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Have Feedback?  
Have Questions?

Take The Survey!

## Upcoming Training

Optometric  
October 17, 2019

FQHC/RHC  
November 21, 2019

Audiology/Hearing Aids  
December 19, 2019

Register Now

## Medication Assisted Treatment (MAT)

### Payment Bundle for MAT

MAT is the use of FDA-approved medications, in combination with behavioral therapies and support services, to provide a whole-patient, patient centered approach to the treatment of alcohol and opioid use disorders. There are two types of qualified MAT providers, Opioid Treatment Programs (OTP) and Office-based Opioid Treatment (OBOT) providers.

Effective October 1, 2019, the department is implementing a MAT bundled rate for the following qualified provider types: Physicians, Mid-Levels and Psychiatrists. Providers must meet federal and state requirements and qualifications to provide these services.

MAT providers will provide two (2) bundled sets of services using the proposed rates; MAT Intake for the first week and MAT established weekly thereafter (see below) contingent on the member meeting the medical necessity criteria. Services prior to intake and post discharge will be billed outside of the bundled rates. Counseling is not included in the bundled rates and if a member accepts a referral, it may be billed separately. Clinically appropriate medications are not included in the bundled rates and are reimbursed outside of the bundled rates.

### Medication-Assisted Therapy (MAT)

Procedure Code	Modifier 1	Description	Unit	Rate
H0016		Medication-Assisted Therapy (MAT) Intake	Per month*	\$350.00
H0016	HG	Medication-Assisted Therapy (MAT)	per week	\$125.00

\*The Medication-Assisted Therapy (MAT) Intake bundled rate is limited to one use per individual per 4-week period.

The codes and rates can be found on the [Chemical Dependency Fee Schedules](#) under the chemical dependency provider type on the [Montana Healthcare Programs Provider Information Website](#).

Information on the provider and service requirements can be found on the [Addictive & Mental Disorders Website](#) in the *AMDD Medicaid Services Provider Manual for SUD and Adult Mental Health*.

*Submitted by Betty Franklin, AMDD Program Officer  
In collaboration with DPHHS Health Resources Division*

## Field Rep Corner

### Questions from Billing 101.

In August, the monthly online live training was Billing 101. These are just a few of the great questions that came from providers during the training.

#### **Question: What circumstances do you utilize PWK attachment/form?**

Paperwork attachments are used to submit additional documentation when submitting a claim electronically. An Explanation of Benefits (EOB) from primary insurance, medical records (for codes requiring this information), Blanket Denial Letters, consent forms or invoices (for DME misc. codes) are examples of paperwork attachments. Each paper attachment requires a cover sheet to allow the document to be associated with the appropriate electronically submitted claim. Locate and download the paperwork attachment coversheet from the [Forms Page](#) of the provider website.

Submitting PWK paperwork is a two-step process:

1. Place the PWK indicator on the electronic claim. Use loop 2300, PWK segment to indicate such paperwork is being sent. Mark "Yes" and enter the Control Number from the Cover Sheet.
2. Submit a completed "Paperwork Attachment Cover Sheet" with your documentation. Providers should use the cover sheet on the Montana Provider Information website. Follow the instructions on the form to complete and submit.

#### **Question: Can adjustments be submitted electronically, or do they all need to be on paper?**

Adjustment requests must be submitted on paper. The claims system will not accept an electronically submitted corrected claim. An Individual Adjustment Request (IAR) is intended to correct or change specific information on a claim that has already been paid. Denied claims cannot be adjusted. In order for an Individual Adjustment Request to be processed, the Medicaid Statement of Remittance is required, in addition to an Individual Adjustment Request Form. A copy of the claim is optional in most cases. Read the instructions on the form carefully, remembering that only the information that needs to be changed should be listed. The individual adjustment request can be found on the [Forms Page](#) of the provider website.

#### **Question: What is the maximum units that can be entered on one line of the CMS-1500?**

The claims system will allow up to 5 digits in the Unit field. However, some claims entry software may limit that field to fewer digits.

