



# Montana Medicaid

# CLAIM JUMPER

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## Access to Baby and Child Dentistry (ABCD)

The Access to Baby and Child Dentistry (ABCD) program is a program established to increase access to dental services for Medicaid-eligible children under age 6. ABCD focuses on preventive and restorative dental care for children from birth to age 6, with emphasis on the first dental appointment by age 1, if not sooner. It is based upon the premise that starting dental visits early will yield positive behaviors by both parents and children, thereby helping control the caries process and reduce the need for costly future restorative work.

Dentists must receive continuing education in early pediatric dental techniques to qualify as an ABCD specialist. This specialty endorsement will allow ABCD dentists to be reimbursed for the following procedures:

- D0145, Oral evaluation for a patient under 3
- D0425, Caries susceptibility test (age 0-3)
- D1310, Nutritional counseling (age 0-5)
- D1330, Oral hygiene instruction (age 0-5)

Based upon the results of a Caries Risk Assessment (CRA), each individual child will be determined either high risk or low/med risk. This is a result of measuring clinical conditions, environmental characteristics and general health conditions to document caries risk level. Risk level will determine visit frequency (up to three times per year for low/med risk, up to six times per year for high risk).

The risk assessment shall be completed at each initial visit and annually thereafter up to age 3. Risk assessments are valid for one year.

Family Oral Health Education is a strong component of this program. This is completed at the dental office. Other components of the program include proper training in oral hygiene techniques and the application of fluoride varnish. Restorative and radiographic services are used as determined necessary by the dentist. Program changes and new fee schedule are effective July 1, 2009. For further information contact Jan Paulsen, Dental Program Officer, at 444-3182.

*Submitted by Jan Paulsen, DPHHS*

## Request for Completion of Forms

The Department of Public Health and Human Services (DPHHS) is committed to the philosophy that public assistance is intended to provide temporary support to eligible individuals for the purpose of assisting them to reach economic self-support.

As a partner in the public health arena, DPHHS needs your assistance with the completion of forms for individuals receiving Temporary Assistance for Needy Families (TANF) and Medicaid services. The "Activity Assessment" form, which addresses physical needs, and the "Mental Health Assessment" form, which addresses cognitive needs, will allow you to provide your professional

assessment in regards to the **capabilities** of the individual, keeping with the above philosophy.

Each participant in the TANF Program is required to participate in training and employment building activities in exchange for monthly cash benefits. Activities can include work experience, education, job search, job readiness classes, hands-on training and community service activities. There are no exceptions to this federally mandated requirement, but we can allow for accommodations when medical/mental health issues are verified by a medical professional. Accommodations can include participating for shortened hours, taking frequent breaks, participating in a less stressful environment or in a "less-public" situation, participating in activities that allow the individual to sit down rather than stand, no heavy lifting or whatever you feel your patient needs.

You may be asked to complete one or both of the above-mentioned forms. Without these forms completed in full, your patient may not qualify for continued TANF benefits or may be required to participate fully when they are not capable of doing so. If your patient is temporarily disabled and cannot do any activities due to being house confined or on total bed rest, we can allow a temporary exemption from activities. In that case, we may request updated forms as the individual progresses. If your patient is, in your professional opinion, permanently disabled, we need to know as soon as possible as we can assist with the disability application and appeal process which may take years to complete.

We appreciate your assistance when asked to complete the forms. We understand the burden additional paperwork places on you and appreciate your efforts to assist. We welcome suggestions and input on the forms or other means of gathering the necessary information.

Please feel free to contact Del Bock, TANF Program Manager, at (406) 444-9478 with any input, questions or concerns.

*Submitted by Del Bock, DPHHS*

## Reason and Remark Denials

The HIPAA compliant reason and remark codes that appear on your remittance advices, both printable version and the ANSI X12 835 transaction, may represent multiple denial reasons for Montana Health Care Programs. For example, if reason code 22 (Payment adjusted because this care may be covered by another payer per coordination of benefits.) appears with remark code MA04 (Secondary payment cannot be considered without the identity of or payment information from the primary payer. The information was either not reported or was illegible.), the reasons for the denial by Montana Health Care Programs would include:

- Based on the information you presented on your claim, the recipient appears to have other insurance coverage. Please indicate on the claim the amount paid by the other insurance or attach an insurance denial letter and resubmit the claim. If the patient doesn't have other insurance coverage, please remove the TPL information from the claim form and resubmit.
- This claim has been denied for one or both of the following reasons: 1) the number of units appears to be excessive, or 2) the pricing and/or quantity indicate that an incorrect NDC may have been used.
- Claim denied. The Medicare paid date is not present on the EOB or spreadsheet received. Please resubmit with a complete copy of the Medicare EOB or spreadsheet which includes the Medicare paid date.
- Claim/line denied. Please resubmit the claim form with a copy of the Medicare explanation of benefits attached.
- Our records indicate the recipient has Medicare coverage. Please submit the claim to Medicare for payment or resubmit the claim to Medicaid with either the Medicare information in form locators 39, 40, and 54 or a Medicare EOMB attached.
- Claim denied. This recipient has third party insurance. Submit the claim directly to Montana Medicaid with documentation from the private insurance. Please refer to the claim denial above for details on the other insurance.

- Claim/line denied. Our records indicate the recipient has Medicare coverage. Please submit the claim to Medicare for payment or resubmit the claim to Medicaid with the Medicare EOB attached.

