

Optometric and Eyeglass Services

Laurie Nelson, Program Officer

October 30, 2025 – 1 p.m.



DEPARTMENT OF
**PUBLIC HEALTH &
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Optometric Service Providers

- Optometrists
- Opticians
- Ophthalmologists
- Classic Optical (State Contracted Eyeglass Provider)



Agenda

Medicaid Provider Webpage

Member Eligibility

General Covered Services

Prior Authorizations

Eyeglass Ordering Tips and Reminders

Claim Submission

Resources

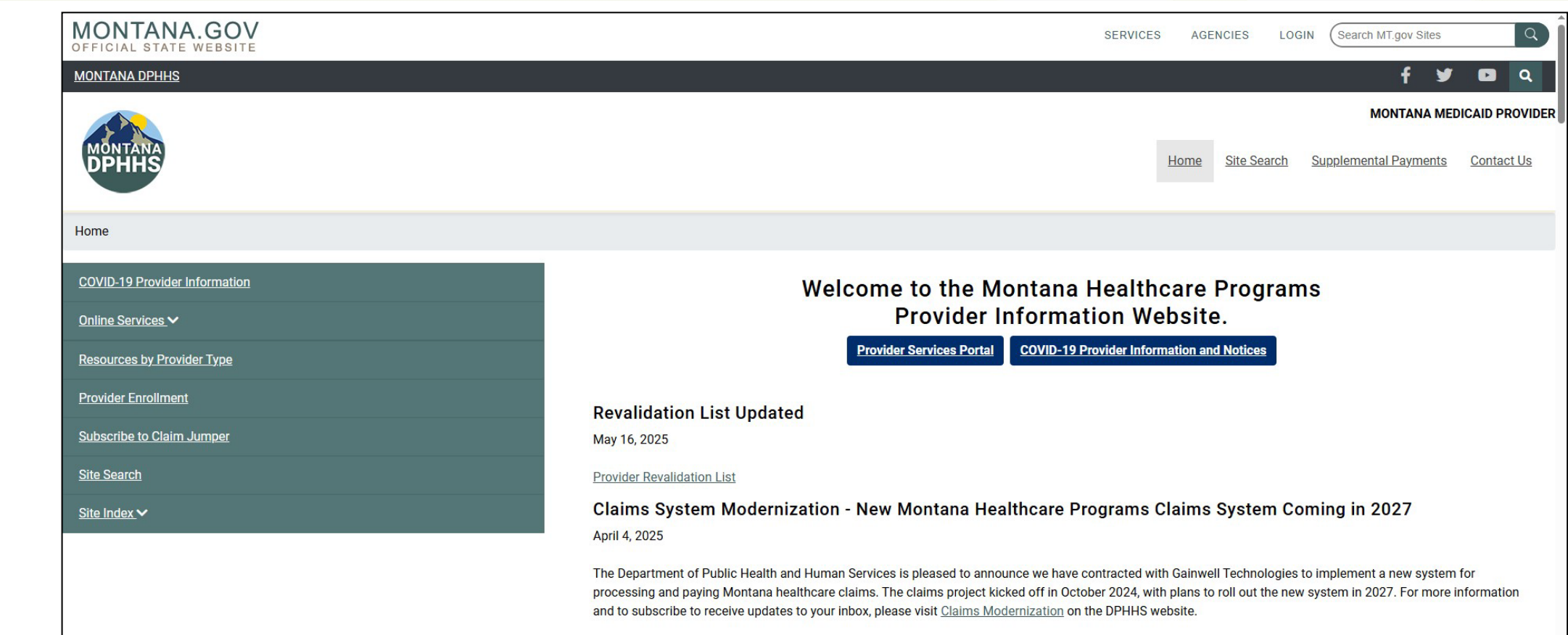


Medicaid Provider Webpage



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Main Medicaid Provider Webpage



Key Medicaid Provider Webpages

- Central hub for Montana Medicaid program information. Including, but not limited to:
 - Announcements
 - Claim Jumper articles
 - Provide Fee Schedules and Manuals
 - Provider Notices
 - Trainings



Announcements

Welcome to the Montana Healthcare Programs Provider Information Website.

