

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](#).

Provider Fair 2012

Provider Fair 2012 is scheduled for May 15–16, 2012 at the Great Northern Hotel in Helena.

Please take the [survey](#) for your opportunity to assist with development of the sessions to be offered at the Provider Fair. Your input is important to ensure the trainings are beneficial and provide the information necessary for your participation in Montana Health Care Programs.

A link to the survey is posted on the Provider Information page of the [website](#) and on the Training and the Upcoming Events pages.

Registration and complete session descriptions will be available on the website in early March.

Smoking and Tobacco Use Cessation Counselor Services

Montana Medicaid announces that additional provider types will be allowed to provide smoking and tobacco use cessation services.

Effective July 1, 2011, dentists, dental hygienists, licensed psychologists, licensed clinical social workers, licensed professional counselors and chemical dependency providers were added to the list of health care practitioners permitted to perform these services.

The procedure code dental providers bill Montana Medicaid for smoking and tobacco use cessation counseling services is D1320 – Tobacco counseling for the control and prevention of oral disease.

Procedure codes non-dental providers may bill Montana Medicaid for smoking and tobacco use cessation counseling services are :

- 99406 Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes
- 99407 Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes.

Additional information about these services is in the [provider notice](#) entitled *Smoking and Tobacco Use Cessation Counselor Services* dated January 6, 2012.

Submitted by Bob Wallace, DPHHS

CSCT Program Changes

The Department has determined the administration and management of the Comprehensive School and Community

Treatment (CSCT) program will transition to the Developmental Services Division, Children’s Mental Health Bureau (CMHB). This transition will take place over the next several months and will not affect payment for CSCT services being rendered in the schools.

The Children’s Mental Health Bureau will provide information on the transition at the School Mental Health Conference being held March 1–2, 2012, at the Helena Red Lion Inn.

CSCT providers are encouraged to submit questions or concerns about this transition in advance of the Mental Health Conference.

Questions or concerns may be submitted to Bonnie Adee, CMHB Bureau Chief, at badee@mt.gov or (406) 444-1290.

Submitted by Rena Steyaert

Be a Healthy Montana Kids Enrollment Partner

In 2008, Montana voters approved the Healthy Montana Kids (HMK) ballot initiative which increased income guidelines and extended eligibility for children’s health coverage programs.



On October 1, 2009, Children’s Medicaid and the Children’s Health Insurance Plan (CHIP) combined to become the HMK Program, expanding free or low-cost health coverage for Montana children and teens.

As part of the initiative, HMK is required to recruit and train Enrollment Partners to assist families in applying for HMK and to promote the program in their communities.

While there are currently over 700 Enrollment Partners already serving across the state, HMK must continually recruit and train Enrollment Partners to replace those lost due to retirement, change of employment, and/or relocation. Enrollment Partners' ongoing advocacy of HMK has helped enroll nearly 19,000 children in the first two years of the program.

An Enrollment Partner may be an individual or organization that works with children and families, e.g. health care providers, educators, community organizations and others. HMK staff will train Enrollment Partners to answer general questions and provide hands-on assistance with the application process. Partners will also review documents to verify citizenship and identity, and may share resources, like computers or fax machines, to help families apply for HMK.

Please contact Michael Mahoney, HMK Community Relations Manager, at

(406) 444-7877 or mmahoney2@mt.gov if you would like to be an HMK Enrollment Partner, or if you would like to order HMK brochures and applications for your office.

Submitted by Michael Mahoney, DPHHS

POA Value of Space for Diagnosis Code Exempt from POA Reporting

Montana Health Care Programs recently made a change to the claims processing system to allow a value of space as the present on admission (POA) value if the diagnosis code is in the list of CMS diagnosis codes exempt from POA reporting (available on the CMS website).

The value of space will only be allowed on inpatient claims submitted in the HIPAA 5010 format or on paper/OCR claims submitted on or after January 1, 2012.

A value of space on inpatient electronic claims submitted in the HIPAA 4010

format or paper/OCR claims prior to January 1, 2012, will cause the claim to be denied since the value of 1 – exempt from POA reporting was allowed.

With the implementation of HIPAA 5010, the value of “1” for present on admission is no longer allowed. If “1” is submitted as the POA value on a 5010 837I transaction, it will be rejected at the translator as invalid.

