

# Montana Healthcare Programs

Physical Therapy  
Occupational Therapy  
Speech Therapy

2022

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OPTOMETRIC, SCHOOL BASED  
SERVICES, AND THERAPIES

PROGRAM OFFICER



Covered Services

RESTORATIVE

THERAPY

SERVICES

# Non-Covered Services

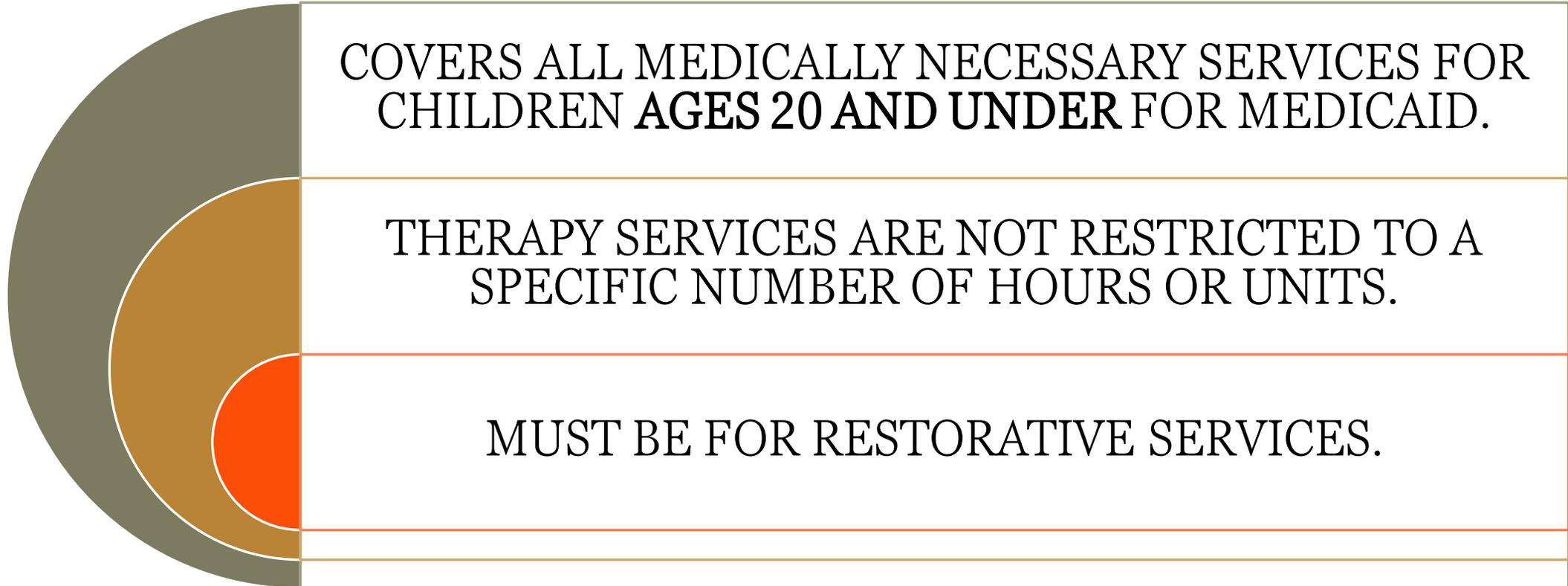
- Maintenance therapy services
- Services that do not require the performance or supervision of a licensed therapist, even if the services are performed by the therapist.
- Therapist's time for:
  - attending member care meetings, or
  - participating in member-related meetings with other medical professionals or family members.
- Completion of paperwork or reports
- Services considered experimental or investigational
- Missed or canceled appointments
- Mileage and travel expenses for providers
- Preparation of medical or insurance reports
- Service charges or delinquent payment fees

# Requirements for Therapy Services

- Providers must maintain records that include the following:
  - Signed and dated order and referral.
  - Member's name on each page of documentation.
  - Diagnosis, duration and time, course of treatment, and expected outcomes.
  - Therapist treatment for each session.
  - Member's progress in meeting therapy goals to ensure therapy services are still restorative and not maintenance.
  - Support time spent for each procedure billed.
- Documentation must be complete and representative of what the therapist has provided each time a member is seen and must support the procedures that are billed to Montana Healthcare Programs.
- Records signed and dated by the treating therapist.

# EPSDT (Early Periodic, Screening, Diagnostic and Treatment)

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# Telehealth Services

SUCH SERVICES ARE MEDICALLY NECESSARY AND CLINICALLY APPROPRIATE FOR DELIVERY VIA TELEMEDICINE/TELEHEALTH.

