



Montana Medicaid

CLAIM JUMPER

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New Rules for Children's Mental Health

Effective January 1, 2009, changes in some of the administrative rules for children's mental health services will occur. Residential Treatment Centers will be called Psychiatric Residential Treatment Facilities (PRTFs). PRTFs will be reimbursed by Montana Medicaid under a bundled rate to include psychiatric, medical and ancillary services. Other Medicaid services will not be reimbursed outside the bundled PRTF rate, including case management. Targeted case management (TCM) services will become part of the bundled rate for both in-state and out-of-state PRTFs. The PRTF will have to provide TCM services or reimburse a mental health center for TCM services provided to a youth while they are in a PRTF.

The signature of the youth's targeted case manager will not be required

on certificates of need for therapeutic family or foster care, therapeutic youth group home and PRTF services beginning January 1, 2009. However, if the youth has a TCM, the role of the TCM still includes developing or assisting in the development of the certificate of need to request authorization for higher levels of care. Serving youth (with serious emotional disturbance) in the least restrictive setting remains a State and Federal requirement, is part of the medical necessity criteria, and promotes effective treatment. TCM services are integral in facilitating this requirement.

For more information see MAR Notice No. 37-448 on the Secretary of State's website at <http://sos.mt.gov/ARM/Register/archives/MAR2008/MAR21-08.pdf> (pages 2360-2374) or contact CMHB Clinical Program Manager Supervisor Diane White at (406) 444-1535 or email dwhite@mt.gov.

Submitted by Diane White, DPHHS

CHIP Extended Dental Benefit

Effective November 2008, the Children's Health Insurance Plan (CHIP) is not accepting new requests for Ex-

Top 15 Claim Denial Reasons

Exception	October Ranking	September Ranking
RECIPIENT NOT ELIGIBLE DOS	1	2
EXACT DUPLICATE	2	1
DRUG CONTROL CODE = 2 (DENY)	3	4
DRUG QUANTITY MISSING	4	15
REFILL TOO SOON	5	7
UNIT TYPE MISSING/INVALID	6	17
NDC MISSING OR INVALID	7	18
CLAIM INDICATES TPL	8	8
REV CODE INVALID FOR PROV TYPE	9	5
PA MISSING OR INVALID	10	10
RECIPIENT COVERED BY PART B	11	9
SUBMIT BILL TO OTHER PROCESSOR OR PRIMARY PAYER	12	12
CLAIM DATE PAST FILING LIMIT	13	11
PASSPORT PROVIDER NO. MISSING	14	3
PROVIDER TYPE/PROCEDURE MISMAT	15	6

tended Dental Plan (EDP) benefits. In October 2008, CHIP notified all dental providers who had pending EDP requests and explained all available funds were allocated. Funding is limited for the EDP benefit.

CHIP plans to review EDP utilization on a quarterly basis to assure all approved EDP funds are used. If there are unused funds which can be re-allocated, CHIP will notify dental providers who have pending EDP requests and process the original requests in the order in which we received them. CHIP staff will contact dental providers to find out if the child is a current patient and still in need of extended dental services.

CHIP has two levels of dental benefits. The "Basic" dental benefit is available to all CHIP children and consists of \$412 in dental services, reimbursed at 85 percent up to a maximum of \$350. The "Basic" dental benefit begins anew each October 1.

The Extended Dental Plan is limited to those CHIP children who have significant dental needs. A dental provider must submit an EDP request which includes the child's dental treatment plan. If funds are available and CHIP approves the request, the dental provider is asked to provide the services within three months.

Please contact CHIP Dental and Eyeglasses Manager Barbara Arnold at (406) 444-7046 if you have questions regarding any of the CHIP dental benefits.

*Submitted by Barbara Arnold,
CHIP Dental and Eyeglasses Manager*

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).

Changes in Transplant Coverage

Montana Medicaid has expanded the coverage of organ transplants (clients 21 and older) effective September 26,

2008. With this change, transplant coverage for adults is the same as for children. Transplants that are considered experimental or investigational are not a covered service for Medicaid clients.

Prior to this change, Montana's Medicaid program restricted transplant coverage for adults to:

- allogenic and autologous bone marrow;
- kidney, inclusive of thoracic duct drainage and dental exam;
- cornea; and
- lymphocyte immune globulin preparation.

