

In This Issue

Provider Services Portal

SURS Revelations

Electronic Adjustments

Top 15 Denial Reasons

Recent Website Posts

Upcoming Training

Nursing Facility
April 21, 2022

SURS
May 19, 2022

FQHC and RHC
June 16, 2022

Register Now

Provider Services Portal Helpdesk Requests

The most common requests the Helpdesk receives are related to NPI registrations, link requests, and revalidation.

NPI Registration Issues

NPI registration issues are caused because the NPI is already registered by another user within the office or organization. Other errors may be due to incorrect tax ID, incorrect name, or choosing the wrong answers to the questions on the Details tab.

For users experiencing NPI already registered errors, Provider Services Helpdesk staff will submit a ServiceNow ticket to determine the user who registered the NPI. Provider Services staff will then work with the users to establish the appropriate overall organizational structure.

Account Administration Link Requests

Link requests must be completed for users to see and manage provider enrollment information for other NPIs on their Provider Workbench.

To complete a link request:

1. Click the Account Administration option under myMenu.
2. Under the Manage Provider Enrollment Accounts, select the 'Complete Request Form' button to download the Provider Enrollment Account Request form (link request).
3. In Section 1, enter the NPI and name with which you registered.
4. In Section 2, enter the NPIs you want to link.
5. In Sections 3 and 4, enter the submitter's information.
6. Sign the Provider Enrollment Account Request form.
7. If you are linking multiple providers, an Excel spreadsheet can be uploaded with the signed link request form.
8. Once the form is completed, select the Upload request button.
9. Select Browse to locate and select the file(s) for upload. (This step can be repeated for more than one form/document.)

Link requests are completed by the Technical Helpdesk typically within 3-10 business days.

Continued on page 5

SURS Revelations

Medication Assisted Treatment (MAT) Program

The Medication Assisted Treatment (MAT) program is the use of medication to provide a comprehensive “whole-patient” approach to the treatment of opioid use disorders. Studies show the combination of medication and counseling can help sustain recovery and can prevent or reduce opioid overdoses.

This program requires an assessment of the member for enrollment into the MAT program. If a member is discharged from the program and later re-enrolls, a new intake MAT bundle can be provided and billed to Medicaid.

Once the assessment is completed and the member is accepted into the program, the MAT established service may be billed the following week and each subsequent week thereafter. The HCPCS code is billed with the HG modifier.

After the MAT intake is completed, the following week the established MAT bundled services may be provided. To bill for the weekly established MAT bundle, the member must:

- Have weekly check-ins with the clinic, in person, via telemedicine, or at the member’s home;
- Have monthly visits with a physician or mid-level practitioner; and
- Submit to monthly presumptive drug testing and/or pregnancy testing when clinically appropriate.

Presumptive drug tests are included in the bundled rate; however, definitive drug tests are not. Definitive tests may only be billed outside of the bundled rate if:

- Member self-reports their own behaviors;
- A psychosocial factor presents itself which results in a change in the member’s treatment plan; and/or
- The member disputes the presumptive test results (whether they are negative or positive).

For more information on this program, please refer to the Addictive and Mental Disorders Division provider manual Policy #550:

<https://dphhs.mt.gov/assets/amdd/MedicaidManual/550MATFinal04012021.pdf>

For more information on the appropriate HCPCS codes and modifiers, please see the current fee schedule on the Chemical Dependency page of the [Provider website](#).

*Submitted by Summer Roberts
Program Integrity Compliance Specialist
Office of the Inspector General
Surveillance Utilization Review Section (SURS)*

Electronic Adjustments – Void/Void Replace

In December 2021, Montana Healthcare Programs implemented a new feature for providers to submit electronic adjustments through the MPATH Provider Services Portal and other electronic claims submission tools (e.g., clearinghouses). One of the top reasons for electronic adjustment rejections is the submission of the adjustment with incorrect values. Incorrect values that are frequently submitted are in areas where users can type in specific information (for example in the Original Reference Number field).

When submitting an electronic adjustment (void or void/replace) through the MPATH Provider Services Portal or other electronic claim submission tools, the **only** value users should enter in the Original Reference Number field is the 17-digit MMIS ICN (claim number) provided on the remittance advice or Optum claim inquiry.

Additionally, electronic adjustments should only be submitted for claims that have dates of service 12 months or newer. Adjustments that have dates of service older than 12 months should be submitted via the paper adjustment form. Adjustments should not be submitted via paper or electronically for claims with paid dates older than 15 months.

The following **cannot** be adjusted electronically:

- Claims over 12 months old
- Claims that have already been adjusted (use the ICN of the adjusted claim instead)
- Claims that are over lines (Split or Overflow claims)
- Encounter claims
- Pharmacy claims via 837
- Financial adjustments (aka gross adjustment)
- Denied or in-process claims

*Submitted by Aaron Hahm
MPATH Business Analyst
Medicaid Systems Support Program
DPHHS*

Top 15 Claim Denials

Claim Denial Reason	February 2022	January 2022
MISSING/INVALID INFORMATION	1	2
PA MISSING OR INVALID	2	3
EXACT DUPLICATE	3	1
RATE TIMES DAYS NOT = CHARGE	4	8
PROC. CODE NOT COVERED	5	10
PROVIDER SPECIALTY/PROC MISMATCH	6	4
RECIPIENT COVERED BY PART B	7	5
PROC. CODE NOT ALLOWED	8	15
RECIPIENT NOT ELIGIBLE DOS	9	6
PROVIDER TYPE/PROCEDURE MISMATCH	10	7
INVALID CLIA CERTIFICATION	11	12
CLAIM INDICATES TPL	12	9
DEPRIVATION CODE RESTRICTED	13	14
CLAIM/PA DATA DOES NOT MATCH	14	22
SUSPECT DUPLICATE	15	17

Recent Website Posts

Below is a list of recently published Montana Healthcare Programs information and updates available on the [Provider Information Website](#).

