



Montana Medicaid

CLAIM JUMPER

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Medicaid and CHIP Issue New Income Guidelines for 2009

The Montana Department of Health and Human Services announced new income guidelines for Medicaid and the Children's Health Insurance Plan (CHIP). The new guidelines are effective February 1 for CHIP and April 1 for Medicaid.

Medicaid provides health care coverage for children in some low-income families and adults who otherwise qualify. CHIP provides free or low-cost health insurance for children in families who earn too much to qualify for Medicaid, but cannot afford other health insurance.

Each year the U.S. Department of Health and Human Services revises the Federal Poverty Level guidelines to account for inflation and other cost-of-living adjustments.

DPHHS adjusts the income guidelines each year based on the federal changes. The changes are implemented as soon as possible so more children can be enrolled in Medicaid and CHIP.

Under the new Montana guidelines, children from a family of four with an annual income of \$38,588 may be eligible for CHIP, an increase of \$1,488 over last year. Similar 2009 Federal Poverty Level increases will apply for determining Medicaid eligibility.

According to DPHHS, 15 percent of—or approximately 34,000—Montana children do not have health insurance. It is estimated about half of those children may currently be eligible for Medicaid or CHIP.

Medicaid applications are available at Offices of Public Assistance and can also be downloaded at www.medicaid.mt.gov.

CHIP applications and more information about the program are available online at www.chip.mt.gov or by calling CHIP toll-free at 1-877-543-7669.

Submitted by Michael Mahoney, DPHHS

DME Providers

Reminder for providers billing DME items to use Medicare modifiers:

- KE—Bid under round one of the DMEPOS competitive bidding program for use with non-competitive bid base equipment.
- KL—DMEPOS item delivered via mail.
- KS—Glucose monitor supply for diabetic beneficiary not treated with insulin.
- KX—Specific required documentation on file.
- RA—Replacement of a DME item due to loss, irreparable damage, or when the item has been stolen.
- RB—Replacement of a part of DME furnished as part of a repair.

Refer to Chapter 16 of the Medicare Supplier manual on the web at www.nordianmedicare.com for a complete list of modifiers.

Submitted by Fran O'Hara, DPHHS

Montana Medicaid and the Stimulus Plan

As of the end of January, the "American Recovery and Reinvestment Plan," or economic stimulus plan, includes several

provisions to assist states in planning for increases in the number of people who become unemployed and uninsured. The Department of Public Health and Human Services and the Department of Labor and Industry have formed a "rapid response team" to help Montanans who've lost their jobs to quickly get unemployment benefits, health care coverage, and assistance in finding new employment.

Montana Medicaid will implement as quickly as possible any approved initiatives to provide health care coverage to eligible Montanans. Providers can refer individuals to local Offices of Public Assistance for help applying for health care coverage and other assistance.

Submitted by Mary Noel, DPHHS

Substance Abuse Treatment

Screening, Brief Intervention and Referral to Treatment (SBIRT), a public health response to substance abuse, is designed to be used in our health care system to alleviate the health and social consequences of substance abuse. SBIRT procedures are designed to detect early, risky abuse or addiction in various health care settings, including emergency departments and primary care settings. Studies have shown the majority of people who screen positive in the SBIRT program, about 85 percent, do not need referral to a substance abuse treatment center, but can be administered a brief protocol-driven intervention or brief treatment on site.

In response to this evidence based practice, the American Medical Association has adopted supportive policies for SBIRT, including outlining the requirements of core educational curriculum for Medical Schools and Continuing Education Units. The Accreditation Council for Continuing Medical Education and the Federation of State Medical Boards have adopted appropriate policies to address the identification of substance use disorders, brief intervention and proper prescribing of controlled substances. The American College of Surgeons is now requiring all Level 1 Trauma Centers to produce evidence of alcohol SBIRT procedures as part of the verification process.

