



***Medicaid
Indian Health
Service/
Tribal 638***

***Medicaid and Other Medical
Assistance Programs***

This publication supersedes all previous Medicaid Indian Health Service/Tribal 638 handbooks. Published by the Montana Department of Public Health & Human Services, April 2006.

Updated April 2013, July 2013, February 2014, June 2014, and July 2015.

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My NPI/API:

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Key Contacts

See the Contact Us link in the menu on the Montana Healthcare Programs Provider Information [website](http://medicaidprovider.mt.gov/), <http://medicaidprovider.mt.gov/>, for a list of key contacts and websites.

DPHHS IHS Program

406-444-4540

406-444-1861 Fax

IHS Program Officer
Hospital and Physician Services Bureau
DPHHS
P.O. Box 202951
Helena, MT 59620-2951

Indian Health Service Area Office

Billings Area IHS Office

2900 4th Avenue North
Billings, MT 59101
406-247-7100 Main

Indian Health Service Units

Blackfeet Service Unit

Blackfeet Community Hospital
P.O. Box 760
Browning, MT 59417
406-338-6100 Main
406-338-2959 Fax

Heart Butte Health Station

P.O. Box 80
Heart Butte, MT 59448
406-338-2151 Main
406-338-5613 Fax

Crow Service Unit

Crow/Northern Cheyenne Hospital
P.O. Box 9
Crow Agency, MT 59022
406-638-3500 Main
406-638-3569 Fax

Lodge Grass Health Clinic

P.O. Box AD
Lodge Grass, MT 59050
406-639-2317 Main
406-639-2976 Fax

Pryor Health Station

P.O. Box 9
Pryor, MT 59066
406-259-8238 Main
406-259-8290 Fax

Fort Belknap Service Unit

Fort Belknap Hospital
669 Agency Main Street
Harlem, MT 59526
406-353-3100 Main
406-353-3227 Fax

Eagle Child Health Station

P.O. Box 610
Hays, MT 59527
406-673-3777 Main
406-673-3835 Fax

Fort Peck Service Unit

Chief Redstone Clinic
550 6th Avenue North
P.O. Box 729
Wolf Point, MT 59201
406-653-1641 Main

Verne E. Gibbs Clinic

107 H. Street
P.O. Box 67
Poplar, MT 59255
406-768-3491 Main

Northern Cheyenne Service Unit

Lame Deer Health Center
 P.O. Box 70
 Lame Deer, MT 59043
 406-477-4400 Main
 406-477-4427 Fax

Tribally Operated Health Programs

Flathead Tribal Health
 P.O. Box 880
 St. Ignatius, MT 59865
 406-745-3525 Main

Rocky Boy Tribal Health
 P.O. Box 664
 Box Elder, MT 59521
 406-395-4486 Main

Montana Tribal Nations***Blackfeet Nation***

Blackfeet Tribal Business Council
 Box 850
 Browning, MT 59417
 406-338-7521 Main
 406-338-7530 Fax

Chippewa Cree Tribe

Chippewa Cree Business Committee
 Rocky Boy Route 544
 Rocky Boy Agency
 Box Elder, MT 59521
 406-395-5705 Main
 406-395-5702 Fax

Confederated Salish and Kootenai Tribes

CSK Tribal Council
 P.O. Box 278
 Pablo, MT 59855
 406-675-2700 Main
 406-675-2806 Fax

Crow Nation

Crow Executive Branch
 Box 159
 Crow Agency, MT 59022
 406-638-3708 Main
 406-638-3773 Fax

Fort Belknap Tribes

Fort Belknap Indian Community Council
 656 Agency Main Street
 Harlem, MT 59526
 406-353-2205 Main
 406-353-4541 Fax

Fort Peck Tribes

Fort Peck Tribal Executive Board
 P.O. Box 1027
 Poplar, MT 59255
 406-768-2300 Main
 406-768-5478 Fax

Northern Cheyenne Tribe

Northern Cheyenne Tribal Council
 P.O. Box 128
 Lame Deer, MT 59043
 406-477-6284 Main
 406-477-6120 Fax

State Recognized Tribe

Little Shell Chippewa Tribe
 625 Central Avenue West, Suite 100
 Great Falls, MT 59403
 406-452-2892 Main
 406-452-2982 Fax

Introduction

Thank you for your willingness to serve members of the Montana Medicaid program and other medical assistance programs administered by the Department of Public Health and Human Services.

