

Montana Healthcare Programs

Claim Jumper

Volume XXXIII, Issue 3, March 2018

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Did You Know?

A convenient list of new posts to the provider website is updated every Friday afternoon on the **New Posts Page.**

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 [Montana Healthcare Programs Provider Information website](#).

Physician Administered Drugs

The Physician and Hospital Programs are in the process of adding prior authorizations to selected physician administered drugs. When a prior authorization is added a Provider Notice and the [Criteria will be posted on the website <http://medicaidprovider.mt.gov/>](#). The brand name and the generic names are listed for clarification. Below are some helpful hints to facilitate a smooth transition in this process

The criteria for each drug can be found at: <http://medicaidprovider.mt.gov/priorauthorization#260627814-physician-administered-drugs> Please read over the specific criteria carefully before submitting a request. If there are preferred drugs listed in the criteria before a drug will be approved, please make sure you include documentation that the member has tried each of these drugs and failed. If the drug requires that a member is not smoking, please provide the appropriate documentation to support this. If all the listed criteria are not met, the request will be denied

To request a physician administered drug, the appropriate form with complete information must be received. The link to this form can be found at the above mentioned prior authorization-physician administered drug page or on the Forms link at: <https://medicaidprovider.mt.gov/Portals/68/docs/forms/PAPhysicianAdministeredDrugs11222017.pdf>. The number to fax this request is located on the top right-hand corner of the form.

There has been some confusion on a section of the form that needs to be clarified.

Therapy will be provided in:

Provider Office: Outpatient Hospital (Infusion Ctr, CAH, etc.) ASC

This section is used for billing purposes. Montana Healthcare Programs' system requires that the prior authorization spans be linked to the NPI that will be billing for this service, not the provider ordering or referring. If the service is done in the provider's office (billing on a 1500), the provider box should be checked. If the member is going to an outpatient hospital setting (infusion center, billing on a UB04) to receive the service, outpatient hospital should be checked. If you, as a provider are required to get the prior authorization in your network, it is crucial to supply the correct codes and the NPI that the service will be billed with. This will help the Prior Authorization to be set up correctly and avoid unnecessary billing errors.

If you have questions regarding reimbursement for these services, please check the billing Provider Type's Fee Schedule ahead of time. Some of these services bundle under the Hospital Outpatient visits. These schedules will be either the Hospital Outpatient or the [individual provider's fee schedule \(Physician or Mid-level\)](#) found at <http://medicaidprovider.mt.gov/providertype>.

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IF YOU FILE CLAIMS USING EDI PORTAL, SAFE HARBOR, OR EDI GCRO

CLAIM SUBMISSION LINKS ARE CHANGING

Links will remain the same for claim submission or file downloads via the MATH web portal.

IF YOU USE	NOW USE THIS
EDI Web Portal X12 File Submission / Retrieval *NOT MATH PORTAL	https://edionline.portal.conduent.com/EDIOnline/redirect.action
Safe Harbor SOAP Web Address	https://edisolutions.services.conduent.com/batchWS/services/Core?wsdl
Safe Harbor MIME Web Address	https://edisolutions.services.conduent.com/batchrs/services/application.wadl
EDI GCRO Web Address	http://edisolutionsmmis.portal.conduent.com/gcro/

If you are using automated scripts to access any of these websites, you will need to update your coding prior to COB 03-31-18 to avoid disruption of service. Please update and test your connection to the new links prior to that time.

There will NOT be any change of your existing credentials or access to the new website.

Please email any questions to MTPRHelpdesk@conduent.com.

Physician Administered Drugs (continued from page 1)

Lastly, the Physician Administered Drug Prior Authorization form is a fillable form. If possible, please type the information into the form and then submit it. This will reduce the amount of clerical errors and make sure the information on the form is legible.

*Submitted by Cassie O'Bryant
Physician Program Officer
Hospital & Physician Services
DPHHS*

New Medicare Cards

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

Vaccines for Children

We have received a number of calls regarding the Vaccine for Children (VFC) program. The Vaccine for Children program is a federally funded program. The Centers for Disease Control (CDC) distributes the vaccines to registered VFC providers at no cost. This program covers immunizations for children under the age of 19 for a variety of preventable diseases.

Providers participating in the Montana VFC can bill Montana Healthcare Programs for the administration of those vaccines, but cannot be compensated for the vaccine itself. The number of administrations should match the number of vaccines when billing for these services. Make sure to use units instead of billing on separate lines for multiple administration codes. An SL modifier should be billed on the administration codes to indicate vaccines came from VFC stock. The actual vaccine codes should be billed with a zero-dollar amount. The vaccine should be administered under the direct supervision of a Mid-level or physician. For more information please see the provider notice titled "Vaccine Administration Code Updates" that were posted December 11, 2017 and September 25, 2017 on the [provider website](#).

