



Montana Medicaid

CLAIM JUMPER

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CHIP Joins Providers to Help Insure Montana Children

Montana's Children's Health Insurance Plan (CHIP) is partnering with health care providers all across the state to help families obtain health insurance for their children.

CHIP is a free or low-cost health insurance plan available to families who do not qualify for Medicaid, but cannot afford private insurance for their children. CHIP currently covers over 18,000 Montana children and teenagers. CHIP covers a wide array of health services, including medical, dental, vision, and prescription drugs.

You can join the over 700 CHIP community partners who help Montana families learn about CHIP by having applications and brochures available at your location. CHIP supplies all of the materials. You can also encourage your clients to visit the CHIP website at www.chip.mt.gov. Parents can fill out the application right on their computer.

Please help us get more Montana children enrolled in CHIP. There is no

waiting list, so now is a great time for families to apply for CHIP.

If you would like to receive a CHIP brochure holder and/or a supply of brochures and applications, please call Michael Mahoney, CHIP Community Relations Manager, at (406) 444-7877 or e-mail at mmahoney2@mt.gov. Posters are also available.

Thank you for supporting Montana families.

Submitted by Michael Mahoney, 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 (mtmedicaid.org).

Transplant Program Update

Covered Services

- Services considered experimental and/or investigational are not a benefit of the Montana Medicaid program.
- All cases presented for organ or tissue transplant, with the exception of corneal transplants, require prior authorization from the Department's designated review organization.
- Medicaid will only cover medically necessary organ or tissue transplants.
 - Complies with Medicare coverage guidelines for organ or tissue transplant service.
 - If Medicare guidelines are not available, the transplant surgery will be reviewed to determine whether it is experimental and/or investigational.
- Transplant program standards

- Organ transplants must be performed in a Medicare certified center. If Medicare has not designated a certified center, the transplant must be performed by a program that is located in a hospital or parts of a hospital certified by the Organ Procurement and Transplantation Network (OPTN) for the specific organ being transplanted. A list of CMS-certified facilities can be accessed at <http://www.cms.hhs.gov/CertificationandCompliance/Downloads/ApprovedTransplantPrograms.pdf>.
- Tissue transplants such as corneal, bone marrow and peripheral stem cell transplants must meet Medicare coverage guidelines.

Prior Authorization

With the exception of corneal transplants, prior authorization is required for all organ and tissue transplants. To obtain a prior authorization, please call:

Mountain-Pacific Quality Health
Helena: (406) 443-4020
Local fax: (406) 443-4585
In- and out-of-state: 1-800-262-1545 ext. 5850
Long-distance fax: 1-800-497-8235

For questions regarding transplantation services, please contact Mary Patrick, R.N., Hospital Case Manager/Transplant Program Officer, at (406) 444-0061 or e-mail mpatrick@mt.gov.

Submitted by Mary Patrick, R.N., DPHHS

Billing for Passport Client Referrals

Passport providers refer Medicaid clients for medically necessary services that they do not provide. Referrals can be made to any other provider who accepts Montana Medicaid. They may be verbal or in writing, but they must be documented and maintained in the client's

file. This documentation should not be submitted with the claim.

The client's Passport provider must be contacted for approval for each visit. If a Passport provider refers a client to you, do not refer that client to someone else without the Passport provider's approval, or Medicaid will not cover the service.

When billing Montana's Healthcare Programs, the referring provider's Passport number must be in field 17a on the CMS-1500 and in field locator 7 on the UB-04. The referring provider's NPI must be in field 17b on the CMS-1500. No qualifier is needed. If you do not provide this information, the claim will be denied.

Billing Electronically With a Paperwork Attachment

Providers can submit electronic claims to ACS even if they need to include separate paper documentation. Ensure the paperwork indicator is on the electronic claim in Loop 2300, Segment PWK, data element 6, then simply mail or fax the documentation with the paperwork attachment cover sheet available on www.mtmedicaid.org. The most critical data on the paperwork attachment coversheet is the client ID. The ID billed on the claim must match the ID sent on the paperwork attachment coversheet.