[Provider Services Portal](#)[COVID-19 Provider Information and Notices](#)

Revalidation List Updated

May 16, 2025

[Provider Revalidation List](#)

Claims System Modernization - New Montana Healthcare Programs Claims System Coming in 2027

April 4, 2025

The Department of Public Health and Human Services is pleased to announce we have contracted with Gainwell Technologies to implement a new system for processing and paying Montana healthcare claims. The claims project kicked off in October 2024, with plans to roll out the new system in 2027. For more information and to subscribe to receive updates to your inbox, please visit [Claims Modernization](#) on the DPHHS website.

Update to Member Eligibility Faxback Requests

April 3, 2025

Montana Healthcare Programs has updated the eligibility Faxback requests process. The fax line for direct requests (800) 714-0075 is no longer active. The new Faxback process is now integrated with the IVR system, (800) 624-3958. To request the eligibility Faxback, select the option for eligibility then enter the required provider and member information. The option to receive a Faxback will be made available after the eligibility information is announced.

If there are further questions on this new process, please contact Provider Relations MTPRHelpdesk@conduent.com or call the support line.



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Claims Instructions

claims

medicaidprovider.mt.gov/claims

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There are two ways to submit claims to the Montana Healthcare Programs: Electronic and paper. Electronic claims are processed an average of 14 days faster than paper claims. Paper claims submitted via mail are processed an average of 12 days faster than paper claims submitted by fax. The information below is intended to support claim submission in both formats.

Billing Procedures	▼
Remittance Advice and Adjustments	▼
Electronic Billing Overview	▼
Electronic Submission Setup	▼
Electronic Submission Resources and Users Guides	▼
Electronic Claim Instructions	▼
Paper Claim Instructions	▼
Electronic Adjustment Instructions	▼
Claims Training Resources	▼
Common Billing Errors	▼
Eligible Drug Manufacturers	▼
Additional EDI Information	▼

Subscribe to Claim Jumper



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Claim Jumper Registration

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Claim Jumper Registration

The **Claim Jumper** is published on or near the last day of each month. Registering your email will allow you to receive the publication directly to your inbox as well as occasional announcements applicable to most providers. Your email will not be shared or sold at any time.

To Subscribe:

- Enter your email in the box below.
- On the next screen, confirm your email.
- You will begin receiving the Claim Jumper on the next publication date.

To Unsubscribe:

- Enter the email address receiving the Claim Jumper in the box below.
- On the next screen choose "Subscriber Preferences".
- On the next screen choose "Check to Delete" Then "Submit" You will be immediately unsubscribed.

Email Updates

To sign up for updates or to access your subscriber preferences, please enter your contact information below.

*Email Address

Submit

Claim Jumper Newsletters

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Claim Jumper 2025

Volume 40 Issue 5 - May 2025

Settings Evaluation and Tracking System: Digitizing Settings Rule Compliance
Pediatric Complex Care Assistant Services Overview
Claims System Modernization: New Montana Healthcare Programs Claims System Coming in 2027!
SURS Revelations: Unique Challenges in Behavioral Health Fraud
Recent Website Posts
Top 15 Claims Denials

Volume 40 Issue 4 - April 2025

Payment Error Rate Measurement (PERM)
Turn Around Documents for Nursing Facility Billing
SURS Revelations: Services Are Not Covered After the Date of Death
Recent Website Posts
Top 15 Claims Denials

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Provider Manuals

The screenshot shows a web browser window with the URL `medicaidprovider.mt.gov/21`. The page header includes the **MONTANA.GOV** logo and navigation links for **SERVICES**, **AGENCIES**, and **LOGIN**. A search bar is present with the text "Search MT.gov Sites". Below the header, a dark bar contains the **MONTANA DPHHS** logo and social media icons. The main content area is titled **MONTANA MEDICAID PROVIDER** and includes links for **Home**, **Site Search**, **Supplemental Payments**, and **Contact Us**. The page number **21** is displayed in a light blue bar. On the left, a sidebar lists various links: **COVID-19 Provider Information**, **Online Services** (with a dropdown arrow), **Resources by Provider Type**, **Provider Enrollment**, **Subscribe to Claim Jumper**, **Site Search**, and **Site Index** (with a dropdown arrow). The main content area features the heading **Optometric** and three buttons: **Prior Authorization**, **Forms**, and **Claim Jumper Newsletters**. Below these buttons is a section titled **Provider Manuals** with a right-pointing arrow. This section contains two links: **General Information for Providers** (described as a "Medicaid manual with general information for all provider types.") and **Optometric and Eyeglass Services** (described as "This manual has information specific to your provider type.").



