

Montana Healthcare Programs

Claim Jumper

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**Check your
Fee Schedules**
Most
fee schedules
will be updated in
the first quarter of
2018.

Publications Reminder

It is the responsibility of all providers to be familiar with Montana Healthcare Program manuals, fee schedules, provider notices for their provider type, and information published in *Claim Jumper* issues and on the [Montana Healthcare Programs Provider Information website](#).

Inside Provider Relations

This month I'd like to offer a reminder on the importance of the [Provider Website](#), <http://medicaidprovider.mt.gov>. This is a fantastic resource and the best place to stay up to date on all Montana Healthcare Programs information. Medicaid was not spared entirely from the recent state budget impact and the Provider Website is where the most up to date information will be located. Whether it's proposed changes to fee schedules or the latest announcements and provider notices, or if the Call Center happens to experience technical difficulties, or we have to close the office due to inclement weather, we'll let you know.

The Provider Website is also a great place to find answers to your questions. Fee schedules provide the answers to "Is it covered?" and "how much will be reimbursed for?" The provider type manuals give you information on your responsibilities as a provider as well as billing instruction and common errors to avoid. The site search makes all of this pretty easy to locate too. We hope to save you that phone call or the frustration by sharing this resource, and it's importance, with you as you continue to serve the members of Montana Healthcare Programs.

*Submitted by Julia Harris
Provider Relations
Manager Conduent*

EHR Registry

Welcome to 2018 everyone!

Program Year 2017

Montana State Level Registry (SLR) opens for Program Year 2017 for Eligible Professionals and Eligible Hospitals on February 1, 2018, and will close on April 30, 2018. All participants must attest to Meaningful Use (MU), either Modified Stage 2 or Stage 3 – no attestations will be accepted for AIU (Adopt, Implement or Upgrade). [Additional information is available on the SLR Provider Outreach page located at <http://mt.rraincentive.com/>](#).

Program Year 2018

Providers that are continuing participation in the Montana Medicaid EHR Program should follow a blog written by Patty Kosednar at Mountain Pacific Quality Health to stay up to date. [The blog is available at <http://mpqhf.com/blog/mu/>](#) On the home page of the blog is a link in the right hand menu labeled "MU Requirements for 2018" that providers may find helpful.

[Montana has a Medicaid EHR email that is checked daily and questions are welcomed here at \[MedicaidEHR@mt.gov\]\(mailto:MedicaidEHR@mt.gov\)](#)

*Submitted by: Jessica Brown
EHR Incentive Program Payment Coordinator
DPHHS*

New Medicare Cards Coming in April 2018

Medicare is rolling out new Medicare cards in April 2018 and these cards will use a new Medicare Beneficiary Identifier (MBI) which is replacing the old Health Insurance Claim Number (HICN). Which was based on the clients SSN. For more information on what the new Medicare Card mean for providers please go to the Centers for Medicare & Medicaid Services (CMS) link <https://www.cms.gov/Medicare/New-Medicare-Card/Providers/Providers.html>.

*Submitted by Glen
Gormely Project Manager
DPHHS*

Field Rep Corner

Electronic Claims - File Rejections for Non-Enrolled NPI

NPI number, taxonomy, physical address (including the zip +4), and team number are some of the most important pieces of information that are used for electronic claim submission. A mismatch in any of these points could cause the claim to be rejected. The error is usually returned as the NPI isn't enrolled or can't be found.

If a file is rejected that means it never made it to the claims system to be adjudicated, this also means that there would be no ICN or claim on file for the call center to look at. When a claim comes into the system and is being matched the system looks for the physical address information along with the NPI number and taxonomy codes. If the system cannot find enough information to match against the claim file will be rejected.

Some things to check when a claim isn't in the system or you have received a rejection notice include:

- Is the NPI enrolled with MT Healthcare Programs?
- Does the taxonomy being sent electronically match what was enrolled for that NPI number?
- Have you made a change to your physical address? Have those changes been updated with Montana Healthcare Programs?
- If you are a school, are you submitting the team number that matches the physical address of the school where the services are being provided?

