Claim Jumper

Montana Healthcare Programs Claim Jumper November 2025 – Volume 40, Issue 11

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Upcoming Training

Provider Enrollment sessions held the second Wednesday of every month.

General Resources
November 5, 2025

Documentation from a Reviewer Perspective
November 6, 2025

Billing 101
November 26, 2025

SURS Nuts and Bolts
November 13, 2025

Money Follows the Person (MFP)
November 20, 2025

Register Now

Verifying Member Eligibility

The Severe Disabling Mental Illness (SDMI) Waiver program would like to remind providers about verifying member eligibility. The General Information for Providers Manual, under the Member Eligibility and Responsibilities section, states member eligibility may change monthly. Providers must verify eligibility at each visit and before providing services.

Prior authorizations received for SDMI waiver services are not a guarantee a member will remain eligible throughout the service authorization timespan listed. Eligibility is authorized by the Office of Public Assistance (OPA). There could be circumstances where, for example, the OPA has not received required documentation for continued coverage, or the member has not paid their monthly spend down, which could result in the loss of eligibility.

Please remember it is the providers' responsibility to check each SDMI member's eligibility every month prior to providing services to ensure coverage.

Submitted by Jennifer Bergmann, CPIP, CPC
Quality Assurance Program Manager
SDMI Waiver

SURS Revelations

Understanding ABN Requirements for Medicaid Compliance

Medicaid is generally the payor of last resort, and federal and state laws restrict when Medicaid members can be billed directly. Administrative Rules of Montana (ARM) 37.85.406 (11) and ARM 37.85.204 outline the limited situations in which providers may bill members, and proper use of the Advanced Beneficiary Notice (ABN) form is essential to compliance.

Requirements of the ABN Form

Providers may bill members directly only if an ABN form is completed and signed before services are provided. A standard agreement the provider routinely requires patients to sign to accept financial liability is not an acceptable substitute for this rule. Use of the ABN form is not required; however, if you wish to bill the Medicaid member, a document is required, and the document used must include:

- A description of the specific non-covered service or service that may exceed the annual limits
- The dates of service
- An estimated cost
- Clear language confirming the members' understanding and agreement to financial responsibility

When Members May Be Billed

Providers must accept Medicaid payment as payment in full and may not seek additional payment from members, except under defined circumstances. These circumstances include:

- **Noncovered services**: If a provider informs a member in advance (the ABN form) that Medicaid will not cover a service, and the member agrees to pay privately. These services include:
  - Experimental services
  - Services performed in an inappropriate setting
  - Services deemed not medically necessary
  - Dental treatment services that exceed the annual dental treatment cap
- **Covered but not medically necessary**: Providers may not bill members after a Medicaid denial unless, before rendering the service, the member was specifically told the service did not meet Medicaid's medical necessity criteria, Medicaid would not pay, and the member signed an agreement to assume financial responsibility, meeting all the criteria of an ABN. A general warning of "Medicaid may not pay" or a routine financial responsibility form does not meet this standard.
- **Ambulance services**: This is the one true exception to the rule. Ambulance providers may bill members after Medicaid denies a claim for lack of medical necessity.
- **Provider refusal to accept Medicaid**: If a provider informs a member in advance, they do not accept Medicaid, the member agrees to pay privately, and the provider does not bill Medicaid, the provider may bill the member directly.

Proper use of the ABN is essential to ensure Medicaid compliance and protect members from inappropriate billing. Other than in the instance of the ambulance exception, providers must secure informed, written consent before billing a member for non-covered or non-medically necessary services.

Remember: **"If it isn't documented the service can't be substantiated!"**

Submitted by Summer Roberts, CPC
Lead Program Integrity Compliance Specialist
Program Compliance Bureau
Office of Inspector General
DPHHS

What Resources Are Available to Medicaid Providers?

This two-part article is the start of a series of articles on the resources available to help you navigate the Montana Medicaid landscape. Keep an eye out for new ones appearing about once a month, here in the *Claim Jumper*, digging into more resources.

Training Resources on the Medicaid Provider Site, Part One

Is there training to help me with Medicaid, such as submitting claims successfully and as smoothly as possible? In a word, yes. When it comes to training, there is an embarrassment of riches. The Montana Medicaid Provider website is your best place to prospect for that valuable training. In fact, the site contains multiple sources, starting with the home page. Part one will introduce you to three of them. Clicking the headers and other links will take you to each resource.

Home Page

The home page has valuable nuggets of information. Some of those nuggets are training information. Keep checking in on the site for new notices. Also, scroll down the page to check for previous training bits you may have missed at first.

Along with that, there is the "Online Training Available" section farther down the page. There you will find information about several goodies. For example, there is the monthly provider enrollment training by a provider relations pro. Click the link at the bottom that takes you to the registration page.