COMPORT WITH THE GUIDELINES SET FORTH IN THE APPLICABLE MONTANA MEDICAID PROVIDER MANUAL, AND

ARE NOT A SERVICE SPECIFICALLY REQUIRED TO BE FACE-TO-FACE AS DEFINED IN THE APPLICABLE MONTANA MEDICAID PROVIDER MANUAL.

# Provider Enrollment

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To be eligible for enrollment, a provider must:

- Provide proof of licensure, certification, accreditation, or registration according to Montana state laws and regulations.
- Provide a completed W-9.
- Meet the conditions for specific type of provider, program, and/or service.
- Providers must enroll for each type of service they provide.

- Providers seeking to enroll with Montana Healthcare Programs will be directed to the new MPATH online application.
- Providers will be allowed to:
  - Enroll online
  - Update information
  - Submit claims
  - Submit electronic claim adjustments
  - Look up diagnosis and procedure codes

*For any questions, contact Montana Provider Relations at (800) 624-3958 or [MTPRHelpdesk@conduent.com](mailto:MTPRHelpdesk@conduent.com)*



# Provider Responsibilities

- Know the Montana providers website
  - <https://medicaidprovider.mt.gov>
- Know the Providers Manual (your best friend)
  - General Information for Providers
  - Physical Therapy, Occupational Therapy, and Speech Therapy Services Manual
  - Passport to Health
- Know the Fee Schedules (your other best friend)
- Know the Montana Health Program forms
  - <https://medicaidprovider.mt.gov/forms>
- Know the current rules and regulations governing the Montana Health Programs
  - <https://rules.mt.gov>
- Know your Program Officer:
  - Laurie Nelson (406) 444-4066 / [Laura.Nelson@mt.gov](mailto:Laura.Nelson@mt.gov)

# Resources to check Member Eligibility

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MONTANA ACCESS TO HEALTH WEBSITE

[WELCOME TO MONTANA ACCESS TO HEALTH WEB  
PORTAL! \(CONDUENT.COM\)](http://CONDUENT.COM)

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FAX BACK:

(800) 714-0075

IVR:

(800) 362-8312

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PROVIDER RELATIONS:

(800) 624-3958

OPTION 7

# Things to Know Before Providing Services

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- Member's primary insurance
- Member's Montana Health Program Eligibility
  - (CHIP, Medicaid, Expansion)
- Member's Passport Provider Requirements
- The services allowed under the member's plan.
- Proper procedure codes and modifiers
- Is the service being provided a bundled service?

# Common Billing Issues

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- Billing a claim to Montana Medicaid when the member HMK/CHIP eligible.
- Claims for children missing the EPSDT indicator.
- Member is not eligible.
- Billing with procedure codes not on our fee schedule.
- Submitting a claim past timely filing.
- Billing without the Place of Service marked.
- Billing without the Passport provider's referral number.
- Billing without the prior authorization number.
- Signing off before the last date of service. (especially for the date spans).
- Sending claim without a primary insurance EOB (explanation of benefits) attached.

# Reimbursement

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- Montana Health Programs reimburse according to the fee schedules.
- It is very important to submit a **clean claim**.
  - A clean claim is one that can be processed without additional information or documentation from or action by the provider of the service.
- In processing claims, the department or its agent may deny payment of or pend a claim upon determining that a basis exists for denial of payment or pending the claim. No further review or processing of a denied claim is required until resubmission of the claim by the provider. The department or its agent is not required to list or identify all possible grounds for denial or pending of the claim. The fact that a particular basis for denial or pending of a claim for a service or item was not identified on an earlier statement of remittance or other similar statement does not preclude denial or pending of the claim on that basis on a later submission of the claim.

