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# *Medicaid Indian Health Services*

*Medicaid and Other Medical  
Assistance Programs*

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

**|** *Updated April 2013 and July 2013.*

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**My NPI/API:**

# Key Contacts

Hours for contacts are 8:00 a.m. to 5:00 p.m. Monday through Friday (Mountain Time), unless otherwise stated. The phone numbers designated **only** "In state" will not work outside Montana.

## Claims

Send paper claims to:  
Claims Processing Unit  
P.O. Box 8000  
Helena, MT 59604

## Direct Deposit Arrangements

Providers who would like to receive electronic funds transfer (EFT) and electronic remittance advices (RAs) should fax their information to Pro-vider Relations:  
**(406) 442-4402**

## EDI Technical Help Desk

For questions regarding electronic claims submission:

**(800) 987-6719** In/Out of state  
**(406) 442-1837** Helena  
**(406) 442-4402** Fax

Montana EDI  
P.O. Box 4936  
Helena, MT 59604

Send e-mail inquiries to:  
[MTEDIHelpdesk@xerox.com](mailto:MTEDIHelpdesk@xerox.com)

## Health Improvement Program

For questions regarding the Health Improvement Program (HIP):

**(406) 444-4540** Phone  
**(406) 444-1861** Fax

Health Improvement Program  
Managed Care Bureau  
DPHHS  
P.O. Box 202951  
Helena, MT 59620-2951

## IHS Program

**(406) 444-4540** Phone  
**(406) 444-1861** Fax

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

## Indian Health Services Centers

### *Browning Indian PHS Indian Hospital*

760 Hospital Circle  
Browning, MT 59417  
**(406) 338-6154**

### *Confederated Salish and Kootenai Tribal Health/Human Services*

P.O. Box 880, Mission Drive  
St. Ignatius, MT 59865  
**(406) 745-3525**

### *Crow Agency PHS Indian Hospital*

Hospital Road  
Crow Agency, MT 59022  
**(406) 638-3461**

### *Fort Belknap PHS Indian Health Center*

456 Gros Ventre Avenue  
Harlem, MT 59526  
**(406) 353-3100**

### *Hays PHS Indian Health Center*

123 White Crow Canyon Road  
Hays, MT 59527  
**(406) 673-3777**

***Heart Butte PHS Indian Health***

20 Disney  
Heart Butte, MT 59448  
**(406) 338-2151**

***Lame Deer PHS Indian Health Services***

100 Cheyenne Avenue  
Lame Deer, MT 59043  
**(406) 477-6700**

***Lodge Grass PHS Indian Health Center***

Main Street  
Lodge Grass, MT 59050  
**(406) 639-2317**

***Pryor PHS Indian Health Station***

Main Street  
Pryor, MT 59066  
**(406) 259-9813**

***Poplar PHS Indian Health Center***

107 H Street  
Poplar, MT 59255  
**(406) 768-3491**

***Rocky Boy Health Center***

RR 1, Box 664  
Box Elder, MT 59521  
**(406) 395-4486** (638 Compacted Tribe)

**Medicaid Help Line**

Members who have Medicaid questions or Passport questions may call the Montana Medicaid Help Line:

**(800) 362-8312**  
Passport to Health  
P.O. Box 254  
Helena, MT 59604-0254

**Member Eligibility**

There are several methods for verifying member eligibility. For details, see the Member Eligibility and Responsibilities chapter of the *General Information for Providers* manual.

