

# Surveillance Utilization Review Section (SURS)



*Fall/Winter  
2022*

Jennifer Tucker, CPC  
SURS Supervisor



# What is SURS?

Surveillance Utilization Review Section (SURS) is a federally mandated program [42 CFR, Part 456.3]

The program maintains a strong commitment to assure that the right provider is receiving the right payment for the right services at the right time. We identify potential fraud, waste and abuse to ensure that State and Federal monies are spent appropriately.

## We accomplish this by:

- performing retrospective reviews
- educating providers
- recovering overpayments if indicated



# The Medicaid Processing System

- Claims processing system includes numerous edits
  - To identify most billing errors
  - It doesn't detect all errors

**REJECTED**  
**INSURANCE**  
**CLAIM**

# The Medicaid Processing System

- Some claims are paid in error
  - due to incorrect billing
  - system complications
- ALL paid claims are subject to retrospective review
  - this includes prior authorized claims



# Overpayment Recovery

- ▶ SURS can recover if it discovers that the provider was not entitled to payment for any reason.

**[ARM 37.85.406  
(9) & (10)]**



# Montana Medicaid Website

<https://medicaidprovider.mt.gov/>



Sheila Hogan, Director

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[Montana Healthcare Programs Provider Information](#) » [Home](#)

## Montana Healthcare Programs

*Thank you for serving Montana's Healthcare Program Members.*

- ▶ [Provider File Updates, Revalidation, and New Provider Information](#)
- ▶ [MATH Web Portal](#)
- ▶ [Resources by Provider Type](#)
- ▶ [Provider Enrollment](#)

## Welcome to the Montana Healthcare Programs Provider Information Website.

### In Response to COVID-19

The following documents are available:

- [Developmental Disabilities 0208 Comprehensive Waiver Providers](#)
- [National Correct Coding Initiative Announcement](#)
- [Temporary Suspension of the PCP Referral Requirement](#)
- [Non-Covered Services Agreement Policy Change](#)
- [Changes to Youth Community-Based Psychiatric Rehabilitation and Support Services](#)
- [Suspension of Prior Authorizations or Continued Stay Reviews and Clinical Requirements for Some Medicaid Programs](#)
  - [FAQ for Suspension of Prior Authorizations or Continued Stay Reviews and Clinic Requirements for Some Medicaid Programs](#)

For access to previous Training PowerPoints, please visit the Training page at <https://medicaidprovider.mt.gov/training>.

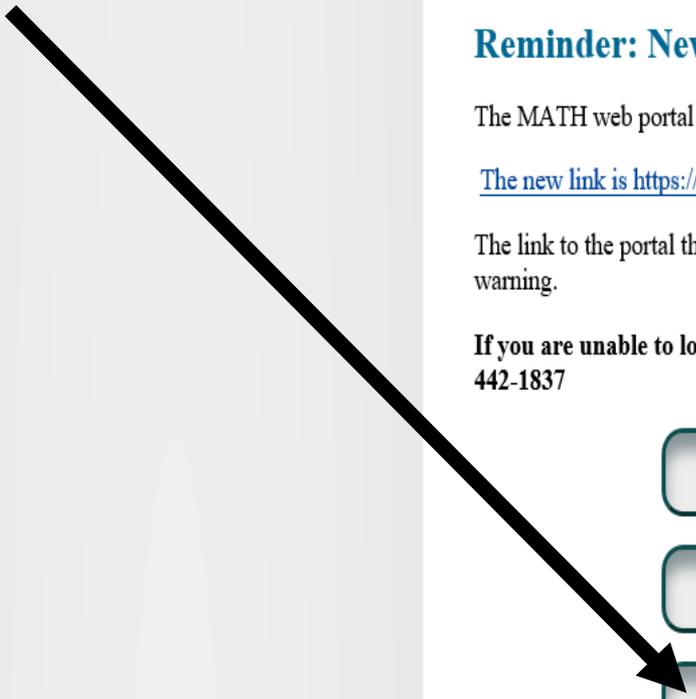
## Reminder: New MATH Web Portal Link

The MATH web portal has a new link.

The new link is <https://mtaccesstohealth.portal.conduent.com/mt/general/home.do>

The link to the portal that contained "ACS" has been disabled and if you attempt to use it you will get a security warning.

If you are unable to locate a resource you need, please contact Provider Relations at 1 (800) 624-3958 or (406) 442-1837



- [Recent Website Posts](#)
- [Announcements](#)
- [Drug and Pharmacy News](#)
- [Forms](#)
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- [Claim Instructions](#)
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- [Claim Jumper Newsletters](#)
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Montana Healthcare Programs Provider Information » Select Your Provider Type

## Select Your Provider Type

Provider types are listed in alphabetical order. Available resources include fee schedules, provider notices, provider manuals, and more.

- [A-C](#)
- [D-F](#)
- [G-K](#)
- [L-O](#)
- [P-Q](#)
- [R-Z](#)

### Providers A - C

- 03/02/2018 [Ambulance](#)
- 03/02/2018 [Ambulatory Surgical Center](#)
- 03/02/2018 [Audiologist](#)
- 03/02/2018 [Chemical Dependency](#)
- 03/02/2018 [Chiropractor](#)
- 03/02/2018 [Clinic \(Public Health\)](#)
- 03/02/2018 [Clinical Pharmacist](#)

Here you can select the provider type you are looking for. **TOP** ↕

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- ▶ MATH Web Portal
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Children/Families Disabilities Seniors Health Medical Assistance

Montana Healthcare Programs Provider Information » Physician

Multiple resources are available on this page

Physician

Prior Authorization

Forms

Claim Jumper Newsletters

Montana Healthcare Programs

Thank you for serving Montana's Healthcare Program Members.

Provider File Updates, Revalidation, and New Provider Information

Provider File Updates Changes to Current Enrollments

Provider Revalidation Existing Providers

New Providers Tools for New Providers to Bill Successfully

MATH Web Portal

- Provider Manuals
- Medicaid Rules and Regulations
- Fee Schedules – Physician
- Fee Schedules – ATP Tests and Fees
- Provider Notices
- Other Resources
- To locate older documents, access the Archive Page.





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- Health Data & Statistics
- Contact Us
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### Children/Families   Disabilities   Seniors   Health   Medical   Assistance

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#### [Claim Jumper 2020](#)

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#### [Volume XXXV Issue 5 May 2020](#)

- Children's Mental Health
- Field Rep Corner
- SURS Audit Revelations
- Temporary COVID-19 Changes
- Nursing Facility Telehealth
- Recent Website Posts
- Top 15 Denial Reasons
- There's a Resource For That!
- Key Contacts

#### [Volume XXXV Issue 4 April 2020](#)

- Inside Provider Relations
- SURS Audit Revelations
- TPL
- Field Rep Corner

[Montana Healthcare Programs Provider Information](#) » [Physician](#)

## Physician

### Montana Healthcare Programs

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- ▶ Resources by Provider Type
- ▶ Provider Enrollment

### [Provider Manuals](#)

[General Information for Providers](#) 04/2018

Medicaid manual with general information for all provider types.

