



Montana Healthcare Programs

Physical Therapy
Occupational Therapy
Speech Therapy

Laurie Nelson
Optometric, School Based Services, and
Therapies Program Officer

2021

Covered Services



- ❖ Covered therapy services include the following:
- ❖ Restorative Therapy Services



Non-covered Services

ARM 37.85.207 and ARM 37.86.606

- ❖ Some services not covered by Montana Healthcare Programs include, but are not limited to, the following:
 - ❖ Maintenance therapy services
 - ❖ Services that do not require the performance or supervision of a licensed therapist, even if the services are performed by the therapist.
- ❖ A therapist's time for the following:
 - Attending member care meetings.
 - Member-related meetings with other medical professionals or family members.
- ❖ Completion of paperwork or reports
- ❖ Observation
- ❖ Acupuncture
- ❖ Naturopath services
- ❖ Masseur or masseuse services
- ❖ Services considered experimental or investigational

Non-covered Services Cont'd

Services provided to Montana Healthcare Programs members who are absent from the state, with the following exceptions:

- Medical emergency
- Required medical services are not available in Montana. Prior authorization may be required.
- If the Department has determined that the general practice for members in a particular area of Montana is to use providers in another state.
- When out-of-state medical services and all related expenses are less costly than in-state services.
- When Montana makes adoption assistance or foster care maintenance payments for a member who is a child residing in another state.

Montana Healthcare Programs does not cover services that are not direct member care such as the following:

- Missed or canceled appointments
- Mileage and travel expenses for providers
- Preparation of medical or insurance reports
- Service charges or delinquent payment fees
- Telephone service in home, Remodeling of home, Plumbing service, Car repair and/or modification of automobile

Requirements for Therapy Services

ARM 37.86.606

Providers must maintain records that include the following:

- ❖ Signed and dated order/referral.
- ❖ Member's name on each page of documentation.
- ❖ Diagnosis, duration and time, course of treatment, and expected outcomes.
- ❖ Therapist treatment for each session.
- ❖ Member's progress in meeting therapy goals to ensure therapy services are still restorative and not maintenance.
- ❖ Support time spent for each procedure billed..



Requirements for Therapy Services Cont'd

- ❖ Documentation must be complete and representative of what the therapist has provided each time a member is seen and must support the procedures that are billed to Montana Healthcare Programs.
- ❖ Records signed and dated by the treating therapist.

EPSDT (Early Periodic, Screening, Diagnostic and Treatment)



- Covers all medically necessary services for children age 20 and under.
- Therapy services are not restricted to a specific number of hours or units.
- Must be for restorative services.

Telehealth Services

☐ Telehealth services are reimbursable as:

- ✓ Such services are medically necessary and clinically appropriate for delivery via telemedicine/telehealth,
- ✓ Comport with the guidelines set forth in the applicable Montana Medicaid provider manual, and
- ✓ Are not a service specifically required to be face-to-face as defined in the applicable Montana Medicaid provider manual.

https://medicaidprovider.mt.gov/Portals/68/docs/providernotices/2020PN/FAQ_Telemedicine_Telehealth_20200319.pdf

<https://medicaidprovider.mt.gov/Portals/68/docs/providernotices/2020PN/provnoticetelemedicinepolicyclarificationrev03272020.pdf>



Provider Enrollment

- ❑ To be eligible for enrollment, a provider must:
 - ❖ Provide proof of licensure, certification, accreditation, or registration according to Montana state laws and regulations.
 - ❖ Provide a completed W-9.
 - ❖ Meet the conditions for specific type of provider, program, and/or service.
 - ❖ Providers must enroll for each type of service they provide.

Provider Responsibilities

- Know the Providers Manual (your best friend)

<https://medicaidprovider.mt.gov/06>

- Know the Fee Schedules (your other best friend)

- Know Montana Health Program forms

- Know current rules and regulations governing the Montana Health Programs

- Know your Program Officer:
Laurie Nelson 406-444-4066





Resources to check Member Eligibility

Montana Access To Health website

<https://mtaccesstohealth.acshc.com/mt/secure/home.do>

Fax Back 800-714-0075

Integrated Voice Response

800-714-0060

Provider Relations 1-800-624-3958



Healthy People. Healthy Communities.

Department of Public Health & Human Services

Billing and Claims

- Know billing procedures such as:
- Member's primary insurance
- Member's Montana Health Program (CHIP or Medicaid)
- Member eligibility
- Claim forms UB-04 or CMS-1500
- Time limits on filing
- Claim Adjustments
- Proper procedure codes and modifiers
- Bundled services

Billing issues



- ❖ Submitting a claim past timely filing.
- ❖ Billing incorrect ID number.
- ❖ Billing without the Place of Service marked.
- ❖ Billing without referral number from Passport Provider and/or Prior Authorization number.
- ❖ Signing off before the last date of service. Especially for date spans.
- ❖ Sending claim without primary insurance EOBs. (Explanation of Benefits)

Reimbursement

- Montana Health Programs reimburse according to the fee schedules.
- It is very important to submit a clean claim.
- A clean claim means:
 - ✓ a claim that can be processed without additional information or documentation from or action by the provider of the service.
(ARM 37.85.406)



References

- <https://medicaidprovider.mt.gov/manuals/therapyservicesmanual>
- <https://medicaidprovider.mt.gov/manuals/generalinformationforprovidersmanual>
- <http://www.mtrules.org/default.asp>
- <https://medicaidprovider.mt.gov/providerenrollment>
- [Services Provided by Therapists \(ARM 37.86.601-605 and ARM 37.85.402\)](#)
- Non-Covered Services (ARM 37.85.207 and ARM 37.86.606)
- [Member Co-Payments \(ARM 37.85.204 and ARM 37.85.402\)](#)
- ARM 37.86.601 – ARM 37.86.610 Therapy Services
- ARM 37.85.406 Billing
- <https://mtaccesstohealth.portal.conduent.com/mt/general/home.do>
- <https://medicaidprovider.mt.gov/cjnewsletters> Claim Jumper
- Provider Relations/Enrollment/Claims: 1-800-624-3958
- Program Officer: Laurie Nelson 406-444-4066





Questions