MONTANA DPHHS
Healthy People. Healthy Communities.
Department of Public Health & Human Services

Claim Jumper

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Provider Services Module Go Live December 13, 2021!

Montana Healthcare Programs is excited to announce the release of the new Provider Services Module with a go-live date of December 13, 2021.

The Provider Services Portal allows providers to enroll and upload supporting enrollment documentation. Once an enrollment is approved, providers will have the ability to add, update, and maintain their information through the Provider Services Portal.

Additional features of the Provider Services Portal are self-service functions designed to improve the providers' experience. Improvements include claim status inquiry, viewing remittance advices, payment summary information, and provider directory information for member referrals, and a claims entry portal! The claims entry portal will provide an easy-to-use claims submission tool for all claim types and will even allow providers to submit adjustments electronically, replacing today's lengthy paper process.

We are excited to offer new features to our Montana Healthcare Programs providers. Stay tuned for upcoming announcements on Provider Services Module highlights and training opportunities.

Submitted by Shellie McCann
Medicaid Systems Operations Manager
DPHHS

Thank you
for the care and support of Montana Healthcare Programs members that you provide.
Your work is appreciated!

SURS Revelations
"Excuse Me, Do You Have the Time?"

The SURS unit has identified common errors where providers are billing time-based HCPCS and CPT codes without documenting the time spent, have no documentation of face-to-face therapy/counseling in the record, and/or both.

Counseling, Wellness, and Screening Services codes for example G0442 and G0444 have specific time durations and do not require face-to-face counseling, therapy, or both; whereas, for example codes G0443, G0445, G0446, and G0447 have specific time durations and require face-to-face counseling, therapy, or both. **Providers' documentation must support the services billed.**

SURS recommends you keep up to date on HCPCS and CPT coding criteria guidelines to ensure your facility or practice is documenting the duration of time-based HCPCS and CPT codes for Counseling, Wellness, and Screening Services accurately.

There are a few things that you can do to avoid billing errors:
- Continue to educate your staff on billing changes and appropriate billing practices.
- If you have questions, contact your Medicaid Program Officer for guidance.
- If you find you are billing for services incorrectly, you can perform a self-audit to assess your billing performance. Access the SURS Provider Self-Audit Protocol.
- You can stay up to date by accessing the *General Information for Providers Manual* and your provider type-specific manual on the Provider Information website.

Submitted Lori Beniger, LPN
Program Integrity Compliance Specialist
Office of the Inspector General

Field Rep Corner
Electronic Claim Adjustments Now Available!

Beginning December 10, 2021, Electronic Adjustments will be accepted by Montana Healthcare Programs. There will be 3 options for submitting an electronic adjustment. The options are dependent on how the claim was originally submitted.

Acceptable Frequency Codes for Electronic Claims and Adjustments:

1 Indicates the claim is an original claim.
7 Indicates the claim is a replacement or corrected claim. The information on this claim represents a complete replacement of the previously issued claim.
8 Indicates the claim is a voided/canceled claim.

The following cannot be adjusted electronically:
- Claims over 15 months old
- 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 (aka gross adjustment)
- Denied or in-process claims

Field Rep Corner
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Instructions for WINASAP
Select the original claim from your claims list and make the necessary changes. Or create a new claim with the corrected information. If you are only voiding the claim, claim information must match original claim.

Professional Claims (CMS-1500) 837P
Claim Data Tab – Enter 7 or 8 in the Claim Frequency Type Code field. Ensure the Claim Status shows "Keyed".
Claim Codes Tab – Click on Other Claim Level Numbers. In the Pop-up box, enter the original ICN in the Payer Claim Control Number field. Click OK.
Click Save.

Dental Claims (ADA Dental Form) 837D
Claim Data Tab – Enter 7 or 8 in the Claim Frequency Type Code field. Ensure the Claim Status shows "Keyed".
Claim Information Tab – Enter the original ICN in the Claim Original Reference # field.
Click Save.

