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

Claim Jumper

Individual Provider Types

Montana Medicaid has three enrollment types for individual providers: Sole Proprietor, Rendering, and Ordering/Referring/Prescribing. These enrollment types have different functions and requirements.

A Sole Proprietor is a provider who owns their own business and the associated tax ID. They will be used as a pay-to on a claim and they are the direct recipient of payment from Montana Healthcare Programs. This enrollment type is appropriate for individuals who own their own practice and do not employ other individuals. Providers who are sole proprietors can also work part-time at another organization and be used as a rendering provider on the organization's claims. However, they do not need to add a location to their Sole Proprietor enrollment for the other organization for whom they are working.

A Rendering provider is the individual who sees patients directly but works for a group, clinic, hospital, or other organization. They are only used as a rendering or attending provider on a claim under an organization's NPI. They do not receive payments directly from Montana Healthcare Programs. Rendering providers are not enrolled under a tax ID as they do not own one. Claims are used to associate the rendering provider to an organization. Rendering providers can practice at multiple locations. This enrollment type is appropriate for individuals who are employed by at least one organization and who are not expecting direct payment from Montana Healthcare Programs.

An Ordering/Referring/Prescribing provider does not bill for services and is not used as a rendering provider on a claim. They simply write orders, prescribe medications, and refer members for testing and to other providers. This is the correct enrollment type for individuals who only perform these functions for Montana Healthcare Programs members.

Selecting the correct enrollment type on your application can impact processing time and the amount of supporting documentation required. If you have questions on which enrollment type is appropriate for you, please contact Provider Relations at (800) 624-3958 or email MTEnrollment@conduent.com. Thank you for your care and dedication to serving Montana Healthcare Program members.

Submitted by Jennifer Stirling
Provider Enrollment Supervisor
Conduent Health

Recent Website Posts

Below is a list of recently published Montana Healthcare Programs information and updates available on the [Provider Information Website](#).

PROVIDER NOTICES		
Date Posted	Provider Types	Provider Notice Title
07/06/2023	All Providers	Provider Notice Provider Rate Increases
07/12/2023	Developmental Disabilities Program (DDP)	Provider Rate Increases for Developmental Disabilities Program (DDP) Providers

FEE SCHEDULES

July 2023

- Proposed July 2023 Adult Mental Health Fee Schedule
- Proposed July 2023 Ambulance Services Cover Sheet
- Proposed July 2023 Ambulance Services Fee Schedule
- Proposed July 2023 Applied Behavior Analysis Services Fee Schedule
- Proposed July 2023 ASC Covered Surgical and Ancillary Services Cover Sheet
- Proposed July 2023 ASC Covered Surgical and Ancillary Services Fee Schedule
- Proposed July 2023 Audiology Services Cover Sheet
- Proposed July 2023 Audiology Services Fee Schedule
- Proposed July 2023 Behavioral Health Targeted Case Management Fee Schedule
- Proposed July 2023 Big Sky Waiver Services Cover Sheet
- Proposed July 2023 Big Sky Waiver Services Fee Schedule
- Proposed July 2023 Community First Choice (CFC) Cover Sheet
- Proposed July 2023 Community First Choice (CFC) Fee Schedule
- Proposed July 2023 Childrens Chiropractic Services Cover Sheet
- Proposed July 2023 Childrens Chiropractic Services Fee Schedule
- Proposed July 2023 Dental Hygienist Services Cover Sheet
- Proposed July 2023 Dental Hygienist Services Fee Schedule
- Proposed July 2023 Dental Services Cover Sheet
- Proposed July 2023 Dental Services Fee Schedule
- Proposed July 2023 Denturist Services Cover Sheet
- Proposed July 2023 Denturist Services Fee Schedule
- Proposed July 2023 Developmental Disabilities Program (DDP) Cover Sheet
- Proposed July 2023 Developmental Disabilities Program (DDP) Fee Schedule
- Proposed July 2023 Dialysis Clinics Fee Schedule
- Proposed July 2023 Direct Entry Midwife Services Cover Sheet
- Proposed July 2023 Direct Entry Midwife Services Fee Schedule
- Proposed July 2023 Durable Medical Equipment (DME) Services Cover Sheet (Corrected 7/25/2023)
- Proposed July 2023 Durable Medical Equipment (DME) Services Fee Schedule (Corrected 7/25/2023)
- Proposed July 2023 Hearing Aid Services Cover Sheet

