



Montana Medicaid

CLAIM JUMPER

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MHSP Approved Providers

Due to a technical problem, several licensed clinical social workers (LCSWs) and licensed clinical professional counselors (LCPCs) were erroneously enrolled as providers under the Mental Health Services Plan for **adults**. Effective immediately, they will be unenrolled as providers for this program. Notification has occurred to those providers affected.

The Mental Health Services Plan (MHSP) is a state-funded program that provides medically necessary mental health services to individuals who are over the age of 17 with a family income of 150 percent of the federal poverty level and who suffer from a severe and disabling mental illness. **Services under the plan, including psychotherapy, are typically provided by a licensed mental health center and**

at some federally qualified health centers, which are located throughout Montana.

In order for those clients affected by this to receive psychotherapy and to facilitate a smooth transition, please follow these procedures:

- Transfer your current adult MHSP client to the local mental health center, **or**,
- Complete treatment with your client within 24 sessions beginning July 1, 2009;
- Send unreimbursed claims and claims to be paid for the adult MHSP program to my attention at the address listed below, and
- Do not enroll any new adult client in your practice in the Mental Health Services Plan.

No future enrollment of private sector providers is anticipated at this time.

For questions or concerns, please contact Cindy Jensen, Clinical Program Officer for Mental Health Services, AMDD, Mental Health Bureau, P.O. Box 202905, Helena, MT 59620, (406) 444-3356, cindyjensen@mt.gov.

Submitted by Cindy L. Jensen, LCSW, DPHHS

30-Day Eligibility Suspense

In response to an overwhelming preference expressed at the spring provider trainings, Medicaid has revised the process for claims suspending for eligibility reasons. Claims suspended for eligibility related edits will now suspend for seven days, instead of 30 days. Within the next few weeks, you will notice that claims pending for eligibility, reason code 133, will only reflect

on your remittance advice as pending for seven days before denying. This will allow you to correct errors related to eligibility more quickly and to allow you to determine appropriate billing for claims which deny for eligibility.

If you have any questions, please contact ACS Provider Relations by telephone at 1-800-624-3958 or (406) 442-1837, by e-mail at mtprhelpdesk@acs-inc.com or through the Ask Provider Relations function on the web portal.

Modifier 21

Effective January 1, 2009, the AMA deleted modifier 21 (Prolonged Evaluation and Management Services). Providers billing for prolonged E/M services that are 30 minutes or more beyond the usual service for the direct and indirect patient care should be using prolonged service codes 99354 - 99359. Refer to the updated coding guidelines published in the 2009 CPT coding manual for codes associated with additional durations of time. Services billed with modifier 21 with dates of service after December 31, 2008, will deny for inappropriate modifier use.

Billing Other Insurance Before Billing Medicaid

Montana Medicaid needs your help. Medicaid clients can and often do have other insurance available to them, and providers are required to bill that other insurance prior to billing Medicaid. In addition to billing the other insurer, the providers also need to follow the rules of the other insurer to maximize benefits for the client and provider. This means that providers need to obtain the required prior authorization from the other insurer, utilize preferred provider networks for referrals, prescribe

from approved formularies, and follow all other procedures established by the insurer. Your attention to these matters not only enhances benefits for clients, it also improves reimbursements to providers and saves tax dollars used for Medicaid.

Submitted by Russ Hill, 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).

Psychological Testing Reimbursement Change

Effective July 1, 2009, the Department implemented annual changes to update the reimbursement rates for psychologists and licensed clinical professional counselors (LCPCs) using the Resource Based Relative Value Scale (RBRVS). This year their reimbursement rates will increase on average by 2 percent, per legislative appropriation.

The Department is moving toward using national standard weights or RVUs for psychological testing procedures that have been paid an enhanced rate by fee schedule in the past. This will result in significant rate reductions for psychological testing in the following CPT codes: 96101, 96118, 96119 and 96120. The AH modifier used in SFY 2009 to receive the enhanced rate with these procedure codes will no longer be used. However, the funding is being reallocated to other services in this provider group to assure that overall funding for mental health services is increased. This will result in a rate increase of over 6 percent in seven of the top eight services provided by psychologists and LCPCs in SFY 2009. These top eight services made up 91 percent of the services provided in SFY 2009 and the provider budget. See www.mtmedicaid.org for a provider notice and fee schedule.

Contact Information

For rates or policy questions, contact Marcia Armstrong (Addictive and Mental Disorders Division) at marmstrong@mt.gov or (406) 444-

2878 or Diane White (Children's Mental Health Bureau) at dwhite@mt.gov or (406) 444-1535.

Submitted by Diane White, DPHHS

Psychiatrist Service Reimbursement Change and Timely Billing Requirement

The Department is required by Montana Code Annotated (MCA) 53-6-125 to increase the conversion factor (CF) for physician services reimbursed by Medicaid by 6 percent July 1, 2009. The Department is also required to increase reimbursement for other Medicaid providers by 2 percent, per legislative appropriation. In addition, the Relative Value Units (RVUs) increased by 9 percent on average for all Medicaid providers. The RVUs for psychiatric services increased more than 9 percent. These changes have put a significant strain on monies budgeted for physician services to Medicaid clients while allowing the Department to maintain budget neutrality.

