

Montana Healthcare Programs

Claim Jumper

Volume XXXII, Issue 1 January 2017

In This Issue

Publications Reminder	1
New Medicaid Per Diem Rate for Hospital Swing Bed Providers	1
Field Rep Corner	1
Provider Website Changes	2
Nurse First.....	3
SURS Audit Revelations.....	4
Publications Available on the Website	5
Top 15 Claim Denial Reasons.....	6
Inside Provider Relations	6
Key Contacts.....	6

Thank You For Being

A
*Montana
Medicaid
Provider!*

*We Appreciate
Your Service to
Montanans!*

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](#).

NEW MEDICAID PER DIEM RATE FOR HOSPITAL SWING BED PROVIDERS

Effective January 1, 2017, the hospital swing bed Medicaid per diem rate will be changing for Calendar Year 2017 (January 1, 2017 through December 31, 2017). New rate letters will be mailed to providers in January 2017.

Hospital swing bed electronic billers must remember to update the new hospital swing bed Medicaid per diem rate into their system before billing.

*Submitted by Steve Blazina
Nursing Facility Services Bureau
Senior and Long Term Care Division*

Field Rep Corner

Member Billing

It is a pleasure to interact with Providers through trainings, WebEx's, and daily interaction over the phone and through email. In addition to answering your questions, we also track questions that come in from multiple providers so we know that all providers may benefit from the answers. Here are a couple of questions that have arisen in the last month:

Question: *If a member's account is in arrears because of an unpaid copay for a prior service and they have requested an appointment for a service which could require additional copayment from the member, can the provider refuse service until the member's account is current?*

Answer: Page 2.6 of the General Manual states:

- All services must be made a part of the medical record. (ARM 37.85.414)
- Providers must treat Medicaid members and private-pay members equally in terms of scope, quality, duration, and method of delivery of services unless specifically limited by regulations. (ARM 37.85.402)
- **Providers may not deny services to a member because the member is unable to pay cost sharing fees. (ARM 37.85.402)"**

A Provider, however, may follow the same collection rules that they have in place for the rest of their patient population for non-payment of services.

Question: *If a member does not appear for a scheduled appointment, can the provider charge a fee for the missed appointment?*

Answer: Page 7.1 of the Provider Manual states :

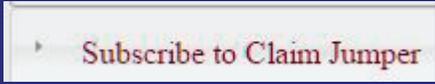
Continued on Page 4

The *Claim Jumper* can now arrive directly to your inbox!

Sign-up is Fast AND Easy!

=>Go to the Provider Website

=>In the menu on the left side click



Subscribe to Claim Jumper

=>Enter your name, email address, and role.

=>Receive new issues of the *Claim Jumper* as soon as they are available as well as urgent announcements

Use the NEW Site-Specific Search

=>Go to the Provider Website

=>In the menu on the left side click



Site Search

=>Type in your search term over the words “Google Custom Search”

Tip: Use Quotation marks to narrow your search.

For example, instead of Physician Fee Schedule, try this:

“Fee schedule” “Physician” “2016”

Provider Website Changes

Exciting new changes are happening on the [Provider Website!](#) The changes are intended to make it easier and faster for providers to locate the information needed for processing claims as quickly as possible. The information on the website has not changed, just the organization plus there are a few new convenient features. For now the changes primarily affect the home page. In the future more improvements will be made to the rest of the site. If at any time there is a feature you are unable to locate please email mtprhelpdesk@xerox.com and Provider Relations will be happy to help you locate the information you need.

Here are the highlights of the changes:

- **The Panels on the Home Page**

The panels have become buttons for the most frequently accessed webpages. Some buttons are different than the old panels.

New Pages include:

- o **Recent Website Posts** Every Friday afternoon a list of new additions to the website including announcements, provider notices, fee schedules, and other items are published. This was previously in the panel marked “Quick Links”.

- o **Announcements** The long list of announcements has been removed from the home page. The most recent announcement can still be found at the center of the home page. All current announcements are found on the Announcements page as well as a new Archived announcements section.

- o **Claim Instructions** The claim instructions includes panels for both electronic and paper claims.

