



Montana Health Care Programs

CLAIM JUMPER

Volume XXV, Issue 9, September 2010

In This Issue

Publications Reminder.....	1
Provider Record Update Procedure.....	1
RHC Billing Procedures.....	1
Montana Medicaid Videoconference.....	2
Inpatient Hospital Alcohol and Drug Detoxification Services.....	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 other information published in the *Claim Jumper* and on the Medicaid website (www.mtmedicaid.org).

Provider Record Update Procedure

Effective immediately, requests to change an individual practitioner's provider record require the individual's signature. If the individual's signature is not on the request, the request will be returned.

There have been instances in which a clinic has requested a change to an individual practitioner's provider record, and this resulted in claims being reflected under the incorrect tax ID, claims being paid to an incorrect entity, or correspondence being sent to an incorrect address.

An individual practitioner can practice in multiple locations, including private

practice. With the implementation of the National Provider Identifier (NPI), Montana Health Care Programs does not have separate enrollment records for each location in which a provider may practice.

RHC Billing Procedures

On **October 30, 2007**, Montana Medicaid posted a notice stating that Rural Health Clinic (RHC) services are not covered by Medicaid when provided to a hospital patient. Refer to the provider notice *RHC Services in Hospitals*, dated October 30, 2007. Hospital services include, but are not limited to, emergency room procedures, hospital evaluation and management procedures, and observation done in a hospital or emergency room setting.

Additionally, Administrative Rules of Montana 37.86.4406(3) states, in part:

“RHC services are not covered by Montana Medicaid when provided to a hospital patient.”

RHCs may not bill for services provided by a contracted physician when these services are performed in a hospital or emergency room setting billed on a UB-04.

When an RHC has contracted physicians performing services in a hospital or emergency room setting, the **physician** must bill for services using their NPI.

For paper claims submitted on the CMS-1500, the physician's NPI is entered in the “rendering provider” field (Field 24J) and the clinic's NPI is entered in the “pay to” or “billing provider” field (Field 33).

For electronic claims submitted on the 837P, the “rendering provider” NPI is entered in Loop 2420A and the “pay to” or “billing provider” NPI is entered in Loop 2010AA.

After completing the remainder of the claim or electronic transaction, the CMS-1500 or 837P is submitted to ACS for processing. For more information, see the provider notice *Rural Health Clinic Billing Reminder*, dated August 1, 2010.

RHCs must bill using the revenue codes below, as specified by the Department. Contact Provider Relations to ensure that these codes are valid and are within the scope of service for your facility. If invalid for your clinic, use of these revenue codes will result in nonpayment.

- 512 Dental visit
- 521 Clinic visit
- 522 Home visit
- 524 Visit to a client in a covered Part A stay at a skilled nursing facility
- 525 Visit to a client in a skilled nursing facility (not a covered Part A stay) or nursing facility or intermediate care facility for the mentally handicapped or other residential facility
- 527 Visiting nurse service(s) to a client's home when in a home health shortage area
- 528 Visit to other non-RHC site (e.g., scene of an accident)
- 900 Mental health visit

RHC claims are reimbursed using an all-inclusive rate of payment per visit. **Only one line per claim** will receive payment.

When billing multiple visits on the same day, the second claim must be mailed or faxed directly to the RHC program officer or it will be denied due to duplicate services.

If you have questions about the information in this article, please call Provider Relations at 1-800-624-3958 or Rey Busch, RHC Program Officer, at 406-444-4834.

Submitted by Rey Busch, DPHHS

Montana Medicaid Videoconference

In-state and out-of-state hospitals, physicians, and mid-level practitioners should save the date for a videoconference put on by Montana’s Health Care Programs.

The videoconference will be held **Tuesday, October 5, 2010, from 1–5 p.m. Mountain Daylight Time (MDT).**

A department overview will be provided on prior authorization, case management, and discharge planning. Staff from the hospital program, the physician program, managed care, Children’s Special Health Services, long-term care, mental health, transportation, and Healthy Montana Kids will be presenting.

For more information, please contact Mary Patrick at (406) 444-0061 or via email at mpatrick@mt.gov.

Submitted by Mary Patrick, DPHHS

Inpatient Hospital Alcohol and Drug Detoxification Services

Effective July 1, 2010, inpatient hospital alcohol and drug detoxification services are limited to seven (7) days. If hospitalization is more than seven (7) days, the Department requires prior authorization to determine further medical necessity. To obtain a prior authorization number, please contact Mary Patrick, RN, Hospital Case Manager at (406) 444-0061.

