



# Montana Medicaid

# CLAIM JUMPER

Volume XX, Issue 5, May 2005

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## Medicaid 101: Spring Provider Trainings

ACS and DPHHS will be hosting Medicaid 101 trainings in three locations this spring. The topics that will be covered are Medicaid overview, eligibility, preventing and interpreting denials, remittance advices and adjustments, TPL and Medicare, and electronic billing. The schedule of trainings is as follows:

- **May 26** in Polson at the KwaTaqNuk Inn
- **June 9** in Glasgow at the Cottonwood Inn
- **June 30** in Lewistown at the Yogo Inn

These trainings are free and all interested parties are welcome to

attend. Preregistration is encouraged. See the insert in this issue of Claim Jumper for the preregistration form. Trainings on more advanced topics such as Medicaid policy and specific programs will be held in Miles City, Livingston, and Missoula during the fall.

*Submitted by ACS*

## PASSPORT Summits to Continue

Medicaid Managed Care PASSPORT To Health Summits scheduled for this spring will continue this month. Providers and other stakeholders are invited to discuss their ideas regarding how PASSPORT could function most effectively in the future for both providers and clients. Provider input on PASSPORT is key to the program's success.

PASSPORT To Health Program Officer Niki Scoffield would like to thank providers and office staff who are planning to attend the remaining summits. "Attendance at the summits is key to their success and the continued success of the PASSPORT program," Niki said. "We're so appreciative of folks who are willing to take the time from their busy schedules to come and share their thoughts with us. We're looking forward to checking in with more PASSPORT stakeholders across the state as we complete our schedule of meetings."

The next summit will be held in Havre on May 10 at Northern Montana Hospital, followed by Billings on May 18 at MSU-B, Kalispell on June 8 at Kalispell Regional Medical Center, and Missoula on June 15 at St. Patrick's Hospital. The meetings will

begin at 10:00 am and will conclude at 4:30 pm. Refreshments will be served at 9:30 am and lunch will be provided.

Registrations are still being accepted for those who want to participate. For more information, visit [www.mtmedicaid.org](http://www.mtmedicaid.org) or contact PASSPORT Program Officer Niki Scoffield at (406) 444-4148 or [niscoffield@mt.gov](mailto:niscoffield@mt.gov). RSVPs to Niki from those planning on attending are requested and greatly appreciated.

*Submitted by Anastasia Burton,  
DPHHS*

## Complete All Required Fields on Paper Claims

Providers are reminded to complete all required fields on paper claims. Claims with a missing or incorrect provider number, a missing signature, or a missing signature date will be returned to providers and will not be processed. Claims submitted on the incorrect claim form or with a missing or invalid type of bill will either be denied or will not be processed.

*Submitted by ACS*

## General Medicaid Services Rule Change

The Department has amended ARM 37.85.414, Maintenance of Records and Auditing, and adopted two new rules, ARM 37.85.412, Interpretation of Rules, and ARM 37.85.413, Limitation on Coding Advice. The Department published MAR Notice No. 37-336 on these rules, which pertain to Medicaid provider requirements, on November 4, 2004. A public hearing was held December 1, 2004 and comments were accepted through December 6, 2004. Based on the comments received,

these rules were changed. These three rules are effective April 1, 2005.

ARM 37.85.412 and ARM 37.85.413 state that any specific interpretation of a rule or suggestion of how a service/device should be coded by the Department must be in writing if a provider is to rely upon it.

ARM 37.85.414 states that all records that support a claim must be complete within 90 days after the date on which the claim is submitted to Medicaid, including all required signatures. When reimbursement is based on the length of time spent in providing the service, the records must specify the time spent or the time treatment began and ended for each procedure billed to the nearest minute. Total time billed using one or multiple procedure codes may not exceed the total actual time spent with the Medicaid client.

If a provider cannot provide medical records to prove that a service billed to Medicaid was provided and meets all requirements for reimbursement, the service will be deemed not to be provided and reimbursable due to the lack of documentation, and the Department will recover what was paid to the provider. The provider must have a backup system to allow recovery of documentation destroyed or lost due to a natural disaster or any other cause.

In addition to complying with these minimum requirements, providers must also comply with any specific, possibly more restrictive, record keeping requirements applicable to the type of service the provider furnishes. For example, a provider of durable medical equipment must obtain the required signature on the prescription before delivering an item of durable medical equipment to the Medicaid recipient, rather than obtaining the signature within 90 days after the claim is submitted, because ARM 37.86.1802(2) requires the written prescription to be obtained before the item is delivered. Upon the department's request for records, the provider shall submit a true and accurate copy of each record as it existed within 90 days after the date on which the claim was submitted to Medicaid.

