

# Claim Jumper

Montana Healthcare Programs Claim Jumper

July 2023 Volume XXXVIII, Issue 7

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## Upcoming Training

TPL Part 2  
July 20, 2023

CSCT Training  
August 17, 2023

Warm Hand-off  
Services  
Concurrent with  
PRTF and TGH  
Training  
September 21,  
2023

**[Register Now](#)**

## SURS Revelations

### Creating a Successful Self-Audit Process

Utilizing self-audits is a quick and easy way to ensure that your facility or practice is documenting accurately to support the reimbursement received from Medicaid.

Medical professionals need to ensure records and claims submitted to Federal and State health care programs are true and accurate. This can help protect the facility or practice by implementing an internal self-auditing strategy.

The Centers for Medicare and Medicaid Services (CMS) offers some suggestions on how a facility or medical professional can get started when conducting self-audits:

- Create and initiate a solid medical record documentation policy.
- Utilize a standard medical auditing tool.
  - The tool should cover the documentation policy criteria and coding standards as part of the review.
- Acquire an experienced staff person who understands medical documentation, CPT coding, and audit sampling.
- Refrain from auditing your own work.
- Use the self-audit results to improve practice compliance.
- After implementing any corrective action, audit the process again to ensure compliance has improved and is successful.

To learn more about Medicaid Documentation for Medical Professionals, please visit the [Medicaid Documentation for Medical Professionals fact sheet on the CMS website](#).

In addition, the Surveillance Utilization Review Section (SURS) has a self-audit process posted on the [Provider Information website](#). For more information on how to perform and report your own self-audits, see the [SURS Provider Self-Audit Protocol](#) in the Other Resources tab on your provider type page.

*Submitted by Rachel Savage  
Program Integrity Compliance Specialist  
Office of the Inspector General  
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
05/05/2023	CAH, FQHC, Hospital Outpatient, IHS, Mid-Level, Nutritionist/Dietician, Physician, Public Health Clinic, RHC	Diabetes Prevention Program (DPP) Information REVISED
05/26/2023	All Providers	Medicaid Reimbursement and Court Ordered Services REVISED
06/01/2023	DME, IHS, Tribal 638, Mid-Level, Physician	Billing Guidance for Tracheostomy Tubes for Members Aged 20 and Under
06/02/2023	Audiology, DME, Hearing Aid	New Hearing Aid Review and Approval Process Through Qualitrac Portal
06/15/2023	Dental Hygienist, Dentist, Denturist, Oral Surgeon	New Dental Prior Authorization Process Through Qualitrac Portal

### FEE SCHEDULES

- April 2023 DME Fee Schedule
- May 2023 Youth Mental Health Fee Schedule
- July 2023 IHS Fee Schedule
- Tribal 638 Fee Schedule

### ADDITIONAL DOCUMENTS POSTED

- Public Health Emergency Unwinding Presentation
- June 2023 Claim Jumper Newsletter
- Passport to Health Manual
- April 2023 DUR Meeting Agenda
- Preferred Drug List

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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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## SDMI Claim Submission Issues

The Severe Disabling Mental Illness (SDMI) Wavier program noticed a trend from multiple providers billing claims incorrectly.

Some issues found are:

- Claim billed under the wrong provider number.
- Wrong modifier billed; modifier does not match Prior Authorization (PA).
- Dates of service billed do not match date span on the PA billed.
- Procedure code billed does not match the PA or is not on the PA billed.

When billing SDMI waiver claims, ensure the correct PA number, dates of service, modifier HD, and the SDMI provider number are billed. This will help claims process and pay in a more timely and accurate manner.

*Submitted by Jennifer Bergmann, CPIP, CPC  
Quality Assurance Program Manager  
SDMI Waiver*

## Top 15 Claim Denials

Claim Denial Reason	May 2023	April 2023
MISSING/INVALID INFORMATION	1	1
PA MISSING OR INVALID	2	2
EXACT DUPLICATE	3	3
RATE TIMES DAYS NOT = CHARGE	4	4
INVALID CLIA CERTIFICATION	5	6
RECIPIENT COVERED BY PART B	6	5
PROVIDER TYPE/PROCEDURE MISMATCH	7	9
PROCEDURE CODE NOT COVERED	8	13
RECIPIENT NOT ELIGIBLE DOS	9	8
CLAIM INDICATES TPL	10	7
SUSPECT DUPLICATE	11	14
PROVIDER ENROLLMENT LICENSE EXPIRED	12	24
PROCEDURE CODE NOT ALLOWED	13	16
SUBMIT BILL TO OTHER PROCESSOR OR PRIMARY PAYER	14	12
REV CODE INVALID FOR PROV TYPE	15	15

## 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)