Manual Organization

This manual provides information specifically for Indian Health Service (IHS)/tribal 638 providers who provide services to members who are eligible for both Medicaid and Indian Health Service. Other essential information for providers is contained in the separate *General Information for Providers* manual, available on the IHS page of the Provider Information [website](#). Providers are asked to review both manuals.

A table of contents and an index allow you to quickly find answers to most questions. The margins contain important notes with extra space for writing notes. There is a list of contacts at the beginning of this manual and additional contacts and websites on the Contact Us page of the Provider Information [website](#).

We have also included a space on the inside front cover to record your NPI/API for quick reference when calling Provider Relations.

Manual Maintenance

Manuals must be kept current. Changes to manuals are provided through provider notices and replacement pages. When replacing a page in a paper manual, file the old pages and provider notices for use with claims that originated under old policy.

Rule References

Providers, office managers, billers, and other medical staff should familiarize themselves with all current administrative rules and regulations governing the Montana Medicaid program. Provider manuals are to assist providers in billing Medicaid; they do not contain all Medicaid rules and regulations. Rule citations in the text are a reference tool; they are not a summary of the entire rule. **In the event that a manual conflicts with a rule, the rule prevails.** Links to rules are available on the Provider Information [website](#). Paper copies of rules are available through the Secretary of State's office. See the Contact Us page on the Provider Information [website](#).



Providers are responsible for knowing and following current Medicaid laws and regulations.

In addition to the general Medicaid rules outlined in the *General Information for Providers* manual, the following rules and regulations are also applicable to the Indian Health Service program:

- Code of Federal Regulations (CFR)
 - 42 CFR Part 136 and 136A
- Montana Codes Annotated (MCA)
 - MCA 53-6-101
- Administrative Rules of Montana (ARM)
 - ARM 37.82.101

Claims Review (MCA 53-6-111, ARM 37.85.406)

The Department is committed to paying Medicaid providers' claims as quickly as possible. Medicaid claims are electronically processed and usually are not reviewed by medical experts prior to payment to determine if the services provided were appropriately billed. Although the computerized system can detect and deny some erroneous claims, there are many erroneous claims it cannot detect. For this reason, payment of a claim does not mean the service was correctly billed or the payment made to the provider was correct. Periodic retrospective reviews are performed that may lead to the discovery of incorrect billing or incorrect payment. If a claim is paid and the Department later discovers the service was incorrectly billed or paid or the claim was erroneous in some other way, the Department is required by federal regulation to recover any overpayment, regardless of whether the incorrect payment was the result of Department or provider error or other cause.

Getting Questions Answered

The provider manuals are designed to answer most questions; however, questions may arise that require a call to a specific group (such as a program officer, Provider Relations, or a prior authorization unit). See the Contact Us page on the Provider Information [website](#). Medicaid manuals, provider notices, replacement pages, fee schedules, forms, and more are available on the Provider Information [website](#).

Covered Services

General Coverage Principles

This chapter provides covered services information that applies specifically to Indian Health Service (IHS)/tribal 638 providers who provide services to members who are eligible for both Medicaid and IHS. Like all healthcare services received by Medicaid members, these services must also meet the general requirements listed in the Provider Requirements chapter of the *General Information for Providers* manual.

Members of federally recognized Indian tribes and their descendants are eligible for services provided by IHS, an agency of the U.S. Public Health Service, Department of Health and Human Services.

Provider Requirements

IHS physicians must meet Montana Medicaid's State Plan requirements. Physician requirements are available in the *Physician-Related Services* manual available on the Provider Information [website](#). Montana Medicaid does not require IHS physicians to hold a Montana physician license; however, they must meet the substantive licensure requirements. The Department must be satisfied that the physicians can demonstrate they are authorized to practice medicine. A copy of the physician's current license from another state would satisfy this requirement.