If the value of “1” is submitted on paper/OCR claims on or after January 1, 2012, they will be denied. The value of “1” is only allowed on electronic claims submitted in the 4010 format (prior to February 1, 2012, because that format is no longer accepted by Montana Health Care Programs) or on paper/OCR claims submitted prior to January 1, 2012.

The Department plans to adjust claims that previously denied in error within the next few weeks. If you have any questions, please contact Provider Relations.

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 October and November, 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 October and November, the most sought-after information was regarding interactive health tools and phosphates in blood.

Submitted by Michael Huntly, DPHHS

Nurse First Calls			
The top five Nurse First call topics are in the table below:			
November 2011 (683 total calls)		October 2011 (679 total calls)	
Calls	Type of Call	Calls	Type of Call
18	Pediatric vomiting without diarrhea	18	Pediatric colds
16	Pediatric colds	17	Pediatric fever
12	General medication information	17	General adult health information
11	General adult health	16	Pediatric cough
11	Pediatric vomiting with diarrhea	14	Pediatric vomiting without diarrhea

Visits to Healthwise® Website			
The top five topics visitors were interested in are in the table below:			
November 2011 (84 website visits)		October 2011 (86 website visits)	
Visits	Topic of Interest	Visits	Topic of Interest
21	Phosphate in blood	13	Interactive health tools
19	Early disease detection	10	Shingles
4	Fibromyalgia	5	Pneumonia
4	Constipation	4	Quitting smoking
3	Knee problems and injuries	4	Epilepsy

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		
01/06/12	Chemical Dependency, Dental , Dental Hygienist , FQHC, Hospital Outpatient, Licensed Professional Counselor, Mid-Level Practitioner, Physician , Psychologist, Public Health Clinic, RHC, Social Worker	Smoking and Tobacco Use Cessation Counselor Services
01/06/12	All Providers	Provider Notice Psychiatric Residential Treatment Facility Prior Authorization Start Date Must Match Admission Date
01/11/12	Pharmacy	NCPDP D.0 Payer Sheet
01/12/12	Hospital Outpatient	Hospital Outpatient Services Manual
Fee Schedules		
01/20/12	Family Planning	Fee Schedule, January 1, 2012
01/20/12	IDTF	Fee Schedule, January 1, 2012
01/20/12	Lab and Imaging	Fee Schedule, January 1, 2012
01/20/12	Mid-Level Practitioner,	Fee Schedule, January 1, 2012
01/20/12	Optometric	Fee Schedule, January 1, 2012
01/20/12	Physician	Fee Schedule, January 1, 2012
01/20/12	Podiatrist	Fee Schedule, January 1, 2012
01/20/12	Public Health Clinic	Fee Schedule, January 1, 2012
01/24/12	Dental (Medicaid and HMK <i>Plus</i>)	Fee Scheduled, August 1, 2011 (Updated)
01/26/12	Ambulance	Fee Schedule, January 1, 2012
01/26/12	Oral Surgery	Fee Schedule, January 1, 2012
01/26/12	EPSDT	Fee Schedule, January 1, 2012
01/26/12	Respiratory	Fee Schedule, January 1, 2012
01/26/12	Optometric	Fee Schedule, January 1, 2012
01/26/12	DME	Fee Schedule, January 1, 2012
01/26/12	Audiology	Fee Schedule, January 1, 2012
01/26/12	Hearing Aid	Fee Schedule, January 1, 2012
02/01/12	Hospital Outpatient, IDTF, Lab and Imaging, Mid-Level Practitioner, Physician , Podiatrist	Fee Schedule, January 1, 2012
Other Resources		
01/03/12	Pharmacy DUR	DUR Agenda, January 25, 2012 (Revised)
01/11/12 01/26/12	Pharmacy	SMAC Update, January 9, 2012 SMAC Update, January 26, 2012
01/18/12	All Providers	February 2012 <i>Claim Jumper</i>
01/25/12	All Providers	Definitions Website Page (Update)

Top 15 Claim Denial Reasons		
Exception	January Ranking	December 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
Helena, MT 59604

Third Party Liability
P.O. Box 5838
Helena, MT 59604

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