



Montana Healthcare Programs Provider Notice

March 12, 2024

All Providers

Provider Initiated Claim Adjustments

Adjustments to claims may be submitted either by paper using the Individual Adjustment Request (IAR) form or electronically. Electronic adjustment instructions are on the Claims page of the [Provider Information website](#). Electronic adjustments are typically processed faster than paper adjustments.

For electronic adjustments, the take back and the reprocessing will process on the same payment date as paper adjustments have historically done. Please see the January 8, 2024, provider notice titled [Electronic Claim Adjustment Processing Change](#) for details on the recent change to the timing on processing both parts of the adjustment request.

To avoid processing delays or denials on adjustments, follow these guidelines:

- Adjustments cannot be done on denied claims. The provider must submit a new clean claim instead.
- Providers must wait until suspended (in process) claims finalize before resubmitting or adjusting. Suspended claims cannot be adjusted and will be processed as received.
- Always use the most recent paid claim internal control number (ICN) for your adjustment. Adjustments cannot be done on the same ICN more than once.
- Paper adjustments must include a copy of the remittance advice on which the claim was paid.
- Electronic claims must be submitted with all lines that were billed on the original claim.
- Adjustments for rate increases should be billed for the new total charges, not simply the difference between the previous payment and the new rate amount. Claims billed for only the difference will take back the entire original payment and pay only the difference and place the provider into a credit balance.
- If your claim was split due to reaching the maximum number of lines able to be processed on a single claim, your adjustment must be done using the IAR form. The form must include all ICNs that were part of the split claim. This is the only exception to the one ICN per IAR form requirement.

Electronic adjustments are valid up to 365 days from the date of payment. Claims Processing must receive paper claim adjustments within 15 months from the date of Payment. After this time, gross adjustments are required via the Department of Public Health and Human Services.

For more information on claims, billing procedures, and adjustments, review the Billing Procedures chapter of the General Information for Providers Manual and your provider type manual.

Contact and Website Information

For claims questions or additional information, contact Montana Provider Relations at (800) 624-3958 or (406) 442-1837 or email [Montana Provider Relations Helpdesk](#).

Visit the [Montana Healthcare Programs Provider Information website](#) to access your provider type page. Choose Resources by Provider Type in the left-hand menu.

Visit the [Contact Us page](#) on the Provider Information website for additional DPHHS contact numbers.