



# *Rural Health Clinics and Federally Qualified Health Centers*

*Medicaid and Other Medical  
Assistance Programs*



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**October 2013**

*This publication supersedes all previous Rural Health Clinic (RHC) and Federally Qualified Health Center (FQHC) handbooks. Published by the Montana Department of Public Health & Human Services, May 2006.*

**|** *Updated June 2011, March 2013, June 2013., and October 2013.*

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**My NPI/API:**

# Key Contacts

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

## Chemical Dependency Bureau

For coverage information and details regarding chemical dependency treatment, call or write:

**(406) 444-3964** Phone  
**(406) 444-4435** Fax  
Addictive and Mental Disorders Division  
Chemical Dependency Bureau  
DPHHS  
P.O. Box 202905  
Helena, MT 59620-2905

## Claims

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

## CLIA Certification

For questions regarding CLIA certification call or write:

**(406) 444-1451** Phone  
**(406) 444-3456** Fax  
Quality Assurance Division  
Certification Bureau  
DPHHS  
2401 Colonial Drive  
P.O. Box 202953  
Helena, MT 59620-2953

## Direct Deposit Arrangements

See Electronic Funds Transfer/Electronic Remittance Advice. Direct deposit is another term for electronic funds transfer (EFT).

## 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  
[MTEDIHelpdesk@xerox.com](mailto:MTEDIHelpdesk@xerox.com)

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

## Electronic Funds Transfer/ Electronic Remittance Advice

Providers who need to enroll in electronic funds transfer (EFT) and register for the Montana Access to Health web portal in order to receive electronic remittance advices (ERAs) should contact Provider Relations. Completed documentation should be mailed or faxed to Provider Relations.

Provider Relations  
P.O. Box 4936  
Helena, MT 59604  
800-624-5938  
**(800) 624-3958** In/Out of state  
**(406) 442-1837** Helena  
**(406) 442-4402** Fax

## FQHC Program

**(406) 444-4540** Phone  
**(406) 444-1861** Fax  
FQHC Program Officer  
Hospital and Physician Services Bureau  
DPHHS  
P.O. Box 202951  
Helena, MT 59620-2951

## Health Improvement Program

**(406) 444-4540** Phone  
**(406) 444-1861** Fax  
 Health Improvement Program Officer  
 Member Health Management Bureau  
 DPHHS  
 P.O. Box 202951  
 Helena, MT 59620-2951

## Lab

Public Health Lab assistance:  
**(800) 821-7284** (24 hours)  
**(406) 444-3444** Helena/Out of state  
 DPHHS Public Health Lab  
 1400 Broadway, Room B-206  
 P.O. Box 6489  
 Helena, MT 59620

## Member Eligibility

For member responsibility, see the Member Eligibility and Responsibilities chapter in the *General Information for Providers* manual. The most often used methods are below.

### FaxBack

(800) 714-0075 (24 hours)

### Integrated Voice Response System

(800) 714-0060 (24 hours)

### Montana Access to Health Web Portal

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

### Medifax EDI

(800) 444-4336, X2072 (24 hours)

## Multiple Visits

Claims for multiple visits on the same day, send for review to:

Hospital and Physician Services  
 Health Resources Division  
 DPHHS  
 P.O. Box 202951  
 Helena, MT 59620-2951

## Nurse First

For questions regarding the Nurse First Advice Line, contact:

**(406) 444-9673** Phone  
**(406) 444-1861** Fax

Nurse First Program Officer  
 Member Health Management Bureau  
 DPHHS  
 P.O. Box 202951  
 Helena, MT 59620-2951

## Passport to Health Information

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

**(800) 362-8312**

Send written inquiries to:

Passport to Health  
 P.O. Box 254  
 Helena, MT 59624-0254

For questions regarding the Passport to Health Program:

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

Send inpatient stay documentation to:

Passport Program Officer  
 Member Health Management Bureau  
 DPHHS  
 P.O. Box 202951  
 Helena, MT 59620-2951

## Prior Authorization

The following are some of the Department's prior authorization contractors.

