



# Montana Medicaid

# CLAIM JUMPER

Volume XXIII, Issue 4, April 2008

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## 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 ([mtmedicaid.org](http://mtmedicaid.org)).

## Provider Fair

Spring is right around the corner and so is Montana's Healthcare Programs Spring Provider Fair. This *free* 1-1/2-day event will be held April 14-15 at the Best Western Great Northern Hotel and Convention Center in Helena.

The schedule is as follows:

### Monday, April 14

8:30 a.m. - 11:30 a.m. Coding Class (sponsored by the Montana Medical Association and Brown Consulting Associates; see page 2 for more information)

12 p.m. - 1 p.m. Registration and Vendor Area Opens

1 p.m. - 5 p.m. Eligibility Determination, Provider Information and Billing ABCs

### Tuesday, April 15

8 a.m. - 9 a.m. Registration and Vendor Area Opens

9 a.m. - 9:15 a.m. Welcome

9:15 a.m. - 10:15 a.m. Hospitals/ Swing Bed, CHIP Extended Mental Health, Durable Medical Equipment

10:15 - 10:30 a.m. Break

10:30 a.m. - 11:30 a.m. Passport to Health/TEAM Care, School-Based Services, Dental Programs (CHIP and Medicaid)

11:30 a.m. - 1 p.m. Lunch With Your Program Officer

1 p.m. - 2 p.m. Physician-Related Services, Children's Mental Health Services, Nursing Facilities

2 p.m. - 3 p.m. Third Party Liability, Home and Community Based Services, Transportation

3 p.m. - 3:15 p.m. Break

3:15 p.m. - 4:15 p.m. SURS, FQHC/ RHC, Adult Mental Health

Please see additional information on the web at [www.mtmedicaid.org](http://www.mtmedicaid.org).

## New APR-DRG Payment Method

The December 2007 issue of the *Claim Jumper* announced that Montana Department of Public Health and Human Services (DPHHS) will be moving to a new method of paying for hospital services. The APR-DRG payment method is on schedule to be implemented effective October 1, 2008. The new payment method will affect DRG hospitals (which includes in-state PPS facilities, all border facilities and all out-of-state facilities), but not in-state Critical Access Hospitals. Information regarding the new payment method can be located on the Montana Medicaid website at [http://medicaidprovider.hhs.mt.gov/providerpages/provider\\_type/01pmnt.shtml](http://medicaidprovider.hhs.mt.gov/providerpages/provider_type/01pmnt.shtml).

## Enhanced Claims Editing—Bloodhound ClaimsGuard®

Beginning April 1, 2008, the Department will implement enhanced claims editing to identify situations where correct procedure coding principles needed to be improved for Prospective Payment Outpatient Hospitals (in-state PPS facilities, border facilities and out-of-state outpatient departments).

These edits are based on nationally recognized sources such as the Centers for Medicare and Medicaid (CMS) Correct Coding Initiative (CCI) and the American Medical Association (AMA) Current Procedure Terminology (CPT®) guidance. A subset of these edits currently exists in the Medicaid Management Information System (MMIS). Integrating ClaimsGuard® into the MMIS will apply national standards more consistently across a wide variety of Montana's Healthcare Programs. Please see <http://medicaidprovider.hhs.mt.gov/pdf/hospitaloutpatient022808.pdf> for more detailed information.

## Coding Workshop Coming Up

The Montana Medical Association and Brown Consulting Associates will be offering "A Coding Buffet" on Monday, April 14, from 8:30 a.m. until 11:30 a.m. This program has prior approval by the American Academy of Professional Coders for 3 CEUs. This fast-paced session will cover several current coding topics including Significant Diagnosis and CPT Coding Changes for 2008, Modifier Modifications in 2008, Place of Service and Modifier 26/TC Issues, Common Coding Concerns Related to Medicaid Denials Including CCI, as well as other issues important to all attendees.

The cost of the workshop is \$50 for MMA members and \$100 for non-MMA members prior to April 7, 2008. After April 7, the cost will be \$75 for MMA members and \$125 for non-MMA members.

