

General Resources

June 3, 2026

Presented by:

Maria Gonzales & Loma Romero

Provider Relations Field Representatives

Roll Call

- We want to get to know our Community in Chat or Introduce yourself
- Your name
- The name of your company
- Who are your representing

Objectives

- Website navigation
- Where to find forms and training materials
- How to fill out an individual adjustment request form
- How to read a remittance advice

General Website Resources



Website

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

- Home Page
- Resources by Provider Type
- Provider Enrollment
- Subscribe to Claim Jumper
- Site Index

Home Page

- Provider Services Portal
- Provider Information
- Online Training Availability
- Announcements
- Forms
- Claim Instructions
- Claim *Jumper* Newsletters

Welcome to the Montana Healthcare Programs
Provider Information Website.

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

[To register for upcoming Online Training and access to previous Training PowerPoints, please visit the Training page at https://medicaidprovider.mt.gov/training.](https://medicaidprovider.mt.gov/training)

[Recent Website Posts](#) [Announcements](#) [Forms](#) [Claim Instructions](#)
[Claim Jumper Newsletters](#)

Resources by Provider Type

Providers are listed in alphabetical order

- [COVID-19 Provider Information](#)
- [Online Services](#) ▼
- [Resources by Provider Type](#)
- [Provider Enrollment](#)
- [Subscribe to Claim Jumper](#)
- [Site Search](#)
- [Site Index](#) ▼

Select Your Provider Type

Provider types are listed in alphabetical order. Available resources include fee schedules, provider notices, provider manuals, and more.

A - C	D - F	G - K	L - O	P - Q	R - Z
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Providers A - C

- [Ambulance](#)
- [Ambulatory Surgical Center](#)
- [Applied Behavior Analysis Services](#)
- [Audiologist](#)
- [Big Sky Waiver](#)
- [Chiropractor \(Children's\)](#)
- [Chiropractor \(QMB\)](#)
- [Clinic \(Public Health\)](#)
- [Clinical Pharmacist](#)
- [Community First Choice Services and Personal Care Services \(CFCS/PCS\)](#)

Providers L - O

- [Laboratory Services](#)
- [Licensed Addiction Counselor](#)
- [Licensed Marriage and Family Therapist](#)
- [Licensed Professional Counselor](#)
- [Mental Health Center](#)
- [Mid-Level Practitioner](#)
- [Mobile Imaging](#)
- [Nursing Facility](#)
- [Nutritionist \(EPSDT\)](#)
- [Occupational Therapist](#)
- [Optician](#)
- [Optometric](#)
- [Oral Surgeon](#)

Providers D - F

Resources by Provider Type

Providers are listed in alphabetical order

Mental Health Center

[Prior Authorization](#) [Forms](#) [Claim Jumper Newsletters](#)

- Provider Manuals
- Medicaid Rules and Regulations
- Fee Schedules – 72-Hour Presumptive
- Fee Schedules – Medicaid Mental Health Adults 18 and Over
- Fee Schedule - Medicaid Mental Health Youth Under 18
- Fee Schedules – Mental Health Services Plan (MHSP) Adults 18 and Over
- Fee Schedules – Non-Medicaid Mental Health Adults 18 and Over
- Provider Notices
- Other Resources

Provider Enrollment

Individual Providers

Montana Medicaid has three enrollment types for individual providers:

- Sole Proprietor Provider
- Rendering Provider
- Ordering/Referring/Prescribing Provider

These enrollment types have different functions and requirements.

Sole Proprietor Provider

A provider who owns their own business and the associated tax ID.

They will be used as the pay-to provider on a claim, and they are the direct recipient of payment from Montana Healthcare Programs.

This enrollment type is appropriate for individuals who own their own practice and do not employ other individuals. Providers who are sole proprietors can also work part-time at another organization and be used as a rendering provider on the organization's claims. However, they do not need to add a location to their sole proprietor enrollment for the other organization for whom they are working.

Individual providers who are sole proprietor providers are not allowed to share a tax ID with an organization NPI or another individual NPI. Any individual providers currently enrolled under a shared tax ID with an organization or individual would need to be disenrolled and reenrolled.