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

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

<https://www.magellanmedicaid.com>

First Health Services  
4300 Cox Road  
Glen Allen, VA 23060

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

### ***Mountain-Pacific Quality Health***

For questions regarding prior authorization for some medical or surgical procedures, contact Mountain-Pacific Quality Health. See the Prior Authorization chapter in this manual.

Phone:

**(800) 262-1545 X5850** In state

**(406) 443-4020 X5850**

Helena/Out of state

Fax:

**(800) 497-8235** In state

**(406) 443-4585** Helena/Out of state

Mountain-Pacific Quality Health  
3404 Cooney Drive  
Helena, MT 59602  
<http://www.mpqhf.org/>

For questions regarding alcohol and drug detoxification:

**(406) 444-0061** Phone

**(406) 444-4441** Fax

## Provider Relations

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

**(800) 624-3958** In/Out of state

**(406) 442-1837** Helena

**(406) 442-4402** Fax

Provider Relations

P.O. Box 4936

Helena, MT 59604

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

## RHC Program

**(406) 444-4540** Phone

**(406) 444-1861** Fax

RHC Program Officers

Hospital and Physician Services Bureau  
DPHHS

P.O. Box 202951

Helena, MT 59620-2951

## Secretary of State

The Secretary of State's office publishes 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)

[www.mtrules.org](http://www.mtrules.org)

## Team Care Program

For questions regarding the Team Care program:

**(406) 444-9673** Phone

**(406) 444-1861** Fax

Team Care Program Officer  
Member Health Management 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

**(406) 442-0357** Fax

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

<b>Key Websites</b>	
<b>Web Address</b>	<b>Information Available</b>
<b>ACS EDI Gateway/Xerox EDI Solutions</b> <a href="http://www.acs-grco.com/">www.acs-grco.com/</a>	EDI Solutions is the Xerox HIPAA clearinghouse. Visit this website for information on: <ul style="list-style-type: none"> <li>• EDI enrollment</li> <li>• EDI support</li> <li>• Electronic transaction instructions for HIPAA 5010</li> <li>• Provider services</li> <li>• Manuals</li> <li>• Provider services</li> <li>• Software</li> <li>• Related links</li> </ul>
<b>Centers for Disease Control and Prevention (CDC)</b> <a href="http://www.cdc.gov/">www.cdc.gov/</a>	Immunization and health and safety information
<b>Healthy Montana Kids (HMK)</b> <a href="http://www.hmk.mt.gov/">www.hmk.mt.gov/</a>	Information on HMK
<b>Provider Information</b> <a href="http://medicaidprovider.hhs.mt.gov/">http://medicaidprovider.hhs.mt.gov/</a>  <b>Montana Access to Health (MATH) Web Portal</b> <a href="https://mtaccesstohealth.acs-shc.com/">https://mtaccesstohealth.acs-shc.com/</a>	<ul style="list-style-type: none"> <li>• FAQs</li> <li>• Fee schedules</li> <li>• Forms</li> <li>• HIPAA updates</li> <li>• Key contacts</li> <li>• Links to other websites</li> <li>• Medicaid news</li> <li>• Newsletters</li> <li>• Notices and manual replacement pages</li> <li>• Passport to Health and Team Care information</li> <li>• Provider enrollment</li> <li>• Provider manuals</li> <li>• Remittance advice notices</li> <li>• Training resources</li> <li>• Upcoming events</li> </ul>
<b>Public Assistance Toolkit</b> <a href="https://dphhs.mt.gov/">https://dphhs.mt.gov/</a>	Select <i>Human Services</i> for information on: <ul style="list-style-type: none"> <li>• Medicaid: Member information, eligibility information, and provider information</li> <li>• Montana Access Card</li> <li>• Provider Resource Directory</li> <li>• Third Party Liability Carrier Directory</li> </ul>
<b>Secretary of State</b> <a href="http://www.sos.mt.gov">www.sos.mt.gov</a>  <b>ARM Rules Home Page</b> <a href="http://www.mtrules.org">www.mtrules.org</a>	Administrative Rules of Montana
<b>Washington Publishing Company</b> <a href="http://www.wpc-edi.com">www.wpc-edi.com</a>  A fee is charged for most documents; code lists are viewable online at no cost.	<ul style="list-style-type: none"> <li>• HIPAA 5010 guides</li> <li>• Code lists</li> </ul>



