MONTANA
Department of Public Health & Human Services

July 21, 2006

Montana Medicaid Notice

Pharmacy Providers

Medicare Part B Crossover Changes

Effective Immediately

The implementation of the Medicare drug benefit has changed the way Montana Medicaid processes Medicare Part B crossover claims for dual eligible beneficiaries. Crossover claims for Part B drugs with dates of service on or after January 1, 2006, will be processed using a CMS-1500 and the appropriate HCPCS code.

If you have claims for Medicare Part B drugs, those claims should crossover from Medicare automatically as of June 1, 2006, if your Medicare number is on file with Medicaid. Call ACS Provider Relations to verify that your Medicaid number is linked to your Medicare number. If your numbers are not linked you will need to complete the form on the last page of this notice and fax it to (406) 442-4402 or mail it to:

ACS Provider Relations
P.O. Box 4936
Helena, MT 59604

To bill claims to Medicaid on paper after January 1, 2006, you will need to do the following:

- Submit your claims on a CMS-1500 form.
- Attach the Medicare EOMB.
- Use your Montana Medicaid pharmacy provider number; do ***not*** use your NABP number, your DEA number or your DME provider number.

Part B crossover claims will be reimbursed using the following "lower of" pricing methodology: Medicaid allowed minus the Medicare paid ***or*** Medicare coinsurance plus Medicare deductible. Please note: The Medicaid allowed for the pharmacy supplying and dispensing fees is $4.70.

The Medicare Part B drug codes that can now be billed to Medicaid are listed below:

Code	Medication
J0475	Baclofen 10MG
J0480	Basiliximab
J0881	Darbepoetin alfa, non-esrd
J0882	Darbepoetin alfa, esrd
J0885	Epoetin alfa, non-esrd

Code	Medication
J0886	Epoetin alfa, esrd
J1170	Hydromorphone injection
J1260	Dolasetron mesylate
J1566	Immune globulin, powder
J1567	Immune globulin, liquid
J1570	Ganciclovir sodium injection
J2275	Morphine sulfate injection
J7050	Normal saline solution
J7188	Inj Vonwillebrand factor
J7189	Factor viia
J7190	Factor viii
J7192	Factor viii recombinant
J7193	Factor IX non-recombinant
J7194	Factor IX complex
J7195	Factor IX recombinant
J7500	Azathioprine oral 50mg
J7501	Azathioprine parenteral
J7502	Cyclosporine oral
J7504	Lymphocyte immune globulin
J7505	Monoclonal antibodies
J7506	Prednisone oral
J7507	Tacrolimus oral
J7509	Methylprednisolone oral
J7510	Prednisolone oral
J7511	Antithymocyte globuln rabbit
J7513	Daclizumab, parenteral
J7515	Cyclosporine oral
J7516	Cyclosporin parenteral 250mg
J7517	Mycophenolate mofetil oral
J7518	Mycophenolic acid
J7520	Sirolimus, oral
J7525	Tacrolimus injection
J7608	Acetylcysteine inh sol
J7611	Albuterol concentrated
J7612	Levalbuterol concentrated
J7613	Albuterol unit dose
J7614	Levalbuterol unit dose
J7620	Albuterol non-compounded

Code	Medication
J7626	Budesonide, non-compounded
J7631	Cromolyn sodium inh
J7635	Atropine inhal sol
J7636	Atropine inhal sol
J7637	Dexamethasone inhal sol
J7638	Dexamethasone inhal sol
J7639	Dornase alpha inhal
J7644	Ipratropium brom inh
J7669	Metaproterenol inh sol
J7674	Methacholine chloride, neb
J7682	Tobramycin inhalation sol
J8501	Oral aprepitant
J8510	Oral busulfan
J8520	Capecitabine, oral, 150 mg
J8521	Capecitabine, oral, 500 mg
J8530	CyclophosphAMIde oral 25 mg
J8540	Oral dexamethasone
J8560	Etoposide oral 50 mg
J8610	Methotrexate oral 2.5 mg
J8700	Temozolomide
Q0163	DiphenhydrAMIne HCl 50 mg
Q0164	Prochlorperazine maleate 5 mg
Q0165	Prochlorperazine maleate 10 mg
Q0166	Granisetron HCL 1 mg oral
Q0167	Dronabinol 2.5 mg oral
Q0168	Dronabinol 5 mg oral
Q0169	Promethazine HCL 12.5 mg oral
Q0170	Promethazine HCL 25 mg oral
Q0171	Chlorpromazine 10 mg oral
Q0172	Chlorpromazine 25 mg oral
Q0173	TrimethobenzAMIde HCL 250mg
Q0174	Thiethylperazine maleate 10mg
Q0175	Perphenazine 4 mg oral
Q0176	Perphenazine 8 mg oral
Q0177	Hydroxyzine pamoate 25 mg
Q0178	Hydroxyzine pamoate 50 mg
Q0179	Ondansetron HCl 8 mg oral
Q0180	Dolasetron mesylate oral

Code	Medication
Q4080	Iloprost inhalation solution
90471	Immunization Admin
90472	Immunization Admin, Each Add
90656	Flu Vaccine no preserv 3 & >
90658	Flu Vaccine age 3 & over, im
90732	Pneumococcal vaccine
90740	Hepb Vaccine, ill pat 3 dose im
90746	Hep Vaccine, adult, im
90747	Hepb Vaccine, ill pat 4 dose im
Q0510	First Immunosuppresive Rx after Transplant
Q0511	Pharmacy supplying fee
Q0512	Pharmacy supplying fee
Q0513	Pharmacy dispensing fee inhalation drugs
Q0514	Pharmacy dispensing fee inhalation drugs
G0333	Pharmacy dispensing fee inhalation drugs

Part B Crossover Billing Tips for Pharmacies

Medicare Part B covered drugs will crossover automatically to Medicaid from Medicare if:

- The pharmacy accepts Medicare assignment.
- The pharmacy has requested ACS to cross-reference their Medicare number to their Montana Medicaid provider number.

For those claims that do not crossover automatically:

- Claims for Part B covered drugs must be billed on a paper CMS-1500 form if not automatically crossing from Medicare.
- Bill for Part B covered drugs using your Montana Medicaid provider number (not your NCPDP number).
- Attach a copy of the Medicare Explanation of Benefits for the drug being billed to the claim.
- Critical information that must be present on the form:
  - Client name (field #2) and ID number (field #10D)
  - ICD-9 diagnosis code (field 21)
  - Date(s) of service (field 24A)
  - Place of service (field 24B)
  - Procedure code (field 24D)

- Diagnosis pointer that corresponds to the diagnosis code number in field 21 (field 24E)
- Total charges for the procedure billed (field 24F)
- Units (field 24G) appropriate for the injectable code billed
- Provider signature (field 31) may be typed or system generated, but must be an individual's name certifying the services were performed
- Billed date (field 31)
- Montana Medicaid provider number (field 33)

If you have questions about how to bill these claims, call Provider Relations at (800) 624-3958 or Wendy Blackwood, Medicaid Pharmacy Program Officer, at (406) 444-2738.

Contact Information

For claims questions or additional information, contact Provider Relations:

Provider Relations toll-free in- and out-of-state: 1-800-624-3958
Helena: (406) 442-1837

Visit the Provider Information website:

http://www.mtmedicaid.org

Request to Link Medicaid Provider Number to Medicare Number

Name _____

Address _____

_____

_____

Phone _____

Link Medicaid Number _____ to

Medicare Number _____ for the above referenced provider.

Return to:

ACS Provider Relations
P.O. Box 4936
Helena, MT 59604

Or fax to: (406) 442-4402