Enrollment Support Information

[Enrollment Support Forms](#) ▼

[Enrollment Training Materials and User Guides](#) ▼

[Enrollment FAQs](#) ▼

[New Provider Resources](#)

[Revalidation](#)

[COVID-19 Provider Information](#)

[Online Services](#) ▼

[Resources by Provider Type](#)

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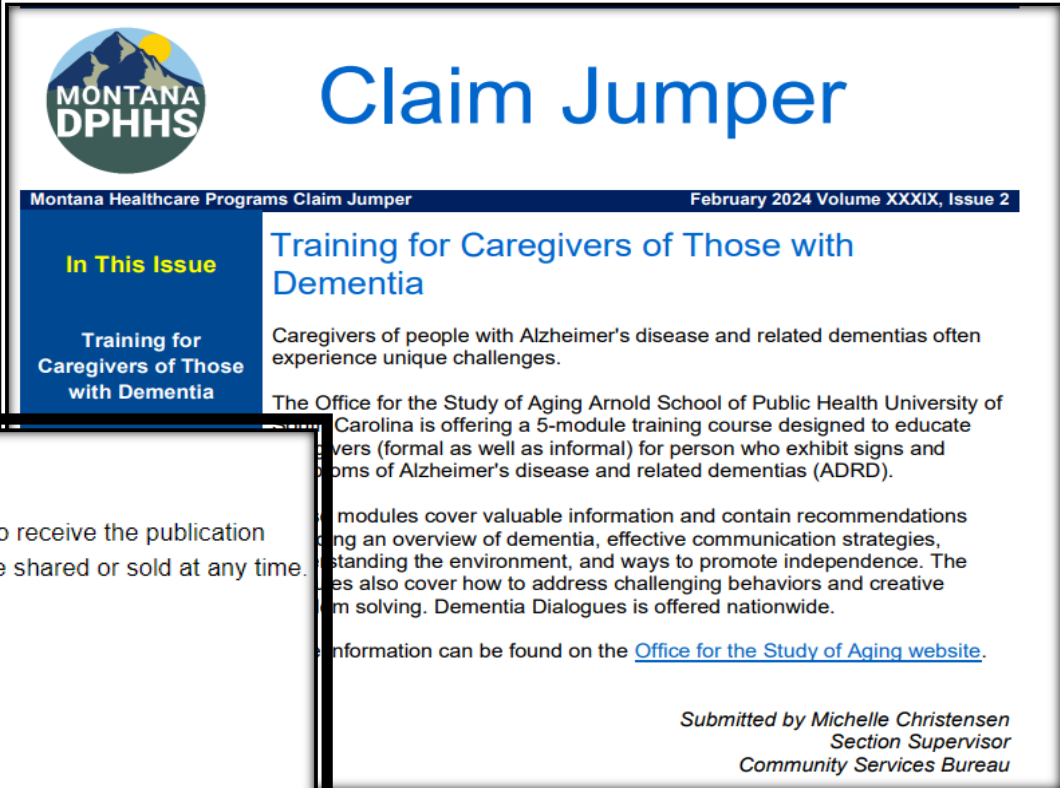
[Site Search](#)

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MONTANA DPHHS

Claim Jumper

Montana Healthcare Programs Claim Jumper February 2024 Volume XXXIX, Issue 2

In This Issue

Training for Caregivers of Those with Dementia

Caregivers of people with Alzheimer's disease and related dementias often experience unique challenges.

The Office for the Study of Aging Arnold School of Public Health University of North Carolina is offering a 5-module training course designed to educate caregivers (formal as well as informal) for person who exhibit signs and symptoms of Alzheimer's disease and related dementias (ADRD).

The modules cover valuable information and contain recommendations including an overview of dementia, effective communication strategies, understanding the environment, and ways to promote independence. The modules also cover how to address challenging behaviors and creative problem solving. Dementia Dialogues is offered nationwide.

For more information can be found on the [Office for the Study of Aging website](#).

*Submitted by Michelle Christensen
Section Supervisor
Community Services Bureau*

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.

