

Montana Health Care Programs

CLAIM JUMPER

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Publications Reminder

It is the responsibility of all providers to be familiar with Medicaid manuals, fee schedules, notices for their provider type, and information published in *Claim Jumper* issues and on the Medicaid [website](#).

Additional Automated Voice Response Option

Checking the claim status is now an option available through the interactive voice response system.

You may use the ICN, the client ID (must also have the date of service) or the card control number (enter leading zeros) to hear the status of a claim.

If you have questions, call Provider Relations at (800) 624-3958 or (406) 442-1837.

Swing Bed Per Diem Rate

Effective January 1, 2012, the hospital Medicaid swing bed per diem rate will be changing for FY 2012.

Electronic billers for Medicaid swing bed hospital providers must update the swing bed rate into their system before billing for January 2012.

Submitted by Steve Blazina, DPHHS

Provider File Maintenance

Changes to an individual practitioner's Montana Health Care Programs provider file must be approved by the practitioner. Approval must be indicated by a letter from the practitioner requesting and approving the changes indicated.

Change requests requiring practitioner approval include provider address, direct deposit information, and tax ID. Often update requests are received from clinics or facilities for individuals. These requests should not be completed because they may result in the incorrect provider receiving payment and/or earnings being recorded to the incorrect tax ID.

The information on an individual's file belongs to the individual, and not to the clinic or facility. Requests received without the practitioner's approval will be returned.

Inpatient Hospital Claims and the POA Indicator

Medicaid has required a present on admission (POA) value for diagnosis codes 1–25 on institutional claims for both PPS and critical access hospitals (CAHs) since the implementation of the APR-DRG payment method in October 2008.

This requirement has not changed with the implementation of HIPAA 5010.

However, the POA indicator of "1" (exempt from POA reporting) is no longer a valid value for POA on the 5010 837I Healthcare Claim: Institutional transaction.

If a value of 1 is sent for POA on the 5010 837I, the claim will fail at the translator as an invalid HIPAA transaction. The POA field must still be populated for diagnosis codes 1–25 on both electronic and paper claims received January 1, 2012, and after. Valid values are:

- Y Diagnosis was present at the time of inpatient admission.
- N Diagnosis was not present at the time of inpatient admission.
- U Documentation is insufficient to determine if the condition was present at the time of inpatient admission.
- W Clinically undetermined. The provider was unable to clinically determine whether the condition was present at the time of inpatient admission.

The POA field must be populated using one of the above-mentioned POA indicators. This requirement pertains to both PPS hospitals and CAHs. Claims will deny if a valid POA indicator is not reported. The POA indicator is not necessary on crossover claims.

For claims questions or additional information, contact Provider Relations at 1-800-624-3958, (406) 442-1837, or MTPRHelpdesk@ACS-inc.com.

Submitted by Rey Busch, DPHHS

HIPAA 5010 Updates and COBA Files

Montana Health Care Programs began accepting COBA files from the COBC contractor in the HIPAA 5010 format on January 2, 2012.

Medicare will still accept files in the 4010 format submitted after this date but will convert them to a “skinny” HIPAA 5010 format before passing them on to us. This “skinny” file may not have the data necessary for Montana Health Care Programs to process the claims and could result in rejected claims.

For example, taxonomy is one of the fields that does not get passed on the 837P “skinny” file, and this data can affect whether or not we can process the file. Providers may need to submit some claims directly to Medicaid with the Medicare payment information included when these types of rejections occur.

Medicare may have some files that were submitted in the 4010 format that are still in process within their system when the switch to 5010 was made on January 2.

They plan to have all the 4010 files that were in process in their system passed on to us by January 17, 2012.

If you have any questions, contact Provider Relations at (800) 624-3958.

HIPAA Version 5010 and NCPDP D.o Effective January 1, 2012

On November 17, 2011, CMS announced that it would not enforce actions on entities who are non-compliant with version 5010 and NCPDP D.o for 90 days after January 1, 2012.

However, this does not relax the compliance date for using the new HIPAA standards; **you are still required to be compliant by January 1, 2012.** Montana implemented the new HIPAA 5010/D.o standards on December 1, 2011.

On or after February 1, 2012, all electronic transactions must be submitted in the 5010 format or they will be rejected.

On or after March 1, 2012, all prescription claims must be submitted in the D.o format or they will be rejected.

Submitted by Michelle Gillespie, DPHHS

NCPDP D.o Payer Sheet Available

The latest edition of the [payer sheet](#) is now available on the Pharmacy page of the Provider Information website.

If you have questions about claims processing under the standard NCPDP D.o or the D.o Payer Sheet, call Amy Holodnick at (406) 444-2738 or Dave Campana at (406) 444-5951.

Submitted by Dave Campana, DPHHS

Nurse First Services and Usage

All Montana Medicaid, Healthy Montana Kids, and Healthy Montana Kids *Plus* patients are eligible for the Nurse First Advice Line. They can call 1-800-330-7847 at any time to speak with a registered nurse. It’s free and confidential. During September and October, callers’ most frequent questions were pediatric-related.

Nurse First also offers patients a free Healthwise® website. Patients may go to www.dphhs.mt.gov/programsservices/medicaid.shtml, and click on *Montana Health and Wellness Information*. During September and October, the most sought-after information was regarding common hernias and interactive health tools.

