



Claim Jumper

Montana Healthcare Programs Claim Jumper

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Upcoming Training

Provider Enrollment sessions held the second Wednesday of every month.

General Resources
August 6, 2025

CSCT
August 21, 2025

Billing 101
August 27, 2025

ORP Enrollment
September 4, 2025
September 8, 2025
September 11, 2025
September 16, 2025
September 24, 2025

Register Now

SURS Revelations

Signatures on Dental Records

Signatures are very important. The Surveillance Utilization Review Section (SURS) needs to know who provided the billed services. If the dentist is not personally providing the services and there is a different rendering provider, who signs the record?

SURS has identified a trend of dental providers not signing their records appropriately. Each record must be signed and dated by the rendering provider, whether that is the dentist, dental hygienist, or the certified dental assistant.

A dental hygienist can independently sign progress notes for Medicaid patients when providing preventive dental hygiene services, while a dental assistant may include details in the notes but must have them reviewed and signed by a dentist to complete the visit. Dental hygienists and certified dental assistants operate under two types of supervision: "direct supervision," requires that the dentist must be on the premises during treatment, and "general supervision," allowing treatment to occur without the dentist present.

Providers are required to maintain detailed records demonstrating the extent, nature and medical necessity of services provided to Montana Medicaid recipients. In addition, ensuring all documentation is completed within 90 days of claim submission, including a rendering provider signature and date.

The General Information for Provider Manual outlines essential Montana Medicaid documentation requirements which can be accessed at your convenience from your provider type page on the [Provider Information website](#). The [Administrative Rules of Montana](#) and [Montana Code Annotated](#) can be reviewed for additional information.

Your program officer, Lynea Linz, is a great resource for questions and clarifications. Ensure that all state and federal rules and regulations are considered before billing is submitted.

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 Inspector General
DPHHS*

Claim Adjustment Reminder

When submitting an adjustment either electronically or using the paper Individual Adjustment Request (IAR) form with a corrected claim, ensure all provider (pay-to, billing, rendering, attending) information reflects any updates to the provider records since the initial submission. If updated provider information is not reflected, the adjustment could deny, reject electronically, or have other processing issues.

Please refer to the Electronic Adjustment Instructions tab on the Claim Instructions page of the [Montana Healthcare Programs website](#) for electronic claim adjustment instructions.

Limitations specific to electronic adjustments apply; claims that do not meet the criteria must be adjusted using the Individual Adjustment Request form available on the Forms page of the website.

The following claims cannot be adjusted electronically:

- Claims over 12 months from the paid date
- Claims that have already been adjusted (use the ICN of the adjusted claim instead)
- Claims that are over lines (split or overflow claims)
- Encounter claims
- Pharmacy claims via 837
- Financial adjustments (known as a gross adjustment)
- Denied or in-process claims

*Submitted by Aaron Hahm
MPATH MES Analyst
Medicaid Systems Support Program
TSD
DPHHS*

Billing for Nursing Facility Add-on

All add-on requests require prior authorization and are submitted through Mountain Pacific. Nursing Facility members must be enrolled in and have current Medicaid eligibility.

Add-on claims are billed to Medicaid on a CMS-1500 claim form. The dates billed must be within the span that was authorized. The place of service (POS) for nursing facilities is 31 and the code for add-ons is A9999.

The charges billed are the rate that was approved multiplied by the days per month. Only the facility information must be on the claim as the provider.

Do not enter any rendering or other provider number anywhere on the claim or it will not process correctly and could get returned to provider. The facility taxonomy code at the bottom on the right of the claim form must be entered and have the modifier “zz” before the taxonomy number.

Additional instructions for filling out the CMS-1500 claim form can be found on the Mountain Pacific training, [Nursing Facility Medicaid Add-On Training – December 10, 2024](#).

For any other questions on how to complete this CMS-1500, call the Claims Specialist at 406-444-3997.

*Submitted by Jenifer Thompson
Claims Specialist
Community Services Bureau
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
07/09/2025	All Provider	Claim Adjustment Reminder
07/17/2025	FQHC, Hospital Outpatient, IHS, RHC, Tribal 638, Urban Indian Organization (UIO)	Billing for Services Rendered at a School
07/21/2025	FQHC, RHC, UIO	Dual Eligible Members and Part B Preventive Vaccines Billing
FEE SCHEDULES		
- July 2025 IHS Services Fee Schedule - July 2025 Tribal 638 Services Fee Schedule - Proposed July 2025 SDMI Fee Schedule Revised - Proposed Non-Medicaid Mental Health Services Fee Schedule Revised - July 2025 ASC Services Fee Schedule		
ADDITIONAL DOCUMENTS POSTED		
- Physician Assistant Independent Practice Attestation Form - July 2025 Preferred Drug List - June 2025 DUR Meeting Minutes - July 2025 General Resources Presentation - Prescription Drug Manual Updates - July 2025 Billing 101 Presentation		

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.

*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	July 2025	June 2025
RECIPIENT NOT ELIGIBLE DOS	1	1
PA MISSING OR INVALID	2	3
MISSING/INVALID INFORMATION	3	2
EXACT DUPLICATE	4	4
RECIPIENT COVERED BY PART B	5	5
SUSPECT DUPLICATE	6	6
CLAIM INDICATES TPL	7	8
REV CODE INVALID FOR PROV TYPE	8	9
INVALID CLIA CERTIFICATION	9	11
PROC. CONTROL CODE = NOT COVERED	10	12
PROC. FACT. CODE = NOT ALLOWED	11	14
CLAIM DATE PAST FILING LIMIT	12	13
PROVIDER TYPE/PROCEDURE MISMAT	13	7
SUSPECT DUPLICATE/CONFLICT	14	10
RECIPIENT HAS TPL	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.

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

(800) 624-3958
Option 7 (Provider), Option 3 (Eligibility)

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)