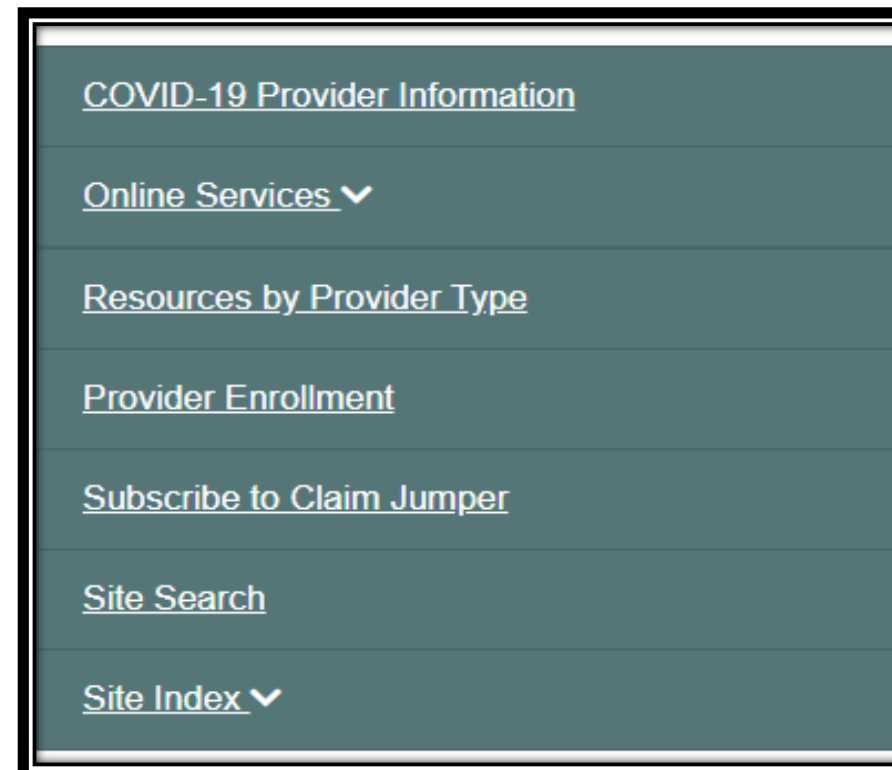
Email Updates

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

*Email Address

Site Index

- Claim Instructions
- Contact Us
- FAQs
- Passport to Health
- Preferred Drug List
- Prior Authorization
- Provider Locator Search
- RBRVS



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Questions?



Submitting Adjustments



When should I request an adjustment?

- Claim was overpaid or underpaid.
- Claim was paid but the information on the claim was incorrect (e.g., member ID, provider number, date of service, procedure code, diagnoses, units).
- Individual line is denied on a multiple-line UB-04 claim. The claim must be submitted as an adjustment rather than a rebill.
- Note: when doing an adjustment for rate changes, bill for the new total amount – not the difference between prior payment and new rate amount.

Adjustment Requirements

- Adjustments may be submitted electronically or using Individual Adjustment Request (IAR) form. (Electronically is more efficient and reliable)
- Only be submitted on paid claims; denied claims cannot be adjusted.
- Always use most recent paid ICN on adjustments.
- Always require a remit from the paid claim when using **paper adjustment form**.
- Claims Processing must receive individual claim adjustments within 15 months from the date of Payment for **paper** adjustments. After this time, gross adjustments are required via DPHHS.

Using the IAR form

- Separate adjustment request form for each ICN.
- If correcting more than one error per ICN, use only one adjustment request form and include each error on the form.
- If there is not enough space on the form to detail the corrections needed, use box 8 to indicate processed attached claim and attach a new claim to the IAR form.

Electronic Claim Submission through Clearinghouse

Electronic Adjustments are now accepted by Montana Medicaid. There will be 2 options for submitting an electronic adjustment.

Acceptable frequency codes:

- 1 Indicates the claim is an original claim.
- 7 Indicates the new claim is a replacement or corrected claim – the information present on this claim represents a complete replacement of the previously **PAID** issued claim.
- 8 Indicates the claim is a voided/canceled claim

All claim types

Loop 2300 - (CLM05-3) is the Claim Frequency Code. Enter 7 or 8.

REF*F8* - Enter the original ICN.