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services Program (ARM 37.86.2201–2235)

The EPSDT Well-Child program covers all medically-necessary services for children age 20 and under. Providers are encouraged to use a series of screening and diagnostic procedures designed to detect diseases, disabilities, and abnormalities in the early stages. Some services are covered for children that are not covered for adults, such as the following:

- Nutritionist services
- Private duty nursing
- Respiratory therapy
- Therapeutic family and group home care
- Substance dependency inpatient and day treatment services
- School-based services

All prior authorization and Passport approval requirements must be followed. For more information about the recommended well-child screen and other components of EPSDT, see the EPSDT Well-Child chapter in the *General Information for Providers* manual.

Coverage of Specific Services

Medicaid covers the same services for members who are enrolled in Medicaid and IHS as those members who are enrolled in Medicaid only. All requirements for Medicaid services (such as prior authorization, Passport and others) also apply to Medicaid enrolled members who qualify for IHS services.

Importance of Fee Schedules

The easiest way to verify coverage for a specific service is to check the Department's fee schedule for your provider type (IHS/tribal 638 are provider type 57). In addition to being listed on the fee schedule, all services provided must also meet the coverage criteria listed in the Provider Requirements chapter of the *General Information for Providers* manual and in this chapter. Use the fee schedule in conjunction with the more detailed coding descriptions listed in the current CPT and HCPCS coding books. Take care to use the fee schedule and coding books that pertain to the date of service. Fee schedules are available on the Provider Information [website](#).

Passport to Health Program

What Is Passport to Health? (ARM 37.86.5101–5120)

Passport to Health is the managed care program for Montana Medicaid and Healthy Montana Kids (HMK) *Plus* members. The four Passport programs encourage and support Medicaid and HMK *Plus* members and providers in establishing a medical home and in ensuring the appropriate use of Medicaid and HMK *Plus* services:

- Passport to Health Primary Care Case Management
- Team Care
- Nurse First Advice Line
- Health Improvement Program

For more information regarding Passport to Health, see the *Passport to Health* manual available on the Provider Information [website](#).

Passport and Indian Health Service

Members who are eligible for both Indian Health Service (IHS)/tribal 638 and Medicaid may choose an IHS/tribal 638 provider or another provider as their Passport provider. Members who are eligible for IHS do not need a referral from their Passport provider to obtain services from IHS. However, if IHS refers the member to a non-IHS provider, the Passport provider must provide the referral.

Passport information is found in the *Passport to Health* manual, available on the Provider Information [website](#).

Prior Authorization

Prior authorization refers to a list of services that require approval from the Medicaid program prior to the service being rendered. If a service requires prior authorization, the requirement exists for all Medicaid members. When prior authorization is granted, the provider is issued a prior authorization number, which must be included on the claim.

Medicaid does not pay for services when prior authorization requirements are not met. See the Prior Authorization Information link in the left menu on the Provider Information [website](#).

Coordination of Benefits

For coordination of benefits information, refer to the Third Party Liability section in the Member Eligibility and Responsibilities chapter of the *General Information for Providers* manual, available on the Provider Information [website](#).

Billing Procedures

Claim Forms

Services provided by the healthcare professionals covered in this manual must be billed either electronically or on a UB-04 claim form. UB-04 forms are available from various publishing companies; they are not available from the Department or Provider Relations.

Member Cost Sharing (ARM 37.85.204 and 37.85.402)

American Indians and Alaska Natives who have ever been treated at an IHS, Tribal, or Urban facility or through referral under contract health services with appropriate documentation are exempt from cost sharing fees. (Recovery Act, Section 5006(a), P.L. 111-5)

IHS Revenue Codes

IHS providers may bill Medicaid with the revenue codes shown in the current fee schedule.

Billing for Specific Services

Prior authorization is required for some services. Passport and prior authorization are different, and some services may require both. Different numbers are issued for each type of approval and must be included on the claim form. (See the Submitting a Claim section in the *General Information for Providers* manual.)

