

Agenda

Tribal Health & Indian Health Service Medicaid Billing Workgroup
Wednesday, September 18, 2013 1:00pm

Monthly Audio Conference Information

Call-in toll-free number (US/Canada): 1-877-668-4490
Access code: 578 033 198

News

Please check our website www.mtmedicaid.org under “Provider Information” for all the latest minutes and agendas from our monthly Wednesday calls

Topics of Discussion

Claims process from the beginning to final adjudication – Tom Keith, Xerox

Past Discussion Q & As

- 1) Does the dialysis patient get the all-inclusive rate?

Answer: No, the patient does not receive any dialysis payments. Payments for covered dialysis services are paid to the provider (Provider type 52). All dialysis centers in Montana receive a bundled composite daily rate and are billed with revenue codes 812, 831, 841 and 851. The current rate is \$ 267.24.

- 2) Per the Medicaid agreement with IHS, how are the service units reimbursed for meds that are utilized by Medicaid patients?

Answer: For outpatient services, the provider will bill the pharmacy Point-of-Sale system for reimbursement. They also receive the outpatient “All Inclusive Rate” for that pharmacy visit. If the service is for an inpatient stay, the meds are bundled and included in the Inpatient “All inclusive Rate.”

- 3) Question: The cost of providing Day Surgery to the flat outpatient reimbursement rate is not accurate. The flat outpatient reimbursement does not cover the cost of Day Surgeries. I would hope that these reimbursements could be analyzed to see if there is any higher reimbursement the state would be able to offer to the Indian Health Care facilities in the State of Montana.

Answer: The State of Montana does not establish either the Inpatient or Outpatient rates for the Indian Health Care facilities. Those rates are set each year by the Centers for Medicare and Medicaid (CMS) and posted in the Federal Register. In some cases, such as providing day surgeries, the outpatient “All Inclusive Rate” may be lower than the

actual cost of providing the service. In other cases, such as a member being seen for a sore throat, the outpatient “All Inclusive Rate” is well above the actual cost of providing the service. The state does not have the option to reimburse above the rates set by CMS for Inpatient or outpatient services.

All previous Q & As and official Agendas are available on this link, at the bottom of the webpage:

<http://medicaidprovider.hhs.mt.gov/providerpages/providertype/57.shtml>

Questions

- 1) Interested in learning about billing for DME supplies and about how far back they can go once they are able to bill?

Answer: Providers have 365 days to bill all services.

- 2) Would like to know what a provider would need to have (i.e. credentials, training, certification, etc.) in order to be able to bill for Equine therapy. Is this a billable service, and what would we need to have in place in order to be reimbursed?

Answer: Equine/Hippotherapy is not a covered Medicaid service.

- 3) Can you please add the Optometry – Eyeglass dispensing claims that began rejecting last month? We need an update on that because we still have not gotten payment for them yet.
Mary, Fort Belknap

Answer: Codes 92340, 92341 and 92342 were inadvertently turned off when the quarterly updates were placed into the Medicaid payment system. This has been corrected and a mass adjustment is in process, no action is needed by service units.

- 4) I would like to know when and what requirements are needed to get reimbursed for members who have Basic coverage only for eyeglass dispensing. *Mary Mount*

Answer: A Department Rep will be attending the conference call to present an overview about “Essentials for Employment.”

- 5) Add the optometry code of 92340, invalid. *Deanna, IHS Billings*

Answer: see #3

Contacts

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