

*General
Information
for Providers*

*Medicaid and Other
Medical Assistance
Programs*

This publication supersedes all versions of previous general information provider handbooks. This publication is to be used conjunction with provider type manuals. Published by the Montana Department of Public Health & Human Services, February 2002.

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Medicaid Covered Services

This table contains general information about services by provider type. It is not a comprehensive list of services or prior authorization (PA) and Passport requirements. For detailed information regarding PA, Passport approval, coverage, and cost sharing information, refer to the Medicaid billing manual for your provider type (e.g., *Physician-Related Services*, *Hospital Outpatient Services*). Providers may verify Passport and PA requirements for specific services by contacting Provider Relations (see *Key Contacts*).

Covered services are subject to change based on changes in funding, legislative action, and changes in administrative rules.

When a client is enrolled in Passport to Health, most services must be provided or approved by the Passport provider. The table shows whether clients need Passport provider approval to visit a provider. Even though clients do not need Passport approval to visit some providers, some of the services rendered by these providers may require Passport approval.

Medicaid Covered Services					
Services Provided By	Covered Under Full Medicaid	Covered Under Basic Medicaid	Need Passport Provider Approval	Need Prior Auth	Age Restrictions
Ambulances	Yes	Yes	No	Yes for scheduled transport (For emergencies, providers have 60 days following service to obtain authorization.)	No
Ambulatory surgical centers	Yes	Yes	Yes ***Except for services listed at the end of this table.	Some services require PA.	Some procedures and diagnosis codes have age restrictions.
Audiologists	Yes	No*	No	No	No
Chiropractors	Yes (under 21 and QMB only)	Yes (under 21 and QMB only)	Yes	No	Under 21 and QMB only
Dentists Orthodontists	Yes	No*	No Some services, such as dental surgery, require authorization.	Some services require PA or have limits.	Some procedures and diagnosis codes have age restrictions.

Medicaid Covered Services (Continued)					
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Services Provided By	Covered Under Full Medicaid	Covered Under Basic Medicaid	Need Passport Provider Approval	Need Prior Auth	Age Restrictions
Denturists	Yes	No*	No	Some services require PA or have limits.	Some procedures and diagnosis codes have age restrictions.
Dialysis – attendant in the home	Yes	Yes	No	Yes	No
Dialysis – freestanding centers	Yes	Yes	No	No	No
Durable medical equipment, medical supplies, and prosthetics providers	Yes	No	No	Some services require PA.	Some age restrictions apply. See your Medicaid provider type billing manual.
Eyeglass providers	Yes Some limitations apply.	No*	No	No	No
Federally qualified health centers (FQHC)	Yes	Yes Except for dental services.	Yes ***Except for services listed at the end of this table.	No	No
Hearing aid providers	Yes	No*	No	Yes	No
Home and community based service providers (HCBS waiver) provided to qualifying clients in the client's home	Yes, but must be screened and meet level of care requirements.	Yes, but must be screened and meet level of care requirements.	No	Yes	No
Home health care providers	Yes	Yes	Yes	Yes	No
Home infusion therapy providers	Yes	Yes	No	Some services require PA.	No
Hospice providers	Yes	Yes	No	No	No
Hospitals (inpatient)	Yes	Yes	Yes ***Except for some services listed at the end of this table.	Some In state services require PA. All out-of-state admissions and some services require PA.	No
Hospitals (outpatient)	Yes	Yes	Yes ***Except for some services listed at the end of this table.	No Except for therapy services over 40 hours for children	No

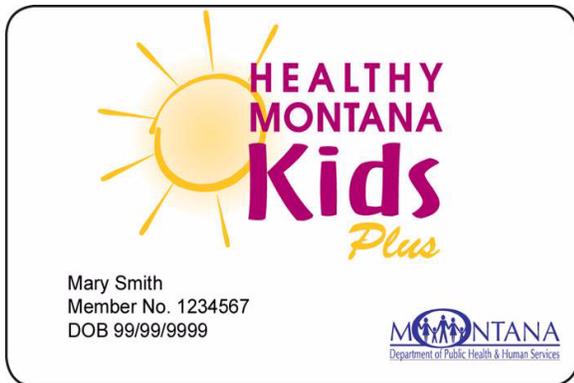
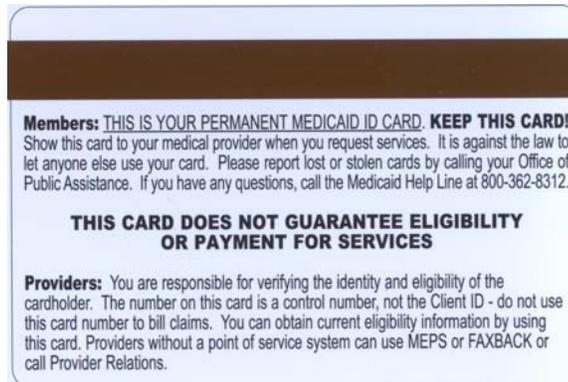
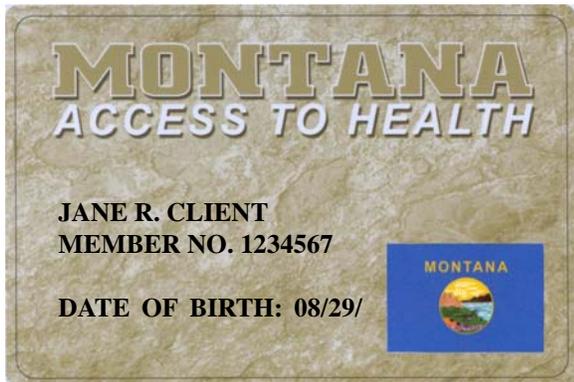
Client Eligibility and Responsibilities

