

In This Issue

Individual Adjustment Requests

Upcoming Trainings

FQHC & RHC Service Requirements

Top 15 Denial Reasons

Recent Website Posts
Denial Codes Explained

Have Feedback?
Have Questions?

Take The Survey!

Upcoming Training

FQHC & RHC Training
March 18, 2021

Billing 101 & Policy Updates
April 15, 2021

Register Now

Field Rep Corner

Individual Adjustment Requests

When claims are processed and paid with incorrect information, an Individual Adjustment Request (IAR) Form must be submitted to correct the claim. Montana Healthcare Programs is unable to adjust claims electronically or accept “corrected” claims. The adjustment process is time consuming and takes several weeks for the adjustment to reflect in our system.

When should I NOT request an adjustment?

- If the claim was a paper claim and you believe the claim was keyed incorrectly, contact the Call Center at (800) 624-3958.
- Do not submit adjustments for denied claims. (If your claim is denied, make the necessary changes and resubmit the claim. We will not adjust denied claims.)
- If you are appealing the way a claim was processed. (For example, if the original claim was entered correctly and you feel the claim was denied/paid in error.) Submit an appropriate appeal letter.
- Do not submit an adjustment form if a check has been sent to Third Party Liability (TPL) for repayment. (This will cause the claim to adjust twice.)

When should I request an adjustment using the IAR form?

- Claim was overpaid or underpaid.
- Claim was paid but the information on the claim is incorrect. (For example, wrong member ID, date of service, procedure code, units, etc.).
- Individual line is denied on a UB-04 claim. (Only CMS-1500 denied charge lines can be resubmitted. UB-04 require adjustments.)

What is required to complete the IAR form?

- Always submit the required remit reflecting the paid claim being adjusted.
- Individual Adjustments must be received within 15 months of the paid date. After this time, gross adjustments are required.
- One adjustment form must be submitted for each ICN.
- When submitting an Individual Adjustment Form, less is more.
 - **Only** provide information for the correction needed.
 - Do not include how or why the error occurred.
 - Enter **only** the required information for each field.
 - Be as specific as possible when necessary. If your request is not understood or no changes are indicated, the IAR will be returned to you.

continued on page 2

Individual Adjustment Requests
continued from page 1

Preventing Common IAR Errors

Prior to submitting the IAR form, verify that each of the criteria listed below are met.

Section A

- All fields must be completed.
- Question 6: The date on the remit reflecting the claim being adjusted.
- Question 7: The total amount paid for the claim being adjusted.

Section B

- Use Question 1 through Question 8 as appropriate.
- If a Prior Authorization (PA) number is needed, use Questions 1 through 7 for your corrections and notate the PA number in Question 8.

Tips For Entering Corrected Information

- Date of Service or Line Number: It is best to use the Line Number you wish to correct.
- Information on Statement: List the incorrect information initially billed.
- Corrected Information: List the correct information to be reflected on the adjusted claim.
- Other/Remarks: Use this field when there are multiple lines to correct, to note the claim should be reverted (taken back), or to note an attached corrected claim for reprocessing.



***Locate the IAR Form
on the Forms page
of the Provider website.***

Tracking the Adjustment

Once the adjustment begins to process, it may be seen in the Pending section of the remit for a few weeks.

Once the adjustment fully processes, two claims will be seen in the Paid section of the remit. The first claim will be the original claim shown as a negative. The second claim will be the corrected claim. Please note that Montana Healthcare Programs will only pay the difference between the two claims. If Montana Healthcare Programs takes back more than they pay, the amount is deducted from the total payment amount of the remittance advice.

If any questions arise about adjustments or completing the form, please contact the Provider Relations Call Center at (800) 624-3958 Opt. 7, Opt. 2 for assistance. [The Individual Adjustment Request form can be located under forms on our website. https://medicaidprovider.mt.gov/forms#240933497-forms-g--l.](https://medicaidprovider.mt.gov/forms#240933497-forms-g--l)

On the next page there are examples of how to apply this information when completing an IAR.

continued on page 3

Individual Adjustment Requests
continued from page 3

Sample Correct IAR Submissions

Example 1:

B. Complete only the items which need to be corrected.			
Item	Date of Service or Line Number	Information on Statement	Corrected Information
1. Units of Service	01	1	18
2. Procedure Code/NDC/Revenue Code			
3. Dates of Service (DOS)			
4. Billed Amount	01	596.47	955.95

Original Claim Line 1 billed for 1 unit for a total of \$596.47. However, it should have been 18 units for a total of \$955.95. In this case, both the units and the billed amount need to be corrected.

Adjustment Form Item 1 Units of Service.

- Line Number field = 01
- Information on Statement field = 1
- Corrected Information field = 18

Item 4 Billed Amount. Line

- Line Number field = 01
- Information on Statement field = \$596.47.
- Corrected Information field = \$955.95

Example 2:

8. Other/Remarks (Be specific.) Line 1 – Decrease units from 15 units to 3 units & Decrease billed amount from \$82.84 to \$66.27. Line 2 – Decrease units from 14 units to 4 units & Increase billed amount from \$77.32 to \$88.36.
--

Original Claim Line 1 billed for 15 units for a total of \$82.84. It should have been 3 units for a total of \$66.27. Line 2 billed for 14 units for a total of \$77.32. It should have been 4 units for a total of \$88.36. In this case, there are multiple lines to be corrected for both units and billed amount.

