



# Montana Medicaid

# CLAIM JUMPER

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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)).

## Team Care Clients To Receive Self Care Guides

The Team Care program is taking an exciting new approach to educating clients about the proper use of medical services. Beginning May 2008, each client enrolled in the Team Care program will receive a Healthwise® Self Care Handbook in their Team Care enrollment packet.

The self care handbook addresses the most common health problems that can account for the vast majority of visits to physicians and emergency rooms. Its purpose is to help clients make informed health care decisions to help them work better with their primary care provider. The self care guide includes information on:

- Improving the provider-client relationship
- Recognizing symptoms
- First aid and emergencies
- When to seek professional care
- Home treatment
- Prevention

The intent of the self care guide is not to take the place of the provider's medical advice, diagnosis, or treatment but to assist the provider in managing the care of Team Care clients.

If you have questions about Team Care, contact the Medicaid Help Line at 1-800-362-8312, Monday through Friday, 8 a.m. – 5 p.m. We appreciate your continued participation in the Team Care program.

*Submitted by Mary LeMieux, DPHHS*

## CHIP Issues New Income Guidelines for 2008

Montana's Children's Health Insurance Plan (CHIP) recently issued new higher income guidelines effective February 1.

CHIP provides free or low-cost health insurance for families with children who are not eligible for Medicaid and 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.

Under the new Montana guidelines, children from a family of four with an annual income of \$37,100 may be eligible for CHIP. That's \$962 more than last year.

Health care providers who serve children and teenagers should encourage families to apply for CHIP, especially if the family pays out-of-pocket for their children's medical care. There is no current waiting list for CHIP.

According to the Montana Department of Public Health and Human Services, 15 percent, or approximately 34,000 Montana children do not have health insurance. It is estimated about half of those children may be eligible for CHIP or Medicaid.

If you would like to receive CHIP materials to distribute to your patients, please call Michael Mahoney at 406-444-7877 or e-mail to [mmahoney2@mt.gov](mailto:mmahoney2@mt.gov).

*Submitted by Michael Mahoney, DPHHS*

## Resubmission of Denied Claims

Beginning December 1, 2007, healthcare programs administered by the Department of Public Health and Human Services implemented enhanced claims editing to identify situations where correct procedure coding principles needed to be improved.

This change affected many providers who bill for services using Current Procedure Terminology or Healthcare Common Procedure Coding System (CPT®/HCPCS) procedure codes.

Some of these edits use historical claims information in determining if a service is payable. In some situations, denied claims processing in the same cycle will cause a resubmitted correction to also deny. When a claim is denied, it is important to remember to *wait until the denied claim has completed the payment cycle and appears on your remittance advice before resubmitting a corrected claim or line.*

*Submitted by Patricia Osterhout, DPHHS*

## Billing for Incontinence Products

Effective April 1, 2008, T4521 through T4537 and T4539 through T4543 are available for providers to bill incontinence products. For providers who have blanket denials for codes A4520 and A4335, requests for revised blanket denials will

need to be completed by June 30, 2008. On June 30, 2008, codes A4520 and A4335 will no longer be available. The T codes are more specific to the type of incontinence product being distributed by Montana Medicaid durable medical equipment providers. These codes will be paid the "by report" percentage of 75% of billed charges. Also maximum allowable amounts will be attached to each code. The allowables are 180 disposable diapers per month, 36 reusable diapers, underpads, liners/shields per year (3 per month), and 240 disposable underpads per month.

*Submitted by Fran O'Hara, DPHHS*

## Spring Provider Fair a Success

Thanks to the providers who attended our Spring Provider Fair, held April 14-15 at the Best Western Great Northern Hotel and Convention Center in Helena. Your participation makes our events successful. We look forward to seeing you this fall!

## Hospital and Surgery Center NPI Issues

### ASC

Providers should enter the referring Passport/Team Care provider number (if applicable) in box 17a and may put the referring provider NPI in 17b (referring provider NPI is not required). If providers submit only the referring NPI and the client is Passport/Team Care, the claim will deny.

You must populate field 33a with your facility's NPI number. You must have a taxonomy number in field 33b (and qualifier ZZ). Please make sure that this is the same taxonomy that you enrolled with. Do **not** report your old Medicaid provider ID (legacy number) in field 24J. Field 24J (rendering) must be blank for your provider type.

To insure proper payment and receipt of remittance advices and 835 transactions, please make sure that the 835 submitter number on your enrollment is correct. All submitter numbers start with a 7 and are 7 digits in length.

### FQHC and RHC

When billing a facility visit on a UB-04 the facility NPI is required in Form Locator (FL) 56. The billing provider's taxonomy number is required in FL 81 (and qualifier B3). An attending NPI number and taxonomy are required in FL 76 (and qualifier ZZ). This is the NPI number of the professional who performed the service. It may not be your facility NPI or your old Medicaid provider ID (legacy number).

To insure proper payment and receipt of remittance advices and 835 transactions,

please make sure that the 835 submitter number on your enrollment is correct. All submitter numbers start with a 7 and are 7 digits in length.

## IHS, Free-standing Dialysis and Birthing Centers

When billing a visit on a UB-04 the facility NPI is required in Form Locator (FL) 56. Do **not** report your old Medicaid provider ID (legacy number) in FL 57. The billing provider's taxonomy number is required in FL 81 (and qualifier B3).

An attending NPI number and taxonomy are required in FL 76 (qualifier ZZ). This is the NPI number of the professional who performed the service. It may not be your facility NPI or your old Medicaid provider ID (legacy number).

To insure proper payment and receipt of remittance advices and 835 transactions, please make sure that the 835 submitter number on your enrollment is correct. All submitter numbers start with a 7 and are 7 digits in length.