- B – Furnished under the direct, personal supervision of a physician, mid-level practitioner, psychologist, or social worker.
- B – In the case of a service, furnished by a member of the clinic's health care staff who is an employee of the clinic
- B – Drugs and biologicals that cannot be self-administered.
- B – Radiology, including ultrasound
- B – Pharmacist-only visits of any kind
- B – Outreach
- B – Case management
- B – Transportation

Vaccines and the administration of vaccines are not covered services in an RHC or FQHC setting and are not separately billable, except services provided to children enrolled in HMK. If vaccines are administered to an HMK-enrolled child without a physician or mid-level visit, providers may also bill for an administration fee. Refer to page 2.6 of this manual for additional information regarding HMK vaccination billing.

These services are considered as part of the covered core services offered by RHCs and FQHCs and are included within the facility's rate per visit when there is a face-to-face encounter with the member.

Regarding HMK qualified members, providers may bill Blue Cross and Blue Shield of Montana (BCBSMT) for vaccines. If vaccines are administered without a physician or mid-level visit, providers may also bill BCBSMT an administration fee for each immunization. Refer to page 2.6 of this manual for additional information regarding HMK qualified members and vaccines.

Dental hygienist services may be billed by clinics as a stand-alone visit provided they are performed by a licensed dental hygienist (under the direct personal supervision of a licensed dentist).

### ***Ambulatory Services***

Services other than "core" services that would be covered under the Montana Medicaid program if provided by an individual or entity other than a clinic in accordance with Medicaid requirements. ***These services are subject to any applicable limitations on the amount, scope, or duration of services covered by the Medicaid program (e.g., limits on hours for therapy services, medical necessity criteria).*** Many of these services also require Passport prior authorization and some emergency dental services for adults may require Department authorization. Please check the appropriate Medicaid manual for specific information concerning these services.

- B – Respiratory therapy and inhalation therapy services
- B – Physical therapy services

- B – Occupational therapy services
- B – Audiology services
- B – Dental services
- B – Mental health services

### ***Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) (ARM 37.86.2201–2221)***

The Well Child EPSDT 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. See the Passport and Prior Authorization chapters in this manual.

For more information about the recommended well child screen and other components of EPSDT, see the Well Child EPSDT chapter in the *Physician-Related Services* manual.

### ***Noncovered Services (ARM 37.85.207)***

The following is a list of services not covered by Medicaid. Some of these services may be covered under the EPSDT program for children age 20 and younger based on medical necessity or for individuals covered under the Qualified Medicare Beneficiary (QMB) program. (See the Eligibility chapter in the *General Information for Providers* manual.)

- Acupuncture
- Allergen immunotherapy services
- Chiropractic services
- Delivery services not provided in a licensed health care facility unless as an emergency service
- Dietician/nutritional services
- Dietary supplements
- Exercise programs and programs that are primarily educational, such as:
  - Cardiac rehabilitation exercise programs
  - Pulmonary rehabilitation programs
  - Nutritional programs

Use current fee schedules to verify coverage for specific services.



- Independent exercise programs (e.g., pool therapy, swim programs, or health club memberships)
- Homemaker services
- Infertility treatment
- Massage services
- Naturopath services
- Services provided by surgical technicians who are not physicians or mid-level practitioners
- Services considered experimental or investigational
- Services that are not medically necessary. The Department may review for medical necessity at any time before or after payment. The Medicaid member is financially responsible for these services and the Department recommends the member agree in writing before the services are provided. See the Billing Procedures chapter of this manual.
- Vaccines and the administration of vaccines
- Medicaid does not cover services that are not direct patient care such as the following:
  - Missed or canceled appointments
  - Mileage and travel expenses for providers
  - Preparation of medical or insurance reports
  - Service charges or delinquent payment fees
  - Telephone services in home
  - Remodeling of home
  - Plumbing service
  - Car repair and/or modification of automobile

## Coverage of Specific Services

The following are coverage rules for specific RHC and FQHC services.