There could be other reasons that the claim file was rejected. If you have checked these things and are still having difficulties, please contact the Provider Relations EDI line at (800) 642-3958, and use the queue for EDI. [General questions can also be emailed to MTPRhelpdesk@conduent.com](mailto:MTPRhelpdesk@conduent.com).

*Submitted by Dan Hickey
Field Representative
Montana Provider Relations*

Recent Website Posts

Below is a list of recently published Medicaid information and updates available on the [Provider Information website](#). On the website, select Resources by Provider Type in the left menu to locate information specific to your provider type. If you cannot locate the information below, contact Provider Relations at 1.800.624.3958 or 406.442.1837 in Helena.

Provider Notices		
12/07/2017	Physicians, Mid-Levels, Public Health Clinics	New Shingles Vaccination
12/11/2017	Physicians, Mid-Levels, Family Planning Clinics, Public Health Clinics, Outpatient Hospitals	Vaccines For Children
12/12/2017	Mid-Levels, Pharmacy, Physicians	Medicaid Authorization Change Regarding New Brand Name Drugs
12/12/2017	All Providers	Montana Plan First - Contraceptive (IUD) Update and Service Code List
12/14/2017	RHC, FQHC	Vaccine Administration Code Update
12/15/2017	DME, Private Duty Nursing, EPSDT, Nutritionist	Continuous Glucose Monitors - A9278, A9277, & A9276
12/18/2017	Labs, Physicians, Mid-Levels, Inpatient Hospitals, Outpatient Hospitals	Fetal Chromosomal Aneuploidy Testing
12/20/2017	Ambulance	Ambulance Reimbursement Rate Change
12/20/2017	Dental, Oral Surgeon, Denturist	Dental Reimbursement Rate Change
12/20/2017	Outpatient Hospital	CAH Reimbursement Rate Change
12/20/2017	Outpatient Hospital	Outpatient Hospital Reimbursement Rate Change
12/26/2017	Inpatient Hospital	Inpatient Hospital Reimbursement Rate Change
12/26/2017	All Providers	MATH Web Portal Eligibility Inquiry Verfication Update
12/28/2017	Physician, Mid-Levels	Zinplava Prior Authorization Criteria
12/29/2017	Physicians, Mid-Levels, Inpatient Hospital, Outpatient Hospital, Critical Access Hospital, Psychiatrists, Licensed Clinical Social Worker, Licensed Professional Counselor, Ambulatory Surgical Centers, Indian Health Services	Prior Authorization for Transgender Mastectomy/ Breast Augmentation
12/29/2017	Physicians, Mid-Levels, Inpatient Hospital, Outpatient Hospital, Critical Access Hospital, Psychiatrists, Licensed Clinical Social Worker, Licensed Professional Counselor, Ambulatory Surgical Centers, Indian Health Services	Prior Authorization for Gender Reassignment Surgery
Proposed Fee Schedules		
Proposed Fee Schedules were posted for most provider types in December on the Proposed Fee Schedule Page . Finalized 2018 schedules will be moved to provider type pages as they are approved.		
Fee Schedules		
July 2016 Chemical Dependency Contract, July 2016 Chemical Dependency Standard		
Forms		
Hepatitis C Treatment PA, Individual Adjustment Request		
Manuals Revisted		
School-Based Services, Manual, Physician Manual, Individual Adjustment Request Form		

Other Resources

- Announcement: New MATH Portal Link
- Presumptive Eligibility 2018 Training Dates
- Training Survey Questions Added
- New Website Page found in Site Index: Manuals Page
- MT PDL
- Zinplava - Criteria added to Physician Administered Drugs tab of the Prior Authorization page.