If there was a third-party liability (TPL) payment on the claim, make sure to record the payment by the other carrier on the claim transaction. You do not need to mail in the attachment but you must retain the EOB from the other carrier. The Medicare EOMB is required when sending claims Medicare has either denied or the entire allowed amount was applied to the deductible. All secondary claims being submitted to Montana's Healthcare Programs may be submitted electronically.

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.

Top 15 Claim Denial Reasons

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

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		
04/09/09	Psychiatric Residential Treatment Facility, Mental Health Center, Targeted Case Management—Mental Health	Second Document of Frequently Asked Questions About Targeted Case Management (TCM) in Psychiatric Residential Treatment Facilities (PRTFs)
04/10/09	Pharmacy, Psychiatric Residential Treatment Facility	PRTF Three-Day Medication Supply
04/14/09, 04/21/09	Pharmacy, Physician, Mid-Level Practitioners	Prior Authorization for Ryzolt®; Prior Authorization Addition: Uloric®; Prior Authorization Addition: Lidoderm®, Voltaren Gel®, Flector Patches®
04/16/09, 04/17/09	Pharmacy	Coordination of Benefits: Updated

04/27/09	Inpatient Hospital, Outpatient Hospital, Critical Access Hospital, Ambulatory Surgical Center, Mid-Level Practitioner, Physician	Transplant Program Update
04/28/09	Ambulatory Surgical Center	Ambulatory Surgical Center Payment System
Fee Schedules		
04/02/09, 04/06/09	Psychologist, Residential Treatment Center, Social Worker, Licensed Professional Counselor, Mental Health Center, Targeted Case Management—Mental Health, Therapeutic Group Home, Therapeutic Foster Care	Revised fee schedule for Medicaid Mental Health and Mental Health Services Plan for individuals under 18 years of age
04/02/09	Psychologist, Residential Treatment Center, Social Worker, Licensed Professional Counselor, Mental Health Center, Targeted Case Management—Mental Health, Therapeutic Group Home, Therapeutic Foster Care	Fee schedule for Medicaid Mental Health and Mental Health Services Plan for individuals under 18 years of age
04/08/09	Hospital Outpatient	APC schedule, outpatient procedure fee schedule
04/27/09	Physician	Revised fee schedule
Other Resources		
03/30/09, 04/06/09, 04/17/09, 04/20/09, 04/27/09	All Provider Types	What's New on the Site This Week
03/31/09, 04/06/09, 04/09/09	Pharmacy	Manufacturer-submitted information for April 22 DUR board review
04/02/09	All Provider Types	Request for Blanket Denial Letter added to Forms page
04/02/09	All Provider Types	Revised Self-Audit Policy and Procedure
04/06/09	Psychologist, Social Worker, Licensed Professional Counselor, Psychiatrist, Psychiatric Residential Treatment Facility	Provider name and address list
04/07/09	Pharmacy	NCPDP 5.1 Payer Sheet
04/07/09, 04/08/09	Physician, Podiatry, Mid-Level Practitioners, IDTF, Birthing Center, Laboratory and X-ray, Public Health Clinics, Outpatient Hospital, Emergency Room, Free-Standing Dialysis Clinic, Pharmacy, Psychiatry, Ambulatory Surgical Center	Updated list of rebateable manufacturers
04/09/09	All Provider Types	May 2009 <i>Claim Jumper</i>
04/14/09, 04/17/09	All Provider Types	News item regarding EOB Reason and Remark Crosswalk Updated
04/17/09	All Provider Types	EOB R&R Crosswalk posted under "Other Resources"
04/22/09	Psychiatric Residential Treatment Facility	Residential Treatment Center (RTC) changed to Psychiatric Residential Treatment Facility on Resources by Provide Type page and provider-specific page
04/27/09	Pharmacy	May 27, 2009, DUR Board/Formulary Committee meeting agenda
04/29/09	All Provider Types	Montana Health and Wellness Information link added to left column navigation menu; Montana Health and Wellness Information paragraph added to Nurse First 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

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