FQHC and RHC facilities cannot bill separately for the vaccine or the administration of the vaccines, they are not covered services in an FQHC or RHC. These are considered part of the covered core services offered and are included within the facilities PPS rate per visit when there is a face to face encounter with the member. The administration of the vaccines is considered an incidental and not billable separately when administered by a non-core provider

HMK-CHIP program members are not eligible for the Vaccines for Children program. FQHC/RHC providers may bill Montana Medicaid for vaccines using revenue code 636 and the vaccine procedure code. For more information please see the provider notice posted December 14, 2017 titled "Vaccine Administration Code Update"

*Submitted by Dan Hickey, Field Representative and Summer Roberts, Senior Customer Care Agent
Montana Provider Relations*

Community First Choice and Personal Assistance Program

Effective February 1, 2018, the Community First Choice and Personal Assistance Program (CFC/PAS) limits some services. The limits affect meal preparation, exercise, and instrumental activities of daily living services. Members affected by the service limits received a written notice from the Department, dated January 11, 2018. Refer to the CFC/PAS program policy manual posted on the Department's website for more information. The [web link for the self-directed CFC/PAS policy manual is http://dphhs.mt.gov/SLTC/CFC-SDPoIMan](http://dphhs.mt.gov/SLTC/CFC-SDPoIMan) and the [web link for the agency-based CFC/PAS manual is at http://dphhs.mt.gov/SLTC/CFC-AB](http://dphhs.mt.gov/SLTC/CFC-AB).

*Submitted by Abby Holm CFC/
PAS Program Manager
DPHHS*

Change to the Optometric Eye Exam and Eyeglass Benefit

Effective March 1, 2018, the Optometric Eye Exams and Eyeglasses benefit will be changing for Medicaid and Healthy Montana Kids (HMK) members. Adults age 21 and over will be eligible to receive one exam and one pair of eyeglasses once every 730 days (2 years).

Exceptions to the above include a change in prescription meeting the criteria set forth in the Optometric and Eyeglass Services Provider Manual, a diagnosis of diabetes, or post cataract surgery. Diabetic members can receive an exam every year if a diabetic diagnosis code is indicated on the claim.

The optometric benefit for members age 20 and under will remain unchanged at one exam and one pair of eyeglasses every 365 days. Exceptions to this rule continue to be a change in prescription meeting the criteria set forth in the Optometric and Eyeglass Services Provider Manual, and lost or broken eyeglasses.

Providers are reminded when billing for Medicaid members age 20 and under, to use the Early Periodic Screening, Diagnostic, and Treatment Services (EPSDT) indicator “#1” in the appropriate field on the claim which, indicates medical necessity for the service.

*Submitted by Rena Steyaert,
Optometric & Eyeglass Program Officer
DPHHS*

EHR Registry

Montana State Level Registry (SLR) has had a change in the dates that it will be open for Providers, Groups, and Hospitals. Due to some Development issues Montana cannot open Program year 2017 for attestation submission until March 1, 2018. The new dates for submission are 03/01/2018 thru 05/31/2018.

Again, all participants must attest to Meaningful Use (MU), either Modified Stage 2 or 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.arraincentive.com/](http://mt.arraincentive.com/) .

If you have not subscribed to the blog written by Patty Kosednar from Mountain Pacific Quality Health you should check it at <http://mpqhf.com/blog/mu/>

Montana has a Medicaid EHR email that is checked daily and questions are welcomed here at MedicaidEHR@mt.gov

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

SURS Audit Revelations

Supervision of In-Training Mental Health Practitioners

The SURS unit has recently found several individual mental health providers billing for supervision of unlicensed candidate in-training practitioners. An individual mental health professional cannot bill Montana Medicaid for services provided by the supervised candidates outside of a licensed Medicaid Mental Health Center. Based on the Mental Health Center Administrative Rules of Montana, ARM 37.85.406(16), 37.88.901(9) and 37.87.702(3), a person enrolled as an individual provider may not submit a claim for services they did not personally provide. Only a mental health center can bill and receive reimbursement from Montana Medicaid for services provided by mental health professional candidates in training.

*Submitted by Jennifer Bergmann, CPIP, CPC
Program Integrity Compliance Specialist
SURS, DPHHS*

Nurse First

Nurse First: Catch Colorectal Cancer Early (Better Yet, Prevent It)

Early detection has always been the mantra when it comes to a cancer diagnosis; it's the key to treatment options and it can sometimes influence potential outcomes. This is particularly true with colorectal cancer (CRC), a serious disease in which malignant cells form in the colon (large bowel or first part of the large intestine), or rectum — key parts to the body's digestive system, that extract and process food nutrients, and pass waste out of the body.