This is a separate program from the Spring Provider Training.

Please mail the completed application and payment to: Montana Medical Association Seminars, 2021 11th Ave., Suite 1, Helena, MT 59601. Please call the MMA at (406) 443-4000 or toll-free at (877) 443-4000 if you have any questions.

## Pharmacies Must Reenroll for DME

Pharmacies that bill Montana Medicaid as durable medical equipment (DME) providers need to reenroll with their NPI and a DME taxonomy in order to continue billing for DME items (such as test strips, diapers, nebulizers, etc.). This enrollment will be in addition to enrolling as a pharmacy with a pharmacy taxonomy. Providers can call Provider Relations at (800) 624-3958 with questions related to reenrollment.

## Professional Claim Review

ACS will be reviewing professional claims to identify enrollment or billing issues. For providers where a billing problem is identified, ACS will be contacting your office by phone to notify you of the issue(s) identified due to NPI. Letters will be mailed to confirm your 835 delivery point number. We request you contact ACS if a letter is received and your 835 number needs to be corrected. ACS will follow up by phone to providers who have not contacted them related to the 835 delivery point number. The Department is taking these steps to ensure providers can continue to be paid during and after the implementation of NPI.

## Reenrollment and Billing for NPI

Please refer to the provider notice that is included in the What's New on the Site This Week at [www.mtmedicaid.org](http://www.mtmedicaid.org) for more detailed information related to enrollment and billing NPI.

## Provider Reenrollment for NPI

All providers who wish to bill any of Montana's Healthcare Programs—Medicaid, Children's Health Insurance Plan (CHIP)—Dental and Eyeglasses Services Only, and Mental Health Services Plan (MHSP)—are required to complete the reenrollment process.

Institutional providers (UB-04 or 837I) who have reenrolled prior to

January 1, 2008, professional providers (CMS-1500 or 837P) who have reenrolled by March 1, 2008, and pharmacies who reenroll prior to May 23, 2008, will continue to be reimbursed by Montana's Healthcare Programs. **If you have not received a letter confirming your reenrollment, please contact ACS Provider Relations immediately at 1-800-624-3958.**

Providers must enroll before billing with their NPI number and taxonomy. Providers who have not yet reenrolled with Montana's Healthcare Programs should do so immediately to prevent claims processing delay.

Online enrollment is available at [www.mtmedicaid.org](http://www.mtmedicaid.org). To access online enrollment, click on "New Provider Enrollment or Existing Provider Reenrollment" in the box in the left column navigation bar. Only providers that do not have access to the Internet may use the paper enrollment option.

Providers must enroll before billing with their NPI number and taxonomy. **Providers who have not yet reenrolled with Montana's Healthcare Programs should do so immediately.**

The online enrollment page contains the following links:

- Enroll or Reenroll as a Provider Online
- Download Enrollment Forms
- Check Status of your Enrollment
- Web Portal Registration

Frequently Asked Questions about enrollment can be found at [www.mtmedicaid.org](http://www.mtmedicaid.org) by clicking on FAQs in the left column navigation bar. An enrollment tutorial is available by clicking the link found in the bottom of the left column navigation bar.

## NPI Billing

All providers who are HIPAA covered and bill Medicare, Medicaid, CHIP, and/or other insurance

are required to obtain an NPI number per the administrative simplification mandate of HIPAA.

Institutional providers (UB-04 or 837I) began billing Montana's Healthcare Programs with their NPI and taxonomy as of January 1, 2008. Professional providers (CMS-1500 or 837P) must bill with their NPI and taxonomy as of March 1, 2008. Pharmacies may bill pharmacy claims to Montana's Healthcare Programs with an NABP number or NPI and taxonomy until May 23, 2008, and may continue to use the prescriber's DEA number or NPI in the prescriber ID field until that time. Pharmacies must bill with their NPI and taxonomy as of May 24, 2008. After these deadlines, healthcare providers can no longer bill with their previous Montana's Healthcare Programs provider ID numbers.