Submitted by Mary Patrick, 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. During May and June, 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 during May and June.

Submitted by Michael Huntly, DPHHS

Nurse First Calls			
The top five Nurse First call topics are in the table below:			
June 2010 (467 total calls)		May 2010 (542 total calls)	
Number of Calls	Type of Call	Number of Calls	Type of Call
16	Pediatric health information	23	Pediatric health information
11	Pediatric medication question	17	Pediatric vomiting
10	Adult health information	13	Pediatric cough
9	Pediatric colds	10	Abdominal pain
8	Nausea and vomiting	10	Pediatric fever (greater than 3 months of age)

Visits to Healthwise® Website			
The top five topics visitors were interested in are in the table below:			
June 2010 (86 website visits)		May 2010 (128 website visits)	
Number of Visits	Topic of Interest	Number of Visits	Topic of Interest
27	Chronic pain	26	Chronic pain
6	Symptom checking	11	Fibromyalgia
4	Kidney function	10	Mental and behavior issues
3	Interactive health risk calculators	9	Acne
3	Cancer antigens	7	Symptom checking

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		
07/14/10	Mental Health Center	Medicaid Mental Health Services
07/14/10	Physician, Mid-Level Practitioner, Family Planning Clinic, Public Health Clinic, FQHC, RHC, Inpatient Hospital, Outpatient Hospital, and IHS Provider	Vaccine Update Effective February 23, 2010
07/28/10	All Provider Types	Provider Record Update Procedures
07/29/10	Rural Health Clinic	RHC Billing Reminder
Fee Schedules		
07/09/10	Physician, Mid-Level Practitioner, Family Planning Clinic, Inpatient Hospital and Outpatient Hospital	Fee Schedule for Mirena
07/09/10	Licensed Professional Counselor, Mental Health Center, Mid-Level Practitioner, Physician, Psychiatrist, Psychologist, Social Worker	Current Fee Schedule for 72-Hour Presumptive Eligibility Program for Crisis Stabilization for Individuals 18 Years of Age and Older
07/09/10	Licensed Professional Counselor, Mental Health Center, Mid-Level Practitioner, Physician, Psychiatrist, Psychologist, Social Worker	Current Fee Schedule for Medicaid Mental Health for Clients 18 Years of Age and Older
07/09/10	Licensed Professional Counselor, Mental Health Center, Mid-Level Practitioner, Physician, Psychiatrist, Psychologist, Social Worker	Current Fee Schedule for MHSP Services for Clients 18 Years of Age and Older
07/12/10	Optician	Current Fee Schedule
07/12/10	Optometric	Current Fee Schedule
07/19/10	Occupational Therapist	Current Fee Schedule
07/19/10	Physical Therapist	Current Fee Schedule
07/19/10	Speech Therapist	Current Fee Schedule
07/19/10	School-Based Services	Current Fee Schedule
07/20/10	Optometric	Current Fee Schedule
07/21/10	Ambulance, EPSDT, EPSDT/Chiropractic, EPSDT/Respiratory, and Oral Surgeon	Current Fee Schedule
07/21/10	Dental	Current Fee Schedule
07/22/10	Audiology	Current Fee Schedule
07/23/10	Inpatient Hospital	APR Fee Schedule
07/27/10	Independent Diagnostic Testing Facilities, Lab and Imaging, Mid-Level Practitioner, Podiatrist, and Public Health Clinic	Current Fee Schedule
07/27/10	Physician	Current Fee Schedule
Other Resources		
07/19/10	All Provider Types	August <i>Claim Jumper</i>
07/09/10, 07/16/10, 07/23/10, 07/30/10	All Provider Types	What's New on the Site This Week
07/19/10	Team Care	Team Care Referral Form
07/19/10	Team Care	Team Care Handbook

Top 15 Claim Denial Reasons		
Exception	July Ranking	June 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
REFILL TOO SOON	5	5
PARTIAL DENTURES	6	7
PA MISSING OR INVALID	7	6
PASSPORT PROVIDER NO. MISSING	8	8
CLAIM INDICATES TPL	9	9
RECIPIENT COVERED BY PART B	10	10
REV CODE INVALID FOR PROV TYPE	11	11
SUBMIT BILL TO OTHER PROCESSOR OR PRIMARY PAYER	12	13
SLMB OR QI-1 ELIGIBILITY ONLY	13	12
MISSING/INVALID INFORMATION	14	14
SUSPECT DUPLICATE	15	15

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
Helena, MT 59604

Third Party Liability
P.O. Box 5838
Helena, MT 59604