

Physician-Related Services

- Includes Physicians, Mid-Level Practitioners, Podiatrists, Laboratories, Imaging Facilities, Public Health Clinics, Family Planning Clinics
- Fall 2013 Web Ex

Recent News

- Enhanced Payment for Primary Care
 - See the Provider Information website
<http://medicaidprovider.hhs.mt.gov/providerpages/enhancedpayment.shtml>
 - Includes information for qualification and how to apply.

Eligible Codes

Eligible primary care services are E/M codes 99201 through 99499 and vaccine administration codes 90460 through 90474 as covered by the Medicaid program.

Questions on the Enhanced Payment Program

For Primary Care Enhanced Payment Program questions, please contact:

Beverly Hertweck at 406-444-9633
bhertweck@mt.gov

Hearing Aid and Audiology Reminder

A provider notice will be posted to the Audiology, Hearing Aid, and Physician programs pages in regard to referrals for Audiology services.

This is not due to any changes in policy, it is simply restating existing policy and reminding providers that the existing policy will be reinforced.

Hearing Services Policy

- Audiology services must be referred by a physician or mid-level practitioner. The referral must indicate that an audiological evaluation would be medically appropriate to evaluate the patient's hearing loss.
- If you have questions specific to this policy, contact Donna Shorten at 406-444-5296 or DShorten@mt.gov.

ICD-10 Is Coming!!

Effective October 1, 2014, all providers will be required under HIPAA to use and bill ICD-10 format codes.

For dates of service on or after October 1, 2014, claims submitted with an ICD-9 code will be denied.

This is based on the date of service *billed*, not the date of claim submission. When billing, providers will need to ensure they use ICD-9 codes for services provided on and before September 30, 2014, and ICD-10 codes for services on and after October 1, 2014.

ICD-10 Web Page

To begin the process for ICD-10, a survey is available to assess readiness. Training materials and informational links are also available at this site.

<http://medicaidprovider.hhs.mt.gov/providerpages/icd10.shtml>

ICD-10 Contact Information

If you have questions regarding ICD-10 readiness, please contact:

Amber Sark

406.442.6969

asark@mt.gov

Jennifer Tucker

406.442.6969

jtucker2@mt.gov

Xerox Contacts

- Claims issues: Ask Xerox claims questions FIRST and they will redirect to State staff if appropriate.
- Xerox 800-624-3958

Other Resources for 1500 Claims for Physician-Related Services

- Claims Issues (i.e. timely filing)
Brenda Beardslee
Claims Specialist
406-444-3337
BBeardslee2@mt.gov
- Primary Care Enrollment
Beverly Hertweck
Program Specialist
406-444-9633
bhertweck@mt.gov
- Bob Wallace
Section Supervisor
406-444-5778
bwallace@mt.gov
- General Program and/or Policy Questions
Connie Olson, RN
Program Officer
406-444-3995
COlson2@mt.gov

Physician Related Services Website

- <http://medicaidprovider.hhs.mt.gov/providerpages/providertype/27.shtml>

Manual, Rules & Regulations, Fee Schedules, Provider Notices and Replacement Pages, Other Resources, Key Contacts, and Rebateable Manufacturers located on this website.

Other websites for information

- ❖ Although all of the Physician Related Services have information about billing and some highlighted points of interest, there are other websites with additional specific information available. Such as:
- ❖ (Clinics) Public Health : also can be found under Public Health Clinic
[:http://medicaidprovider.hhs.mt.gov/providerpages/provider/63.shtml](http://medicaidprovider.hhs.mt.gov/providerpages/provider/63.shtml)

❖ Independent Diagnostic Testing Facility (IDTF) :

❖ <http://medicaidprovider.hhs.mt.gov/providerpages/providertype/72.shtml>

❖ Lab and Imaging:

❖ <http://medicaidprovider.hhs.mt.gov/providerpages/providertype/40.shtml>



- Mid-level Practitioner:

- <http://medicaidprovider.hhs.mt.gov/providerpages/providertype/44.shtml>

- Physician:

- <http://medicaidprovider.hhs.mt.gov/providerpages/providertype/27.shtml>

Rule References

- Providers should familiarize themselves with all current rules and regulations governing the Montana Medicaid program.
- Links to rules are available on the Provider Information website under Medicaid Rules/Regulations.
- Provider manuals do not contain all Medicaid rules and regulations. Rule citations in the text are a reference tool; they are not a summary of the entire rule.