While the American Cancer Society cites colorectal cancer as the second leading cause of cancer-related deaths in the country, with the exception of skin cancers (as well as the third most commonly-diagnosed cancer in men and women in the U.S.), it's one of our most preventable cancers, with improved diet and lifestyle choices. CRC is also one of our most treatable, if it's caught early through timely screenings. Colonoscopy is the test most advocated for those with average risk of the disease, starting at age 50, with screenings every 10 years. A doctor will recommend more frequent screenings if polyps are found, if a person is in a higher risk category by ethnicity (incidence and mortality rates are higher in African Americans), family history (including that of pre-cancerous polyps, ovarian cancer, or inflammatory bowel disease, like Crohn's disease or chronic ulcerative colitis), or if a cancer diagnosis is confirmed. In fact, male and female death rates declined 52 percent from 1970-2015 through increased colonoscopy screenings and treatment. However, the American Cancer Society has projected that 97,220 new cases of colon cancer will be diagnosed in 2018 alone, along with 43,030 new cases of rectal cancer.

The main factor that increases colorectal cancer risk is increasing age, especially after age 50, noting that 90 percent of all CRCs are diagnosed after one hits the mid-century mark. The longer one is alive, the longer a time there is to develop unhealthy eating habits and lack of exercise. Conversely, there's also time to turn things around when it comes to real behavior change that can propel better health in general, and to lessen the chances of developing colorectal cancer. That's where having a dialogue with patients about the dangers and prevention of colorectal cancer comes in, to encourage eating a balanced diet of lean proteins, fruits and vegetables, whole grains, and at least eight glasses of water per day, plus working up to 150 minutes of exercise per week. Those conversations should also include timely and specific screening information, geared toward the patient's age range and individual risk factors, following a thorough physical exam, history, and look at lifestyle.

In addition to colonoscopy, whereby following the patient's use of prescribed laxatives to empty the colon (and after sedation), a colonoscope is inserted into the rectum to detect suspicious polyps or tissue samples for removal, there is also virtual colonoscopy, which views via x-rays (or computed tomography colonography (CTC). A sigmoidoscopy is another screening method by which a flexible sigmoidoscope is inserted onto the rectum to look specifically at the sigmoid (lower) colon in the same way. Fecal occult blood tests (FOBT) can check stool samples for blood under a microscope or via special injectable machine (depending upon test type) — a possible indicator of cancer, polyps, or other conditions. A barium enema (or lower GI series) provides an x-ray view of the lower gastrointestinal tract using the silver-white metallic compound called barium to illuminate the area. Generally (and preceding any of the above options), a physician will do a digital rectal exam via lubricated, gloved finger during a physical, to check for lumps or anything unusual.

Some new January 2018 Staging Guidelines for colorectal cancer use pathologic or surgical staging, in which tissue removed during surgery is examined. This is deemed more accurate than sole clinical staging which uses physical exam, biopsies, and American Joint Committee on Cancer (AJCC) imaging tests on the tumor's size, lymph nodes, metastasis (spread), plus a look at the inner-to-outer wall layers of the colon and rectum.

According to the Montana Chronic Disease Prevention & Health Promotion Bureau and the Montana Department of Health and Human Services, Montana has approximately 500 new cases of colorectal cancer annually. It's the second cause of cancer death in the state, with 180 deaths each year. Two in five Montanans age 50 to 75 are not up to date with preventive screenings. Average wait time for colonoscopy screenings in Montana is less than a month. Over a dozen Montana Cancer Control Programs (MCCP), from Blue Cross Blue Shield of Montana, to the Rocky Mountain Tribal Leaders Council, are working together in pursuit of the national CRC screening initiatives lead by the American Cancer Society and the Centers for Disease Control and Prevention (CDC). The goal: To ensure that 80 percent of those Montanans age 50 to 75 are getting their doctor-recommended screenings before 2018 runs out. The MCCP has also conducted provider trainings on CRC screening guidelines, and evidence-based interventions.

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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		
01/12/2018	Outpatient Hospital, FQHC, RHC	Infertility Treatment Code - J0725
01/12/2018	Physician, Mid-Level, Outpatient Hospital, FQHC, RHC	Zinplava® Prior Authorization Criteria
01/17/2018	Physician, Mid-Level, Outpatient Hospital, FQHC, RHC	Xgeva® Prior Authorization Criteria
01/22/2018	Physical Therapist Speech Therapist, Physician, Inpatient Hospital, Outpatient Hospital	HCPC Code G0515 Replaces 97532
01/30/2018	Physician, Mid-Level, Psychiatrist	Psych Care Management New Codes 99492-99494
01/30/2018	Laboratory, Physician, Mid-Level, Inpatient Hospital, Outpatient Hospital	Fetal Chromosomal Aneuploidy Testing
01/31/2018	DME, Direct Entry Midwife, Physician, Inpatient Hospital, Outpatient Hospital, RHC, FQHC, IHS	Montana Healthcare Programs Covered Double Electric Breast Pumps - E0603

