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Have Feedback?
Have Questions?

Take The
Survey!

Upcoming Training

SURS Training
October 15, 2020

Dental/Ortho
Training
November 19, 2020

Nursing Home /
Swing Bed
Training
December 17, 2020

Register Now

SURS Review Revelations

The Risks of Upcoding and Overbilling

The practice of upcoding costs government and private payers billions of dollars a year resulting in an increase in the cost of healthcare. Upcoding and overbilling places providers at a high risk for reviews that may lead to an investigation for fraud. The Office of Inspector General (OIG) defines fraud as “The wrongful or criminal deception intended to result in financial or personal gain. Fraud includes false representation of fact, making false statements, or by concealment of information.” The OIG lists a few of the common examples of upcoding and overbilling:

- Billing for services that are not rendered or deemed medically unnecessary
- Coding for a higher service than what was provided
- Unbundling services that are already included in a global fee
- Inappropriate use of modifiers

Providers should be documenting **ALL** services and providing enough information to ensure claims are being billed appropriately and support the level of care provided. While oversights can occur, it's imperative providers and billers stay up to date in coding guidelines and policies. The following links are good educational resources.

- **CMS Regulations and Guidance:**
(<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/pim83c04.pdf>)
- **Medicaid Program Integrity Education:**
(<https://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/Medicaid-Integrity-Education/Downloads/docmatters-medicalprof-factsheet.pdf>)
- **General Information for Providers Manual:**
(<https://medicaidprovider.mt.gov/manuals/generalinformationforprovidersmanual#604026794-provider-requirements>)
- **Fighting Medicaid Fraud, Waste, and Abuse Through Education:** (<https://www.cms.gov/blog/fighting-medicaid-fraud-waste-and-abuse-through-education>)
- **OIG A Road Map for New Physicians Avoiding Medicare and Medicaid Fraud and Abuse:**
(<https://oig.hhs.gov/compliance/physician-education/index.asp>)
- **ARM 37.85.414 Maintenance of Records and Auditing:**
(<http://www.mtrules.org/gateway/ruleno.asp?RN=37%2E85%2E414>)

Field Rep Corner

Common Denial Reasons

There are some Claim Denial Reasons that appear on the Top 15 every month. Here are some of those codes, what they are, and how to prevent them.

Denial Reason: Recipient Not Eligible DOS

Explanation: This denial reason means that the member did not have Medicaid coverage on your date of service.

Prevention: This denial reason can be avoided by verifying the member's eligibility before services are rendered. Keep in mind coverage is on a month to month basis. Eligibility can be verified on the MATH Provider Web Portal or by contacting Provider Relations at (800) 624-3958 Opt. 7, Opt. 3.

Denial Reason: Exact Duplicate

Explanation: This denial reason means that another claim for the same member, same services & date of service has already been paid. This error happens often when the initial claim paid for zero. Zero paid claims are often mistaken for denied claims when the biller is looking at the "Paid" section of the remit the claim is appearing on. It can also occur when a member sees two separate providers for the same service on the same day.

Prevention: Verify the "Paid" section of any prior remits the denied claim appears on.

Denial Reason: Missing/Invalid Information

Explanation: This denial reason means that something is missing or invalid on the claim form. For example, the charge line is missing the number of units, the code being billed is not valid, or it could be a Nursing Home claim is missing the service level.

Prevention: Take an extra minute to review claim forms before submitting. Double check to make sure all fields are completed.

Denial Reason: Procedure Code Not Covered

Explanation: This denial reason means that the CPT code being billed is not covered by Montana Healthcare Programs.

Prevention: Verify allowed codes with the fee schedule. The fee schedule for the specific provider type will show which CPT codes the provider is allowed to bill. This document can be searched (Ctrl+F) by name or CPT code. It is recommended that codes are verified to the fee schedule **before** providing services.

The Provider Relations Call Center is available Monday – Friday, 8 – 5 at (800) 624-3958 Opt. 7, Opt. 2. An agent can assist with understanding claim denials and ways to prevent them in the future.

*Submitted by Deb Braga
Field Rep
Montana Provider Relations*

Claims Administration Change for HMK-CHIP DMEPOS and HMK-CHIP Hearing Aid Claims

HMK-CHIP DMEPOS Claims Administration Change

Effective October 1, 2020, the administration of the HMK-CHIP durable medical equipment, prosthetics, orthotics, and medical supplies (DMEPOS) benefit will move from Blue Cross Blue Shield of Montana (BCBSMT) to Conduent and Mountain-Pacific Quality Health (MPQH). HMK-CHIP DMEPOS services will be administered in the same manner as Medicaid.

Prior authorization requests may be submitted through the MPQH Qualitrac portal at <https://www.mpqhf.org/corporate/medicaid-portal-home/>. For questions regarding prior authorization of HMK-CHIP DMEPOS services, contact MPQH at (800) 219-705.