[Physician-Related Services](#) 12/2017

This manual has information specific to your provider type.

[Prescription Drug Program](#) 02/12/2018

This manual has information specific to your provider type.

[Passport to Health](#) 10/2017

Everything a provider needs to know to become a successful Passport provider.

▶ [Medicaid Rules and Regulations](#)

▶ [Fee Schedules – Physician](#)

Program Members.

- ▶ [Provider File Updates, Revalidation, and New Provider Information](#)
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▶ [Provider Manuals](#)

[Medicaid Rules and Regulations](#)

[Code of Federal Regulations \(Title 42\)](#)

[Montana Code Annotated - https://leg.mt.gov/](https://leg.mt.gov/) (Choose "Laws & Bills" then "Montana Statutes – MCA")

Applicable Section: Title 53, Chapter 6

[Administrative Rules of Montana \(Title 37\)](#)

- [Chapter 79 Healthy Montana Kids](#)
- [Chapter 82 Medicaid Eligibility](#)
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## [Provider Notices](#)

For prescription medication notices, see the [Pharmacy page](#)/

2020

- 04/30/2020 [National Correct Coding Initiative Announcement](#)
- 04/28/2020 [Temporary Suspension of the PCP Referral Requirement](#)
- 04/27/2020 [Non-Covered Services Agreement Policy Change](#)
- 04/23/2020 [Elimination of Prior Authorization and Criteria Requirements for MRI of the Head and CT of the Brain](#)
  
- 04/22/2020 [Suspension of Prior Authorizations or Continued Stay Reviews and Clinical Requirements for Some Medicaid Programs](#)
  - [FAQ for Suspension of Prior Authorizations or Continued Stay Reviews and Clinic Requirements for Some Medicaid Programs](#)
  
- 04/01/2020 [Suspension of Face to Face Requirements for Some Medicaid Programs](#)
- 03/19/2020 [Telemedicine Medicaid Coverage and Reimbursement Policy for Telemedicine/Telehealth](#) rev
- 03/27/2020
- 03/19/2020 [Telemedicine Policy Clarification](#)
  - [Frequently Asked Questions on Telemedicine / Telehealth](#)
  
- 03/12/2020 [Medical Food or Formula for Phenylketonuria \(PKU\) due to Inborn Errors of Metabolism \(IEM\) - HCPCS Code S9435](#)
- 02/28/2020 [Starting Dose and Quantity Limitations for Sedative Hypnotics](#)
- 02/25/2020 [Physician Administered Drug Update](#)
- 01/24/2020 [Consent for Sterilization Form](#)
- 01/02/2020 [Changes to Health Care Treatment Guidelines](#)

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- ▶ [Provider Notices](#)
- ▶ [\*\*Other Resources\*\*](#)
  - [Prior Authorization Criteria for Specific Services](#)
  - [Rebateable Manufacturers 04/2018](#)
  - [SURS Provider Self-Audit Protocol 10/2015](#)
- ▶ [To locate older documents, access the Archive Page.](#)

# Rule/Regulation Materials

- Code of Federal Regulations (CFR)
- Montana Code Annotated (MCA)
- Administrative Rules of Montana (ARM)



www.ecfr.go



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govinfo.gov

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- Latest Updates
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- FAQs
- Agency List
- Incorporation By Reference



Related Resources

The Code of Federal Regulations (CFR) annual edition is the codification of the general and permanent rules published in the Federal Register by the departments

# Electronic Code of Federal Regulations

e-CFR data is current as of **May 8, 2018**

### USER NOTICE

The Electronic Code of Federal Regulations (e-CFR) is a currently updated version of the Code of Federal Regulations (CFR). It is not an official legal edition of the CFR. The e-CFR is an editorial compilation of CFR material and *Federal Register* amendments produced by the National Archives and Records Administration's Office of the Federal Register (OFR) and the Government Publishing Office. The OFR updates the material in the e-CFR on a daily basis. The current update status appears at the top of all e-CFR web pages [More](#).

**Browse:** Select a title from the list below, then press "Go".

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# Montana Code Annotated 2017

TITLE 53. SOCIAL SERVICES AND INSTITUTIONS  
CHAPTER 6. HEALTH CARE SERVICES

## Part 1. Medical Assistance -- Medicaid

- 53-6-101 [Montana medicaid program -- authorization of services](#)
- 53-6-102 Repealed
- 53-6-103 Repealed
- 53-6-104 [Freedom of doctors to treat recipients of medical assistance -- freedom to select doctor](#)
- 53-6-105 [Discrimination prohibited](#)
- 53-6-106 [Health care facility standards -- definitions](#)
- 53-6-107 [Sanctions -- penalties](#)
- 53-6-108 [Rules governing sanctions or remedies](#)
- 53-6-109 [Consistent regulation of long-term care facilities -- rulemaking authority -- timeframes](#)
- 53-6-110 [Report and recommendations on medicaid funding](#)
- 53-6-111 [Department charged with administration and supervision of medical assistance program -- overpayment recovery -- sanctions for fraudulent and abusive activities -- adoption of rules](#)
- 53-6-112 [Department to print and distribute copies of part and certain forms](#)
- 53-6-113 [Department to adopt rules](#)
- 53-6-114 [Rules of department binding](#)
- 53-6-115 [Contracts with other agencies](#)
- 53-6-116 [Medicaid managed care -- capitated health care](#)
- 53-6-117 [Participation requirements](#)
- 53-6-118 through 53-6-120 reserved
- 53-6-121 [Local administration of medical assistance](#)
- 53-6-122 and 53-6-123 reserved
- 53-6-124 [Definitions](#)

# Physician

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- ▶ Montana HEI P Plan

### ▶ [Provider Manuals](#)

- ▶ [\*Medicaid Rules and Regulations\*](#)
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- [Official State Website](#)
- [Secretary of State](#)
- [Administrative Rules](#)
- [ARM Templates](#)
- [Montana Code Annotated \(MCA\)](#)
- [Code of Federal Regulations \(CFR\)](#)

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To locate rules that are effective but not yet available online, please review issues of the Montana Administrative Register.

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e.g., 42.26.203

### By Chapter Number ?

e.g., 42.26

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e.g., 2-3-103

### By Title Number ?

e.g., 10, 37

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You can search by text, rule number or even chapter number. You can also get a table of contents listing.



