

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, provider notices for their provider type, and information published in *Claim Jumper* issues and on the Medicaid [website](#).

Nursing Facility Rates

The Medicaid nursing facility per diem rates for FY 2013 will go into effect retro to July 1. The new rates cannot be paid until after the nursing facility Administrative Rules of Montana (ARM) have been published by the Montana Secretary of State's office.

Submitted by Steve Blazina, DPHHS

Registration Underway! 2012 Provider Training

Registration is underway for the onsite trainings in Bozeman, Billings and Missoula, or the WebEx sessions via the [Training](#) page on the Provider Information website. For those unable to travel, Xerox and State programs will present trainings via WebEx in September.

Onsite Training Events (8:30 a.m. to 4:15 p.m.)

Bozeman	October 3, 2012	Wingate by Wyndham
Billings	October 10, 2012	Hilton Garden Inn
Missoula	October 17, 2012	Holiday Inn Downtown

WebEx Training Events

9:00–9:30	September 4, 2012	Eligibility Verification (Xerox)
1:00–2:00	September 4, 2012	Children's Mental Health
9:00–9:30	September 5, 2012	Denials (Xerox)
9:00–9:30	September 6, 2012	Claim Processing (Xerox)
1:00–1:30	September 6, 2012	IHS
9:00–9:30	September 7, 2012	Medicare/TPL (Xerox)
9:00–10:00	September 12, 2012	HMK
1:30–2:00	September 12, 2012	Physicians
9:00–9:30	September 13, 2012	Dental
1:00–2:00	September 13, 2012	Managed Care
9:00–9:30	September 25, 2012	Hospital Program

Deleted ICD-9-CM Codes

Effective October 1, 2012, Xerox will shut off 33 ICD-9 diagnosis codes that were deleted effective October 2011. These codes were left as open for timely filing of claims.

If presented for payment after October 1, 2012, UB claims will deny at the header level and 1500 claims will deny at the line level. The codes are:

041.4	173.2	173.5	173.8	284.1	444.0	518.5	718.6	795.5	999.4	V13.8
173.0	173.3	173.6	173.9	310.8	512.8	596.8	747.3	997.4	999.5	V19.1
173.1	173.4	173.7	286.5	425.1	516.3	631.0	793.1	998.0	V12.2	V40.3

Using Passport Referral Numbers Properly

The Passport referral number is the number the Passport primary care provider gives to requesting providers when approving services. This is a number issued to the Passport provider and must be on the requesting provider’s claim or Medicaid will deny the service if it requires a Passport referral.

A few key points to keep in mind:

- Passport numbers should not be stored or filed by requesting providers. Passport numbers are to be used on a claim only for the specific services and dates approved by the Passport provider, and must not be used for unauthorized services. Use without authorization may be considered fraud.
- Passport referrals must be documented in the client’s file or in a log or spreadsheet by both the Passport provider and the requesting provider.
- A requesting provider cannot pass on a Passport number to a third provider. The Passport provider must refer the client to the third provider.

If you suspect that your Passport number is being used without a referral, please call the Provider Relations Help Line at (800) 624-3958. If you have questions or comments, please contact John Hoffland, Passport to Health program officer, at (406) 444-0991.

Submitted by John Hoffland, 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 April and May, callers’ most frequent questions were pediatric related.

Nurse First also offers a free Healthwise® website. Patients may go to 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 sputum culture and rheumatoid arthritis.

Submitted by Michael Huntly, DPHHS

Nurse First Calls			
The top five Nurse First call topics are in the table below:			
May 2012 (731 total calls)		April 2012 (752 total calls)	
Calls	Type of Call	Calls	Type of Call
18	Pediatric cough	25	Pediatric colds
16	Pediatric information	23	Pediatric cough
14	Pediatric colds	14	Adult medication questions
10	Pediatric rash	13	Adult information
10	Adult information	12	Pediatric information

Visits to Healthwise® Website			
The top five topics visitors were interested in are in the table below:			
May 2012 (91 website visits)		April 2012 (96 website visits)	
Visits	Topic of Interest	Visits	Topic of Interest
10	Rheumatoid arthritis	11	Sputum culture
7	Interactive tools	4	Immunization safely
3	Smart decisions: Know your options	4	HIV, stages of infection
3	Rheumatoid arthritis zones	3	HIV infection
3	Weight management	3	Optometrist

