



Claim Jumper

Montana Healthcare Programs Claim Jumper

October 2023 Volume XXXVIII, Issue 10

In This Issue

Durable Medical
Equipment Rental
Limits

Recent Website
Posts

Top 15 Claim
Denials

Nursing Facility
Add-on Process

Usage
Requirements of
the Advanced
Beneficiary Notice
Form

Upcoming Training

The Nuts and Bolts
of the SURS Section
Training
October 19, 2023

Billing 101
November 16, 2023

Provider
Enrollment
December 21, 2023

[Register Now](#)

SURS Revelations

Durable Medical Equipment Rental Limits

Durable Medical Equipment (DME) provides items many Medicaid members would not be able to function without. Montana Medicaid recognizes this invaluable service and covers most medically necessary devices. Montana Medicaid will pay either rental fees indefinitely for certain items or paying for items listed by Medicare as capped or classified as routine for a 13-month period. After the 13-month rental period, the item(s) is paid for, and ownership is transferred to the member.

During the 13-month rental period, the rental payment for the item includes, but is not limited to, all supplies, maintenance, components of item relating to the rental. Other items that can be billed separately to Medicaid during the rental period are listed in the Servicing section of the [Durable Medical Equipment, Prosthetics, Orthotics, and Medical Supplies \(DMEPOS\) Manual](#).

After the 13-month rental period, Medicaid will pay for maintenance of the equipment outside of repairs covered by the manufacturer warranty. There are two situations where a new 13-month rental period can be started by a provider. When new medically necessary equipment must be issued due to a change in the member's health or if there is an interruption in the rental period of more than 60 days. Appropriate documentation must be obtained for these situations.

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

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
09/28/2023	EPSDT, DME, Physician, Mid-Level, IHS, Tribal 638	Medical Food or Formula for Phenylketonuria (PKU) Due to Inborn Errors of Metabolism (IEM) Revised
09/25/2023	Psychologist	Use of AH Modifier for Billing with Psychological Testing Codes
09/15/2023	All Providers	Claims Payment Discrepancy Update
09/15/2023	Hearing Aid Dispensers, Audiologists	Reminder and Changes to Supply Coverage Under the Hearing Aid Miscellaneous Codes
09/14/2023	All Providers	Claims Payment Discrepancy Identified
09/12/2023	Chemical Dependency	Clarification Regarding Institutions for Mental Diseases (IMDs) Under the HEART Waiver
09/08/2023	Big Sky Waiver, Community First Choice/Personal Assistance, DDP, Private Duty Nursing, SDMI	Provider Notice Provider Rate Increases Individual Adjustments Submission Guidance
09/08/2023	All Providers	Medicaid Claims Payment Delayed
09/06/2023	Ambulance, Audiologist, BCBA, Chemical Dependency, Chiropractor, Dental (Medicaid Only), EPSDT, Hearing Aid, Home Infusion Therapy, Hospital Outpatient, IDTF, Laboratory, LPC, Marriage and Family Therapist, Mental Health Center, Mid-Level, Mobile Imaging Service, Nursing Facility, Nutritionist/Dietician, Occupational Therapist, Physical Therapist, Physician, Podiatrist, PRTF, Psychiatrist, Psychologist, Public Health Clinic, Schools, CSCT, Social Worker, Speech Pathologist, TCM Mental Health, TCM Non-Mental Health, Therapeutic Foster Care, Therapeutic Group Home, Transportation Non-Emergency	Provider Rate Increases Systematic Adjustments
09/06/2023	Big Sky Waiver, Community First Choice/Personal Assistance, DDP, Private Duty Nursing, SDMI	Provider Rate Increases Individual Adjustments