#### **Question: How does MT Medicaid handle leave of absence from a facility?**

**Non-Medical related** - If a resident is scheduled to visit home or leave the facility for any reason, the facility needs to send a Therapeutic Home Visit request form to the Program Officer. There are 2 different types of forms used for THV's. One is for visits over 72 hours. If a resident is going to be gone from the facility over 72 hours, the facility **must** contact the Program Office for a prior authorization. The other is for visits 72 hours or less. Anything under 72 hours does not need prior authorization, but the form does need to be sent to the Program Officer within 60 days of the day the resident left.

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*Field Rep Corner*  
*Continued from page 2*

**Medical related** - If a resident must leave the facility for a hospital stay, the facility needs to fill out a Hospital Hold form and attach a waiting list to the form. If the facility is not full, they cannot hold the bed. These forms can be located on the [DPHHS Senior and Long Term Care Website](#) under “Nursing Facility Forms”.

Thank you to all the providers who attended the August Billing 101 training and asked great questions! Register for upcoming trainings and review the PowerPoints from past trainings on the [Training Page](#) of the provider website.

*Submitted by Deb Braga*  
*Field Representative*  
*Montana Provider Relations*

## Reporting Year 2021 PERM Review

The Reporting Year (RY) 2021 Payment Error Rate Measurement (PERM) review process has begun. PERM utilizes claims data submitted by Montana, records submitted by Medicaid and CHIP providers, and collected state policies to validate whether the claim was paid correctly by assessing the following:

- Adherence to states' guidelines and policies related to the service type
- Completeness of medical record documentation to substantiate the claim
- Medical necessity of the service provided
- Validation that the service was provided as ordered and billed
- Claim was correctly coded

Requests to providers for medical records will begin in mid-2020. Provider participation during the PERM review is required under the Federal Improper Payments Elimination and Recovery Act (IPERA) of 2010. Providers may visit the [CMS provider web page](#) at any time to become familiar with the entire PERM Process.

PERM will be hosting a variety of provider informational webinars before the medical reviews begin. Please monitor Claim Jumper newsletters for future PERM updates.

Please contact Krista Cronholm with DPHHS Program Compliance Bureau for any PERM questions. [by email, KCronholm@mt.gov](mailto:KCronholm@mt.gov), or telephone (406) 444-9365.

*Submitted by Krista Cronholm*  
*DHHS Program Compliance Bureau*

## Third Party Liability - When A Member Has Primary Insurance

There is an increase of claims submitted for payment to Montana Healthcare Programs when a member has primary insurance coverage. Montana Healthcare Programs generally only pays primary to Indian Health Services (IHS), Crime Victim Services, or if the services rendered are for certain preventive pediatric, or prenatal care. Montana Healthcare Program claims should only be submitted after all other carriers have processed the same claim.

It is recommended that provider patient registration staff inquire about new or updated information regarding primary coverage at the time of an appointment. This will help avoid the frustration of rejected claims from Montana Healthcare Programs and expedite payment of services.

The process of submitting claims and priority of payment is established in both federal and state law. Administrative Rules of Montana 37.85.406 and 37.85.407 are great resources for providers to help with clarity on how and when to submit claims.

Instruction for properly billing any third-party carrier is located on the provider website along with the tips and guidelines below:

1. For members with other health coverage except IHS; whether private or Medicare, those carrier(s) must be billed first for all services.
  - a. For services rendered for certain preventive pediatric or prenatal care, the primary carrier should be billed first, but Montana Healthcare Programs will not deny payment solely because of the existence of a liable third-party.
  - b. After initial submission – the Explanation of Benefits (EOB) must be sent with the claim showing payment amounts by the carrier.
    - i. If the claim is a crossover from Medicare, an EOB is not required
2. Paper claims can be submitted with the EOB attached to our Claims Address:  
**Claims Processing**  
**P O Box 8000**  
**Helena, MT 59604**
3. Electronic Claims require the PWK Indicator (loop 2300) and the EOB from the carriers must be faxed to (406) 442-4402 or mailed with a Paperwork Attachment Cover Sheet.
  - a. The Paperwork Attachment Cover Sheet is found on the [Forms page of Provider Website under the P-Z tab](#).
4. If the claim is denied by the primary carrier due to “Service Not Covered”
  - a. Provider *should* apply for a Blanket Denial for those services
  - b. [The Blanket Denial application is also on the Forms page of the Provider Website under the A-C tab](#).

For questions or concerns, please call Provider Relations at (800) 624-9358 or (406) 442-1837.