Prior authorization is required on all transplants. All transplants must be medically necessary and authorized by the Department's designated review organization:

Mountain-Pacific Quality Health Foundation
3404 Cooney Drive
Helena, MT 59602

Phone: 1-800-262-1545 ext. 5850
for long distance in or out-of-state
406-443-4020 ext. 5850 for
Helena

Fax: 1-800-497-8235 for long
distance in or out-of-state
406-443-4585 for Helena

Submitted by Bob Wallace, DPHHS

Montana Medicaid Program Is Enrolling 30,000+ Into the Passport to Health Managed Care Program

More than 30,000 new Medicaid clients are being enrolled in Passport to Health and providers may be assigned new clients for the months of December and January. Passport will continue to send client lists each month. If providers have clients on their lists for whom they cannot or do not wish to provide primary care, please note that on the list and fax the list to ACS. The clients will be assigned to other providers.

A provider who sees a Medicaid client not on his or her Passport client list must get a referral from the client's Primary Care Provider.

When submitting claims, remember that a Passport to Health number is not the same as a prior authorization number or the same as the NPI number.

We appreciate your patience and understanding during this period of mass enrollment. If you have questions or concerns please contact Passport Program Officer Chris Silvonon at (406) 444-1292 or CSilvonon@mt.gov.

Submitted by Chris Silvonon, DPHHS

DME Coding Changes

Effective June 6, 2008, maximum allowed units were added for the following Health Care Financing Administration Common Procedure Coding System (HCPCS) codes. Providers need to review the description of the HCPCS codes to bill appropriately.

- A4253 – Test strips per box of 50. The maximum units are set at 5.
- A4259 – Lancets per box of 100. The maximum units are set at 3.

Providers can only bill what is ordered, delivered and is medically necessary. The order needs to contain item(s) to be dispensed, quantity of items, frequency of testing and diagnosis (insulin-treated or non-insulin treated diabetes), physician signature, date physician signed and start date of the order, if it is different than the signature date.

Submitted by Fran O'Hara, 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, 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		
09/30/08	Inpatient Hospital	Present on Admission Indicator (revised)
10/15/08	Outpatient Hospital, Emergency Room, Podiatry, Physician, Mid-Level Practitioner, IDTF, Free-Standing Dialysis Clinic, Birthing Center, Laboratory and X-Ray, Pharmacy, Public Health Clinic, Psychiatry, Ambulatory Surgical Center	Billing Procedures Regarding National Drug Code (NDC) (revised)
10/20/08, 10/21/08, 10/27/08	All Provider Types	Changes in Transplant Coverage
10/28/08	Hospice	Rate Increase
Fee Schedules		
09/29/08	Home and Community Based Services	Revised Elderly and Physically Disabled Waiver fee schedule
09/29/08	Personal Assistance Services	Revised fee schedule
10/07/08	Personal and Commercial Transportation, Ambulance	Fee schedule
10/15/08	Specialized Non-Emergency Transportation	Fee schedule
10/28/08	Hospice	Fee schedule
Other Resources		
09/29/08, 10/06/08, 10/13/08, 10/20/08, 10/27/08	All Provider Types	What's New on the Site This Week
09/29/08, 09/30/08	All Provider Types	News item regarding CHIP Claims Processing Change for Most Extended Mental Health Services
09/30/08, 10/08/08	All Provider Types	News item regarding New Inpatient Reimbursement Begins October 1, 2008
09/30/08	Hospital Inpatient	Montana Medicaid APR-DRG Table of Weights and Thresholds
09/30/08	All Provider Types	News item regarding Some Pharmacy Claims Delayed
10/01/08, 10/13/08	Inpatient Hospital	Revised Claim Processing and Editing Guide PowerPoint on the New APR-DRG Payment Method page
10/01/08	Inpatient Hospital	Links to existing Prior Authorization, Present on Admission Indicator, and Interim Claims provider notices added to New APR-DRG Payment Method page
10/01/08, 10/02/08	All Provider Types	News item regarding Issues With Medicare Crossovers
10/07/08	All Provider Types	News item regarding Mass Adjustments in Process for Claims Requiring NDC
10/09/08	All Provider Types	Revised news item regarding Holiday eSOR Schedule
10/13/08	All Provider Types	November 2008 <i>Claim Jumper</i>
10/14/08	All Provider Types	Passport revised Attachment C and Attachment D
10/15/08	All Provider Types	News item regarding Web Portal Maintenance
10/15/08	All Provider Types	Revised news item regarding NPI and Taxonomy Paper Claim Instructions
10/15/08	All Provider Types	Revised news item regarding NDC Billing Instructions
10/16/08	All Provider Types	Revised Frequently Asked Questions
10/16/08	Pharmacy	NCPDP 5.1 payer sheet

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