Payment for a service using the Resource Based Relative Value Scale (RBRVS) system is determined by multiplying the (1) relative value unit (RVU) of the service by the (2) conversion factor for the provider performing the service and any (3) rate variable.

Psychiatrists receive an enhanced RBRVS payment using a rate variable. The Department is moving toward a clean RBRVS reimbursement system that does not include enhanced payments through rate variables. The Department has chosen to reduce the amount of rate variables in excess of 100 percent by one half.

Psychiatrists under the Montana Medicaid RBRVS reimbursement system presently receive 150 percent of the physician payment. Their payment will be reduced to 125 percent of the physician payment. By increasing RVUs and the CF and reducing the rate variable, the Department held the reimbursement to psychiatrists at the same level from SFY 2009 to 2010. Psychiatrists will still be reimbursed 25 percent more than other physicians in SFY 2010.

This rate variable is not sensitive to the date of service of the submitted claim. In order to implement this change, the rate variable will be

changed on September 1, 2009, from 150 percent to 125 percent. This delay in implementation will allow time for psychiatrists to submit their claims for services provided prior to July 1, 2009, and have them paid at the old rate of reimbursement. On September 1, 2009, the rate variable will be changed and all claims processed after that (including adjustments) will be reimbursed at the 125 percent rate. **Every effort should be made to bill for psychiatric services provided prior to July 1, 2009, before the September 1, 2009, change to prevent these claims from paying at the lower rate.**

Any claims processed between July 1 and August 31, 2009, for dates of service on or after July 1, 2009, will be paid at the 150 percent level and then adjusted to the 125 percent rate when the rate variable is changed on September 1, 2009. Claims with dates of service prior to July 1, 2009, submitted after September 1, 2009, will not be adjusted and reimbursed at the 150 percent level.

See www.mtmedicaid.org for a provider notice and fee schedule.

Contact Information

For rates or policy questions, contact Marcia Armstrong (AMDD) at marmstrong@mt.gov or (406) 444-2878 or Diane White (Children's Mental Health) at dwhite@mt.gov or (406) 444-1535.

Submitted by Diane White, DPHHS

Fall Provider Training

Fall provider trainings are now being planned. Sessions will be held in Bozeman, Miles City and Kalispell in October. As more information becomes available, it will appear in future issues of the *Claim Jumper* and on the Upcoming Events section of the www.mtmedicaid.org website.

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		
06/02/09	Physician, Mid-Level Practitioner, Public Health Clinic, Birth Center, Outpatient Hospital	Clarification of Required NDC Information for Coverage of 17 Alpha-Hydroxyprogesterone Caproate (17-AHP)
06/25/09	Home Health	Rate Increase
06/25/09	Personal Assistance Services	Rate Increase
06/25/09	HCBS Elderly and Physically Disabled Waiver	Rate Increase
06/25/09	Dentist, Denturist, Dental Hygienist, Oral Surgeon	Rate Increase
06/25/09	Personal and Commercial Transportation	Rate Increase
06/25/09	Ambulance	Rate Increase
06/25/09	Nutrition	Rate Increase
06/25/09	Private-Duty Nursing	Rate Increase
06/29/09	Pharmacy	Dispensing Fee Increase
Fee Schedules		
06/04/09	Ambulatory Surgical Center	Fee schedule
06/11/09	Hospital Outpatient	APC schedule and outpatient procedure fee schedule
06/25/09, 07/01/09	Home Health, Personal Assistance Services, HCBS Elderly and Physically Disabled Waiver	Fee schedules
06/30/09, 07/02/09	Psychologist, Psychiatric Residential Treatment Facility, 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
07/01/09	Dentist	Fee schedule
07/02/09	Psychiatrist	Fee schedule
Other Resources		
06/01/09, 06/08/09, 06/15/09, 06/22/09, 06/29/09	All Provider Types	What's New on the Site This Week
06/01/09, 06/09/09, 06/11/09, 06/15/09, 06/16/09, 06/22/09	Pharmacy	Manufacturer-submitted information for June 24 DUR Board review
06/09/09	Pharmacy	June 24, 2009, DUR Board / Formulary Committee meeting agenda
06/11/09	All Provider Types	MHSP Clinical Eligibility form added to Forms page
06/16/09	All Provider Types	July 2009 <i>Claim Jumper</i>
06/18/09	Pharmacy	Updated PDL
06/29/09	All Provider Types	News item regarding Holiday eSOR Schedule
06/29/09	Pharmacy	Cost to Dispense Survey
06/30/09	All Provider Types	Contact list for Local Offices of Public Assistance updated on Medicaid Information page
07/01/09	All Provider Types	Revised Montana's Healthcare Programs NPI Reenrollment Application (for participation after October 1, 2007) added to NPI Provider Reenrollment 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