



Montana Health Care Programs

CLAIM JUMPER

Volume XXVI, Issue 4, April 2011

In This Issue

Publications Reminder.....	1
HMK <i>Plus</i> Expanded Claims Denied in Error	1
Patient Guide for Practices	1
MHSP Client Claims for FQHC and RHC Providers	1
Quick Billing Guide for HMK, FQHCs, and RHCs.....	1
Register Now! Spring Provider Training	2
Nurse First Services and Usage.....	2
Recent Publications	3
Top 15 Claim Denial Reasons	4

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 the *Claim Jumper* and on the Medicaid [website](#).

HMK *Plus* Expanded Claims Denied in Error

A change was made to the claims processing system to allow claims for Healthy Montana Kids (HMK) *Plus* Expanded clients with a sterilization or abortion diagnosis or procedure to process and pay.

Claims had been denying since October 1, 2009, because eligibility was incorrectly recognized by the system when these claims were processed. Consent forms are still required when billing for these services.

A small number of claims were identified as having incorrectly denied, and have been reprocessed to pay.

Contact Provider Relations if you think you had a claim denied in error that has not been reprocessed.

Patient Guide for Practices

Navigating the health care system can be confusing and frustrating. Patients may not know who to talk with if they have questions about a bill. They may not know what to do if they need something when providers' offices are closed. Sometimes people don't know how to get their test results or get prescriptions renewed.

Medicaid and Healthy Montana Kids *Plus* patients receive basic information about health care services in the [Medicaid client handbook](#). But patients may be unfamiliar with routines of providers' offices.

The Center for Advancing Health (CFAH) is an independent, nonprofit organization that conducts research, communicates findings, and advocates for policies that support everyone's ability to benefit from advances in health science.

CFAH developed a short publication, *Creating a Patient Guide for a Clinic or Medical Practice*. The guide includes a list of elements that constitute a basic patient guide, a sample guide, and a sample "fill in the blank" template. The [guide](#) is available on their [website](#), as are additional provider and patient resources.

Submitted by Mary Noel, DPHHS

MHSP Client Claims for FQHC and RHC Providers

A change was recently made to the claims processing system to prevent claims for Mental Health Services Plan (MHSP) clients for federally qualified health center (FQHC) and rural health clinic

(RHC) providers from paying when the services are not covered by the MHSP.

These claims have been inadvertently paid since October 1, 2010, but should have been denied.

A mass adjustment has been done to reprocess the claims.

Quick Billing Guide for HMK, FQHCs, and RHCs

As of October 1, 2010, Healthy Montana Kids (HMK) implemented the Medicaid Outpatient Prospective Payment System (PPS) for clinic services provided in a federally qualified health center (FQHC) or a rural health clinic (RHC).

Below are frequently asked questions regarding the Medicaid Outpatient PPS.

Q: How should bills be submitted for clinic services provided in an FQHC or RHC?

- Bill all services performed on or after October 1, 2010, on a UB-04.
- Active revenue codes for HMK are 512 (dental), 521 (clinic medical), and 900 (mental health).
- Use the electronic payer ID you use for standard Medicaid claims.
- Use your facility NPI number rather than the provider NPI number.
- Send bills to ACS, P.O. Box 8000, Helena, MT 59604, or bill electronically.
- Use the patient ID on client's HMK benefit card without the "YDA" from the front of the ID number.

Q: Are copays needed for clinic services?

- Copays are not needed for pediatric clinic services at FQHCs and RHCs.

Q: Are only face-to-face visits with a physician or mid-level provider covered?

- You will only be paid for face-to-face visits with a physician or mid-level provider. The billing code for your provider visit should be the first line of the bill.

- Only clinic services are eligible for PPS payments.
- Copays apply for hospital services.
- The BCBSMT billing address is:

BCBSMT
P.O. Box 5004
Great Falls, MT 59403

Q: How are bills for dates of service on or before September 30, 2010, submitted?

- Send those bills to BCBSMT on a CMS-1500.

For more information, call Liz LeLacheur at (406) 444-6002.

Submitted by Liz LeLacheur, DPHHS

Q: Are dental services subject to the program limits?

- Yes. To prevent denials, submit separate dental, mental health, and medical claims if the services are provided on the same day.

Q: How are ancillary services (e.g., x-rays provided in the hospital or lab tests performed in a reference lab) billed?

- Those services are billed to BCBSMT on a CMS-1500 by the organization providing the services. For instance, lab tests sent to a reference laboratory are billed directly to BCBSMT by that reference laboratory.
- Copays apply for ancillary services.

Q: How are bills submitted for hospital services provided at or billed through FQHCs or RHCs?

- Services provided in a hospital are billed to Blue Cross and Blue Shield of Montana (BCBSMT) on a CMS-1500.

Register Now! Spring Provider Training

Registration is now open for DPHHS/ACS Spring Training through the WebEx links on the [Training page](#) of the provider website.

The [schedule](#) and a [tutorial](#) on registering are also available through the Training page. You must register via WebEx to attend the trainings. If you have questions, call Provider Relations at 1-800-624-3958 or (406) 442-1837.

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 December and January, callers' most frequent questions were pediatric.

Nurse First also offers patients a free Healthwise® website: Patients may go to <http://www.dphhs.mt.gov/programsservices/medicaid.shtml> and click on *Montana Health and Wellness Information. Smart Decisions: Know Your Options* and *Irritable Bowel Syndrome* were the most sought-after information during December and January.

