

Montana Health Care Programs

CLAIM JUMPER

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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](#).

Fall 2011 Provider Training

Register now for Fall 2011 provider training sessions through the WebEx links on the [Training](#) page of the website.

Also, remember to complete the [survey](#) to assist with the program development of the Fall 2011 sessions.

New and Revised ICD-9-CM Codes

Montana Medicaid will be adding the new and revised ICD-9-CM diagnosis and surgical procedure codes to their claims processing system effective October 1, 2011.

The codes to be added can be viewed on the [CMS website](#).

The final addendum providing complete information on changes to the diagnosis part of the ICD-9-CM is posted on the [CDC website](#).

Federal Medical Assistance Percentage

The Federal Medical Assistance Percentages (FMAP) changed from 72.99% to 66.81% effective July 1, 2011.

FMAP is multiplied by the published fee and will be applied to all claims that process in the Montana Medicaid system as of July 1.

It is important to remember that claims for school-based services are priced based on the payment cycle date of the claim rather than the line date of service.

The August 2011 School-Based Service fee schedule reflects the July 1, 2011 FMAP.

Important Reminder for All DME Providers

DME providers, including pharmacies enrolled as DME providers, are reminded of the order and prescription requirements for medical equipment and supplies.

Orders and prescriptions must be dated and signed by the authorized prescriber, and must indicate diagnosis, medical necessity, quantity, and length of need.

Orders and prescriptions can be received verbally, electronically, or hard copy.

Rule [37.86.1802](#) of the Administrative Rules of Montana (ARM) states these requirements and also refers to the applicable Medicare criteria.

ARM can be viewed in detail at <http://www.mtrules.org>.

For DME items dispensed on a verbal order, the supplier must promptly reduce the order to writing and follow up with a complete written order signed by the authorized prescriber prior to billing the Department.

Applicable Medicare criteria specific to DME orders and prescriptions is in the Region D supplier manual, [Chapter 3](#).

For information, contact Fran Hara, Program Officer, at (406) 444-5296 or frohara@mt.gov.

Submitted by Fran O'Hara, DPHHS

Wilate Injections for von Willebrand Disease, Code Q2041

Effective July 1, 2011, providers should bill HCPCS Code Q2041 (Wilate Injection) instead of Code J7184.

For hospital providers, Code J7184 was associated with APC 9267, which was deleted July 1, 2011.

Code Q2041 will now group to APC 1352.

This drug is used for the treatment and prophylaxis of bleeding in patients with von Willebrand disease.

NDC Requirements for Drugs Billed in Montana Medicaid

Beginning July 1, 2011, the codes below require a National Drug Code (NDC) when billed to Montana Medicaid.

Code	Description
Q2041	Injection, Wilate 1 IU
Q2042	Injection, Hydroxyprogesterone Caproate, 1mg
Q2044	Injection, Belimumab 10mg
C9283	Injection, Acetaminophen 10mg
C9284	Injection, Ipilimumab 1mg
C9285	Patch, Lidocaine 70mg/Tetracaine 70mg
C9365	Oasis Ultra Tri-Layer Matrix
C9406	Dx I-123 Ioflupane, Per Dose

If an NDC is required, so are the corresponding units and unit type. For details on billing, refer to the April 10, 2008 provider notice titled *Billing Procedures Regarding National Drug Code (NDC) for Providers Using the CMS-1500 and 837P*.

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 April and May, callers' most frequent questions were pediatric.

NurseFirst also offers patients a free Healthwise® website: Patients may go to <http://www.dphhs.mt.gov/programsservices/medicaid.shtml> and click on *Montana Health and Wellness Information*. During April and May, the most sought-after information was regarding hand washing and carpal tunnel syndrome.