A crosswalk between the reason and/or remark code and Montana Health Care Programs explanation of benefits codes is provided on the website, [www.mtmedicaid.org](http://www.mtmedicaid.org) in Other Resources.

## Unwanted Paper Remittance Advices

Are you receiving a paper copy of your remittance advice that you no longer want or need? There is a simple solution. Contact ACS Provider Relations and request that your file be updated to no longer produce the paper remittance advice. You may make these requests by mail, fax, phone, e-mail or the Ask Provider Relations function on the web portal.

ACS Provider Relations  
P.O. Box 4936  
Helena, MT 59601

1-800-624-3958  
406-442-1837

[mtprhelpdesk@acs-inc.com](mailto:mtprhelpdesk@acs-inc.com)

## Fall Provider Training Suggestions

Thank you to the many providers who attended our recent spring provider trainings. We are already planning our fall events. If there is a subject you'd like to see covered, please e-mail [mtprhelpdesk@acs-inc.com](mailto:mtprhelpdesk@acs-inc.com) or submit recommendations through the Ask Provider Relations feature on the web portal.

## 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)).

## More on Passport Referrals, Correction and Updated Materials

Last month's article on Passport to Health referral requirements reported that a provider's NPI was required on line 17b

of the CMS-1500; **this is not a requirement to get a claim processed.** The only referring provider information necessary is their Passport referral number in box 17a. If you are the Passport Provider for the client, you do not need to put your own Passport number in box 17a.

Please remember:

- It is the responsibility of the referring provider to keep a log or a note in the client's chart about referrals given.
- Referrals can be communicated by office staff but **must be approved** by the provider.
- It is OK to give a referral for a patient you have never seen. They may have just started being covered by Montana Medicaid and not had the opportunity to establish care with you yet. If you get several requests for a patient you have never seen, it is appropriate to dismiss the client because they have not established care with you.
- It is OK to deny Passport referral if you are/were open and able to see the client and they sought a service you could have provided.
- It is OK to deny Passport if you have an established relationship with a client and they are seeking a specialty service that you do not believe is medically necessary.
- If you see a client regularly who is not on your Passport list, it is OK to encourage them to make you their Passport Provider. There is a new Passport change form which they can fill out in your office and fax to ACS-Passport. They can also call the Medicaid client hotline at 1-800-362-8312.
- It is illegal to privately bill a client for services if you do not obtain a Passport referral unless you have a specific private pay agreement signed with the client, before the service is rendered, which details the type and date of service.

Please check the Passport Provider website for your updated Passport Provider Handbook, a Passport change form (for your clients) and a Passport referral form: <http://medicaidprovider.hhs.mt.gov/providerpages/passport.shtml>.

*Submitted by Rachel Donahoe, 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](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.

Recent Publications Available on Website		
Date	Provider Type	Description
<b>Notices and Replacement Pages</b>		
04/30/09	Inpatient Hospital, Outpatient Hospital, Critical Access Hospital, Ambulatory Surgical Center, Mid-Level Practitioner, Physician	Transplant Program Update (revised)
05/07/09	School-Based Services	FMAP Adjustment for School-Based Services Including Comprehensive School and Community Treatment (CSCT) Program
05/07/09	Pharmacy, Physician, Mid-Level Practitioner	Prior Authorization for Savella®
05/19/09	Pharmacy, Physician, Mid-Level Practitioner	Latisse® (bimatoprost) Not Covered by Montana Medicaid
05/19/09	Pharmacy, Physician, Mid-Level Practitioner	Prior Authorization Requirements for Provigil® and Nuvigil®
05/19/09	Pharmacy, Physician, Mid-Level Practitioner	Prior Authorization Requirements for Relistor®
05/28/09	Passport	Passport provider handbook added to Passport page
<b>Fee Schedules</b>		
05/05/09	School-Based Services	Revised fee schedule
06/25/09	Home and Community Based Services, Home Health Services, Personal Assistance Services	Fee schedule
<b>Other Resources</b>		
05/04/09, 05/11/09, 05/18/09, 05/26/09	All Provider Types	What's New on the Site This Week
05/04/09, 05/05/09, 05/05/09, 05/14/09, 05/20/09, 05/21/09, 05/26/09	Pharmacy	Updated PDL
05/06/09	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	Revised updated list of rebateable manufacturers
05/12/09	All Provider Types	Request for Blanket Denial Letter posted to Forms page
05/13/09	All Provider Types	June 2009 <i>Claim Jumper</i>
05/13/09, 05/14/09, 05/18/09, 05/21/09	Pharmacy	Manufacturer-submitted information for May 27 DUR board review
05/13/09	All Provider Types	Training link added in left column navigation menu
05/13/09	All Provider Types	2009 spring provider training presentations added to Training page
05/14/09, 05/18/09, 05/21/09	Pharmacy	May 27, 2009, DUR Board / Formulary Committee meeting agenda
05/14/09	All Provider Types	Spring Public Health Conference presentation added to Training page
05/18/09	All Provider Types	News item regarding Holiday eSOR Schedule
05/18/09	Passport	Passport to Health waiver added to Passport page
05/20/09, 05/21/09	Passport	Provider referral form and provider change form added to Passport page
05/21/09	Pharmacy	June 24, 2009, DUR Board / Formulary Committee meeting agenda
05/28/09	Team Care	Team Care referral form added to Team Care and Forms pages

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

PRSR STD  
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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