Training and Events

The provider site contains a page dedicated to training opportunities. To find it, click the Site Index item in the green menu on the left of each page to drill down to Training and Events near the bottom. (The pages are listed alphabetically.) There you will discover several training courses designed to help you avoid many of the Medicaid pitfalls you are likely to encounter.

Scroll down to find the Register for Training button for those sessions.

Below the button, you will find a small gold mine of training resources tucked into several 'accordion' dropdown lists. You will find assets from events going back nearly three years. There are also items about the provider services portal and more.

Claim Instructions

Are you having trouble finding your way around filing claims? This page is claims help paydirt. There is a link to the free provider services portal (MPATH), instructions on filing claims electronically and sample CMS-1500 and UB-4 claim forms and instructions.

There is also a link to stay in the loop about the new, updated claims system coming in 2027.

Part two of this article will cover four more training sources on the provider web site. Be sure to scoop it up as soon as it is available, along with the other useful *Claim Jumper* articles.

Submitted by Allen Way
Trainer
Conduent

Revalidation – How to Stay Compliant

Per 42 CFR 424.515 [ecfr.gov] providers enrolled with Medicaid are required to revalidate their enrollment every five years.

If you don't complete a revalidation within the designated time frame you could have your payments suspended until the revalidation is completed and could even be subject to a repayment of the funds you received.

When it's time for your revalidation you should receive a letter indicating the steps and time frame allotted to complete your revalidation.

Please do not ignore the notices for revalidation.

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 Type	Provider Notice Title
10/06/2025	All Providers	Notice Concerning H.R. 1, Section 71119, Payments to Prohibited Entities
10/09/2025	Mid-Level, Occupational Therapists, Physical Therapists, Podiatrists, Physicians, Psychiatrists, School Based Services	Place of Service Code 10 (Telehealth in the Home) Added As Valid for CPT Codes 97110 and 97530
10/14/2025	Family Planning, FQHC, Hospital Outpatient, Mid-Level, Physician, Public Health, RHC	Vaccines for Children Code Update
10/23/2025	Big Sky Waiver, Community First Choice, Developmental Disabilities Program, Home Health, Personal Assistance, Private Duty Nursing. Severe Disabling Mental Illness	How to Adjust Paid Electronic Visit Verification Claims
10/30/2025	All Providers	Training Resources on the Medicaid Provider Site
10/31/2025	Pharmacy	Pharmacy Provider License Renewal Reminder 2025

FEE SCHEDULES

- July 2025 Proposed Dialysis Servies Fee Schedule
- October 2024 ASC Services Fee Schedule Revised
- July 2025 Proposed Lab Services Fee Schedule
- July 2025 Proposed Physician Services Fee Schedule Revised
- July 2025 Proposed DME Services Fee Schedule Revised

ADDITIONAL DOCUMENTS POSTED

- September 2025 DUR Meeting Minutes
- October 2025 General Resources Training Presentation
- Applied Behavioral Analysis Manual Update
- Coverage Criteria for Anal Irrigation Systems and Catheters
- Coverage Criteria for Bariatric Equipment for Residents of Nursing Facilities
- Coverage Criteria for Double Electric Breast Pumps and Milk Storage Bags
- Coverage Criteria for Home Oxygen Therapy
- Coverage Criteria for Hospital-Grade Electric Breast Pump Rentals
- Coverage Criteria for Total Electric Hospital Beds
- Coverage Criteria for Wheelchairs and Related Seating for Residents of Nursing Facilities
- November 2025 DUR Meeting Agenda
- October 2025 Billing 101 Training Presentation

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

Top 15 Claim Denials

Claim Denial Reason	October 2025	September 2025
RECIPIENT NOT ELIGIBILE DOS	1	1
PA MISSING OR INVALID	2	2
MISSING/INVALID INFORMATION	3	3
EXACT DUPLICATE	4	4
RECIPIENT COVERED BY PART B	5	5
INVALID CLIA CERTIFICATION	6	11
CLAIM INDICATES TPL	7	8
SUSPECT DUPLICATE	8	6
REV CODE INVALID FOR PROV TYPE	9	9
PROC. CONTROL CODE = NOT COVERED	10	12
CLAIM DATE PAST FILING LIMIT	11	13
PROC. FACT. CODE = NOT ALLOWED	12	14
PROVIDER TYPE/PROCEDURE MISMAT	13	7
RECIPIENT HAS TPL	14	15
SUSPECT DUPLICATE/CONFLICT	15	10

Fraud, Waste, and Abuse…OH MY!

Feel like fraud is happening and you don't know who to talk to?

Call the Montana Medicaid Fraud Control Unit (MFCU) Provider Fraud Hotline (800) 376-1115.

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:
MTEnrollment@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
(800) 624-3958
Option 7 (Provider), Option 3 (Eligibility)

Pharmacy POS Help Desk
(800) 365-4944

Passport
(406) 457-9542

PERM Contact Information
Email: Amy.Kohl@mt.gov
(406) 444-9356

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)

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