### *Visiting Nurses*

Part-time or intermittent nursing care and related medical services other than drugs and biologicals may be provided to a homebound (see definition below) individual by a clinic:

- Only in geographic areas designated by the Secretary of the United States Department of Health and Human Services as having a shortage of home health agencies and services;
- **When services are rendered to a homebound patient only. A homebound individual is a person who is permanently or temporarily confined to his or her place of residence because of a medical or health condition. For this purpose, place of residence does not include a hospital or long-term care facility.**
- When a registered nurse, licensed practical nurse, or licensed vocational nurse that is employed or compensated by the clinic furnishes services.
- Under a written plan of treatment which is either:

- Established and periodically reviewed (at least every 60 days) by a physician; or
- Established by a nurse practitioner or physician assistant and periodically reviewed and approved by a supervising physician (at least every 60 days).

### ***Laboratory Services***

Clinics must send a copy of their Clinical Laboratory Improvement Act (CLIA) registration number to ACS. These numbers are assigned by CMS. See Key Contacts for further information.

## **Other Programs**

This is how the information in this chapter applies to Department programs other than Medicaid.

### ***Mental Health Services Plan (MHSP)***

MHSP services are allowed for RHCs and FQHCs. Providers will find more information on Medicaid mental health services and MHSP services in the *Mental Health* manual available on the Provider Information website. (See Key Websites.)

### ***Healthy Montana Kids (HMK)***

The information in this chapter applies to HMK for RHC and FQHC clinic services.

Providers may bill HMK revenue codes 512, 521, 636, 771, and 900. Providers billing for HMK dental services must be enrolled as HMK dental providers.

Since HMK-enrolled children are not entitled to the Vaccines for Children (VFC) program, providers may bill Xerox for vaccines using revenue code 636 and the vaccine procedure code. If a child receives a physician or mid-level visit, vaccines will be paid and administration fees will bundle with the visit fee and pay at zero. If vaccines are administered without a physician or mid-level visit, providers may also bill for vaccine administration fees using revenue code 771 and vaccine administration procedure codes. An immunization only visit does not qualify for a visit fee.

For more information, contact BCBSMT at 1-800-447-7828. Additional information regarding HMK is available on the [HMK website](#). (See Key Websites.)

The following may help reduce coding errors and unnecessary claim denials:

- Use appropriate CPT, HCPCS Level II, and ICD coding books.
- Always read the complete description and guidelines in the coding books. Relying on short descriptions can result in inappropriate billing.
- Attend classes on coding offered by certified coding specialists.
- Use specific codes rather than unlisted codes. For example, do not use Code 53899 (unlisted procedure of the urinary system) when a more-specific code is available.
- Bill for the appropriate level of service provided. Evaluation and management services have three to five levels. See your CPT manual for instructions on determining appropriate levels of service.
- CPT codes that are billed based on the amount of time spent with the member must be billed with the code that is closest to the time spent. For example, a provider spends 60 minutes with the member. The code choices are 45–50 minutes or 76–80 minutes. The provider must bill the code for 45–50 minutes.
- Take care to use the correct units measurement. In general, Medicaid follows the definitions in the CPT and HCPCS Level II billing manuals. Unless otherwise specified, one unit equals one visit or one procedure. For specific codes, however, one unit may be “each 15 minutes.” Always check the long text of the code description published in the CPT or HCPCS Level II coding books.
- RHCs and FQHCs must use the following revenue codes as specified by the Department. Check with Provider Relations to make sure they are valid for your facility. If invalid for your clinic, the use of these revenue codes will result in nonpayment.