Top 15 Claim Denial Reasons

Exception	December 2017	November 2017
EXACT DUPLICATE	1	1
RATE TIMES DAYS NOT = CHARGE	2	8
RECIPIENT NOT ELIGIBLE DOS	3	5
REFILL TOO SOON	4	3
PA MISSING OR INVALID	5	2
REV CODE INVALID FOR PROV TYPE	6	26
PASSPORT PROVIDER NO. MISSING	7	12
MISSING/INVALID INFORMATION	8	7
DRUG CONTROL CODE = 2 (DENY)	9	9
RECIPIENT COVERED BY PART B	10	10
SLMB OR QI-1 ELIGIBILITY ONLY	11	13
RECIP NON COVERED SERVICES	12	19
NDC MISSING OR INVALID	13	11
PROVIDER TYPE/PROCEDURE MISMAT	14	22
PROC. CODE NOT COVERED	15	4

SURS Audit Revelations**Dental Behavior Management Services**

The SURS unit has identified excessive use and improper billing of CDT code D9920 (Behavior Management, By Report).

CDT code D9920, is a reimbursable service by Montana Medicaid when extraordinary effort is documented in the patients' medical record, up to 4 units per visit and a max of 12 units per year. When billing for this code the extra effort, time, skill and assistance needed to deliver the service must be documented in the medical record. The documentation should indicate the behavior exhibited that required Behavior Management services as well as details of what behavior management techniques were used.

Ordinary effort is described as standard interaction and service by the dentist and one assistant. The dental practitioner is expected to help the patient learn strategies to manage behavior such as impulse control, alleviate fear and anxiety and build a trusting relationship. Some common techniques such as tell-show-do, positive reinforcement, parental presence or absence, or voice control methods. (These techniques are standard care with all, NOT for billing D9920). The SURS unit uses the American Dental Association CDT coding guidelines and definitions when reviewing medical records and billing patterns, per Administrative Rule of Montana 37.79.326.

When a provider bills Montana Medicaid for a service, Administrative Rule of Montana 37.85.414 states in part that "(1) All providers of service must maintain records which fully demonstrate the extent, nature and medical necessity of services and items provided to Montana Medicaid Recipients. The records must support the fee charged or payment sought for the services and items and demonstrate compliance with all applicable requirements."

It is important to document who, what, when, why, and how of the service with as much specificity as needed to support the service provided.

*Submitted by Michelle Bowlds, CPC
Program Integrity Compliance Specialist
SURS, DPHHS*

Key Contacts**Montana Healthcare Programs****Provider Information**

<http://medicaidprovider.mt.gov/>

Conduent EDI Solutions

<acs-gcro.com/gcro/>

Provider Relations

MTPRHelpdesk@conduent.com

P.O. Box 4936

Helena, MT 59602

(800) 624-3958 In/Out of state

(406) 442-1837 Helena

(406) 442-4402 Fax

Third Party Liability

P.O. Box 5838

Helena, MT 59604

(800) 624-3958 In/Out of state

(406) 443-1365 Helena

(406) 442-0357 Fax

Claims Processing

P.O. Box 8000

Helena, MT 59604

EFT and ERA

Fax completed documentation to

Provider Relations,

(406) 442-4402.

Verify Member Eligibility

FaxBack (800) 714-0075 or

Voice Response (800) 714-0060

POS Help Desk for Pharmacy

(800) 365-4944

Passport

(800) 362-8312

PERM Contact Information

KCronholm@mt.gov

(406) 444-9365

website: <http://dphhs.mt.gov/qad/PC/PERMPC>

<http://dphhs.mt.gov/qad/PC/PERMPC>

Prior Authorization

OOS Acute & Behavioral Health

Hospital, Transplant, Rehab &

PDN:

(406) 457-3060 (Helena) or

(877) 443-4021 (Toll Free)

Fax:

(406) 513-1923 Helena or

(877) 443-2580 (Toll Free)

MPQH – DMEPOS/Medical

(406) 457-3060 Helena or

(877) 443-4021

Fax:

(406) 513-1923 Helena or

(877) 443-2580

Magellan Medicaid**Administration**

Phone: (800)770-3084 (opt 3)

Fax: (800) 639-8982