



Claim Jumper

Montana Healthcare Programs Claim Jumper

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Upcoming Training

Provider Enrollment sessions held the second Wednesday of every month.

General Resources
March 4, 2026

Documentation from a Reviewers Perspective
April 16, 2026

SDMI
May 21, 2025

Billing 101
March 25, 2026

Register Now

Do You Want Quick, Concise Inquiry Responses?

If so, you want to use the Montana Healthcare Programs' Integrated Voice Response system (IVR). IVR is available 24/7 at (800) 624-3958. Providers will want to press option 7 to get started. You will get a couple of short, important announcements. From there you can choose to get information on recent payments, claim status, member eligibility and more. (In member eligibility you can opt to get the information via faxback by selecting zero to skip limits then 3 for the faxback.)

To save the most time, have the required information ready, such as your 7- or 10-digit provider number, member card ID and DOB, claim ICN and/or dates of service, etc. (as needed).

For a quick reminder on using the IVR, go to the [Montana Healthcare Programs Provider Information Website](#) home page. Scroll down to the Information Reminder section.

*Written by Allen Way
Account Trainer
Conduent*

SURS Revelations

Records Maintenance for Physical Therapy, Occupational Therapy, or Speech Therapy

As a Montana Medicaid provider of physical, occupational, or speech therapies, accurate record maintenance is vital to keeping track of your patient's progress and obtaining appropriate payment.

Services must be ordered or referred by a physician or mid-level practitioner prior to the first appointment with the patient. (ARM 37.86.606).

After completion of the initial evaluation with the patient, a plan of care (POC) must be established, and the ordering/referring provider should review and sign the POC.

To ensure the accuracy of the POC, any changes should be indicated in the notes and signed and dated. The order/referral and POC must be updated every 180 days. If a new order/referral and POC is not obtained after 180 days from the latest order/referral date, the provider of therapy services is not eligible for Medicaid reimbursement. (ARM 37.86.606)

These requirements are listed in the Physical Therapy, Occupational Therapy and Speech Therapy Services Manual available on the [Provider Information website](#) and the [Administrative Rules of Montana \(ARM\) 37.86.606 Therapy Services, Service Requirements and Restrictions](#).

If you have questions regarding an order/referral or POC, please contact Program Officer Laurie Nelson at (406) 444-4066 or Laura.Nelson@mt.gov

*Submitted by Jaymie Larsen
Program Integrity Compliance Specialist
Program Compliance Bureau
Office of Inspector General
Surveillance Utilization Review Section*

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.

*Thank you for the care and support of Montana Healthcare Programs members that you provide.
Your work is appreciated!*

Understanding Electronic Visit Verification (EVV)

As Montana continues to enhance the quality and transparency of home-based services, Electronic Visit Verification (EVV) remains a cornerstone of our service delivery model. Mandated by the federal 21st Century Cures Act and state policy (ARM 37.40.1013), EVV is more than just a "clock-in" requirement—it is a tool designed to support providers, workers, and members alike.

Why EVV Matters

The primary goal of EVV is to ensure that members receive the care they are authorized for when they need it. By transitioning to an electronic process, the Montana DPHHS Community First Choice Services (CFCS) and Personal Care Services (PCS) programs achieve several critical objectives:

Improved Member Outcomes: Real-time monitoring ensures there are no gaps in care and that services are delivered consistently.

Operational Efficiency: Automated data collection reduces the likelihood of manual errors and streamlines the claims processing cycle.

Transparency & Accountability: EVV makes worker activities measurable and reduces the risk of fraud, protecting the integrity of the Medicaid program.

Enhanced Communication: Data is shared across the care coordination team, allowing for better-informed decisions regarding a member's care plan.

How It Works

The EVV system captures six specific data points at the time of service:

- Type of service performed.
- Individual receiving the service.
- Individual providing the service.
- Date of service.
- Location of service delivery.
- Real-time start and end times.

Common EVV Questions & Answers

What CFCS/PCS services are subject to EVV? CFCS and PCS are subject to EVV service codes: S5125, S5126, T1019, and T2001 (including U9 modifiers).

What if there is no cell service or Wi-Fi? The state's EVV mobile application is designed to work in offline mode. Data is stored securely on the device and will automatically upload once a connection is restored.

Are live-in caregivers exempt? No. EVV is required for all members, including those with live-in caregivers. Caregivers can choose to complete unscheduled visits or schedule blocks of time for care delivery.

What if the member is unable to sign? Member and PCA signatures are required. However, the system allows for alternatives like signing with an "X," using voice capture, or providing a written explanation if a signature cannot be captured.

When can we use Interactive Voice Response (IVR)? IVR (using a landline) is an alternative for members who cannot access a mobile device or live in remote areas without connectivity. **Note:** IVR requires prior approval from the Department and shifts must be scheduled in advance.

