Montana Healthcare Programs
Claim Jumper

New Training Survey Questions!

Please Take the Survey!

Publications Reminder

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.

SURS Audit Revelations

Case Management Services

The SURS unit has identified multiple provider records for case management services, CPT Code T1016, being billed and/or documented incorrectly. Case management services, defined in 42 CRF 440.169, states "services furnished to assist individuals, eligible under the State plan who reside in a community setting or are transitioning to a community setting, in gaining access to needed medical, social, educational, and other services" More detailed information can be found in the provider notices published on November 24, 2010, February 14, 2017 and June 13, 2017 at https://medicaidprovider.mt.gov/.

To warrant billing for case management services, the documentation must include one of the four components of covered case management services. Please review all applicable laws, rules, and written policies pertaining to case management services for Montana Medicaid which is to ensure accurate Medicaid billing and documentation. Also keep in mind that documentation is the key to supporting the code you bill. If it's not documented, there is no way for a reviewer to know what happened.

Submitted by Jennifer Bergmann, CPIP, CPC
Lead Program Integrity Compliance Specialist
Quality Assurance Division

Inside Provider Relations

New Automated Phone System

Provider Relations has implemented a new phone tree! This means that the options have changed, so listen closely when you call for assistance. Providers can now get claims, eligibility, and payment information, application status, validate providers, and much more, all through our new automated system.

To use the new system, have your provider and member information on hand and enter the information exactly as requested so that a match can be located for the provider or member. The new system is easy to use and there is no waiting to speak with a call center agent!

Submitted by Mikal Moore
Enrollment Broker Manager and
Interim Provider Relations Manager
Montana Provider Relations

Kyleena®, Mirena® and Skyla®

The drug manufacturer of Kyleena®, Mirena®, and Skyla® has notified the Department of new wholesale acquisition costs for these products, effective January 14, 2019. These amounts have been changed in our claims system to reflect these new reimbursement amounts. If you have already submitted and been paid for your claim between the service dates of January 14, 2019 and January 31, 2019, you may send in an Individual Adjustment Form, with a new claim, and Remittance Advice to recoup the new amount. Please see the table below:

Product Name	NDC	HCPCS Code	Description	Wholesale Acquisition Cost (WAC) Effective 01/14/2019
Kyleena®	50419-424-01	J7296	Levonorgestrel-releasing intrauterine system, (Kyleena)®, 19.5 mg	$953.51
Mirena®	50419-423-01	J7298	Levonorgestrel-releasing intrauterine system, (Mirena®), 52 mg	$953.51
Skyla®	50419-422-01	J7301	Levonorgestrel-releasing intrauterine system, (Skyla®), 13.5 mg	$793.96

Bayer, the Bayer Cross, Kyleena, Mirena and Skyla are registered trademarks of Bayer. All other trademarks are property of their respective owners. ©2018 Bayer All rights reserved. MAC-MACS-US-0235-1 December 2018

Physician Administered Drug Updates

In January the prior authorization criteria for a number of physician administered drugs were updated. The drugs include Cinqair® (reslizumab), Fasenra® (benralizumab), Nucala® (mepolizumab), Sublocade™ (buprenorphine extended-release), and Xolair (omalizumab)®.

As a reminder, Montana Medicaid does not reimburse for convenience, off label or experimental use of drugs, per Administrative Rules of Montana (ARM) 37.85.207. In general, drugs billed with unlisted codes require prior authorization from the State. Also, the NDC must be rebateable.

Prior to submitting a prior authorization request for these or other physician administered drugs, check the posted criteria on the Prior Authorization page of the provider website in the Physician Administered Drugs section. Make sure preferred drugs have been tried first and that there is documentation supporting this. Please include the medical reasoning if the member is unable to use the preferred drug.

Prior authorization refers to services that require Department authorization before they are performed. Prior authorization has specific requirements. Some services may require both Passport referral and prior authorization. If a service requires prior authorization, the requirement exists for all Medicaid members. Prior authorization is usually obtained through the Department or a prior authorization contractor. More information about how to submit prior authorization request for physician administered drugs may be found in the Physician Administered Drugs section of the Prior Authorization page.

Submitted by Cassie O'Bryant
Hospital Program Officer
DPHHS

You Asked - We Answered

Provider questions submitted via the Training Survey this month are: "*What do I need to know that may be different about billing for children?*" and "*How can I establish a relationship with my program officer?*"

What do I need to know that may be different about billing Medicaid for children?

If a child needs medically necessary services, outside the normal realm of covered services (non-covered, over the limit, does not meet criteria, etc.), these are reviewed on a case by case basis. EPSDT prior authorization requests must be submitted by a child's primary care provider or medical specialist, within their scope of practice, who determines the child needs additional treatment, services, or supplies for a primary health condition. These requests must be submitted to the department with an EPSDT request form that can be found at: https://dphhs.mt.gov/Portals/85/hrd/documents/EPSDTPriorAuthMedNecform.pdf

How can I establish a relationship with my program officer?