Fee Schedules

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medicaidprovider.mt.gov/21

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Provider Manuals

Medicaid Rules and Regulations

Fee Schedules – Optometric

Fee Schedules - Eyeglasses

Provider Notices

Other Resources

To locate older documents, access the Archive Page.

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Provider Notices

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medicaidprovider.mt.gov/21

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Provider Notices >

2025

10/06/2025 [Notice Concerning H.R.1, Section 71113, Payments to Prohibited Entities](#)

09/04/2025 [Medicaid Enrollment for Ordering, Referring and Prescribing \(ORP\) Providers](#)

07/09/2025 [Claim Adjustment Reminder](#)

06/25/2025 [July 1, 2025 Fee Schedule Updates](#)

06/17/2025 [How to Read a Remittance Advice](#)

04/29/2025 [Audio-Only Codes](#)

03/31/2025 [Payment To Be Suspended for Providers Without Current Financial Information](#)

02/11/2025 [EFT Authorization Agreement Updated](#)

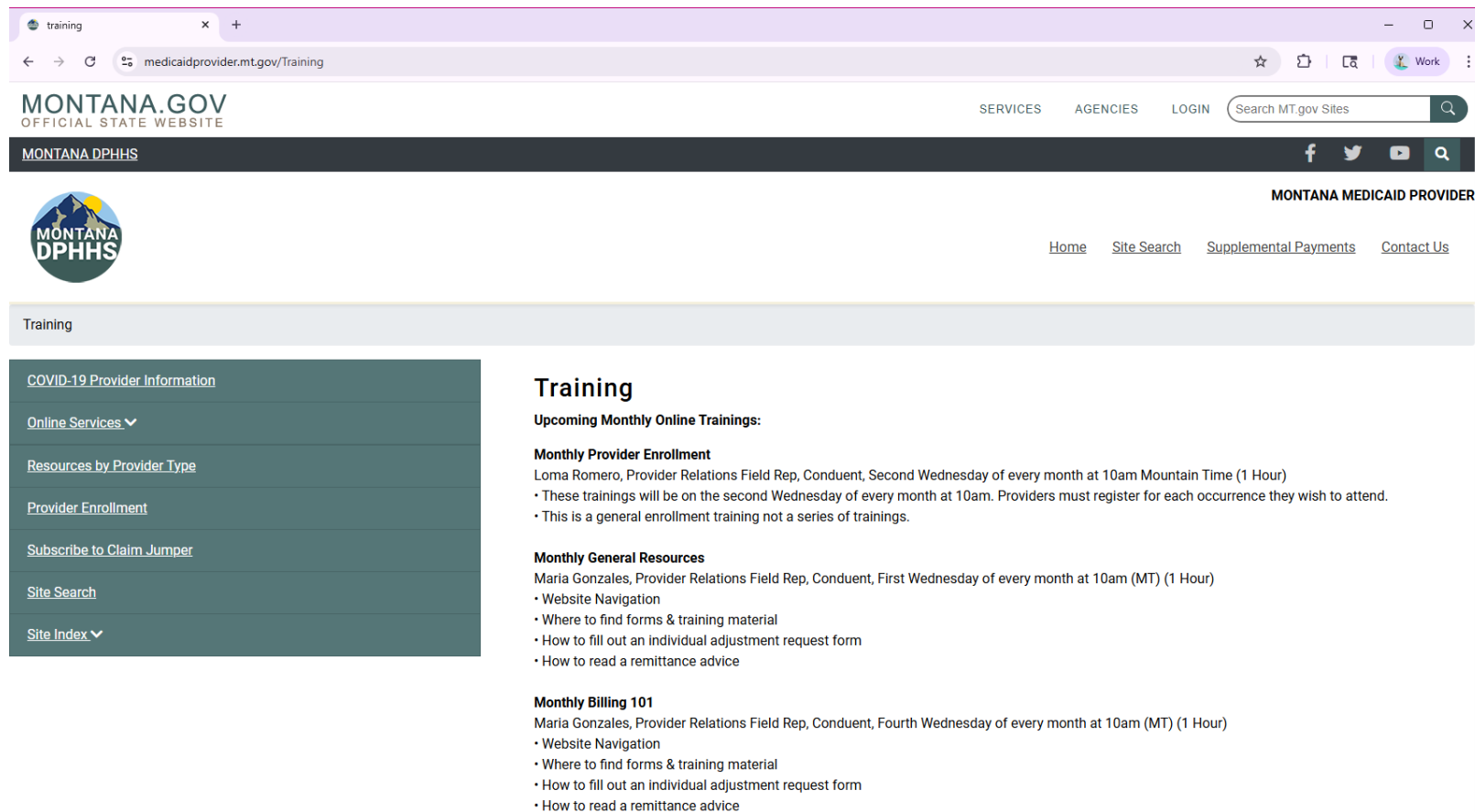
02/04/2025 [Health Behavior Assessment and Intervention Billing Codes](#)

