

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.

HIPAA 5010 Update

Montana Health Care Programs will begin accepting production 5010 transactions on **December 1, 2011**.

However, **all 5010 transactions** (837I Health Care Claim: Institutional, 837P Health Care Claim: Professional, 837D Health Care Claim: Dental, 270 Eligibility Inquiry Status and 276 Claim Inquiry Status) **will be held at our EDI clearinghouse in Tallahassee until Wednesday, December 7, 2011, when they will be released for processing.**

This does not affect the processing of these transactions submitted in the HIPAA 4010 format; they will be processed upon receipt as they are currently.

If you submit 5010 transactions between December 1 and December 7, 2011, you will not receive the 999 Implementation Acknowledgment, 277CA Claim Acknowledgment, 271 Eligibility Inquiry Response or 276 Claim Status Response transactions before December 7, 2011. Claims submitted electronically will not be processed through the MMIS until December 7, 2011.

Transactions submitted on or after December 7 will be processed immediately upon receipt.

All electronic transactions must be submitted in the 5010 format on and after January 1, 2012; any transactions submitted in the 4010 format on or after this date will not be processed.

If you have any questions, contact ACS Provider Relations at (800) 624-3958 or MTPRHelpDesk@acs-inc.com.

5010 WINASAP Software Available for Testing

The 5010 version of ACS' free claims billing software, WINASAP, is now available for testing. The software, release notes and user manual are available at <http://www.acs-gcro.com/docs/edi-winasap-beta.html>.

You can download one application that has both the current WINASAP 2003 database and the new WINASAP 5010 database or download the single install of the WINASAP 5010 database as a separate application from the current WINASAP 2003.

There are instructions in the manual for installing the new software as well as for converting your 2003 database into a 5010 database, if desired.

It is not necessary to do this, but if you do not, you will be required to enter the patients, providers, taxonomy and other reference data into the 5010 database before you can create any claims.

If you have issues downloading, installing, or using the software, contact Provider Relations (see *Key Contacts*).

Remember, the deadline for sending 5010-compliant transactions is January 1, 2012, which is 1½ months away!

January 1, 2012 HIPAA 5010 Implementation

In only **1½ months**, all electronic X12 transactions must be submitted and received in the HIPAA 5010-compliant format.

It is important that providers contact their software vendor and/or clearinghouse to ensure they are prepared to meet the deadline so that claims processing is not delayed.

If providers and their software vendor or clearinghouse want to test 5010 transactions with Montana Health Care Programs, they should call Provider Relations (see *Key Contacts*).

They will need to provide their Montana EDI submitter number, organization name, the method in which they currently submit transactions, and for the testing, a contact person's name, phone number and e-mail address.

Provider notices and other HIPAA 5010 information are available on the Medicaid [website](#). For additional information regarding changes to the electronic transactions, refer to the 5010 X12 Technical Reports (TR3) documents on the Washington Publishing Company [website](#).

HIPAA 5010 NDC Requirements

HIPAA 5010 (X12 version) is a new set of standards that regulate the electronic transmission of specific health care transactions, including eligibility, claim status, referrals, claims, and remittances.

Conversion to the HIPAA 5010 standards is required by Federal law. The compliance date for use of these standards is January 1, 2012.

Montana Health Care Programs will accept transactions in 5010-compliant form as of December 1, 2011. **However, claims will be held at the EDI clearinghouse until Wednesday, December 7, 2011, at which time they will be released for processing.**

HIPAA 5010 standards require that only **one** National Drug Code (NDC) be reported per claim line on the 837I and 837P electronic transactions.

Effective for providers billing either the 837I or the 837P electronic transaction in the 5010 format (mandated as of January 1, 2012), Montana Health Care Programs will require that only **one** NDC may be reported per claim line.

If more than one NDC is reported per claim line, the entire claim and possibly

the entire 5010 transaction will be rejected as invalid, and the entire claim will be returned to the provider.

Providers can find additional information about the 5010 requirements on the [HIPAA 5010](#) page.

Refer to the [provider notice](#) that explains the HIPAA 5010 requirements when reporting NDCs on electronic claims.

Submitted by Rey Busch, DPHHS

Provider Information on the 5010 837 Health Care Claim Transactions

Providers may have enrolled with Montana Health Care Programs with the same NPI but different taxonomies for their various lines of business or provider types and specialties.

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 July and August, callers' most frequent questions were pediatric.

Nurse First also offers patients a free Healthwise® website. Patients may go to www.dphhs.mt.gov/programsservices/medicaid.shtml, and click on *Montana Health and Wellness Information*. During July and August, the most sought-after information was regarding cystic fibrosis and hemorrhoids.