Because the program has demonstrated significant outcomes, including reduction in substance abuse and associated healthcare cost savings, Montana is supporting this effort and has adopted the following reimbursable codes:

CPT

- 99408—Alcohol and/or substance (other than tobacco) abuse structured screening (e.g., AUDIT, DAST), and brief intervention services; 15-30 minutes
- 99409—Intervention services, greater than 30 minutes

HCPCS

- G0396—Alcohol and/or substance (other than tobacco) abuse structured screening (e.g., AUDIT, DAST), and brief intervention services; 15-30 minutes
- G0397—Alcohol and/or substance (other than tobacco) abuse structured screening (e.g., AUDIT, DAST), and brief intervention services; greater than 30 minutes

Submitted by Joan Cassidy, DPHHS

Clarification for Changes in Prior Authorization Requirements

Effective October 1, 2008

The purpose of this notice is to clarify inpatient prior authorization requirements regarding crossover and third party liability (TPL) claims.

Montana Medicaid, prior to October 1, 2008, did not require prior authorization for services or hospitalizations provided to clients that also had Medicare and/or TPL.

Effective October 1, 2008, the following important changes have occurred to inpatient claims in regard to the prior authorization process:

Inpatient Medicare Crossover Claims

- If the inpatient service requires prior authorization, the crossover claim requires prior authorization. If no prior authorization is obtained, the claim will be denied.
- If the inpatient service does not require prior authorization, there are no requirements to obtain a prior authorization for the inpatient crossover claim, even if the hospital is out-of-state.
- The only exception to this requirement is that inpatient mental health crossover claims do not require prior authorization.

Inpatient Non-Crossover Claims

- All inpatient services that require prior authorization, including claims with TPL, must obtain a prior authorization or the claim will be denied. Mental health inpatient non-crossover claims require prior authorization.
- Out-of-state inpatient hospital claims including claims that have a TPL are required to have prior authorization.
 - If prior authorization is not obtained and the service does not require prior authorization, a clean claim will pay at 50 percent of the APR-DRG payment. (A clean claim is a claim that can be processed without additional information or documentation from or action by the provider within the timeframe required.)

Border hospitals (those hospitals located within 100 miles of the Montana border) follow the same guidelines as a Montana hospital. Should you need clarification as to whether or not your facility qualifies as a border hospital, please contact Provider Relations at (800) 624-3958.

For additional information concerning prior authorization, please reference the provider notice dated September 1, 2008, located at www.mtmedicaid.org. To see if a service requires prior authorization you can contact Provider Relations or reference your web-based provider manual.

Submitted by Stacy Roope, DPHHS

Montana Medicaid Reimbursement Change for Psychiatric Residential Treatment Facilities (PRTFs) Affects Other Medicaid Providers

Effective March 1, 2009, Psychiatric Residential Treatment Facilities (PRTFs) will be reimbursed by Montana Medicaid through a bundled rate to include all psychiatric, medical and ancillary services to meet the youth's psychiatric and physical health care needs. The reimbursement method is different for in-state and out-of-state PRTFs.

- In-state PRTFs will receive a daily bundled rate that includes a facility-specific ancillary rate.
- Out-of-state PRTFs will be reimbursed 50 percent of their usual and customary rate. Their usual and customary rate must include all psychiatric, medical and ancillary services youth receive while in their facility.

Ancillary services are defined in ARM 37.87.1222 as ambulatory surgical center; audiologist; chiropractor; dentist, denturist, and orthodontist; durable medical equipment; emergency room services not related

to the psychiatric condition; eyeglasses; federally qualified health center; hearing provider and hearing aides; hospital; licensed addiction counselor; medical transportation and ambulance services; mental health center; MRI, or other diagnostic services; nutritionist; optometrist and ophthalmologist; outpatient hospital not relative to the psychiatric condition; pharmacy for post-discharge medication; physical and speech therapist; physician, psychiatrist, and mid-level practitioner; podiatrist; public health clinic; respiratory therapy; rural health clinic; targeted case management; and any other Medicaid service provided to the youth receiving PRTF in-patient care not related to the youth's psychiatric condition may be considered an ancillary service. Documentation must be maintained for all services provided to the youth in the PRTF.