These rules affect all Medicaid provider types. **It is important that every provider looks at the exact wording of these rules.** Go to the DPHHS website, <http://www.dphhs.mt.gov>, then choose Programs & Services, then Legal Resources. To view the responses to the comments received, choose MAR Notice No. 37-336 under Recently Adopted Rules. To view the rules, choose Administrative Rules. These rules will be posted approximately mid-May. If you would like a draft copy of these rules prior to this, please contact Dawn Sliva, Office of Legal Affairs, DPHHS, PO Box 4210, Helena MT 59604-4210; telephone (406) 444-5622; FAX (406) 444-1970; E-mail [dphhslegal@mt.gov](mailto:dphhslegal@mt.gov).

*Submitted by Deborah Lane, DPHHS*

### **Patient Account Numbers Now on RAs**

When both the patient account number and the medical record number are submitted on electronic professional claims, the MMIS has reversed these numbers and reported the medical record number on the Remittance Advice instead of the patient account number. The MMIS will be updated to report the patient account number on the Remittance Advice within the next several weeks. Please be aware of this change when submitting your claims.

*Submitted by ACS*

### **New Medicare Drug Benefit: Part D**

About 15,200 people live in Montana who have health care coverage under both Medicaid and Medicare. These are "full benefit dual eligible individuals." **Beginning January 1, 2006, prescription drug costs will be paid by Medicare for full benefit dual eligible individuals and no longer paid by Medicaid.**

All of these 15,200 full benefit dual eligible individuals will be encouraged by CMS to choose a Medicare plan to cover their drugs, but if some of them do not choose, CMS will auto-enroll them into a plan. If the plan they choose or in which they are auto-enrolled does not meet their needs, they are free to change plans at any time. Full

benefit dual eligible individuals will receive several mailings from CMS throughout 2005. Many people will seek advice from their providers. CMS established a web site just for providers. Visit [www.cms.hhs.gov/medlearn/drugcoverage/asp](http://www.cms.hhs.gov/medlearn/drugcoverage/asp) for more information.

Three important facts full benefit dual eligible individuals need to know are:

- They will have no premium, deductible, or coinsurance for the Medicare Part D drug benefit.
- Their copayment for each prescription drug will be between \$1 and \$5, depending on the individual's income and type of drug. Individuals in institutions will have no copayments.
- They will be auto-enrolled into a plan or choose a plan during October 2005 and may change plans at any time.

DPHHS wants to ensure the transition for full benefit dual eligible individuals from Medicaid prescription drugs to a Medicare plan is as smooth as possible. Watch for more information from CMS and DPHHS throughout 2005.

*Submitted by Mary Noel, DPHHS*

### **Bill Only One Unit for Bilateral Procedures**

- Modifier 50 applies to surgical procedures (CPT codes 10040-69990) and to radiology procedures performed bilaterally
- Modifier 50 is used to report bilateral procedures performed in the same operative session. Identify that a second (bilateral) procedure has been performed by adding modifier 50 to the procedure code. Do not report two line items to indicate a bilateral procedure.
- Do not use modifier 50 with surgical procedure identified by their terminology as "bilateral" (for example 27395 or 52290).
- Modifier 50 applies to any bilateral procedure performed on both sides at same session.

- Do not use RT and LT when modifier 50 applies. Report only one unit of service in FL 46 when modifier 50 is reported.

*Submitted by ACS*

**All Claims Go to ACS Unless They Need State Review**

All Medicaid claims should be sent to Claims Processing at ACS unless they need to be reviewed by DPHHS. Processing for claims that are sent to DPHHS will be delayed.

*Submitted by ACS*

**Optical Character Recognition Tips**

ACS has begun Optical Character Recognition (OCR) of all CMS-1500 claim forms, including professional crossovers. OCR software converts information on paper claims into an electronic format. For successful passage through the software, observe the following tips:

- Use all capital letters
- Use a laser printer instead of a dot matrix or impact printer
- Use white correction tape instead of correction fluid

- Use an 8-digit date format
- Submit notes on 8 1/2" x 11" paper
- Don't use stamps, labels, or stickers
- Don't include narrative comments in treatment and diagnosis fields
- Don't hand print or hand write your forms; if you must hand print, use neat block letters that stay within field boundaries
- Don't use dashes or slashes in date fields
- Don't enter "none" or "NA" if there is no information; just leave the box blank

*Submitted by ACS*

**Recent Publications**

The following are brief summaries of recently published Medicaid information and updates. For details and further instructions, download the complete document from the Provider Information website at [www.mtmedicaid.org](http://www.mtmedicaid.org). Select *Resources by Provider Type* for a list of resources specific to your provider type. If you cannot access the information, contact Provider Relations at (800) 624-3958 or (406) 442-1837 in Helena or out-of-state.

