Claim Jumper

Montana Healthcare Programs Claim Jumper August 2026 – Volume 41, Issue 8

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Upcoming Training

Provider Enrollment sessions held the second Wednesday of every month.

General Resources
August 5, 2026

Affiliations Training
August 6, 2026

Billing 101
August 26, 2026

PCMT 101
September 11, 2026

Register Now

Changes to NEMT: Enrollment, Billing, and Accessibility

Montana Healthcare Programs is preparing to transition from its current NEMT Medicaid program to a new, modernized service model with an anticipated start date of October 1, 2026.

The Department of Public Health and Human Services (DPHHS) has entered into a new contract with Modivcare for NEMT broker services under Montana Healthcare Programs. As part of the new NEMT broker structure, administrative and operational functions will shift from Mountain Pacific Quality Health to Modivcare.

Providers who currently participate in the NEMT Medicaid program will receive additional information through outreach and education from Modivcare and DPHHS during the transition period.

The reservation line for members will retain the same number, (800) 292-7114, and transition to 24-hour availability. Two additional lines will be added to support providers and facilities in connecting with the appropriate contacts and addressing the specialized assistance they need.

- Member Reservation Line: (800) 292-7114
- Transportation Provider Line: (866) 726-1471
- Facility Line: (866) 726-1469

All lines will be available beginning with the program's soft go-live on September 1, 2026.

Additionally, a digital application for phones, tablets, and computers will be introduced to support scheduling, billing, documentation, and ride tracking.

Ongoing Support:
Additional information will continually be provided throughout this implementation process including provider notices and training.

Submitted by Bridget Evans
Non-Emergency Medical Transportation Program Officer
Health Resources Division, Member Health Management Bureau
DPHHS

SURS Revelations

Documentation of Dental Counseling Services for Montana Medicaid

Montana Medicaid reimburses preventive counseling services when documentation clearly supports that the service was medically necessary, personally delivered, and distinct from routine examination or prophylaxis procedures.

Recent claim reviews found that nutritional and tobacco counseling codes are often billed without adequate documentation. Records frequently lacked documentation of counseling performed, patient-specific risk factors addressed, and/or education provided.

Covered Counseling Services
According to the Montana Medicaid Dental and Denturist Program Manual, covered counseling services include:

- Nutritional counseling for control of dental disease.
    - Note, this service is only covered for members aged five (5) and under as part of the Access to Baby and Child Dentistry (AbCd) program.
- Tobacco counseling for the control and prevention of oral disease.

All counseling must provide individualized, patient-specific education that extends beyond routine preventive education. Records must show how the counseling relates to the member's specific oral health risks, conditions, and preventive needs.

Documentation Requirements

- Documentation must clearly include:
- The medical necessity for counseling
- The patient-specific risk factors
- The education provided
- For tobacco counseling, the member's response or readiness to change
- For nutritional counseling, the parent or caregiver's response to the intervention

Although CDT does not require a minimum counseling time, we encourage providers to document the time spent providing counseling. This promotes more detailed, specific documentation to support the extent and nature of the services provided during the encounter.

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Tips to Improve Documentation Quality
To ensure your records fully support the extent and nature of the services provided (ARM 37.85.414), providers should:

- Avoid cloned documentation. Ensure every record reflects the unique details of the individual encounter. Using the same counseling language for all patients may be considered routine preventive education and may not qualify as a separately billable service.
- Document patient-specific risk factors. Document the clinical findings, behaviors, or conditions that support the need for counseling.
- Clearly separate your counseling notes from routine prophylaxis or exam notes.
- Retain caries risk assessments within the member's record when applicable.
- Document the medical necessity for repeat counseling visits. Clearly justify the clinical need when counseling is provided over multiple visits.
- Do not automatically bill counseling codes at each recall or cleaning appointment.

The strongest records clearly tell the story of why the counseling was needed, what was discussed, and how the patient or caregiver responded. Minimal or templated documentation can significantly increase the risk of review vulnerability and may result in recoupment during claim reviews.

Additional Guidance and Resources:

- **May 11, 2026, Provider Notice:** *Tobacco Counseling (CDT D1320) Coverage and Documentation Requirements*. This notice provides detailed guidance on documentation standards for CDT D1320. The information in the notice has been incorporated into the Dental and Denturist Provider Manual
- **American Dental Association (ADA):** *CDT and ICD-10-CM Coding Recommendations for Smoking Cessation (v2023)*
- **Program Contact:** For specific coverage or program questions, providers can contact Lynea Linz, Dental Program Officer.