Submitted by Michael Huntly, DPHHS

Nurse First Calls			
The top five Nurse First call topics are in the table below:			
August 2011 (672 total calls)		July 2011 (635 total calls)	
Calls	Type of Call	Calls	Type of Call
15	Abdominal pain	13	Pediatric head trauma
14	Pediatric vomiting	11	Abdominal pain
14	Pediatric general information	9	Chest pain
11	Pediatric diarrhea	9	Pediatric diarrhea
11	Headache	9	Pediatric general information

Visits to Healthwise® Website			
The top five topics visitors were interested in are in the table below:			
August 2011 (91 website visits)		July 2011 (64 website visits)	
Visits	Topic of Interest	Visits	Topic of Interest
18	Hemorrhoids	13	Cystic fibrosis
14	Making better health decisions	5	Headaches
11	Know your treatment options	5	Healthy eating
5	Make the most of your health appointment	5	Pediatric ear injuries and problems
5	Suicidal thoughts or threats	4	Swelling

To prevent claims from rejecting, and to ensure claims process correctly, providers are encouraged to always send the taxonomy and full 9-digit ZIP code with which they enrolled on the 837 transactions.

The billing provider must be sent with full 9-digit ZIP code (5+4) in the 2010AA Billing Provider Name loop, N4 City, State and ZIP Code segment per the HIPAA 5010 Technical Report Type 3 (TR3) in order for the 837 transaction to be compliant.

Although the last 4 characters can be zeroes on the transaction, Montana Health Care Programs encourages providers to send the full 9-digit ZIP code with which they enrolled on all claims in order to help prevent claims from rejecting.

Per the TR3, the provider taxonomy (PRV) segment for the billing provider on all of the 837 transactions is situational. It is also situational for the rendering provider loop on both the 837P (professional) and 837I (institutional) transactions. However, if the 2310B Rendering Provider loop is sent on the 837D (dental) transaction, the PRV taxonomy segment in that same loop is required.

Montana Health Care Programs encourages providers to send the taxonomy with which they enrolled for both the billing and rendering providers on all the 837 transactions in order to help prevent claims from rejecting.

For more information regarding the ZIP code and taxonomy segments, refer to the TR3 documents on the Washington Publishing Company website at <http://www.wpc-edi.com>.

Fall Provider Training 2011 Comes to an End

The State and ACS wrapped up fall provider training sessions the first week in November. Thanks to everyone who participated in the training sessions!

Visit the [Training](#) page to access training materials. Watch future *Claim Jumper* issues for information about the Provider Fair scheduled for May 15–16, 2012, at the Great Northern Hotel in Helena.

Prior Authorization for Synagis®

The Department has made changes to the Synagis® criteria based on new epidemiologic information and guidance from the American Association of Pediatrics. Updated Synagis® criteria are below.

Synagis® (Palivizumab) is covered by Montana Medicaid when billed through a Montana Medicaid participating pharmacy for use during the Montana respiratory syncytial virus (RSV) season from December 1, 2011 through April 30, 2012. (However, epidemiology of RSV is monitored to adjust for seasonal variance.)

Medicaid will begin authorizing Synagis® on November 15, 2011, for use beginning December 1, 2011. Reimbursement for Synagis® is not available until December 1, 2011. The prescriber (e.g., physician) or pharmacy may submit requests by mail, phone, or fax to the Drug Prior Authorization Unit, Mountain-Pacific Quality Health, 3404 Cooney Drive, Helena, MT 59602, Phone: (406) 443-6002, (800) 395-7961, Fax: (406) 513-1928, (800) 294-1350.

To request prior authorization, providers must submit the information requested on the *Request for Drug Prior Authorization Form* to the Drug Prior Authorization Unit. This form is on the Provider Information website at <http://medicaidprovider.hhs.mt.gov/pdf/requestfordrugpriorauthorization.pdf>.

If you have questions regarding this notice, contact Dave Campana at (406) 444-5951 or the Medicaid Drug Prior Authorization Unit.

