

Exhibit Number: 2

This exhibit exceeds 10-page maximum; therefore only a small portion of the exhibit is scanned for your research. The original exhibit is on file at the Montana Historical Society and may be viewed there

EXHIBIT **2**
DATE **Fr Jan 28 2005**
~~HB~~

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ADMINISTRATIVE RULES OF MONTANA 12/31/01 37-21555
MEDICAID MENTAL HEALTH SERVICES 37.88.301

Subchapter 3

Licensed Professional Counselor Services

Formerly
46.12.586C

37.88.301 LICENSED PROFESSIONAL COUNSELOR SERVICES,
DEFINITIONS (1) Licensed professional counselor services are
those services provided by a licensed professional counselor
which are within the scope of practice permitted in Title 37,
chapter 23, MCA and ARM Title 8, chapter 61, subchapter 12, and
covered under the provisions of these rules. (History: Sec.
53-2-201 and 53-6-113, MCA; IMP, Sec. 53-6-101, MCA; NEW, 1999
MAR p. 1301, Eff. 7/1/99, ~~TRANS, from SRS, 2000 MAR D 195~~)

Rules 02 through 04 reserved

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ADMINISTRATIVE RULES OF MONTANA

3/31/00

37-21575

Formerly
46.12.586D

MEDICAID MENTAL HEALTH SERVICES

37.88.305

37.88.305 LICENSED PROFESSIONAL COUNSELOR SERVICES,

REQUIREMENTS (1) These requirements are in addition to those contained in rule provisions generally applicable to medicaid providers.

(2) For purposes of medicaid coverage and reimbursement, licensed professional counselor services are limited to the services designated in the department's Covered Licensed Professional Counselor CPT Codes List (April 1999). The department hereby adopts and incorporates herein by reference the Covered Licensed Professional Counselor CPT Codes List (April 1999). A copy of the Covered Licensed Professional Counselor CPT Codes List (April 1999) may be obtained from the Department of Public Health and Human Services, Addictive and Mental Disorders Division, 1400 Broadway, P.O. Box 202951, Helena, MT 59620-2951.

(3) Licensed professional counselor group counseling services must have no more than eight individuals participating in the group.

(4) When an eligible child receives professional counselor services and the professional counselor consults with the parent as part of the child's treatment, the time with the parent may be billed to medicaid under the child's name, subject to the requirements of these rules. The provider shall indicate on the claim that the child is the patient and state the child's diagnosis. He shall also indicate consultation was with the parent.

(5) Licensed professional counselor services must be supported by records as required in ARM 37.85.414.

(6) Services provided through interactive video systems are considered to be face-to-face services and are covered and reimbursed in the same fashion as in-person services. Telephone contacts are not a professional counselor service.

(7) Services that can be included under a facility's long term care per diem are not payable as licensed professional counselor services.

(8) Inpatient professional counselor services provided in a hospital on an inpatient basis that are covered by medicaid as

part of the diagnosis related group (DRG) payment under ARM 37.86.2905 are not reimbursable as licensed professional counselor services. These noncovered services include:

(a) services provided by a licensed professional counselor who is employed or under a contract with a hospital;

(b) services provided for purposes of discharge planning as required by 42 CFR 482.43; and

(c) services, including, but not limited to, group therapy, that are required as part of hospital licensure or certification. (History: Sec. 53-2-201 and 53-6-113, MCA; IMP, Sec. 53-2-201, 53-6-101, 53-6-111 and 53-6-113, MCA; NEW, 1999 MAR p. 1301, Eff. 7/1/99; ~~TRANS, from SRS, 2000~~ MAR p. 865.)

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3/31/00

37-21581

Formerly
46.12.586 E

MEDICAID MENTAL HEALTH SERVICES

37.88.306

37.88.306 LICENSED PROFESSIONAL COUNSELOR SERVICES,

REIMBURSEMENT (1) Providers must bill for covered services using the procedure codes and modifiers set forth, and according to the definitions contained, in the health care financing administration's common procedure coding system (HCPCS). Information regarding billing codes, modifiers and HCPCS is available upon request from the Department of Public Health and Human Services, Health Policy and Services Division, 1400 Broadway, P.O. Box 202951, Helena, MT 59620-2951.