# Contact Information

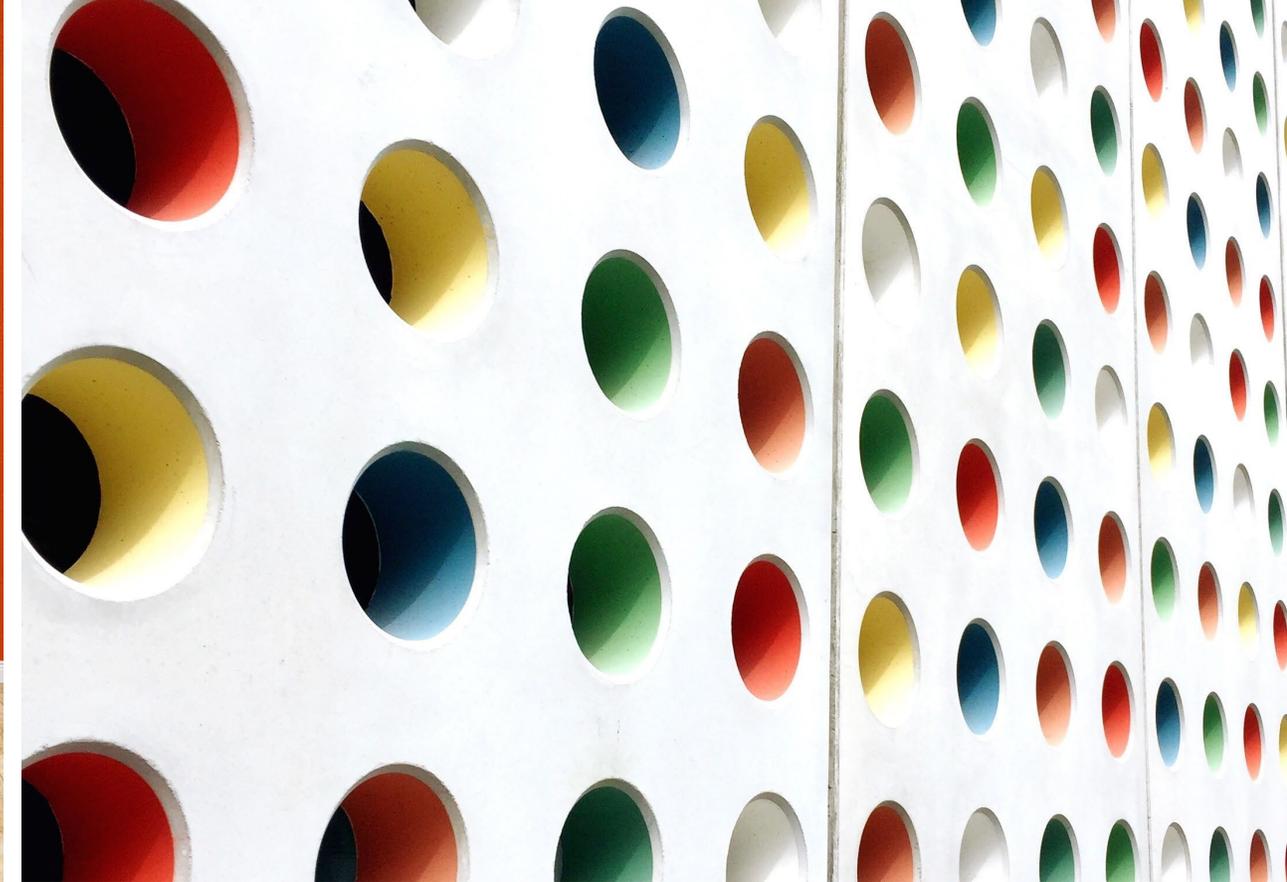
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- Conduent Provider Relations/Enrollment/Claims: 1-800-624-3958
- Interactive Voice Response: 1-800-362-8312
- Program Officer
  - Laurie Nelson
    - Phone: 406-444-4066
    - Fax: 406-444-1861
    - [Laura.Nelson@mt.gov](mailto:Laura.Nelson@mt.gov)

# Important Links

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- [Montana Access to Health Portal](#)
- [Claim Jumper Newsletters](#)
- [Physical Therapy, Occupational Therapy, and Speech Therapy Services Manual](#)
- [General Information for Providers Manual](#)
- [Montana Healthcare Programs Provider Enrollment](#)
- [37.85.207 : SERVICES NOT PROVIDED BY THE MEDICAID PROGRAM - Administrative Rules of the State of Montana \(mt.gov\)](#)
- [37.85.204 : MEMBER REQUIREMENTS, COST SHARING - Administrative Rules of the State of Montana \(mt.gov\)](#)
- [37.85.406 : BILLING, REIMBURSEMENT, CLAIMS PROCESSING, AND PAYMENT - Administrative Rules of the State of Montana \(mt.gov\)](#)
- [37.86.601 : THERAPY SERVICES, DEFINITIONS - Administrative Rules of the State of Montana \(mt.gov\)](#)
- [37.86.605 : THERAPY SERVICES, PROVIDER REQUIREMENTS - Administrative Rules of the State of Montana \(mt.gov\)](#)
- [37.86.606 : THERAPY SERVICES, SERVICE REQUIREMENTS AND RESTRICTIONS - Administrative Rules of the State of Montana \(mt.gov\)](#)
- [37.86.610 : THERAPIES, REIMBURSEMENT - Administrative Rules of the State of Montana \(mt.gov\)](#)



# Questions

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