# Claim Jumper

**MONTANA DPHHS** — Healthy People. Healthy Communities. Department of Public Health & Human Services

## In This Issue

**Have Feedback? Have Questions?**

**Take The Survey!**

**Upcoming Training**

**SURS Training**
**May 21, 2020**

**PERM**
**June 18, 2020**

**Register Now**

## Children's Mental Health Bureau Change

Multiple updates to the Children's Mental Health Bureau, including adoption of an updated Children's Mental Health Bureau Medicaid Services Manual (manual) finalized on April 18, 2020 with a retroactive effective date of March 1, 2020.  Key changes in this update include:

- The number of outpatient therapy visits for youth who do not have a Serious Emotional Disturbance (SED) diagnosis has been increased from 10 visits to 24 visits per year.
- The 365-day lifetime limit and the prior authorization requirements for Home Support Services (HSS) have been eliminated.
- The SED section of the manual has been updated to add clarifying language, revising the diagnosis list, and removing reference to specific ICD-10 diagnosis codes.  The ICD-10 diagnosis codes are available on the Children's Mental Health Bureau webpage.
- The reimbursement rate for providers of Targeted Case Management (TCM) services for youth with SED was increased to $15.90 per 15-minute unit of time. In addition, the revised fee schedule includes a frontier differential payment of 115% of the proposed rate, resulting in a rate of $18.28 per unit.  TCM services provided to youth residing in a Montana county with a per capita population of fewer than 7 people per square mile will be eligible to receive the frontier differential.  Forty-six of Montana's 56 counties will qualify for the frontier differential.  The full list of counties can be found in the manual.

Additional enhancements were made to the TCM program for youth with SED, providers will have until November 1, 2020 to comply with the following changes:

- Updates to TCM medical necessity criteria.  A youth is eligible for TCM services based on the complexity of the youth and family service needs or interventions, the severity of the youth's behavioral health symptoms, and the strengths, preferences, and needs within the family's capacity.
- TCM providers must use a standardized assessment tool. Currently the approved assessment tools are the Child and Adolescent Service Intensity Instrument (CASII) and The Early Childhood Service Intensity Instrument (ECSII**).**

# Field Rep Corner

**Answers from Billing 101**

Billing 101 in March generated some great questions.  The answers should be helpful to many providers and billers. If you have any other questions, please ask by using the Training Survey.

**Q: Why won't the MATH portal show timespan for DOC members?**
A: DOC is not a Medicaid coverage. We only process claims for DOC. Therefore, these members will always show inactive in the portal. Please contact the Call Center for DOC eligibility status.

**Q: Is there a way to check on the MATH portal if a person is on Medicaid waiver?**
A: Our current portal does not contain waiver information.

**Q: Can we bill the MA-3 form electronically?**
A: Yes, MA-3 claims can be submitted electronically.

**Q: We are upgrading to Windows 10 this month. Does that mean we won't be able to send electronic claims until later this summer?**
A: WINasap does not work on Windows 10 and we are seeing an increase in issues with older systems too. There are many options out there for electronic billing programs at the provider's expense. However, until our new system is in place later this year, submitting claims on paper would be your only no cost option.

**Q: When billing as secondary, should the charges be total billed or only the remaining amount?** A: Claims submitted should be for the full amount of the charges. Payments made by primary insurances will be deducted from that amount when we process your claim. Medicaid will then consider payment on the remaining balance. If primary pays over our allowable, Medicaid will pay at zero.

**Q: Why does the claim status on the web portal show that your claim is accepted, has a payment amount, then when you receive the remit/EOB its denied?**
A: The claim status option on the portal should only be used to verify a claim has been received by Montana Medicaid. Only your remit shows fully adjudicated claims with true paid or denied statuses.

**Q: Why are there fluke codes sometimes? (Reason & Remark codes on eSORs)**
A: Depending on the true reason for the denial the system may also state other denials. We refer to them as false edits. For example, if the member number on the claim is invalid. The true denial would be "Member not in master file". The false edits would be "Member not eligible due to age" and "Members coverage not eligible for service". These other edits show only because the system can't find your member.

**Q: Per the Billing 101 Training we were instructed to use our Billing-PayTo NPI on the document attachment form, currently we use the rendering NPI for the formatting for the document control number.**
A: Claims are processed through our system by the Billing/Pay-To NPI. Therefore, the control number for the Paperwork Attachment Coversheet should be this NPI.

# SURS Audit Revelations

**Testing Evaluation Services**

Keep up to date on the CPT coding book criteria guidelines to ensure your facility or practice is documenting Psychological/Neuropsychological testing services accurately. Psychological testing codes (i.e. 96130 and 96131) and Neuropsychological testing codes (I.e. 96132 and 96133) have specific time durations. The CPT coding book gives criteria on when to use each code for time based billing. The documentation needs to support the amount of time being billed for the appropriate code billed.

