

Montana Medicaid Claim Jumper



Publications Reminder

It is the providers' responsibility to be familiar with the Medicaid manuals, fee schedules, and notices for their provider type, as well as other information published in the *Claim Jumper* and on the website at mtmedicaid.org.

DRG Schedule

Attention Hospitals: The current DRG schedule is now available on the provider website. This DRG schedule was effective 10/1/2002.

Mental Health Providers

Mental health providers may use the 22 modifier when billing for services that are unusual or prolonged in nature. Use this modifier only when the diagnostic interview or crisis assessment (CPT 90801 or 90802) meets these criteria. Do not use modifier 22 for services that have a specified time or occurrence (e.g., 15 to 20 minutes or group session). In addition, do not use modifier 22 with local codes (i.e. the Z codes). The Department reserves the right to collect any payments that have been billed or paid incorrectly. This policy is consistent with the notice issued to providers on March 1, 2000. For further information, please contact Charles Williams in the Mental Health Services Bureau at (406) 444-1955 or E-mail him at chwilliams@state.mt.us.

TPL Reminder for DME Providers

Due to changes in CPT codes for diapers, DME providers billing with a blanket denial for diapers will need to obtain an updated blanket denial from TPL. Please contact the ACS TPL unit to obtain an updated blanket denial to bill for diapers.

Spring Provider Trainings

Please register for the Medicaid provider training sessions being offered this spring.



May 6 - May 7	Gran Tree Inn, Bozeman 1325 North 7 th Ave
May 20 - May 21	Ponderosa Pines Conference Center, Libby 952 E Spruce St
June 3 - June 4	Great Northern Hotel, Malta 2 nd South 1 st Ave East

A specific break out session will be offered to the following providers types at the following training locations:

Bozeman:	Ambulance
Libby:	Medicaid Waiver Program
Malta:	RHC/FQHC

A registration form was enclosed in the April issue of the *Claim Jumper*. You may also register by printing the registration form from the Provider Information website under *Upcoming Events*.

New Optometric and Eyeglass Services Manual

The new Optometric and Eyeglass Services manual is available on the Provider Information website. It does not reflect the temporary program changes effective February 1, 2003 - June 30, 2003. Medicaid will not cover routine eye care provided to full and basic Medicaid adults ages 21 and over during this time.

When to send Paper Attachments

Providers should only send in required paper attachments with claims. Medicaid often receives unnecessary documentation with claims, such as client records, operation reports, x-rays, etc. Additional documentation is required only when mandated in the provider manuals as necessary for a specific claim type.

Additional documentation is required when a Third Party Insurance denies a claim. The TPL denial, along with the appropriate denial reason codes must be sent in as an attachment with the claim. Also, if a client

has Medicare, the EOMB from Medicare needs to be attached to the claim along with appropriate denial reason codes so that Medicaid can price the claim correctly.

Additional documentation may also be requested by SURS to be sent directly to them during a provider review. It may also be beneficial to attach additional documentation to a claim being submitted to the Department for appeal or special handling.

Electronic Payment and RA

Providers may receive their Medicaid payment and remittance advice either weekly or biweekly. To increase the speed of Medicaid payments, consider electronic funds transfer. With EFT, the Department deposits the funds directly to the provider's bank account. Providers who wish to receive weekly payment must request both EFT and electronic RAs and specifically request weekly payment. For biweekly payment, providers can choose any combination of paper/electronic payment method and RA.

To participate in EFT, providers must complete a *Direct Deposit Sign-Up Form* (Standard Form 1199A). One form must be completed for each provider. Once electronic transfer testing shows payment to the provider's account, all Medicaid payments will be made through EFT.

To receive an electronic RA, the provider must be enrolled in EFT and have internet access. You can access your electronic RA through the Montana Eligibility and Payment System (MEPS) on the internet through the Virtual Human Services Pavilion. To access MEPS, you must complete an Access Request Form. After the form has been processed, you will receive a password. Entry into the system requires a valid provider or group number and password. Each provider or group must complete a separate request form. Due to space limitations, each RA is only available for six weeks. For more information on EFT and electronic RAs, see *Key Contacts* on the Provider Information website.

Transition to PDCSX2 for Pharmacies

Within the next month, Montana Medicaid will begin claims processing in the new Prescription Drug Claims System version X2 (PDCSX2). Providers will continue to submit the current 3C claim format until the transition to the HIPAA mandated NCPDP Version 5.1 Claim Format.

After October 16, 2003, HIPAA requires that all pharmacy providers submit the NCPDP Version 5.1 Claim Format. DPHHS will determine its own cutoff date for Montana

Medicaid Pharmacy Providers to submit in the NCPDP Version 5.1 Claim Format. This date is likely to be before October 16, 2003. A notice on the transition to NCPDP Version 5.1 will be posted on the mtmedicaid.org website closer to Montana Medicaid's transition date.

