

Introduction

Thank you for your willingness to serve members of the Montana Medicaid program and other medical assistance programs administered by the Department of Public Health and Human Services.

Manual Organization

This manual provides information specifically for physicians, mid-level practitioners, podiatrists, public health clinics, family planning clinics, independent laboratories independent imaging facilities, and independent diagnostic testing facilities.

Most chapters have a section titled Other Programs that includes information about other Department programs such as the Mental Health Services Plan (MHSP) and Healthy Montana Kids (HMK)/CHIP. Other essential information for providers is contained in the separate *General Information for Providers* manual. Each provider is asked to review both manuals.

A table of contents and an index allow you to quickly find answers to most questions. The margins contain important notes with extra space for writing notes. There is a list of contacts on the Contact Us page on the Provider Information [website](#). We have also included a space on the inside front cover to record your NPI/API, Taxonomy, and HMK provider number for quick reference when calling Provider Relations.

Manual Maintenance

Manuals must be kept current. Changes to manuals are provided through provider notices and replacement pages. Replacement pages can be downloaded from the provider type page on the Provider Information [website](#) and are identified by a note at the top of the page indicating Replacement Page and the date. Manual pages are designed to be printed front-to-back, so they are posted in sets of two, beginning with an odd page followed by an even page, although one of the pages may not have changes. When replacing a page in a paper manual, file old pages in the back of the manual for use with claims that originated under the old policy. Keep old policy pages to refer to for older claims.

Rule References

Providers, office managers, billers, and other medical staff must be familiar with current rules and regulations governing the Montana Medicaid program. Provider manuals are to assist providers in billing Medicaid; they do not contain all Medicaid rules and regulations. Rule citations in the text are a reference tool; they are not a summary of the entire rule. **In the event that a manual conflicts with a rule, the rule prevails.** Links to rules are available on the Provider Information [website](#). Paper copies of rules are available through the Secretary of State's office.



Providers are responsible for knowing and following current laws and regulations.

In addition to the general Medicaid rules outlined in the *General Information for Providers* manual, the following rules and regulations are also applicable to the physician related services programs:

- Code of Federal Regulations (CFR)
 - 42 CFR 410 Supplementary Medical Insurance (SMI) Benefits
 - 42 CFR 440 Services: General Provisions
 - 42 CFR 441 Services: Requirements and Limits Applicable to Specific Services
- Montana Code Annotated (MCA)
 - MCA Title 37-2-101 – 37-2-313 General Provisions Relating to Healthcare Practitioners
 - MCA 37-3-101 – MCA 37-3-405 Medicine
 - MCA 37-6-101 – MCA 37-6-312 Podiatry
 - MCA 37-14-101 – MCA 37-14-102 Radiologic Technologists
 - MCA 37-34-101 – MCA 37-34-307 Clinical Lab Science Practitioners
- Administrative Rules of Montana (ARM)
 - ARM 37.85.220 Independent Diagnostic Testing Facilities
 - ARM 37.86.101 – ARM 37.86.105 Physician Services
 - ARM 37.86.201 – ARM 37.86.205 Mid-Level Practitioner Services
 - ARM 37.86.501 – ARM 37.86.506 Podiatry Services
 - ARM 37.86.3201 – ARM 37.86.3205 Non-Hospital Laboratory and Radiology (X-Ray) Services
 - ARM 37.86.1401 – ARM 38.86.1406 Clinic Services

Claims Review (MCA 53-6-111, ARM 37.85.406)

The Department is committed to paying Medicaid providers' claims as quickly as possible. Medicaid claims are electronically processed and usually are not reviewed by medical experts prior to payment to determine if the services provided were appropriately billed. Although the computerized system can detect and deny some erroneous claims, there are many erroneous claims it cannot detect. For this reason, payment of a claim does not mean the service was correctly billed or the payment made to the provider was correct. Periodic retrospective reviews are performed that may lead to the discovery of incorrect billing or incorrect payment. If a claim is paid, and the Department later discovers the service was incorrectly billed or paid or the claim was erroneous in some other way, the Department is required by Federal regulation to recover any overpayment, regardless of whether the incorrect payment was the result of Department or provider error or other cause (42 CFR 456.3).

Getting Questions Answered

The provider manuals are designed to answer most questions; however, questions may arise that require a call to a specific group (such as a program officer, provider relations, or a prior authorization unit). Key contacts and websites, Medicaid manuals, provider notices, replacement pages, fee schedules, forms, and more are available on the Provider Information [website](#).

