



December 31, 2015

Montana Health Care Programs Notice

All Providers

Effective January 1, 2016

Changes to Montana Medicaid

The following changes to Montana Medicaid are effective January 1, 2016.

Therapies (Occupational Therapy, Physical Therapy, and Speech Therapy)

Effective January 1, 2016, Montana Medicaid Physical, Occupational and Speech Therapy will no longer be limited to 40 hours of therapy per state fiscal year. The limits of services have been removed and services will be provided and reimbursed according to a prescription given by an MD. Treatment plans and physician orders must be renewed every 180 days.

If you have questions, please contact Rena Steyaert at either 406-444-4066 or rsteyaert@mt.gov.

Optometric Exams and Eyeglasses

Effective January 1, 2016, Montana Medicaid Optometric and Eyeglasses Programs will allow one exam and one set of eyeglasses every year or 365 days for adults and children. The clinical criteria will remain unchanged.

If you have questions, please contact Rena Steyaert at either 406-444-4066 or rsteyaert@mt.gov.

Dental

Effective January 1, 2016, Medicaid members will receive standard dental benefits up to an annual treatment cap of \$1,125.00 per benefit year (July 1–June 30). Excluded from the annual treatment cap are diagnostic, preventive, denture, and anesthesia services. Periodic service limits apply. Adults determined categorically eligible for Aged, Blind, and Disabled Medicaid are not subject to the annual limit; however, service limits may apply. Children age 0–20 are not subject to the annual limit.

Members who receive Medicaid through the Basic Medicaid Waiver will now have Standard Medicaid (formally called Full Medicaid) benefits.

New to the adult benefit package will be Fluoride Varnish (D1206) delivered by dentists, dental hygienists, physicians, and now mid-level practitioners. Adults will also have the added benefit of Sealants (D1351) on 1st and 2nd molars.

The American Dental Association has deleted codes D9220 and D9221, General Anesthesia, 30 minutes and additional 15 minutes. It is replaced with D9223, 15-minute unit. A maximum of 14 units will pay per claim. This code has been priced at \$76.31.

The American Dental Association has also deleted codes D9241 and D9242, IV Sedation, 30 minutes and

additional 15 minutes. It is replaced with D9243, 15-minute unit. A maximum of 10 units will pay per claim. This code has been priced at \$86.27.

The new fee schedule dated January 1, 2016 includes age ranges, limits, and prior authorization requirements per procedure code and is posted on the Provider Information website.

Reminder that the 2012 version of the ADA Dental claim form is required for claims payment processing.

Please access the Dental Program resources on the Medicaid Provider website. If you have questions, call Provider Relations at 1-800-624-3958.

Pharmacy

Effective January 1, 2016, coverage begins for individuals who qualify under the Montana Health and Economic Livelihood Partnership (HELP) Plan. The Montana HELP Plan includes a prescription drug benefit that will be administered by Xerox State Healthcare, LLC.

Pharmacy providers will use the same BIN, PCN, and Group numbers to submit claims for the Montana HELP Plan as used for the Medicaid and HMK programs. All edits, preferred drugs, and prior authorization procedures remain unchanged.

Payer Information

Payer Name	Montana Medicaid
Plan Name/Group Name	Montana HELP Plan
BIN	610084
PCN	DRMTPROD
Group ID	1509040
Cardholder ID	Use the members 7-digit ID number

Pharmacy Cost Share Changes

In addition to implementing the Montana HELP Plan, the Department has made some modifications to cost sharing. For all Medicaid and HELP Plan members, cost share is calculated as 5% of the Medicaid allowed amount with a minimum of \$1.00 and a maximum of \$4.00 per prescription. Members are responsible for cost sharing for prescriptions up to a maximum of \$24 per month.