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

Submitted by Heidi Kandilas, CPC,
Dental Coding and Billing Certified
Program Integrity Compliance Specialist
Program Compliance Bureau
Office of Inspector General
DPHHS
And Lynea Linz
Dental Medicaid Program Officer
Health Resources Division
DPHHS

The Reimbursement is in the Details

There are numerous details required to ensure claims are processed accurately and reimbursement arrives timely. Confirm they are current and correct. If not, Montana Healthcare Programs (MHP) must delay or deny reimbursement until they are.

First, all providers seeking reimbursement need a National Provider Identification Number (NPI) for their businesses. The NPI business name used by an MHP provider and the name reported to the Internal Revenue Service (IRS) must match. If they do not, it can seriously delay or prevent your reimbursement.

You can find the IRS information on your tax ID or Employer Identification Number (EIN) confirmation letter. Use it to submit your W-9 form so MHP can properly report your reimbursements. Again, those must match.

Next, confirm the nine-digit routing and the account numbers with your banking institution. Some banks also use sub-account labels to distinguish defined funds: checking, savings, reimbursements, etc. Confirm those also if needed.

When entering details for claims, etc., take a little extra time to be sure they are all correct. Ironically, slowing down here speeds things up.

One thing you should not slow down is sending the required EFT verification form on time. Most providers have sent them but too many of you have not.

MHP will twice request providers update their banking information before taking corrective action. Remember, your IRS letter, W-9 and EFT verification info must all match.

For more reimbursement details, register to attend the monthly Billing 101 or Enrollment training. Scroll down and click the Register For Training button.

Submitted by Allen Way
Account 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.

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

Upcoming Prior Authorization Requirement for CFCS/PCS Claims

Community First Choice Services (CFCS) and Personal Care Services (PCS) providers will soon be required to include a valid prior authorization number on all submitted claims. To prepare for this transition and avoid delays or non-payment, it is essential that all provider agencies ensure their information in the Optum Provider Enrollment Portal is accurate and up to date. This includes National Provider Identifier (NPI), Provider Identification (PID), Taxonomy numbers, physical and email addresses, bank routing information, and all other key enrollment details. Keeping this information current will ensure smooth implementation and prevent interruptions in claim processing once prior authorization becomes mandatory.

Why is CFCS/PCS Going to Require Prior Authorization?

Medicaid is implementing prior authorization for CFCS/PCS to make sure care is necessary, appropriate, and effective. Prior authorization is a long-established Medicaid tool that helps reduce unnecessary or duplicative services, safeguard members' safety, and strengthen program integrity – all while preserving resources for individuals who most need the supports provided through CFCS/PCS. It also supports consistent oversight and higher-quality care under the Access Rule's HCBS requirements, including improved monitoring, transparency, and service accountability across all providers.

Benefits of Prior Authorization for Providers

- Ensures authorized services match the member's assessed needs, reducing risk of retroactive claim denial.
- Helps prevent billing errors by confirming service parameters upfront.
- Supports stronger documentation practices and clearer communication between providers and Medicaid.
- Protects agencies by reducing exposure to audits related to unnecessary or mismatched services.

FAQs for Providers

- **When will prior authorization be required for CFCS/PCS services?**
  - The projected launch date is September 30.
- **Which services will require Prior authorization?**
  - S5125, S5125 U9
  - S5126, S5126 U9
  - T1019, T1019 U9
  - T2001, T2001 U9
    - *Note: Prior authorizations for PERS are already in place.*
- **How will I obtain a Prior authorization number?**
  - The prior authorization number will be included on each member's Service Profile Authorization document (SLTC-155) and will be faxed to the agency by the Utilization Review Contractor (URC). The SLTC-155 document will also include the agency's PID, under which services should be billed.
- **Will claims automatically be denied if the PA number is missing or incorrect?**
  - Yes. Missing PA numbers will trigger a payment edit, and the claim will be suspended.
- **What happens if our NPI or provider information is outdated?**
  - Your claim may be denied.
- **Who should I contact if I find an error in our provider information?**
  - Please contact Montana Provider Relations:
    - MTEnrollment@conduent.com
      (800) 624-3958
      (406) 442-1837 (Helena/Local)
- **Will prior authorization change documentation requirements?**
  - No. There will be no changes to the required documentation.
- **Who can we contact with questions about this new requirement?**
  - Gloria Garceau-Glaser. She can be reached at GGarceau-Glaser@mt.gov or by calling 406-377-6252.

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Tips for Billers

- Verify that each billing NPI is correct and active in the portal.
  - Atypical providers (those without an NPI) will no longer be allowed.
  - If you do not have an NPI, please register for one on the National Plan and Provider Enumeration System (NPPES) using the following link:
    - NPPES Registration
- Verify that the NPI is associated with the correct Taxonomy. There are two taxonomies for Provider Type 12:
  - In-Home Supportive Care - Taxonomy Code: 253Z00000X
    - Definition: Agencies providing services in the patient's home to support independent living.
- Personal Emergency Response System (PERS) - Taxonomy Code: 333300000X
  - Definition: Suppliers of PERS devices—electronic systems enabling users to summon emergency aid.
- Confirm that team numbers and provider identification numbers are correct.
- Check that your physical office locations and mailing addresses are correct.
- Update any staff or organizational changes promptly to prevent mismatches.
- Designate one staff member to routinely review portal information so updates are never missed.