- **The Site Menu**

The new site menu is now expandable by section which means it loads faster and it does not take as long to scroll down the page. There are two new features to the menu.

- o **Subscribe to Claim Jumper** Providers can now get the *Claim Jumper* and urgent announcements delivered directly to their inbox with an easy opt-in/opt out subscription. There is no charge to receive the *Claim Jumper* through email subscription.

- o **Site Search** The new site search in the menu is different than the search bar in the upper right hand corner of the page – that search is for everywhere on the mt.gov website and does not find specific items in the Provider Website. By using the Site Search in the menu Providers can now narrow their search quickly to find information needed for claim submission.

- **ADA Accessible**

The new pages and upcoming changes will allow for individuals with disabilities to more easily access the Provider site. During the conversion, if you or a co-worker need to access the Provider site information in an alternative format please email mtprhelpdesk@xerox.com or call 1-800-624-3958 and ask to speak with a Field Rep.

Submitted by Emilie Boyles
Publications Specialist
Xerox State Healthcare

NurseFirst: The Radon-Lung Cancer Connection

For the thousands of people diagnosed with lung cancer who don't smoke, the disease must seem like a sneak attack. Undoubtedly, the questions, 'how did I get this?' and 'why did this happen to me?' are at the top of their list when talking with their doctors, and to themselves.

Many non-smokers likely also don't have lung cancer on their radar, but smoking (even though it's responsible for 90 percent of lung cancer cases in the U.S.) is simply not the only cause. As many as 20 percent (16,000 to 24,000 Americans) who die from lung cancer annually do not smoke, according to the American Cancer Society. Our state saw 750 new cases of lung cancer as a whole this year, according to CA: A Cancer Journal for Clinicians (American Cancer Society, 2016). Hazardous chemicals (including asbestos and some petroleum products), plus particle pollution (like exhaust smoke) are in this mix.

But perhaps the most insidious culprit—and the second leading cause of lung cancer—is radon. The American Cancer Institute says that more than 10 percent of radon-related cancer deaths occur among non-smokers.

Radon is the colorless, odorless, tasteless radioactive gas that exists naturally in soil rich with uranium, thorium, and radium, and emitted through building cracks and gaps. It can also be found in well water. First floors and basements are most vulnerable due to their proximity to the ground. Radon diffuses into the air that we breathe every day, usually in very low, acceptable levels, but living and work areas without adequate ventilation can harbor dangerously elevated levels of radon to inhale and damage the cells in the lungs' linings, potentially leading to lung cancer. Homes are particularly susceptible in cold weather, when doors and windows are kept closed.

January is Radon Awareness Month, and the Montana Department of Environmental Quality (DEQ) is offering direction for Montanans to utilize affordable radon test kits available at some county health departments, at hardware and home improvement stores, and online, to test for radon and address its dangers. The Environmental Protection Agency (EPA) recommends testing all homes below the third floor – even new construction that was touted as "radon-resistant," and to lower radon levels with a qualified contractor if test results show levels of 4.0 pCi/L or higher. Radon test kits can start at around \$10 and up; look for one that is EPA-approved. Montana's DEQ says that ventilating radon gas from under the basement floor or crawlspace is a common mitigation approach and can cost anywhere from \$1,000 to \$2,000 to address; Consumer Reports cites the general range of being closer to \$800 to \$2,500, and about \$1,200 "for an average house."

Continued on page 4

What is Radon?

Radon is a colorless, odorless, tasteless, and chemically inert radioactive gas. It is formed by the natural radioactive decay of uranium in rock, soil, and water. It can be found in all 50 states. Testing for it is the only way of telling how much is present.

~<http://www.sosradon.org/health-physician>

The Radon-Lung Cancer Connection: What Can Providers Do in Limited Time?

Providers only have a few minutes with patients but there are a few simple things that can be done without adding time to a patient visit.

- Talk up the dangers of radon with patients. Include it in the mix of keeping lungs healthy (including quitting smoking, staying away from second-hand smoke—and having their homes tested for radon).
- Post both online and on-site resources for radon testing kits, from local hardware and home improvement stores, to applicable county health departments, and others.
- Determine if medical screening is necessary, after radon exposure is confirmed.