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
Provider Notices, Manuals, and Replacement Pages		
07.13.2012	Pharmacy	Provider Notice: DAW 8 (Update)
07.30.2012	Dentist, Mid-Level, Pharmacy, Physician, and Podiatrist	NPI Requirements for Pharmacy Claims Payment NCPDP D.0 Payer Sheet (Updated July 27)
07.30.2012	Dentist, Dental Hygienist, and Denturist	Prior Authorization Requirements for Crowns
Fee Schedules		
07.02.2012	Hospital Outpatient	April 2012 APC Fee Schedule
07.09.2012	Hospital Inpatient, Hospital Outpatient, Psychologist, Physician, PRTF, Social Worker, Mid-Level, School, Licensed Professional Counselor, Targeted Case Management, Therapeutic Group Home, Therapeutic Foster Care, Psychiatrist	Medicaid Mental Health Services for Clients Under Age 18 Fee Schedule
07.09.2012	Home Infusion, IDTF, Family Planning, Home Infusion Therapy, Lab and X Ray, Mid-Level, Physician, Podiatry, Public Health Clinic	Provider Type Fee Schedule
07.10.2012	Ambulance, Chiropractic, EPSDT, QMB Chiropractic, Oral Surgeon, Respiratory	Provider Type Fee Schedule
07.10.2012	Audiology, Occupational Therapy, Optician, Optometric, Physical Therapy, Schools, Speech Therapy	Provider Type Fee Schedule
08.03.2012	Hospital Inpatient, Hospital Outpatient, Psychologist, Physician, PRTF, Social Worker, Mid-Level, School-Based, LPC, Mental Health Center, TCM (Mental Health), TGH, TFC, Psychiatrist	72-Hour Presumptive Eligibility for Crisis Stabilization for Individuals 18 Years of Age and Older Medicaid Mental Health for Individuals 18 Years of Age and Older MHSP Services for Individuals 18 Years of Age and Older
Other Resources		
07.03.2012	Family Planning Clinic, FQHC, Hospital, IHS, Mid-Level Practitioner, Pharmacy, Physician, Public Health Clinic, RHC, and Forms	Plan First Medicaid Non-Covered Agreement
07.06.2012 07.12.2012	Pharmacy	Preferred Drug List Update, July 5, 2012 Preferred Drug List Update, July 11,2012
07.06.2012 07.12.2012 07.20.2012	Pharmacy	Montana SMAC Update, July 6, 2012 Montana SMAC Update, July 13, 2012 Montana SMAC Update, July 20, 2012 Montana SMAC Update, July 27, 2012
07.10.2012	Training, Upcoming Events, and Provider Information	Fall 2012 Provider Training Registration Links and Agenda
07.20.2012	Pharmacy	DUR Meeting Minutes
07.23.2012	All Providers	August 2012 Claim Jumper
07.24.2012	Passport to Health	Passport to Health Waiver

Top 15 Claim Denial Reasons

Exception	July Ranking	June Ranking
EXACT DUPLICATE	1	2
RECIPIENT NOT ELIGIBLE DOS	2	1
DRUG CONTROL CODE = 2 (DENY)	3	3
RATE TIMES DAY NOT = CHARGE	4	4
PDCS REFILL TOO SOON	5	6
REFILL TOO SOON	6	7
PA MISSING OR INVALID	7	5
PASSPORT PROVIDER NO. MISSING	8	9
DEPRIVATION CODE RESTRICTED	9	8
CLAIM INDICATES TPL	10	11
SLMB OR QI-1 ELIGIBILITY ONLY	11	13
MISSING/INVALID INFORMATION	12	12
LINE ITEM DOS IS INVALID	13	112*
REV CODE INVALID FOR PROV TYPE	14	18
SUBMIT BILL TO OTHER PROCESSOR OR PRIMARY PAYER	15	15

*This is due to many crossovers without line dates coming over from COBA. Upon researching, it was determined they are not coming with the line dates of service in their electronic file.

Key Contacts

Provider Information website: <http://medicaidprovider.hhs.mt.gov/>

EDI Gateway website: <http://www.acs-gcro.com>

EDI Help Desk (800) 624-3958

Provider Relations

(800) 624-3958 (In/Out of state)

(406) 442-1837 (Helena)

(406) 442-4402 Fax

E-mail: MTPRHelpdesk@xerox.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

Integrated Voice Response (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**

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