Billing 101 Training for Providers

Billing process start to finish
Presented by Deb Braga, PR Field Rep

In this training…

- Covid-19 Policy Changes – policies are still in effect.

- New Provider Questions.

- Reminders.

- Claim preparation. What order should things be done?

- Where to I go to get information, submit & reconcile claims?

- What access do I need before I can begin?

- What are my resources?

- Most common billing errors. Individual Adjustment forms.

- Questions?

Covid-19 Policy Changes

Covid-19 Policies

COVID-19
Provider Information
and
Notices

- All policies effective March 1, 2020 are still in affect.

- New **Billing for COVID-19 Vaccine** Provider Notice for pharmacies dated February 8, 2021. The vaccine is currently free to pharmacies; therefore, we will only be reimbursing for administration.

- The administration for the first dose of a two-dose vaccine will be reimbursed at $16.94 and the second dose will be $28.39. Single dose vaccines will be reimbursed at $28.39.

- Please review the Provider Notice for full details.

Provider Questions and Reminders

Provider Questions

Nursing Home & Swing Bed information?

- Member must have a Nursing Home span in order to bill for Swing Bed.
- Paper Nursing Home and Swing Bed claims must be on a MA-3 form.
- Electronic Nursing Home and Swing Bed claims will convert to a UB-04.
- Submitting Individual Adjustment Requests with Medicare payments. Use #4 in Section B to change the billed amount to the coinsurance amount. Then use #8 in Section B to instruct us to add the personal resource amount.

Reminders

- The MTPRhelpdesk@Conduent.com can be used for generic questions. Questions related to specific member information or specific claims must be directed to the Call Center. Emails must not contain PHI. Secured emails are not accepted. Please note we have 5 business days to respond to emails.

- Conduent has 10 business to complete provider file updates.

- Supplemental documents for Enrollment applications should be faxed or emailed to MTEnrollment@Conduent.com. If supplementals are not received within 90 days of the application date; the application will be auto-denied.

- Secret to get to a live agent when calling the Call Center. Once you have entered your NPI/Atypical number; you can press 1# to get to a live agent.

Additional Reminders

Important Reminders about our Automated Systems

The MATH portal and the IVR do not give services limits.

Always contact the Call Center to confirm service limits.

The verbiage on the IVR can be confusing when it comes to covered services.

- It may say the member is eligible for eye exam & glasses. That only means that the member's coverage allows for this service.
- It may say that the member is eligible for vision or dental services when the member only has QMB. This is because Medicare may cover some services in medical setting.

Inconsistent waiver information on MATH portal.

Questions?

Claim submissions

Preparation for submitting claims

What order should information be gathered?

1. Verify member eligibility & service limits (if applicable).
2. Obtain & review member's prior authorization (if applicable).
3. Select the proper diagnosis code.
4. Select place of service.
5. Select the proper CPT code (service provided).
6. Verify Fee Schedule.
7. EOB from primary insurance.
8. Enter and submit claim.

Verify Member's Eligibility

It is important to verify your member's eligibility each month. It is your responsibility as a Provider to verify what type of coverage the member has and to ensure it is valid on the date you provide service.

There are two ways to verify member coverage.

MATH Provider Web Portal

https://mtaccesstohealth.portal.conduent.com/mt/general/home.do

Call Center

1800-624-3958 Opt. 7, opt. 3

Prior Authorizations

Prior Authorization letters are mailed by Conduent any time a prior authorization has been entered into our system.

Letters may contain multiple members. Each member will have their own prior authorization number.

If you do not receive your prior authorizations in time for billing; contact the Call Center.

Prior Authorization Letter

```
                                                                DATE 02/25/21

                                        PRIOR AUTH        AUTHORIZE DATES
RECIP ID      NAME                        NUMBER          FROM        TO


00████████  ████████████                 10557██████      021521      021521
REASON: 999
    LINE        ----MAXIMUM----
    ITEM    UNITS    DOLLARS   FR-DTE     TO-DTE    PROC RANGE / MOD  DIAG   RANGE
     01        1        0.00   021521     021521    A0430 A0430
     TOOTH NUM / SURFACE:        THERA CLASS:       STATUS: APPROVED
     REASON:
     02      106        0.00   021521     021521    A0435 A0435
     TOOTH NUM / SURFACE:        THERA CLASS:       STATUS: APPROVED
     REASON:
RECIP ID      NAME                         NUMBER          FROM        TO


00██████  ██████████████                  10557██████      021121      021121
REASON: 999
    LINE        ----MAXIMUM----
    ITEM    UNITS    DOLLARS   FR-DTE     TO-DTE    PROC RANGE / MOD  DIAG   RANGE
     01        1        0.00   021121     021121    A0430 A0430
     TOOTH NUM / SURFACE:        THERA CLASS:       STATUS: APPROVED
     REASON:
     02      182        0.00   021121     021121    A0435 A0435
     TOOTH NUM / SURFACE:        THERA CLASS:       STATUS: APPROVED
     REASON:
```