(2) Subject to the requirements of this rule, the Montana medicaid program pays the following for licensed professional counselor services:

(a) For patients who are eligible for medicaid, the lower of:

(i) the provider's usual and customary charge for the service; or

(ii) 62% of the reimbursement provided in accordance with the methodologies described in ARM 37.85.212. (History: Sec. 53-2-201 and 53-6-113, MCA; IMP, Sec. 53-6-101 and 53-6-113, MCA; NEW, 1999 MAR p. 1301, Eff. 7/1/99; ~~TRANS, from SRS, 2000~~ MAR p. 865; AMD, 2001 MAR p. 1476, Eff. 8/10/01; AMD, 2001 MAR p. 2156, Eff. 10/26/01.)

Subchapters 4 and 5 reserved

DEPARTMENT OF
PUBLIC HEALTH AND HUMAN SERVICES
QUALITY ASSURANCE DIVISION
AUDIT AND COMPLIANCE BUREAU



JUDY MARTZ
GOVERNOR

GAIL GRAY, Ed.D.
DIRECTOR

STATE OF MONTANA

(406) 444-2037
FAX: (406) 444-1829

2401 Colonial Drive
2ND FLOOR
PO Box 202953
HELENA, MT 59620-2953

May 29, 2002

Marsha Kirchner, LCPC
P.O. Box 335
Missoula, MT 59806

RE: Medicaid Overpayments

Dear Ms. Kirchner:

Enclosed is an Excel spreadsheet showing the claims that Montana Medicaid has paid to your Medicaid provider #251914 from 7/1/1999 to 7/31/2001. I have shown the billing problems that have been found in the "Comments" column of the spreadsheet. Procedure codes 90806 and 90808 are timed codes with the time of treatment in the CPT description and are only allowed one unit of service per day. Procedure codes 90846, 90847 and 90853 are "per visit" codes and are never allowed more than one unit of service per day. Please call me if you disagree with any of these comments so that we can resolve any disputes now.

Within 10 days of the date of this letter, please let me know if you have additional information that we should consider for these claims. If I receive nothing further, I will compute the overpayment based on the documentation I currently have.

You may write or telephone me at (406) 444-3993 if you have questions.

Thank you for your help and cooperation.

Sincerely,

A handwritten signature in cursive script that reads "Dena Brown".

Dena Brown, Compliance Specialist
Surveillance and Utilization Review Section
Audit and Compliance Bureau