A program officer manages specific healthcare programs based on state and federal Medicaid requirements, Administrative Rules of Montana (ARM), State Plan, Federal Waivers and other regulations. They also write and update administrative rules, statutes, and policies; A program officer primarily communicates with those affected by the rules, statutes, and policies through provider notices, website announcements, updated fee schedules, and periodic training opportunities for providers. They also help to resolve reimbursement disputes. In some programs, program officers manage contracts with certain provider types.

The best way to establish a relationship with your program officer is to participate in the trainings they conduct via WebEx. Locate current WebEx training opportunities on the Training Page of the provider website. Those trainings are small sessions and a great opportunity to get to know them as well as gain a better understanding of billing procedures for your provider type. Additionally, if you have questions after reading a provider notice that impacts you, reach out to them. Your program officer would much rather you get a good understanding of an issue before you bill rather than resolve an issue due to a denied claim.

Do you have a general question you would like answered?

Visit the Training Survey! Insert your question in the box under question five. We can answer your question in a future issue of the Claim Jumper or, if you leave your contact information, Provider Relations will respond directly to you. You may also email MTPRHelpdesk@conduent.com.

Upcoming WebEx Trainings
Dental WebEx- Thursday, January 24, 2019, 2pm MST

SURS Update WebEx - Thursday, February 21, 2019 2pm MST
Third Party Liability WebEx - Thursday, February 21, 2019 2pm MST

Register Now!

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 (800) 624-3958 or (406) 442-1837 in Helena.

Provider Notices		
01/04/2019	Psychologist, PRTF, Social Worker, school-Based Services, Licensed Professional Counselor, Mental Health Centers, Therapeutic Group Home, Therapeutic Foster Home.	New Psychological Testing Codes
01/04/2019	Psychologist, PRTF, Social Worker, school-Based Services, Licensed Professional Counselor, Mental Health Centers, Therapeutic Group Home, Therapeutic Foster Home.	Severe Emotional Disturbance (SED) Incorrect ICD-10 Code
01/04/2019	Psychologist, PRTF, Social Worker, school-Based Services, Licensed Professional Counselor, Mental Health Centers, Therapeutic Group Home, Therapeutic Foster Home.	Outpatient Psychotherapy Limits
01/15/2019	Physicians, Mid-Levels, Hospital Outpatient	Sublocade® (Injectable Extended Release Buprenorphine)
01/16/2019 01/23/2019	Psychologist, PRTF, Social Worker, school-Based Services, Licensed Professional Counselor, Mental Health Centers, Therapeutic Group Home, Therapeutic Foster Home.	New Psychological Testing Rates
01/17/2019	Physicians, Mid-Levels, Hospital Outpatient, FQHC, RHC	Physician Administered Drug Update
01/23/2019	Physicians, Mid-Levels	Kyleena®, Mirena®, and Skyla® Acquisition Costs

January 2019 Fee Schedules
APR-DRG, ASC, Direct Entry Midwife, DME, Hospice-Compliant, Hearing Aid, Hospice-Non-Compliant, IDTF, Laboratory Services, Mid-Levels, Mobile Imaging, Nutrition EPSDT, Optician, Optometric, Physicians, Podiatry, Psychiatrist, Public Health

July 2018 Fee Schedules
APR-DRG revised

Proposed April 2019 Fee Schedules
Dialysis Clinic

Forms
Sublocade™ Prior Authorization

Other Resources
• Quarterly Rebateable Labelers • Paper Enrollment (revised) • DUR Meeting Minutes December 12, 2018 • All Passport documents revised • Prior Authorization Physician Administered Drug Criteria - Sublocade®, CINQUAIR ®, Xolair®, Fasenra®, Nucala® • PDL - Revised 01/24/2019

Top 15 Claim Denial Reasons

Exception	December 2018	
NDC MISSING OR INVALID	1	8
EXACT DUPLICATE	2	4
RECIPIENT NOT ELGIBLE DOS	3	1
REFILL TOO SOON	4	2
FILL TOO SOON	5	3
PA MISSING OR INVALID	6	6
MISSING/INVALID INFORMATION	7	5
RATE TIMES DAYS NOT = CHARGE	8	7
DRUG CONTROL CODE = 2 (DENY)	9	9
PROCEDURE CODE NOT COVERED	10	12
PROVIDER TYPE/PROCEDURE MISMATCH	11	13
PASSPORT PROVIDER NO. MISSING	12	10
INVALID REV CODE FOR FACILITY TO BILL	13	19
PROC. CODE NOT ALLOWED	14	12
RECIPIENT COVERED BY PART B	15	11

Passport Manual and Documents Updated

The Passport To Health Manual was recently updated with current terms, programs, and links. Passport providers who have previously downloaded or printed a copy of Passport manual, please bookmark the link to the current manual and use it instead.

Most of the forms specific to the Passport program were also updated and can be found in the forms section of the Passport page at https://medicaidprovider.mt.gov/passport. Additionally, the Other Resources section of the Passport page was updated.

Submitted by Lisa James
Passport Program Officer
DPHHS

March 28, 2019 is
National Medical Biller's Day

Your role in serving

Montana Healthcare Programs' members

is appreciated.
THANK YOU!

Key Contacts

Montana Healthcare Programs Provider Information
https://medicaidprovider.mt.gov/
Conduent EDI Solutions http://edisolutionsmmis.portal.conduent.com/gcro

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: https://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