B	512	Dental
B	521	RHC/FQHC clinic visit
B	522	RHC/FQHC home visit
B	524	Visit by RHC/FQHC practitioner to a member in an covered Part A stay at a skilled nursing facility
B	525	Visit by RHC/FQHC practitioner to a member in a skilled nursing facility (not a covered Part A stay) or nursing facility or intermediate care facility for the mentally retarded or other residential facility
B	527	RHC/FQHC visiting nurse services to a member’s home when in a home health shortage area
B	528	Visit by an RHC/FQHC practitioner to other non-RHC/FQHC site (e.g., scene of accident)
B	636	HMK Vaccine Reimbursements
B	771	HMK Non-Visit Vaccine Administration Fee
B	900	Mental health visits



Always refer to the long descriptions in coding books.

<b>Coding Resources</b>		
The Department does not endorse the products of any particular publisher.		
Resource	Description	Contact
CCI Policy and Edits Manual	This manual contains Correct Coding Initiative (CCI) policy and edits, which are pairs of CPT or HCPCS Level II codes that are not separately payable except under certain circumstances. The edits are applied to services billed by the same provider for the same member on the same date of service.	National Technical Information Service 800.363.2068 703.605.6060 <a href="http://www.ntis.gov/products/cci.aspx">www.ntis.gov/products/cci.aspx</a>
CPT	<ul style="list-style-type: none"> <li>• CPT codes and definitions</li> <li>• Updated each January</li> </ul>	American Medical Association 800.621.8335 <a href="https://commerce.ama-assn.org/store/">https://commerce.ama-assn.org/store/</a> or Optum 800.464.3649 <a href="https://www.optumcoding.com/">https://www.optumcoding.com/</a>
CPT Assistant	A newsletter on CPT coding issues	American Medical Association (800) 621-8335 <a href="https://commerce.ama-assn.org/store/">https://commerce.ama-assn.org/store/</a>
HCPCS Level II	<ul style="list-style-type: none"> <li>• HCPCS Level II codes and definitions</li> <li>• Updated each January and throughout the year</li> </ul>	Available through various publishers and bookstores or from CMS at <a href="http://www.cms.gov">www.cms.gov</a>
ICD	<ul style="list-style-type: none"> <li>• ICD CM diagnosis and procedure codes definitions</li> <li>• Updated each October</li> </ul>	Available through various publishers and bookstores
Miscellaneous Resources	Various newsletters and other coding resources.	Optum 800.464.3649 <a href="https://www.optumcoding.com/">https://www.optumcoding.com/</a>
UB-04 National Uniform Billing Data Element Specifications	Montana UB-04 billing instructions	National Uniform Billing Committee <a href="http://www.nubc.org">www.nubc.org</a>
UB-04 Editor	National UB-04 billing instructions	Available through various publishers and editors

## Number of Lines on Claim

Clinic claims are reimbursed using an all-inclusive rate of payment per visit. Only one line per claim will receive payment, except in the case of HMK vaccination vaccine and administration fees, which can pay per line. See page 2.6 for information on HMK vaccination billing.

<b>Common Billing Errors</b>	
<b>Reasons for Return or Denial</b>	<b>How to Prevent Returned or Denied Claims</b>
Procedure is not allowed for provider type	<p>Provider is not allowed to perform the service.</p> <p>Verify the procedure code is correct using current HCPCS and CPT billing manual.</p> <p>Check the appropriate Medicaid fee schedule to verify the procedure code is valid for your provider type.</p>

## Other Programs

### ***Healthy Montana Kids (HMK)***

The information in this chapter applies to HMK for RHC and FQHC clinic services.

Providers may bill HMK revenue codes 512, 521, 636, 771, and 900. Providers billing for HMK dental services must be enrolled as HMK dental providers.

Since HMK-enrolled children are not entitled to the Vaccines for Children (VFC) program vaccine, providers may bill Xerox for vaccines using revenue code 636 and the vaccine procedure code. If a child receives a physician or mid-level visit, vaccines will be paid and administration fees will bundle with the visit fee and pay at zero. If vaccines are administered without a physician or mid-level visit, providers may also bill for vaccine administration fees using revenue code 771 and vaccine administration procedure codes. An immunization-only visit does not qualify for a visit fee.