Recent Publications Available on Website		
Date	Provider Type	Description
<b>Notices</b>		
04/04/05	Pharmacy	Notice regarding member number now a billable number
04/07/05	Pharmacy, Home Infusion Therapy	Notice regarding heparin syringes
<b>Fee Schedules</b>		
03/29/05	Private Duty Nursing, Personal Transportation and Per Diem, Commercial and Specialized Non-Emergency Transportation, Ambulance	January fee schedules
04/05/05	Physical Therapy, Speech Therapy, Occupational Therapy, School-Based Services, Optician, Optometric, Eyeglasses	January fee schedules
<b>Other Resources</b>		
03/14/05	School-based Providers	Updated CSCT meeting minutes for 01/31/05 and CSCT meeting minutes for 02/23/05
03/14/05	All Providers	Updated enrollment table
03/15/05	Pharmacy	Drug manufacturer dossiers for Tamiflu and Valtrex
03/17/05	Pharmacy	Updated rollout schedule, preferred drug list and quicklist
03/17/05	All Providers	Updated PASSPORT Summits information
03/17/05	Home Infusion Therapy	Home IV Prior Authorization Request
03/29/05	Pharmacy	Updated Preferred Drug List and Quicklist. Note that the Department has made its choices in all the classes affected by this PDL
03/29/05	Pharmacy	Medicaid DUR Board/Formulary Committee meeting minutes for December, January, and February
04/06/05	Pharmacy	Updated PDL and PDL rollout
04/07/05	DMEPOS	Manual replacement pages and updated manual--removed CPAP CMN and scales from non-covered items
04/07/05	Pharmacy	Updated PDL and Quicklist
04/08/05	Pharmacy	MA-5 Form for Pharmacy Claims

Montana Medicaid  
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Helena, MT 59604

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## Key Contacts

Provider Information website: <http://www.mtmedicaid.org>

ACS EDI Gateway website: <http://www.acs-gcro.com>

ACS Provider Relations, EDI Help Desk and PASSPORT

(800) 624-3958 (In and out-of-state)

(406) 442-1837 (Helena)

(406) 442-4402 Fax

TPL (800) 624-3958 (In and out-of-state)

(406) 443-1365 (Helena)

(406) 442-0357 Fax

Direct Deposit Arrangements (406) 444-5283

Verify Client Eligibility

FAXBACK (800) 714-0075

Automated Voice Response (AVR) (800) 714-0060

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

Prior Authorization

DMEPOS (406) 444-0190

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

First Health (800) 770-3084

Transportation (800) 292-7114

Prescriptions (800) 395-7961

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

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

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

# Spring Provider Trainings: Medicaid 101

*You are invited to participate in Medicaid 101 training!*

**May 26: Polson at the KwaTaqNuk Resort**  
**June 9: Glasgow at the Cottonwood Inn**  
**June 30: Lewistown at the Yogo Inn**

## Training Topics:

Medicaid 101 • Eligibility • Preventing and Interpreting Denials • Remittance Advices and Adjustments • Medicare and TPL • PASSPORT • Team Care and Nurse First • Electronic Billing • Break-out Sessions on CMS-1500 and UB-92

Sign-in will begin at 8:00 for these events, and sessions will start promptly at 8:30 and end at 4:00. All sessions are free and refreshments will be provided. Contact Bridget Martin at ACS with questions. Email [bridget.martin@acs-inc.com](mailto:bridget.martin@acs-inc.com) or call (406) 457-9532. Preregistration is strongly recommended but not required.

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## Medicaid 101 Preregistration

Name/Organization \_\_\_\_\_

Provider Number \_\_\_\_\_ Provider Type \_\_\_\_\_

City \_\_\_\_\_ Phone Number \_\_\_\_\_

Contact Name \_\_\_\_\_

At which site will you attend Medicaid 101 training? \_\_\_\_\_

Names of those attending: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Place  
Stamp  
Here

**Montana Medicaid**  
**P.O. Box 4936**  
**Helena, MT 59604**

