



# Montana Medicaid

# CLAIM JUMPER

Volume XXIV, Issue 5, May 2009

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## Discharge Status Codes on Hospital Inpatient Claims / Readmissions and Transfers

The Department performs post payment reviews on hospital inpatient and outpatient claims. Hospital inpatient claims that show a patient has been readmitted or transferred within three days is an issue being reviewed. In cases of readmission where the readmit is within three days and the claims have the same diagnosis, the readmission services should be bundled into the original stay. A patient readmission occurring in an inpatient rehabilitation hospital or a distinct part rehabilitation unit within three days must be combined into one admission for payment purposes.

Transfers should be indicated by billing the correct discharge patient status code in FL 17 on the UB-04. When a patient is transferred from an acute care facility to a PRTF (psychiatric residential treatment facility), the discharge status code should be an "01" (discharged to home) when billing Montana Medicaid. Medicare requires a transfer discharge status code of "65" (discharged/transferred

to a psychiatric hospital or psychiatric distinct part unit of a hospital) in this instance. Medicaid considers a transfer to a PRTF as a discharge and discharge status code of "01" should be billed in FL 17 on the hospital inpatient claim. Providers who bill electronically should enter this information in Loop 2300, Segment CL1, Data Element 03. Billing with status discharge code "65" will cause the claim to be treated as a transfer and may cause it to be paid incorrectly.

Providers with questions should call Stacy Roope at (406) 444-7018 or [sroope@mt.gov](mailto:sroope@mt.gov) or Rey Busch at (406) 444-4834 or [rbusch2@mt.gov](mailto:rbusch2@mt.gov).

*Submitted by Stacy Roope, DPHHS*

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

## Attention Passport Providers: Check Your Fax Machines

Montana Medicaid has offered our free nurse advice line, Nurse First, to clients for six years, 24 hours a day, seven days a week. We are pleased to tell you that Nurse First will soon offer an enhanced service to benefit you and your clients.

## Top 15 Claim Denial Reasons

| Exception                                       | March Ranking | February Ranking |
|---|---------------|------------------|
| RECIPIENT NOT ELIGIBLE DOS                      | 1             | 2                |
| EXACT DUPLICATE                                 | 2             | 1                |
| REFILL TOO SOON                                 | 3             | 3                |
| REV CODE INVALID FOR PROV TYPE                  | 4             | 5                |
| PASSPORT PROVIDER NO. MISSING                   | 5             | 8                |
| DRUG CONTROL CODE = 2 (DENY)                    | 6             | 4                |
| RATE TIMES DAYS NOT = CHARGE                    | 7             | 6                |
| CLAIM INDICATES TPL                             | 8             | 7                |
| RECIPIENT COVERED BY PART B                     | 9             | 9                |
| SUBMIT BILL TO OTHER PROCESSOR OR PRIMARY PAYER | 10            | 10               |
| PA MISSING OR INVALID                           | 11            | 11               |
| DRUG QUANTITY MISSING                           | 12            | 16               |
| UNIT TYPE MISSING/INVALID                       | 13            | 18               |
| SUSPECT DUPLICATE                               | 14            | 12               |
| SLMB OR QI-1 ELIGIBILITY ONLY                   | 15            | 13               |

Starting May 1, 2009, Nurse First will fax a call summary (client name and presenting symptoms or reason for calling) and disposition report (recommendations client received, i.e. call provider and make appointment, go to emergency room, treat with self care) to their primary care provider, whenever a client calls Nurse First. Previously, call summaries were only sent for Team Care clients.

Faxed alerts are another way Montana Medicaid is working to ensure continuity of care for your clients and to encourage the medical home concept. We want you to be aware of all of your clients' health questions, concerns and symptoms so you can provide them with optimum care.

We encourage you to remind your Medicaid clients about the Nurse First line, especially those who may have trouble accessing proper care. Calling the Nurse First line may save them a trip to the emergency room. It is free, confidential and available to all Montana Medicaid clients 24 hours a day, seven days a week. Nurses can triage clients for illness or injury and answer general health and drug questions.

**NURSE FIRST 1-800-330-7847**

So...starting checking those fax machines!!

*Submitted by Rachel Donahoe, DPHHS*

## Circumcisions

Post payment audits of claims are performed periodically by the Surveillance and Utilization Review Section. A current review of hospital inpatient and outpatient claims billing for circumcisions has revealed inappropriate billing for these services. Montana Medicaid does not cover circumcisions unless determined to be medically necessary by the Department or the Department's designated review organization. In that instance, prior authorization is required. Please reference ARM 37.85.207, Services not provided by the Medicaid Program, for additional information. Claims where services are paid and not covered by Medicaid and not prior authorized will trigger a recovery of the overpayment.

Providers with questions should call Stacy Roope at (406) 444-7018 or sroope@mt.gov or Rey Busch at (406) 444-4834 or rbusch2@mt.gov.

*Submitted by Stacy Roope, DPHHS*

## Using Correct Qualifiers

When submitting a claim, whether electronic or paper, it is very important to make sure that your information is entered properly. One common error that

can occur is submitting with the incorrect qualifier.

