medicaidprovider.mt.gov>.

*Submitted by Valerie St. Clair,
Hospital Program Officer, DPHHS.*

If your patients are worried about Zika Virus, have them call Nurse First!

With all the hype in the recent news about the Zika Virus, some of your patients may be lying awake at night wondering if they have any exposure to the virus. You can rest easy, because your Medicaid patients can call Nurse First anytime, day or night, to find out exactly what the virus is, who it impacts and what the most up-to-date information is about the Zika virus.

What is Zika virus?

Zika is an Aedes virus that mosquitoes carry. It was first discovered in 1947 in a monkey in the Zika forest of Uganda. By 2007, there were only 14 cases in humans. That year it spread to Yap Island in the southwest Pacific Ocean and infected 75 percent of the 11,000 inhabitants. In 2013, it showed up in Tahiti, affecting 28,000 people in French Polynesia. It spread through the South Pacific to Brazil in 2015, where there are over a million cases, and is now found in most countries south of the United States.

What is the treatment for Zika?

There is no treatment for Zika, and a vaccine is probably two years away. Local spraying and avoiding mosquitos are the best ways to avoid the disease. Research using genetically modified male mosquitos shows promise in controlling the mosquito population. The virus has been found in saliva and urine, but the only human transmission proved to date is sexual contact with infected semen. There are no commercially available tests, and the only testing facilities are the Centers for Disease Control and Prevention lab and some state health departments. People must go through the state health departments to be tested.

Nurse First will provide your Medicaid members with the most current recommendations from the Centers for Disease Control and Prevention and the American Congress of Obstetricians and Gynecologists. For this or other services offered by Nurse First, provide your patients with this Nurse First 24/7 toll free number: 1-800-330-7847

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

FFY 2014 PERM Medical Review findings:

[Check Claims for Accuracy before Submitting](#)

The Payment Error Rate Measurement (PERM) is a federally mandated audit that occurs every 3 years. PERM reviews medical payments for Medicaid and CHIP programs. Montana's FFY2014 PERM audit resulted in few Medical Record Review Errors.

The nature of errors included:

- The number of units billed incorrectly
- Missing pharmacy signature log (ARM 37.86.1102),
- Missing documentation in medical records
- Date of service in medical record not matching billed date of service

Providers are encouraged to review their claims for accuracy.

DPHHS would like to thank providers for their response to the PERM Medical Record requests and timely submission. Additionally, the Department would like to thank all our providers for the wonderful work you do in helping Montanans. Montana's next PERM cycle will begin in October 2016. Providers can expect to see Medical Record Requests beginning August 2017. Please review newsletters for future PERM updates.

Providers may also visit the CMS provider web page at any time to become familiar with the entire PERM Process found by clicking here.

Please contact Heather Smith with DPHHS Program Compliance Bureau for any PERM questions. 444-4171, HeatherSmith@mt.gov

*Submitted by Heather Smith,
Program Compliance Bureau, DPHHS.*

Call Center Commonly Asked Questions

Common questions this month included:

Question: Where is the PA form for Optometric services?

Answer: From <http://medicaidprovider.mt.gov> click on Forms in the left hand menu and find it in the index under the letter "O".

Question: Are replacement glasses authorized for adults?

Answer: There are NO replacements for adults.

Question: Can you explain when I should receive co-pay from a member?

Answer: If they are a HELP member, co pay must be assessed after the claim processes, and the amount you can collect will appear on your Remittance Advice. If they are regular Medicaid, copay remains the same at this time and may be collected at the time of service.

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Question: Do I send in current or future license status?

Answer: The licensure we receive must reflect CURRENT licensure in order to process

Question: Are there changes for dental limits for HMK/CHIP?

Answer: There are no changes to the dental limits for CHIP at this time. Members still have their \$1900 per year of which is paid at 85% to enrolled providers, which is \$1615. Find information about dental limits in the provider manuals under Dental at <http://www.medicaidprovider.mt.gov/18>. The answer to this question can be found in the most recent Healthy Montana Kids (HMK) and CHIP Dental Services. Also, regularly refer to the Provider Notices Section for updates.