(continued on pg.4)

Can I use alternative EVV software? Yes. Montana utilizes an Open Vendor model. While the state provides a free solution, providers may use an alternate EVV systems as long as they are certified by DPHHS and can share data with the state's aggregator.

Is it required that we have to bill through Netsmart even if we do not use Netsmart (i.e. a 3rd party vendor)? Yes, as of 3/31/24 all visit data needs to be sent from the 3rd Party to Netsmart to be paid.

Stay Compliant

Manual edits should be rare. Frequent manual entries or failure to capture data in real-time can trigger compliance reviews. Providers are encouraged to verify caregiver hours and signature requirements regularly to avoid corrective action.

For More Information:

Access the Full FAQ: [EVV Frequently Asked Questions](#)

Forms & Technical Support: Visit the DPHHS [Electronic Visit Verification](#) Webpage

Policy Reference: See ARM 37.40.1013 and the 21st Century Cures Act.

*Submitted by Ginny Landers
CFCS Performance Improvement Specialist
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](#).

PROVIDER NOTICES		
Date Posted	Provider Type	Provider Notice Title
02/02/2026	Optometric	Updates to the Optometric Fee Schedule Related to Expand Scope of Services
02/02/2026	Dentist, Oral Surgeon	Amended Deleted Dental Code (D9248) and Replacements (D9244 and D9245)
02/05/2026	Licensed Addiction Counselor, Licensed Marriage and Family Therapist, Licensed Professional Counselor, Mental Health Centers, Psychiatric Residential Treatment Facility, Psychologist, Social Workers, Substance Use Disorder, Therapeutic Group Home, Therapeutic Foster Home, Targeted Case Management (Mental Health)	Appeal Process for Adult and Children's Behavioral Health and Substance Use Disorder
02/20/2026	CAH, FQHC, Hospital Inpatient, Hospital Outpatient, Mid-Level, Physician, Rural Health Clinic	Montana Prescription Drug Registry Survey for Federal Fiscal Year 2025
02/18/2026	Hospital Outpatient	Updated Integrated Outpatient Code Editor Software
02/27/2026	Nursing Home Facilities	Increase in Nursing Home Claim Denials
02/27/2026	Family Planning, FQHC, Hospital Outpatient, Mid-Level, Physician, Public Health Clinic, RHC	Vaccines for Children Code Update

FEE SCHEDULES

- July 2025 Dental Services Fee Schedule Revised
- July 2025 Dental Hygienist Services Fee Schedule Revised
- July 2025 Denturist Services Fee Schedule Revised
- July 2025 Oral Surgeon Services Fee Schedule
- January 2025 OPPS Services Fee Schedule Revised
- April 2025 OPPS Services Fee Schedule Revised
- July 2025 OPPS Services Fee Schedule Revised
- July 2025 DME Services Fee Schedule Revised
- July 2025 Pediatric Complex Care Assistant Fee Schedule
- July 2025 Speech Therapy Services Fee Schedule Revised
- July 2025 Physical Therapy Services Fee Schedule Revised
- July 2025 Occupational Therapy Services Fee Schedule Revised

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- July 2025 Oral Surgeon Services Fee Schedule
- January 2026 Ambulance Services Fee Schedule
- January 2026 Direct Entry Midwife Services Fee Schedule
- January 2026 IDTF Services Fee Schedule
- January 2026 Laboratory Services Fee Schedule
- January 2026 Mid-Level Services Fee Schedule
- January 2026 Physician Services Fee Schedule
- January 2026 Podiatry Services Fee Schedule
- January 2026 Public Health Services Fee Schedule
- January 2026 ASC Services Fee Schedule
- January 2026 Optician Services Fee Schedule
- January 2026 Speech Therapy Services Fee Schedule
- January 2026 Physical Therapy Services Fee Schedule
- January 2026 Occupational Therapy Services Fee Schedule
- January 2026 Oral Surgeon Services Fee Schedule
- January 2026 Dental Hygienist Services Fee Schedule
- January 2026 Dental Services Fee Schedule
- January 2026 Denturist Services Fee Schedule
- January 2026 Hearing Aid Services Fee Schedule
- January 2026 DME Services Fee Schedule

ADDITIONAL DOCUMENTS POSTED

- February 2026 General Resources Training Presentation
- February 2026 Monthly Enrollment Training Presentation
- February 2026 License Updates Training
- February 2026 DUR Meeting Minutes
- February 2026 Preferred Drug List
- February 2026 Billing 101 Training
- February 2026 DUR Agenda

Top 15 Claim Denials

Claim Denial Reason	January 2026	December 2025
RECIPIENT NOT ELIGIBLE 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:
 MTErollment@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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