**FaxBack**

(800) 714-0075 (24 hours)

**Voice Response System**

(800) 714-0060 (24 hours)

**Montana Access to Health Web Portal**

<http://mtaccessstohealth.acs-shc.com/>

**Medifax EDI**

(800) 444-4336, X 2072 (24 hours)

**Montana Tribal Nations*****Assiniboine and Sioux Tribes***

Fort Peck Council  
P.O. Box 1027  
Fort Peck Agency  
Poplar, MT 59255  
**(406) 768-5155** Phone  
**(406) 768-5478** Fax

***Blackfeet Tribe***

Blackfeet Tribal Business Council  
Box 850  
Blackfeet Agency  
Browning, MT 59417  
**(406) 338-7179** Phone  
**(406) 338-7530** Fax

***Chippewa Cree Tribe***

Chippewa Cree Business Committee  
Rocky Boy Route 544  
Rocky Boy Agency  
Box Elder, MT 59521  
**(406) 395-4282** Phone  
**(406) 395-4497** Fax

***Crow Tribal Council***

Box 159  
Crow Agency, MT 59022  
**(406) 638-2601** Phone  
**(406) 638-3881** Fax

***Fort Belknap Tribal Council***

RR 1, Box 66  
Harlem, MT 59526-9998  
**(406) 353-2205** Phone  
**(406) 353-2797** Fax

***Little Shell Tribe***

Little Shell Tribe  
 Box 1384  
 105 Smelter Avenue Mini Mall  
 Great Falls, MT 59403  
**(406) 452-2892** Phone  
**(406) 452-2982** Fax

***Northern Cheyenne Tribe***

Northern Cheyenne Tribal Council  
 P.O. Box 128  
 Northern Cheyenne Agency  
 Lame Deer, MT 59043  
**(406) 477-6284** Phone  
**(406) 477-6120** Fax

***Salish and Kootenai Tribe***

Confederated Salish and Kootenai  
 P.O. Box 278  
 Flathead Agency  
 Pablo, MT 59855  
**(406) 675-2700** Phone  
**(406) 675-2806** Fax

**Nurse First**

For questions regarding the Nurse First Advice Line, **(800) 330-7847**, contact:

**(406) 444-9673** Phone  
**(406) 444-1861** Fax  
 Nurse First Program Officer  
 Managed Care Bureau  
 DPHHS  
 P.O. Box 202951  
 Helena, MT 59620-2951

**Passport to Health Information**

Members who have Passport or Medicaid questions may call the Montana Medicaid Help Line or write to:

**(800) 362-8312** In/Out of state  
 Passport to Health  
 P.O. Box 254  
 Helena, MT 59624-0254

**Passport to Health Program**

For questions regarding the Passport to Health program:

**(406) 444-4540** Phone  
**(406) 444-1861** Fax

Passport to Health Program Officer  
 Managed Care Bureau  
 DPHHS  
 P.O. Box 202951  
 Helena, MT 59620-2951

**Presumptive Eligibility**

To verify presumptive eligibility call:  
**(800) 932-4453**

Send written inquiries to:  
 Health Resources Division  
 P.O. Box 202951  
 Helena, MT 59620-2951

**Prior Authorization**

Below are the Department's prior authorization contractors.

***Magellan Medicaid Administration***  
*(dba First Health Services)*

For questions regarding prior authorization and continued stay review for selected mental health services.

**(800) 770-3084** Phone  
**(800) 639-8982** Fax  
**(800) 247-3844** Fax

Health Care Management Division  
 Magellan Medicaid Administration  
 4300 Cox Road  
 Glen Allen, VA 23060

**Mountain-Pacific Quality Health**

For prior authorization for certain services, contact MPQH. See the Prior Authorization chapter in this manual.

**Phone**

(800) 262-1545, X5850 Long-distance  
(406) 443-4020, X5850 Local

**Fax**

(800) 497-8235  
(406) 443-4585 Toll-free

Send written inquiries to:

Mountain-Pacific Quality Health  
3404 Cooney Drive  
Helena, MT 59602

**Provider Policy Questions**

For policy questions, contact the appropriate division of DPHHS; see the Introduction chapter in the *General Information for Providers* manual.

**Provider Relations**

For general claims questions or questions about enrollment, eligibility, payments, denials, or Passport.

