

# Montana Health Care Programs

# CLAIM JUMPER

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## In This Issue

Publications Reminder.....	1
Montana Health Care Programs Suspension Span Changes .....	1
Urgent Notice for Passport Providers .....	1
“Never Events” Not Payable Under Montana Health Care Programs .....	1
Spring Provider Training 2011 Nearing an End .....	1
Health-Acquired Conditions Functionality in MMIS.....	1
Recent Publications .....	2
Top 15 Claim Denial Reasons .....	3

## 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.

## Montana Health Care Programs Suspension Span Changes

The claims processing system was recently updated to exempt claims for Mental Health Services Plan (MHSP) and Mental Health Crisis Stabilization (MHCS) clients from suspension span processing.

Clients with these types of eligibility will not be subject to suspension span processing even if the date of service on the claim falls within a suspension span on file.

The claims processing system was also updated to exempt claims for clients 21 years of age and under or 65 years of age and over in the Montana State Hospital or the Montana Mental Health Nursing Care Center from suspension span processing.

Clients with suspension spans on file for these reasons that fall within the excluded age ranges will not be subject to suspension span processing even if the date of service on the claim falls within the suspension span on file. Claims that had previously denied for both these reasons will be reprocessed.

## Urgent Notice for Passport Providers

Montana Medicaid Passport to Health provider agreements will expire on June 30, 2011. All Passport providers have been sent a notice and a new agreement to return before the expiration date. The new agreement must be completed and returned to Passport to Health in order to remain a Passport provider and to continue receiving case management payments.

**The new agreement pertains only to Passport and Team Care services. Providers will still be enrolled as Montana Medicaid providers.**

The new Passport provider agreement and FAQs related to the agreement renewal can be viewed on the [Passport to Health](#) page on the Provider Information website. If you have any questions, call (800) 362-8312.

*Submitted by John Hoffland, DPHHS*

## “Never Events” Not Payable Under Montana Health Care Programs

Effective for inpatient and outpatient claims, including crossovers processed July 1, 2011 and after for Montana Health Care Programs, diagnosis codes classified as “never events” will not be payable. “Never events” are defined as:

- E876.5 – Performance of wrong operation (procedure) on correct patient;
- E876.6 – Performance of operation (procedure) on patient not scheduled for surgery; and

- E876.7 – Performance of correct operation on wrong side/body part.

This functionality will apply regardless of the date of service on the claim.

## Spring Provider Training 2011 Nearing an End

The State and ACS wrap up the last of the provider training sessions on May 23 (DME and Hearing Aids) and May 25 (Adult Mental Health). Visit the [Training](#) page to register for these sessions or to access training materials for earlier sessions. Remember to complete your training surveys to be eligible to win the [stained glass wall hanging!](#)

## Health-Acquired Conditions Functionality in MMIS

Inpatient claims for PPS hospitals processed on or after July 1, 2011, for Montana Health Care Programs will be subject to new Health-Acquired Conditions (HAC) functionality as defined by CMS. This functionality applies regardless of the date of service on the claim.

If the condition was acquired while the patient was in the hospital (was not present on admission), that diagnosis and/or diagnosis/surgical procedure combination will not be passed to the APR-DRG grouper and therefore not considered for payment.

Health-acquired conditions are denoted by a present on admission indicator of 1 (present on admission unreported/not used; exempt from POA reporting), N (diagnosis was not present at the time of inpatient admission), or U (insufficient to determine if the condition was present at the time of inpatient admission) for certain diagnosis/surgical procedure combinations.

For more information on specific procedure combinations, see the [HAC Fact Sheet](#) published by CMS.

## 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.

<b>Recent Publications Available on Website</b>		
<b>Date</b>	<b>Provider Type</b>	<b>Description</b>
<b>Notices and Replacement Pages</b>		
03/23/2011	Physician, Mid-Level Practitioner, ASC, Outpatient Hospital, Dialysis Clinic, FQHC, and RHC	Changes to Procedure Code Indicators
03/29/2011	Psychiatric Residential Treatment Facility (PRTF) and Therapeutic Group Home (TGH)	Interstate Compact on the Placement of Children Required
04/12/2011	Physician, Psychiatrist, Pharmacy, Mid-Level Practitioner, and Mental Health Center	Prior Authorization for Cycloset® Prior Authorization for Nexiclon® Prior Authorization for Pradaxa®
04/12/2011	All Providers	Request: Claims Submission, Date of Payment June 30, 2011
04/29/2011	Hospital Outpatient	Replacement Page: How Payment Is Calculated, page 8.5
<b>Fee Schedules</b>		
03/04/2011	Dental	Fee Schedule
03/04/2011	Dentist, Denturist	Fee Schedule (revised)
03/11/2011	Hospital Outpatient	APC and Outpatient Procedure Fee Schedules
04/01/2011	School-Based Services	Fee Schedule
<b>Other Resources</b>		
02/28/2011	Pharmacy	Preferred Drug List
03/14/2011	Pharmacy	Preferred Drug List
03/25/2011	Pharmacy	Announcement: Proposed meeting dates for DUR/PDL annual meetings
03/28/2011	Pharmacy	Announcement: Proposed meeting dates for DUR/PDL annual meetings (revised)
03/03/2011	All Providers	Provider Training WebEx Links
03/03/2011	All Providers	Provider Training WebEx Tutorial Video
03/21/2011	All Providers	April 2011 <i>Claim Jumper</i>
04.22.2011	Passport	Passport to Health Provider Agreement
04.22.2011	All Providers	Provider training session material Sessions1-11
03.28.2011	Pharmacy	DUR Meeting Notice (date revision)
04.12.2011	Pharmacy	DUR Agenda
04/14/2011	Pharmacy	Preferred Manufacturers List
04/15/2011	All Providers	May 2011 <i>Claim Jumper</i>
04/15/2011	TCM Non-Mental Health	Developmental Disabilities Program Manual of Fee for Service Reimbursement Rates and Procedures, Section One
04/15/2011	Pharmacy	NDPCP Payer Sheet
04/22/2011 04/26/2011	Passport	Passport to Health Provider Agreement Passport Provider Agreement Renewal Q&As
04/22/2011 04/29/2011	Training and Upcoming Events Provider Training Material	Nursing Facility/Swing Bed, Hospital and Clinic Services; Montana HIT and EHR Incentive; Physician-Related Services, EPSDT Well Child, and SURS

<b>Top 15 Claim Denial Reasons</b>		
<b>Exception</b>	<b>April Ranking</b>	<b>March Ranking</b>
EXACT DUPLICATE	1	2
RECIPIENT NOT ELIGIBLE DOS	2	1
DRUG CONTROL CODE = 2 (DENY)	3	3
PA MISSING OR INVALID	4	7
RATE TIMES DAYS NOT = CHARGE	5	4
REFILL TOO SOON	6	5
PARTIAL DENTURES	7	6
PASSPORT PROVIDER NO. MISSING	8	8
CLAIM INDICATES TPL	9	10
RECIPIENT COVERED BY PART B	10	11
SUBMIT BILL TO OTHER PROCESSOR OR PRIMARY PAYER	11	13
SUSPECT DUPLICATE	12	17
SLMB OR QU-1 ELIGIBILITY ONLY	13	15
MISSING/INVALID INFORMATION	14	12
EXCEEDS MAXIMUM DAYS SUPPLIED	15	27

### 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](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 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