To submit pharmacy claims to the new PDCSX2 system, providers must make the following change to their pharmacy software:

Processor Control Number (PCN) =
DRRXPROD (Production)
DRRXACCP (Test)

Providers who use WebMD (Envoy) or QS1 (Powerline) must contact these switches to verify VIN and PCN submission requirements. Contact your software vendor to determine when this information should be changed.

HIPAA mandates that all Covered Entities be in compliance with the standards of the Privacy Rule by April 14, 2003. Beginning on April 14, 2003, when providers call ACS they will be asked a series of questions before any request for information is approved. These questions will enable the staff at ACS to make sure the person requesting the information should be receiving it. You will be asked the following questions:

1. Caller's name
2. Provider Number
3. Pharmacy Address
4. State or Federal License Number

Be prepared to answer these questions, if providers refuse to answer, the request for information may be denied. For more information please visit *Medicaid News* at the Provider Information website.

HIPAA Privacy Rule

The Department of Public Health and Human Services is a Covered Entity under the HIPAA Privacy Rule. DPHHS is not a Business Associate with providers who disclose Protected Health Information to DPHHS for payment purposes. Therefore, no Business Associate Agreement is required between DPHHS and providers.

For more HIPAA information see the Provider Fact Sheet on the website and the link to hipaamontana.com.



New Outpatient Q & A

Look for the upcoming Hospital Outpatient Q & A section in the June issue of the Claim Jumper.

Recent Publications

The following are brief summaries of publications regarding program policy changes since December 1, 2002. For details and further instructions, download the complete notice from the Provider Information website (<http://www.mtmedicaid.org>). Select *Notices and Replacement Pages*, and then select your provider type for a list of current notices. If you cannot access this information, contact provider relations.

Notices

New [05/01/03 Hospitals, Physicians, Mid Levels, Lab & X-Ray, Podiatrist, Psychiatrists](#)

- Lab Panel Reimbursement Changes

[04/14/03 School Based Services Providers](#)

- New Services

New [01/01/03 DRG Hospitals](#)

- Rehabilitation Billing and Payment Changes

[03/03/03 DME Providers](#)

- Coding and Reimbursement Revisions

[03/03/03 DME Providers](#)

- 2003 Deleted HCPCS Codes

[03/01/03 Pharmacy Providers](#)

- Prior authorization and refill changes

[03/01/03 CMS-1500 Billers](#)

- New HCPCS/CPD Codes
- Deleted HCPCS/CPT Codes
- New J Codes

[03/01/03 Nutrition Providers](#)

- Nutrition Services Require PASSPORT Approval

[02/28/03 DME Providers](#)

- New Modifier - BO

[02/06/03 Dental Notice](#)

- New CDT-4 Dental Codes effective 02/01/03.

[02/04/03 Outpatient Hospitals, FOHC, RHC, IHS](#)

- UB-92 claims submitted on or after April 1, 2003, will require all line items to have a valid date of services (UB field 45).
- List of revenue codes that require a separate line for each date of service

[01/29/03 Pharmacy Notice](#)

- Termination of coverage for selected drugs
- Change in dispensing limitations

- Prescription refill change
- Prior authorization changes

[01/27/03 Optometric Notice](#)

- Optometric Program Changes.

[01/15/03 Dental Services Program Changes](#)

- Effective February 1, 2003, only emergency dental services are available for clients age 21 and over.
- An *Emergency Dental Services Form* is required for these services. This form is available in the *Forms* section of the website.

[01/10/03 All Provider Notice](#)

- Provider notification procedures changes
- Medicaid changes
- PASSPORT ID number changes

[01/10/03 Therapy Services Program Changes](#)

- Therapy services limits

Manuals

[04/02/03 Optometric and Eyeglass Services Manual](#)

- New* • This new manual does not include the temporary program changes effective February 1, 2003 through June 30, 2003.

[01/06/03 Ambulance Services Manual](#)

- This new manual contains the latest program changes and updates.

Manual Replacement Pages

[01/02/03 Pharmacy Manual Replacement Pages](#)

- Replacement pages for the Prior Authorization chapter of the Pharmacy manual

[01/02/03 Physician Manual Replacement Pages](#)

- Prior authorization changes

Montana Medicaid
ACS
P.O. Box 8000
Helena, MT 59604

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Key Contacts

Provider Information Website:

<http://www.mtmedicaid.org>

Provider Relations (800) 624-3958 Montana
 (406) 442-1837 Helena and out-of-state
 (406) 442-4402 fax

TPL (800) 624-3958 Montana
 (406) 443-1365 Helena and out-of-state

Direct Deposit Arrangements (406) 444-5283

Verify Client Eligibility:

FAXBACK (800) 714-0075

Automated Voice Response (800) 714-0060

Point-of-sale Help Desk for Pharmacy Claims (800) 365-4944

PASSPORT (800) 480-6823

Prior Authorization:

DMEOPS(406) 444-0190

Mountain-Pacific Quality Healthcare Foundation (800) 262-1545

First Health (800) 770-3084

Transportation (800) 292-7114

Prescriptions (800) 395-7951

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

Claims Processing
P.O. Box 8000
Helena, MT 59604

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