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

Claim Jumper

Montana Healthcare Programs Claim Jumper
March 2023 Volume XXXVIII, Issue 3

In This Issue

PERM

SURS Revelations

TGH Continued Stay Reviews

Recent Website Posts

Top 15 Denial Reasons

Upcoming Training

Dental/SURS
March 16, 2023

Register Now

PERM Medical Review Process and Common Findings

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

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.

Nature of Medical Record errors found during the Reporting Year 2021 PERM audit include:

- Providers not responding to the request for records for the PERM review.
- Providers not submitting all required documentation to support the billed claim.
- Providers not maintaining records for no less than 6 years, even in the event of retirement or facility closure. (ARM 37.106.314)
- Providers billing for incorrect number of units for a particular procedure or revenue code. Providers are encouraged to review their claims prior to timely submission for claims processing. (ARM 37.85.406)
- Providers submitting records that required a signature and/or credentials but were not present on the documentation submitted. (ARM 37.86.1102)

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

Please contact Heather Smith, DPHHS Program Compliance Bureau, for any PERM questions at (406) 444-4171 or HeatherSmith@mt.gov.

Submitted by Heather Smith
PERM / MEQC / IPV Supervisor
DPHHS Office of the Inspector General

SURS Revelations

Records Maintenance for Physical Therapy, Occupational Therapy, or Speech Therapy

As a Montana Medicaid provider of physical, occupational, or speech therapies, accurate record maintenance is vital to keeping track of your client's progress.

Services must be ordered or referred by a physician or mid-level practitioner prior to the first appointment with the client. (ARM 37.86.606).

After completion of the initial consultation with the client, a plan of care (POC) should be established, and the ordering/referring provider should review the POC.

To ensure the accuracy of the POC, any changes to be made should be indicated in the notes and signed. The order/referral and POC must be updated every 180 days. If a new order/referral and POC is not obtained after 180 days from the initial order/referral date, the provider of therapy services is not eligible for Medicaid reimbursement.

These requirements are listed in the Physical Therapy, Occupational Therapy and Speech Therapy Services Manual available on the Provider Information Website and the Administrative Rules of Montana (ARM) 37.86.606 Therapy Services, Service Requirements and Restrictions.

If you have questions regarding an order/referral or POC, please contact Program Officer Laurie Nelson at (406) 444-4066 or Laura.Nelson@mt.gov.

Submitted by Jaymie Larsen
Program Integrity Compliance Specialist
Office of the Inspector General
Surveillance Utilization Review Section

Incomplete and/or Insufficient Documentation

The Surveillance Utilization Review Section (SURS) has identified an issue occurring across all provider types regarding insufficient and/or incomplete documentation in medical records. Documentation is necessary to determine the appropriate coding and billing for Medicaid services.

A proper and accurate record/documentation verifies precisely what services are provided. This includes but is not limited to the problem, symptoms, or reason for the service, the intervention or the assessment of the patient's complaint, provider's exam, what was done during the visit, and how the patient responded. The records must sufficiently document and fully demonstrate the extent, nature and medical necessity of the service billed to Medicaid. (ARM 37.85.414)

Specifically, the documentation for evaluation and management (E/M) services must adequately define the services provided and follow the CPT coding book and state guidelines in selecting the level of service.

Continued on Page 3.

Incomplete and/or Insufficient Documentation

Continued from Page 2.

Every record regardless of format type, must be dated and must include the electronic or handwritten signature of the rendering provider. When there are multiple pages in a record, every page (including front and back) of a patient record must have identifying information for the patient. This includes, at a minimum, the patient's name and date of service. All records and documentation must be accurate and complete within 90 days of submitting the claim to Medicaid for processing.

Furthermore, if the code billed is time based, the full amount of time spent with the patient or the time in and out must be present on the record/documentation. SURS encourages providers to utilize the time in and out on all records/documentation as a standard of practice. This will benefit the documentation by making it more accurate and complete.