Institutional and Nursing Home Claims (UB-04) 837I
Claim Data Tab – In the Type of Bill field, change the last digit to 7 or 8. Ensure the Claim Status shows "Keyed".
Claim Codes Tab – Click on Other Reference Info. In the Pop-up box, enter the original ICN in the Payer Claim Control Number field. Click OK.
Click Save.
Close Claims List and follow the regular process to submit the claim.

Instructions for a Clearinghouse or Other Direct Submission Software
Create a new claim with the corrected information. If you are only voiding the claim, claim information must match original claim.

All Claim Types
Loop 2300 - (CLM05-3) is the Claim Frequency Code. Enter 7 or 8.
REF*F8* - Enter the original ICN.

MPATH Claims Entry Solution
The electronic adjustment fields will be activated in the MPATH claim entry solution as part of the Provider Services Module go-live on December 13. Once available, instructions will be provided.

Providers who have submitted adjustments for claims that have a prior authorization may contact the Call Center to ensure their Prior Authorization units and/or dollars are updated accordingly after the adjustment has been finalized, especially for voided-only claims.

Please contact the Call Center at (800) 624-3958 Opt. 7, Opt. 2 for agent assistance.

Deb Braga
Field Representative
Conduent Health
Government Healthcare Solutions

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
11/02/2021	DME, EPSDT, IHS, Mid-Level, and Physician	Therapeutic Continuous Glucose Monitor (CGM) Devices
11/03/2021	IHS	New Medicaid Reimbursement Opportunity for Physical Therapy Services
11/05/2021	Pharmacy	Pharmacy Provider License Renewal Reminder

FEE SCHEDULES
July 2021
July 2021 Physician Fee Schedule Revised
July 2021 Lab Services Fee Schedule Revised
July 2021 Elderly and Physically Disabled – Big Sky Waiver
July 2021 Community First Choice
July 2021 Personal Assistance
July 2021 OPPS
July 2021 Home Health
July 2021 APC
July 2021 Autism
July 2021 Children's Chiropractic
July 2021 Nutrition EPSDT
July 2021 Private Duty Nursing
July 2021 Targeted Case Management (Non-Mental Health)
July 2021 Home Infusion
July 2021 DDP
July 2021 RBRVS
November 2021
November 2021 IHS Fee Schedule

ADDITIONAL DOCUMENTS POSTED

- September 2021 DUR Board Meeting Minutes
- Civil Money Penalties (CMP) Reinvestment Application and Instructions Revised
- Prescription Drug Manual Revised
- November 2021 Claim Jumper
- FQHC and RHC Manual Revised
- Sample 2019 ADA Dental Claim Form
- Quarterly Rebateable Labelers
- November 2021 DURB Meeting Agenda

Top 15 Claim Denials

Claim Denial Reason	October 2021	September 2021
MISSING/INVALID INFORMATION	1	1
PA MISSING OR INVALID	2	2
EXACT DUPLICATE	3	3
RATE TIMES DAYS NOT = CHARGE	4	4
RECIPIENT COVERED BY PART B	5	5
RECIPIENT NOT ELIGIBLE DOS	6	7
PROC. CODE NOT COVERED	7	6
CLAIM INDICATES TPL	8	8
DIAGNOSIS NOT ON FILE	9	69
PROC. CODE NOT ALLOWED	10	11
SUBMIT BILL TO OTHER PROCESSOR OR PRIMARY PAYER	11	10
SUSPECT DUPLICATE	12	15
INVALID CLIA CERTIFICATION	13	19
PROVIDER TYPE/PROCEDURE MISMATCH	14	9
SLMB OR QI-1 ELIGIBILITY ONLY	15	13

Upcoming Monthly Online Trainings

Trainings are available at no cost to providers and billers. Registration is available on the Training Page of the Provider website. All trainings are at 2pm on the date listed unless otherwise specified.

Vision Services
Thursday, December 16, 2021

New Provider Services Module
Thursday, January 20, 2022

Outpatient Therapy
Thursday, February 17, 2022

Therapy Services
Thursday, March 17, 2022