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SURS Revelations

Billable FQHC & RHC Health Professionals

The Surveillance Utilization Review Section (SURS) has recently identified the issue of Federally Qualified Health Centers (FQHC) and Rural Health Clinics (RHC) billing for services provided by a non-reimbursable “health professional”, as defined in Administrative Rule of Montana (ARM) 37.86.4401. Examples include nurses, community health workers, and case workers.

Only the services defined in ARM 37.86.4401 are eligible for reimbursement as an FQHC or RHC, as stated in ARM 37.86.4406.

ARM 37.86.4401 - Rural Health Clinics and Federally Qualified Health Centers, Definitions:

- (8) "Health professional" means services furnished by a:
- (a) physician;
 - (b) nurse practitioner (NP);
 - (c) physician assistant (PA);
 - (d) certified nurse-midwife (CNM);
 - (e) licensed clinical psychologist (LCP);
 - (f) licensed clinical social worker (LCSW);
 - (g) licensed professional counselor (LCPC);
 - (h) licensed marriage and family therapist (LMFT);
 - (i) licensed addiction counselor (LAC); and
 - (j) clinical pharmacist practitioner."

One billable visit per day is eligible for reimbursement if the encounter is between the patient and FQHC or RHC “health professional”, as stated in ARM 37.86.4402. If the visit does not occur with a qualifying “health professional”, the service is not reimbursable as a stand-alone service (labs, drugs, supplies). There are few exceptions, under ARM 37.86.4402 it states a member can be seen more than once when an encounter is necessary for a member seeing a different health professional with a different specialty or if they are seen more than once per day for unrelated diagnoses. SURS recommends providers educate themselves through provider notices, manuals, and program policies.

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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
03/01/2023	ABA	Applied Behavior Analysis Training 2023
03/03/2023	All Providers	End of Public Health Emergency
03/09/2023	All Providers	Add on E&M Code Editing
03/10/2023	All Providers	Provider Meetings for Medicaid Eligibility Redetermination and Unwinding PHE Flexibilities
03/17/2023	All Providers	End of Temporary Revision to Case Management General Provisions

FEE SCHEDULES

January 2022

January 2022 Final ASC Fee Schedule Revised

April 2022

April 2022 Final ASC Fee Schedule Revised

July 2022

July 2022 Final ASC Fee Schedule Revised

October 2022

October 2022 Final ASC Fee Schedule Revised

January 2023

January 2023 Ambulance Fee Schedule

January 2023 ASC Fee Schedule REVISED

January 2023 Audiologist Fee Schedule

January 2023 Direct Entry Fee Schedule

January 2023 DME Fee Schedule

January 2023 Hearing Aid Fee Schedule

January 2023 IDTFS Fee Schedule

January 2023 Laboratory Fee Schedule

January 2023 Mid-Level Fee Schedule REVISED

January 2023 Mobile Imaging Fee Schedule

January 2023 Optician Fee Schedule

January 2023 Optometrist Fee Schedule

January 2023 Physician Fee Schedule REVISED

January 2023 Psychiatrist Fee Schedule

January 2023 Indian Health Services and Tribal 638 Fee Schedule

ADDITIONAL DOCUMENTS POSTED

- Disclosures, Screening, and Enrollment Requirements
- Montana Healthcare Programs Provider Enrollment Agreement and Signature Page
- Non-Emergency Medical Transportation Training Presentation
- Tribal Training Agenda
- March 2023 DUR Meeting Agenda

SURS Revelations

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As a reminder, SURS encourages all providers to conduct internal self-audits, and voluntarily disclose any overpayments. If the Department erroneously pays a claim and subsequently discovers that the provider was not entitled to the payment for any reason the Department is entitled to recover the resulting overpayment, regardless of whether the payment was Department or provider error, as stated in ARM 37.85.406.

*Submitted by Alyssa Clark
Program Integrity Compliance Specialist
Office of the Inspector General*

Top 15 Claim Denials

Claim Denial Reason	February 2023	January 2023
MISSING/INVALID INFORMATION	1	1
PA MISSING OR INVALID	2	2
EXACT DUPLICATE	3	3
RATE TIMES DAYS NOT = CHARGE	4	4
RECIPIENT COVERED BY PART B	5	5
PROC. CODE NOT COVERED	6	6
PROC. CODE NOT ALLOWED	7	7
RECIPIENT NOT ELIGIBLE DOS	8	9
CLAIM INDICATES TPL	9	8
DEPRIVATION CODE RESTRICTED	10	11
INVALID CLIA CERTIFICATION	11	10
PROVIDER TYPE/PROCEDURE MISMATCH	12	12
REV CODE INVALID FOR PROV TYPE	13	14
SUBMIT BILL TO OTHER PROCESSOR OR PRIMARY PAYER	14	13
REVENUE CONTROL CODE NOT COVERED	15	16

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

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

Attach completed form online to your updated enrollment or mail completed form to Provider Services.
P.O. Box 89
Great Falls, MT 59403

Verify Member Eligibility

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

Pharmacy POS Help Desk

(800) 365-4944

Passport

(406) 457-9542

PERM Contact Information

Email: HeatherSmith@mt.gov
(406) 444-4171

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)