For Questions Related to prior authorization requirements, contact Gloria Garceau-Glaser at GGarceau-Glaser@mt.gov or at 406-377-6252

Submitted by Michelle Christensen
CFCS/PCS Section Supervisor
Community Services Bureau
DPHHS

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

MFP Housing Resource Library

Money Follows the Person (MFP) is a demonstration project that began in 2005 as a five-year grant award through the Centers for Medicare and Medicaid services (CMS). The demonstration project provides flexible funding opportunities to help states successfully transition seniors and individuals with disabilities from institutional settings to community-based living.

Because access to safe, affordable, and accessible housing is one of the most critical factors in a successful transition, MFP is excited to announce the development of a new Housing Resource Library… a one stop shop to assist in housing searches across Montana.

The Housing Resource Library will be designed to support state employees, case managers, regional transition coordinators, and community partners in navigating Montana's housing landscape with confidence and clarity. Housing plays a central role in the well-being and stability of individuals and families, and this library will bring together essential tools to help guide the people we serve toward safe, stable, and affordable living options.

Within this resource hub, you will find information on affordable, subsidized, and fair-market rental opportunities across the state, along with practical guidance on interacting with landlords, understanding tenant rights and responsibilities, and maintaining long-term housing stability. The library will also include step-by-step materials for navigating the housing voucher process—from initial application through housing search and unit approval—helping to better support individuals who rely on rental assistance programs.

In addition to housing-specific tools, the library will highlight community resources available statewide, including support for basic needs, financial assistance, disability-related services, and community transition resources.

Our goal is to provide a centralized, easy-to-navigate collection of materials that empower informed decisions and offer effective, compassionate support to the Montanans we assist every day. Over time, we will continue to grow and update this library to reflect changing needs, new programs, and evolving best practices.

The Housing Resource Library is currently under development and will be available through the MFP website at Money Follows the Person (MFP) in the coming months.

If you have questions or would like to contribute to this resource, please reach out to Morgen Heckford at morgen.heckford@mt.gov.

Submitted by Aprill Staudinger
Money Follows the Person Project Director
Senior and Long-Term Care Division/Community Services Bureau
DPHHS

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
07/01/2026	Pharmacy	2026 Annual Pharmacy Dispensing Fee Survey
07/09/2026	Personal and Commercial Transportation, Specialized Non-Emergency Transportation. Non-Emergency Medical Transportation (NEMT) Providers	Changes to NEMT: Enrollment, Billing, and Accessibility
07/27/2026	All Providers	Trading Partner Changes Coming in 2027
07/28/2026	Family Planning, FQHC, Hospital Inpatient, Hospital Outpatient, Mid-Level, Physician, Public Health Clinic, RHC	Plan First Family Planning Manual Provider Notice

FEE SCHEDULES

- July 2026 Proposed Fee Schedules
- July 2026 SDMI Services Fee Schedule
- July 2019 CSH Services Fee Schedule
- April 2026 OPPS Services Fee Schedule Revised
- July 2026 ASC Services Fee Schedule
- July 2026 OPPS Services Fee Schedule
- July 2026 APC Services Fee Schedule

ADDITIONAL DOCUMENTS POSTED

- July 2026 General Resources Training
- FQHC/RHC Provider Manual Updates
- Presumptive Eligibility Manual Update
- Dental and Denturist Program Manual Updates
- July 2026 Monthly Enrollment Training
- July 2026 PCMT 101 Training
- June 2026 DUR Meeting Minutes
- July 2026 IHS/Tribal Training Agenda
- July 2026 Tribal NEMT Program Overview
- July 2026 MT DPHHS and Modvicare NEMT Partnership
- Coverage Criteria for Remolding Orthotic Helmets
- July 2026 Billing 101 Training
- July 2026 Affiliations Training

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	June 2026	May 2026
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
PROC. CONTROL CODE = NOT COVERED	6	10
CLAIM INDICATES TPL	7	7
PROC. FACT. CODE = NOT ALLOWED	8	12
REV CODE INVALID FOR PROV TYPE	9	9
INVALID CLIA CERTIFICATION	10	6
CLAIM DATE PAST FILING LIMIT	11	11
PROVIDER TYPE/PROCEDURE MISMAT	12	13
SUSPECT DUPLICATE	13	8
RECIPIENT HAS TPL	14	14
SUSPECT DUPLICATE/CONFLICT	15	15

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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