



Claim Jumper

Montana Healthcare Programs Claim Jumper

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Personal Care Services Part 1 of 4

Navigating Medicaid Personal Care Services – A Provider's Guide

Medicaid personal care services play a crucial role in supporting individuals to remain in their homes and communities while receiving necessary care. As the demand for these services continues to grow, it is essential for personal care service provider agencies to navigate the intricate landscape of Medicaid regulations effectively. In this four-part series, we will delve into the nuances of personal care services, address common challenges, and provide guidance on ensuring compliance to prevent improper payments.

Understanding the Landscape

Personal care services are offered as an optional benefit under individual State Medicaid programs, leading to significant variation in coverage and payment rules. This variation can pose challenges for providers, who must adhere to the specific regulations of each Medicaid program to avoid severe consequences such as civil, monetary, and criminal penalties for improper claims.

Differentiating Personal Care Services from Home Health Services

It's crucial for providers to understand the distinctions between personal care services and home health services. Home health care provides medical care, including skilled nursing and therapy, and is prescribed by a doctor and provided by medical professionals. Personal Care Services (sometimes referred to as home care) provides non-medical services such as assistance with bathing, dressing, hygiene, meal prep, etc. While both offer essential care, they serve different purposes and come with unique regulatory requirements. By gaining clarity on these differences, providers can ensure accurate billing and delivery of services.

Addressing Improper Payments

Improper payments in personal care services have drawn the attention of regulatory bodies like the U.S. Department of Health and Human Services, Office of Inspector General (HHS-OIG), and Congress. Common causes of improper payments include lack of supporting documentation, provision of ineligible services, inadequate supervision, and fraud or abuse. Understanding these pitfalls is essential for providers to mitigate risks and uphold compliance standards.

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Mitigating Risks and Ensuring Compliance

To avoid improper payments, personal care service providers must diligently adhere to State Medicaid rules and stay abreast of regulatory changes. By investing in comprehensive training for staff, implementing robust documentation practices, and conducting regular audits, providers can strengthen their compliance efforts and safeguard against financial and reputational risks.

Conclusion

As the landscape of Medicaid PCS continues to evolve, provider agencies must proactively address challenges and strive for excellence in service delivery and compliance. In the upcoming installments of this series, we'll delve deeper into specific aspects of PCS, equipping providers with the knowledge and tools needed to navigate this complex terrain successfully.

Stay tuned for Part Two: Navigating Medicaid Personal Care Services Regulations, where we'll explore key regulatory considerations and best practices for compliance.

[Preventing Medicaid Improper Payments for Personal Care Services](#) was used as a resource for developing this article.

*Submitted by Michelle Christensen
CFC/PAS/MFP Section Supervisor
Community Services Bureau Senior and Long-Term Care DPHHS*

SURS Revelations

Tissue Conditioning for Dentures

The Surveillance Utilization Review Section (SURS) has found in recent reviews that providers are not correctly billing or documenting Current Dental Terminology (CDT) codes D5850 (tissue conditioning, maxillary) and D5851 (tissue conditioning, mandibular). These codes are billed when using treatment reline material designed to heal unhealthy ridges prior to more definitive final restoration. There have been many instances of these codes being unbundled from CDT Complete Denture codes; D5110 (complete denture – maxillary) and D5120 (complete denture – mandibular); in addition to Immediate Denture codes D5130 (immediate denture – maxillary) and D5140 (immediate denture – mandibular).

Per [Administrative Rules of Montana \(ARM\) 37.86.1005](#) and the Montana Medicaid [Dental and Denturist Program Manual](#), tissue conditioning for both maxillary and mandibular arches are included in the payment for all dentures.

If you have questions or need further assistance, please contact Lynea Linz, Dental Program Officer, at (406) 444-3182 or email HHSMedicaidDental@mt.gov.

Remember: **“If it isn’t documented the service can’t be substantiated!”**

*Submitted by Heidi Kandilas,
CPC, Dental Coding/Billing Certified
Program Integrity Compliance Specialist*

Electronic Visit Verification Update

In September 2023, the Department of Public Health and Human Services (DPHHS) implemented an Electronic Visit Verification (EVV) system to electronically verify the delivery of services for Medicaid members receiving personal care or home health services.

Montana Medicaid providers who bill personal care or home health services are subject to federal EVV requirements. These include certain services available through the following provider types.

- Big Sky Waiver (Elderly and Physically Disabled Waiver)
- Community First Choice
- Developmental Disabilities Waiver Program (DDP)
- Home Health Services
- Personal Assistance Services
- Private Duty Nursing
- Severe Disabling Mental Illness (SDMI) Waiver

EVV provider full compliance has been extended to July 1, 2024.

All providers should have selected and signed up with an EVV vendor. It is strongly recommended that providers bill through their selected vendor **prior** to the July 1 compliance date to ensure that there are no billing issues.

For general help or to ask questions, contact us at EVVQuestions@mt.gov.

Need Assistance with Mobile Caregiver+

For assistance with Mobile Caregiver+, contact the call center at (833) 483-5587. Representatives are available from 7 am to 6 pm Mountain Standard Time.

*Becky McAnally
Home and Community Based Services
Senior and Long-Term Care
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
05/01/2024	Dentist, Denturist, Oral Surgeon	Date of Service for Dentures
05/01/2024	All Providers	Paperwork Attachments Submission Timing for Electronic Claims
05/01/2024	All Providers	Eligibility Inquiry and Service Type Code in the MATH Portal
05/08/2024	Family Planning Clinic, FQHC, Hospital Outpatient, Mid-Level, Physician, Public Health Clinic, RHC	Vaccines for Children Code Update
5/10/2024	Critical Access Hospital, Inpatient Hospital, Laboratory Services, Mid-Level, Outpatient Hospital Physician	Ordering Genetic Lab Tests from Assurex Health
5/10/2024	FQHC, RHC, UIO	Peer Support Services for Dual Eligible Members
5/21/2024	All providers	DEA Number Required for Prescribers
5/23/2024	Dentist, Denturist, Oral Surgeon	Billing Requirements for Mobile Dental Anesthesia

ADDITIONAL DOCUMENTS POSTED

- May 2024 PDL/DUR Meeting Agenda
- January 2024 OPPS Service Fee Schedule Revised
- April 2024 OPPS Service Fee Schedule Revised
- Prescription Drug Manual
- October 2023 Proposed Hospice Rates for Compliant Hospices
- October 2023 Proposed Hospice Rates for Non-Compliant Hospices
- [January 2024 Proposed Fee Schedules](#)
- [July 2024 Proposed Fee Schedules](#)
- Proposed Dental and Denturist Program Manual
- May 2024 PDL

Top 15 Claim Denials

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

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:
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)