

## In This Issue

OPA and Personal Resource

Top 15 Denial Reasons

Recent Website Posts

## Upcoming Training

Billing 101  
February 16, 2023

Dental/SURS  
March 16, 2023

**Register Now**

## OPA and Personal Resource/Patient Obligation Verification

A Medicaid recipient's personal resource or patient obligation amount owed to the Nursing Facility each calendar month is calculated by the Office of Public Assistance (OPA).

OPA provides written notification to the Medicaid recipient and the nursing facility on file upon initial determination and as changes to the calculation occur based upon the Medicaid recipient's individual case circumstances.

Providers requesting verification of a resident's personal resource should [contact OPA](#) for support and should also review the provider notice Medicaid Nursing Facility Reimbursement and Patient Contribution, which was posted on the Nursing Facility and Swing Bed provider type pages on December 30, 2022.

*Submitted by Derik Sapp  
Facility-Based Services Section Supervisor  
Community Services Bureau  
DPHHS Senior & Long Term Care Division*

## Top 15 Claim Denials

Claim Denial Reason	December 2022	November 2022
MISSING/INVALID INFORMATION	1	1
PA MISSING OR INVALID	2	2
EXACT DUPLICATE	3	4
RATE TIMES DAYS NOT = CHARGE	4	3
RECIPIENT COVERED BY PART B	5	5
PROC. CODE NOT COVERED	6	6
RECIPIENT NOT ELIGIBLE DOS	7	8
PROC. CODE NOT ALLOWED	8	9
CLAIM INDICATES TPL	9	10
PROVIDER TYPE/PROCEDURE MISMATCH	10	7
INVALID CLIA CERTIFICATION	11	15
DEPRIVATION CODE RESTRICTED	12	11
SUBMIT BILL TO OTHER PROCESSOR OR PRIMARY PAYER	13	12
SUSPECT DUPLICATE	14	20
RECIPIENT HAS TPL	15	22

## 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
12/22/2022	ASC, CAH, Family Planning Clinic, FQHC, IHS, Inpatient Hospital, Mid-Level Practitioner, Outpatient Hospital, Pharmacy, Physician, Public Health Clinic, and RHC	Updates to Plan First Code Descriptions
12/30/2022	Nursing Facility and Swing Bed	Medicaid Nursing Facility Reimbursement and Patient Contribution
12/30/2022	Dentist, Denturist, and Oral Surgeon	Appropriate Billing of D4341 and D4342
01/04/2023	All Providers	Montana Healthcare Programs Support Services Holiday Closures
FEE SCHEDULES		
July 2022		
July 2022 Oral Surgeon Fee Schedule REVISED		
July 2022 Laboratory Services Fee Schedule REVISED		
January 2023		
January 2023 Swing Bed Fee Schedule		
ADDITIONAL DOCUMENTS POSTED		
<ul style="list-style-type: none"> <li>• Montana Medicaid Preferred Drug List</li> <li>• ABA Services Provider Transfer Request Form Updated</li> <li>• Quarterly Rebateable Manufacturers Updated</li> <li>• Personal Transportation Manual Updated</li> <li>• Commercial and Specialized Transportation Manual Updated</li> </ul>		

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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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## 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:  
MTErollment@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)