Claim Jumper

Montana Healthcare Programs Claim Jumper July 2026 – Volume 41, Issue 7

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Upcoming Training

Provider Enrollment sessions held the second Wednesday of every month.

General Resources
July 1, 2026

PCMT 101
July 10, 2026

Electronic Adjustments for Providers
July 15, 2026

Pediatric Complex Care
July 16, 2026

Billing 101
July 22, 2026

Register Now

SURS Revelations

Avoid Billing Errors: Understanding the Current Status of CPT 99072

CPT code 99072 was introduced on September 8, 2020, by the American Medical Association (AMA) to account for additional supplies, materials and staff time for non-facility services, such as an office visit during the Public Health Emergency (PHE) for respiratory illness, such as COVID-19.

Within the American Medical Association (AMA) Current Procedural Terminology (CPT) book, the code was intended to report costs beyond what was typically included in the standard evaluation and management services. This included extra personal protective equipment (PPE) such as face masks, cleaning and disinfection procedures, and clinical staff time for activities such as pre-visit instructions and office arrival symptom checks that supported the safe provision or evaluation, treatment, or procedural services requested to support infection protocols during the pandemic.

After the COVID-19 Public Health Emergency ended on May 31, 2023, CPT 99072 was no longer appropriate to use, as there is no active public health emergency involving respiratory-transmitted infectious disease. According to Montana Medicaid fee schedules available on the Montana DPHHS website, CPT 99072 is no longer included as a reimbursable code. The code is no longer used routinely but remains in the CPT coding book for the possibility of future emergencies.

Montana Medicaid encourages providers to regularly review the Montana Medicaid provider manuals, notices, bulletins, fee schedules, and to use the current CPT, CDT, HCPCS and ICD coding books to aid in accurate Medicaid billing. In addition, your Montana Medicaid program officer can assist in questions regarding the Montana Medicaid program.

Remember: **“If it isn’t documented the service can’t be substantiated!”**

Submitted by Kim Brault, CPC
Program Integrity Compliance Specialist
Program Compliance Bureau
Office of Inspector General
DPHHS

SDMI Current Claim Issues

The Severe Disabling Mental Illness (SDMI) Waiver program has noticed a trend of multiple providers billing claims incorrectly. Some issues are:

- Wrong modifier being billed.
  - Correct modifier for SDMI waiver program is HD.
- Data and/or procedure codes on claim does not match Prior Authorization (PA).
  - Using the correct PA for the dates of service being billed. We have noticed a number of claims being submitted using a previous PA not corresponding with the dates of service on the claim. Using the appropriate PA will help prevent claim denials and processing delays.
  - Ensure the procedure code on the PA corresponds with the procedure code being billed.
- Billing multiple claims before claims have finalized.
  - Submitting multiple claims for the same member and/or date of service can delay claim processing and may result in claims denied as duplicates. Please ensure that previously submitted claims have finalized and are no longer in a pending status before resubmitting a claim.
- Billing under wrong provider number and/or missing team #.
  - SDMI waiver provider need to bill with the SDMI-specific provider number. If billing with the NPI and you are enrolled in multiple programs, the system may not choose the correct program/provider number. This could hinder claims processing accurately and require providers to rebill the claims.
  - Team numbers are required on all SDMI claims and will be denied if missing.
    - The spreadsheet of team numbers is listed on the Medicaid provider website: Montana Medicaid Provider Website under Resources by Provider Type, Severe Disabling Mental Illness, Other Resources titled “March 2025 Team Number Implementation.”

Submitted by Jennifer Bergmann, CPIP, CPC
Quality Assurance Program Manager
SDMI Waiver

EFT Authorization- How and Why?

A requirement for receiving payment from Montana Healthcare Programs is submitting the Electronic Funds Transfer Authorization Agreement form. It is available on the Medicaid Providers website at Site Index > Forms > Forms D – F > Electronic Funds Transfer (EFT) Authorization Agreement. If you are changing bank accounts, on the form's second page put the old account information in the Current Account column. New Account information goes in the last column. Otherwise, only complete the New Account column.

After you complete the authorization, you need to upload it to the provider portal website. Once you have logged into the provider portal, 1) on the left, choose Provider Enrollment to 2) search for and select your NPI then 3) select Update on the left. (If you are due to revalidate, you will need to do that. Update will be unavailable.) In the results, the last entry should say "Update, InProgress" (You may have to go through more than one page of results.) 4) Click the Edit (pencil) icon on that last entry. 5) Select Financial Information on the left then the 6) Banking tab. (Update any necessary fields.) 7) Scroll to Supporting Documents and, in the Actions column on the right, 8) click the Upload (up arrow) icon to upload your EFT authorization form. Finally, 9) click the Save and Continue button.

While you are in the Update area, you should update anything else displaying the red circle icon.

You may ask, "Why do I need to provide the EFT form?" The answer to that is on the form itself. Not submitting your EFT authorization may interfere with receiving your payments. More than that, it confirms that your EFT information is up-to-date and accurate. In short, the authorization gives Montana Healthcare Programs permission to put money in your account!

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.

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
06/12/2026	Outpatient Hospitals, Critical Access Hospitals	Elimination of Provider-Based Clinic Status Revised
06/11/2026	Hospital Outpatient, Emergency Room, Birthing Center, Dialysis Clinic	National Drug Codes (NDC) Required for Physician Administered Drugs Reissued
06/30/2026	Applied Behavior Analysis Services, Audiologist, Big Sky Waiver, Chiropractor (QMB), Community First Choice Services, Crisis Diversion, Dental (Medicaid and HMK), EPSDT / Children's Services, Home Health, Hospital Inpatient, Hospital Outpatient, IDTF, Laboratory Services, Licensed Addiction Counselors, Licensed Direct Entry Midwife, Licensed Marriage and Family Therapist, Licensed Mental Health Centers, Licensed Professional Counselor, Mid-Level Practitioner, Mobile Imaging Service, Nursing Facilities, Occupational Therapist, Optician, Optometric, Oral Surgeon, Pharmacy, Personal Care Services, Physical Therapist, Physician, Podiatrist, Psychiatrist, Psychologist, Public Health Clinic, School-Based, Speech Therapist, Substance Use Disorders Providers	July 1, 2026 Fee Schedule Updates

FEE SCHEDULES

- July 2025 School Based Services Revised
- July 2026 IHS Fee Schedule
- July 2026 Tribal Services Fee Schedule

ADDITIONAL DOCUMENTS POSTED

- June 2026 Monthly Enrollment Training
- June 2026 PCMT 101
- July 2026 IHS Fee Schedule
- June 2026 Provider Affiliation Training
- June 2026 Billing 101 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	May 2026	April 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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