

# Montana Health Care Programs

# CLAIM JUMPER

Volume XXV, Issue 5, May 2010

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## 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](http://www.mtmedicaid.org)).

## Claim Jumper Mailing to Cease

Effective July 1, 2010, the Department will no longer be mailing the monthly *Claim Jumper* through the postal service. The *Claim Jumper* will still be available at the provider website, <http://www.mtmedicaid.org>. Providers will be notified with a message on the remittance advice when the *Claim Jumper* has been posted.

*Submitted by Michelle Gillespie, DPHHS*

## Encourage Montana Medicaid Clients to Get Screened for Colorectal Cancer

Incidence of colorectal cancer in the United States is as high as 54 per 100,000 people; Montana's rate is between 38 and 45.9 per 100,000, which is among the lowest rates in the U.S. (CDC 2005). Montana Medicaid has had 324 diagnosis of colorectal cancer in the last five years. Unfortunately Montana does not have the lowest death rate due to colorectal cancer, between 16.5 and 17.8 per 100,000 people; this rate is higher than Idaho and Wyoming, but lower than North and South Dakota (CDC 2005).

A recent review of five years of claims data supports the findings of the CDC in 2005 which indicated that Montana has a low incident rate of colorectal cancer. Unfortunately it is not among the lowest rate for colorectal cancer related deaths. Montana's Medicaid screening rate is 33 percent, 5 percent higher than the national average for Medicaid patients, but falls short of the national average of 55 percent in 2008.

Please encourage your patients to get a screening for colorectal cancer and take appropriate action when necessary.

*Submitted by Dean J. Markovics, DPHHS*

## Medicaid Videoconference Workshop Scheduled

All in- and out-of-state hospitals, physicians, and mid-level providers should save the date for a videoconference workshop on Montana Medicaid, case management, prior authorization, discharge planning, Healthy Montana Kids, and Children's Special Health Services. It will be held Tuesday, October 5, from 1-5 p.m. Mountain Time. Please contact [mpatrick@mt.gov](mailto:mpatrick@mt.gov) or call (406) 444-0061 for more information.

*Submitted by Mary Patrick, DPHHS*

## Implantable Neurostimulators

The Montana Medicaid program covers implantable neurostimulators and services related to them. Medical criteria suggest strongly that services related to implantable neurostimulators should only be performed in a hospital setting.

Effective May 1, 2010, physicians and mid-levels will no longer be permitted to bill procedure codes L8680 through L8688, implantable neuro-stimulator electrode, transmitter and generator codes.

*Submitted by Connie Olson, DPHHS*

## New Code for Speech Therapists

Effective January 1, 2010, Montana Medicaid began reimbursement for CPT code 97532—Development of cognitive skills to improve attention, memory, problem solving, direct patient contact by the provider, each 15 minutes. The provider notice posted on the website [www.mtmedicaid.org](http://www.mtmedicaid.org) has details about the activation of this code for speech therapists.

*Submitted by Rena Steyaert, DPHHS*

## Common Coding Errors Providers Make

The FFY08 Payment Error Rate Measurement (PERM) review identified several common coding errors that providers had made. In all cases, services were provided; however, the coding was incorrect. This caused an overpayment that the providers were responsible to repay.

The data analysis revealed that procedure and diagnosis coding errors were the two major areas for errors in the Fee-for-Service category.

- Two (2) instances of insufficient documentation.

- Two (2) instances of incorrect procedure coding. In both circumstances the services were delivered, but the coding was incorrect.
- One (1) instance of diagnosis coding error. Services were rendered, but mis-coded.
- One (1) instance involving an error in the number of units. Provider billed an incorrect number of units, based on a comparison of the medical documentation with the number of units on the claim.
- One (1) instance where the provider billed for an incorrect date of service.

In order to assist providers, a partial listing of resources and billing tips, taken from the *General Information for Providers* manual, are listed below for their convenience. A complete copy is available at <http://>

[medicaidprovider.hhs.mt.gov/pdf/general.pdf](http://medicaidprovider.hhs.mt.gov/pdf/general.pdf).

**Billing Tips**

- Use current CPT-4, HCPCS, and ICD-9-CM coding books, and refer to the long descriptions. Relying on short descriptions can result in inappropriate billing.
- Maintain complete records. (See Provider Requirements, Record Keeping.)
- Avoid billing for the same service/supply twice. Contact Provider Relations for the status of submitted claims. (See Key Contacts.)
- Use specific codes rather than miscellaneous codes. For example, 99213 is more specific (problem-focused visit)

than 99499 (unlisted evaluation and management service).

- Bill only for those items/services covered by Medicaid. (See current fee schedule and provider manuals.)
- Bill for the appropriate level of service provided. For example, the CPT-4 coding book contains detailed descriptions and examples of what differentiates a level 1 office visit (99201) from a level 5 office visit (99205).
- Services covered within “global periods” for certain CPT-4 procedures are not paid separately and should not be billed separately. Most surgical and obstetric procedures and some medical procedures include routine care before and after the procedure. Medicaid fee schedules show the global period for each CPT-4 service.
- Use the correct “units” measurement on CMS-1500 and UB-04 bills. In general, Medicaid follows the definitions in the CPT-4 and HCPCS billing manuals. Unless otherwise specified, one unit equals one visit or one procedure. For specific codes, however, one unit may be 15 minutes, a percentage of body surface area, or another quantity. Always check the long text of the code description.
- When billing for DMEOPS, a completed Certificate of Medical Need (CMN) for each item (when required) must be maintained in the provider’s files in accordance with the requirements of ARM 37.85.414. (See Provider Requirements, Record Keeping.)