Adjustment Request Form



One adjustment form per Internal Control Number

Section A – Must be completely filled out

Section B – Only the info that needs changing

MONTANA DPHHS
Healthy People • Healthy Communities
Department of Health & Human Services

Montana Healthcare Programs
Medicaid • Mental Health Services Plan • Healthy Montana Kids

Individual Adjustment Request

Instructions:
This form is for providers to correct a claim which has been paid at an incorrect amount or was paid with incorrect information. Complete all the fields in Section A with information about the paid claim from your remittance statement. Complete only the items in Section B that represent the incorrect information that needs changing. For help with this form, refer to the Remittance Advices and Adjustments chapter in the *General Information for Providers* manual or call Provider Relations at 1.800.624.3958 (Montana and out-of-state providers) or 406.442.1837 (Helena).

A. Complete all fields using the remittance advice for information.

1. Provider Name, Address, and Telephone Number	3. Internal Control Number (ICN)
Name	
Street or P.O. Box	4. NPI/API
City State ZIP	
Telephone Number	5. Member ID Number
2. Member Name	6. Date of Payment
	7. Amount of Payment \$

B. Complete only the items which need to be corrected.

Item	Date of Service or Line Number	Information on Statement	Corrected Information
1. Units of Service			
2. Procedure Code/NDC/Revenue Code			
3. Dates of Service (DOS)			
4. Billed Amount			
5. Personal Resource (Nursing Facility)			
6. Insurance Credit Amount			
7. Net (Billed - TPL or Medicare Paid)			
8. Other/Remarks (Be specific.)			

Signature _____ Date _____

When the form is completed and signed, attach a copy of the remittance advice and a copy of the corrected claim, and mail to Claims, P.O. Box 8000, Helena, MT 59604, or fax to 406.442.4402.

Adjustment Request Form - Section A

Completing an Individual Adjustment Request Form – Section A

Field	Description
1. Provider Name and Address	Provider's name and address (and mailing address if different).
2. Name	The member's name
3. Internal Control Number (ICN)	There can be only one ICN per Adjustment Request Form. When adjusting a claim that has been previously adjusted, use the ICN of the most-recent claim.
4. Provider number	The provider's NPI/API.
5. Member Medicaid Number	Member's Medicaid ID number.
6. Date of Payment	Date claim was paid.
7. Amount of Payment	The amount of payment from the remittance advice.

Adjustment Request Form - Section B

Completing an Individual Adjustment Request Form – Section B

Field	Description
1. Units of Service	If a payment error was caused by an incorrect number of units, complete this line.
2. Procedure Code/NDC Revenue Code	If the procedure code, NDC, or revenue code are incorrect, complete this line.
3. Dates of Service (DOS)	If the date of service is incorrect, complete this line.
4. Billed Amount	If the billed amount is incorrect, complete this line.
5. Personal Resource (Nursing Facility)	If the member's personal resource amount is incorrect, complete this line.
6. Insurance Credit Amount	If the member's insurance credit amount is incorrect, complete this line.
7. Net (Billed - TPL or Medicare Paid)	If the payment error was caused by a missing or incorrect insurance credit, complete this line. Net is billed amount minus the amount TPL or Medicare paid.
8. Other/Remarks	If none of the above items apply or if unsure what caused the payment error, complete this line.

Questions?



How to Read a Remittance Advice



Remittance Advice- e!Sor

-
- Remits can be found on the MPATH portal for rolling 12 months.
 - Information about upcoming events and provider type specific updates.
 - Sections for paid claims, denied claims, and pending claims.
 - Includes any takebacks or credit balance claims.
 - Includes the Internal Claim Number(ICN).

Remittance

AS OF 05/08/2025

HELENA, MT 59604

REMITTANCE ADVICE FOR MEDICAID/CHIP/MHSP

Provider-Name
Address-line-1
Address-line-2
City-State-Zip

VENDOR # REMIT ADVICE # EFT/CHK # DATE 05/12/2025 PAGE 1
NPI #: TAXONOMY: 193400000X

- NEWSLETTER UPDATE -

DDP AND DPHHS ARE MAKING A FREE TRAINING OPPORTUNITY AVAILABLE FOR MEDICAID PROVIDERS INTERESTED IN BETTER UNDERSTANDING THE SPECIAL HEALTH CARE NEEDS OF MEMBERS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES. TRAINING IS SELF-PACED. EARN CME OR CEU CREDITS. FOR DETAILS, SEE THE BHDD WEBPAGE, [HTTPS://DPHHS.MT.GOV/BHDD/DISABILITYSERVICES/DEVELOPMENTALDISABILITIES/DPTRAINING](https://dphhs.mt.gov/bhdd/disabilityservices/developmentaldisabilities/dptraining).