Share information about these Montana and national resources for information and support:

American Lung Association
(406) 214-5700
Ronni.Flannery@Lung.org

Radon Control Program
www.deq.mt.gov
(800) 546-0483

Environmental Protection Agency
www.epa.gov/radon
Discounted radon test kits through National Radon Program Services at Kansas State University.

National Radon Fix-it Hotline
(800) 644-6999
How to fix or reduce the radon level in your home.

National Radon Helpline
(800) 55RADON (557-2366)
Live help for radon questions.

National Radon Program Services
www.sosradon.org
Information and kits.

Field Rep Corner

(Continued from Page 1)

“When to Bill Medicaid Members (ARM 37.85.406)

In most circumstances, providers may not bill Medicaid members for services covered under Medicaid. The main exception is that providers may collect cost sharing from members. More specifically, providers cannot bill members directly:

- For the difference between charges and the amount Medicaid paid.
- For a covered service provided to a Medicaid-enrolled member who was accepted as a Medicaid member by the provider, even if the claim was denied.
- When the provider bills Medicaid for a covered service, and Medicaid denies the claim because of billing errors.
- When a third party payer does not respond.
- **When a member fails to arrive for a scheduled appointment.”**

*Submitted by Jason Armstrong
Daniel Hickey
Field Representatives
Xerox State Healthcare*

NurseFirst

(Continued from Page 3)

Quit smoking? Yes; it's first step in reducing lung cancer risk. Check for radon? Yes, as well. As far as Nurse First is concerned, prevention is the best defense against lung cancer. With the start of a brand new, hopefully healthy year upon us, now is the perfect time.

Nurse First is a confidential, 24/7, year-round advice line staffed by licensed, registered nurses. It provides Medicaid members with current recommendations from the Centers for Disease Control and Prevention (CDC) and the American Congress of Obstetricians and Gynecologists (ACOG). Patients can call 1 (800) 330-7847 or visit <http://dphhs.mt.gov/MontanaHealthcarePrograms/NurseFirst.aspx> under “Additional Montana Health and Wellness Information”

*Submitted by Connie Olson, DPHHS
Nurse Advice Line Program Office*

SURS Audit Revelations

Mental Health Interactive Complexity

The SURS unit has identified a trend of using the Interactive Complexity CPT code 90785 incorrectly and/or without proper documentation. The record needs to document the factors and reason that complicates the delivery of a psychiatric procedure. Providing play therapy as an intervention alone is not enough information to substantiate billing interactive complexity. There needs to be more documented information as to how the client's behavior complicated the delivery of therapeutic services and became more difficult to proceed with the session.

Per the CPT 2016 coding book, “Psychiatric procedures may be reported “with interactive complexity” when at least one of the following factors is present:

- *The need to manage maladaptive communication (related to, eg. High anxiety, high reactivity, repeated questions, or disagreement) among participants that complicates delivery of care.*
- *Caregiver emotions or behavior that interferes with the caregiver's understanding and ability to assist in the implementation of the treatment plan.*
- *Evidence or disclosure of a sentinel event and mandated report to third party (eg. Abuse or neglect with report to state agency) with initiation of discussion of the sentinel event and/or report with patient and other visit participants.*
- *Use of play equipment, other physical devices, interpreter, or translator to communicate with the patient to overcome barriers to therapeutic or diagnostic interaction between the physician or other qualified health care professional and a patient who:*
 - o *Is not fluent in the same language as the physician or other qualified health care professional, or*
 - o *Has not developed, or has lost, either the expressive language communication skills to explain his/her symptoms and response to treatment, or the receptive communication skills to understand the physician or other qualified health care professional if he/she were to use typical language for communication.”*

To warrant using the interactive complexity CPT code, the documentation must list the factors and reasons why there was increased complexity during the therapy session. Remember, if it isn't documented there is no way to know what happened.