01/15/2025 [Montana Healthcare Programs Support Services Holiday Closures](#)



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Provider Trainings



The screenshot shows a web browser window with the URL `medicaidprovider.mt.gov/Training`. The page header includes the Montana.gov logo, navigation links for SERVICES, AGENCIES, and LOGIN, and a search bar. Below the header is a dark navigation bar with the Montana DPHHS logo and social media icons. The main content area is titled "Training" and features a sidebar with links to COVID-19 Provider Information, Online Services, Resources by Provider Type, Provider Enrollment, Subscribe to Claim Jumper, Site Search, and Site Index. The main content area is titled "Training" and lists upcoming monthly online trainings, including Monthly Provider Enrollment, Monthly General Resources, and Monthly Billing 101.

training x +

medicaidprovider.mt.gov/Training

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Training

Upcoming Monthly Online Trainings:

Monthly Provider Enrollment
Loma Romero, Provider Relations Field Rep, Conduent, Second Wednesday of every month at 10am Mountain Time (1 Hour)

- These trainings will be on the second Wednesday of every month at 10am. Providers must register for each occurrence they wish to attend.
- This is a general enrollment training not a series of trainings.

Monthly General Resources
Maria Gonzales, Provider Relations Field Rep, Conduent, First Wednesday of every month at 10am (MT) (1 Hour)

- Website Navigation
- Where to find forms & training material
- How to fill out an individual adjustment request form
- How to read a remittance advice

Monthly Billing 101
Maria Gonzales, Provider Relations Field Rep, Conduent, Fourth Wednesday of every month at 10am (MT) (1 Hour)

- Website Navigation
- Where to find forms & training material
- How to fill out an individual adjustment request form
- How to read a remittance advice



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Past Provider Trainings

REGISTER FOR TRAINING

Please Note: If you register on the day of a training, please email MTRegistration@conduent.com to request the link for the training.

Information provided in the presentation materials below was correct at the time of presentation. Please consult your [provider type page](#) and the [announcement page](#) for updated information.

2025 Training Presentations	▼
2024 Training Presentations	▼
2023 Training Presentations	▼
2022 Training Presentations	▼
Tenancy Support	▼
Provider Services Portal Trainings	▼
Additional Training Materials	▼



Member Eligibility



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Verify Member Eligibility

- Providers should verify eligibility at each visit.
- Methods to check eligibility:
 - Fax Back: (800)714-0075
 - Integrated Voice Response (IVR)-(800)362-8312
 - Montana Access to Health Web Portal (MATH):
<https://mtaccesstohealth.portal.conduent.com/mt/general/home.do>
 - Provider Relations: (406)442-1837 or (800)624-3958



Department of Corrections (DOC) Members

- Eligibility will show member as “inactive”.
- The DOC member may have access to Standard Medicaid benefits.
- The DOC staff will present the member for an appointment with a form stating eligibility.
- Classic Optical has a specific online order form to use for DOC members.
- Classic Optical will bill Medicaid for eyeglasses.