- Proposed July 2023 Hearing Aid Services Fee Schedule
- Proposed July 2023 Healthy Montana Kids (HMK) Dental Fee Schedule
- Proposed July 2023 Home Health Services Cover Sheet
- Proposed July 2023 Home Health Services Fee Schedule
- Proposed July 2023 Home Infusion Services Cover Sheet
- Proposed July 2023 Home Infusion Services Fee Schedule
- Proposed July 2023 IDTF Services Cover Sheet
- Proposed July 2023 IDTF Services Fee Schedule
- Proposed July 2023 Lab Services Cover Sheet
- Proposed July 2023 Lab Services Fee Schedule
- Proposed July 2023 Mid Level Services Cover Sheet
- Proposed July 2023 Mid Level Services Fee Schedule
- Proposed July 2023 Mobile Imaging Services Cover Sheet
- Proposed July 2023 Mobile Imaging Services Fee Schedule
- Proposed July 2023 Non Medicaid Mental Health Crisis Services Fee Schedule
- Proposed July 2023 Nutrition Services (EPSDT) Cover Sheet
- Proposed July 2023 Nutrition Services (EPSDT) Fee Schedule
- Proposed July 2023 Occupational Therapy Services Cover Sheet
- Proposed July 2023 Occupational Therapy Services Fee Schedule
- Proposed July 2023 Outpatient Prospective Payment System (OPPS) Cover Sheet
- Proposed July 2023 Outpatient Prospective Payment System (OPPS) Fee Schedule
- Proposed July 2023 Optician Services Cover Sheet
- Proposed July 2023 Optician Services Fee Schedule
- Proposed July 2023 Optometric Coversheet
- Proposed July 2023 Optometric Fee Schedule
- Proposed July 2023 Oral Surgeon Services Cover Sheet
- Proposed July 2023 Oral Surgeon Services Fee Schedule
- Proposed July 2023 Orientation and Mobility Services Cover Sheet
- Proposed July 2023 Orientation and Mobility Services Fee Schedule
- Proposed July 2023 Private Duty Nursing (PDN) Services Cover Sheet
- Proposed July 2023 Private Duty Nursing (PDN) Services Fee Schedule
- Proposed July 2023 Personal Assistance Fee Schedule
- Proposed July 2023 Physical Therapy Services Cover Sheet
- Proposed July 2023 Physical Therapy Services Fee Schedule
- Proposed July 2023 Physician Services Cover Sheet
- Proposed July 2023 Physician Services Fee Schedule
- Proposed July 2023 Podiatry Services Cover Sheet
- Proposed July 2023 Podiatry Services Fee Schedule
- Proposed July 2023 Psychiatrist Services Cover Sheet
- Proposed July 2023 Psychiatrist Services Fee Schedule
- Proposed July 2023 Public Health Services Cover Sheet
- Proposed July 2023 Public Health Services Fee Schedule
- Proposed July 2023 RBRVS Fee Schedule
- Proposed July 2023 School Based Services Cover Sheet
- Proposed July 2023 School Based Services Fee Schedule