For HELP Plan members, the cost sharing is as follows:

- Preferred brands: \$4
- Non-preferred brands and brands not on the PDL: \$8
- No monthly cap
- Cost share exemption on generics and select therapeutic drug classes

For all members, the following cost share exemptions still apply:

- Clozaril, all strengths
- Family planning prescriptions
- Compounded prescriptions for infusion therapy
- Tobacco cessation products
- Members under 21 years of age
- Pregnant women (until end of postpartum, which begins on the last day of pregnancy and ends at the end of the month in which 60 days have passed)
- Nursing facility residents
- Members with third party liability (TPL) when Medicaid is the secondary payer
- 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

If you have questions, please contact Dave Campana, R.Ph., at 406-444-5951, dcampana@mt.gov; Katie Hawkins at 406-444-2738, khawkins@mt.gov; or the Medicaid Drug Prior Authorization Unit at 1-800-395-7961.

Cardiac/Pulmonary Rehabilitation

Effective January 1, 2016 Cardiac and Pulmonary Rehabilitation will no longer be limited to 36 visits per year. These services will still require Prior Authorization; however there will no longer be a limit on the number of visits per year.

If you have questions, please contact Erica Lewis at either 406-444-7018 or elewis@mt.gov.

Inpatient Alcohol and Drug Detoxification

Effective January 1, 2016, inpatient alcohol and drug detoxification over 7 days will no longer require prior authorization. Do not submit a prior authorization to Hospital and Physicians Bureau.

If you have questions, please contact Erica Lewis at either 406-444-7018 or elewis@mt.gov.

Prior Authorization Requirements for Inpatient and Day Treatment for Chemical Dependency and Abuse Treatment Services

Effective January 1, 2016, inpatient and day treatment services for substance use disorders are no longer limited to individuals under the age of 21.

Effective January 1, 2016, prior authorization (PA) is no longer required for inpatient and day treatment for chemical dependency and abuse treatment services. Do not submit a prior authorization request to the Addictive and Mental Disorders Division (AMDD).

If you have questions, please contact Bobbi Perkins at either 406-444-6981 or bperkins@mt.gov.

Prior Authorization Requirements for Outpatient Mental Health Services, Intensive Outpatient Services, Acute Partial Hospitalization Services, and Crisis Stabilization Services

Effective January 1, 2016, a prior authorization is no longer required for outpatient sessions beyond 24. Do not submit a prior authorization request to Addictive and Mental Disorders Division (AMDD).

Effective January 1, 2016, prior authorization or continued stay request is no longer required for outpatient, intensive outpatient, acute partial hospitalization, or acute inpatient hospitalization services. Do not submit a prior authorization or continued stay request to Magellan Medicaid Administration.

Effective January 1, 2016, prior authorization is no longer required for crisis stabilization services. A provider is required to submit a continued stay request to Magellan Medicaid Administration for crisis stabilization services beyond 7 days.

Effective January 1, 2016, a Certificate of Need (CON) for individuals 18–20 years of age is no longer required for acute inpatient hospital services or for Montana State Hospital.

If you have questions, please contact Julie Prigmore at either (406) 444-9657 or jprigmore@mt.gov.

Copayment for Medicaid Members

Effective January 1, 2016, members will pay copayments of:

- \$75 per discharge for inpatient hospital services, down from \$100.
- Outpatient drug copayment is a minimum of \$1 per prescription up to a maximum of \$4, down from \$5 and not to exceed \$24 per month, down from a \$25 per month maximum.
- Outpatient services will range from a minimum of \$1 per visit up to a maximum of \$4 per visit, down from \$5.

The list of exempt individuals from cost sharing has been updated to reflect current federal regulations and can be found in ARM 37.85.204.

If you have questions, please contact Casey Peck at either 406-444-4349 or cpeck@mt.gov.

HELP Plan

See the January 2016 Montana Healthcare Programs *Claim Jumper* for information about the new HELP Plan, effective January 1, 2016, and visit <http://HELPPlan.mt.gov>.

Contact Information

For claims questions or additional information, contact Provider Relations at (800) 624-3958 (toll-free, in/out of state) or (406) 442-1837 (Helena) or via e-mail at MTPRHelpdesk@xerox.com.

Visit the Provider Information website at <http://medicaidprovider.hhs.mt.gov>.