



# Claim Jumper

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## Upcoming Training

**SURS Training**  
May 20, 2021

**Therapies**  
June 17, 2021

**Register Now**

## Upcoming Monthly Online Trainings

Trainings are available at no cost to providers and billers. Registration is available on the [Registration Page](#) of the Provider website. All trainings are at 2pm on the date listed.

**SURS Training**  
Thursday, May 20, 2021

**CSCT Training**  
Thursday, August 19, 2021

**Therapies**  
Thursday, June 17, 2021

**Provider Website Navigation**  
Thursday, September 16, 2021

**Billing 101 & Policy Updates**  
Thursday, July 15, 2021

## Top 15 Claim Denials

Claim Denial Reason	March 2021	February 2021
EXACT DUPLICATE	1	3
MISSING/INVALID INFORMATION	2	1
PA MISSING OR INVALID	3	2
RATE TIMES DAYS NOT = CHARGE	4	4
PROC. CODE NOT COVERED	5	5
RECIPIENT NOT ELIGIBLE DOS	6	6
RECIPIENT COVERED BY PART B	7	7
PROC. CODE NOT ALLOWED	8	8
INVALID CLIA CERTIFICATION	9	18
CLAIM INDICATES TPL	10	11
CLAIMSGUARD ONE E&M PER DOS	11	23
SUSPECT DUPLICATE	12	9
PROCEDURE/AGE MISMATCH	13	12
SLMB OR QI-1 ELIGIBILITY ONLY	14	13
PROVIDER TYPE/PROCEDURE MISMATCH	15	14

## 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
04/02/2021	All Provider Types <i>Except</i> FQHC and RHC	New Provider Type - Licensed Marriage and Family Therapist
04/08/2021	IHS, Mid-Levels, Pharmacy, Physician	Electronic Prior Authorization Process for Suboxone Films for Medication Assisted Therapy (Revised)

### FEE SCHEDULES

April 2021

ASC

January 2021 Revised

Audiology, Mid-Levels, Physician

### Forms

- Buprenorphine-Containing Products (Transmucosal) for Opioid Use Disorder Prior Authorization Request Form Revised
- Buprenorphine/Naloxone/Suboxone MAT Attestation Form Revised
- Nursing Facility Medicaid Add-On Instructions and Form Revised
- Nursing Facility Staffing Report Form (New Link)
- Sublocade® Prior Authorization Form Revised
- Vivitrol® (Naltrexone Extended Release Injectable Suspension) Prior Authorization Request Form Revised

### ADDITIONAL DOCUMENTS POSTED

- Drug Utilization Review Board
  - April 2021 Agenda
    - Cosentyx® (secukinumab)
    - Eplclusa® (sofosbuvir and velpatasvir)
    - Eucrisa® (crisaborole)
    - Dupixent® (dupilumab)
  - March 2021 Minutes
- MT PDL Revised
- NCPDP Payer Sheet
  - Updated Contacts HIPP
  - Enrollment
- Exondys® Criteria Revised
- FQHC/RHC Training Notes
- Quarterly Rebateable Labelers

## Key Contacts

**Montana Healthcare Programs**

### Provider Relations

General Email:  
MTPRHelpdesk@conduent.com  
Enrollment Email:  
MTEnrollment@conduent.com

P.O. Box 4936  
Helena, MT 59602  
(800) 624-3958 In/Out of state  
(406) 442-1837 Helena  
(406) 442-4402 or (888) 772-2341 Fax

### 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

Fax completed documentation to Provider Relations (406) 442-4402

### Verify Member Eligibility

FaxBack (800) 714-0075 or  
Voice Response (800) 714-0060

### POS Help Desk for Pharmacy

(800) 365-4944

### Passport

(406) 457-9542

### PERM Contact Information

Becky Yancy  
Email:  
Rebecca.Yancy@mt.gov  
(406) 444-9365

### 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)