Paid Claims

RECIP ID	NAME	SERVICE FROM	DATES TO	UNIT OF SVC	PROCEDURE REVENUE NDC	TOTAL CHARGES	ALLOWED	CO-PAY	REASON & REMARK CODES	
PAID CLAIMS - INPATIENT CLAIM										
		01042024	01252024	6.000	124	17359.50	0.00			
ICN		PATIENT NUMBER=								
		DRG CODE 0753-2 DRG								
		01042024	01252024	16.000	204	59332.00	0.00			
		01042024	01252024	347.000	259	3999.87	0.00			
		01042024	01252024	11.000	300	1817.75	0.00			
		01042024	01252024	1.000	306	112.00	0.00			
		01042024	01252024	1.000	450	1942.25	0.00			
		01042024	01252024	9.000	636	261.00	0.00			
		CLAIM TOTAL**				84824.37	5578.90			

Claims Pending

VENDOR # REMIT ADVICE # EFT/CHK # DATE 02/12/2024 PAGE 21
 NPI #: TAXONOMY: 282N00000X

RECIP ID	NAME	SERVICE FROM	DATES TO	UNIT OF SVC	PROCEDURE NDC	TOTAL CHARGES	ALLOWED	CO-PAY	REASON & REMARK CODES	
CLAIMS PENDING: INPATIENT CLAIM										
ICN		10172023	10222023	1.000	120	2038.50	0.00			
		PATIENT NUMBER=								
DRG CODE 0560-3 DRG										
		10172023	10222023	4.000	122	8154.00	0.00			
		10172023	10222023	72.000	259	1232.42	0.00			
		10172023	10222023	2.000	270	472.50	0.00			
		10172023	10222023	1.000	271	124.25	0.00			
		10172023	10222023	19.000	300	2229.00	0.00			
		10172023	10222023	1.000	351	2067.75	0.00			
		10172023	10222023	1.000	611	2341.25	0.00			
		10172023	10222023	1.000	615	2143.50	0.00			
		10172023	10222023	101.000	636	2125.94	0.00			
		10172023	10222023	1.000	720	4088.50	0.00			
		10172023	10222023	22.000	721	5263.50	0.00			
		CLAIM TOTAL**					32281.11	0.00		133

Denied Claims

RECIP ID	NAME	SERVICE FROM	DATES TO	UNIT OF SVC	PROCEDURE NDC	TOTAL CHARGES	ALLOWED	CO-PAY	REASON & REMARK CODES
DENIED CLAIMS - OUTPATIENT CLAIM									
ICN	PATIENT NUMBER=	12122022	12122022	2.000	259	40.00	0.00		
OUTPATIENT GROUP 00									
		12122022	12122022	4.000	310	1500.00	0.00		
		12122022	12122022	7.000	310	2625.00	0.00		119 M53
		12122022	12122022	1.000	312	290.50	0.00		
		12122022	12122022	6.000	312	1743.00	0.00		
		12122022	12122022	60.000	636	95.19	0.00		
		12122022	12122022	1.000	750	2273.00	0.00		
		CLAIM TOTAL**				8566.69	0.00		29
ICN	PATIENT NUMBER=	01212024	01212024	1.000	300	78.25	0.00		
OUTPATIENT GROUP 00									
		01212024	01212024	1.000	300	85.00	0.00		
		CLAIM TOTAL**				163.25	0.00		31