Submitted by Michael Huntly, DPHHS

Nurse First Calls			
The top five Nurse First call topics are in the table below:			
May 2011 (621 total calls)		April 2011 (692 total calls)	
Calls	Type of Call	Calls	Type of Call
16	Pediatric general information	22	Pediatric cough
15	Pediatric cough	21	Pediatric general information
12	Abdominal pain	20	Pediatric colds
12	Pediatric vomiting	16	Pediatric constipation
9 each	Pediatric diarrhea Pediatric head trauma	13 each	Abdominal pain Adult general advice

Visits to Healthwise® Website			
The top five topics visitors were interested in are in the table below:			
May 2011 (64 website visits)		April 2011 (69 website visits)	
Visits	Topic of Interest	Visits	Topic of Interest
63	Hand washing	8	Carpal tunnel syndrome
10	Nerve conduction studies	8	Raynaud's phenomenon
6	Upper gastrointestinal endoscopy	6	Smart health decisions
5	Microalbumin urine test	4 each	Basic dental care Dental care for older adults Bipolar disorder
4 each	Kidney dialysis Chronic pain		

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.

Recent Publications Available on Website		
Date	Provider Type	Description
Notices and Replacement Pages		
07/18/11	Hospital Inpatient	Reporting of Hospital-Acquired Conditions (HAC) on Inpatient Claims and Using the Present on Admission (POA) Indicator
07/18/11	All Providers	Reimbursement Change for Covered Ancillary Services Provided to Youth in a Psychiatric Residential Treatment Facility (PRTF) and Additional Ancillary Covered Services
07/22/11	Schools	School-Based Service Rate Changes
07/22/11	Ambulance	Ambulance Provider Reimbursement Rate Change
07/22/11	Dentist, Dental Hygienist, Denturist	Dental Reimbursement Rate Change and Prior Authorization Required for Certain Services
07/22/11	Pharmacy	Reduction of In-State Pharmacy Provider Dispensing Fee
07/22/11	Ambulance	Ambulance Provider Reimbursement Rate Change
07/25/11	Nutrition	Nutrition Provider Reimbursement Rate Change
07/25/11	Private Duty Nursing	Private Duty Nursing Provider Reimbursement Rate Change
07/25/11	Home Infusion Therapy	Home Infusion Therapy Service Reimbursement Rate Change
07/25/11	Hearing Aid	Hearing Aid Service Reimbursement Rate Change
07/25/11	Pharmacy	NCPDP Submission Requirements
Fee Schedules		
07/22/11	ASC	July 2011 Fee Schedule
07/22/11	Schools	July 2010 Fee Schedule – Corrected, January 2011 Fee Schedule – Corrected, April 2011 Fee Schedule – Corrected, and FY 2012 Fee Schedule
07/22/11	Ambulance, Dental Hygienist, Dentist, Denturist, DME, Hearing Aid, Home- and Community-Based Services, Home Infusion Therapy, Nutrition, Oral Surgeon, Personal and Commercial Transportation, and Private Duty Nursing	FY 2012 Program-Specific Fee Schedules
Other Resources		
07/13/11 07/25/11	Pharmacy	Revised July 27, 2011 DUR Agenda
07/01/11	Licensed Professional Counselor, Mental Health Center, Physician, PRTF, Psychiatrist, Social Worker, TCM – Mental Health TFC, and TGH	<i>Mental Health – Adult</i>
07/13/11	Schools	Medicaid Administrative Claiming Coordinator and Financial Officer Training, Summer 2011
07/20/11	RHC, FQHC	<i>Rural Health Clinics / Federally Qualified Health Centers</i>
07/20/11	Pharmacy	PDL
07/20/11	All Providers	August 2011 <i>Claim Jumper</i>
07/28/11	Pharmacy	June 27, 2011 SMAC Update and August 24, 2011 DUR Agenda

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	4
RATE TIMES DAYS NOT = CHARGE	4	3
REFILL TOO SOON	5	5
PA MISSING OR INVALID	6	6
PDCS REFILL TOO SOON	7	7
PASSPORT PROVIDER NO. MISSING	8	8
RECIPIENT COVERED BY PART B	9	11
CLAIM INDICATES TPL	10	9
DEPRIVATION CODE RESTRICTED	11	12
SLMB OR QI ELIGIBILITY ONLY	12	15
MISSING/INVALID INFORMATION	13	14
SUBMIT BILL TO OTHER PROCESSOR OR PRIMARY PAYER	14	13
REV CODE INVALID FOR PROV TYPE	15	10

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

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