**(800) 624-3958** In/Out of state  
**(406) 442-1837** Helena  
**(406) 442-4402** Fax

Send written inquiries to:

Provider Relations Unit  
P.O. Box 4936  
Helena, MT 59604

Send e-mail inquiries to:

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

**Secretary of State**

The Secretary of State's office publishes the most current version of the Administrative Rules of Montana (ARM):

**(406) 444-2055** Phone

Secretary of State  
P.O. Box 202801  
Helena, MT 59620-2801  
[www.sos.mt.gov/](http://www.sos.mt.gov/)

**Team Care Program**

For questions regarding Team Care:

**(406) 444-4540** Phone  
**(406) 444-1861** Fax

Team Care Program Officer  
Managed Care Bureau  
DPHHS  
P.O. Box 202951  
Helena, MT 59620-2951

**Third Party Liability**

For questions about private insurance, Medicare or other third-party liability:

**(800) 624-3958** In/Out of state  
**(406) 442-1837** Helena

Third Party Liability Unit  
P.O. Box 5838  
Helena, MT 59604

## Multiple Services on Same Date

IHS providers can submit single or multiple claims for all services provided to the same member on the same day. Like revenue codes billed on the same date of service will deny.

## Span Bills

Providers may include services for more than one day on a single claim, so long as the service is billed with the IHS revenue code and the date is shown on the line. See the Reimbursement Methods for Specific Services table in the How Payment Is Calculated chapter of this manual.

## Reporting Service Dates

- All line items must have a valid date of service in form locator (FL) 45.
- The following revenue codes require a separate line for each date of service and a valid CPT or HCPCS Level II code:
  - 51X Clinic
  - 77X Preventive Care Services

## IHS Revenue Codes

IHS providers may bill Medicaid with the revenue codes shown in the following table using their IHS provider number.

IHS Revenue Codes for Billing Medicaid		
Service	Revenue Code	Description
Inpatient	100	All inclusive room, board plus ancillary
Lab	300	Lab services
Radiology	320	Diagnostic
Outpatient Clinic Visit	500	General class outpatient clinic services (physician, mid-level, therapy, etc.)
Eyeglasses	509	
Dental	512	Dental clinic visit
Psychiatric	513	Psychiatric clinic visit
Additional Visit	519	Other outpatient visit
VFC	771	VFC administration
Inpatient Physician Visit	987	Professional fees – hospital visit

## Billing for Specific Services

Prior authorization is required for some services. Passport and prior authorization are different, and some services may require both. (See the Passport and Prior Authorization chapters in this manual.) Different codes are issued for each type of approval and must be included on the claim form. (See the Submitting a Claim chapter in this manual.)

Some services provided by an IHS are billed with the IHS provider number and codes specific to IHS. (See the IHS Revenue Codes for Billing Medicaid table previously in this manual.) Other services require the IHS to enroll as a Medicaid provider for the type of services provided (e.g., dialysis clinic services, nursing facility 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. The table below describes billing procedures for different 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 Services as the “pay to” address on the enrollment form so that all payments will go directly to the IHS office.

<b>Billing Procedures for Specific Services</b> All manuals referenced here are available on the Provider Information website.		
Service	Billing Method	NPI for Billing
Ambulance	Bill Medicaid according to the instructions in the <i>Ambulance Services</i> manual.	Ambulance provider
Audiology	Bill Medicaid using the IHS clinic visit revenue code.	IHS provider
Chiropractor (QMB and children under 20 only)	Bill Medicaid according to the instructions in the <i>Chiropractic Services</i> manual.	Chiropractic provider
Dental	Bill Medicaid using the IHS dental revenue code.	IHS provider
Denturist	Bill Medicaid according to the instructions in the <i>Dental and Denturist Services</i> manual.	Denturist provider
Dialysis Clinic	Bill Medicaid according to the instructions in the <i>Dialysis Clinic Services</i> manual.	Dialysis clinic provider