

Montana Health Care Programs

CLAIM JUMPER

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Publications Reminder

It is the 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).

Medicaid Covers All Transplants Covered by Medicare

Medicaid will only cover medically necessary organ or tissue transplants that are covered by Medicare and that comply with Medicare's coverage guidelines. If Medicare guidelines are not available, the transplant surgery will be reviewed by the Department to determine if it's medically necessary and whether it is experimental and/or investigational. All transplants, with the exception of cornea, require prior authorization from the

Department's designated review organization.

Organ transplants must be performed in a Medicare certified center for each specific organ program. If Medicare has not designated a certified center, the transplant must be performed by a hospital that has been certified by the Organ Procurement and Transplantation Network (OPTN) for the specific organ being transplanted.

A list of CMS-certified facilities can be accessed at: https://www.cms.gov/CertificationandCompliance/20_Transplant.asp

Please refer to your provider type fee schedule for reimbursement information.

If you have any questions, please contact Mary Patrick, RN, Transplant Coordinator at 406-444-0061, or send her an email at mpatrick@mt.gov.

To prior authorize a transplant, for both in and out-of-state, please call Mountain-Pacific Quality Health at:

Helena: (406) 443-4020
Local fax: (406) 443-4585
In-and out-of-state: 1-800-262-1545 ext. 5850
Long distance fax: 1-800-497-8235

Submitted by Mary Patrick, DPHHS

Billing Medicaid Patients

The Medicaid/HMK *Plus* Help Line has been receiving many calls from clients being billed privately for services they received when they were Medicaid or HMK *Plus* eligible. Please remember, the rules about billing Medicaid clients are very specific and differ greatly from rules that may apply to other insurance companies. ARM 37.85.406 (11) states: "Providers are required to accept, as payment in full, the amount paid by the

Montana Medicaid program for a service or item provided to an eligible Medicaid recipient in accordance with the rules of the Department. Providers shall not seek any payment in addition to or in lieu of the amount paid by the Montana Medicaid program from a recipient or his representative, except as provided in these rules. A provider may bill a recipient for the co-payments specified in ARM 37.83.826 and 37.85.204 and may bill certain recipients for amounts above the Medicare deductibles and coinsurance as allowed in ARM 37.83.825.

(a) A provider may bill a recipient for noncovered services if the provider has informed the recipient in advance of providing the services that Medicaid will not cover the services and that the recipient will be required to pay privately for the services, and if the recipient has agreed to pay privately for the services. For purposes of (11)(a), noncovered services are services that may not be reimbursed for the particular recipient by the Montana Medicaid program under any circumstances and covered services are services that may be reimbursed by the Montana Medicaid program for the particular recipient if all applicable requirements, including medical necessity, are met.

(b) Except as provided in this rule, a provider may not bill a recipient after Medicaid has denied payment for covered services because the services are not medically necessary for the recipient.

(i) A provider may bill a recipient for covered but medically unnecessary services, including services for which Medicaid has denied payment for lack of medical necessity, if the provider specifically informed the recipient in advance of providing the services that the services are not considered medically necessary under Medicaid criteria, that Medicaid will not pay for the services and that the recipient will be required to pay privately for the services, and the recipient has agreed to pay privately for the services. The agreement to pay privately must be based upon

definite and specific information given by the provider to the recipient indicating that the service will not be paid by Medicaid. The provider may not bill the recipient under this exception when the provider has informed the recipient only that Medicaid may not pay or where the agreement is contained in a form that the provider routinely requires recipients to sign.” Montana Medicaid Providers who do not adhere to these billing requirements can be sanctioned pursuant to ARM 37.85.501. If you are not sure whether you can bill a Medicaid client for a service privately, please call the Provider Help Line at 1-800-624-3958.

*Submitted by Rachel Donahoe,
Passport to Health*

Accuracy Pays

Providers billing paper claims be aware! For CMS-1500 claims, enter only information related to actual third party insurance for the client in fields 9d and 11c. Entering information such as Medicaid, HMK Plus, Indian Health, or Medicare may delay processing of your claim or cause your claim to deny. The information in these fields is read by the Optical Character Recognition Software as an indication that another third party has responsibility for payment on the claim.

Remember, Medicare is not considered a TPL as Medicare is processed differently than TPL on claims for Montana’s Health-care programs.

Examples of what should be entered are BCBS, EBMS, or Allegiance. For UB-04 claims, both Medicare and TPL payers are indicated in form locator 50. Extra care should be taken to use form locator 50 only for Medicare or actual TPL payers. Do not enter information such as ACS, Medicaid, Indian Health or HMK.