PROVIDER NOTICES		
Date Posted	Provider Types	Provider Notice Title
02/23/2022	All Providers	Standing Orders and Medicaid Reimbursement
02/23/2022	All Providers	Revalidation Extended to June 2022
02/28/2022	IHS, Mid-Level, Physician, Pharmacy, Tribal 638	COVID-19 At-Home Test Coverage
03/16/2022	All Providers	Revalidation Extended to June 2022 Revised
FEE SCHEDULES		
July 2021		
July 2021 Optometric Fee Schedule		
July 2021 Optician Fee Schedule		
October 2021		
October 2021 Medicaid Mental Health for Youth Fee Schedule		
January 2022		
January 2022 Ambulance Fee Schedule		
January 2022 Dental Fee Schedule		
January 2022 Oral Surgeon Fee Schedule		
January 2022 Optometric Fee Schedule		
January 2022 Optician Fee Schedule		
January 2022 Psychiatrist Fee Schedule		
January 2022 Public Health Clinic Fee Schedule		
January 2022 Licensed Direct Entry Midwife Fee Schedule		
January 2022 IDTF Fee Schedule		
January 2022 Laboratory Services Fee Schedule		
January 2022 Mid-Level Practitioner Fee Schedule		
January 2022 Mobile Imaging Fee Schedule		
January 2022 Physician Fee Schedule		
January 2022 Podiatrist Fee Schedule		
January 2022 Hearing Aid Fee Schedule		
January 2022 Audiology Fee Schedule		
January 2022 DME Fee Schedule		
January 2022 OPPS Fee Schedule		
January 2022 Physical Therapy Fee Schedule		
January 2022 Occupational Therapy Fee Schedule		
January 2022 Speech Therapy Fee Schedule		
ADDITIONAL DOCUMENTS POSTED		
<ul style="list-style-type: none"> • March 2022 DURB Agenda • Montana Provider Services Mail Cover Sheet • February 2022 DURB Meeting Minutes • Montana Medicaid Preferred Drug List 	<ul style="list-style-type: none"> • Amondys 45® (casimersen) • Exondys 51® (eteplirsen) • Viltepso® (viltolarsen) • Vyondys 53® (golodirsen) 	

Provider Services Portal Helpdesk Requests

Continued from page 1

Providers can check the status of their link requests by checking the Status of the request under the Manage Provider Enrollment Accounts section. The Status will change from Submitted to Completed, when processed.

Need more help? Users can select a Help link to access a Help window for any section of the MPATH Provider Services Portal. For the comprehensive user guide, select the Learn More option within the Help window.

Revalidation

On December 13, 2021, Montana Healthcare Programs began sending revalidation notices to providers who are due for provider revalidation. The letters specify a due date. Montana Healthcare Programs is extending the required revalidation date to June 2022 or later for any provider who has received a revalidation notice. This extension is primarily due to a known system issue that is creating challenges for some providers when trying to revalidate. Providers should not attempt to revalidate their provider information at this time. Notices will be posted when the online Revalidation feature is working properly.

Reporting a Problem

ServiceNow tickets are submitted when the Provider Services Helpdesk requires technical assistance to support a provider request or issue. ServiceNow requests can be resolved more quickly when the following information is provided:

- GovID
- Name
- Email address
- NPI
- Contact telephone number
- Full page screenshot of the error
- Steps the user took prior to experiencing the error

*Submitted by Shellie McCann
Medicaid Systems Operations Manager
DPHHS*

Thank you
for the care and support of Montana Healthcare
Programs members that you provide.
Your work is appreciated!

Key Contacts

Montana Healthcare Programs

Provider Relations

General Email:
MTPRHelpdesk@conduent.com
Enrollment Email:
MTErollment@conduent.com

P.O. Box 4936
Helena, MT 59604
(800) 624-3958 In/Out of state
(406) 442-1837 Helena
(406) 442-4402 or (888) 772-2341
Fax

Provider Enrollment

Enrollment Email:
MTErollment@conduent.com

P.O. Box 89
Great Falls, MT 59403

Conduent EDI Solutions

<https://edisolutionsmmis.portal.conduent.com/gcro/>

Third Party Liability

Email: MTTPL@conduent.com
P.O. Box 5838
Helena, MT 59604
(800) 624-3958 In/Out of state
(406) 443-1365 Helena
(406) 442-0357 Fax

Claims Processing

P.O. Box 8000
Helena, MT 59604

EFT and ERA

P.O. Box 89
Great Falls, MT 59403

Verify Member Eligibility

FaxBack (800) 714-0075 or
Voice Response (800) 714-0060

POS Help Desk for Pharmacy

(800) 365-4944

Passport

(406) 457-9542

PERM Contact Information

Becky Yancy
Email: Rebecca.Yancy@mt.gov
(406) 444-9365

Prior Authorization

OOS Acute & Behavioral
Health Hospital, Transplant,
Rehab, PDN,
DMEPOS/Medical,
& Behavioral Health Reviews
(406) 443-0320 (Helena) or
(800) 219-7035 (Toll-Free)