For more information, contact BCBSMT at 1-800-447-7828. Additional information regarding HMK is available on the [HMK website](#). (See Key Websites.)



## Avoiding Claim Errors

Claims are often denied or even returned to the provider before they can be processed. To avoid denials and returns, double-check each claim form to confirm the following items are accurate. For more information on returned and denied claims, see the Billing Procedures chapter in this manual.

<b>Common Claim Errors</b>	
<b>Claim Error</b>	<b>Prevention</b>
Required form locator is blank	Check the claim instructions earlier in this chapter for required form locators. If a required form locator is blank, the claim may either be returned or denied.
Member ID number missing or invalid	This is a required form locator (FL 60); verify that the member's Medicaid ID number is listed as it appears on the member's eligibility verification. (See the <i>General Information for Providers</i> , Member Eligibility chapter.)
Member name missing	This is a required form locator (FL 12); check that it is correct.
National provider identifier (NPI) missing or invalid	The NPI is a 10-digit number assigned to the provider during Medicaid enrollment. Verify the correct <b>NPI</b> is on the claim (FL 56).
Passport provider name and ID number missing	When services are not provided by the member's Passport provider, include the provider's Passport number (FL 11). See the Passport and Prior Authorization chapters in this manual.
Prior authorization (PA) number missing	When prior authorization (PA) is required for a service, the PA number must be listed on the claim in FL 63. See the Passport and Prior Authorization chapters.
Not enough information regarding other coverage	FL 39–41, 50, and in some cases FL 54, are required when a member has other coverage. Refer to the examples earlier in this chapter.
Authorized signature missing	Each claim must have an authorized signature belonging to the provider, billing clerk, or office personnel. The signature may be typed, stamped, or handwritten.
Signature date missing	Each claim must have a signature date.
Incorrect claim form used	Services covered in this manual require a UB-04 claim form.
Information on claim form not legible	Information on the claim form must be legible. Use dark ink and center the information in the form locator. Information must not be obscured by lines.

## Other Programs

### *Healthy Montana Kids (HMK)*

The information in this chapter applies to HMK for RHC and FQHC clinic services.

Providers may bill HMK revenue codes 512, 521, 636, 771, and 900. Providers billing for HMK dental services must be enrolled as HMK dental providers.

Since HMK-enrolled children are not entitled to the Vaccines for Children (VFC) program vaccine, providers may bill Xerox for vaccines using revenue code 636 and the vaccine procedure code. If a child receives a physician or mid-level visit, vaccines will be paid and administration fees will bundle with the visit fee and pay at zero. If vaccines are administered without a physician or mid-level visit, providers may also bill for vaccine administration fees using revenue code 771 and vaccine administration procedure codes. An immunization-only visit does not qualify for a visit fee.

For more information, contact BCBSMT at 1-800-447-7828. Additional information regarding HMK is available on the [HMK website](#). (See Key Websites.)

## Payment and the RA

Providers receive their Medicaid payment and remittance advice weekly. Payment can be via check or electronic funds transfer (EFT). Direct deposit is another name for EFT. Providers who receive EFT must receive electronic RAs.

### *Electronic Funds Transfer*

With EFT, the Department deposits the funds directly to the provider's bank account. If the scheduled deposit day is a holiday, funds will be available on the next business day.

To participate in EFT, providers must complete a Standard Form 1199A Direct Deposit Sign-Up Form. (See the table on the following page.) One form must be completed for each provider number.

Once electronic transfer testing shows payment to the provider's account, all Medicaid payments will be made through EFT. See Direct Deposit Arrangements under Key Contacts for questions or changes regarding EFT.