For more information on the HMK-CHIP DMEPOSE Claims Administration Change, please reference the [provider notice dated September 10, 2020 on the DMEPOS page of the provider website](#).

HMK-CHIP Hearing Aid Claims Administration Change

Effective October 1, 2020, the administration of the HMK-CHIP hearing aid benefit will move from Blue Cross Blue Shield of Montana (BCBSMT) to Conduent and the Department of Public Health and Human Services (DPHHS). HMK-CHIP hearing aid services will be administered in the same manner as Medicaid.

HMK-CHIP hearing aid claims with a date of service on or after October 1, 2020, must be submitted to Conduent for processing. The Conduent claims submission address is: Claims Processing Unit, P.O. Box 8000, Helena, MT 59604. Provider inquiries regarding HMK-CHIP hearing aid claims and/or provider enrollment should be directed to Conduent Provider Relations at (800) 624-3958.

Prior authorization requests may be submitted to DPHHS, Health Resources Division, Allied Health Services Bureau, P.O. Box 202951, Helena, MT 59620-2951, or faxed to (406) 444-1861. For questions regarding prior authorization of HMK-CHIP hearing aid services, contact DPHHS at (406) 444-4518.

For more information on the HMK-CHIP Hearing Aid Claims Administration Change, please reference the [provider notice dated September 10, 2020 on the Hearing Aid Services page of the provider website](#)

*Submitted by Michael Mahoney
HMK Contract Manager
DPHHS*

Have Feedback?

Provider Relations appreciates your suggestions for training, ideas to make our service to you more effective, and we want to know if a staff member was especially helpful.

[Complete The Survey](#)

NCI Inc. to Begin PERM Medical Record Review Process

NCI Inc. will begin the Payment Error Rate Measurement (PERM) medical record review process in October 2020. PERM participation is required under the Federal Improper Payments Elimination and Recovery Act (IPERA) of 2010. NCI will begin contacting providers requesting medical records for sampled Children's Health Insurance Program (CHIP) and Medicaid claims that were paid between July 2019 – June 2020. Providers are required to respond to NCI within the given timeframe, submit all requested records, and return the documentation with the claim-specific cover letter for each claim pulled for review. If no documentation or incomplete records are provided to NCI, the claim will be considered in error and the State will seek an overpayment recovery.

Please contact [Krista Cronholm, DPHHS Program Compliance Bureau, at KCronholm@mt.gov](mailto:KCronholm@mt.gov) at (406) 444-9365 for any PERM questions.

Providers may visit the CMS providers website or the Montana PERM provider training listed below to become familiar with the entire medical record request and review process:

CMS Providers Website

(<https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicaid-and-CHIP-Compliance/PERM/Providers.html>)

PERM Provider Training

(<https://medicaidprovider.mt.gov/Portals/68/docs/training/2020training/PaymentErrorRateMeasurementPERMProviderTrainingConduent06192020.pdf>)

Top 15 Claim Denials

Claim Denial Reason	August 2020	July 2020
EXACT DUPLICATE	1	2
MISSING/INVALID INFORMATION	2	1
PA MISSING OR INVALID	3	3
PROC. CODE NOT COVERED	4	6
RECIPIENT NOT ELIGIBLE DOS	5	4
RATE TIMES DAYS NOT = CHARGE	6	5
PROC. CODE NOT ALLOWED	7	11
RECIPIENT COVERED BY PART B	8	7
REV CODE INVALID FOR PROV TYPE	9	15
PROVIDER TYPE/PROCEDURE MISMAT	10	9
SLMB OR QI-1 ELIGIBILITY ONLY	11	10
CLAIM INDICATES TPL	12	8
PASSPORT PROVIDER NO. MISSING	13	12
CLAIM/PA DATA DOES NOT MATCH	14	26
SUSPECT DUPLICATE	15	14

Hospital and Physician Claims Submitted with Unlisted Procedure Codes

Providers are reminded to use the most specific HCPCS/CPT procedure code when billing. If an unlisted procedure code must be used, Montana Healthcare Programs urges providers to send medical records specific to the unlisted procedure codes with the claim. On electronic claims, use the paperwork indicator PWK to indicate a paperwork attachment.

The member's entire medical record is not required. Please submit only the sections of the medical record related to the unlisted codes billed.

The Paperwork Attachment Cover Sheet is available on the Provider Information website at <https://medicaidprovider.mt.gov/Portals/68/docs/forms/paperworkattachmentcoversheet.pdf>

*Submitted by Val St. Clair
Hospitals Program Officer
DPHHS*

The Importance of Verifying Waiver Eligibility – Claims in Pending Status

The Community Services Bureau manages the Big Sky Waiver (BSW) program providing services to over 2,200 members. These members must be eligible for Standard Medicaid and BSW Medicaid on the date of service. It is the responsibility of the provider to check Medicaid and BSW eligibility on a monthly basis. Verification can be attained in the Montana Access To Health (MATH) web portal.