Some services provided by an IHS are billed with the IHS provider number and codes specific to IHS. Other services require the IHS to enroll as a Medicaid provider for the type of services provided (e.g., ambulance services, personal care services, home health) and are billed using the Medicaid provider number assigned to that provider type. All providers must be enrolled with Medicaid before billing for services.

Every claim for Medicaid services must indicate the provider of service. Claims for services rendered in IHS facilities are submitted using the IHS facility's provider number. However, when services are rendered in a non-IHS facility, the claim should be submitted using the individual's provider number.

IHS physicians do not receive reimbursement directly from Medicaid but from the IHS. IHS providers must show the Billings Area Indian Health Service as the "pay to" address on the enrollment form.

Remittance Advices and Adjustments

For information on remittance advices and adjustments, see the *General Information for Providers* manual, available on the [website](#).

How Payment Is Calculated

Overview

Though providers do not need the information in this chapter to submit claims to Montana Medicaid, the information allows providers to understand how payment is calculated and to predict approximate payment for particular claims.

Montana Medicaid operates the IHS/tribal 638 facilities according to the Medicaid State Plan, which states that services provided by IHS/tribal 638 facilities are paid with federal funds according to rates prescribed by the Centers for Medicare and Medicaid Services (CMS) and established by the U.S. Public Health Services for IHS as set forth in the Federal Register. Subsequent payment adjustments will be made pursuant to changes published in the Federal Register.

Section 1905(b) of the Social Security Act (the Act) provides that 100% Federal Medical Assistance Percentages (FMAP) is available to states for amounts spent on medical assistance received through an IHS facility whether operated by the IHS or by an Indian tribe or tribal organization, as defined in Sec. 4 of the Indian Health Care Improvement Act.

Physician services provided by IHS physicians in non-IHS facilities are **not** eligible for 100% federal funds, but rather at the regular federal/state match rate of approximately 65% federal funds and 35% state funds. Montana Medicaid pays for these physician services by utilizing the Medicare Resource-Based Relative Value Scale (RBRVS) with a Montana-specific conversion factor.

IHS Rates Established by CFR

IHS/tribal 638 facilities are paid in accordance with the most current Federal Register Notice, published by IHS and approved by CMS.

Services provided by facilities of the IHS, which include at the option of a tribe or tribal organization, services by tribal 638 facilities funded by Title I or Title V of the Indian Self-Determination and Education Assistance Act (P.L. 93-638), are paid at the rates negotiated between CMS and the IHS and published in the Federal Register.

Payment for IHS/tribal 638 inpatient hospital services is made in accordance with the inpatient hospital per diem rate published in the Federal Register by the IHS. Payment for IHS/tribal 638 outpatient services is made in accordance with the outpatient per-visit rate published by the IHS in the Federal Register.

Appendix A: Forms

The forms listed as examples below and others are found on the [Forms page](#) of the Provider Information website.

- Individual Adjustment Request
- Paperwork Attachment Cover Sheet

Definitions and Acronyms

See the Definitions and Acronyms page of the Provider Information [website](#) for additional definitions and acronyms.

Date of Submission

The date the claim is stamped received by Montana Medicaid. A claim lost in the mail is not considered received.

Indian Health Service (IHS)

IHS provides health services to American Indians and Alaska Natives.

Indian Health Service (IHS) Facility

An IHS facility is an entity that is either owned or leased by the IHS of the Public Health Service. The IHS equates facilities that are leased by IHS to those that are owned by IHS for purposes of defining an IHS facility. IHS keeps a specific listing of its owned and leased facilities. Some IHS facilities, although owned by IHS, may be operated by a tribe or tribal organization.

Patient Day

An individual present and receiving medical services in a facility for a whole 24-hour period. Although an individual may not be present for a whole 24-hour period on the day of admission, such a day will be considered a patient day. The day of discharge will not be counted as a patient day except when the patient is admitted and discharged on the same day.

Tribal 638 Facility

A facility or location owned and operated by a federally recognized American Indian Tribe or tribal organization under a 638 agreement, which provides diagnostic, therapeutic (surgical and non-surgical), and rehabilitation services to tribal members admitted as inpatients or outpatients.

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