Atypical providers, i.e. taxicabs, personal care, assisted living, may use their new Montana's Healthcare Programs number or an NPI if they have obtained one. Atypical providers who are using their new provider ID number must include the correct qualifier, 1D, to identify the number as their Montana's Healthcare Programs provider number. Vendor numbers cannot be used to bill claims.

All providers billing with their NPI *must* bill with the appropriate taxonomy. For providers whose claims are first processed by Medicare, taxonomy must be included on claims sent to Medicare so Medicaid can process them upon receipt.

Detailed instructions for submitting electronic professional and institutional claims using NPI number and taxonomy code can be found at <http://medicaidprovider.hhs.mt.gov/pdf/x12information.pdf>.

Detailed instructions for submitting paper professional and institutional claims using NPI number and taxonomy code can be found at

<http://medicaidprovider.hhs.mt.gov/pdf/npionlyclaiminstructions.pdf>.

## NDC Requirements

The Federal Deficit Reduction Act of 2005 mandates that all State Medicaid Programs require the submission of National Drug Codes (NDCs) on claims submitted with certain procedure codes for physician-administered drugs. This mandate affects all providers who submit claims for procedure-coded drugs both electronically and manually.

**Effective April 1, 2008**, Montana Medicaid will require all claims submitted for physician-administered drugs to include the NDC(s), the corresponding CPT/HCPCS code, and the units administered for each code. Montana Medicaid will reimburse only on drugs manufactured by companies that have a signed rebate agreement with CMS.

Please refer to the provider notice that is posted on What's New on the Site This Week at [www.mtmedicaid.org](http://www.mtmedicaid.org) for more detailed information on billing procedures utilizing the CMS-1500/837P and UB-04/837I.

## Tamper-Resistant Prescription Pads

The federal law requiring written Medicaid prescriptions to be on tamper-resistant pads will be implemented on April 1, 2008, by H.R. 3668, the "TMA, Abstinence Education, and QI Programs Extension Act of 2007."

The Department, in accordance with CMS guidance, will require that a Medicaid prescription pad contain at least one of the following characteristics beginning April 1, 2008:

- One or more industry-recognized features designed to prevent unauthorized copying of a completed or blank prescription form;

- One or more industry-recognized features designed to prevent the erasure or modification of information written on the prescription by the prescriber, or
- One or more industry-recognized features designed to prevent the use of counterfeit prescription forms.

Beginning October 1, 2008, a written Medicaid prescription must be written on a tamper-resistant prescription that contains all three characteristics. The Department advises prescribers to take this time to obtain supplies of tamper-resistant prescription pads for their Medicaid prescriptions. The Department will continue to update the list of tamper-resistant prescription pad vendors on its website at <http://medicaidprovider.hhs.mt.gov/providerpages/prescriptions.shtml>.

For providers who elect to seek out their own vendors, the Department is available to evaluate these tamper-resistant prescription pads upon request to ensure compliance with published guidelines.

Please direct any questions regarding this notice to the following personnel: Physician and Mid-Level providers: Denise Brunett at (406) 444-5778; Dentists: Jan Paulsen at (406) 444-3182; Pharmacy providers: Wendy Blackwood at (406) 444-2738; Hospitals: Debra Stipcich at (406) 444-4834; Indian Health Services and Ambulatory Surgical Center providers: John Hein at (406) 444-4349; Critical Access Hospitals and RHC and FQHC providers: Bob Wallace at (406) 444-7018.

14,250 copies of this newsletter were printed at an estimated cost of \$.36 per copy, for a total cost of \$5,174.93, which includes \$2197 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.

