



Claim Jumper

Montana Healthcare Programs Claim Jumper

February 2026 – Volume 41, Issue 2

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Upcoming Training

Provider Enrollment sessions held the second Wednesday of every month.

General Resources
February 4, 2026

SURS Nuts and Bolts
February 19, 2025

Billing 101
February 25, 2026

Register Now

No More Paper! Training Available on Electronic Claims Submission

Tired of the hassles of submitting claims on paper: the time, the expense, the repetitious data entry, the extra waiting, the manual entry errors, the resubmissions?

Wouldn't it be great if there was a computer system that filled in the correct information for you, a system that lets you bypass the paper delays, a system that lets you check your claims statuses yourself at any time? The good news is that there is!

But the good news doesn't stop there. Training is available, along with multiple other resources available to guide you through the full process, from enrollment to submissions to status checking.

To start, you want to sign up for the monthly live provider enrollment training conducted by a seasoned provider relations professional. Registration is easy. Go to the [Montana Medicaid Provider Information Website](#), go to Site Index > Training and Events and about three quarters of the way down the page click the big green "REGISTER FOR TRAINING" button. Then just complete a short registration form.

*Written by Allen Way
Account Trainer
Conduent*

SURS Revelations

Orders/referrals and Care Plans

Orders/referrals and care plans are essential documentation for every therapy provider. Recently, the Surveillance Utilization Review Section (SURS) has discovered that many providers might find these documents can sometimes be confusing and difficult to navigate concerning billing, record-keeping, and compliance with Montana Medicaid.

The [Physical Therapy, Occupational Therapy, and Speech Therapy Services Manual](#) references that therapy services may be provided to a member when a current written or verbal order/referral has been received from the member's physician or mid-level practitioner. The therapy provider is responsible for acquiring the order/referral prior to providing therapy services. If a verbal order is received the provider must obtain a written order within 30 days of the verbal order. Montana Healthcare Programs will not accept or cover services provided to a member prior to acquiring the order/referral.

A written order/referral is considered valid when the order/referral is signed and dated by the member's physician or mid-level practitioner. An order/referral is valid for 180 days from the date the therapist receives it. If a therapy provider determines a member requires services past 180 days, a new order/referral is required by the member's physician or mid-level practitioner. In addition to a new order/referral, a new care plan must be established after 180 days ([ARM 37.86.606 Therapy Services, Service Requirements and Restrictions](#)).

Therapy provider's documentation is beneficial for compliance and therapy records must be maintained and up to date. General expectations for documentation can be found at Administrative Rules of Montana ([ARM 37.85.414 Maintenance of Records and Auditing](#)).

In addition to federal requirements and regulations, the [Provider Enrollment](#) page on the Provider Information website contains essential resources for provider notices, manuals, and relevant rules and regulations. This page assists in keeping up-to-date and informed about compliance and documentation for billing Montana Medicaid.

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

Submitted by Kim Brault, CPC
Program Integrity Compliance Specialist
Program Compliance Bureau
Office of Inspector General
DPHHS

Revalidation – How to Stay Compliant

Per [42 CFR 424.515 \[ecfr.gov\]](https://www.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 Type	Provider Notice Title
01/13/2026	All Providers	Montana Healthcare Programs Support Services Holiday Closure
01/27/2026	Dentist, Oral Surgeon	Deleted Dental Code (D9248) and Replacements (D9244 and D9245)
01/29/2026	DME	DME Claims Processing Instructions – Date of Service

FEE SCHEDULES

- Swing Bed Fee Schedule January 2026
- July 2025 ABA Services Fee Schedule
- July 2025 Ambulance Services Fee Schedule
- July 2025 APC Services Fee Schedule
- July 2025 APR-DRG Excel
- July 2025 Audiology Services Fee Schedule
- July 2025 Children's Chiropractor Services Fee Schedule
- July 2025 Community First Choice Services Fee Schedule
- July 2025 Dental Hygienist Services Fee Schedule
- July 2025 Dental Services Fee Schedule
- July 2025 Denturist Services Fee Schedule
- July 2025 Dialysis Clinic Services Fee Schedule
- July 2025 Direct Entry Mid Wife Services Fee Schedule
- July 2025 DME Services Fee Schedule
- July 2025 Elderly and Physically Disabled – Big Sky Waiver Services Fee Schedule
- July 2025 HCBS for Adults with SDMI Services Fee Schedule
- July 2025 Hearing Aid Services Fee Schedule
- July 2025 Home Infusion Services Fee Schedule
- July 2025 Home Health Services Fee Schedule
- July 2025 IDTF Services Fee Schedule
- July 2025 Lab Services Fee Schedule
- July 2025 Medicaid Mental Health Services
- July 2025 Medicaid Mental Health for Youth
- July 2025 Nutrition Services Fee Schedule
- July 2025 Occupational Therapy Services Fee Schedule
- July 2025 OPPS Services Fee Schedule
- July 2025 Optician Services Fee Schedule

- July 2025 Optometric Services Fee Schedule
- July 2025 Oral Surgeon Services Fee Schedule
- July 2025 Orientation and Mobility Services Fee Schedule
- July 2025 Personal Assistance Services Fee Schedule
- July 2025 PDN Services Fee Schedule
- July 2025 Physical Therapy Services Fee Schedule
- July 2025 Physician Services Fee Schedule
- July 2025 Podiatry Services Fee Schedule
- July 2025 Psychiatrist Services Fee Schedule
- July 2025 Public Health Services Fee Schedule
- July 2025 School Based Services Fee Schedule
- July 2025 Speech Therapy Services Fee Schedule
- July 2025 Substance Use Disorder Non-Medicaid
- July 2025 Substance Use Disorder
- July 2025 Targeted Case Management
- July 2025 TCM Non-Mental Health Services Fee Schedule
- July 2025 Transportation Non-Emergency Services Fee Schedule
- July 2025 Transportation PC Services Fee Schedule
- July 2025 RBRVS

ADDITIONAL DOCUMENTS POSTED

- Coverage Criteria Anal Irrigation Systems and Catheters Effective 10/25
- January 2026 Preferred Drug List
- ABA Services Additional Units of Service Request
- ABA Telehealth Exception Request
- ABA Services Intent to Initiate Treatment
- January 2026 General Resources Training Presentation
- ABA Services Required Documents Component Checklist
- PDL Changes Effective 01.15.2026
- January 2026 Tenancy Support Training Part 1 Enrollment
- January 2026 Tenancy Support Training Part 2 Claims
- January 2026 IHS Tribal Training Agenda
- January 2026 Ambulance Program Review
- July 2025 APR-DRG FAQ

Top 15 Claim Denials

Claim Denial Reason	December 2025	November 2025
RECIPIENT NOT ELIGIBLE DOS	1	1
PA MISSING OR INVALID	2	2
MISSING/INVALID INFORMATION	3	3
EXACT DUPLICATE	4	4
RECIPIENT COVERED BY PART B	5	5
INVALID CLIA CERTIFICATION	6	11
CLAIM INDICATES TPL	7	8
SUSPECT DUPLICATE	8	6
REV CODE INVALID FOR PROV TYPE	9	9
PROC. CONTROL CODE = NOT COVERED	10	12
CLAIM DATE PAST FILING LIMIT	11	13
PROC. FACT. CODE = NOT ALLOWED	12	14
PROVIDER TYPE/PROCEDURE MISMAT	13	7
RECIPIENT HAS TPL	14	15
SUSPECT DUPLICATE/CONFLICT	15	10

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:
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

(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)