

Physician Related Services

Spring Provider Fair 2014



The Physician Related Services Program manages services for the following Provider types: Physicians, Mid-Level Practitioners, Podiatrists, Laboratories, Imaging Facilities, Independent Diagnostic Testing Facilities (IDTF), Public Health Clinics, and Family Planning Clinics

Providers Under Physician Services Program

Physicians	9341
Mid-levels	2428
Podiatrists	64
Family Planning	15
Laboratories	133
Public Health	45
IDTF	24

Physician Program has 12,095 providers.

Rules

- The Physician Related Services Program has Federal Rules, State Rules and Administrative Rules it must follow.
- These Rules are to assure the program is reimbursing appropriately and the appropriate providers are providing the service.

- **Code of Federal Regulations (CFR)**

- 42 CFR 410 Supplementary Medical Insurance (SMI) Benefits
- 42 CFR 440 Services: General Provisions
- 42 CFR 441 Services: Requirements and Limits Applicable to Specific Services

• **Montana Code Annotated (MCA)**

- MCA Title 37-2-101–37-2-313 General Provisions Relating to Health Care Practitioners
- MCA 37-3-101–37-3-405 Medicine
- MCA 37-6-101–37-6-312 Podiatry
- MCA 37-14-101–37-14-102 Radiologic Technologists
- MCA 37-34-101–37-34-307 Clinical Laboratory Science Practitioners

Administrative Rules of Montana (ARM)

- ARM 37.85.220 Independent Diagnostic Testing Facilities
- ARM 37.86.101–37.86.105 Physician Services
- ARM 37.86.201–37.86.205 Mid-Level Practitioner Services
- ARM 37.86.501–37.86.506 Podiatry Services
- ARM 37.86.3201–37.86.3205 Nonhospital Laboratory and Radiology (X-Ray) Services
- ARM 37.86.1401–38.86.1406 Clinic Services

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- 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.

Contacts

- Questions: Ask Xerox questions FIRST and they will redirect to appropriate 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
- NDC information
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

- Public Health Clinic
[:http://medicaidprovider.hhs.mt.gov/providerpages/providerpage/63.shtml](http://medicaidprovider.hhs.mt.gov/providerpages/providerpage/63.shtml)
- Mid-level Practitioner:
<http://medicaidprovider.hhs.mt.gov/providerpages/providerpage/44.shtml>
- Independent Diagnostic Testing Facility (IDTF) :
<http://medicaidprovider.hhs.mt.gov/providerpages/providerpage/72.shtml>

- Lab and Imaging:

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

- Family Planning information can be found at:

<http://medicaidprovider.hhs.mt.gov/providerpages/providerpage/16.shtml>

- Podiatrist:

<http://medicaidprovider.hhs.mt.gov/providerpages/providerpage/05.shtml>

Physician Administered Drugs

- **ARM 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 can be found on the website.

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

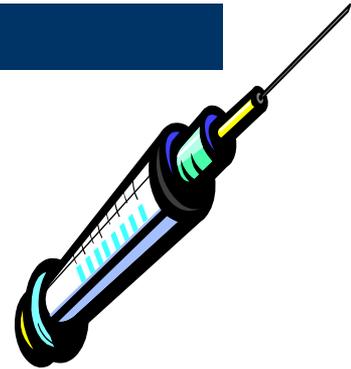
- If 340B drugs are provided to Medicaid clients at your clinic please remember:
“Non 340B = NDC”
- All 340B must be billed with **acquisition costs only**

VFC

VACCINE FOR CHILDREN PROGRAM

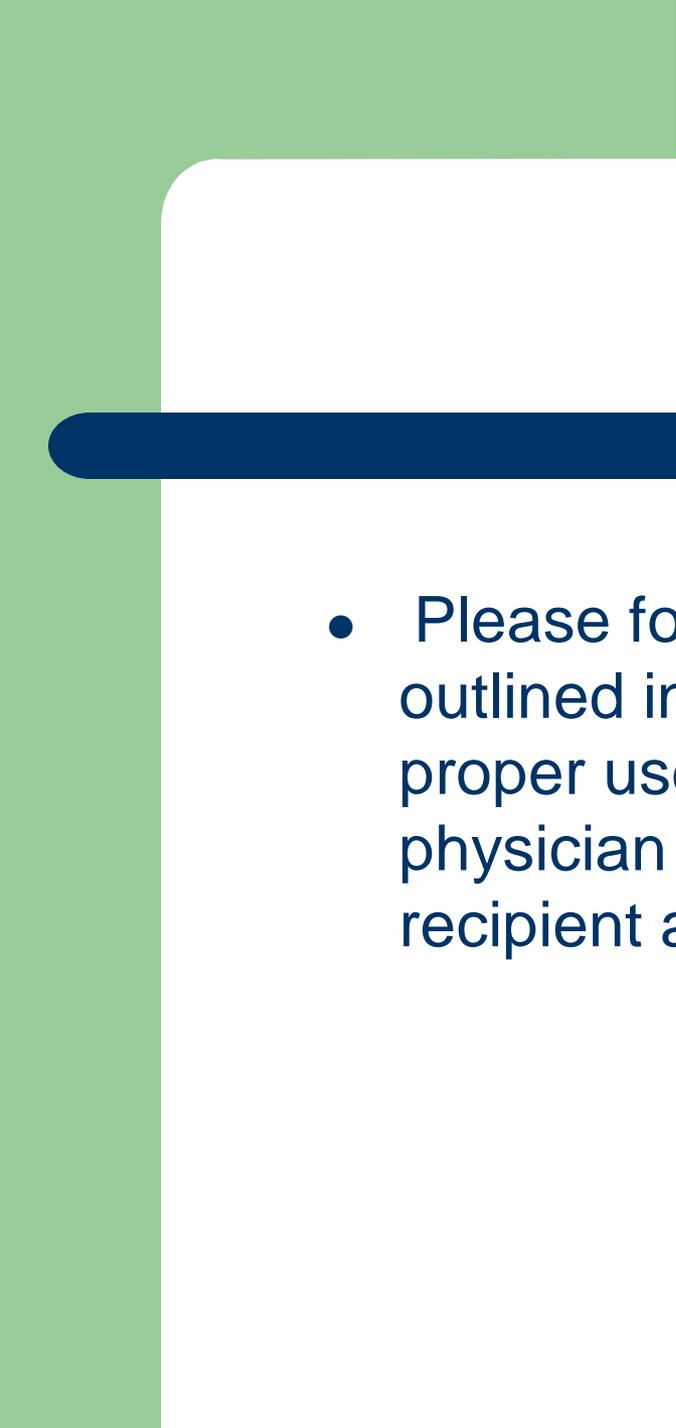
➤ Who is eligible?

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



VFC Billing

- A notice dated January 24, 2014 is available on the website under “Provider Notices”
- New vaccines for VFC and reimbursement for administration is available on this notice.

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- A decorative graphic on the left side of the slide, consisting of a light green vertical bar and a dark 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.

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.”

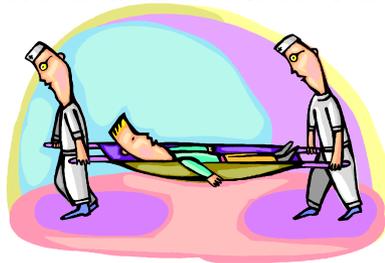


Providers may not bill Medicaid clients for services covered under Medicaid

- 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

Are available on the website

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

- ❑ 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.