## 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](http://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.

<b>Recent Publications Available on Website</b>		
<b>Date</b>	<b>Provider Type</b>	<b>Description</b>
<b>Notices and Replacement Pages</b>		
02/04/08	Physician Clinics, Inpatient Hospitals	Duplicate Issue (revised)
02/04/08	Ambulatory Surgical Centers, Denturist, Podiatrists, Mid-Level Practitioners, Dentists, Physical Therapists, Speech Therapists, Occupational Therapists	Duplicate Issue
02/07/08	Pharmacies	NPI-Only Requirement for Pharmacies
02/13/08	Physician, Mid-Level Practitioner, Dentist, Pharmacy, Inpatient Hospital, Outpatient Hospital, RHC, FQHC, Indian Health Services	Tamper-Resistant Prescription Pads
02/14/08	School-Based Services	Elimination of Medicaid Administrative Claiming (MAC)
02/19/08	Hospital Outpatient, RHC, FQHC, IHS, Physicians, Mid-Level Practitioners, Optometrists, ASC, Public Health Clinic, Lab and X-ray	New HCPCS/CPT Codes
02/21/08	Physician, Mid-Level Practitioner, Inpatient Hospital, Outpatient Hospital, Ambulatory Surgical Centers, Indian Health Services	Changes to Prior Authorization for Circumcision
02/28/08	Outpatient Hospital	Enhanced Claims Editing—Bloodhound ClaimsGuard®
02/29/08	Pharmacies	Prescription Origin Code Enabled
03/10/08	All Provider Types	NPI Reenrollment and Billing
03/11/08	Outpatient Hospital, Emergency Room, Podiatry, Physician, Mid-Level Practitioner, IDTF, Free-Standing Dialysis Clinic, Birthing Center, Laboratory and X-ray, Pharmacy, Public Health Clinic, Psychiatry, Ambulatory Surgical Center	Billing Procedures Regarding National Drug Code
<b>Fee Schedules</b>		
02/11/08	Physician, Mid-Level Practitioners, Podiatry, Public Health Clinics, IDTF, Lab and X-ray	Fee schedule
02/13/08	Speech Therapist, Occupational Therapist	Fee schedule
02/19/08	Dental, Denturist, Oral Surgeon	Fee schedule

<b>Other Resources</b>		
02/04/08, 02/11/08, 02/18/08, 02/25/08	All Provider Types	What's New on the Site This Week
02/06/08	Passport	Passport to Health Newsletter link changed to Archived Passport Newsletters and Other Materials and several documents archived to that page or removed
02/07/08, 02/19/08, 02/20/08	All Provider Types	Tamper-resistant prescription pad vendors list updated
02/11/08	Passport	Passport client handbook added under Passport Publications
02/12/08	Passport	Passport to Health waiver proposal added under Medicaid Rules/Regulations
02/12/08	All Provider Types	March <i>Claim Jumper</i>
02/13/08	All Provider Types	Medicaid statistics for SFY2007 added to Medicaid Information page
02/14/08	Passport	All Passport forms noted as being "Reviewed 2008"
02/18/08	Inpatient Hospital	Updated FAQs on the New APR-DRG Payment Method page
02/21/08	Physician, Mid-Level Practitioners, Podiatrists, Lab and X-ray, IDTF, Public Health Clinic	Updated Key Contacts
02/21/08	Passport	All documents and links with dates changed to "Reviewed 2/2008" except Team Care Program Announcement. "Reviewed 2/2008" added to Passport Client Handbook and ARM link.
02/21/08	Passport	Revised Passport to Health brochure
02/21/08	All Provider Types	NPI-only Electronic Claim Instructions and NPI-only Paper Claim Instructions moved to top of page and boxed
02/21/08	All Provider Types	Revised news item regarding NPI-only Paper Claim Instructions
02/25/08	Pharmacy	Agenda for March 26 DUR Board meeting
02/27/08	All Provider Types	Link to Electronic Billing Companion Guides added to left column navigation menu
02/27/08	All Provider Types	Revised news item regarding NPI and Taxonomy Electronic Claim Instructions and NPI and Taxonomy Paper Claim Instructions
02/28/08	All Provider Types	Agenda and registration form for Spring Provider Fair

Montana Medicaid  
ACS  
P.O. Box 8000  
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 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](mailto: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