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<a href="#">8.28.1904</a>	Application for a Telemedicine Certificate		
<a href="#">8.28.1907</a>	Issuance of Telemedicine Certificate		
<a href="#">8.28.1909</a>	Effect of Denial of Application for Telemedicine Certificate		
<a href="#">8.28.1910</a>	Effect of Telemedicine Certificate		
<a href="#">24.101.413</a>	RENEWAL DATES AND REQUIREMENTS		6/10/2017
<a href="#">24.156.801</a>	PURPOSE AND AUTHORITY		10/27/2000
<a href="#">24.156.802</a>	DEFINITIONS		5/14/2010
<a href="#">24.156.803</a>	LICENSE REQUIREMENT		4/29/2017
<a href="#">24.156.804</a>	APPLICATION FOR A TELEMEDICINE LICENSE		4/29/2017
<a href="#">24.156.805</a>	FEES		4/29/2017
<a href="#">24.156.806</a>	FAILURE TO SUBMIT FEES		4/29/2017
<a href="#">24.156.807</a>	ISSUANCE OF A TELEMEDICINE LICENSE		4/29/2017
<a href="#">24.156.808</a>	RENEWALS		4/29/2017
<a href="#">24.156.809</a>	EFFECT OF DETERMINATION THAT APPLICATION FOR TELEMEDICINE LICENSE DOES NOT MEET REQUIREMENTS		4/29/2017
<a href="#">24.156.810</a>	EFFECT OF TELEMEDICINE LICENSE		5/14/2010
<a href="#">24.156.811</a>	SANCTIONS		4/29/2017
<a href="#">24.156.812</a>	OBLIGATION TO REPORT TO THE BOARD		4/29/2017
<a href="#">37.86.3401</a>	TARGETED CASE MANAGEMENT SERVICES FOR HIGH RISK PREGNANT WOMEN, DEFINITIONS		10/14/2017
<a href="#">37.86.3901</a>	TARGETED CASE MANAGEMENT SERVICES FOR CHILDREN WITH SPECIAL HEALTH CARE NEEDS, DEFINITIONS		10/14/2017



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Secretary of State Linda McCulloch  
**Montana** SECRETARY OF STATE

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<a href="#">37</a>	PUBLIC HEALTH AND HUMAN SERVICES





**Department: PUBLIC HEALTH AND HUMAN SERVICES**



37 : PUBLIC HEALTH AND HUMAN SERVICES



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<a href="#">37.92</a>	RESERVED
<a href="#">37.93</a>	LICENSURE OF CHILD PLACING AGENCIES
<a href="#">37.94</a>	RESERVED
<a href="#">37.95</a>	LICENSURE OF DAY CARE FACILITIES
<a href="#">37.96</a>	RESERVED
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<a href="#">37.99</a>	RESERVED
<a href="#">37.100</a>	LICENSURE OF COMMUNITY RESIDENCES
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<a href="#">37.102</a>	RESERVED
<a href="#">37.103</a>	RESERVED





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## Rule Chapter: 37.85

Chapter Title: GENERAL MEDICAID SERVICES



[PUBLIC HEALTH AND HUMAN SERVICES](#)

37.85 : GENERAL MEDICAID SERVICES



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Rule No.	Rule Title	Latest Version	Effective Date
<b>Subchapter 1</b>			
<b>Montana Medicaid Provider Fee Schedules</b>			
<a href="#">37.85.104</a>	EFFECTIVE DATES OF PROVIDER FEE SCHEDULES FOR MONTANA NON-MEDICAID SERVICES		3/1/2018
<a href="#">37.85.105</a>	EFFECTIVE DATES, CONVERSION FACTORS, POLICY ADJUSTERS, AND COST-TO-CHARGE RATIOS OF MONTANA MEDICAID PROVIDER FEE SCHEDULES		3/1/2018
<a href="#">37.85.106</a>	MEDICAID BEHAVIORAL HEALTH TARGETED CASE MANAGEMENT FEE SCHEDULE		3/1/2018
<b>Subchapter 2</b>			
<b>Miscellaneous</b>			
<a href="#">37.85.201</a>	SELECTION OF PROVIDER		7/1/1999
<b>Rules 37.85.202 and 37.85.203 reserved</b>			
<a href="#">37.85.204</a>	MEMBER REQUIREMENTS, COST SHARING		1/1/2018
<a href="#">37.85.205</a>	RECIPIENT RESTRICTION OF ACCESS TO MEDICAL SERVICES	REP	7/23/2004
<a href="#">37.85.206</a>	SERVICES PROVIDED		5/7/2016
<a href="#">37.85.207</a>	SERVICES NOT PROVIDED BY THE MEDICAID PROGRAM		1/1/2013
<b>Rules 37.85.208 through 37.85.211 reserved</b>			
<a href="#">37.85.212</a>	RESOURCE BASED RELATIVE VALUE SCALE (RBRVS) REIMBURSEMENT FOR SPECIFIED PROVIDER TYPES		9/9/2017
<b>Rules 37.85.213 through 37.85.218 reserved</b>			

<b>Subchapter 3 reserved</b>			
<b>Subchapter 4 Provider Requirements</b>			
<a href="#">37.85.401</a>	PROVIDER PARTICIPATION		3/11/1997
<a href="#">37.85.402</a>	PROVIDER ENROLLMENT AND AGREEMENTS		3/11/1997
<a href="#">37.85.403</a>	ICD CLINICAL MODIFICATION (CM) AND PROCEDURAL CODING SYSTEM (PCS) SERVICES		12/25/2014
<b>Rules 37.85.404 and 37.85.405 reserved</b>			
<a href="#">37.85.406</a>	BILLING, REIMBURSEMENT, CLAIMS PROCESSING, AND PAYMENT		10/1/2014
<a href="#">37.85.407</a>	THIRD PARTY LIABILITY		3/11/1997
<b>Rules 37.85.408 and 37.85.409 reserved</b>			
<a href="#">37.85.410</a>	DETERMINATION OF MEDICAL NECESSITY		3/11/1997
<a href="#">37.85.411</a>	PROVIDER RIGHTS		6/30/2000
<a href="#">37.85.412</a>	INTERPRETATION OF RULES		4/1/2005
<a href="#">37.85.413</a>	LIMITATIONS ON CODING ADVICE		4/1/2005
<a href="#">37.85.414</a>	MAINTENANCE OF RECORDS AND AUDITING		4/1/2005
<a href="#">37.85.415</a>	MEDICAL ASSISTANCE MEDICAID PAYMENT		3/15/2002
<a href="#">37.85.416</a>	STATISTICAL SAMPLING AUDITS		6/30/2000
<b>Subchapter 5 Provider Sanctions</b>			
<a href="#">37.85.501</a>	GROUNDS FOR SANCTIONING		4/9/2004
<a href="#">37.85.502</a>	SANCTIONS		4/9/2004
<b>Rules 37.85.503 and 37.85.504 reserved</b>			
<a href="#">37.85.505</a>	FACTORS GOVERNING IMPOSITION OF SANCTION		11/16/1984
<a href="#">37.85.506</a>	SCOPE OF SANCTION		11/28/1987
<a href="#">37.85.507</a>	NOTICE OF SANCTION		6/13/1980
<b>Rules 37.85.508 through 37.85.510 reserved</b>			





Linda McCulloch  
MONTANA SECRETARY OF STATE



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**Rule: 37.85.414**

[Prev](#) [Up](#) [Next](#)

Rule Title: MAINTENANCE OF RECORDS AND AUDITING

Department: [PUBLIC HEALTH AND HUMAN SERVICES, DEPARTMENT OF](#)  
Chapter: [GENERAL MEDICAID SERVICES](#)  
Subchapter: [Provider Requirements](#)



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Latest version of the adopted rule presented in Administrative Rules of Montana (ARM):

[Printer Friendly Version](#)

**37.85.414 MAINTENANCE OF RECORDS AND AUDITING**

(1) All providers of service must maintain records which fully demonstrate the extent, nature and medical necessity of services and items provided to Montana Medicaid recipients. The records must support the fee charged or payment sought for the services and items and demonstrate compliance with all applicable requirements.