All expenses for services a youth receives while in a PRTF are the responsibility of the PRTF. Other enrolled Montana Medicaid providers will not be reimbursed separately by Montana Medicaid for services provided to youth in a PRTF.

Targeted case management (TCM) services are ancillary services. The PRTF may provide TCM services directly or indirectly by working with a mental health center in Montana to provide TCM services to youth in their facility. The PRTF must reimburse the mental health center for TCM services, if they do not provide TCM services directly. PRTFs are responsible for discharge planning which must begin shortly after admission. Referrals for services needed upon discharge must be made not less than 30 days prior to discharge. A definition of a billable PRTF TCM service will be available.

- Enrolled PRTFs must inform the department about how they will be providing TCM services to youth in their facility in writing by February 13, 2009.
- Notice of the youth's actual admission and discharge date must be submitted to First Health on the day of admission or discharge (or the first business day following a weekend admission or discharge). A \$100 fine may be imposed by the department against a PRTF for each instance where First Health does not receive timely notification. Notify First Health of the actual admission or discharge date on the "Youth Discharge Form" by fax or web submission. The form is found on their website at <https://montana.fhsc.com/>. Other Medicaid services are closed to the youth while they are in the PRTF.

For questions or more information contact Diane White, Clinical Program Supervisor,

14,250 copies of this newsletter were printed at an estimated cost of \$.47 per copy, for a total cost of \$6,757.45, which includes \$3,779.52 for printing and \$2,977.93 for distribution.

Alternative accessible formats are available by calling the DPHHS Office of Planning, Coordination and Analysis at (406) 444-9772.

Children’s Mental Health Bureau, P.O. Box 202951, Helena, MT 59620-2951, (406) 444-1535, dwhite@mt.gov.

Submitted by Diane White, DPHHS

Retroactive Medicare

As of April 1, 2007, when Medicaid is informed of a client’s retroactive Medicare entitlement for which Medicaid has paid claims, ACS notifies the provider of these

claims, reverses claims that are available for online adjustment and creates a gross credit adjustment for claims that can not be adjusted online. Providers are responsible for billing Medicare. If the claim is subject to crossover then the remaining balance will crossover to Medicaid.

If the provider receives a denial from Medicare for missing the timely filing deadline, ACS and the Department encourage them to follow the Medicare appeals process found at <http://www.medicare.gov/Basics/appeals>

[overview.asp](#). Per instructions from CMS, we cannot help individual providers with billing Medicare.

Publications Reminder

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

Recent Publications

The following are brief summaries of recently published Medicaid information and updates. For details and further instructions, download the complete document from www.mtmedicaid.org, the Provider Information website. 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
Notices and Replacement Pages		
01/08/09	Inpatient Hospital	Changes in Prior Authorization Requirements
01/12/09	Pharmacy	Refill Too Soon Edit Set to 90 Percent for Gabapentin
01/12/09	Pharmacy	Change in Policy Regarding NCPDP Fields Dispense As Written (DAW) Product Selection Codes 5 and 7
01/27/09	Mental Health Center, Targeted Case Management—Mental Health, Residential Treatment Centers	Montana Medicaid Reimbursement Change for Psychiatric Residential Treatment Facilities (PRTFs) for Both In- and Out-of-State Providers
Fee Schedules		
01/20/09	Inpatient Hospital	Fee schedule for Medicaid mental health and Mental Health Services Plan for individuals under 18 years of age
01/20/09	Outpatient Hospital	Fee schedule for Medicaid mental health for clients 18 years of age and older
01/26/09	Mental Health Center, Psychiatrist, Targeted Case Management—Mental Health, Physician, Mid-Level Practitioner	Fee schedule for MHSP services for clients 18 years of age and older
01/27/09	Ambulatory Surgical Centers	Fee schedule
Other Resources		
01/05/09, 01/12/09, 01/20/09, 01/26/09	All Provider Types	What’s New on the Site This Week
01/12/09	All Provider Types	News item regarding Issues With Medicare Crossovers
01/12/09	All Provider Types	News item regarding Mass Adjustment for Inpatient Hospital Claims
01/12/09	All Provider Types	Broken links to ACS and Medicaid Mental Health and Public Mental Health Services repaired on Web Links page
01/13/09	All Provider Types	February 2009 <i>Claim Jumper</i>
01/14/09	All Provider Types	Revised WINASAP2003 Montana User Guide posted on Electronic Billing page
01/21/09	All Provider Types	News item regarding Spring Provider Training
01/21/09	Eyeglasses, Optician, Optometrist	Revised Eyeglasses Providers Key Contacts
01/21/09	All Provider Types	News item regarding MATH Web Portal Maintenance
01/22/09	Speech Therapy, Occupational Therapy, Physical Therapy	Revised Therapy Services Key Contacts
01/28/09	All Provider Types	Revised Self Audit Policy and Procedure
01/29/09	Pharmacy	Updated PDL

