



Montana Medicaid

CLAIM JUMPER

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Immunization Administration for Vaccines / Toxoids

From CPT 2008 Professional Edition

In the pediatric population, the delivery of immunizations is an inherently different service than it is in the adult population. Children are given some 25 recommended and or mandated vaccines before the age of 18, the majority of which are administered during early childhood years when reactions can be more frequent and more severe. Children react differently to vaccines due to the physiologic differences inherent in their developing brains, which may cause them to react with neurological

events such as seizures and sequelae of an encephalopathic nature.

During the past decade, a number of new vaccines have been approved for use by the Food and Drug Administration (FDA) and incorporated into the 2003 Recommended Childhood Immunization Schedule. Therefore, a new series of codes (90465-90468) for immunization administration was added to CPT 2005.

Use of Codes 90465 and 90467 on the Same Claim for the Same Date of Service

The physician needs to determine which of these two codes he/she will use as the primary administration/injection

Provider File Updates

Providers who have already completed their reenrollment with Montana's Healthcare Programs in conjunction with the implementation of NPI do not need to complete a new enrollment if their information changes. If a reenrolled provider needs to update their provider file (i.e., change of practice location, billing address, tax information, etc.), they should mail the new information to Provider Relations, P.O. Box 4936, Helena, MT 59604 or fax to (406) 442-4402, Attention: Provider File Updates. Healthcare providers who have not yet reenrolled with their NPI, or atypical providers for a new proprietary ID, should do so immediately.

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).

Top 15 Claim Denial Reasons

Exception	February Ranking	December Ranking
EXACT DUPLICATE	1	2
RECIPIENT NOT ELIGIBLE DOS	2	1
REFILL TOO SOON	3	3
DRUG CONTROL CODE = 2 (DENY)	4	5
REV CODE INVALID FOR PROV TYPE	5	8
RATE TIMES DAYS NOT = CHARGE	6	4
CLAIM INDICATES TPL	7	9
PASSPORT PROVIDER NO. MISSING	8	10
RECIPIENT COVERED BY PART B	9	6
SUBMIT BILL TO OTHER PROCESSOR OR PRIMARY PAYER	10	11
PA MISSING OR INVALID	11	12
SUSPECT DUPLICATE	12	18
SLMB OR QI-1 ELIGIBILITY ONLY	13	17
RECIPIENT HAS TPL	14	25
PROVIDER TYPE/PROCEDURE MISMAT	15	7

code. All other administration/injection codes will need to be billed as add-on codes. (The type of vaccine administration is different for each of these codes but the same services are built into the payment of these codes and if both are billed, it's like saying, "I'm doing everything twice.")

What Services Are Included in the Immunization Administration Codes?

The following services are included in the immunization administration CPT codes:

- Administrative staff services such as making the appointment, preparing the patient chart, billing for the service, and filing the chart
- Clinical staff services such as greeting the patient, taking routine vital signs, obtaining a vaccine history on past reactions and contraindications, presenting a Vaccine Information Statement (VIS), answering routine vaccine questions, preparing and administering the vaccine with chart documentation, and observing for any immediate reaction

NOTE: There can only be one initial administration code (90465, 90467, 90471 or 90473). For each additional administration you need to use an add-on code (90466, 90468, 90472 or 90474). Be sure to use the appropriate modifier (SL) with each VFC administration.

NOTE: You may only bill for administration services if performed by, or under the direct supervision of, a reimbursable professional (i.e. physician or

mid-level). All administration of VFC vaccines must be billed on a 1500 at no charge for the VFC supplied vaccine. The administration codes should have the appropriate modifier (SL) to be reimbursed for the federal mandated administration rate of \$14.13. (See fee schedule for changes.)

Submitted by Pat Osterhout, DPHHS

Vaccines for Children (VFC) Effective as of October 10, 2008

The U.S. Food and Drug Administration approved the following vaccines, which became VFC vaccines as of October 10, 2008:

- 90681 - Rotarix
- 90696 - Kinrix
- 90698 - Pentacel

Due to the delay in system changes there will be a mass adjustment done to process administration fees that were denied for the new vaccines.

Submitted by Pat Osterhout, DPHHS

Eligibility Changes

A new look is coming soon to the Montana Eligibility Verification Systems for client eligibility when the client is enrolled in an all inclusive program, such as PACE (Program for All-Inclusive Care for the Elderly). If a client is enrolled in an all-inclusive program, a sentence indicating the client is enrolled in an all-inclusive program will display above all other eligibility effective for the inquiry

date on Faxback, AVRS, Interactive Web Portal or 270/271.

