



Claim Jumper

Montana Healthcare Programs Claim Jumper

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Monthly provider
enrollment second
Wednesday of every
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Billing 101
January 9, 2025

Eligibility
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Register Now

Big Sky Waiver – Level II Residential Habilitation Support Services

Big Sky Waiver now allows for assisted living facilities (ALF) and adult foster homes to request reimbursement for members who are exhibiting challenging or disruptive behaviors due to their challenging diagnosis and who are at risk of losing their placement.

Level II Support Services allow ALFs and adult foster homes to request additional reimbursement for members who meet criteria with the intention of providing additional support and interventions to stabilize the member.

Level II allows for behavior management support services to be provided in the same facilities as Level I; however, the Level II rate reimburses the ALF and/or adult foster home for additional support.

Level II Support Services are available to members who have resided at the ALF or adult foster home for no less than 30 days and for whom other interventions have been attempted unsuccessfully.

Providers should reach out to their case management teams with supporting documentation if there is a member who may benefit from Level II Support Services. Providers can also access the procedure for Level II Support Services through their case management team.

For more information, see the [Big Sky Waiver Policy Manual Chapter 728 Residential Rehabilitation](#) and [ARM 37.40.1435](#).

*Submitted by Christina Rees
Big Sky Waiver Policy and Program Manager
Community Services Bureau
Senior and Long-Term Care Division
DPHHS*

Legally Responsible Individuals as Caregivers in Community First Choice

Legally Responsible Individuals (LRIs) may now be reimbursed for providing Community First Choice (CFC) services. An LRI is defined as a person who has a legal obligation under the provisions of state law to care for another person.

Legal responsibility is defined by state law, and generally includes the parents (natural, adoptive, or step) of minor children, legally assigned caretaker relatives of minor children (guardians), and spouses.

Allowing LRIs as caregivers was a COVID flexibility that was extended after the Public Health Emergency (PHE), and effective May 12, 2023, it became permanent. An updated Administrative Rule and Policy are being developed.

For an LRI to be paid for the provision of services, the following criteria must be met:

- The member must be eligible for CFC, including meeting level of care (LOC). **Members who do not meet LOC and receive Personal Assistance Services only are not eligible to use an LRI as a caregiver.**
- An individual is determined to require extraordinary care by a state approved functional assessment.
- The use of an LRI is necessary to assure the health and welfare of the participant and/or avoid institutionalization.
- The individual or their personal representative indicates this arrangement as their choice for the provision of CFC services.
 - The choice to use an LRI must be documented on the Service Plan (SLTC-170/175) and in the Person-Centered Plan (SLTC-200). Contact your Regional Program Officer for copies.
- LRIs must be employed as a CFC personal care worker of a provider agency. This ensures that the LRI meets the same standards for quality of service delivery and are subject to the same oversight for prevention of abuse, neglect, and exploitation as non-relative caregivers.
- Services provided by LRIs will be billed using a separate and distinct modifier to help track utilization (modifier CG).
- For self-direct CFCs, an LRI may not act as both caregiver and personal representative (PR). (Refer to CFC/PAS 716 in the [Self-Direct Policy Manual](#).)

CFCs do not include services that maintain a household or family and services that are not medically necessary. They are not available to relieve a parent or spouse of their legal responsibilities. Therefore, certain exclusions apply.

For more information on LRIs and CFC services as well as details regarding exclusions and limitations, please call the CFC/PAS Policy Program Manager, Gloria Glaser-Garceau at (406) 941-0250.

*Submitted by Ginny Landers
CFC Performance Improvement Specialist
Community Services Bureau
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SURS Revelations

Periodic Orthodontic Treatment Visits

Just a reminder for the providers that are practicing orthodontics. The [Dental and Denturist Program Manual](#) states, when providing a periodic orthodontic treatment visit (D8670), the visit is limited to one visit every 27 days. In addition, this code is only billable for the date of service the member was seen, and this code is not covered as a reoccurring encounter if the member was not seen.

Please remember, when billing out the periodic visits, make sure the services are provided at least 27 days or longer, and all other requirements are met. If this does not occur, the claims may be denied. Ensure you sign and date your documentation, and always remember, **“If it isn’t documented the service can’t be substantiated!”**

*Submitted by Heidi Kandilas, CPC, Certified in Dental Coding and Billing
Program Integrity Compliance Specialist
Program Compliance Bureau
Office of the Inspector General
DPHHS*

Revalidation – How to Stay Compliant

Per [42 CFR 424.515 \[ecfr.gov\]](#) providers enrolled with Medicaid are required to revalidate their enrollment every five years.

If you don’t complete a revalidation within the designated time frame you could have your payments suspended until the revalidation is completed and could even be subject to a repayment of the funds you received.

When it’s time for your revalidation you should receive a letter indicating the steps and time frame allotted to complete your revalidation.

Please do not ignore the notices for revalidation!

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
12/03/2024	CAH, Durable Medical Equipment, Direct Entry Mid-Wife, FQHC, Hospital Inpatient, Hospital Outpatient, Mid-Level, Physician, RHC, Tribal 638	Changes in the Double Electric Breast Pump Provider
12/06/2024	Hospital Inpatient, Hospital Outpatient, Mid-Level, Physician, Psychiatrist	Coverage for Botox (onabotulinumtoxinA)
12/19/2024	All Providers	IRS Tax Identification Letter Required for Pay-To Providers
12/19/2024	ABA, DDP, Mental Health Center, Mid-Level Practitioner, Physician	Free Virtual Training Opportunity!
12/20/2024	FQHC, Licensed Marriage and Family Therapist, Licensed Professional Counselor, Mental Health Center, Psychologist, Rural Health Clinic, SDMI, Social Worker	Montana Medicaid Enrollment Requirements for In-Training Mental Health Professionals
12/24/2024	Targeted Case Management (Mental Health), Targeted Case Management (Non-Mental Health)	Enrollment Guidance for Targeted Case Management Providers
12/26/2024	Psychiatric Residential Treatment	PRTF Discharge Medication Reminder

FEE SCHEDULES

- October 2023 Hospice Compliant Fee Schedule FY 2024
- October 2023 Hospice Non-Compliant Fee Schedule FY 2024
- July 2024 Physician Services Fee Schedule Revised
- January 2025 Swing Bed Provider Rates
- January 2025 IHS Fee Schedule
- January 2025 Tribal Fee Schedule

ADDITIONAL DOCUMENTS POSTED

- In-Training Mental Health Professional Attestation Form
- November 2024 Billing 101 Training
- December 2024 Diabetes Self-Management Education and Support Services

Top 15 Claim Denials

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

Fraud, Waste, and Abuse...OH MY!
 Feel like fraud is happening and you don't know who to talk to?
 Call the Montana Medicaid Fraud Control Unit (MFCU)
 ~Provider Fraud Hotline (800) 376-1115~

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: Amy.Kohl@mt.gov
 (406) 444-9356

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)