Adjustment Form Use section 8 to write out your corrections. Again, less is more but be specific. The notation should look something like this.

“Line 1 – Decrease units from 15 units to 3 units and decrease billed amount from \$82.84 to \$66.27.

Line 2 – Decrease units from 14 units to 4 units and increase billed amount from \$77.32 to \$88.36.”

*Submitted by Deb Braga
 Field Rep
 Montana Provider Relations*

FQHC and RHC Service Requirements

Per Administrative Rules of Montana (ARM) 37.86.4406, providers rendering FQHC or RHC services must meet the same requirements which would apply if the practitioner were to provide services outside of an FQHC or RHC. These requirements include, but are not limited to, applicable licensure, certification, and registration requirements, and applicable restrictions upon the form of entity or category of individual practitioner that may provide services.

For example, the dental program has limited reimbursement of D0145, D0425, D1310, and D1330 to dentists certified as Access to Baby and Child Dentistry (AbCd) providers. The AbCd certification requirement still applies to dentists rendering services within an FQHC or RHC setting.

In addition to the practitioner requirements, FQHC and RHC services are bound by the applicable limitations on the amount, scope, or duration of services covered by Montana Healthcare Programs.

Program requirements can be accessed by locating the appropriate provider type resource page at <https://medicaidprovider.mt.gov>.

*Submitted by Alyssa Clark
FQHC & RHC Program Officer
Hospital & Physician Services Bureau
Health Resources Division
DPHHS*

Top 15 Claim Denials

Claim Denial Reason	DECEMBER 2020	NOVEMBER 2020
MISSING/INVALID INFORMATION	1	1
EXACT DUPLICATE	2	3
PA MISSING OR INVALID	3	2
RATE TIMES DAYS NOT = CHARGE	4	4
PROC. CODE NOT COVERED	5	6
RECIPIENT NOT ELIGIBLE DOS	6	5
RECIPIENT COVERED BY PART B	7	7
PROC. NOT ALLOWED	8	8
PROVIDER TYPE/PROCEDURE MISMAT	9	9
SLMB OR QI-1 ELIGIBILITY ONLY	10	13
SUSPECT DUPLICATE	11	12
CLAIM INDICATES TPL	12	11
PROCEDURE/AGE MISMATCH	13	10
REV CODE INVALID FOR PROV TYPE	14	14
CLAIM DATE PAST FILING LIMIT	15	27

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		Provider Notice Title
Date Posted	Provider Types	
12/23/2020	CAH, FQHC, Hospital Outpatient, Mid-Levels, Nutritionist/Dietician, Physician, Public Health Clinic, RHC	Diabetes Prevention Program Information
01/06/2021	FQHC, RHC	FQHC and RHC Requirements

FEE SCHEDULES
Proposed January 2021
Ambulance, Dental Services, DME, Hearing Aid Services, Laboratory Services, Licensed Direct Entry Midwives, Mid-Levels, Mobile Imaging Services, Optometric, Physician, Youth Mental Health
January 2021
IHS/Tribal 638, Swing Bed

Manuals
Commercial and Specialized Non-Emergency Transportation, Personal Transportation Services Manual

FORMS
COVID-19 In-Person Visitation Application (On the Nursing Facility Page)

ADDITIONAL DOCUMENTS POSTED	
<ul style="list-style-type: none"> Hearing Notice for Proposed Fee Schedules Presumptive Eligibility 2021 Training Dates 	<ul style="list-style-type: none"> DUR Minutes December 2020 Monthly Provider Training Dates for April, May, and June 2021.

Provider Relations wants your feedback!

Send comments, general questions, suggestions, or compliments to the [Provider Survey](#).

Upcoming Monthly Online Trainings

The old saying “The only thing constant is change.” has certainly proven true in the last year. As change occurs, it is very important to learn and incorporate updated policies and procedures into your billing practice. Providers are encouraged to register and attend monthly trainings appropriate to their practice. These trainings are available at no cost to providers and billers. Training Registration is available on the [Registration Page](#) of the Provider website. Below is a list of trainings currently accepting registrations:

FQHC/RHC Training

Presented by Alyssa Clark
FQHC and RHC Program Officer
DPHHS
Thursday, March 18, 2021 at 2pm Mountain Time
1 hour

Billing 101 & Policy Updates

Presented by Deb Braga
Field Rep
Montana Provider Relations
Thursday, April 15, 2021 at 2pm Mountain Time
2 hours

SURS Training

Presented by Jennifer Tucker
SURS Supervisor
DPHHS
Thursday, May 20, 2021 at 2pm Mountain Time
1 hour

Therapies

Presented by Laurie Nelson
Therapies, O&M, and Optometrics Program Officer
DPHHS
Thursday, June 17, 2021 at 2pm MST
1 hour

Key Contacts

Montana Healthcare Programs

Provider Relations

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

TPL 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

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

Prior Authorization

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