Verify Date of Last Exam or Eyeglass Order

Medicaid

- Eye Exam and Eyeglass Order
 - Medicaid Provider Relations (800) 624-3958, option 7
- Eyeglass Order
 - Classic Optical (330) 759-8245

HMK/CHIP

- Eye Exam
 - Blue Cross Blue Shield (BCBS) (855) 258-3498
- Eyeglass Order
 - Medicaid Provider Relations (800) 624-3958, option 7
 - Classic Optical (330) 759-8245



General Covered Services



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General Covered Services - Adults

- Aged 21 and over
- Eligible for one eye exam and one pair of eyeglasses every 365 days
 - Exceptions:
 - Eye Exam
 - Following cataract surgery
 - Diabetic patient
 - One line of acuity loss from recent prescription
 - Eyeglasses
 - Prescription change of .50 diopter or more
 - Broken or unusable lenses only



General Covered Services - Children

Medicaid

- Aged 20 and under.
- One eye exam and one pair of eyeglasses every 365 days.
- Exams, lenses and/or frame may be replaced as needed for vision change within their benefit period if medically necessary.

HMK/CHIP

- Aged 18 and under. (Through the end of the month of their 19th birthday.)
- One exam and one pair of eyeglasses every 365 days.
- Additional exams allowed if medically necessary.



Specific Coverage: Eyeglasses

- State contracted supplier (Classic Optical) provides the list and selection of frames approved by Medicaid.
- Members can use their own existing frame, but the frame will need to be examined by the contractor before placing new lenses.
- Members may purchase a retail frame (off the shelf) out of pocket and use their Medicaid benefits for lenses if eligible.
- Member may purchase lenses out of pocket and use their Medicaid benefits for the frame (Classic Optical selection) if eligible.
- All frames carry one year warranty on fronts and temples.
- Medicaid will not replace lost or stolen eyeglasses for Adult members.
- Medicaid will replace broken or unusable lenses for Adults within their benefit period. Frame replacement is not covered.
- Adult members can have 2 pairs of eyeglasses in lieu of bifocals if they medically cannot adapt to bifocals.



Specific Coverage: Lens Add-Ons Allowed

Adult Members

- If medically necessary:
 - Polycarbonate due to monocular vision.
 - Rose tints.

Children (Medicaid and HMK/CHIP)

- If medically necessary:
 - Photochromatic/transitions
 - Polycarbonate due to monocular vision
 - Rose Tints
 - Round bifocals
 - Tints other than Rose
 - UV and scratch-resistant coatings



Specific Coverage: Contact Lenses

- Covered only for:
 - Keratoconus
 - Aphakia
 - Anisometropia of 2 diopters or more
 - Vision that cannot be corrected to 20/40 with prescription eyeglasses
- Contact lenses are not supplied by Classic Optical.
- HMK/CHIP:
 - Allowed under the same criteria.
 - Requires Optometric Program Officer approval.



Prior Authorization

Laurie Nelson, Program Officer



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Prior Authorization Requests

- Eyeglasses or contact lenses under \$500.00 do not require prior authorization if medically necessary.
- Requests must be submitted to Mountain Pacific through the Qualitrac portal.
 - <https://mpqhf.org/medicaid-provider-portal/>
- Submit prior authorization approval with the eyeglasses order to Classic Optical.



Eyeglass Ordering Procedures

Laurie Nelson, Program Officer



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Eyeglass Ordering Tips and Reminders

- Orders can be placed online using the [Classic Optical website](#) or by faxing the paper form.
- Orders with a prior authorization must be sent on the paper ordering form and then faxed, to Classic Optical.
- Orders received by Classic after business hours will be billed on the next business day as the date of service.
- The date of service for the eyeglass order is the date the order is received by the contractor, not the date it was sent.
 - If the date of service is near the end of the month, submit the order to Classic on the date the exam was performed.



Claim Submission



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Common Optometric Services Billing Errors

Member is not eligible.