Family Planning Clinic

Family Planning information can be found at:

- <http://medicaidprovider.hhs.mt.gov/providerpages/providertype/16.shtml>
- If 340B drugs are provided to Medicaid clients at your clinic please remember:
“Non 340B = NDC”
- All 340B must be billed with **acquisition costs only**

Physician Administered Drugs

- **A.R.M. 37.85.905(2) Physician-Administered Drugs, Requirements**
- Reimbursement will be made only on those drugs manufactured by companies that have a **signed rebate** agreement with the CMS.
- The list of rebateable manufacturers is at:
<http://medicaidprovider.hhs.mt.gov/pdf/1q11labelersrebate.pdf>

NDC

- An NDC is required on drugs reimbursed by MT Medicaid.
- Read the Notices and Replacement pages on the Physician website.
- Questions about the NDC claims, phone Beverly Hertweck 406-444-9633 or email bhertweck@mt.gov

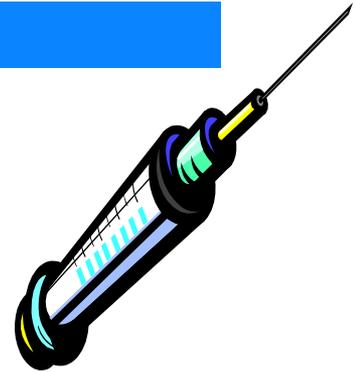
NDC Billing Tips

- NDCs must be valid and 11 digits long
- Use NDC unit qualifier. (UN - ML – GR – F2)
- Report quantity (HCPCS units and NDC units may be different)
- Do not put any punctuation in NDC.
 - EXAMPLE: N412345678910UN1
- Payment is based on HCPCS code.
- Bill HCPCS units and NDC units

VFC VACCINE FOR CHILDREN PROGRAM

➤ Who is eligible?

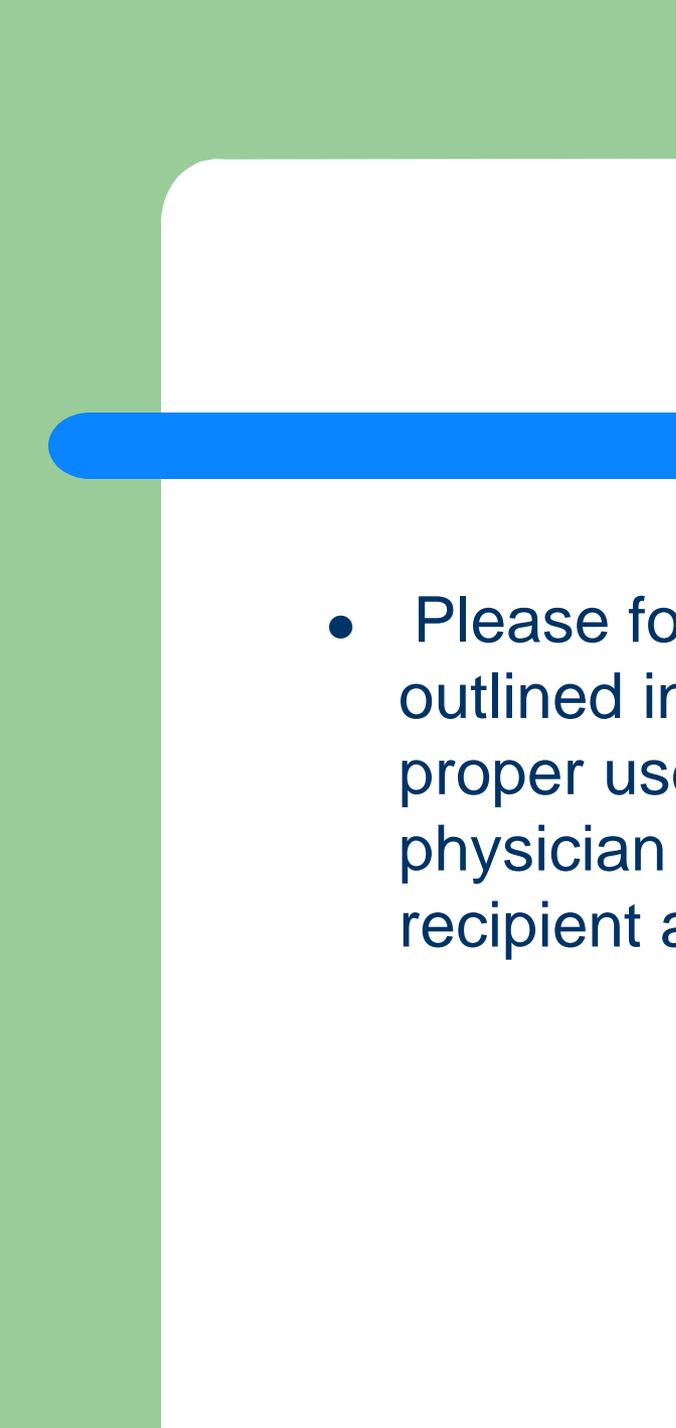
- ✓ Medicaid eligible
- ✓ Uninsured
- ✓ American Indians or Alaska Native
- ✓ Underinsured (i.e. the patient has health insurance but it does not cover vaccines)



VFC Billing



- **Vaccine Administration Changes**
- Effective January 1, 2013, the regional maximum vaccine administration fee changed. Vaccine administration procedure codes and new fees are listed in the next slide.
- The information is also available in the Provider Notice dated February 21, 2013.