Montana Medicaid Synagis® Criteria 2011–2012		
Risk Factors	Chronologic Age (Postnatal) at Onset of RSV Season	Maximum Number of Doses
Diagnosis of chronic lung disease in the past 2 years and history of O ₂ supplementation, bronchodilators, diuretics, or 3 or more claims for systemic or inhaled corticosteroids in the last 6 months.	< 24 months	5
Diagnosis of hemodynamically significant cyanotic & acyanotic congenital heart disease in the past 2 years and history of drugs to treat CHF, moderate to severe pulmonary HTN, or cyanotic heart disease in the past 45 days.	< 24 months	5
Estimated Gestational Age (EGA) ≤ 28 weeks	< 12 months	5
EGA ≤ 34 ⁶ / ₇ weeks and diagnosis of severe neuromuscular disease or congenital respiratory abnormalities in the past year.	< 12 months	5
EGA = 29–31 weeks 6 days.	< 6 months	5
EGA = 32–34 weeks 6 days and child has one of the following risk factors: sibling younger than 5 years old at home or child attends day care	≤ 3 months	3 doses or until child reaches 90 days of age or season ends (4/30)

*The administration of Synagis® may begin for the 2011–2012 RSV season on December 1, 2011 and ends April 30, 2012. Advance authorizations may be obtained by contacting the Drug Prior Authorization Unit starting November 15, 2011.

Submitted by Dave Campana, DPHHS

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, Manuals, and Replacement Pages		
09/01/11	Pharmacy	Replacement pages: 2.4, 3.1, 3.2, and 6.4 (Dispensing Fee changes; MHSP Formulary changes)
09/01/11	Ambulatory Surgical Center	ASC manual
09/07/11	All Providers	Provider Notice: Payment Error Rate Measurement (PERM)
09/09/11	DME, Pharmacy, Physicians, and Mid-Level Practitioners	Provider Notice: DME Order and Prescription Requirements
09/09/11	All Providers	Provider Notice: HIPAA 5010/OCR Qualifier Changes
09/15/11	Pharmacy	Provider Notice: NCPDP D.0 Submission Requirements Important Update
10/07/11	ASC, Family Planning Clinic, FQHC, Hospital Outpatient, IHS, Mid-Level Practitioner, Physician, Public Health Clinic, and RHC	Provider Notice: Influenza Virus Vaccine
10/07/11	ASC, Family Planning Clinic, FQHC, Hospital Outpatient, IHS, Mid-Level Practitioner, Physician, Public Health Clinic, and RHC	Provider Notice: Influenza Virus Vaccine
10/20/11	Mid-Level Practitioner, Pharmacy, and Physician	Provider Notice: Prior Authorization for Children's Vitamins
10/20/11	Mid-Level Practitioner, Pharmacy, and Physician	Provider Notice: Smart PA [®] Prior Authorization for Synagis [®]
10/28/11	Licensed Professional Counselor, Mental Health Center, Physician, Psychiatrist Psychologist, PRTF, Social Worker, TCM (Mental Health), TFC, and TGH	Youth Mental Health Services manual, September 2011
11/02/11	Freestanding Dialysis Clinic	End-Stage Renal Disease Revised Prospective Payment System
11/02/11	Hospital Inpatient and Hospital Outpatient	Replacement Pages Inpatient: <i>Passport</i> and <i>Definitions</i> Replacement Pages Outpatient: <i>Definitions</i>
Fee Schedules		
10/13/11	Hospital Inpatient	APR Fee Schedule, August 1, 2011
10/19/11	Ambulatory Surgical Center	ASC Fee Schedule, October 2011
Other Resources		
10/13/11	Pharmacy DUR	DUR Meeting Agenda, October 19, 2011
10/28/11	Pharmacy DUR	DUR Meeting Minutes, October 19, 2011
10/31/11	Pharmacy	Key Contacts (update)
10/07/11 10/14/11 10/24/11	Pharmacy	Montana SMAC Update, October 7, 2011; October 14, 2011; October 21, 2011
10/06/11 10/13/11 10/21/11 10/26/11 10/27/11	All Providers	Provider Training Session Material: Physician-Related Services, Adult Mental Health, Transportation, Managed Care, Senior and Long-Term Care, Children's Mental Health, Electronic Health Records, and Hospital Program
10/19/11	All Providers	November 2011 <i>Claim Jumper</i>

Top 15 Claim Denial Reasons		
Exception	October Ranking	September Ranking
RECIPIENT NOT ELIGIBLE DOS	1	1
EXACT DUPLICATE	2	2
DRUG CONTROL CODE = 2 (DENY)	3	3
RATE TIMES DAY NOT = CHARGE	4	4
PDCS REFILL TOO SOON	5	5
REFILL TOO SOON	6	6
PASSPORT PROVIDER NO. MISSING	7	8
PA MISSING OR INVALID	8	7
CLAIM INDICATES TPL	9	9
RECIPIENT COVERED BY PART B	10	14
DEPRIVATION CODE RESTRICTED	11	10
SLMB OR QI ELIGIBILITY ONLY	12	13
SUBMIT BILL TO OTHER PROCESSOR OR PRIMARY PAYER	13	11
REV CODE INVALID FOR PROV TYPE	14	12
MISSING/INVALID INFORMATION	15	15

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

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