Publications Available on the Website

Below is a list of recently published Medicaid information and updates available on the Provider Information website. Select Resources by Provider Type in the left menu to locate information specific to your provider type. If you cannot locate the information below, contact Provider Relations at 1.800.624.3958 or 406.442.1837 in Helena

Date	Provider Type	Description
Provider Notices, Manuals, and Replacement Pages		
02.01.2016	All Providers	Basic Medicaid Benefit Increased to Standard Medicaid BenefiOPPS (Revised)
02.09.2016	Pharmacy	Montana SMAC Update
02.10.2016	Hospital Outpatient	ICD-10 Obstetric Observation Billing Update
02.11.2016	Hospital Outpatient	OPPS (Revised)
02.16.2016	Home and Community Based Services	Case Management Services for Adults with SMD
02.17.2017	All Providers	Announcement – ESOR Remittance Advice (removed 02/16/2016)
02.19.2016	Physician, Mid-Level, Psychiatrist	Physician Fee Schedule Update
02.22.2016	Hospital Outpatient, Dialysis Clinic	Hospital NDC Billing on Revenue Codes and Electronic Claim Submission Denials
Fee Schedules		
02.02.2016	Hospital Outpatient	APC and OPPS January 2016
02.09.2016	IDTF	Fee Schedule January 2016
02.16.2016	Physician	Fee Schedule January 2016
Other Resources		
02.04.2016	Forms	<ul style="list-style-type: none"> • Prior Authorization Request for Daklinza® and Sovaldi® • Prior Authorization Request for Harvoni® • Prior Authorization Request for Olysio® • Prior Authorization Request for Sovaldi® • Prior Authorization Request for Technivie® • Prior Authorization Request for Viekira Pak®
02.05.2016	Pharmacy DUR	Meeting Minutes
02.11.2016	Pharmacy DUR	DURB Agenda Documentation <ul style="list-style-type: none"> • Initial Use of Ambrisentan® plus Tadalafil® in Pulmonary Arterial Hypertension for AMBITION investigators • Supplementary Appendix to Initial Use of Ambrisentan® plus Tadalafil® in Pulmonary Arterial Hypertension • Entresto® (sacubitril and valsartan) Clinical Summary for Formulary Review • Montana Medicaid Repatha® (Evolucumba® Submission) • Movantik®
02.29.2016	Pharmacy DUR	DUR Agenda for March 30, 2016

Top 15 Claim Denial Reasons

Exception	February Ranking	January Ranking
RECIPIENT NOT ELIGIBLE DOS	1	3
EXACT DUPLICATE	2	1
PA MISSING OR INVALID	3	4
NDC MISSING OR INVALID	4	5
RATE TIMES DAYS NOT = CHARGE	5	2
REFILL TOO SOON PDCS	6	6
REFILL TOO SOON	7	7
PASSPORT PROVIDER NO. MISSING	8	8
DRUG CONTROL CODE = 2 (DENY)	9	9
DRUG QUANTITY MISSING	10	11
UNIT TYPE MISSING/INVALID	11	12
MISSING/INVALID INFORMATION	12	14
RECIPIENT COVERED BY PART B	13	10
SLMB OR QI-1 ELIGIBILITY ONLY	14	13
DISPENSE AS WRITTEN	15	20

An Ounce of Prevention:

This is what your billers can do to prevent denied claims based on this month's top 3 claim denial reasons:

PA Missing or Invalid Denials:

Determine if your submission is a prior authorization or passport authorization.

If a claim requires a PA, the approval number must go on the claim. The location of the PA number on the claim is the same for both professional and institutional claims.

The service on the PA must match the service billed. Make sure you are using the correct approval number in the correct box. For services requiring prior authorizations make sure these boxes are complete:

Claim Form	Complete this Field
1500 Paper Claim	Box 23
Electronic Claim (837P or 837I)	G1' in loop 2300 REF 01 at the header
UB	Field 63

Exact Duplicate:

Review past remits to ensure the submission was not paid or recently submitted multiple times.

Recipient Not Eligible DOS:

Make sure to verify member is eligible for service before service is rendered.

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

P.O. Box 4936

Helena, MT 59602

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

1.800.365.4944

Passport

1.800.362.8312

PERM Contact Information

HeatherSmith@mt.gov or

406.444.4171

<http://www.dphhs.mt.gov/gad/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