



General Information for Providers

Montana Healthcare Programs
Medicaid and Other Medical 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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CPT codes, descriptions and other data only are copyright 1999 American Medical Association (or such other date of publication of CPT). All Rights Reserved. Applicable FARS/DFARS Apply.

- Use specific codes rather than unlisted codes.
- Bill for the appropriate level of service provided. Evaluation and management services have 3 to 5 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 but not over the time spent.
- Revenue Codes 25X are required to have valid and rebateable National Drug Codes (NDCs) on each line to be paid.
- Revenue Codes 27X do not require CPT or HCPCS codes; however, providers are advised to place appropriate NDC, CPT, and/or HCPCS codes on each line. Providers are paid based on the presence of line item CPT and HCPCS codes. If these codes are omitted, hospitals may be underpaid.
- Take care to use the correct units measurement. In general, Medicaid follows the definitions in the CPT and HCPCS coding books. 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 coding books.

Coding Resources The Department does not endorse the products of any particular publisher.		
Resource	Description	Contact
CDT	The CDT is the official coding used by dentists.	American Dental Association 312-440-2500 http://www.ada.org/en/publications/
CPT	CPT codes and definitions Updated each January	American Medical Association 800-621-8335 https://commerce.ama-assn.org/store/
CPT Assistant	A newsletter on CPT coding issues	American Medical Association 800-621-8335 https://commerce.ama-assn.org/store/
HCPCS	HCPCS codes and definitions Updated each January and throughout the year	Available through various publishers and bookstores or from CMS at www.cms.gov/ .
ICD	ICD diagnosis and procedure codes definitions Updated each October	Available through various publishers and bookstores.
Miscellaneous Resources	Various newsletters and other coding resources.	Optum360 800-464-3649 www.optumcoding.com/
NCCI Policy and Edits Manual	This manual contains National Correct Coding Initiative (NCCI) policy and edits, which are pairs of CPT or HCPCS 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 http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Data-and-Systems/National-Correct-Coding-Initiative.html
UB-04 National Uniform Billing Expert	National UB-04 billing instructions	Available through various publishers and editors.

Number of Lines on Claim

The Montana claims processing system supports 40 lines on a UB-04 claim, 21 lines on a CMS-1500, and 21 lines on a dental claim.

Multiple Services on Same Date

Outpatient hospital providers must submit a single claim for all services provided to the same member on the same day. If services are repeated on the same day, use appropriate modifiers. The only exception to this is if the member has multiple emergency room visits on the same date. Two or more emergency room visits on the same day must be billed on separate claims with the correct admission hour on each claim.

Span Bills

Outpatient hospital providers may include services for more than one day on a single claim, so long as the service is paid by fee schedule (e.g., partial hospitalization, therapies) and the date is shown on the line. However, the Outpatient Code Editor (OCE) will not price APC procedures when more than one date of service appears at the line level, so we recommend billing for only one date at a time when APC services are involved.

Reporting Service Dates

All line items must have a valid date of service. The revenue codes on the following page require a separate line for each date of service and a valid CPT or HCPCS code:

O

Offices of public assistance C.1

Other coverage 5.6

 member must notify provider of 5.12

Other programs 1.3, 2.8, 5.12, 5.13, 6.4, 7.14

 Substance Dependency/Abuse Treatment Program 1.3, 2.8, 5.12

 Children’s Mental Health Bureau Non-Medicaid Services 1.3, 2.8

 Children’s Special Health Services (CSHS) 1.4

 Health Insurance Premium Payment (HIPP) 2.8

 Healthy Montana Kids (HMK) 1.4, 2.8

 Mental Health Services Plan (MHSP) 1.4, 2.8, 5.12, 5.13, 7.14

 Plan First 2.8

Outpatient

 clinic services 7.9

Ownership

 change of 2.2

Ownership and control, disclose 2.6

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Panel code 7.9

Paper claims 7.12

Parents Let’s Unite for Kids (PLUK) 3.3

Partial hospitalization, billing for 7.9

Passport approval 2.6

Pass-through items 7.8

Pay-and-chase 5.8

Payment

 Medicaid payment is payment in full 2.6

 withhold or suspend 2.8

Payment return 2.6

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Potential liability 5.8

Pregnant women 5.4

Premium 5.5

 paid by Medicaid 5.11

Prenatal care 5.4

Presumptive eligibility 5.2, 5.3

Prior authorization 2.6, 4.1, 6.2

Prior authorization and Passport approval may be required 4.1

Private insurance coverage and Medicaid 5.11

Private-pay 2.3, 2.4, 7.2

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Provider notices 1.2

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Provider Relations 5.2

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