FEE SCHEDULES

- July 2023 Dialysis Clinic Fee Schedule
- July 2023 DDP Fee Schedule
- July 2023 Youth Mental Health Fee Schedule
- July 2023 HMK Dental Covered Codes
- July 2023 Personal and Commercial Transportation Cover Sheet and Fee Schedule
- July 2023 Non-Emergency Specialized Transportation Cover Sheet and Fee Schedule
- July 2023 RBRVS Fee Schedule
- July 2023 Nursing Facility Medicaid Rates
- July 2023 Psychiatrist Cover Sheet and Fee Schedule
- July 2023 Medicaid Behavioral Health Targeted Case Management Fee Schedule
- July 2023 Medicaid Mental Health for Adults Fee Schedule
- July 2023 Non-Medicaid Mental Health Crisis Services Fee Schedule
- July 2023 HCBS for Adults with SDMI Fee Schedule
- July 2023 Chemical Dependency Medicaid
- July 2023 Home Infusion Cover Sheet and Fee Schedule
- July 2023 Applied Behavior Analysis Services Fee Schedule
- July 2023 Optometric Cover Sheet and Fee Schedule
- July 2023 Optician Cover Sheet and Fee Schedule
- July 2023 Physical Therapy Cover Sheet and Fee Schedule
- July 2023 Schools Cover Sheet and Fee Schedule
- July 2023 Orientation and Mobility Cover Sheet and Fee Schedule
- July 2023 Occupational Therapy Cover Sheet and Fee Schedule
- July 2023 Speech Therapy Cover Sheet and Fee Schedule
- July 2023 Public Health Cover Sheet and Fee Schedule
- July 2023 Physician Cover Sheet and Fee Schedule
- July 2023 Podiatry Cover Sheet and Fee Schedule
- July 2023 IDTF Cover Sheet and Fee Schedule
- July 2023 Mid-Level Cover Sheet and Fee Schedule
- July 2023 Mobile Imaging Services Cover Sheet and Fee Schedules
- July 2023 Direct Entry Midwife Cover Sheet and Fee Schedule
- July 2023 Laboratory Services Cover Sheet and Fee Schedule
- July 2023 Personal Assistance Cover Sheet and Fee Schedule
- July 2022 Community First Choice Cover Sheet and Fee Schedule
- July 2023 Elderly and Physically Disabled - Big Sky Waiver Cover Sheet and Fee Schedule
- July 2023 Home Health Services Cover Sheet and Fee Schedule
- July 2023 Ambulance Cover Sheet and Fee Schedule
- July 2023 Denturist Cover Sheet and Fee Schedule
- July 2023 Dental Hygienist Cover Sheet and Fee Schedule
- July 2023 Dental Services Cover Sheet and Fee Schedule
- July 2023 DME Cover Sheet and Fee Schedule
- July 2023 Audiology Cover Sheet and Fee Schedule

FEE SCHEDULES (Continued)

- July 2023 Hearing Aid Cover Sheet and Fee Schedule
- July 2023 Personal and Commercial Transportation Fee Schedule Revised
- July 2023 Dialysis Clinic Fee Schedule
- July 2023 Children's Chiropractic Cover Sheet and Fee Schedule
- July 2023 Nutrition Services Cover Sheet and Fee Schedule
- July 2023 Private Duty Nursing Cover Sheet and Fee Schedule
- July 2023 Targeted Case Management (Non-Mental Health) Cover Sheet and Fee Schedule
- July 2023 Physician Fee Schedule Revised
- July 2023 Oral Surgeon Cover Sheet and Fee Schedule
- July 2023 APC Cover Sheet and Fee Schedule
- July 2023 OPPS Cover Sheet and Fee Schedule
- July 2023 ASC Cover Sheet and Fee Schedule
- July 2023 MHSP for Adults Fee Schedule

ADDITIONAL DOCUMENTS POSTED

- September 2023 Claim Jumper
- Electronic Claim Adjustments Presentation
- Preferred Drug List September 2023
- Plan First Waiver - Family Planning Presentation
- IHS Tribal Training Agenda September 2023
- August 2023 DUR Meeting Minutes