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- A decorative graphic on the left side of the slide, consisting of a light green vertical bar and a blue horizontal bar with rounded ends.
- Please follow the CPT® coding instructions as outlined in the current CPT® coding book for the proper use of these codes (i.e., face-to-face physician or qualified health care counseling time) recipient age, and add-on coding rules.

codes and new fees are listed below

Code	Modifier	Fee
90460		\$21.32
90460	SL	\$21.32
90461		\$13.38
90461	SL	\$0.00
90471		\$21.32
90471	SL	\$21.32
90472		\$13.38
90472	SL	\$13.38
90473		\$21.32
90473	SL	\$21.32
90474		\$13.38
90474	SL	\$13.38

- You may only bill for administration services if performed by or under the direct supervision of a reimbursable professional (i.e., physician, mid-level). VFC vaccines must be billed on a CMS-1500 at no charge (\$0.00) for the VFC-supplied vaccine and the administration should have the appropriate modifier (SL) to be reimbursed for the administration.

Vaccines for Children continued

- If you have questions about VFC, please contact:
- Lori Hutchinson at (406) 444- 0277
LHutchinson@mt.gov

When To Bill Medicaid Clients

ARM 37.85.406

- (11) “Providers are required to accept, as payment in full, the amount paid by the Montana Medicaid program for a service or item provided to an eligible Medicaid recipient in accordance with the rules of the department. Providers shall not seek any payment in addition to or in lieu of the amount paid by the Montana Medicaid program from a recipient or his representative. “
- (b) “Provider may not bill a client after Medicaid has denied payment for covered services because the services are not medically necessary for the recipient.”

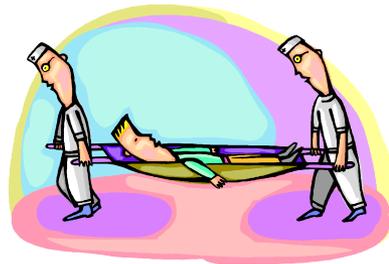


Providers may not bill Medicaid clients for services covered under Medicaid

- When the provider bills Medicaid for a covered service, and Medicaid denies the claim because of billing errors.
- When a third-party payer does not respond.
- When a client fails to arrive for a scheduled appointment.
- When services are free to the client (i.e. Public health clinic)

Providers may not bill Medicaid clients for services covered under Medicaid

- If the patient informed the facility of Medicaid eligibility (unless prior to the services the facility informed the patient that they do not accept Medicaid patients and the patient agreed to pay privately for the services. (signed agreement))
- For the difference between charges and the amount Medicaid allowed.
- For a covered service provided to a Medicaid-enrolled client who was accepted as a Medicaid client by the provider, even if the claim was denied.



Medicaid clients can be billed in these instances:

- Providers may collect cost share
- Provider may bill a client for non covered services if the provider has informed the recipient in advance of providing the services that Medicaid will not cover the service. A specific signed and dated agreement is necessary.

EXCEPTIONS continued



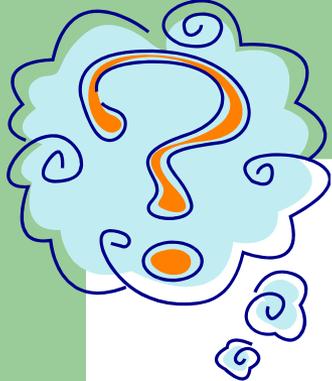
- Provider may bill a client for covered but medically unnecessary services, including services for which Medicaid has denied payment for lack of medical necessity, if the provider specifically informed the recipient in advance of providing the services that the services are not considered medically necessary under Medicaid criteria, that Medicaid will not pay for the services and that the recipient will be required to pay privately for the services, and the recipient has agreed to pay privately for the services. (Specific signed agreement)

FORMS



Can be found in the Physician Manual in
Appendix A

- ❑ On the informed consent to **sterilization** form: **Complete all blanks**. Include the complete address of the facility and the complete zip code
- ❑ On the Medicaid **hysterectomy** acknowledgement form: Only complete one section **A or B or C**.



QUESTIONS



Feel free to ask questions or submit them.



Contact information is available on earlier slides.