Medicaid ID Cards

Each Medicaid client is issued his/her own permanent Montana Access to Health Medicaid ID card (including QMB only clients), Healthy Montana Kids *Plus* card. Clients must never throw away the card, even if their Medicaid eligibility ends. The ID card lists the client's name, member number, and date of birth. The member number may be used for checking eligibility and for billing Medicaid. Since eligibility information is not on the card, it is necessary for providers to verify eligibility before providing services (see *Verifying Client Eligibility* in this chapter).



Providers should verify eligibility before providing services.



Verifying Client Eligibility

Client eligibility may change monthly, so providers should verify eligibility each visit. Providers can check eligibility using any of the methods described in the following table.

Verifying Client Eligibility

Contact	Information Available	Special Instructions	Hours (Mountain Time)
Client Eligibility Providers may use whichever method they find most convenient.			
FaxBack (800) 714-0075	<ul style="list-style-type: none"> Client eligibility Third party liability Managed care and other restrictions 	<ul style="list-style-type: none"> Call the number and enter your NPI or provider number, a client ID, and specific dates of service. Before using FAXBack, have your fax number on file with Provider Relations. When prompted, request the audit number or the transaction will not be completed. 	24/7
Integrated Voice Response (IVR) (800) 714-0060	<ul style="list-style-type: none"> Client eligibility Third party liability Managed care and other restrictions Amount of last check sent to provider 	<ul style="list-style-type: none"> Call the number and enter your NPI or provider number, a client ID, and specific dates of service. Verify eligibility for up to 5 clients in one call. Program benefit limits not available here. Contact Provider Relations for limits (see below). 	
Local Offices of Public Assistance	Client eligibility.	<ul style="list-style-type: none"> See <i>Appendix C: Local Offices of Public Assistance</i> in this manual. 	8 a.m.–5 p.m. Mon–Fri
Medifax EDI Medicaid Eligibility Verification System (MEVS) (800) 444-4336 X2546/X2072 www.medifax.com	<ul style="list-style-type: none"> Client eligibility Managed care and services restrictions Client demographics Third party liability 	<ul style="list-style-type: none"> MEVS vendors provide real time access for verifying patient eligibility for Montana Medicaid and other commercial payers. MEVS vendors offer a variety of products to meet the needs of health care providers to include eligibility verification, claims credit card processing and statements. 	24/7
Montana Access to Health (MATH) Web Portal https://mtaccesstohealth.acshc.com/mt/general/home.do	<ul style="list-style-type: none"> Client eligibility Managed care and service restrictions Client demographics Third party liability Client status history e!SOR reports Claim-based medical history Warrant status Provider enrollment 	<ul style="list-style-type: none"> From the Provider Information website (www.mtmedicaid.org) click on “Log in to Montana Access to Health.” Before accessing the MATH web portal, you must be an enrolled Medicaid provider and complete the web registration available on the site. If the client is not currently eligible, any managed care or third party liability information will not be displayed. The user will receive a response with a status of “inactive” reported in the Client Demographic Information. 	24/7
Provider Relations P.O. Box 8000 Helena, MT 59604 (406) 442-1837 (800) 624-3958 In/out-of-state (406) 442-4402 Fax	<ul style="list-style-type: none"> Client eligibility Prior authorization status Claim status Amount of last check sent to provider Enrollment status Service limits 	Have your NPI or provider number and client ID number ready when you call.	8 a.m.–5 p.m. Mon–Fri
Presumptive Eligibility			
1-800-932-4453	Presumptive eligibility information	To become a provider who determines presumptive eligibility, call (406) 444-4540.	8 a.m.–5 p.m. Mon–Fri