

# Montana Health Care Programs

# CLAIM JUMPER

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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>.

[mtmedicaid.org](http://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*

## Change Type of Bill (TOB) for Federally Qualified Health Centers (FQHCs)

On August 5, 2008, the National Uniform Billing Committee (NUBC) voted to change the TOB that is used to identify FQHCs from 73x to 77x effective April 1, 2010. The NUBC created the new TOB for FQHCs because TOB 73x, which has historically been used for FQHCs, is technically designed to apply to free-standing clinics of any kind. An FQHC TOB distinct from the TOB used by free-standing clinics will allow all payers to identify FQHCs separately from free-standing clinics allowing for consistent and appropriate adjudication.

The Montana Medicaid MMIS claims processing system will process FQHC claims that are submitted with TOB 77X effective April 1, 2010.

## CLIA Updates Effective April 1, 2010

Listed below are the latest tests approved by the Food and Drug Administration as waived tests under CLIA. The Current Procedural Terminology (CPT) codes for the following new tests must have the modifier QW to be recognized as a waived test:

- G0430 QW– Drug screen, qualitative; multiple drug classes other than chromatographic method, each procedure
- G0431 QW–Drug screen, qualitative; single drug class method (e.g., immunoassay, enzyme assay), each drug class

These codes were added to the MMIS claims processing system effective April 1, 2010.

The CLIA regulations require a facility to be appropriately certified for each test performed at that location. To ensure that Medicare and Medicaid only pay for laboratory tests categorized as waived complexity under CLIA in facilities with a CLIA certificate of waiver, laboratory claims are currently edited at the CLIA certificate level.

For 2010, the following HCPCS codes are new and excluded from CLIA edits and do not require a facility to have any CLIA certificate:

- 83987 - pH; exhaled breath condensate
- 88738 -Hemoglobin (Hgb), quantitative, transcutaneous
- 89398 - Unlisted reproductive medicine laboratory procedure (non-covered Montana Medicaid service)

## Updating a Client's Third-Party Liability

When a client's third-party liability (TPL) insurance closes, ACS doesn't automatically receive notification. We rely on providers and clients for these updates. When providers learn about a client's terminated insurance, please call Provider Relations with that information; then TPL staff can verify the dates and update the eligibility system. Please have the client's name, insurance company name, and term date (if available) when calling. Provider Relations can be reached at (800) 624-3958 or (406) 442-1837.

## April OPPs update New Drugs and Biologicals that will require NDCs

Six drugs and biologicals have newly been granted OPPS pass-through status effective April 1, 2010. These items, along with their descriptors and APC assignments, are identified below. These codes will require an NDC to be billed in loop 2410, Segment LIN, Data Element 03 of the 837I or form locator 43 in the revenue description field of the UB-04 paper claim.

HCPCS	Long Descriptor	APC	Status Indicator	Eff. 4/1/10
C9258	Injection, telavancin, 10 mg	9258	G	
C9259	Injection, pralatrexate, 1 mg	9259	G	
C9260	Injection, ofatumumab, 10 mg	9260	G	
C9261	Injection, ustekinumab, 1 mg	9261	G	
C9262	Fludarabine phosphate, oral, 1 mg	9262	G	
C9263	Injection, ecallantide, 1 mg	9263	G	

## 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 February and March.

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 February and March.

*Submitted by Michael Huntly, DPHHS*

### Nurse First Calls

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

March 2010 (544 total calls)		February 2010 (460 calls)	
Calls	Type of Call	Calls	Type of Call
23	Pediatric health information	24	Pediatric cough
12	Pediatric fever	17	Pediatric health information
12	Pediatric medication	8	Pediatric vomiting
12	Pediatric cough	7	Pediatric cold
10	Pediatric cold	7	Pediatric ear ache

### Visits to Healthwise® Website

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

March 2010 (190 website visits)		February 2010 (136 website visits)	
Visits	Topic of Interest	Visits	Topic of Interest
40	Chronic pain	24	Chronic pain
15	Interactive health tools	13	Crohn's disease
14	Symptom checking	8	Symptom checking
9	Preventive health	4	Hyperthyroidism
7	Insulin for diabetes mellitus	4	Ulcerative colitis: changing your diet

## AMA Errata Notice for CPT 2009 that Affects Newborn Care Service Codes

The AMA published an errata notice for the CPT 2009 coding book which revised the parenthetical note following procedure code 99465 to instruct that the listed services are appropriately reported in addition to 99465. The revised note found in the errata states, "(99465 may be reported in conjunction with 99460, 99468, 99477). Therefore, the Montana Medicaid claims processing system has been corrected to allow procedure code 99465 (Delivery/birthing room resuscitation, provision of positive pressure) to be reported in addition to codes 99460, 99468 and 99477 for dates of service January 1, 2009, and after.