(a) All records which support a claim for a service or item must be complete within 90 days after the date on which the claim was submitted to Medicaid for reimbursement. A record that is required to be signed and dated, including but not limited to an order, prescription, certificate of medical necessity, referral or progress note, is not complete until it has been signed and dated.

(b) When reimbursement is based on the length of time spent in providing the service, the records must specify the time spent or the time treatment began and ended for each procedure billed to the nearest minute. Total time billed using one or multiple procedure codes may not exceed the total actual time spent with the Medicaid client.

(c) These records must be retained for a period of at least six years and three months from the date on which the service was rendered or until any dispute or litigation concerning the services is resolved, whichever is later.

(d) In maintaining financial records, providers shall employ generally accepted accounting methods. Generally accepted accounting methods are those approved by the National Association of Certified Public Accountants.

(e) The department shall have access to all records so maintained and retained regardless of a provider's continued participation in the program.

(f) In the event of a change of ownership, the original owner must retain all required records unless an alternative method of providing for the retention of records has been established in writing and approved by the department.

providers must also comply with any specific record keeping requirements applicable to the type of service the provider furnishes, which may be more restrictive than the minimum requirements of this rule.

(2) In addition to the recipient's medical records, any Medicaid information regarding a recipient or applicant is confidential and shall be used solely for purposes related to the administration of the Montana Medicaid program. This information shall not be divulged by the provider or his employees, to any person, group, or organization other than those listed below or a department representative without the written consent of the recipient or applicant. In addition, the provider must comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 42 USC 1320d et seq., and the Uniform Health Care Information Act, [50-16-501](#) et seq., MCA.

(3) The department, the designated review organization, the legislative auditor, the Department of Revenue, the Medicaid fraud control unit, and their legal representatives shall have the right to inspect or evaluate the quality, appropriateness, and timeliness of services performed by providers, and to inspect and audit all records required by this rule.

(a) Upon the department's request for records, the provider shall submit a true and accurate copy of each record of the service or item being reviewed as it existed within 90 days after the date on which the claim was submitted to Medicaid.

(b) Refusal to permit inspection, evaluation or audit of services shall result in the imposition of provider sanctions in accordance with the rules of the department.

(4) The provisions of this rule specifying the length of time for which records must be retained shall not be construed as a limitation on the period in which the department may recover overpayments or impose sanctions.

History: [53-6-113](#), MCA; [IMP](#), [53-2-201](#), [53-6-101](#), [53-6-111](#), [53-6-113](#) and [53-6-141](#), MCA; [NEW](#), 1980 MAR p. 1491, Eff. 5/16/80; [AMD](#), 1997 MAR p. 474, Eff. 3/11/97; [TRANS](#), from SRS, 2000 MAR p. 479; [AMD](#), 2005 MAR p. 459, Eff. 4/1/05.



MAR Notices	Effective From	Effective To	History Notes
	4/1/2005	Current	History: <a href="#">53-6-113</a> , MCA; <a href="#">IMP</a> , <a href="#">53-2-201</a> , <a href="#">53-6-101</a> , <a href="#">53-6-111</a> , <a href="#">53-6-113</a> and <a href="#">53-6-141</a> , MCA; <a href="#">NEW</a> , 1980 MAR p. 1491, Eff. 5/16/80; <a href="#">AMD</a> , 1997 MAR p. 474, Eff. 3/11/97; <a href="#">TRANS</a> , from SRS, 2000 MAR p. 479; <a href="#">AMD</a> , 2005 MAR p. 459, Eff. 4/1/05.



- (10) In addition to the above, the department will pay:
- (a) the lesser of either the actual charge for drugs and other prescribed supplies, or the wholesale price cited, less 15%, plus a dispensing fee on the Medicaid point-of-sale system;
  - (b) 85% of the cost of durable medical equipment to the appropriate amount when allowing financial assistance, or to the maximum amount set by the program for the federal fiscal year;
  - (c) 85% of the cost of specialized formula and foods and prescriptive or nonprescriptive medications prescribed by a physician for inborn errors of metabolism; and
  - (d) 85% of the cost of syringes and disposable medical equipment for the treatment of covered conditions.

(11) A CYSHCN who attends interdisciplinary pediatric specialty clinics, supported by CSHS, is not responsible for copays, deductibles, or coinsurance, nor will they be balance-billed.

History: [50-1-202](#), MCA; [IMP](#), [50-1-202](#), MCA; [NEW](#), 1990 MAR p. 1256, Eff. 6/29/90; [AMD](#), 1992 MAR p. 919, Eff. 5/1/92; [AMD](#), 1994 MAR p. 1836, Eff. 7/8/94; [AMD](#), 1999 MAR p. 2879, Eff. 12/17/99; [TRANS](#), from DHES, 2001 MAR, p. 398; [AMD](#), 2003 MAR p. 1637, Eff. 8/1/03; [AMD](#), 2003 MAR p. 1637, Eff. 8/1/03; [AMD](#), 2012 MAR p. 1672, Eff. 8/24/12; [AMD](#), 2013 MAR p. 1449, Eff. 8/9/13.

MAR Notices	Effective From	Effective To	History Notes
<a href="#">37-641</a>	8/9/2013	Current	History: <a href="#">50-1-202</a> , MCA; <a href="#">IMP</a> , <a href="#">50-1-202</a> , MCA; <a href="#">NEW</a> , 1990 MAR p. 1256, Eff. 6/29/90; <a href="#">AMD</a> , 1992 MAR p. 919, Eff. 5/1/92; <a href="#">AMD</a> , 1994 MAR p. 1836, Eff. 7/8/94; <a href="#">AMD</a> , 1999 MAR p. 2879, Eff. 12/17/99; <a href="#">TRANS</a> , from DHES, 2001 MAR, p. 398; <a href="#">AMD</a> , 2003 MAR p. 1637, Eff. 8/1/03; <a href="#">AMD</a> , 2003 MAR p. 1637, Eff. 8/1/03; <a href="#">AMD</a> , 2012 MAR p. 1672, Eff. 8/24/12; <a href="#">AMD</a> , 2013 MAR p. 1449, Eff. 8/9/13.
<a href="#">37-588</a>	<a href="#">8/24/2012</a>	8/9/2013	History: <a href="#">50-1-202</a> , MCA; <a href="#">IMP</a> , <a href="#">50-1-202</a> , MCA; <a href="#">NEW</a> , 1990 MAR p. 1256, Eff. 6/29/90; <a href="#">AMD</a> , 1992 MAR p. 919, Eff. 5/1/92; <a href="#">AMD</a> , 1994 MAR p. 1836, Eff. 7/8/94; <a href="#">AMD</a> , 1999 MAR p. 2879, Eff. 12/17/99; <a href="#">TRANS</a> , from DHES, 2001 MAR, p. 398; <a href="#">AMD</a> , 2003 MAR p. 1637, Eff. 8/1/03; <a href="#">AMD</a> , 2003 MAR p. 1637, Eff. 8/1/03; <a href="#">AMD</a> , 2012 MAR p. 1672, Eff. 8/24/12.
	<a href="#">8/1/2003</a>	8/24/2012	History: Sec. <a href="#">50-1-202</a> , MCA; <a href="#">IMP</a> , Sec. <a href="#">50-1-202</a> , MCA; <a href="#">NEW</a> , 1990 MAR p. 1256, Eff. 6/29/90; <a href="#">AMD</a> , 1992 MAR p. 919, Eff. 5/1/92; <a href="#">AMD</a> , 1994 MAR p. 1836, Eff. 7/8/94; <a href="#">AMD</a> , 1999 MAR p. 2879, Eff. 12/17/99; <a href="#">TRANS</a> , from DHES, 2001 MAR, p. 398; <a href="#">AMD</a> , 2003 MAR p. 1637, Eff. 8/1/03.