*Submitted by Russ Hill, 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. As in prior months, callers primarily used the Nurse First line to ask pediatric related questions in January and February.

Nurse First also offers patients a free Healthwise® website. Patients may go to [www.medicaid.mt.gov](http://www.medicaid.mt.gov) and click on Montana Health and Wellness Information. Nearly one in five visitors sought information about chronic pain during January and February.

*Submitted by Michael Huntly, DPHHS*

**Nurse First Calls**

The top five Nurse First call topics are in the table below:

February 2010 (460 total calls)		January 2010 (471 calls)	
Calls	Type of Call	Calls	Type of Call
24	Pediatric cough	17	Pediatric health information
17	Pediatric health information	13	Pediatric cough
8	Pediatric vomiting	13	Pediatric medication question
7	Pediatric cold	11	Pediatric vomiting
7	Pediatric earache	10	Abdominal pain

**Visits to Healthwise® Website**

The top five topics visitors were interested in are in the table below:

February 2010 (136 website visits)		January 2010 (152 website visits)	
Visits	Topic of Interest	Visits	Topic of Interest
24	Chronic pain	28	Chronic pain
13	Chrohn’s disease	13	Symptom checker
8	Symptom checking	5	Cytoscopy
6	Hyperthyroidism	4	Basic dental care
5	Ulcerative colitis: changing your diet	4	Managing rheumatoid arthritis

**Change in Medicaid Third Party Liability (TPL) Administration**

Recently the Department of Public Health and Human Services (DPHHS) decided to reverse a decision related to TPL administration. Effective immediately DPHHS will no longer consider assets held in trust for the members of communal living groups to be liable third parties. This change in administration will have little to no impact on the Montana Health Care Programs clients, and will improve the administrative services of DPHHS for providers.

If you have questions related to this change please contact Provider Relations by phone at (800) 624-3958 or (406) 442-1837, by e-mail at [MTPRHelpdesk@acs-inc.com](mailto:MTPRHelpdesk@acs-inc.com) (non-PHI questions) or through the Ask Provider Relations function on the secure web portal.

*Submitted by Russ Hill, DPHHS*

## Medicare Showing in TPL Field on 1500

ACS has noticed an increase in the number of claims submitted on paper with Medicare paid information in field 29, Amount Paid, on the CMS-1500 with no Medicare EOMB or other supporting documentation being sent. Field 29 is reserved strictly for TPL and cannot be used for Medicare paid information when billing Montana Health Care Programs. Entering the Medicare paid amount in this field can cause delays in claim processing and may cause the claim to deny.

Professional Medicare crossover claims that are billed on paper—whether paid, denied or the entire allowed amount is applied to the deductible—to Montana Health Care Programs must be submitted with the Medicare EOMB (and the explanation of denial codes).

For more information on Medicare billing practices to Montana Health Care Programs you may refer to your provider-specific manual.

CPT codes, descriptors, and other data only are copyright 1999 American Medical Association (or such other date of publication of CPT). All Rights Reserved. Applicable FARS/DFARS Apply.

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](http://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
<b>Notices and Replacement Pages</b>		
03/22/10	Speech Language Pathologists	Current Procedural Terminology (CPT®) Code 97532 for Speech Therapy
03/29/10	Physician, Mid-Level Practitioners	Implantable Neurostimulators
<b>Fee Schedules</b>		
03/01/10	Pharmacy	Fee schedule
03/04/10	Ambulatory Surgical Center	Fee schedule
03/15/10	Hospital Outpatient	APC schedule, outpatient procedure fee schedule
03/16/10	Mental Health Center, LCPC, Social Worker, Psychologist, Targeted Case Management—Mental Health, Physician, Psychiatrist, Mid-Level Practitioner	Revised fee schedule for MHSP services for clients 18 years of age and older, fee schedule for Medicaid Mental Health services for clients 18 years of age and older
<b>Other Resources</b>		
03/01/10, 03/08/10, 03/15/10, 03/22/10, 03/29/10	All Provider Types	What's New on the Site This Week
03/01/10	All Provider Types	News item regarding Passport to Health and Team Care Client Lists
03/01/10	Physician, Podiatry, Mid-Level Practitioners, IDTF, Birthing Center, Laboratory and X-ray, Public Health Clinics, Outpatient Hospital, Emergency Room, Free-Standing Dialysis Clinic, Pharmacy, Psychiatry, Ambulatory Surgical Center	Revised updated list of rebateable manufacturers
03/01/10	Passport	Health Improvement Program Provider Referral Form added to Forms section
03/01/10	All Provider Types	News item regarding Montana Medicaid Health Improvement Program
03/02/10	All Provider Types	Provider Fair agenda added to Upcoming Events
03/11/10	All Provider Types	Save-the-Date notice for Montana Medicaid / Healthy Montana Kids Videoconference added to Upcoming Events
03/11/10	All Provider Types	April 2010 <i>Claim Jumper</i>
03/24/10	All Provider Types	Various updates to text on Nurse First page
03/26/10	Pharmacy	April 28, 2010, DUR Board / Formulary Committee meeting agenda

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ACS  
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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](mailto: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