Submitted by Michael Huntly, DPHHS

Nurse First Calls			
The top five Nurse First call topics are in the table below:			
January 2011 (721 total calls)		December 2010 (640 total calls)	
Calls	Type of Call	Calls	Type of Call
18	Pediatric vomiting	19	Pediatric vomiting
16	Pediatric colds	14	Pediatric cough
14	Pediatric general information	13	Pediatric colds
11	Pediatric poisoning Pediatric head trauma Chest pain Adult general information	11	Pediatric general information
		10	Pediatric constipation

Visits to Healthwise® Website			
The top five topics visitors were interested in are in the table below:			
January 2011 (119 website visits)		December 2010 (85 website visits)	
Visits	Topic of Interest	Visits	Topic of Interest
16	Irritable bowel syndrome	13	Smart decisions: know your options
14	Glycohemoglobin	7	Gallstones
12	Sjogren's syndrome	5	Thyroid hormone tests
12	Grief and grieving	5	Interactive tools for health
12	Huntington's disease	32	Addison's disease

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 (800) 624-3958 or (406) 442-1837 in Helena.

Recent Publications Available on Website		
Date	Provider Type	Description
Notices and Replacement Pages		
01/05/2011	Psychiatrist, Physician, Mid-Level Practitioner, Pharmacy, and Community Mental Health Center	Prior Authorization for Kapvay®
01/20/2011	Therapeutic Foster Care and Therapeutic Group Home	Procedure Code Changes to Current Prior Authorizations and Billing Instructions
02/07/2011	Family Planning Clinic, FQHC, IHS, Mid-Level Practitioner, Physician, Public Health Clinics, and RHC	Vaccine Administration Code Update
02/25/2011	Mental Health Center, Mid-Level Practitioner, Pharmacy, Physician, Psychiatrist	Prior Authorization for Abstral®
03/03/2011	Nursing Facility and Swing Bed http://medicaidprovider.hhs.mt.gov/pdf/nursingfacility.pdf	Provider Manual/Replacement Pages (entire)
Fee Schedules		
01/14/2011	Ambulance, Dentist, Dental Hygienist, Denturist, EPSDT, EPSDT Chiropractic, Eyeglasses, Hospital Outpatient, IDTF, Lab and Imaging, Mid-Level Practitioner, Oral Surgeon, Physician, QMB Chiropractic, and Respiratory	Fee Schedules
01/17/2011	Occupational Therapy, Optician, Optometric Physical Therapy, School-Based Services, and Speech Therapy	Fee Schedules
01/18/2011 02/09/2011 03/04/2011	Dentist and Dental Hygienist	Fee Schedules Fee Schedules (revised)
01/26/2011	Audiology, DME, Hearing Aid, Transportation: Personal and Commercial, and Transportation: Specialized, Nonemergency	Fee Schedules
01/28/2011	Ambulatory Surgical Center	Fee Schedule
02/02/2011	IDTF, Lab and Imaging, Mid-Level Practitioner, Physician, Podiatrist, and Public Health Center	Fee Schedules
02/18/2011	Elderly and Physically-Disabled Home- and Community-Based Services Waiver	Fee Schedule
Other Resources		
01/20/2011	Pharmacy	DUR Agenda
01/20/2011	All Providers	February <i>Claim Jumper</i>
02/02/2011	All Providers	EOB Crosswalk
02/02/2011	Pharmacy	DUR Board Meeting Minutes
02/03/2011	All Providers	Spring 2011 Provider Training Schedule and Registration Form (revised registration information posted 02/25/2011)
02/07/2011	Pharmacy	SMAC Update
02/16/2011	All Providers	HIPAA 5010 Deadline (announcement)
02/18/2011	All Providers	March 2011 <i>Claim Jumper</i> (revised Provider Training article posted 02/25/2011)
02/25/2011	All Providers	NDC J Code Crosswalk 4Q 2010 (most commonly-used NDCs)
02/25/2011	ASC, Dialysis Clinic, Hospital Outpatient, IDTF, Pharmacy, Physician, Podiatrist, and Public Health Clinic	Rebateable Drug Manufacturers 4Q 2010
02/25/2011	Pharmacy	Preferred Manufacturers List
02/28/2011	Pharmacy	Preferred Drug List

Top 15 Claim Denial Reasons		
Exception	February Ranking	January Ranking
RECIPIENT NOT ELIGIBLE DOS	1	1
EXACT DUPLICATE	2	2
DRUG CONTROL CODE = 2 (DENY)	3	3
RATE TIMES DAYS NOT = CHARGE	4	4
PA MISSING OR INVALID	5	5
REFILL TOO SOON	6	6
PARTIAL DENTURES	7	7
PASSPORT PROVIDER NO. MISSING	8	8
CLAIM INDICATES TPL	9	9
RECIPIENT COVERED BY PART B	10	10
SUBMIT BILL TO OTHER PROCESSOR OR PRIMARY PAYER	11	14
REV CODE INVALID FOR PROV TYPE	12	11
MISSING/INVALID INFORMATION	13	13
SLMB OR QI-1 ELIGIBILITY ONLY	14	17
DEPRIVATION CODE RESTRICTED	15	15

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