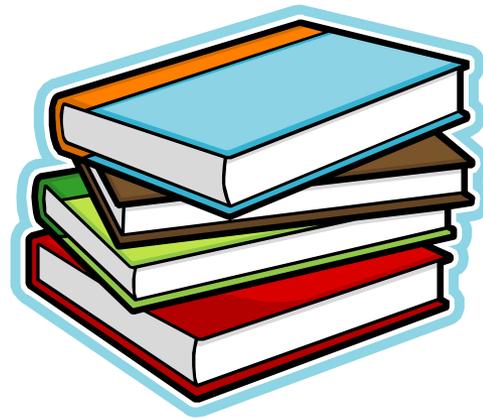
For questions regarding the content, interpretation, or application of a specific rule, please contact the agency that issued the rule. A directory of state agencies is available online at <http://www.mt.gov/govt/agencylisting.asp>.

For questions about the organization of the ARM or this web site, contact [sosarm@mt.gov](mailto:sosarm@mt.gov).

# Coding Reference Materials

Some coding reference materials

- CPT and CPT Assistant
- HCPCS
- ICD-10 CM
- ICD-10 PCS
- CDT
- DSM
- Publications or training specific to your specialty.



“If its not documented, it didn't happen.”



Maintain records which demonstrate the extent, nature and medical necessity of services provided [\[ARM 37.85.414\]](#)

**DOCUMENT!**

**DOCUMENT!**

**DOCUMENT!**

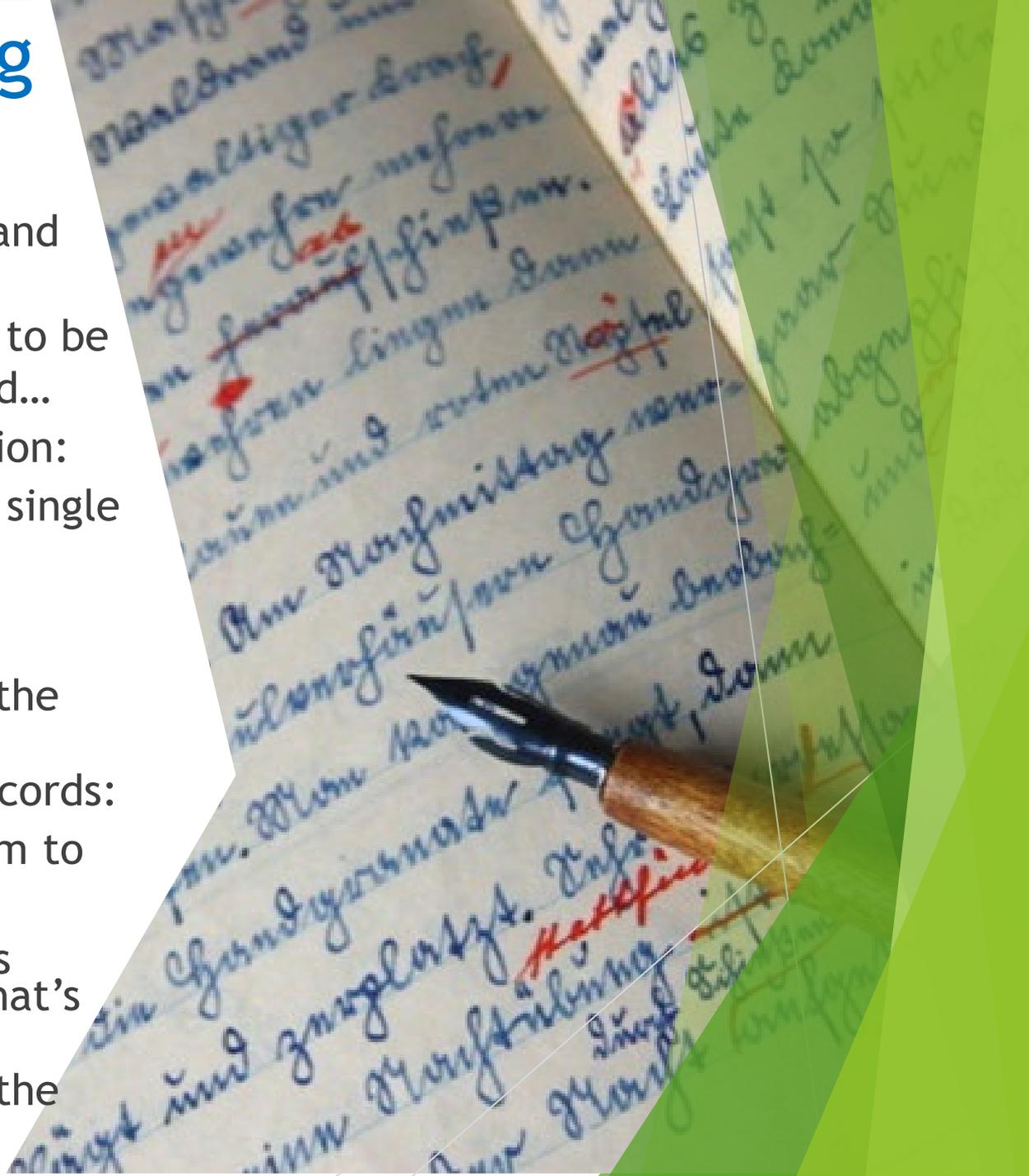
**DOCUMENT!**



# Record Keeping Tips

Records cannot be altered and must reflect the services provided. If a record needs to be corrected, a provider should...

- ▶ For Written Documentation:
  - ▶ Cross out with a single line
  - ▶ Write correct information
  - ▶ Date and initial the correction
- ▶ For Electronic Health Records:
  - ▶ Add an addendum to the note/  
documentation indicating what's incorrect and what's correct
  - ▶ Date and initial the correction



# Record Keeping Tips

- Providers must have a contingency plan to ensure the availability of documentation in the event of a loss of medical records.

[ARM 37.85.414]

- Providers must obtain **written** authorization from the Department for any variation from the usual billing practice.

[ARM 37.85.412 and 37.85.413]



# Provider Responsibility

It is the *responsibility of the provider* to be knowledgeable about sections of the Administrative Rules that relate to their provider type, provider policies and covered services.

