



Montana Health Care Programs

CLAIM JUMPER

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Spring Provider Fair Scheduled

Please save the dates for the Spring Provider Fair. The event will be held April 6 and 7, 2010, in Helena. Watch future issues of the *Claim Jumper* and www.mtmedicaid.org for more information.

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).

MHSP Changes Enrollment for Adults

Effective January 1, 2010, enrollment for all *new* individuals into the Mental Health Services Plan will

be reviewed by the Mental Health Services Bureau prior to transmittal to the claims payment system.

The Bureau will prioritize enrollments as permitted in ARM 37.89.106 (6)(a) and (b), to identify those whose needs are most severe based on the following:

- i. Diagnosis;
- ii. Functional impairment as evaluated by a licensed mental health professional designated by the department; or

iii. Availability of appropriate alternative means to obtain treatment.

Priority enrollment will be established for those individuals who are discharging from a state facility and meet the above criteria. The next level of priority will include *individuals who are assessed by a licensed mental health professional to be in a psychiatric crisis and meet the definition of severe and disabling mental illness*

Top 15 Claim Denial Reasons

Exception	November Ranking	October Ranking
RECIPIENT NOT ELIGIBLE DOS	1	1
EXACT DUPLICATE	2	2
REFILL TOO SOON	3	3
DRUG CONTROL CODE = 2 (DENY)	4	4
RATE TIMES DAYS NOT = CHARGE	5	5
PASSPORT PROVIDER NO. MISSING	6	6
REV CODE INVALID FOR PROV TYPE	7	7
RECIPIENT COVERED BY PART B	8	9
PROCEDURE/AGE MISMATCH	9	20
CLAIM INDICATES TPL	10	8
PA MISSING OR INVALID	11	10
SUBMIT BILL TO OTHER PROCESSOR OR PRIMARY PAYER	12	11
SLMB OR QI-1 ELIGIBILITY ONLY	13	12
SUSPECT DUPLICATE	14	13
DEPRIVATON CODE RESTRICTED	15	14

If the individual does not meet criteria, the application will be denied and the individual will be placed on a waiting list for the Mental Health Services Plan.

Enrollment from the waiting list will be made in order of severity of need.

Submitted by Deb Sanchez, DPHHS

Reporting NDC

Beginning April 1, 2008, Montana Medicaid required the reporting of NDC for all outpatient physician administered drugs. Provider notices

with instructions for reporting the NDC on a 1500 or 837P can be found at <http://medicaidprovider.hhs.mt.gov/pdf/ndcbillinginst041008.pdf>. Instructions for reporting on the UB04 or 837I are at <http://medicaidprovider.hhs.mt.gov/pdf/ndcub090109.pdf>.

Only physician administered drugs supplied by a manufacturer who has a signed rebate agreement with CMS are payable by Montana Medicaid. A list of those manufacturers is available at <http://medicaidprovider.hhs.mt.gov/pdf/currentlabelers.pdf>. This list is updated quarterly.

Units of measure that are reported for the NDC often differ from the HCPCS units reported. In other words, a HCPCS unit might be reported in mg, but the NDC might require that it be reported as ML. A list has been developed that gives the most commonly used NDCs that have been reported to Montana Medicaid. This list, available at <http://medicaidprovider.hhs.mt.gov/pdf/mostusedndcs1q2009.pdf>, indicates the unit type that should be reported for the NDC. If the NDC you are reporting is not on the list or you need assistance on how to report an NDC, contact Beverly Hertweck at (406) 444-9633 or bhertweck@mt.gov.

Submitted by Beverly Hertweck, DPHHS

Nurse First Services and Usage Statistics

Remember: All your Montana Medicaid, Healthy Montana Kids, and Healthy Montana Kids Plus patients may call Montana Nurse First at 1-800-330-7847. It's a free confidential nurse advice line service that operates 24 hours a day, seven day a week, including weekends and holidays. Patients may get information on health, medications, injuries, and diseases. The service also includes a Healthwise® website, which is found at www.medicaid.mt.gov by clicking on Montana Health and Wellness Information.

During October 2009, 39 callers reported they would have called their provider later, if Nurse First hadn't been available for guidance. Eleven of those callers were told to seek immediate emergency treatment, and 14 were told to seek urgent care treatment.

Submitted by Michael Huntly, DPHHS

Mental Health Services Plan Updates

Lab codes covered for Mental Health Services Plan (MHSP) recipients now include the following:

- 80047 Metabolic Panel Ionized CA
- 80061 Lipid Panel
- 80069 Renal Function Panel
- 82465 Assay, BLD/Serum Cholesterol
- 82977 Assay of GGT
- 82978 Glutathione
- 83525 Assay of Insulin
- 84100 Assay of Phosphorus

Please note that MHSP claims are only paid if the primary diagnosis is covered under the criteria for Severe Disabling Mental Illness (SDMI) criteria. See <http://www.dphhs.mt.gov/amdd/services/mhsp.shtml> for the SDMI criteria.

Submitted by Deb Sanchez, DPHHS

October 2009 Nurse First Calls	
During October 2009, there were 716 callers. The top five calls are in the table below:	
Type of Call	Number of Calls
Pediatric health information	38
Pediatric cough	33
Pediatric fever (greater than 3 months of age)	26
Pediatric influenza	19
Pediatric colds	16

October 2009 Visits to Healthwise® Website	
During October 2009, there were 148 visits to the Healthwise® website. The top five health topics visitors were interested are in the table below:	
Topic of Interest	Number of Visits
Chronic pain	28
Mental health assessment	8
Symptom checker	7
Interactive tool: What is your due date?	5
Immunizations	4

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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		
11/24/09	Pharmacy	Provider Name and Phone Number Required Fields
12/04/09	Physician, Mid-Level Practitioner, Pharmacy	Prior Authorization for Elidel [®] and Protopic [®] ; Prior Authorization for Embeda [®] ; Prior Authorization for Nucynta [®]
Fee Schedules		
11/05/09	Home and Community Based Services	Revised PRTF waiver fee schedule
11/16/09	Mental Health Center, Licensed Professional Counselor, Social Worker, Psychologist, Targeted Case Management—Mental Health, Physician, Psychiatrist, Mid-Level Practitioner	Revised fee schedule for Medicaid Mental Health services for clients 18 years of age and older
11/17/09	Ambulatory Surgical Center	Fee schedule
11/19/09	Hospital Outpatient	APC schedule, outpatient procedure fee schedule
12/04/09	Eyeglasses	Fee schedule
Other Resources		
11/02/09, 11/09/09, 11/16/09, 11/23/09, 11/30/09	All Provider Types	What's New on the Site This Week
11/09/09	Pharmacy	November 18, 2009, DUR Board meeting agenda
11/09/09	All Provider Types	2009 Fall Provider Training collaborated presentation
11/10/09	All Provider Types	Updated Key Contacts on Medicaid Information page (under General Key Contacts) and Contact Us page
11/12/09	All Provider Types	December 2009 <i>Claim Jumper</i>
11/17/09	All Provider Types	Spring Provider Fair added to Upcoming Events
11/23/09	All Provider Types	News item regarding Holiday eSOR and Payment Schedule

Montana Health Care Programs
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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