



Claim Jumper

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Monthly Provider Enrollment
Second Wednesday of every month

Documentation from a Review Perspective
November 21, 2024

Diabetes Prevention Program
December 19, 2024

Billing 101
January 9, 2024

Register Now

Revalidation Deadline Approaching!

Enrollments with an approved effective date on or before December 31, 2019, are due for revalidation per federal regulations. **Overdue revalidations not completed by December 31, 2024, will result in suspended payments.** Additionally, payments made by Montana Healthcare Programs could be recouped back to the original revalidation due date.

If you are unsure about your enrollment revalidation status, you can refer to the [Provider Revalidation List](#) on the [Provider Information website](#). In addition, you can also review your Correspondence History on the MPATH Provider Services Portal. Notification letters have been sent beginning August of 2023 to the address on file 90 days before the original revalidation due date.

While in the MPATH Provider Services Portal, please take the time to review and update licensure and certifications regardless of revalidation status. These must be kept up to date to prevent claims payment delays. A revalidation guide is posted on the [Training page on the Provider Information website](#).

For technical issues completing revalidations, contact Montana Provider Relations at MTPRHelpdesk@Conduent.com or call (800) 624-3958, select Option 7 (Provider) and follow the prompts for revalidation assistance.

*Submitted by Shellie McCann
Medicaid Systems Administrator
Medicaid Systems Support Program
DPHHS*

SURS Revelations

Diagnostic Evaluations, Psychotherapy, and Evaluation and Management Services

The Current Procedural Terminology (CPT) coding book describes psychiatric diagnostic evaluations as, “an integrated biopsychosocial assessment, including history, mental status, and recommendations.”

A psychiatric diagnostic evaluation with medical services includes the history, mental status, and recommendations as well as a physical examination. In compliance with the CPT coding book, diagnostic evaluations may be reported more than once in certain circumstances; however, the documentation must support each occurrence.

Obtaining a comprehensive history lays the foundation for effective treatment planning. The history can guide the diagnosis, treatment, risk management, and overall patient care.

The mental status examination is equally important, as it provides a structured way to assess the patient’s current mental functioning.

The book [Clinical Methods: The History, Physical, and Laboratory Examinations](#), chapter 207 states, “The mental status examination is a structured assessment of the patient’s behavior and cognitive functioning. It includes descriptions of the patient’s appearance and general behavior, level of consciousness and attentiveness, motor and speech activity, mood and affect, thought and perception, attitude and insight, the reaction evoked in the examiner and, finally, higher cognitive abilities.”

The recommendations for treatment made during the diagnostic evaluation should not be overlooked. The recommendations are the culmination of the diagnostic process, and help guide the treatment, as well as ensuring continuity of care.

It is also important to note what **is not** included in a diagnostic evaluation. According to the [National Correct Coding Initiative](#) (NCCI) edits, psychotherapeutic and evaluation and management (E/M) services are not a part of the diagnostic evaluation or re-evaluation process. E/M services and psychotherapy, even for crisis, should not be reported on the same day as a diagnostic evaluation.

Please review all applicable laws, rules, and written policies pertaining to the Montana Medicaid program. SURS advises providers to complete self-reviews frequently to ensure compliance with Medicaid policies. See [SURS Provider Internal Self-Review Protocol](#), available on your provider type page.

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

Submitted by Summer Roberts, CPC
Lead Program Integrity Compliance Specialist
Program Compliance Bureau
Office of the Inspector General
DPHHS

Tips from Provider Relations

Claim Adjustments

Adjustments to claims may be submitted either by paper using the Individual Adjustment Request (IAR) form or electronically. Electronic adjustment instructions are on the [Claims page](#) of the Provider Information website.

Electronic adjustments are valid up to 365 days from the date of payment. Claims Processing must receive paper claim adjustments within 15 months from the date of Payment. Adjustments greater than 15 months from the payment date must be appealed.

To avoid processing delays or denials on adjustments, please follow these guidelines:

- Adjustments cannot be done on denied claims. The provider must submit a new clean claim instead.
- Submit all corrections on one adjustment instead of individual adjustments for each line on a claim.
- Adjustments that include a primary insurance must include a copy of the primary EOB.
- Providers must wait until suspended (in process) claims finalize before resubmitting or adjusting. Suspended claims cannot be adjusted and will be processed as received.
- Always use the most recent paid claim internal control number (ICN) for your adjustment. Adjustments cannot be done on the same ICN more than once.
- Paper adjustments must include a copy of the remittance advice on which the claim was paid.
- Electronic claims must be submitted with all lines that were billed on the original claim.
- Adjustments for rate increases should be billed for the new total charges, not simply the difference between the previous payment and the new rate amount. Claims billed for only the difference will take back the entire original payment and pay only the difference and place the provider into a credit balance.
- If your claim was split due to reaching the maximum number of lines able to be processed on a single claim, your adjustment must be done using the IAR form. The form must include all ICNs that were part of the split claim. This is the only exception to the one ICN per IAR form requirement.