In addition, providers are encouraged to ensure their employees are not listed on the federal exclusion databases.

Special Advisory <http://oig.hhs.gov/exclusions/advisories.asp>

- **DOLI** (<http://app.mt.gov/lookup/index.html>)
- **LEIE** (<http://exclusions.oig.hhs.gov/>)
- **SAM** (<https://www.sam.gov>)



Select one of the links below to begin your search:

[Nurses Aides](#)

[Healthcare and Occupational Licensees](#)

[Construction Licensees](#)

**PEOPLE WHO USE THIS SERVICE ALSO USE:**

- **Corporate Records**  
Download Business Entity Information
- **Registered Principals Search**  
Search for officers/directors of a business
- **Certified Copies**  
Order certified documents from SOS

GET ONLINE, NOT IN LINE



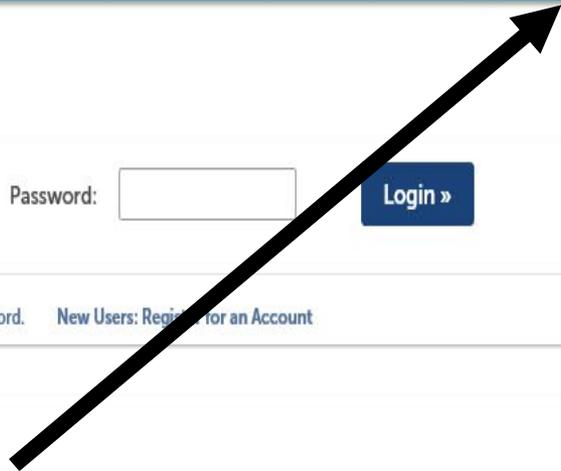
▶ TRY THE DEMO



User Name or E-mail:  Password:  [Login »](#)

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Welcome to the new Citizen Portal



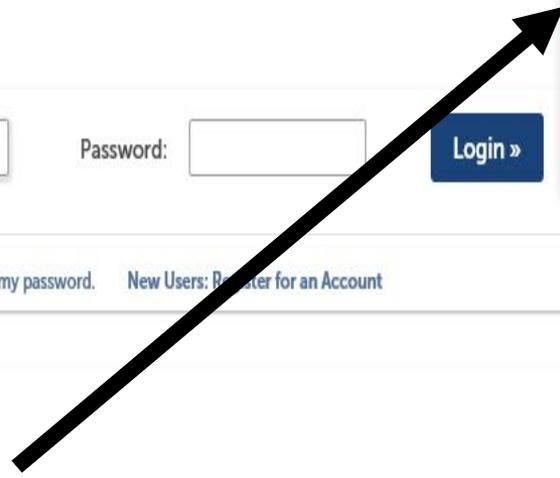


- Licensee Lookup
- License Verification Request

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# License Search

Please be advised that any "license" with REG in the naming convention instead of LIC, is not an actual license, but rather an interstate licensure registration that immediately expires when the state of emergency is no longer in effect.

**License Information**

Licensing Board/Program  
Select

License Type  
Select

License Number



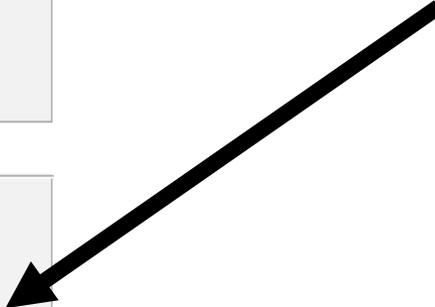
**License Holder Information**

First Name  Last Name

Business Name

City  State  Zip

Country  
Select



**Verification**

Please answer the verification question below before continuing your search.

Select

License Type

Select

License Number

**License Holder Information**

First Name  Last Name

Business Name

City  State  Zip

Country

Select

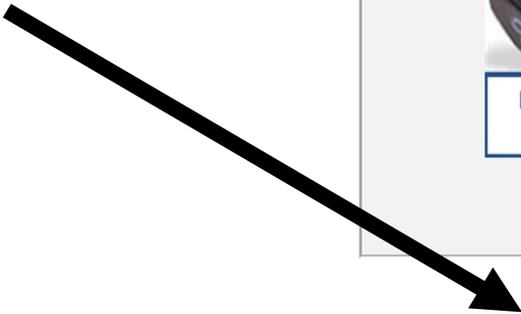
**Verification**

Please answer the verification question below before continuing your search.