March 2018 Proposed Fee Schedules These can be located on the [Proposed Fee Schedule Page](#)

APR-DRG, Dental Hygienist, Dental Services, Denturist, DME, Oral Surgeon, Outpatient Procedures, Substance Use Disorder (Chemical Dependency) Non-Medicaid, Substance Use Disorder (Chemical Dependency) Medicaid, Targeted Case management Non-Mental Health, Youth Medicaid Mental Health

January 2018 Fee Schedules

72-Hour Presumptive, Ambulance, APR-DRG, ASC, Audiology, CFC, Chemical Dependency Contract, Chemical Dependency Contract, Chemical Dependency Standard, Chemical Dependency Standard, Children's Chiropractic, CSHS, Dental, Dental Hygienist, Dental Services, Denturist, Denturist, Dialysis, Direct Entry Midwife, DME, Elderly and Physically Disabled Big Sky Waiver, HCBS for Adults with SMDI, Hearing Aid, Home Health, Home Infusion, IDTF, IHS, Lab Services, Medicaid Mental Health Adults Age 18 and Over, MHSP Adults Age 18 and Over, Mid-Levels, Mobile Imaging, Nutrition, Occupational Therapy, Optician, Optometric, Optometric, Oral Surgeon, Orientation & Mobility, PAS, Physical Therapy, Physician, Podiatry, Podiatry, Private Duty Nursing, Psychiatrist, Public Health, RBRVS, School Based Services, Speech Therapy, Targeted Case Management (Mental Health), Targeted Case Management (Non-Mental Health), Youth Mental Health

Other Fee Schedules

October 2017 APC Revised

Manuals Revised

Proposed Dental Services and Denturist Manual

Other Resources

- IHS Tribal Agenda January 22, 2018
- IHS Diabetes Prevention and Education Training PDF
- Mobile Imaging - New Provider Type page
- Direct Entry Midwife - New Provider Type page
- Fee Schedule Name Change from Targeted Case Management Mental Health to Medicaid Behavioral Health Targeted Case Management
- Drugs added to the Physician Administered Drug Pane of the Prior Authorization Page: Xgeva®
- January 2018 Rebateable Labelers

Top 15 Claim Denial Reasons

Exception	January 2018	December 2017
PA MISSING OR INVALID	1	5
EXACT DUPLICATE	2	1
REFILL TOO SOON	3	4
RECIPIENT NOT ELIGIBLE DOS	4	3
DRUG CONTROL CODE = 2 (DENY)	5	9
PASSPORT PROVIDER NO. MISSING	6	12
MISSING/INVALID INFORMATION	7	8
RATE TIMES DAYS NOT = CHARGE	8	2
RECIPIENT COVERED BY PART B	9	10
NDC MISSING OR INVALID	10	13
SLMB OR QI-1 ELIGIBILITY ONLY	11	11
CLAIM INDICATES TPL	12	20
DAYS SUPPLY MISISNG	13	19
REV CODE INVALID FOR PROV TYPE	14	6
SUBMIT BILL TO OTHER PROCESSOR OR PRIMARY PAYER	15	25

Nurse First (continued from page 5)

When it comes to colorectal cancer, patients should watch for any changes or difficulties in bowel habits (like constipation or diarrhea), or stool appearance (including bright red blood, darkening, or narrowing); abdominal cramping or pain; fatigue; weakness; or unintended weight loss, although these symptoms can mimic other conditions. Avoid tobacco use in any form. Minimize weight gain (especially around the mid-section) by increasing fruits and vegetables (eat at least 2 ½ cups daily), boosting fiber, eliminating processed foods, and limiting red meat and alcohol. These actions, along with increasing exercise intensity where possible, can provide some armor against developing colorectal cancer.

So can important colorectal screenings, like colonoscopy.

**Colorectal Cancer
What Can Providers Do?**

- Start a dialogue about prevention:
- Stress the importance of early detection through timely screenings
- Discuss how colonoscopy and other screening tests work
- Talk about awareness of early potential colorectal cancer symptoms.
- If colon, colorectal, or rectal cancer is suspected, offer specialist colleagues for mindful referral.

Montana Resources

- Montana Cancer Coalition
www.mtcancercoalition.org
- Montana Cancer Control Programs
www.dphhs.mt.gov/publichealth/cancer

Key Contacts

Montana Healthcare Programs

Provider Information

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

Conduent EDI Solutions

<http://edisolutionsmmis.portal.conduent.com/>

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>

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

*Submitted by Jennifer Rieden
Member Health Services Bureau Chief
DPHHS*