Submitted by Michael Huntly, DPHHS

Nurse First Calls			
The top five Nurse First call topics are in the table below:			
October 2011 (679 total calls)		September 2011 (669 total calls)	
Calls	Type of Call	Calls	Type of Call
18	Pediatric colds	17	Pediatric bee/wasp sting
17	Pediatric fever	15	Pediatric cough
17	General adult health information	15	Pediatric vomiting/diarrhea
16	Pediatric cough	11	Pediatric head trauma
14	Pediatric vomiting without diarrhea	11	Pediatric vomiting without diarrhea

Visits to Healthwise® Website			
The top five topics visitors were interested in are in the table below:			
October 2011 (86 website visits)		September 2011 (70 website visits)	
Visits	Topic of Interest	Visits	Topic of Interest
13	Interactive health tools	6	Common hernias
10	Shingles	4	Toe, foot, ankle problems
5	Pneumonia	3	Making better health decisions
4	Quitting smoking	3	Cold temperature exposure
4	Epilepsy	2	Seasonal influenza

Recent Publications

The following are brief summaries of recently published Medicaid information and updates. For details and further instructions, download the complete document from 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 1-800-624-3958 or (406) 442-1837 in Helena.

Recent Publications Available on Website		
Date	Provider Type	Description
Notices, Manuals, and Replacement Pages		
12/02/11 12/09/11	Pharmacy	Medicare Part B Crossover Claims Update
12/02/11	Hospital Inpatient	Psychiatric Services for Youth in Both In-State and Out-of-State Hospitals Require Prior Authorization
12/08/11	Pharmacy	NCPDP D.0 Submission Implementation
12/12/11	HIPAA 5010 Physicians	Qualifier for Anesthesia Services on HIPAA 5010 837P Transactions
12/21/11	Nursing Facility	Replacement Pages, <i>Nursing Facility and Swing Bed Services</i> manual
12/30/11	Pharmacy	NCPDP D.0 Submission Requirements
Fee Schedules		
12/12/11	Mid-Level Practitioner	Fee Schedule, September 1, 2011
12/30/11	Dental and Denturist	Fee Schedule, FY 2012, Update
Other Resources		
12/07/11	Pharmacy	Montana SMAC Update, December 7, 2011
12/08/11	All Providers	HIPAA 5010 Update 5010 WINASAP Production Version Now Available Provider Fair Survey
12/14/11	All Providers	January 2012 <i>Claim Jumper</i>
12/22/11	Pharmacy	SMAC Update PDL Update
12/22/11	Pharmacy DUR	DUR Meeting Agenda

Testing HIPAA 5010 Continues with Some Trading Partners

Montana Health Care Programs continues to test HIPAA 5010 transactions with some trading partners who were not ready to submit 5010 by January 1, 2012.

We have also been creating test 835 files as we complete our internal testing of that transaction. Trading partners may see test files in their mailboxes or on the MATH web portal; these can be disregarded unless you need them for any additional testing you may be doing.

5010 835 Claim Payment and Advice Transactions Will Be Available Soon

Montana Health Care Programs intended to send the first HIPAA 5010 835 transactions in the 5010 format for the December 12, 2011, paid date. Although the files were created and delivered to some submitters, we identified some issues with balancing and data content as well as the files failing to be delivered for some trading partners.

We have been working with our clearinghouse in Tallahassee to address these issues and we hope to create and deliver the first production HIPAA 5010 835 Claim

Payment/Advice files to trading partners for the paid date of January 23, 2012.

Montana Health Care Programs **does not** plan to recreate the 5010 835 files for the paid dates of December 12, December 19, January 2, January 9, or January 16 because the 4010 files were created and delivered, and trading partners have indicated it would cause difficulties if the files were re-sent in the 5010 format since they have already processed the 4010 files.

If you need your 835 Remittance Advice transaction for any of these paid dates sent in the 5010 format, contact Provider Relations.

Top 15 Claim Denial Reasons		
Exception	December Ranking	November Ranking
RECIPIENT NOT ELIGIBLE DOS	1	1
EXACT DUPLICATE	2	2
RATE TIMES DAY NOT = CHARGE	3	3
DRUG CONTROL CODE = 2 (DENY)	4	4
PA MISSING OR INVALID	5	5
PDCS REFILL TOO SOON	6	6
PASSPORT PROVIDER NO. MISSING	7	8
REFILL TOO SOON	8	7
RECIPIENT COVERED BY PART B	9	10
CLAIM INDICATES TPL	10	9
SLMB OR QI ELIGIBILITY ONLY	11	14
DEPRIVATION CODE RESTRICTED	12	11
REV CODE INVALID FOR PROV TYPE	13	12
SUSPECT DUPLICATE	14	21
PROVIDER TYPE/PROCEDURE MISMATCH	15	20

Key Contacts

Provider Information website: <http://medicaidprovider.hhs.mt.gov/>

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

E-mail: 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 System (AVRS) (800) 714-0060

Point-of-Sale Help Desk for Pharmacy Claims (800) 365-4944

Passport (800) 362-8312

Prior Authorization

Mountain-Pacific Quality Health (800) 262-1545

Mountain-Pacific Quality Health–DMEPOS/Medical

(406) 457-5887 local, (877) 443-4021, Ext. 5887 long-distance

Magellan Medicaid Administration (previously dba First Health Services)

(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
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Third Party Liability
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