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

Top 15 Claim Denials

Claim Denial Reason	September 2023	August 2023
RECIPIENT NOT ELIGIBLE DOS	1	1
EXACT DUPLICATE	2	3
MISSING/INVALID INFORMATION	3	2
PA MISSING OR INVALID	4	4
PASSPORT PROVIDER NO. MISSING	5	26
RECIPIENT COVERED BY PART B	6	7
CLAIM INDICATES TPL	7	10
INVALID CLIA CERTIFICATION	8	9
PROVIDER TYPE/PROCEDURE MISMAT	9	15
PROC. CONTROL CODE = NOT COVERED	10	13
SUBMIT BILL TO OTHER PROCESSOR OR PRIMARY PAYER	11	14
RECIPIENT HAS TPL	12	25
REV CODE INVALID FOR PROV TYPE	13	12
PROVIDER LICENSE EXPIRED	14	8
RECIPIENT NUMBER NOT ON FILE	15	17

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)

Nursing Facility Add-on Process

Medicaid nursing facilities are eligible for increased reimbursement to assist with safe, effective, and appropriate service delivery to at-risk populations residing in long-term care facilities.

The Senior and Long-Term Care Division requires a prior authorization process prior to authorization of eligible add-on funding. Types of add-on services available include bariatric care, traumatic brain injury (TBI), adverse behavior management, and wound care. To qualify for the add-on funding, the following criteria must be met:

- The request is for extreme cases that are medically necessary and relates specifically to the resident's diagnosis and documented plan of care.
- The request will provide a direct medical or remedial benefit to the resident adhering to health and safety standards and clinical best-practices.
- The request is for residents who need care that is above and beyond the normal standard of nursing facility care.

When requesting any add-on service, at least one month of notes specific to the resident's diagnosis or behavior must be submitted with the request. Notes must be current up to the time of submission and documentation must be present in the notes to qualify. TBI must have a behavior along with the diagnosis to be eligible for this category and cannot be combined with any other behavioral add on request.

As of June 1, 2023, add-on requests are being reviewed by Mountain Pacific Quality Health (MPQH). Requests can be submitted through the MPQH Qualitrac Portal on the [MPQH website](#).

Additional instructions on this process are found on the [Education & Training tab under June 2023 – Nursing Facilities Training for Add-On Requests \(Qualitrac\)](#).

*Submitted by Stephanie Goetz
Nursing Facility Section Supervisor
Community Services Bureau
SLTC Division
DPHHS*

Usage Requirements of the Advanced Beneficiary Notice Form

Many federal and state statutes and rules provide direction on how providers bill Medicaid. These directives outline that Medicaid is generally the payor of last resort and that Medicaid members may not be billed as private pay with limited exception.

[Administrative Rules of Montana \(ARM\) 37.85.406 \(11\)](#) outlines when Medicaid providers may bill members under certain circumstances. These circumstances include billing for noncovered services, billing for covered but not medically necessary services, and when a provider informs a member of their refusal to accept Medicaid.

Providers may not bill the member under any exception when the provider has merely informed the member only that Medicaid may not pay or where the agreement is contained in a form that the provider routinely requires patients to sign. Per [ARM 37.85.204](#), providers may directly charge members only for specific services if the member signs an Advanced Beneficiary Notice (ABN) before services are provided. The form must outline the services not covered or services that may exceed an annual coverage limit, the date of the services, estimated costs, and language that the member has a clear understanding of the financial responsibility they are agreeing to. Services provided before the member has signed an agreement, may not be charged to the member. Any services previously charged to the member without a signed agreement, must be refunded to the member in accordance with the applicable state statutes and [Code of Federal Regulations 42 CFR 447.15](#).

The Advanced Beneficiary Notice form (formally known as the Noncovered Services Agreement form) is found on the Forms page of the [Provider Information website](#) in the Forms A – C tab.

Recent changes have been made to include language regarding annual limits for dental services. **If your office has created an advanced beneficiary notice that includes all the details in the form on the Provider Information website, you may continue to use your form.**

For questions related to this article, please call Provider Relations at (800) 624-3958.

*Submitted by Olivia Roussan
TPL Supervisor
DPHHS*