Total Warrant Amount

RECIP ID	NAME	SERVICE FROM	DATES TO	UNIT OF SVC	PROCEDURE REVENUE NDC	TOTAL CHARGES	ALLOWED	CO-PAY	REASON & REMARK CODES
VENDOR # REMIT ADVISE # EFT/CHK # DATE 02/12/2024 PAGE 631 NPI #: TAXONOMY: 282N00000X									
CLAIMS PENDING: MEDICARE OUTPATIENT CROSSOVER									
ICN	PATIENT NUMBER=	06192023	06192023	1.000	300	27.00	0.00		
		06192023	06192023	1.000	510	129.44	0.00		
		*** MEDICARE PAYMENT*****					101.47		
		CLAIM TOTAL**				156.44	0.00		133
OUR RECORDS INDICATE THAT THE RECIPIENT LISTED ABOVE HAS INSURANCE WITH									
UNITED HEALTHCARE SPRINGFIELD SERVICE CENTER P O BOX 740800 ATLANTA, GA 30374-0800 POLICY #: GROUP CERT #: SUBSCRIBER SSN: SUBSCRIBER NAME: SUBSCRIBER INITIAL:									
ICN	PATIENT NUMBER=	11102023	11102023	1.000	510	129.44	0.00		133
		*** MEDICARE PAYMENT*****					101.47		
		CLAIM TOTAL**				129.44	0.00		133
ICN	PATIENT NUMBER=	01092024	01092024	1.000	300	67.25	0.00		
		01092024	01092024	1.000	300	70.75	0.00		
		01092024	01092024	1.000	300	60.75	0.00		
		*** MEDICARE PAYMENT*****					31.23		
		CLAIM TOTAL**				198.75	0.00		133
CLAIMS PENDING TOTALS -MEDICARE OUTPATIENT						**NUMBER OF CLAIMS-	47	145357.81	0.00
TOTAL WARRANT AMOUNT							522768.96		

Reason and Remark Codes

RECIP ID	NAME	SERVICE FROM	DATES TO	UNIT OF SVC	PROCEDURE REVENUE NDC	TOTAL CHARGES	ALLOWED	CO-PAY	REASON & REMARK CODES
*****THE FOLLOWING IS A DESCRIPTION OF THE REASON/REMARK CODES THAT APPEAR ABOVE *****									
B13	Previously paid. Payment for this claim/service may have been provided in a previous payment.								
B5	Coverage/program guidelines were not met or were exceeded.								
MA04	Secondary payment cannot be considered without the identity of or payment information from the primary payer. The information was either not reported or was illegible.								
MA30	Missing/incomplete/invalid type of bill.								
MA66	Missing/incomplete/invalid principal procedure code.								
M119	Missing/incomplete/invalid/ deactivated/withdrawn National Drug Code (NDC).								
M123	Missing/incomplete/invalid name, strength, or dosage of the drug furnished.								
M2	Not paid separately when the patient is an inpatient.								
M20	Missing/incomplete/invalid HCPCS.								
M50	Missing/incomplete/invalid revenue code(s).								
M53	Missing/incomplete/invalid days or units of service.								
M62	Missing/incomplete/invalid treatment authorization code.								
M67	Missing/incomplete/invalid other procedure code(s).								
M81	You are required to code to the highest level of specificity.								
M86	Service denied because payment already made for same/similar procedure within set time frame.								
N10	Adjustment based on the findings of a review organization/professional consult/manual adjudication/medical advisor/dental advisor/peer review.								
N192	Patient is a Medicaid/Qualified Medicare Beneficiary.								
N286	Missing/incomplete/invalid referring provider primary identifier.								
N3	Missing consent form.								
N30	Patient ineligible for this service.								
N378	Missing/incomplete/invalid prescription quantity.								
N45	Payment based on authorized amount.								
N54	Claim information is inconsistent with pre-certified/authorized services.								
119	Benefit maximum for this time period or occurrence has been reached.								
125	Submission/billing error(s). At least one Remark Code must be provided (

If You Have Questions...



Provider Relations Contact Information

Provider Relations Call Center:

- (800) 624-3958 or (406) 442-1837
- Monday through Friday
- 8 a.m. - 5 p.m. Mountain Time

IVR - Automated system available 24/7:

- (800) 624-3958

Helpdesk:

- MTPRHelpdesk@conduent.com
- General helpdesk cannot accept secured emails or PHI.

Thank you!