

**State/Tribes/IHS Billing Workgroup**  
**Monthly Teleconference Minutes**  
**Wednesday, September 18, 2013 1:00 pm**

**Attendees:** Marjorie Oldhorn, Penny Anderson, Billie Felix, Sharon Bradley, Amber Nault, Serene Sunchild, Desi Sutherland, Shane Patacsil, Jody Guardipee, Mary Mount, Dorothy Frost, Crystal Bunce, Felecia Blackhoop, Bonnie McKay – John Hein, Brett Williams, Duane Preshinger, Donna Shorten, Rena Steyaert, Lesa Evers, Danielle Wood, Tom Keith, Barbara Kamerzel.

**Introductions** and roll call.

**TOPIC of discussions:**

- 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 Medicaid services. Contact Donna Shorten at 406-444-5296 with any question regarding DME. The Department is exploring different options for IHS providers to bill for DME products/supplies.**

- 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.

**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 the service units.**

- 4) Question was asked about the optical rejects: I would like to know when and what requirements are needed to get reimbursed for member's who have Basic coverage only for eyeglass dispensing.

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

This form is to be utilized by members who have Basic Medicaid. The steps to follow include:

- The County Office of Public Assistance (OPA) supplies the form to the member.
- Member completes the form and takes it to the provider.
- The provider completes their portion of the form (does not see the member at this time)
- Member takes the form back to county.
- County forwards the form on to the Public Assistance Bureau (PAB) for review.
- PAB forwards the form to the State Program Officer for review.
- State sends the form back to the PAB for final signature.
- PAB sends the form back to the member and they take it to the provider showing prior approval.

**Contact Rena Steyaert with question regarding eyeglasses and “Essentials for Employment.”**

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

**Answer: see #3**

- **There is still an issue matching member IDs when billing the pharmacy Point-of-Sale (POS). Contact Katie Hawkins at 406-444-2738 for assistance with this issue.**
- **Tom Keith from Xerox gave a detail update on claims and the process Xerox goes through to adjudicate a claim. Contact Provider Relations at 800-624-3958 if you need assistance. If you have questions about your “Statement of Remittance”**

**(SOR) or Error report, contact Danielle Wood at 406-457-9553 or EDI at 800-624-3958.**

The next call will be held on **Wednesday, October 16, 2013 at 1:00 pm**. The agenda will be sent out on October 7. Participants are encouraged to submit their agenda items by October 11 to John Hein at [jhein@mt.gov](mailto:jhein@mt.gov).

**Minutes** for this Teleconference, and all other Teleconferences, are available on the IHS page: <http://medicaidprovider.hhs.mt.gov/providerpages/providertype/57.shtml>