## You can Now perform MATH Claim Inquiry via the Group NPI

Providers enrolled with a group NPI can now check claims billed under their group NPI on the Montana Access to Health Web Portal. Previously the only way to perform a claim inquiry was to inquire via the rendering NPI. You will still be able to perform a claim inquiry under the rendering NPI. If your group NPI does not appear in the drop down for the Web Portal, contact Provider Relations to have it added.

## Credit Balance

Providers may be placed in a credit balance due to adjustments in which the end result of the change of payment is lower than the original payment. If you are in a credit balance you will find claims reflected on your remittance advice in the credit balance section. These claims may appear as paid, but you have not received any payment for these claims. It is recommended that you do not post the claims appearing in the credit balance section of the remittance advice. Once the credit amount is satisfied, these claims will move into the paid section of your remittance advice.

While you are in a credit balance, the same claims may repeat on each remittance advice until they are reflected in the paid section. These claims aren't credited more than once and may be verified by the ICN.

### Nursing Facility Claim Eligibility Issues

When the State of Montana implemented the CHIMES system on October 1, 2009, there were several nursing facility claims that could not be processed for payment because of issues with Medicaid eligibility and/or no nursing facility span showing in the system.

During the past six months staffs from the Office of Public Assistance, Public Assistance Bureau, Senior and Long Term Care Division and ACS have been working on the eligibility/claim issues that resulted during the transition to the CHIMES system. Most of the issues have been corrected as they related to eligibility. There may be a small number of claims with eligibility issues that are not getting processed for payment. Most of these claims are for new admissions to the facility.

Any ongoing issues related to eligibility for nursing facility residents should be resolved by working directly with your local Office of Public Assistance (OPA).

We appreciate your patience during this transition period.

*Submitted by Steve Blazina, DPHHS*

### Outpatient Mental Health Treatment Limitation

Prior to January 1, 2010, only 62 ½ percent of any expenses incurred in connection with the treatment of mental, psychoneurotic, and personality disorders of an individual who is not an inpatient of a hospital were considered to be incurred under Medicare Part B when determining the amount of payment and application of the Part B deductible. This provision, known as the Outpatient Mental Health Treatment Limitation resulted in Medicare only paying 50 percent of the approved amount for outpatient mental health treatment. Section 102 of Medicare Improvements for Patients and Providers Act of 2008 (MIPPA) (Pub. L. 110-1027) amends the statute to phase out the limitation and will result in an increase in the Medicare Part B payment for outpatient mental health services to 80 percent by CY 2014. For CY 2010, section 102 of the MIPPA provides that Medicare will recognize 68 ¾ percent of expenses incurred, which translate to 55 percent of the allowed amount.

The Montana Medicaid claims processing system is now applying the 68 ¾ percent to the Medicare outpatient mental health claims. This change will be retroactive for dates of service back to January 1, 2010. Claims that have been adjudicated under the old percent will be adjusted to reflect the CY 2010 limitation.

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14,250 copies of this newsletter were printed at an estimate 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 Director's Office 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>		
<b>Fee Schedules</b>		
<b>Other Resources</b>		
04/02/10, 04/09/10, 04/16/10, 04/23/10, 04/30/10	All Provider Types	What's New on the Site This Week
04/05/10	Pharmacy	Page recognized with new SMAC information section
04/23/10	All Provider Types	New Address Correction Form
04/20/10	All Provider Types	Provider Fair 2010 Trainings
04/20/10	Pharmacy	Updated Preferred Drug List
04/23/10	Pharmacy	Manufacturer-Submitted Information
04/12/10	All Provider Types	May 2010 <i>Claim Jumper</i>
04/28/10	Pharmacy	May 26, 2010, DUR Board / Formulary Committee meeting agenda

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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

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P.O. Box 4936  
Helena, MT 59604

Claims Processing  
P.O. Box 8000  
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Third Party Liability  
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