Diagnosis Codes

ICD-10 is short for *International Classification of Diseases, 10th Revision.*

There are many websites out there to obtain this information. This is a very user-friendly site.

https://icd10coded.com

Place of Service

The Place of Service List is located on the DPHHS website.

This link will give you a list of acceptable place of service codes.

https://dphhs.mt.gov/Portals/85/dsd/documents/DDP/MMIS%20Transition/PlaceofServicelist.pdf

Place of Service

Place of Service list needed for claim submission.

01 Pharmacy

03 School

04 Homeless Shelter

05 IHS Freestanding Facility 06 IHS Provider-Based Facility

07 Tribal 638 Freestanding Facility

08 Tribal 638 Provider-Based Facility

11 Office

CPT Code

Billable CPT Codes can be located on your provider page, under Fee Schedule.

Provider manuals should be reviewed for service specifics.

Check recent Provider Notices for any changes that may affect your claim.

https://medicaidprovider.mt.gov

Correct Procedural Coding Manual. Also contains modifier information.

Rev Codes

In addition to CPT codes; Hospitals, Federally Qualified Health Centers, Rural Health Clinics, Indian Health Services, Hospice and Critical Access Hospitals also use Rev Codes.

Rev Codes can be found in the UB-04 manual.

Modifiers & Other Coding Resources

Resources for coders – coding manuals, diagnosis code ICD-10 book & websites, provider manuals & general manual. Provider notices. Provider Relations Call Center.

Modifier info – CMS newsletter, provider notices, Correct Procedural Coding Manual (appendix A = modifiers)

MMIS system can only take one modifier on the UB – 04 – use billing modifier first (vs sight mod)

MMIS system can take up to 3 modifiers on the CMS-1500

Fee Schedule Coversheet Example

Montana Healthcare Programs Physician Fee Schedule Explanation

Effective January 1, 2021

Definitions:

Modifier:

When a modifier is present, this indicates system may have different reimbursement or code edits for that procedure code/modifier combination.

For example:

26 = professional component

TC = technical component

Fee Schedule Example

Montana Healthcare Programs Fee Schedule
Physician Services
Effective January 1, 2021

Proc	Mod	Description	Effective	Method	Office Fees	Facility Fees	Global Days	PA	Pass	Mult	Bilat	Assist	CoSurg	Team	Policy Adjust	Comments
A4206	-	1 CC STERILE SYRINGE&NEEDLE	7/1/2019	RBRVS	$0.00	$0.00	-	-	-	-	-	-	-	-	-	-
A4207	-	2 CC STERILE SYRINGE&NEEDLE	7/1/2019	RBRVS	$0.00	$0.00	-	-	-	-	-	-	-	-	-	-
A4208	-	3 CC STERILE SYRINGE&NEEDLE	7/1/2019	RBRVS	$0.00	$0.00	-	-	-	-	-	-	-	-	-	-
A4209	-	5+ CC STERILE SYRINGE&NEEDLE	7/1/2019	RBRVS	$0.00	$0.00	-	-	-	-	-	-	-	-	-	-
A4211	-	SUPP FOR SELF-ADM INJECTIONS	7/1/2019	RBRVS	$0.00	$0.00	-	-	-	-	-	-	-	-	-	-
A4212	-	NON CORING NEEDLE OR STYLET	7/1/2019	RBRVS	$0.00	$0.00	-	-	-	-	-	-	-	-	-	-
A4213	-	20+ CC SYRINGE ONLY	7/1/2019	RBRVS	$0.00	$0.00	-	-	-	-	-	-	-	-	-	-
A4215	-	STERILE NEEDLE	7/1/2019	RBRVS	$0.00	$0.00	-	-	-	-	-	-	-	-	-	-
A4244	-	ALCOHOL OR PEROXIDE PER PINT	7/1/2019	RBRVS	$0.00	$0.00	-	-	-	-	-	-	-	-	-	-
A4245	-	ALCOHOL WIPES PER BOX	7/1/2019	RBRVS	$0.00	$0.00	-	-	-	-	-	-	-	-	-	-
A4246	-	BETADINE/PHISOHEX SOLUTION	7/1/2019	RBRVS	$0.00	$0.00	-	-	-	-	-	-	-	-	-	-
A4247	-	BETADINE/IODINE SWABS/WIPES	7/1/2019	RBRVS	$0.00	$0.00	-	-	-	-	-	-	-	-	-	-
A4250	-	URINE REAGENT STRIPS/TABLETS	7/1/2019	RBRVS	$0.00	$0.00	-	-	-	-	-	-	-	-	-	-
A4258	-	LANCET DEVICE EACH	7/1/2019	RBRVS	$0.00	$0.00	-	-	-	-	-	-	-	-	-	-
A4261	-	CERVICAL CAP CONTRACEPTIVE	7/1/2019	MSRP	$0.00	$0.00	-	-	-	-	-	-	-	-	-	-