Here are a few common qualifiers that can be used on a claim:

### Electronic Claims Submission for 837I, 837P and 837D

- ZZ—Taxonomy code
- XX—NPI number
- 1D—Atypical provider number
- G1—Prior authorization
- 9F—Referring physician or Passport number
- PWK—Paperwork attachment is being sent for this claim
- F2—International units
- GR—Gram
- ML—Milliliter
- UN—Unit
- MJ—Minutes

### For Paper Claim Submissions

- ZZ—Taxonomy code
- 1D—Atypical provider number
- F2—International units
- GR—Gram
- ML—Milliliter
- UN—Unit
- MJ—Minutes
- B3 for taxonomy code in the 81CC (UB-04) field

To learn more about electronic and paper submission, click on the following links:

- **Paper 1500:** <http://medicaidprovider.hhs.mt.gov/pdf/npionlyclaiminstructions1500.pdf>
- **UB-04:** [http://medicaidprovider.hhs.mt.gov/pdf/npionlyclaiminstructions ub.pdf](http://medicaidprovider.hhs.mt.gov/pdf/npionlyclaiminstructionsub.pdf)
- **X12 information and the Montana EDI Companion Guide:** <http://medicaidprovider.hhs.mt.gov/pdf/x12information.pdf> and <http://www.acs-gero.com/docs/mt-home.php?menuItem=guides>

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.

## Adult Mental Health Services Primary Program Contacts

**Deb Sanchez, Supervisor of Clinical Programs — 444-2706**

*Medicaid Mental Health Services Plan and 72 Hr Presumptive Eligibility Program for Crisis Stabilization:*

- Inpatient hospital claims
- Prior authorized services
- First Health liaison
- Provider manual and training
- Administrative reviews and appeals

**Marcia Armstrong, Medicaid Program Officer — 444-2878**

*Medicaid:*

- HCBS waiver
- Medicare crossover
- Claims billing questions\*
- Claim denials\*

**Linda Nelson, Mental Health Program Officer — 444-9330**

*Mental Health Services Plan (MHSP):*

- Financial eligibility
- Claims billing questions\*
- Claim denials\*
- Inaccurate eligibility status and spans

- Missing or duplicate cards
- Plan of benefits explanations

**Rebecca Corbett, Mental Health Eligibility Specialist — 444-9530**

*72 Hr. Program Data Management:*

- Application processing
- Claims billing questions\*
- Claim denials\*
- Payment authorizations: information, notification, reports

**Cindy Jensen, Clinical Program Officer — 444 - 3356**

*72 Hr. Program and MHSP:*

- Clinical review of 72 hr. forms
- Clinical review of MHSP eligibility applications
- Clinical review of intensive outpatient and crisis stabilization prior authorizations and continued stays
- Claims billing questions\*
- Claim denials\*

\* Contact ACS Provider Relations first; representatives there will refer you to Department staff as necessary.

## 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>            |  |  |
| 03/02/09  | Inpatient Hospital   | Clarification for Changes in Prior Authorization Requirements (revised)  |
| 03/05/09,<br>03/09/09,<br>03/10/09,<br>03/10/09 | Inpatient Hospital, Outpatient Hospital, Physician, Mid-Level Practitioner, Ambulatory Surgical Center, Psychiatrist | Vagus Nerve Stimulation  |
| 03/09/09,<br>03/10/09                           | DME  | Revised Limits for Incontinence Products   |
| 03/09/09  | DME  | Medicaid Policy on 36-Month Oxygen Cap   |
| 03/09/09  | DME  | Screening Criteria for Combination Shower Commode Chairs and Accessories   |
| 03/09/09  | DME  | Screening Criteria for Equipment (Mobility Devices, Shower Chairs, Bathing Systems, Standers)                          |
| 03/12/09  | Physicians, Mid-Level Practitioners, IDTF, Lab and X-ray, Hospital Outpatient, Podiatry                              | 2009 ATP Tests and Fee Schedules (revised) (also posted under Fee Schedules and Other Resources on each provider page) |
| 03/16/09  | All Provider Types   | Timely Filing for Medicare Crossovers  |
| <b>Fee Schedules</b>                            |  |  |
| 02/26/09  | DME  | Fee schedule   |
| 03/02/09  | Physical Therapy   | Fee schedule   |
| 03/02/09  | Hearing Aid, Audiology   | Fee schedule   |
| 03/03/09  | Ambulance, Respiratory Therapy   | Fee schedule   |
| 03/03/09  | Optician, Optometric   | Fee schedule   |
| 03/03/09  | Optician, Optometric   | Revised July 1, 2008, fee schedule   |
| <b>Other Resources</b>                          |  |  |
| 03/02/09,<br>03/09/09,<br>03/16/09,<br>03/23/09 | All Provider Types   | What's New on the Site This Week   |
| 03/05/09  | All Provider Types   | Montana's Healthcare Programs 2009 Spring Provider Training added to Upcoming Events page                              |
| 03/05/09  | All Provider Types   | Revised Address Correction Form added to Forms page  |
| 03/12/09  | School-Based Services  | Revised Key Contacts   |
| 03/12/09  | All Provider Types   | April 2009 <i>Claim Jumper</i>   |
| 03/20/09,<br>03/23/09                           | Pharmacy   | April 22, 2009, DUR Board / Formulary Committee meeting agenda   |
| 03/24/09  | All Provider Types   | Revised Key Contacts added to Contact Us and Medicaid Information / General Key Contacts pages                         |
| 03/25/09  | Nursing Facility   | 2009 Medicaid Payment and TAD Schedule   |

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

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U.S. Postage  
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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](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