Attention Swing Bed Providers

Electronic 837I transactions billed with a personal resource amount for the client may have paid incorrectly due to the claims processing system failing to capture the personal resource amount from the 2300 Loop, AMT segment (Patient Estimated Amount Due). The system has been changed and the personal resource amount captured from the 837 transaction as of 06/11/2010.

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 March and April, callers’ most frequent questions were pediatric.

Nurse First also offers patients a free Healthwise® website: patients may go to www.medicaid.mt.gov and click on Montana Health and Wellness Information. Chronic pain was the most sought after information by visitors during March and April.

Submitted by Michael Huntly, DPHHS

Nurse First Calls			
The top five Nurse First call topics are in the table below:			
April 2010 (505 total calls)		March 2010 (544 calls)	
Number of Calls	Type of Call	Number of Calls	Type of Call
17	Pediatric health information	18	Pediatric health information
16	Pediatric vomiting	16	Pediatric fever
14	Pediatric cough	12	Pediatric medication
12	Pediatric cold	9	Pediatric cough
9	Chest pain	9	Pediatric cold

Visits to Healthwise® Website			
The top five topics visitors were interested in are in the table below:			
April 2010 (163 website visits)		March 2010 (190 website visits)	
Number of Visits	Topic of Interest	Number of Visits	Topic of Interest
22	Chronic pain	40	Chronic pain
10	Attention deficit hyperactivity disorder	15	Interactive health tools
8	Symptom checking	14	Symptom checking
7	Pregnancy	9	Preventive health
6	Dental care	7	Insulin for diabetes mellitus

If you are a swing bed hospital and submitted 837I transactions between 01/28/2010 and 06/11/2010 and the client has a personal resource amount, please review your remittance advice/835 transaction and if necessary, credit the claim without the personal resource amount and re-submit it electronically so that it will pay correctly. If you have any questions or need assistance with the claim credits, please contact Provider Relations.

Type of Bill 77X for Federally Qualified Health Centers (FQHCs)

The Montana Medicaid MMIS claims processing system is processing FQHC claims submitted with type of bill (TOB) 77X for dates of service April 1, 2010, and forward. Claims with dates of service on or after April 1, 2010, with TOB 73X, will be denied with remark code MA30 (Missing/Incomplete/Invalid Type of Bill). Please refer to the June 2010, *Claim Jumper: Change Type of Bill (TOB) for Federally Qualified Health Centers (FQHCs)* for specific information concerning this change.

Top 10 Claim Denial Reasons		
Exception	May Ranking	April Ranking
RECIPIENT NOT ELIGIBLE DOS	1	1
EXACT DUPLICATE	2	2
DRUG CONTROL CODE = 2 (DENY)	3	3
RATE TIMES DAYS NOT = CHARGE	4	5
PA MISSING OR INVALID	5	6
REFILL TOO SOON	6	7
PARTIAL DENTURES	7	8
PASSPORT PROVIDER NO. MISSING	8	4
RECIPIENT COVERED BY PART B	9	10
CLAIM INDICATES TPL	10	9

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, 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
Notices and Replacement Pages		
05/19/10	Optometric	Updated Manual Replacement Pages-Updated Key Contacts and Prior Authorization
05/21/10	Physician, Mid-Levels, Hospitals, Critical Access Hospitals, ASC	Transplant Program Update
05/24/10	Dentists, Denturists, Dental Hygienists	Orthodontia Prior Authorization Reminders
05/25/10	Physicians, Mid-Levels, Hospitals (01), Optometrists, Podiatrists, Dentists, Chiropractors	Medicaid Incentive Payment Program for Adopting Electronic Health Records
06/14/10	Home and Community Based Services	Rate Increase for Assisted Living Facilities and Adult Foster Homes
Fee Schedules		
05/19/10	Ambulatory Surgical Center	New Fee Schedule
05/27/10	Outpatient Hospitals	April APC and April Proc Code Fee Schedules
06/14/10	Home and Community Based Services	New Fee Schedule
Other Resources		
05/02/10, 05/09/10, 05/16/10, 05/23/10,	All Provider Types	What's New on the Site This Week
05/13/10	All Provider Types	June 2010 <i>Claim Jumper</i>
05/14/10	Pharmacy	Manufacturer-Submitted Information

Montana Health Care Programs
ACS
P.O. Box 8000
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

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
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Third Party Liability
P.O. Box 5838
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