Remaining Attempts: 3

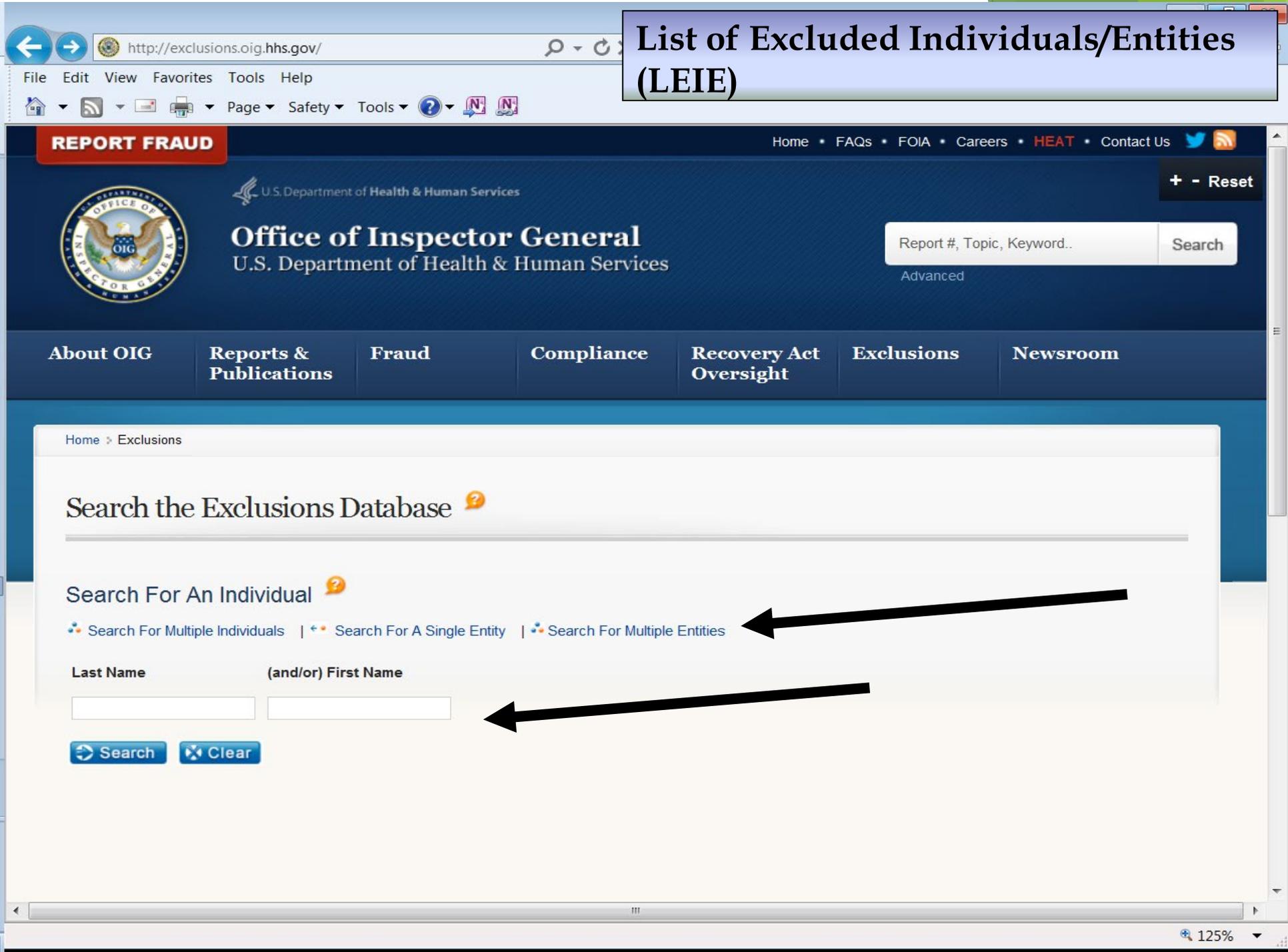


Please enter the number value of each image (example: 587)



**Search** **Reset**

# List of Excluded Individuals/Entities (LEIE)



REPORT FRAUD

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Office of Inspector General  
U.S. Department of Health & Human Services

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## Search the Exclusions Database

### Search For An Individual

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Last Name

(and/or) First Name

Search

Clear

# System for Award Management (SAM)



 **Official U.S. Government Website**  
100% Free

**The Official U.S. Government System for:**

- Contract Opportunities**  
(was fbo.gov)
- Contract Data**  
(Reports ONLY from fpds.gov)
- Wage Determinations**  
(was wdol.gov)
- Federal Hierarchy**  
Departments and Subtiers
- Assistance Listings**  
(was cfda.gov)
- Entity Information**  
Entities, Disaster Response Registry, and Exclusions
- Entity Reporting**  
SCR and Bio-Preferred Reporting



**NEW** [Learn More](#)

## Register Your Entity or Get a Unique Entity ID

Register your entity or get a Unique Entity ID to get started doing business with the federal government.

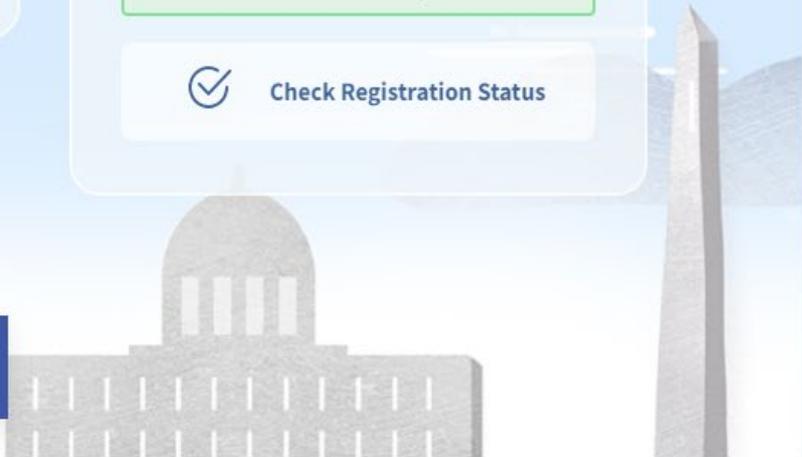
[Get Started](#)

[Renew Entity](#)

 [Check Registration Status](#)

Already know what you want to find?

Select Domain... ▾ e.g. 1606N020Q02



## Entity Information

You can search and view entity information, including entity registration records, exclusions, and the Disaster Response Registry from this page. Most entity records are public information, but you must be signed to search and view them.

[What is an entity?](#)



**Please Sign In:** You must sign in to your SAM.gov account to search Entities or the Disaster Response Registry.

[Sign In](#)

### Search

[Advanced Search](#)

All Entity Information

e.g. 123456789, Smith Corp



All Entity Information

Entities

Disaster Response Registry

Exclusions



[Get help with searching entity registration](#)



[Get help with searching exclusions information](#)

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[Check Registration Status](#)

Search

All Words

e.g. 1606N020Q02



Select Domain  
Entity Information

[All Entity Information](#)[Entities](#)[Disaster Response Registry](#)[Exclusions](#)

Filter By



### Keyword Search

For more information on how to use our keyword search, visit our [help guide](#)

 Any Words  All Words  Exact Phrase 

## No matches found

We couldn't find a match for your search criteria.

Please try another search or go back to previous results.

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Search

All Words

e.g. 1606N020Q02

**Select Domain**  
**Entity Information**[All Entity Information](#)[Entities](#)[Disaster Response Registry](#)[Exclusions](#)

Filter By

**Keyword Search**

For more information on how to use our keyword search, visit our [help guide](#)

 Any Words  All Words  Exact Phrase 

e.g. 123456789, Smith Corp

Showing 1 - 25 of 1,160 results

Sort by

Relevance

**Pam Pam** ● Active**DUNS** Unique Entity ID  
(blank)CAGE Code  
(blank)Physical Address  
High Ridge, MO 63049 USA

Exclusion

Classification  
IndividualActivation Date  
Jan 28, 2020Termination Date  
Jan 27, 2023**Pam Archbald** ● Active**DUNS** Unique Entity ID  
(blank)CAGE Code  
(blank)Physical Address  
Missouri City, TX 77459 USA

Exclusion

Classification  
IndividualActivation Date  
Aug 23, 2019Termination Date  
Aug 22, 2022**Pam Richardet** ● Active**DUNS** Unique Entity ID  
(blank)CAGE Code  
(blank)Physical Address  
High Ridge, MO 63049 USA

Exclusion

Classification  
IndividualActivation Date  
Jan 28, 2020Termination Date  
Jan 27, 2023**PAM N OLSEN** ● Active**DUNS** Unique Entity ID  
(blank)CAGE Code  
(blank)Physical Address  
PHILADELPHIA, PA 19149 USA

Exclusion

Classification  
IndividualActivation Date  
Jan 18, 2005

### Keyword Search

For more information on how to use our keyword search, visit our [help guide](#)

- Any Words
- All Words
- Exact Phrase

e.g. 123456789, Smith Corp

"Pam Smith" x

- Classification ∨
- Excluded Individual ∨
- Excluded Entity ∨
- Federal Organizations ∨
- Exclusion Type ∨
- Exclusion Program ∨
- Location ∨
- Dates ∨

Reset

#### Pam Richardet ● Active

<b>DUNS</b> Unique Entity ID (blank)	CAGE Code (blank)	Physical Address High Ridge, MO 63049 USA
<b>SAM</b> Unique Entity ID (blank)		

Exclusion

Classification  
**Individual**

Activation Date  
**Jan 28, 2020**

Termination Date  
**Jan 27, 2023**

#### PAM N OLSEN ● Active

<b>DUNS</b> Unique Entity ID (blank)	CAGE Code (blank)	Physical Address PHILADELPHIA, PA 19149 USA
<b>SAM</b> Unique Entity ID (blank)		

