



Montana Healthcare Programs Provider Notice

September 30, 2026

Effective March 31, 2027

Informational

All Providers

Claim Adjustment and Void Changes in the Montana Healthcare Claims System

When the Montana Healthcare Claims System (MTHCS) launches in 2027, the process for submitting claim adjustments and voids will change. The timeframe for adjusting paid claims will also be aligned to timely filing requirements.

Currently, providers may submit adjustments and voids using the paper Individual Adjustment Request form or electronically through the MES Provider Services Portal Claims Module or 837 transactions.

Paper Submissions

The paper Individual Adjustment Request form will no longer be used after MTHCS implementation. Use of this form will result in the documents being returned to the provider.

Although the Individual Adjustment Request form will no longer be available, paper submissions of adjustments and voids are still possible by submitting a clean copy of the applicable claim form with all necessary corrections, including updates to service lines, diagnosis codes, and charges. You must also complete the required fields below to identify the claim as a replacement or void of a previously paid claim. Claims submitted without the required replacement or void indicators will be processed as new claims and may be denied as duplicates of a previously paid claim. Denied claims cannot be adjusted.

CMS-1500 Professional Claim Form

Requested action	Required field	What to enter
Replacement of a prior claim	Box 22 – Resubmission Code/Original Reference Number	Enter 7 in the left side of the field (Resubmission Code) and the original claim ICN in the right side of the field (Original Ref No.)
Void a prior claim	Box 22 – Resubmission Code/Original Reference Number	Enter 8 in the left side of the field (Resubmission Code) and the original claim ICN in the right side of the field (Original Ref No.)

UB-04 Institutional Claim Form

Requested action	Required field	What to enter
Replace a prior claim	Box 4 – Type of Bill	Enter frequency code 7 (Change the original Type Of Bill to end in 7)
Replace a prior claim	Box 64 – Document Control Number	Enter the original claim ICN
Void a prior claim	Box 4 – Type of Bill	Enter frequency code 8 (Change the original Type Of Bill to end in 8)
Void a prior claim	Box 64 – Document Control Number	Enter the original claim ICN

If the adjustment includes changing the Type Of Bill the claim must be voided and resubmitted as a new claim.

ADA Dental Claim Form

Requested action	Required field	What to enter
Replace a prior claim	Box 35 – Remarks	Enter 7 followed by a space and the original claim ICN
Void a prior claim	Box 35 – Remarks	Enter 8 followed by a space and the original claim ICN

Electronic Submissions

Electronic adjustments will continue to be available through the MES Provider Services Portal Claims Module or 837 transactions. No changes to the current portal adjustment process are anticipated. Electronic adjustment instructions are available on the [Montana Healthcare Programs Provider claims page](#). Providers may also submit adjustments and voids through EDI 837 transactions. Enter:

- The applicable frequency code in Loop 2300, CLM05-3.
- The original claim ICN in the REF*F8 segment of Loop 2300.

Timely Filing Requirements

Claim adjustments must meet the timely filing requirements in [Administrative Rules of Montana \(ARM\) 37.85.406](#). In general, clean claims must be submitted by the latest applicable deadline:

- **Within 12 months** of the date of service, the date retroactive eligibility was determined, or the date disability was determined.
- **Within six months** of the date on the Medicare explanation of benefits approving the service, when the Medicare claim was timely filed and the member was Medicare eligible when the Medicare claim was filed.
- **Within six months** of the date on a third-party payer adjustment notice, when that notice is dated after the deadlines above.

For inpatient hospital services, the date of service is the date of discharge. A clean claim is one that can be processed without additional information, documentation, or provider action. The submission date is the date the Department or its designee stamps the claim as received.

An adjustment submitted after the applicable timely filing deadline will be denied, and repayment of the original claim will not be issued.

Contact and Website Information

Visit the [Montana Healthcare Programs Provider Information website](#) to access your provider type page. Choose Resources by Provider Type in the left-hand menu.

Visit the [Contact Us page](#) on the Provider Information website for additional DPHHS contact numbers.

Visit the [Claims Modernization](#) page for additional information regarding the MTHCS. If you have questions or feedback regarding the MTHCS, contact HHSClaimsModernization@mt.gov.