It is important to keep in mind a member may be eligible for Standard Medicaid and not be BSW eligible. When viewing the portal information, the 'Message Text' under 'Eligibility Spans' will indicate if the member is BSW eligible. The 'Message Text' should read: *Elderly/Physically Disabled Waiver*. If the text is not included, it is possible BSW claims will not be paid for the member in the month of service. Providers should contact the appropriate Case Management Team to find out the circumstances for the member in question.

Claims may show they are in a pending status on the remittance advice. Claims in a pending status need to be researched immediately. You can call Provider Relations at (800) 624-3958 to identify the reason a claim is pending.

*Submitted by Jill Stark
Bureau Chief
Community Services Bureau Senior
and Long Term Care Division
DPHHS*

Recent Website Posts

Below is a list of recently published Montana Healthcare Programs information and updates available on the [Provider Information Website](#). On the website, select “Resources by Provider Type” in the left menu to locate information specific to your provider type. If you cannot locate the information below, contact Provider Relations at (800) 624-3958 or (406) 442-1837 in Helena.

PROVIDER NOTICES		
Date Posted	Provider Types	Provider Notice Title
08/18/2020	Chemical Dependency Center, Licensed Addiction Counselor, Licensed Clinical Social Worker, Licensed Clinical Professional Counselor, Mental Health Center, Psychiatrist, Psychologist, PRTF, Therapeutic Group Home	Behavioral Health Grants
08/28/2020	All Providers	Provider Relief Funding from HHS Allocation to Medicaid Providers
09/08/2020	Chemical Dependency	Substance Abuse Block Grant (SABG) Non-Medicaid Contracted Billing Requirements for Procedure Codes H2034, H2034 HD, and H2017
09/10/2020	School-Based Services	2021 FMAP Changes to the School-Based Fee Schedule
09/11/2020	Hearing Aid Services	HMK-CHIP Hearing Aid Claims Administration Change
09/11/2020	DME, Medical Supplies, Orthotics, Prosthetics	HMK-CHIP DMEPOS Claims Administration Change

FEE SCHEDULES		
July 2020		
DDP		
Revised July 2020		
Laboratory services, Mid-Levels, OPPS, Physician, Psychiatrist,		

ADDITIONAL DOCUMENTS POSTED		
• Overview and Access Guide for Seeking Provider Relief Funding from HHS Allocation to Medical Providers Revised	• Adult Mental Health Training PowerPoint	• Pharmacy DURB Agenda

Thank You!

Your continued efforts to care for Montana Healthcare Program Members during this prolonged pandemic is greatly appreciated. Please contact the call center with claims questions at (800) 624-3958, (406) 442-1837, or email MTPRHelpdesk@conduent.com.

There's a Resource for That!

Fast, Effective Provider Page Web Search

The [Montana Healthcare Programs Provider Website](#) is a very large website with thousands of documents and pages. The site provides a search page specifically for the provider site; however, often a search will return too many results to be useful. There are a few easy ways to get more specific results faster that are now available on the [Site Search page](#). The new tools are called “search operators”. There are hundreds of search operators available that work in many search engines. The terms listed below and on the site search page are specific to the provider website and may be used on the [DPHHS website](#) as well.

To use the search operators:

1. All terms are case sensitive.
2. Do not add a space between the : part of the search operator and the search term.
3. More than one search operator may be used simultaneously.

Search Operator	What It Does	How to Use	Example
RELATED:	Finds similar words.	When unable to remember a specific term, use this to find similar words on the site or page.	RELATED:stomach Results will include abdominal,
IN TEXT:	Find words in text as opposed to file titles.	To locate documents with specific words	IN TEXT:dental Results will show documents with the word “dental”. IN TEXT :"prophylaxis adult" Results will show documents with the words “prophylaxis adult” next to each other. This is a combination use of search operators. See the Search Operator “ “ for use of the “ “.
“ “	Finds a phrase with the words in the same order as the words between the “ “.	To locate information about a specific phrase.	“service must be medically necessary” This returns a list of 3 pages and documents with the specific term. Without the use of the search operator 155 results are returned.
NEAR	Finds two words near each other.	Narrow search to a specific context.	physicians NEAR emergency Returns approximately 250 results. The search for physician and the search for emergency individually return a total of over 1000 results on the provider website.

Key Contacts

Montana Healthcare Programs

Provider Relations

General Email: MTPRHelpdesk@conduent.com
 Enrollment Email:
MTEnrollment@conduent.com
 P.O. Box 4936
 Helena, MT 59602
 (800) 624-3958 In/Out of state
 (406) 442-1837 Helena
 (406) 442-4402 or (888) 772-2341 Fax

Conduent EDI Solutions

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

Third Party Liability

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

Fax completed documentation to Provider Relations (406) 442-4402.

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

Email:KCroholm@mt.gov
 Telephone: (406) 444-9365
 Website: <https://dphhs.mt.gov/qad/PC/PERMPC>

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)