



# Claim Jumper

Montana Healthcare Programs Claim Jumper

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## In This Issue

Appropriate  
Ambulance Billing

SDMI Waiver Serious  
Occurrence Reports

Money Follows the  
Person

Recent Website  
Posts

Top 15 Claims  
Denials

New Program for  
Crisis Services

## Upcoming Training

Provider Enrollment  
December 21, 2023

Passport Provider  
January 18, 2024

How to Read a  
Remittance Advice  
February 15, 2024

**Register Now**

## SURS Revelations

### Appropriate Ambulance Billing

Ambulance services are a vital part of any healthcare system, and first responders are often the difference between life and death. The level of care necessary to bill Montana Medicaid depends on the condition of the patient and that is rarely clear until the ambulance arrives at the scene. This can create billing issues.

The following examples are common improper billing practices that were recently found in ambulance records:

- If an individual can be safely transported by other means, ambulance services should not be billed to Montana Medicaid per the Ambulance Services Manual.
- Montana Medicaid will only pay for emergency transport to the nearest appropriate facility. Taking the individual to a preferred facility that is further away is not appropriate per the Ambulance Services Manual.
- An ambulance equipped for advanced life support (ALS) cannot up code basic life support (BLS) services simply due to being equipped for ALS. The Administrative Rules of Montana (ARM) 37.86.2601(6)(c) states: Advanced life support, level 1 (ALS1), which includes, when medically necessary, provision of an assessment by an ALS provider trained to the level of the emergency medical technician-intermediate or paramedic as defined in the national EMS education and practice blueprint or in accordance with state and local laws or the provision of one or more ALS interventions, that is, a procedure beyond the scope of an EMT-basic as defined in (6)(a)...."
- If an ALS assessment is rendered there is no guarantee that the service rises to the level of ALS1 per ARM 37.86.2601.
- A Montana Medicaid member's coverage ends at their time of death and if the individual is deceased when the ambulance arrives transportation will not be covered per ARM 37.86.2602(8).

Ambulance services require a retroactive authorization. **Fabricating information to make sure that a service is covered is fraud and has far greater consequences than a financial loss for being judicious when deciding whether or not to bill for a service.**

*Submitted by Ross Barnes  
Program Integrity Compliance Specialist  
Office of the Inspector General  
DPHHS*

## SDMI Waiver Serious Occurrence Reports

States operating Medicaid waiver programs are required by the Centers for Medicare & Medicaid Services (CMS) to safeguard consumers against critical incidents — including abuse, neglect, exploitation, and unexplained death. Critical incidents are serious in nature and pose a risk to the health, safety, or welfare of the waiver member or others.

The SDMI waiver program has established a system of identifying, reporting, and monitoring critical incidents referred to as serious occurrences in an effort to respond to and reduce the overall risk to the member.

A serious occurrence means a significant incident, as defined by Montana Code Annotated (MCA) 52-5-803, and those that must be reported are specified in [SDMI HCBS 500 Serious Occurrence Reports \(mt.gov\)](https://legis.mt.gov/legis/assembly/bills/previous_sessions/bills_500/500_0000.htm).

All serious occurrences must be reported within 24 hours of receiving the information or witnessing the serious occurrence and:

- (a) all case management teams (CMT) and provider agencies with access to the Quality Assurance Management System (QAMS) are required to report and respond to each Serious Occurrence Reports (SOR) within QAMS; or
- (b) all other providers who do not have access to QAMS must report the SOR to the CMT for entry into QAMS.

Individuals entering serious occurrence reports into QAMS are required to document the cause and effect of the incident, develop an action plan to address the problem, and document steps that will be taken to prevent incidents from occurring in the future. Please ensure serious occurrences are reported in the time required and detailed to safeguard the health, welfare, and safety of all SDMI members.

The population accessing the waiver are vulnerable and all individuals employed by a provider agency participating in the SDMI waiver program are mandatory reporters of suspected abuse, neglect, or exploitation. In addition to SOR processes, providers are also required to immediately refer all suspected abuse, neglect, or exploitation to Adult Protective Services.

*Submitted by Jean Perrotta  
SDMI Waiver Section Supervisor  
Treatment Bureau  
Behavioral Health and Development Disabilities Division  
DPHHS*

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

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## Money Follows the Person



Money Follows the Person (MFP) assists states with developing foundations to promote and enhance access to Home and Community Based Services. MFP is the longest running demonstration project in the history of Medicaid and has resulted in over 91,000 people transitioning from institutional settings (nursing homes, hospitals, etc.) back into their communities nationwide.

Since its inception in 2014 Montana's Money Follows the Person demonstration project has assisted approximately 236 seniors and individuals with disabilities move out of institutional settings and back into their communities.

Eligible participants include those who have resided in an institutional setting (nursing home, hospital, etc.) for at least 60 days and whose care has been paid for by Medicaid for at least one of those 60 days. Participants must also be eligible for one of the Montana Waiver Partner programs (i.e., the Big Sky Waiver, the Severe Disabling Mental Illness Waiver (SDMI), or the Developmental Disability Waiver.