### *Electronic Remittance Advice*

To receive an electronic RA, the provider must complete the Electronic Remittance Advice and Payment Cycle Enrollment Form, have Internet access, and be registered for the Montana Access to Health (MATH) web portal. You can access your electronic RA through the MATH web portal by going to the Provider Information [website](#) and clicking on the Log in to Montana Access to Health option. In order to access the MATH web portal, you must complete an EDI Provider Enrollment Form and an EDI Trading Partner Agreement

After these forms have been processed, you will receive a user ID and password that you can use to log onto the MATH web portal. The verification process also requires a provider ID, a submitter ID, and a tax ID number. Each provider must complete an EDI Trading Partner Agreement, but if there are several providers in one location who are under one tax ID number, they can use one submitter number. These providers should enter the submitter ID in both the provider number and submitter ID fields. Otherwise, enter the provider number in the provider number field.

RAs are available in PDF format. You can read, print, or download PDF files using Adobe Acrobat Reader, which is available on the web portal home page. Due to space limitations, each RA is only available for 90 days.



Weekly payments are available only to providers who receive both EFT **and** electronic RAs.



Electronic RAs are available for only 90 days on the web portal.

## Required Forms for EFT and/or Electronic RA

All four forms are required for a provider to receive weekly payment

Form	Purpose	Where to Get	Where to Send
Electronic Remittance Advice and Payment Cycle Enrollment Form	Allows providers to receive electronic remittance advices on the Montana Access to Health web portal. (Must also include an EDI Provider Enrollment Form and EDI Trading Partner Agreement.)	<ul style="list-style-type: none"> <li>Provider Information <a href="#">website</a></li> <li>Provider Relations (See Key Contacts.)</li> </ul>	Provider Relations (See Key Contacts.)
Direct Deposit Sign-up Form Standard Form 1199A	Allows the Department to automatically deposit Medicaid payment into provider's bank account.	<ul style="list-style-type: none"> <li>Provider Information <a href="#">website</a></li> <li>Provider's bank</li> </ul>	Provider Relations (See Key Contacts.)
EDI Provider Enrollment Form and EDI Trading Partner Agreement	Allow provider to access their RA on the Montana Access to Health (MATH) web portal. (Must also include an Electronic Remittance Advice and Payment Cycle Enrollment Form.)	<ul style="list-style-type: none"> <li>Provider Information <a href="#">website</a></li> <li>EDI Gateway website (See Key Websites.)</li> </ul>	Address on the form

## Other Programs

### ***Healthy Montana Kids (HMK)***

The information in this chapter applies to HMK-enrolled children when billing for dental, eyeglasses, RHC/FQHC clinic services or community-based psychiatric rehabilitation services.

Providers may bill HMK revenue codes 512, 521, 636, 771, and 900. Providers billing for HMK dental services must be enrolled as HMK dental providers.

Since HMK-enrolled children are not entitled to the Vaccines for Children (VFC) program vaccine, providers may bill Xerox for vaccines using revenue code 636 and the vaccine procedure code. If a child receives a physician or mid-level visit, vaccines will be paid and administration fees will bundle with the visit fee and pay at zero. If vaccines are administered without a physician or mid-level visit, providers may also bill for vaccine administration fees using revenue code 771 and vaccine administration procedure codes. An immunization-only visit does not qualify for a visit fee.

For more information, contact BCBSMT at 1-800-447-7828. Additional information regarding HMK is available on the [HMK website](#). (See Key Websites.)

# Appendix A: Forms

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- **Montana Health Care Programs Medicaid/MHSP/HMK  
*Individual Adjustment Request***
- ***Medicaid Abortion Certification (MA-37)***
- ***Informed Consent to Sterilization (MA-38)***
- ***Medicaid Hysterectomy Acknowledgment (MA-39)***







# Montana Health Care Programs Physician Certification for Abortion Services

Claims submitted to Montana Health Care Programs for abortion services must include this form with **one section completed** and the signature of the physician at the bottom of the form.

Member Name \_\_\_\_\_ Provider Name \_\_\_\_\_

1. **If the abortion is necessary to save the member's life, check here.**

In my professional opinion, the member suffers from a physical disorder, physical injury, or physical illness, which may include a life-endangering physical condition caused by or arising from the pregnancy itself, that would place the member in danger of death unless an abortion is performed. My signature appears below. (Attach additional documents as needed.)

