Claim Jumper

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

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Register Now

Provider Services Portal News

Location Addresses: When to Add

With the MPATH Provider Services Module providers can add multiple locations to the enrollment. Adding locations is not always necessary particularly if the provider is only rendering services.

Organizations should consider the following when adding locations.
- Whether each of the address locations have a unique 4 digits after the ZIP code (ZIP+4 code).
  - When the address location has a different ZIP+4 from all other locations' addresses listed on the enrollment, a new location should be created on the enrollment file. This allows for services to be accurately reported by the provider and Montana Healthcare Programs.
- The organization has moved to a new location with an address that contains a different ZIP+4 code.
  - When the organization has relocated, the new location should be added, and the obsolete location can be terminated along with all programs listed under that location. Claims for dates of service prior to the termination date may continue to be billed by the provider based on timely filing rules.

Individual sole proprietors should consider the following when adding locations:
- If the provider will appear on the claims as the pay-to, multiple locations can be added if the address location has a different ZIP+4 code from all other locations' addresses listed on the enrollment.
- The individual provider has moved to a new location with an address that contains a different ZIP+4 code and will be listed as the pay-to on claims.
- When the individual has relocated the new location should be added and the obsolete location can be terminated along with all programs listed under that location.
- Claims for dates of service prior to the termination date may continue to be billed by the provider based on timely filing rules.

If an individual provider is listed as a Rendering Only on claims, the enrollment should not contain more than one location address. Due to claims processing logic a unique ZIP +4 code will not differentiate the location files and claims can reject.

Submitted by Denise Juvik
MPATH Provider Services Project Manager
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
03/23/2023	All Providers	Coverage and Reimbursement Policy for Telemedicine Telehealth
03/23/2023	All Providers	End of PHE Effects on Pharmacy Coverage
03/23/2023	All Providers	Non-Covered Services Agreement Policy Return to Requirements
03/23/2023	All Providers	Reinstatement of the Primary Care Provider Referral for Passport
03/23/2023	All Providers	Resumption of Face-to-Face Requirements for Selected Programs
03/23/2023	All Providers	Resumption of Prior Authorization Requirements
03/23/2023	DDP, TCM Mental Health, And TCM Non-Mental Health	DDP 0208 Comprehensive Waiver Applied Behavior Analysis and Targeted Case Management Updates
04/10/2023	All Providers	Resumption of Face-to-Face Requirements for Selected Programs REVISED

FEE SCHEDULES
May 2023

May 2023 Youth Mental Health Fee Schedule

ADDITIONAL DOCUMENTS POSTED

- Presumptive Eligibility Table of Standards Updated 04/2023
- Presumptive Eligibility Medicaid Standards
- ABA Training
- April 2023 Claim Jumper Newsletter
- April 2023 DUR Meeting Agenda
- Preferred Drug List
- Passport to Health Manual

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

SURS Revelations
Sharing Is Not Always Caring

An NPI is a unique number assigned to healthcare providers which Medicaid uses to identify and reimburse providers. This number tells us who you are, as well as what services you are credentialed to provide to Montana Medicaid recipients.

If you are enrolled in Montana Medicaid as a dentist and submit a claim to Medicaid for psychotherapy services, your claim will deny for services not allowed for your provider type. This does not mean you the dentist can ask your buddy the social worker if you can borrow their NPI to get the claim paid. Just because the patient has a panic attack in your chair and you had to talk them down does not entitle you to Medicaid reimbursement for psychotherapy services. This is intent to defraud Medicaid.

Imagine a scenario …you work in an office full of different providers who perform various services for Medicaid recipients. You are filling out a CMS-1500 claim form, one of your many duties for this busy office. The recipient received substance use therapy from a licensed addiction counselor who is not working in a state-approved facility, and you bill the claim to Medicaid. The claim is denied stating "this service/procedure is not allowed for this provider type." So, you break out your list of NPIs, find the NPI of one of your social workers, and resubmit the claim. BAM! You've got yourself a paid claim! You have also committed fraud by billing for someone who didn't provide the service and there may be serious repercussions.

If you are engaging in NPI sharing, you should:

- Immediately cease submitting these claims
- Complete a self-audit
- Report and return any payments made under the incorrect NPI

If the Surveillance Utilization Review Section (SURS) or any other auditing entity finds this error, you may be subject to:

- Completing adjustment requests
- Repaying funds incorrectly made to the borrowed NPI
- Referral to the Health Board for license suspension/revocation
- Referral to the Medicaid Fraud Control Unit (MFCU) for investigation

If you believe someone is using your NPI without your consent, you should contact your Program Officer. If you are using another provider's NPI to bill for your services, you need to stop immediately and complete a self-audit. Refer to the SURS Provider Self-Audit Protocol.

There are some exceptions when billing within a facility or mental health center, so be aware of the rules and regulations that pertain to your situation. If you are unsure, please contact your Medicaid Program Officer for assistance.

Submitted by Summer Roberts
Lead Program Integrity Compliance Specialist
Surveillance Utilization Review Section

Life Coach Requirements

The Severe Disabling Mental Illness (SDMI) Waiver program would like to remind Life Coaches about certain provider requirements not being completed.

In the Severe and Disabling Mental Illness, Home and Community Based Services Waiver Manual, Policy SDMI HCBS 340 lists the specific provider requirements.

Per section 340, Life Coaches must submit a quarterly report to the case management team (CMT) which includes the progress on member's identified goals and the methodologies/activities used by the Life Coach to assist the member in achieving the goals.

It has been reported case management teams are not receiving the quarterly report. Quarterly reports must be submitted each quarter to case managers timely according to the member's service plan span.

Please ensure you review all the provider requirements for Life Coaches found in the SDMI HCBS Waiver Manual (mt.gov).

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

Top 15 Claim Denials

Claim Denial Reason	March 2023	February 2023
MISSING/INVALID INFORMATION	1	1
PA MISSING OR INVALID	2	2
EXACT DUPLICATE	3	3
RATE TIMES DAYS NOT = CHARGE	4	4
RECIPIENT COVERED BY PART B	5	5
INVALID CLIA CERTIFICATION	6	11
PROC. CODE NOT COVERED	7	6
CLAIM INDICATES TPL	8	9
PROVIDER TYPE/PROCEDURE MISMATCH	9	12
RECIPIENT NOT ELIGIBLE DOS	10	8
PROC. CODE NOT ALLOWED	11	7
SUBMIT BILL TO OTHER PROCESSOR OR PRIMARY PAYER	12	14
SUSPECT DUPLICATE	13	22
REVENUE CONTROL CODE NOT COVERED	14	15
DEPRIVATION CODE RESTRICTED	15	10