The Administrative Rule of Montana (ARM) 37.85.414 (1) (b) states that when reimbursement is based on the length of time, the record must have the time treatment began and ended or the full amount of time spent on the service. This increment is documented to the nearest minute.

*Submitted by Karen Moffitt*
*Program Integrity Compliance Specialist*
*Quality Assurance Division*
*DPHHS*

---

# Upcoming Training

**SURS Training**
Presented by Jen Tucker, SURS Supervisor, DPHHS,
May 21, 2020 at 2pm Mountain Time (1 hour)

**PERM**
Presented by Krista Cronholm, Program Specialist, Quality Assurance Division, DPHHS
June 18, 2020 at 2pm Mountain Time (1 hour)

**Register on the Online Training Registration page.**

---

# Temporary COVID-19 Changes

In order to help providers continue to safely care for members during this time, several documents were posted on the Provider Website. A Temporary Amendment to Provider Enrollment Instructions was put in place, several telemedicine documents were released, and several manuals were updated. Prior to billing, please review these documents on your provider type page and check the update log section of your manual to learn if your manual was updated with policy information you need.

# Requirements and Billing for Telehealth Services by Nursing Facilities

The Medicaid Disaster Relief for the COVID-19 National Emergency allows Montana to authorize payments for Telehealth services that are not otherwise paid under the state Medicaid plan, differ from payments for the same service when provided face to face, or differ from current state plan provisions governing reimbursement for Telehealth. States may pay for covered services delivered via Telehealth using the Medicaid payment methodology established for the same services when delivered face to face.

To mitigate the spread of COVID-19, Montana Medicaid is committed to enabling members to remain in their homes to reduce exposure and transmission, to the extent possible, and to preserve health system capacity for the duration of this public health emergency. To that end, and for as long as this bulletin remains effective, Montana Medicaid will permit clinically appropriate, medically necessary, Montana Medicaid covered services to Montana Medicaid members delivered via reimbursable telemedicine/telehealth originating sites (including telephone and live video).

**This bulletin shall remain effective for the duration of the state of emergency declared in Executive  Order No. 2-2020.**

**Covered Telemedicine/Telehealth Services**
All Montana Medicaid covered services delivered via telemedicine/telehealth are reimbursable so long as:
a)        Such services are medically necessary and clinically appropriate for delivery via telemedicine/telehealth,
b)        Comport with the guidelines set forth in the applicable Montana Medicaid provider manual, and
c)        Are not a service specifically required to be face-to-face as defined in the applicable Montana Medicaid provider manual.

**Allowable Telemedicine/Telehealth Methods and Technologies**
There are no specific requirements for technologies used to deliver services via telemedicine/telehealth and can be provided using: secure portal messaging, secure instant messaging, telephone conversations, and audio- visual conversations.

**Payment Rates For Originating Site**
Effective March 1, 2020 Montana Medicaid is allowing nursing facilities to bill for telehealth site origination. Originating site providers are reimbursed $26.65 per site use.

**Requirements For Telemedicine/Telehealth Encounters**
- To the extent possible, providers must ensure members have the same rights to confidentiality and security as provided during traditional office visits.
- Providers must follow consent and patient information protocol consistent with those followed during in person visits.
- Telemedicine/telehealth does not alter the scope of practice of any health care provider; or authorize the delivery of health care services in a setting or manner not otherwise authorized by law.
- Record keeping must comply with Administrative Rules of Montana (ARM) 37.85.414.

**Billing For Covered Services Delivered Via Telehealth**
Enrolled providers delivering services via telemedicine/telehealth should submit claims using procedure code Q3014 along a type of service of 9 (CMS-1500) form.

For additional information including procedure codes and definitions, please refer to the provider notice on the Nursing Facility Provider Type Page.

*Submitted by Dee Burnham*
*Nursing Facility Program Officer*
*DPHHS*

# 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 |
| 03/19/2020 | All Provider Types | Telemedicine Policy Clarification |
| 03/20/2020 | Pharmacy | Billing for Insulin Products |
| 03/26/2020 | Family Planning Clinics, Hospitals, FQHC, RHC, IHS, Mid-Levels, Pharmacy, Physician, Public Health Clinics, Plan First | Additional Covered Codes Telemedicine/Telehealth |
| 03/27/2020 | All Provider Types | Medicaid Coverage and Reimbursement Policy for Telemedicine/Telehealth |
| 04/01/2020 | All Provider Types | Suspension of Face to Face Requirements for Some Medicaid Programs |
| 04/06/2020 | Pharmacy | 2020 Annual Montana Dispensing Fee Schedule |
| 04/06/2020 | Pharmacy | 2020 Annual Acquisition Cost (AAC) Survey |
| 04/07/2020 | Nursing Facilities | 2020 Requirements and Billing for Telehealth Services by Nursing Facilities |