MFP assists participants with their transition into the community by providing demonstration services that remove barriers, such as but not limited to:

- When necessary, provision of the rent and utility deposits
- Assistance with past due rent and utility bills/deposits
- Purchase of household goods and services to include (limited) basic household furnishings, bedding, kitchenware, etc.
- Environmental and/or vehicle modifications

Participants must transition to an MFP qualified residential setting. Such housing options include:

- A home owned or leased by a participant or their family member.
- An apartment with an individual lease, secure access, as well as living, sleeping, bathing, and cooking areas where a participant or family member has control.
- A community-based residential setting such as a group home with a maximum of 4 unrelated people (excluding caregivers or personal attendants).

To make a referral, please contact Money Follows the Person:

- Email to [MoneyFollowsThePerson@mt.gov](mailto:MoneyFollowsThePerson@mt.gov)
- Call (406) 439-6870
- Fax (406) 655-7646
- Submit a secure referral form via the [Money Follows The Person website](#).

*Submitted by April Staudinger  
MFP Project Director  
SLTC Division  
DPHHS*

## 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
10/06/2023	Mental Health Centers	Temporary Suspension of Prior Authorizations and Continued Stay Reviews
10/06/2023	Occupational, Physical, and Speech Therapy	Medicaid NCCI Policy for Otorhinolaryngologic Services
10/06/2023	DME	Reminder DME Prior Authorization Requirements
10/13/2023	Licensed Addiction Counselors, Licensed Marriage and Family Therapists, Licensed Professional Counselors, and Social Workers	Licensing Requirements for Out-of-State Mental Health Practitioners Practicing via Telehealth in Montana
10/16/2023	Family Planning Clinic, Hospital Outpatient, Mid-Level, Physician, Public Health Clinic, FQHC and RHC	Vaccines for Children Code Update
10/24/2023	FQHC, RHC, and UIO	Medicare to Cover Approved LPC and LMFT Services
10/24/2023	Big Sky Waiver, DDP, and SDMI	Provider Rate Increases Individual Adjustments Submission Guidance Updated
10/30/2023	Nursing Facility and Swing Bed	Medicaid Nursing Facility Reimbursement and Patient Contribution
10/31/2023	All Providers	Managed Care Referrals IHS, Tribal 638, and Urban Indian Organizations REVISED
11/01/2023	CAH, FQHC, Hospital Inpatient, Hospital Outpatient, IHS, Mid-Level, Pharmacy, Physician, RHC, and Tribal 638	Beyfortus and Synagis Coverage for RSV Prophylaxis
11/07/2023	Pharmacy	Pharmacy Provider License Renewal
11/08/2023	All Providers	Prior Authorization Information

## FEE SCHEDULES

- October 2023 School Based Services Cover Sheet
- July 2023 DME Fee Schedule REVISED
- July 2023 Non-Emergency Transportation Fee Schedule REVISED
- October 2023 ASC Cover Sheet and Fee Schedule
- October 2023 OPPTS Cover Sheet and Fee Schedule

## ADDITIONAL DOCUMENTS POSTED

- Audiology and Hearing Aid Manual
- Applied Behavior Analysis Services Manual
- October 2023 DUR Meeting Agenda
- SURS Provider Internal Self-Review Protocol
- November 2023 Claim Jumper

## Top 15 Claim Denials

Claim Denial Reason	November 2023	October 2023
RECIPIENT NOT ELIGIBLE DOS	1	1
EXACT DUPLICATE	2	2
MISSING/INVALID INFORMATION	3	3
PA MISSING OR INVALID	4	4
RECIPIENT COVERED BY PART B	5	5
PASSPORT PROVIDER NO. MISSING	6	6
PROC. CONTROL CODE = NOT COVERED	7	8
SUSPECT DUPLICATE	8	14
PROVIDER TYPE/PROCEDURE MISMATCH	9	10
INVALID CLIA CERTIFICATION	10	7
CLAIM INDICATES TPL	11	9
REV CODE INVALID FOR PROV TYPE	12	13
SUBMIT BILL TO OTHER PROCESSOR OR PRIMARY PAYER	13	12
CLAIM DATE PAST FILING LIMIT	14	18
PROCEDURE/AGE MISMATCH	15	22

## Provider Services Portal News

### New Program for Crisis Services

Enrollment for the new provider type began in January 2023 and does require an NPI. The Crisis Response System is offered to a wide array of service providers.

#### Enrolling New NPI

For providers new to Montana Healthcare Programs, access the [MPATH Provider Services website](#) and select the **Getting started option** for information and to register. Once registered, there are user guides to walk you through the enrollment process.

This new program is located under Waiver Programs and is titled Crisis Services. If you have questions, contact [MTENrollment@Conduent.com](mailto:MTENrollment@Conduent.com).

#### Updating Existing NPI

Providers who are currently enrolled in Montana Healthcare Programs and registered on the MPATH Provider Services Portal may refer to the [Adding a Program to Your Enrollment article in the December 2022 Claim Jumper](#).

*Submitted by Denise Juvik  
MPATH Project Manager  
DPHHS*

## Key Contacts

### Montana Healthcare Programs

#### Provider Relations

General Email:  
[MTPRHelpdesk@conduent.com](mailto: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](mailto: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](mailto: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](mailto: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)