- Proposed July 2023 SDMI Fee Schedule
- Proposed July 2023 Speech Therapy Services Cover Sheet
- Proposed July 2023 Speech Therapy Services Fee Schedule
- Proposed July 2023 Substance Use Disorder (SUD) Medicaid Fee Schedule
- Proposed July 2023 Substance Use Disorder (SUD) Non Medicaid Fee Schedule
- Proposed July 2023 Targeted Case Management (TCM) Non Mental Health Services Cover Sheet
- Proposed July 2023 Targeted Case Management (TCM) Non Mental Health Services Fee Schedule
- Proposed July 2023 Transportation Non Emergency Specialized Services Cover Sheet
- Proposed July 2023 Transportation Non Emergency Specialized Services Fee Schedule
- Proposed July 2023 Transportation Personal and Commercial Services Cover Sheet
- Proposed July 2023 Transportation Personal and Commercial Services Fee Schedule
- Proposed July 2023 Youth Mental Health Fee Schedule

ADDITIONAL DOCUMENTS POSTED

- Durable Medical Equipment, Prosthetics, Orthotics, and Medical Supplies (DMEPOS)
- IHS Tribal Training Agenda – June 2023
- IHS Tribal Training Agenda – April 2023
- IHS Tribal Training Agenda – March 2023
- DPHHS Healthy Montana Kids Training
- Nutrition Security in Healthcare IHS Training
- Orthodontia Prior Authorization Request Form
- Orthodontia Prior Authorization Request Form Instructions
- Prior Authorization and Certificate of Medical Necessity Form
- Montana Medicaid Hearing Aid Certificate of Medical Necessity
- Montana Medicaid Hearing Aid Prior Authorization Request Form
- Annual Montana Dispensing Fee Survey
- Claim Jumper – July 2023
- Prescription Drug Provider Manual

PERM Medical Review Process Has Started

Empower AI is the Federal contractor for the Payment Error Rate Measurement (PERM) Medical Record Reviews.

Empower AI began contacting providers in June 2023 to collect CHIP and Medicaid records for claims that have been sampled for review. Providers must respond to Empower AI within the timeframe indicated in the record request letter, submit all requested documentation, and return the documentation with the claim-specific cover letter for each claim pulled for review. If no documentation or incomplete records are provided to Empower AI, the claim will be considered in error and the State will seek an overpayment recovery.

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 webpage to become familiar with the entire PERM process. Providers should monitor *Claim Jumper* newsletters for future PERM updates.

For any PERM questions, please contact Heather Smith, DPHHS Program Compliance Bureau, at (406) 444-4171 or HeatherSmith@mt.gov, or Valerio Varani, PERM Program Specialist, at (406) 444-9365 or Valerio.Varani@mt.gov.

Submitted by Heather Smith
Program Integrity Supervisor
DPHHS Office of the Inspector General

Top 15 Claim Denials

Claim Denial Reason	June 2023	May 2023
EXACT DUPLICATE	1	3
MISSING/INVALID INFORMATION	2	1
PA MISSING OR INVALID	3	2
RECIPIENT NOT ELIGIBLE DOS	4	9
RATE TIMES DAYS NOT = CHARGE	5	4
INVALID CLIA CERTIFICATION	6	5
RECIPIENT COVERED BY PART B	7	6
SUSPECT DUPLICATE	8	11
PROCEDURE CODE NOT COVERED	9	8
CLAIM INDICATES TPL	10	10
PROCEDURE CODE NOT ALLOWED	11	13
SUBMIT BILL TO OTHER PROCESSOR OR PRIMARY PAYER	12	14
PROVIDER ENROLLMENT LICENSE EXPIRED	13	12
RECIPIENT HAS TPL	14	20
PROVIDER TYPE/PROCEDURE MISMATCH	15	7

Unlisted, Unspecified, Not Otherwise Classified Coding

Let's talk about unlisted, unspecified, and not otherwise classified (NOC) codes.

In recent months, the Surveillance Utilization Review Section (SURS) has found that many providers may not be aware of the best way to utilize and document these types of codes.