| Fee Schedules |
|---|
| January 2020 - Revised |

Mid-Levels, Occupational Therapy, OPPS, Physician, Public Health

| Manuals |
|---|

CAH, DME, FQHC/RHC, Hospital Outpatient, School-Based Services, Therapies

| Additional Documents Posted |
|---|

- Telemedicine FAQ
- Temporary Amendment to the Provider Enrollment Process
- All Nursing Facility & Swing Bed information the DPHHS website moved to the Provider Type pages on the Provider website.
- Trading Partner Agreement Updated
- Presumptive Eligibility Pages Updated
- Q2 2020 Quarterly Rebateable Labelers Published
- Pharmacy DUR March Agenda, March 2020 Minutes, and April 2020 Agenda Posted with meeting materials for Xalelto®, Invokana® , and Enestro®.
- Paperwork Attachment Form Updated
- Spring 2020 Billing 101 PowerPoint posted on the Training Page

**Your services to our members during this challenging time is greatly appreciated. Thank you for your ongoing dedication.**

# Top 15 Claim Denial Reasons

| Claim Denial Reason | MARCH 2020 | FEBRUARY 2020 |
|---|---|---|
| RECIPIENT NOT ELIGIBLE DOS | 1 | 1 |
| MISSING/INVALID INFORMATION | 2 | 3 |
| PA MISSING OR INVALID | 3 | 4 |
| EXACT DUPLICATE | 4 | 2 |
| RATE TIMES DAYS NOT = CHARGE | 5 | 5 |
| PASSPORT PROVIDER NO. MISSING | 6 | 6 |
| PROC. CODE NOT COVERED | 7 | 7 |
| RECIPIENT COVERED BY PART B | 8 | 8 |
| CLAIM DATE PAST FILING LIMIT | 9 | 15 |
| CLAIM INDICATES TPL | 10 | 9 |
| SLMB OR QI-1 ELIGIBILITY ONLY | 11 | 10 |
| PROC. CODE NOT ALLOWED | 12 | 11 |
| INVALID REV CODE FOR FACILITY TO BILL | 13 | 13 |
| REV CODE INVALID FOR PROVIDER TYPE | 14 | 18 |
| PROVIDER TUPE/PROCEDURE MISMAT | 15 | 14 |

—————————————————————

# There's a Resource for That!
**Training Opportunities and Materials**

Every month Provider Relations offers online training.  The trainings allow for providers and billers to ask questions, get a better understanding of policy, new procedures, and learn about long-standing processes.
Trainings are listed on the Training Page with a simple and quick registration.

In addition to upcoming trainings, the Training Page displays links to the presentation materials from recent trainings. This is especially helpful if you are training a new staff or are trying to recall some information you heard in a training that you do not use very often. Each training document also lists contact information so if you need clarification or have further questions, you can reach the expert who presented the materials.

If there is an area of billing, claims, or Montana Healthcare Programs policy and procedure, please use the Survey to let us know.  When you complete the one-question survey it is helpful if you leave your contact information so we can make sure you have the information you need.

*Children's Mental Health*
*continued from page1*

- Family engagement standards and requirements have been added to ensure youth and family understand treatment and participate in the TCM process.
- Increased the use of new and existing measurements to inform decision-making, aid in external reporting of CMHB services, and use as a tool for continuous program evaluation and improvement.
- Targeted case managers must receive 20 hours of initial and continued training focusing on key competencies for targeted case managers.
- Caseload size requirements have been updated to allow for providers to respond flexibly to varying service needs of youth and their families.

The information outlined above is a summary of key changes please refer to the manual and Administrative Rules of Montana for full updates and requirements.

*Submitted by Renae Huffman*
*Children's Mental Health Bureau Program Officer*
*DPHHS*

---

*Field Rep*
*continued from page2*

**Q: How can I get my claims to process that denied for global surgery package, services done by different providers on the same date of service for the same member, more than one visit to the same doctor on the same date of service, etc.?**

A: The solution to "most" of these issues is to add a modifier. Modifiers tell the system that these are separate services. You can locate modifiers in CMS newsletters, provider notices and in the Correct Procedural Coding Manual (appendix A = modifiers)

**Thank you for all you do to assist our members!**

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

## Key Contacts
### *Montana Healthcare Programs*

**Provider Relations**
General Email:
MTPRHelpdesk@conduent.com
Enrollment Email:
MTEnrollment@conduent.com
P.O.Box 4936
Helena, MT 59602
(800) 624-3958 In/Out of state
(406) 442-1837 Helena
(406) 442-4402 or (888) 772-2341 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**
(406) 457-9542

**PERM Contact Information**
Email: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,
DMEPOS/Medical,
& Behavioral Health Reviews
(406) 443-0320 (Helena) or
(800) 219-7035 (Toll Free)