



Claim Jumper

Montana Healthcare Programs Claim Jumper

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EVV Implementation Update Extension

DPHHS has extended the EVV full compliance milestone from March 31, 2024 to June 30, 2024. This three-month extension gives providers more time to prepare their organizations for compliance while still meeting the Department's state and federal commitments for EVV compliance.

See the related March 19, 2024 provider notice titled [Electronic Visit Verification Implementation Update](#).

*Submitted by Jen Carlson
MPATH Project Manager
DPHHS*

ASAM Services Refresher Training in April

The Department of Public Health and Human Services (DPHHS), in partnership with Telligen and Mountain Pacific Quality Health, is hosting a refresher training on ASAM services.

The training will provide a general overview of ASAM services and will cover required documentation, ASAM criteria, and common submission errors based on *The ASAM Criteria, Third Addition*.

You may [register online for the training](#) scheduled for **Wednesday, April 3, from 9:00-10:00 AM** via the Zoom platform.

The training will be recorded and available the following week under the [Education & Training tab on the Mountain Pacific Quality Health \(MPQH\) website](#).

*Submitted by Ashley Bair
Behavioral Health Section Supervisor
Behavioral Health & Developmental Disabilities Division*

SURS Revelations

Laboratory Documentation for Montana Medicaid

In today's electronic world appropriate documentation is still imperative to ensure proper Montana Medicaid billing and payments.

Laboratories are heavily utilized but there seems to be complacency when it comes to paperwork. Per [ARM 37.86.3205](#), a laboratory service must be ordered by a physician, dentist, or other practitioner licensed to practice in Montana.

Laboratories as well as other provider types are expected to maintain records for services provided and produce these records when requested by the Department. The laboratory record must include the order for services as well as the results of the requested test. Both of these documents must be signed and dated to be considered complete per [ARM 37.85.414](#).

For additional information, provider manuals, fee schedules and to stay up to date on provider notices, visit [the Montana Healthcare Programs Provider Information Website](#).

*Submitted by Jaymie Larsen
Program Integrity Compliance Specialist
Program Compliance Bureau
Office of the Inspector General
DPHHS*

SURS Revelations

Documentation Matters

The Surveillance Utilization Review Section (SURS) operates as a federally mandated program with the primary purpose of overseeing Medicaid service providers acting under the authority of the Code of Federal Regulations and the Social Security Act.

In more straightforward terms, one of SURS roles involves reviewing medical records to ensure compliance with all state and federal rules and regulations. It is important to know that most overpayments stem from documentation errors. These errors are not exclusive to any specific provider type.

Below are some examples of documentation errors:

1. **Incomplete records:** A provider might omit crucial details such as medications, treatment history, and plans of care. An incomplete record can hinder effective patient care and can lead to misunderstandings or mistakes. In addition, it does not give a reviewer the full picture of what happened within the service.
2. **Illegible handwriting:** Sometimes, healthcare providers scribble notes that are indecipherable. This can create confusion for other providers who need to access the patient's history and can affect the patient's continuity of care. Not to mention making it very difficult for a reviewing party to know what transpired during the service.
3. **Failure to appropriately document corrections:** Records are required to be signed, dated, and completed within 90 days of billing a claim to Montana Medicaid per ARM 37.85.414. If a document must be corrected, the additional information must be signed, dated, and completed within 90 days of the billed service.
4. **Missing signatures:** Properly signed documents are essential for legal and billing purposes. A record is not complete until it is signed and dated.
5. **Missing time in and out and/or duration when billing time-based codes:** Some services are based on the time spent with the patient or performing the service. The begin and end time and/or duration should be clearly documented on the medical record.
6. **Missing patient identifying information on the records:** In order to verify the documentation is for the billed patient and date of service, the identifying information needs to be listed on each page of the document.

Guidance exists regarding the requirements for maintaining accurate medical records. While some regulations may be vague, specific provider types may have more detailed guidance. The Federal Register emphasizes that properly documented medical records play a crucial role in facilitating high-quality patient care.

There are many resources available to aid in ensuring accurate and complete documentation, some available resources are [Documentation for the Medical Record Training](#), [CMS Documentation Matters Toolkit](#), and [Office of Inspector General \(HHS OIG\) Provider Compliance Training](#) just to name a few.

In addition, for some basic Montana Medicaid documentation requirements, consult the [General Information for Providers Manual](#), available on your provider type page. To understand the precise requirements relevant to your provider type, make sure to refer to your provider specific manual and talk with your Program Officer.

Always remember from a review perspective, **if it's not documented, it didn't happen.**

Submitted by Summer Roberts
Lead Program Integrity Compliance Specialist
Program Compliance Bureau
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
03/01/2024	Dentist, Denturist, Oral Surgeon	Updated Supernumerary Teeth Claims Processing
03/05/2024	Dentist, Denturist, Oral Surgeon	Coverage Criteria – Fluoride Gel Carrier, CDT D5986
03/05/2024	All Providers	Voiding Claims with a Prior Authorization
03/05/2024	Licensed Addiction Counselors, Licensed Marriage and Family Therapists, Licensed Professional Counselors, Social Workers	Licensing Requirements for Out-of-State Mental Health Practitioners Practicing Via Telehealth in Montana
03/06/2024	Chemical Dependency	American Society of Addiction Medicine (ASAM) Services Refresher Training Opportunity (April)
03/12/2024	All Providers	Valid Member ID and Eligibility Information
03/12/2024	All Providers	Provider Initiated Claim Adjustments
03/19/2024	All Providers	Electronic Funds Transfer Payment Verification
03/19/2024	Big Sky Waiver, Developmental Disabilities Program, Home Health, Personal Assistance/Community First Choice, Private Duty Nursing, SDMI	Electronic Visit Verification Implementation Update
03/27/2024	All Providers	Updated CLIA Claims Editing
03/27/2024	All Providers	Avoiding Claim Denials
03/27/2024	All Providers	Location Address and Provider Maintenance Updates Reminder
03/27/2024	All Providers	Resources for Providers in Response to the Change Healthcare Cyberattack
03/27/2024	All Providers	HHS Letter to HC Providers
Fee Schedules		
<ul style="list-style-type: none"> July 2023 Physician Services Fee Schedule Revised July 2023 Mid-Level Services Fee Schedule Revised January 2024 OPPS Services Fee Schedule January 2024 APC Services Fee Schedule APR DRG Fee Schedule October 2023 		
Additional Documents Posted		
<ul style="list-style-type: none"> Preferred Drug List March 2024 February DUR Meeting Minutes April 2024 Pharmacy DUR Agenda 		

Top 15 Claim Denials

Claim Denial Reason	February 2024	January 2024
RECIPIENT NOT ELIGIBLE DOS	1	1
EXACT DUPLICATE	2	2
PA MISSING OR INVALID	3	6
MISSING/INVALID INFORMATION	4	3
RECIPIENT COVERED BY PART B	5	5
SUSPECT DUPLICATE	6	8
INVALID CLIA CERTIFICATION	7	9
CLAIM INDICATES TPL	8	11
PROVIDER TYPE/PROCEDURE MISMAT	9	7
NDC MISSING OR INVALID	10	12
CLAIM DATE PAST FILING LIMIT	11	14
DEPRIVATION CODE RESTRICTED	12	10
PROC. CONTROL CODE NOT COVERED	13	17
REV CODE INVALID FOR PROV TYPE	14	12
PROC FACT CODE NOT ALLOWED	15	19

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:
MTEenrollment@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)