*Submitted By Twila Belgarde*  
*Third Party Liability Carrier Billing Supervisor*

## Recent Website Posts

Below is a list of recently published Montana Healthcare Programs 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

Date Posted	Provider Types	Provider Notice Title
08/22/2019	IHS/Tribal 638, Passport	Managed Care Referrals
08/27/2019	Pharmacy, Mid-Levels, Physicians	Electronic Authorization Process for Suboxone Films for Medication Assisted Therapy
09/11/2019	Physicians, Mid-Levels, Psychiatrists	Medication-Assisted Treatment (MAT) Bundled Rates

### Fee Schedules

Revised Schedules
July 2019 Dental Services, Dental Hygienist

### Forms

PA Form for Suboxone Films for Medication Assisted Therapy Revised
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### Other Resources

- Online Training PowerPoint
  - Billing 101
- Presumptive Eligibility
  - Updated Training Dates
- Provider Website
  - Contact Us Page Re-Designed
  - IVR Options added to Home Page
- Pharmacy
  - DURB Agenda for September 2019
  - NCPDP Payer Sheet Revised
  - Announcement for claims submitted August 14-15, 2019.
- DDP Resources
  - Montana Provider Portal User Guide - Revised

## Top 15 Denial Reasons

Claim Denial Reason	August 2019*	July 2019
RECIPIENT NOT ELIGIBLE DOS	1	1
EXACT DUPLICATE	2	4
MISSING/INVALID INFORMATION	3	5
PA MISSING OR INVALID	4	6
DRUG CONTROL CODE=2 (DENY)	5	8
RATE TIMES DAY NOT = CHARGE	6	9
PASSPORT PORVIDER NO. MISSING	7	7
PROC. CODE NOT COVERED	8	11
SLMB OR QI-1 ELIGIBILITY ONLY	9	14
RECIPIENT COVERED BY PART B	10	12
NDC MISSING OR INVLAID	11	10
DAYS SUPPLY MISSING	12	13
CLAIM DATE PAST FILING LIMIT	13	16
CLAIM INDICATES TPL	14	17
DEPRIVATION CODE RESTRICTED	15	27

\*As of August 2019, pharmacy related denials are no longer included in the Top 15.

## Live Online Training

### What training would you like offered?

Planning is in process for 2020's online training! What training would you like to see offered? Let us know by answering the [Survey!](#)

### Registration is open for all of the remaining 2019 trainings:

#### Optometric

Rena Steyaert, Therapies, School Services, and Optometric Program Officer, DPHHS,  
October 17, 2019 at 2pm MST (1 hour)

#### FQHC/RHC

Alyssa Clark, FQHC/RHC Program Officer, DPHHS,  
November 21, 2019 at 2pm MST (1 hour)

#### Audiology/Hearing Aid Services

Aleasha Horn, DME, Audiology & Hearing Aids Program Officer. DPHHS,  
December 19, 2019 at 2pm MST (1 hour)

## IVR Reminder

Providers are able to access some information 24/7 by calling the Interactive Voice Response system:

**(800) 624-3958**

**Providers choose OPTION 7.**

In the next menu, select one of the following options:

- OPTION 1: Last 5 PAYMENTS
- OPTION 2: CLAIMS STATUS
- OPTION 3: MEMBER ELIGIBILITY
- OPTION 4: PROVIDER APPLICATION STATUS
- OPTION 5: VALIDATE PROVIDER NUMBER
- OPTION 6: GET EDI HELP
- OPTION 7: WEB PORTAL PASSWORD RESET

## Key Contacts

### Montana Healthcare Programs

#### Provider Relations

General Email: [MTPRHelpdesk@conduent.com](mailto:MTPRHelpdesk@conduent.com)  
Enrollment Email: [MTEnrollment@conduent.com](mailto:MTEnrollment@conduent.com)  
P.O.Box 4936  
Helena, MT 59602  
(800) 624-3958 In/Out of state  
(406) 442-1837 Helena  
(406) 442-4402 Fax

#### Conduent EDI Solutions

<http://edisolutionsmmis.portal.conduent.com/gcro/>

#### 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

Email: [KCroholm@mt.gov](mailto:KCroholm@mt.gov)  
Telephone: (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