cc: William Gary
Charlie Williams

Clim ICN	Fund Cd	Recip ID	Recip Name	DT PD	Proc Cd	FDOS	LDOS	UOS	Chrg Amt	Cpay Amt	Allow Amt	Comments
20006200251000571	S			3/13/2000	90853	2/7/2000	2/7/2000	2	\$60.00	\$0.00	\$34.58	1 UOS Allowed
20009600251000168	S			4/10/2000	90853	2/7/2000	2/7/2000	2	\$60.00	\$0.00	\$34.58	1 UOS Allowed
20004500251004148	M			2/28/2000	90846	2/11/2000	2/11/2000	2	\$160.00	\$0.00	\$99.16	1 UOS Allowed
20004500251004149	M			2/28/2000	90846	2/11/2000	2/11/2000	2	\$160.00	\$0.00	\$99.16	1 UOS Allowed
20004700251002962	S			2/28/2000	90853	2/14/2000	2/14/2000	2	\$60.00	\$0.00	\$34.58	1 UOS Allowed
20004700251002965	M			2/28/2000	90853	2/14/2000	2/14/2000	2	\$60.00	\$4.00	\$34.58	1 UOS Allowed
20006200251000570	S			3/13/2000	90853	2/14/2000	2/14/2000	2	\$60.00	\$0.00	\$34.58	1 UOS Allowed
20009600251000169	S			4/10/2000	90853	2/14/2000	2/14/2000	2	\$60.00	\$0.00	\$34.58	1 UOS Allowed
20005200251000814	M			2/28/2000	90847	2/18/2000	2/18/2000	2	\$80.00	\$0.00	\$80.00	1 UOS Allowed
20005900251001529	M			3/13/2000	90846	2/25/2000	2/25/2000	2	\$160.00	\$0.00	\$99.16	1 UOS Allowed
20006600251001197	M			3/13/2000	90846	3/3/2000	3/3/2000	2	\$160.00	\$0.00	\$99.16	1 UOS Allowed
20006800251000001	M			3/13/2000	90846	3/6/2000	3/6/2000	2	\$160.00	\$0.00	\$83.40	1 UOS Allowed
20006800251000006	S			3/13/2000	90847	3/8/2000	3/8/2000	2	\$160.00	\$4.00	\$83.40	1 UOS Allowed
20006800251003166	M			3/13/2000	90847	3/10/2000	3/10/2000	2	\$160.00	\$4.00	\$83.40	1 UOS Allowed
20007300251000364	M			3/27/2000	90847	3/14/2000	3/14/2000	2	\$100.00	\$0.00	\$100.00	1 UOS Allowed
20007600251000245	S			3/27/2000	90808	3/15/2000	3/15/2000	2	\$160.00	\$4.00	\$83.40	1 UOS Allowed
20007700251000078	M			3/27/2000	90847	3/21/2000	3/21/2000	2	\$100.00	\$0.00	\$100.00	1 UOS Allowed
20008200251000951	S			4/10/2000	90847	3/29/2000	3/29/2000	2	\$160.00	\$4.00	\$83.40	1 UOS Allowed
20009000251002267	M			5/22/2000	90847	3/31/2000	3/31/2000	2	\$160.00	\$0.00	\$83.40	1 UOS Allowed
20009400251002280	S			4/24/2000	90806	4/7/2000	4/7/2000	2	\$80.00	\$4.00	\$80.00	1 UOS Allowed
20010100251000629	M			4/24/2000	90847	4/10/2000	4/10/2000	2	\$160.00	\$4.00	\$83.40	1 UOS Allowed
20010200251000968	M			4/24/2000	90847	4/12/2000	4/12/2000	2	\$160.00	\$4.00	\$83.40	1 UOS Allowed
20010400251001077	M			4/24/2000	90847	4/13/2000	4/13/2000	2	\$160.00	\$4.00	\$83.40	1 UOS Allowed
20010500251002484	M			5/8/2000	90847	4/20/2000	4/20/2000	2	\$160.00	\$4.00	\$83.40	1 UOS Allowed
20011200251000297	M			5/8/2000	90847	4/26/2000	4/26/2000	2	\$160.00	\$4.00	\$83.40	1 UOS Allowed
20011800251002683	M			5/8/2000	90847	4/28/2000	4/28/2000	2	\$160.00	\$4.00	\$83.40	1 UOS Allowed
20012200251000646	M			5/22/2000	90847	5/5/2000	5/5/2000	2	\$160.00	\$4.00	\$83.40	1 UOS Allowed
20012900251000652	M			5/22/2000	90847	5/10/2000	5/10/2000	2	\$160.00	\$4.00	\$83.40	1 UOS Allowed
20013800251000170	M			5/22/2000	90847	5/12/2000	5/12/2000	2	\$160.00	\$4.00	\$83.40	1 UOS Allowed
20013800251000163	M			5/22/2000	90847	5/17/2000	5/17/2000	2	\$160.00	\$4.00	\$83.40	1 UOS Allowed
20013800251002198	M			6/5/2000	90847	5/19/2000	5/19/2000	2	\$160.00	\$4.00	\$83.40	1 UOS Allowed
20014300251000430	M			6/5/2000	90847	5/22/2000	5/22/2000	2	\$160.00	\$4.00	\$83.40	1 UOS Allowed
20014400251000732	M			6/5/2000	90847	5/26/2000	5/26/2000	2	\$160.00	\$4.00	\$83.40	1 UOS Allowed
20015100251000567	M			6/5/2000	90847	6/13/2000	6/13/2000	2	\$160.00	\$4.00	\$83.40	1 UOS Allowed
20016600251002017	M			7/3/2000	90847	6/16/2000	6/16/2000	2	\$160.00	\$4.00	\$83.40	1 UOS Allowed
20017100251000279	M			7/17/2000	90808	7/6/2000	7/6/2000	2	\$100.00	\$4.00	\$100.00	1 UOS Allowed
20018900251003544	M			7/17/2000	90847	7/10/2000	7/10/2000	2	\$160.00	\$4.00	\$82.85	1 UOS Allowed
20019300251001087	M			11/6/2000	90808	7/12/2000	7/12/2000	4	\$100.00	\$0.00	\$100.00	1 UOS Allowed
200200251000745	M											