HMK/CHIP claim submitted to Medicaid.

Missing the indicator for EPSDT services.

Member has QMB/SLMB only.

Claim submitted for retail frames (off the shelf).

Billing Medicare as primary for a Medicaid frame and/or lenses.

Billing Medicaid as secondary for a retail frame and/or lenses.



Optometric Services Billing Tips

- Eye exams and services for HMK/CHIP members should be submitted to BCBS.
- Eyeglasses are ordered through Classic Optical.
- Include the manufacturer invoice with contract lens claims.
- Always check the fee schedule for services that are reimbursable. If the procedure is not on the fee schedule, it will not be covered.
- Mark the EPSDT indicator on the claim for Medicaid members 20 years of age or younger when limits are exceeded.
- Date of service for eyeglass fittings is the date the service was performed.



Non-Covered Services Billing Reminders

- Lens Add-Ons:
 - If not covered by Medicaid, Classic will bill the provider “as member pays.” Medicaid asks that the member be charged at the contracted price (fee schedule).
- Member cannot be billed after Medicaid has denied payment for covered services. (ARM 37.85.406 (11)(b))
- Medicaid payment is payment in full.
 - Including zero-paid claims.
 - Members cannot be balanced billed.



HRD Claim Appeals Process

- [Health Resources Division \(HRD\) Claims Appeal Process](#) posted June 11, 2024.
- We noticed a significant increase in claim appeal requests received via email, phone, fax, and mail.
- As a result, a new, structured process for formal claim denial reconsiderations was established.
 - This process is required even if the denial is due to Fiscal Agent or department error.



Steps for Claim Denial Reconsideration

- **Step One:** Contact Provider Relations
 - **Call:** (800) 624-3958 to discuss processing concerns.
 - Obtain and keep a record of the call reference number from the Call Center agent.
- **Step Two:** Submit a Formal Reconsideration Request to HRD.
 - Necessary only if Provider Relations did not address the issue.
 - **Method:** Submit via mail or fax to the HRD - Claims Appeals Section.
 - **Mailing Address:** Attention: Claims Appeals Section, Health Resources Division, P.O. Box 202951, Helena, MT 59620-2951.
 - **Fax:** (406) 444-1861 (Attention: Claims Appeals Section)



Required Information for Reconsiderations

- Claim Identification Control Number (ICN)
- Clear description of what is to be reconsidered, including the call reference number from Provider Relations Call Center Agent.
- All substantiating documents and information necessary for us to consider.
- A clean copy of the claim.



Resources

Laurie Nelson, Program Officer



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Contact Information

Program Officer – Laurie Nelson

- **Email:** Laura.Nelson@mt.gov
- **Phone:** (406) 444-4066
- **Fax:** (406) 444-1861
- **Address:** PO Box 202951 | Helena, MT 59620-2951

Classic Optical

- **Phone:** (888) 522-2020 ext. 1308

Mountain Pacific Quality Health

- **Phone:** (406) 443-0320 or (800) 219-7035

Provider Relations

- **Phone:** (800) 624-3958 or (406) 442.1837
- **Fax:** (888) 772-2341
- **Enrollment Email:** MTEnrollment@conduent.com
- **Provider Relations Email:** MTPRHelpdesk@conduent.com
- **Address:** Provider Relations Units | PO Box 4936 | Helena, MT 59604



Important Websites

Administrative Rules of Montana	• rules.mt.gov
Medicaid Provider Website	• Main Page: medicaidprovider.mt.gov • Claim Instructions: https://medicaidprovider.mt.gov/claims • Contact Us: https://medicaidprovider.mt.gov/contactus • Forms: https://medicaidprovider.mt.gov/forms • Frequently Asked Questions: https://medicaidprovider.mt.gov/faqs
Montana Access to Health Web Portal	• https://mtaccesstohealth.portal.conduent.com/mt/general/home.do
Mountain Pacific Quality Health (Prior Authorizations)	• https://www.mpqhf.org/corporate/medicaid-portal-home/
MPATH Provider Services Portal	• https://mtdphhs-provider.optum.com



Questions

Laurie Nelson, Program Officer



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