



# MONTANA HEALTHCARE PROGRAMS NOTICE

May 6, 2019

Dental Providers

**Effective June 1, 2019**

## Dental Blanket Denial Process

The Department wants to highlight some recent changes to the Dental Blanket Denial process. A Blanket Denial is designed to bypass the Third-Party Liability (TPL) edit that posts when a member has a primary insurance noted in the Medicaid claims processing system. [Providers can locate the Blanket Denial Form on the Montana Provider's Medicaid website at: http://medicaidprovider.mt.gov/forms.](http://medicaidprovider.mt.gov/forms)

Before the Department can consider a Blanket Denial, providers must show a member's primary insurance does not cover the procedure(s) billed. Providers must do this by submitting a dental claim to the member's primary insurance. Once the Explanation of Benefits (EOB) showing the primary has denied the billed procedure is received by the provider, the following steps are to be taken.

The provider will then submit the primary insurer's Explanation of Benefits (EOB), the dental claim form, and completed Blanket Denial to the Department's Third-Party Liability Unit for consideration.

Providers must:

- Attach an EOB
  - Only valid EOB's will be accepted; screenshots, notes and any other correspondence are not valid.
  - The date on the EOB matches the date (s) of service.
  - The denied procedure code(s) on the EOB must match the code(s) requested on the Blanket Denial.
    - i. In cases where the primary insurer does not return an EOB showing all codes billed, submit your original third party claim along with the corresponding EOB to show the requested codes have been billed to the member's primary insurance.

Blanket Denials are valid for one year. Providers will receive a Blanket Denial approval letter from Conduent, the Department's Fiscal Agent, signifying which procedure codes apply. A copy of this approval letter must be included with relevant future claims to override the TPL edit. Once expired, providers must resubmit a claim to the member's primary to initiate the Blanket Denial process.

As a reminder, per [ARM 37.85.407\(6\)\(c\)](#) The Department shall not deny payment of services solely because of the existence of a third party payer if the provider has billed the third party and has not received a reply from the third party either allowing or denying payment if the following steps are met:

- The provider submits evidence of the date the third party was billed.
- The claim is submitted to the Department, ninety (90) or more days beyond the date established in the above bullet and in compliance with the timely filing rules.
- The provider certifies on the claim that notice of payment or denial from the primary insurer has not been received.
- The provider sends this information directly to the Third-Party Liability Unit at:

Conduent Third Party Liability Unit  
PO Box 5838  
Helena, MT 59604

## **Contact Information**

[Kelly Aughney, Dental and Transportation Program Officer, email KAughney@mt.gov](mailto:KAughney@mt.gov)

or telephone (406) 444-3182.

[\(406\) 442-1837 or email MTPRHelpdesk@conduent.com](tel:(406)624-3958)

[Visit the Montana Healthcare Programs Provider Information website at https://medicaidprovider.mt.gov.](https://medicaidprovider.mt.gov)