2. **If the pregnancy resulted from rape or incest, check here**  **and check either a. or b. below. My signature appears below.**

- a. The member has stated to me that she has reported the rape or incest to a law enforcement or protective services agency having jurisdiction in the matter or, if the patient is a child enrolled in a school, to a school counselor; **or**
- b. Based upon my professional judgement, the member was and is unable, for physical or psychological reasons, to report the act of rape or incest to the appropriate agency.

3. **If the abortion is medically necessary but the member's life is not in danger, check here.**

In my professional opinion, an abortion is medically necessary for the following reasons. My signature appears below. (Attach additional documents as needed.)

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Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

The information contained in this form is confidential. This information is used for purposes related to administration of Montana Health Care Programs and will not be released for any other purpose without the written consent of the member.

Electronic funds transfer (EFT) .....	8.9
Electronic remittance advice .....	8.9
Eligibility determination letter, attach to claim .....	6.4
Emergencies in the ED .....	3.7
Emergency medical condition .....	B.2
Exemption, how to request .....	5.3
Experimental .....	B.2

**F**

FA-455, eligibility determination letter .....	6.4
Federally qualified health center (FQHC) .....	B.2
Fee schedule, refer to for prior authorization requirements .....	4.1
Fiscal agent .....	B.3
Forms .....	6.1, A.1
Individual Adjustment Request form .....	A.2
Medicaid Abortion Certification (MA-37) .....	A.3
Medicaid Hysterectomy Acknowledgement (MA-39) .....	A.6
Medicaid Informed Consent to Sterilization (MA-38) .....	A.4
Full Medicaid .....	B.3

**G**

Gross adjustment .....	B.3
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**H**

Health Improvement Program .....	3.2, B.3
Healthy Montana Kids .....	3.10
Healthy Montana Kids (HMK) .....	ii.4, 2.3, 2.6, 3.1, 3.10, 4.8, 5.5, 6.5, 6.6, 6.11, 7.10, 8.10, B.3
Homebound .....	B.3

**I**

Independent entity .....	B.3
Indian Health Services (IHS) .....	5.3, B.3
Indicators for Passport and cost sharing .....	7.1
Individual Adjustment Request form .....	B.3
how to complete .....	8.7
Instructions, Informed Consent to Sterilization (MA-38) .....	A.5
Instructions, Medicaid Hysterectomy Acknowledgement (MA-39) .....	A.7
Internal control number (ICN) .....	8.3, 8.7
Investigational .....	B.3

**K**

Key websites .....	ii.4
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**M**

Manual organization .....	1.1
Mass adjustments .....	8.8, B.3
Medicaid .....	B.3
payment and remittance advice .....	8.9
Medical coding conventions .....	6.4
Medically necessary .....	B.3
Medicare .....	B.4
client has .....	5.1
crossover claims, how payment is calculated for .....	9.2
crossover claims, RHCs .....	9.2
Part A .....	5.2
submitting claims to Medicaid .....	5.3
Member .....	B.1
cost sharing .....	6.3
has Medicare .....	5.1
with other insurance .....	5.1
Member has Medicaid and third party liability (TPL) coverage .....	7.6
Mental Health Services Plan (MHSP) .....	2.6, 4.8, 7.10, B.4
and Medicaid coverage .....	5.3
Mentally incompetent .....	B.4
Minimal services .....	B.4
Modifiers .....	6.7
that change pricing .....	9.2
Montana Access to Health (MATH) web portal .....	ii.4
Montana Breast and Cervical Cancer Treatment Program .....	B.4
Montana Breast and Cervical Health Program (MBCHP) .....	B.4
Multiple services on same date .....	6.7
Mutually exclusive code pairs .....	B.4

**N**

Noncovered services .....	2.4
Nonemergencies in the ED .....	3.7
Notices .....	1.1
Number of lines on claim .....	6.6
Nurse First Advice Line .....	3.2, B.4

**O**

Other insurance .....	5.1
Other programs .....	3.10, 5.5, 6.11
Other sources of coverage, how to identify .....	5.1
Overpayment .....	8.1, 8.4