Vagus Nerve Stimulation (VNS)

Vagus Nerve Stimulation (VNS) is a device that utilizes a battery-powered pulse generator (similar to a pacemaker), that is surgically implanted under the skin of the left chest with a lead (wire) connected from the generator to the left vagus nerve. Electrical signals are sent to the brain.

Montana Healthcare Programs consider VNS reasonable and necessary for adults and adolescents over 12 years of age with medically refractory partial onset seizures when surgery is not recommended or has failed. We will continue to pay for claims only when one of the following diagnoses appears on the claim:

- Localization-related (focal) (partial) epilepsy and epileptic syndromes with complex partial seizures
- Localization-related (focal) (partial) epilepsy and epileptic syndromes with simple partial seizures

Submitted by Mary Patrick, DPHHS

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 \$2,197 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, 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		
02/03/09	Mental Health Center, Targeted Case Management—Mental Health, Residential Treatment Centers	Frequently Asked Questions on Targeted Case Management (TCM) Options for Psychiatric Residential Treatment Facilities (PRTFs) Starting March 1, 2009
02/12/09	Mental Health Center, Targeted Case Management—Mental Health, Residential Treatment Center	Allowable Expenses for Targeted Case Management (TCM) Services in a Psychiatric Residential Treatment Facility (PRTF)

02/12/09	All Provider Types	Reimbursement Change for Psychiatric Residential Treatment Facilities and How It Affects Other Montana Medicaid Providers
02/19/09	Inpatient Hospital	Clarification for Changes in Prior Authorization Requirements
02/25/09	Physician, Mid-Level Practitioner, Public Health Clinics, FQHCs, RHCs, Hospital Inpatient, Hospital Outpatient, Indian Health Services	Vaccines for Children (VFC) Effective as of October 1, 2008
02/26/09	Physicians, Mid-Level Practitioners, IDTF, Lab and X-ray, Hospital Outpatient, Podiatry	2009 ATP Tests and Fee Schedules (also posted under Fee Schedules and Other Resources on each provider page)
Fee Schedules		
02/09/09, 02/11/09	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
02/17/09	Physician, Mid-Level Practitioner, Podiatrist, IDTF, Lab and X-ray, Public Health Clinic	Fee schedule
Other Resources		
02/02/09, 02/09/09, 02/16/09, 02/23/09	All Provider Types	What's New on the Site This Week
02/02/09	Pharmacy	Updated PDL and PDL Quicklist
02/05/09	All Provider Types	Updated link to ACS EDI Gateway on Web Links page
02/05/09	All Provider Types	Revised Key Websites on Medicaid Information page
02/05/09	All Provider Types	Electronic Billing Companion Guides link updated in left column navigation menu
02/05/09	All Provider Types	EDI Provider Enrollment Form, EDI Submitter Enrollment Form, EDI Trading Partner Agreement, and Electronic Billing Agreement updated on Forms and Electronic Billing pages
02/05/09	All Provider Types	Links to ACS EDI Gateway updated on Electronic Billing page
02/05/09	All Provider Types	News item regarding Electronic Billing Website Links Updated
02/12/09	All Provider Types	March 2009 <i>Claim Jumper</i>
02/13/09	All Provider Types	News item regarding Holiday Will Cause Delay With Paper Remittance Advice
02/19/09	All Provider Types	Revised news item regarding Online Enrollment for NPI Available
02/19/09	All Provider Types	Revised news item regarding NPI Paper Enrollment Form Available
02/19/09	Pharmacy	February 25, 2009, DUR board agenda; November 19, 2008, DUR board meeting minutes
02/20/09	All Provider Types	EDI Submitter Enrollment Form Instructions, EDI Submitter Enrollment Form, EDI Trading Partner Agreement, EDI Trading Partner/Business Associate Agreement, EDI Provider Enrollment Form Instructions, EDI Provider Enrollment Form, Electronic Billing Agreement, Additional Provider Spreadsheet added to Electronic Billing page
02/23/09	All Provider Types	Revised Medicaid/Children's Special Health Services Orthodontia Treatment Plan
02/23/09	Mental Health Centers	Adult Intensive Outpatient Therapy Services Clinical Management Guidelines, Adult Intensive Outpatient Therapy Services Continued Stay Authorization Request, Adult Intensive Outpatient Services Initial Prior Authorization Request, Adult Intensive Outpatient Services Prior Authorization Review Procedures
02/26/09	Hospital Outpatient	Medicaid Hospital Spring 2008 Provider Fair Training presentation

Montana Medicaid
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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

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