*Submitted by Jennifer Bergmann, CPC
Program Integrity Auditor
Quality Assurance Division*

Publications Available on the Website

Below is a list of recently published Medicaid information and updates available on the Provider Information [website](#). On the 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.

Provider Notices				
11/01/2016 11/30/2016	Mid-Levels	Pharmacy	Physician	EnLyte® to Transition to Non-Covered Status under Montana Medicaid
11/01/2016	Acute Inpatient Hospital	CSCT	LCPC	ICD 10 Updates and Coding Changes
	Mental Health Center	Mid-Level Practitioners	Psychologist	
	Psychiatrist	PRTF	Social Worker	
	Therapeutic Foster Care	Therapeutic Group Home		
11/01/2016 11/15/2016	Inpatient Hospital Pharmacy	Outpatient Hospital Physicians	Mid-Levels	Smart PA® Prior Authorization for Synagis® (Revised)
11/10/2016	Durable Medical Equipment			Insulin Pump PA Removal
11/10/2016	Family Planning Clinics Physicians	Mid-Levels Public Health Clinics		Vaccine Administration Code Update
11/14/2016	RHC	RQHC		Licensed Addiction Counselors (LAC) added to the definition of a Health Professional/core provider for Montana Medicaid FQHC and RHC facilities
11/21/2016	Mid-Levels	Pharmacy	Physician	Humira Unit Submission
11/21/2016	Mid-Levels	Pharmacy	Physician	PA for Methadone
11/29/2016	Eyeglasses	Optician	Optometric	Walman Optical Frame Warranty Procedure
Forms				
11/14/2016	HHS 687 Consent for Sterilization		11/14/2016	Sterilization Form MA-38
Fee Schedules				
Medicaid Mental Health, Youth Under 18 Integrated Co-Occurring Treatment Fees (Pending State Plan approval)			IHS	
Manuals with Replacement Pages				
11/15/2016	Prescription Drug Manual		11/28/2016	Physician Services Manual

Other Resources

- IHS - Monthly Agendas for October and November 2016
- IHS - Optometry Billing PowerPoint Slides
- IHS - DME PowerPoint Slides
- Menu - Password Reset Instructions
- Announcements - Provider and Member Crime Victim Surveys

Top 15 Claim Denial Reasons		
Exception	November 2016	October 2016
EXACT DUPLICATE	1	1
PA MISSING OR INVALID	2	2
REFILL TOO SOON	3	6
RATE TIMES DAYS NOT = CHARGE	4	5
RECIPIENT NOT ELIGIBLE DOS	5	4
PASSPORT PROVIDER NO. MISSING	6	3
DRUG CONTROL CODE = 2 (DENY)	7	7
MISSING/INVALID INFORMATION	8	8
NDC MISSING OR INVALID	9	10
RECIPIENT COVERED BY PART B	10	11
PROC. FACT. CODE=4 (NOT ALLOW)	11	16
SLMB OR QI-1 ELIGIBILITY ONLY	12	17
RECIP NON COVERED SERVICES	13	13
PROC. CONTROL CODE = 01	14	21
CLAIM INDICATES TPL	15	15

Inside Provider Relations

Xerox Is Now Conduent

As you may have seen or read in the news, Xerox will be changing our name to Conduent, effective January 1, 2017. We would like all Montana Healthcare Program participants to know that this transition will not impact our daily operation for Montana Healthcare Programs. The only change that may be necessary for providers is a change to the address on the claim form. We will let you know when that is necessary. Sometimes we see claims addressed to Medicaid, and that's fine, but sometimes we even still see claims addressed to Consultec or ACS. This will not cause claims to be rejected however, but we do recommend updating this information in your claims software.

We will share details of the transition that might impact our providers, such as changes to frequently used email addresses, as the information becomes available.

Please see our website at <https://www.xeroxpathforward.com/> for further details.

*Submitted by Julia Harris
Provider Relations Manager
Xerox State Healthcare*

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/qad/PC/PERMPC.aspx>

Prior Authorization
MPQH 1.800.262.1545
MPQH – DMEPOS/Medical
406.457.5887 Local
1.877.443.4021 X 5887

**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