In conclusion, it is always necessary to review all applicable laws, rules, and written policies pertaining to the Montana Medicaid Program, including but not limited to Title XIX of the Social Security Act, Code of Federal Regulations (CFR), Montana Code Annotated (MCA), Administrative Rules of Montana (ARM), and written Department of Public Health and Human Services (DPHHS) policies which include but are not limited to content/information contained in the Medicaid provider manuals, notices and Claim Jumper newsletters. This is to ensure accurate Medicaid documentation and billing. Complete and accurate documentation is the key to support billing and coding practices.

Submitted by Rachel Savage
Program Integrity Compliance Specialist
Office of the Inspector General
Surveillance Utilization Review Section

Change to Youth Therapeutic Group Home Continued Stay Review Requirements

Youth Therapeutic Group Home (TGH) providers may now submit Continued Stay Reviews (CSRs) up to 30 days prior to the end of the current authorized time period.

Requests received earlier than 30 days prior to the end of the current authorization will be technically denied. The timing is to assist providers, youth, and their families with planning for the youth to transition out of the TGH if medical necessity is not found in the review.

The Children's Mental Health Bureau encourages TGH providers to take advantage of this allowance and submit the CSRs as early as possible.

All other requirements and timelines outlined within the Children's Mental Health Bureau Medicaid Services Provider Manual still apply.

Submitted by Brittany Craig
Medicaid Program Officer
Children's Mental Health Bureau
DPHHS Behavioral Health and Developmental Disabilities Division

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
01/23/2023	Therapeutic Group Home	Change to Youth Group Home Continued Stay Review Requirements
01/31/2023	DME, IHS, Mid-Level Practitioner, Pharmacy, Physician, and Tribal 638	Omnipod Coverage
02/10/2023	CAH, FQHC, Hospital Inpatient, Hospital Outpatient, and RHC	837I Ancillary Charge Claims Rejections

FEE SCHEDULES

July 2022
July 2022 Temporary Medicaid Youth Mental Health Fee Schedule
January 2023
January 2023 APC Fee Schedule and Coversheet
January 2023 ASC Fee Schedule and Coversheet
January 2023 OPPS Fee Schedule and Coversheet
Proposed January 2023
Proposed January 2023 Ambulance Fee Schedule and Coversheet REVISED
Proposed January 2023 Audiology Fee Schedule and Coversheet REVISED
Proposed January 2023 DME Fee Schedule and Coversheet REVISED
Proposed January 2023 Direct Entry Mid-Wife Fee Schedule and Coversheet REVISED
Proposed January 2023 Hearing Aid Services Fee Schedule and Coversheet REVISED
Proposed January 2023 IDTF Fee Schedule and Coversheet REVISED
Proposed January 2023 Laboratory Services Fee Schedule and Coversheet REVISED
Proposed January 2023 Mid-Level Services Fee Schedule and Coversheet REVISED
Proposed January 2023 Mobile Imaging Services Fee Schedule and Coversheet REVISED
Proposed January 2023 Optometric Fee Schedule and Coversheet REVISED
Proposed January 2023 Physician Fee Schedule and Coversheet REVISED
Proposed January 2023 Podiatry Fee Schedule and Coversheet REVISED

ADDITIONAL DOCUMENTS POSTED

- January 2023 IHS Tribal Training Agenda
- IHS Tribal Monthly Training Presentation
- IHS Tribal Money Follows the Person Project Fact Sheets
- January 2023 MPATH Provider Services Portal Enrollment Training Presentation
- February 2023 DURB Meeting Agenda

Top 15 Claim Denials

Claim Denial Reason	January 2023	December 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
PROC. CODE NOT ALLOWED	7	9
CLAIM INDICATES TPL	8	10
RECIPIENT NOT ELIGIBLE DOS	9	8
INVALID CLIA CERTIFICATION	10	15
DEPRIVATION CODE RESTRICTED	11	11
PROVIDER TYPE/PROCEDURE MISMATCH	12	7
SUBMIT BILL TO OTHER PROCESSOR OR PRIMARY PAYER	13	12
REV CODE INVALID FOR PROV TYPE	14	19
PROCEDURE/AGE MISMATCH	15	13

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)