Additional adjustment resources are available on the Provider Information Website under the [Training page](#), [Claims page](#), [Provider Notices on your Provider Type page](#), and previous [Claim Jumper Newsletters](#). For more information, please contact Provider Relations at MTPRhelpdesk@conduent.com.

*Submitted by Jennifer Stirling MSML, MBA
Provider Relations Manager
Conduent*

Free Virtual Provider Training Opportunity for Members with Intellectual and Developmental Disabilities

In partnership with the Montana Developmental Disabilities Program (DDP), the Montana Department of Public Health and Human Services (DPHHS) is making a training opportunity available for Medicaid providers interested in better understanding the special healthcare needs of members with intellectual and developmental disabilities (IDD).

Participants may earn Continuing Medical Education (CME) or Continuing Education Unit (CEU) credits through the self-paced, virtual training. **For details on the training course, refer to the [IDD Healthcare eLearn Course Information Flyer](#).**

Registration is open to physicians, nurse practitioners, nurses and physician assistants. **Providers may register through [Montana Curriculum in IDD Healthcare eLearn Course Registration](#) on the IntellectAbility website.**

The training is available for up to 500 attendees on a first-come first-serve basis. Seats are also being held for students in the health and human services and/or medical fields.

*Submitted by Deb Braga
DDP Program Officer
Behavioral Health and Developmental Disabilities Program
DPHHS*

Repeal ARM: 37.85.1101-1125

In 2011 the Montana Medicaid Provider Incentive Program (MMPIP) was established to provide incentive payments for certain providers to adopt, implement, or upgrade certified electronic health record (EHR) technology.

This incentive program was signed into law in 2009 as the Health Information Technology for Economic and Clinical Health Act or "HITECH". The last time to participate in the incentive program was 2016, with the 5th annual reimbursement ending in 2021.

Repealing this outdated rule continues to meet Governor Gianforte's Red Tape Relief initiative.

*Submitted by Heather Smith
Program Compliance Bureau Chief
Office of 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
10/01/2024	Pharmacy	NABP Enrollment Requirements
10/09/2024	Pharmacy	Pharmacy Provider License Renewal Reminder
10/11/2024	Mental Health Centers	Temporary Suspension of Prior Authorization and Continued Stay Review Requirements
10/11/2024	Ambulatory Surgical Cener, Critical Access Hospital, Family Planning Clinic, FQHC, Hospital Inpatient, Hospital Outpatient, IHS, Mid-Level, Pharmacy, Physician, Public Health Clinic, RHC	COVID-19 Vaccine Codes Removed from Plan First Covered Codes List
10/15/2024	All Providers	Revalidation Guide Requirements
10/18/2024	All Providers	Electronic Adjustments Void or Void/Replace
10/18/2024	Mental Health Centers	Family Contact Reminder for Home Support Services Provider
10/30/2024	Critical Access Hospitals, Hospital Inpatient, Hospital Outpatient, IHS, Mid-Level, Pharmacy, RHC, Tribal 638	Beyfortus and Synagis Coverage for RSV Prophylaxis

FEE SCHEDULES

- October 2024 OPPS Services Fee Schedule
- October 2024 APC Services Fee Schedule
- October 2024 ASC Services Fee Schedule

ADDITIONAL DOCUMENTS POSTED

- Provider Enrollment Social Security Number Change Attestation
- October 2024 IHS Tribal Training Agenda
- October 2024 HIPAA Information and Resources
- October 2024 Tenancy Support Training Part 1 & 2
- 2024 Team Care Fact Sheet
- 2024 Team Care Member Change Form
- 2024 Team Care Referral Form
- SURS Fall 2024 Provider WebEx Training
- December 2024 DUR Meeting Agenda
- Private Duty Nursing Provider Manual PDF

Top 15 Claim Denials

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

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~

-REVALIDATION- How to stay compliant

Per 42 CFR 424.515 providers enrolled with Medicaid are required to revalidate their enrollment every 5 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 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!

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)