## Inpatient and Outpatient Hospitals (PPS and CAH)

When billing an inpatient, outpatient or provider based facility visit on a UB-04 the facility NPI is required in Form Locator (FL) 56. Do **not** report your old Medicaid provider ID (legacy number) in FL 57. The billing provider's taxonomy number is required in FL 81 (qualifier B3).

An attending NPI number and taxonomy are required in FL 76 (qualifier ZZ). This is the NPI number of the professional who performed the service. It may not be your facility NPI or your old Medicaid provider ID (legacy number). Do **not** report the professional's UPIN or old Medicaid provider ID (legacy number).

To insure proper payment and receipt of remittance advices and 835 transactions, please make sure that the 835 submitter number on your enrollment is correct. All submitter numbers start with a 7 and are 7 digits in length.

*Submitted by Deb Stipcich, DPHHS*

## Case Management

The Centers for Medicare and Medicaid Services (CMS) published the interim final federal rule for Targeted Case Management (TCM) services, which includes case management services, under Medicaid (CMS-223-IFC). Effective March 3, 2008, the new federal rule affects how Medicaid will fund all case management activities. The rule changes the way case management is performed in order to be reimbursed by Medicaid. Waivers with renewal dates March 3, 2008, through March 3, 2010, have to comply by March

3, 2010. Changes to state administrative rules are not in place at this time as CMS is still in the process of working out implementation details and has not released written direction concerning how states are to proceed. The state's target effective date for case management administrative rules is September 1, 2008. The state will provide TCM rule interpretations as they become available from the federal government. The entire federal case management rule can be reviewed at <http://a257.g.akamaitech.net/7/257/2422/01jan20071800/edocket.access.gpo.gov/2007/07-5903.htm>.

*Submitted by Jo Thompson, DPHHS*

## Tips for Billing Professional Claims With NPI

Providers who are billing on the new CMS-1500 form with their NPI and taxonomy should remember the following:

- If you are a provider type that does not require a rendering (those not listed below), claims will deny if the rendering NPI/taxonomy on the claim is different than the pay-to (billing) NPI/taxonomy on the claim.
- If you are a provider type that requires a rendering (Podiatry Clinic, Physical Therapist Clinic, Speech Therapist Clinic, Occupational Therapist Clinic, Dental Clinic, Physician Clinic, Dedicated Emergency Department, General Group or Clinic, Provider Based Clinic, Hospital) and a rendering is not sent or the rendering sent is the same as the billing (pay-to), your claims will deny.
- Be sure to use the taxonomy with which you enrolled.
- The ZZ qualifier must precede the taxonomy or your claim may deny.
- Do not send both the old legacy number and taxonomy on paper claims.
- Do not use the ID qualifier for taxonomy.
- If you are a healthcare provider, bill using NPI/taxonomy.

## NDC Billing Instructions

Revised instructions for billing with a National Drug Code (NDC) for physician-administered drugs on the CMS-1500 or 837P have been posted to [www.mtmedicaid.org](http://www.mtmedicaid.org). Please review your provider-specific page for more information.

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>		
03/03/08, 03/18/08	School-Based Services	Passport Requirement Removed From School-Based Services
03/03/08	School-Based Services	Place of Service Charge for CSCT Services
03/05/08	DMEPOS	DMEPOS manual replacement pages: Covered Services, Submitting a Claim
03/17/08	All Provider Types	Resubmission of Denied Claims
03/19/08	All Provider Types Except Critical Access Hospitals, RHCs, FQHCs, and Indian Health Services (removed from those provider types)	Resubmission of Denied Claims (revised)
03/20/08	Pharmacy, Physician, Mid-Level Practitioners	Effexor XR® Dose Consolidation
03/25/08	Durable Medical Equipment	Durable Medical Equipment Coverage for Clients With Basic Medicaid Only
03/25/08	Durable Medical Equipment	New Rules Effective January 1, 2008
<b>Fee Schedules</b>		
03/03/08	Hospital Outpatient	APC schedule, outpatient procedure fee schedule
03/17/08	Home and Community Based Services	New Elderly and Physically Disabled Waiver fee schedule
03/17/08	Personal Assistance Services	Fee schedule
<b>Other Resources</b>		
03/03/08, 03/10/08, 03/17/08, 03/24/08	All Provider Types	What's New on the Site This Week
03/03/08	All Provider Types	Tamper-resistant prescription pad vendors list updated
03/05/08	All Provider Types	Revised news items regarding Instructions for Billing on Paper During the NPI Contingency Period and Billing During the NPI Contingency Period
03/07/08	All Provider Types	News item regarding NPI Reenrollment and Billing
03/07/08, 03/11/08	All Provider Types	News item regarding National Drug Code Billing Instructions
03/10/08	All Provider Types	Great Northern Hotel parking information added to Upcoming Events page
03/11/08	All Provider Types	Link to Tamper-Resistant Prescription Pad Vendors moved to Pharmacy news section of home page
03/11/08	Pharmacy	Link to Tamper-Resistant Prescription Pad Vendors added to "Other Resources"
03/11/08	All Provider Types	Link to August 6, 2007, provider notice added to Tamper-Resistant Pad Vendors page
03/12/08	All Provider Types	April 2008 <i>Claim Jumper</i>
03/12/08	All Provider Types	Revised news item regarding NPI and Taxonomy Paper Claim Instructions
03/17/08, 03/20/08	Pharmacy	Manufacturer-submitted information for March 26 DURB review
03/19/08	All Provider Types	Link to Early and Periodic Screening, Diagnosis and Treatment added in left column navigation bar
03/24/08	All Provider Types	Montana vendors moved to top of list on Tamper-Resistant Pad Vendors page

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