When billing or coding a service or procedure, providers should be selecting the CPT or HCPCS code that specifically identifies the service or procedure being performed. The unlisted, unspecified or NOC codes that are used often end in 99.

As Medicaid is a government public assistance program and not standard healthcare insurance, use and acceptance of unspecified codes is dependent on individual state's Medicaid program rules, much the same as it is between healthcare insurance industry carriers. They are all a little different and you must know what is correct for the state you are billing. Everyone needs to have a concise description of the procedure, which would include how the procedure was performed, the body area treated, and why it was performed. (See Unlisted and Not Otherwise Classified Code Billing on the Noridian website.) The more documentation, the easier it is to determine the code to bill.

It is up to the provider to supply all the information that is needed to process the unlisted or NOC procedure or code when submitting the claim. Most of the time if that information is not included when the claim is submitted, the claim **will not** be processed at all or at least until the payer provides the information that is needed.

Documentation is vital, especially when billing procedures or services under unlisted codes. Guidance from the American Academy of Professional Coders (AAPC) on when to bill using unlisted codes is available on the AAPC website.

Submitted by Heidi Kandilas, CPC
Program Integrity Compliance Specialist
Office of the Inspector General, DPHHS

Provider Requirements for Residential Habilitation Adult Group Home Providers

The Severe Disabling Mental Illness (SDMI) Program reminds residential habilitation adult group home providers of the provider requirement regarding staffing. Providers should refer to SDMI HCBS 375 Residential Habilitation Adult Group Home (mt.gov).

Residential habilitation adult group home providers are required to staff the adult group home according to the provider requirements to include a 24-hour onsite awake staff.

Please ensure you review all provider requirements as listed for residential habilitation adult group home providers in the SDMI HCBS Waiver Manual (mt.gov).

Submitted by Cindy Shay
SDMI Waiver Program Policy Manager
BHDD

Community First Choice Development and Advisory Council

There is a continued need for members of the Development and Advisory Council for the 1915(k) Community First Choice (CFC) Program.

The statutes and regulations require that the state have a Council to consult and collaborate with when developing and implementing the state's CFC benefits, services, and supports.

The regulations at 42 CFR 441.575 specifically require that the majority of the Council members be comprised of individuals with disabilities, elderly individuals, and their representatives.

The Council currently has openings for the following positions:
- Individuals with a Disability or Elderly and Direct Family Members – 2 vacancies
- Advocacy Representative – 1 vacancy
- CFC Provider Agencies or Case Manager – 2 vacancies

If you or anyone you know would be interested in serving on the CFC Development and Advisory Council, please contact:

Gloria Garceau-Glaser
CFC/PAS Policy Program Manager
218 West Bell, Suite 201
Glendive, MT 59330
ggarceau-glaser@mt.gov
(406) 941-0250

Submitted by Michelle Christensen
Section Supervisor
SLTC

Thank you
for the care and support of Montana Healthcare
Programs members that you provide.
Your work is appreciated!

Key Contacts
Montana Healthcare Programs

Provider Relations
General Email:
MTPRHelpdesk@conduent.com

P.O. Box 4936
Helena, MT 59604
(800) 624-3958 In/Out of state
(406) 442-1837 Helena
(406) 442-4402 or (888) 772-2341 Fax

Provider Enrollment
Enrollment Email:
MTEnrollment@conduent.com
P.O. Box 89
Great Falls, MT 59403

Conduent EDI Solutions
https://edisolutionsmmis.portal.conduent.com/gcro/

Third Party Liability
Email: MTTPL@conduent.com
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
Attach completed form online
to your updated enrollment or
mail completed form to
Provider Services.
P.O. Box 89
Great Falls, MT 59403

Verify Member Eligibility
FaxBack (800) 714-0075
Voice Response (800) 714-0060

Pharmacy POS Help Desk
(800) 365-4944

Passport
(406) 457-9542

PERM Contact Information
Email: HeatherSmith@mt.gov
(406) 444-4171

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)