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

PRSR STD
U.S. Postage
PAID
Eau Claire, WI
Permit No. 366

Key Contacts

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

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

ACS EDI Help Desk (800) 624-3958

Provider Relations

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

(406) 442-1837 (Helena)

(406) 442-4402 Fax

Email: MTPRHelpdesk@ACS-inc.com

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

PASSPORT (800) 362-8312

Prior Authorization

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

Mountain-Pacific Quality Health Foundation—DMEPOS/Medical

(406) 457-5887 local, (877) 443-4021, ext. 5887 long-distance

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 2009 Provider Training

Havre, (Duck Inn) - April 22nd & 23rd

Billings, (MSU Billings Student Union Building) - April 29th & 30th

Missoula, (Holiday Inn Downtown at the Park) - May 6th & 7th

**Parking passes for MSU Billings will be distributed at sign in*

Morning Day One: New Biller Billing Basics 8:30am—12:00pm

- **Web Site Navigation:** Using the resources available and Navigating with ease
- **Web Portal:** Getting Started and Checking eligibility
- **Verifying Eligibility:** Methods for checking eligibility and Understanding the data
- **Claim Forms:** Institutional (UB-04) & Professional (CMS 1500)
- **Web Portal Continued:** Checking claim status, Accessing Remittance Advice (eSOR's), Reading Remittance Advice, and Viewing provider payment summary

Afternoon Day One: Biller Basics

- **Medicaid Basics:** Using NPI/Taxonomy, Top denials 1:00pm—2:30pm
- **Medicaid Basics:** Cost share / TPL / Medicare, Cyber-Access, and E-Prescribing 2:45pm—4:15pm

Day Two: Advance Topics

- **Passport / Teamcare:** 8:30am—9:15am
- **Credit Balance:** 1:00pm—1:15pm
- **Hospitals / Clinics:** 9:15am—10:00am
- **Physician Related Services:** 1:15pm—2:00pm
- **Mental Health:** 10:15am—11:00am
- **Healthy Montana Kids:** 2:00pm—2:45
- **Roundtable with Program Officer & ACS staff:** 11:00am—12:00pm

Registration Form

Please check the appropriate box

Location: Havre (April 22-23); Billings (April 29-30); Missoula (May 6-7)

Day One 8:00am-4:15pm Day Two 8:00am-2:45pm

Organization: _____

NPI: _____ Contact Name: _____

City: _____ Phone Number: _____

Names of Attendees: _____

*You can register via e-mail at mtprhelpdesk@acs-inc.com,
calling 1-800-624-3958, 406-457-9598 or fax to 406-442-4402
Schedule and map can be downloaded at www.mtmedicaid.org*



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**ACS PROVIDER TRAINING PRE-REGISTRATION
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