Exclusion

Classification  
**Individual**

Activation Date  
**Jan 18, 2005**

Termination Date  
**Indefinite**

#### PAM MARIE NEWPORT ● Active

<b>DUNS</b> Unique Entity ID (blank)	CAGE Code (blank)	Physical Address SAPULPA, OK 74066 USA
<b>SAM</b> Unique Entity ID (blank)		

Exclusion

Classification  
**Individual**

Activation Date  
**Nov 15, 2004**

Termination Date  
**Indefinite**

#### Pam W. Walters ● Active

<b>DUNS</b> Unique Entity ID (blank)	CAGE Code (blank)	Physical Address Tooele, UT 84074 USA
<b>SAM</b> Unique Entity ID (blank)		

Exclusion

Classification  
**Individual**

Activation Date  
**Aug 6, 1999**

Termination Date  
**Indefinite**

#### STEPHEN ANTHONY PAM ● Active

<b>DUNS</b> Unique Entity ID (blank)	CAGE Code (blank)	Physical Address FOLKSTON, GA 31537 USA
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Exclusion

Classification  
**Individual**



# Health Care Fraud Prevention and Enforcement Action Team (HEAT) Provider Compliance Training

[http://oig.hhs.gov/newsroom/video/2011/heat\\_modules.asp](http://oig.hhs.gov/newsroom/video/2011/heat_modules.asp)

- Understanding Program Exclusions
- Importance of Documentation



**REPORT FRAUD**



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**Office of Inspector General**  
U.S. Department of Health & Human Services

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Home > Compliance > HEAT Provider Compliance Training

## HEAT Provider Compliance Training Videos

### Videos and Audio Podcasts

This page contains videos and audio podcasts that are part of the award-winning Health Care Fraud Prevention and Enforcement Action Team (HEAT) Provider Compliance Training initiative. We hope you'll take a look at these educational presentations designed to help prevent fraud, waste, and abuse.

These videos are available in [audio-only format](#).



#### A Toolkit for Health Care Boards

Lewis Morris, Chief Counsel to the Inspector General, provides tips for health care boards to promote quality of care and embrace compliance with the law.

Handout: A Toolkit for Health Care Boards

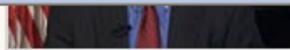
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Handout: A Toolkit for Health Care Boards



Inspector General Introduces Compliance Training Videos and Audio Podcasts



How to Use the Exclusions Database



How to Report Fraud to the OIG



+ - Reset



OIG's Self Disclosure Protocol



Importance of Documentation



Tips for Implementing an Effective Compliance Program

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Compliance Program Basics



OIG Guidance



Physician Self-Referral Law



+ - Reset

The videos are hosted on YouTube.com and embedded on OIG's web pages. If YouTube.com is blocked on your computer, any content embedded on our site will not be accessible. Please contact your IT department to remove the YouTube restriction and view these videos.

## Webcast Modules

On this page you will find 16 modules from the HEAT Provider Compliance Training Webcast.



For more information and downloadable presentation material, visit the [Webcast page](#).

- ❖ Welcome Remarks 4:37
- ❖ Overview of OIG 9:56
- ❖ Navigating the Fraud and Abuse Laws 26:26
- ❖ Compliance Program Basics 17:01
- ❖ Operating an Effective Compliance Program 15:59
- ❖ Understanding Program Exclusions 10:26
- ❖ Navigating the Government 5:10
- ❖ Overview of Centers for Medicare and Medicaid Services 34:24
- ❖ Importance of Documentation 17:06
- ❖ OIG Subpoenas Audits Surveys and Self Disclosure Protocol 17:42
- ❖ Health Care Fraud Enforcement Panel 6:08
- ❖ Health Care Fraud Enforcement Panel with CMS Deputy Admin 13:43
- ❖ Health Care Fraud Enforcement Panel with Special Agent 15:10
- ❖ Health Care Fraud Enforcement Panel with Asst. US Attorney 17:08
- ❖ Health Care Fraud Enforcement Panel - Fraud Control Unit 11:15
- ❖ Adjournment 0:59



# HIPAA

- ▶ American Recovery & Reinvestment Act has many changes for HIPAA [45 CFR, Part 160-164]
  - ▶ [http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=111\\_cong\\_bills&docid=f:h1enr.pdf](http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=111_cong_bills&docid=f:h1enr.pdf)
- ▶ CMS Website for HIPAA info
  - ▶ <http://www.cms.gov/HIPAGenInfo/>
- ▶ Office for Civil Rights Website
  - ▶ <http://www.hhs.gov/ocr/privacy/index.html>

Theran Fries  
Privacy Officer  
HIPAA Program  
Office of Legal Affairs

1-406-444-9503

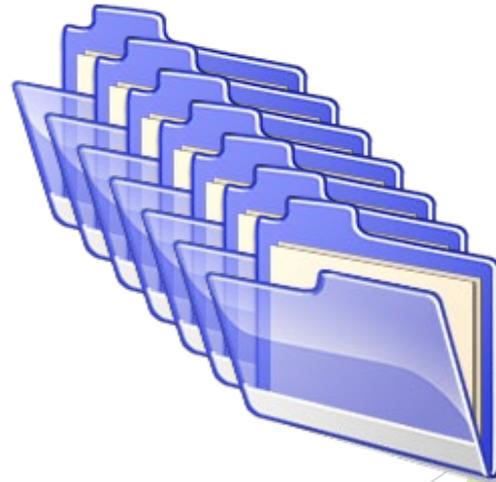
PO Box 202960  
Helena, MT 59620-2960



# What are we doing?

Our unit is consistently working on several projects:

- Team Reviews
- Self Audits
- Individual Reviews
- New Provider Reviews
- Data Reviews
- Active Provider Reviews



# The progression of reviews...

1. Review idea
2. Collection of data
3. Initial contact with provider
4. Records request letter
5. Records review
6. Overpayment letter
7. Administrative Review
8. Additional records or information review
9. Administrative Review determination
10. Fair Hearing
11. Fair Hearing determination
12. Board of Public Assistance
13. Judicial Court
14. Overpayment
15. Closure

## Top issues within reviews ...

- Incomplete documentation (demonstrating the extent and nature of the service).
- Incomplete or missing orders/prescriptions.
- Missing dates and signatures on notes or DME delivery confirmation.
- Missing time in and out or full amount of time spent on time-based codes.
- Up-coding Evaluation and Management.
- Identifying information on documentation.





## Additional review errors ...

- Billing for services not personally provided.
  - Unbundling of services.
  - Illegible records.
  - Electronic records out of Word.
- 

# SURS Staff

Jennifer Tucker, CPC, CPIP; SURS Supervisor

- 8 Program Integrity Compliance Specialists
  - Certified Professional Coders
  - Certified Program Integrity Professionals
  - Subject Matter Experts

assigned to multiple provider types and specialties



# Contact Information

## SURS Supervisor

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# Questions?





Don't Forget  
To Document