EOB for Primary Insurance

It is important that you send in all required information from the primary insurance's EOB.

- The page that shows the member and all their charges. Must show date of service, CPT codes, amount billed, and amount paid by the primary insurance.
- The page that shows the "Key" to the codes listed on the EOB. This is normally the last page of the EOB.
- If there is more than one patient on the page, please cross out the information for other patients.

EOB Example - Incomplete

PATIENT:						
PERF PRV:		IDENTIFICATION N				
CLAIM NO:		PATIENT NO:				

FROM / TO DATES	PSN PAY	PROC CODE	AMOUNT BILLED	ALLOWABLE AMOUNT	SERVICES NOT COVERED	DEDUCTIONS/OTHER INELIGIBLE	AMOUNT PAID
01/09-01/09/18	03 PPO	90837	100.00	0.00	100.00 (1)	0.00	0.00
01/29-01/29/18	03 PPO	90837	100.00	0.00	100.00 (1)	0.00	0.00
02/14-02/14/18	03 PPO	90837	100.00	0.00	100.00 (1)	0.00	0.00
03/09-03/09/18	03 PPO	90837	100.00	0.00	100.00 (1)	0.00	0.00
03/30-03/30/18	03 PPO	90837	100.00	0.00	100.00 (1)	0.00	0.00
04/17-04/17/18	03 PPO	90837	100.00	100.00	0.00	0.00	100.00
			600.00	100.00	500.00	0.00	100.00

AMOUNT PAID TO PROVIDER FOR THIS CLAIM: $100.00

TOTAL SERVICES NOT COVERED: 500.00
PATIENT'S SHARE: $0.00

PROVIDER CLAIMS AMOUNT SUMMARY

NUMBER OF CLAIMS:	1		AMOUNT PAID TO SUBSCRIBER:	$0.00
AMOUNT BILLED:	$500.00		AMOUNT PAID TO PROVIDER:	$0.00
AMOUNT OVER MAXIMUM ALLOWANCE:	$0.00		RECOUPMENT AMOUNT:	$0.00
AMOUNT OF SERVICES NOT COVERED:	$500.00		NET AMOUNT PAID TO PROVIDER:	$0.00
AMOUNT PREVIOUSLY PAID:	$0.00		SUPPRESSED PAYMENT AMOUNT:	$0.00

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* PLACE OF SERVICE (PS)

03. PHYSICIAN'S OFFICE.

MESSAGES:

(1). DUPLICATE BILLING, PREVIOUS CLAIM SUBMITTED.

EOB Example - Correct
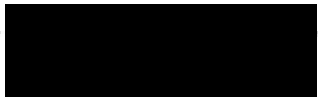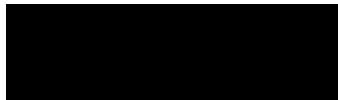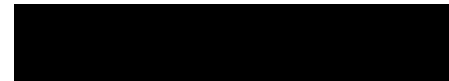
PATIENT CONTROL NUMBER	PATIENT ID	AUTH/REF NUMBER	DRG	DRG WEIGHT	CLAIM CHARGE AMOUNT	CLM ADJ AMT	GRP CD	CLM ADJ RSN CD	CLAIM PAYMENT AMOUNT	PATIENT RESPONSIBILITY
DQ77581935					$100.00				$0.00	$100.00

SERVICE LINE DETAIL(S)

LINE CTRL#	DATES OF SERVICE	SUB PROD/ SVC/ MOD	ADJ PROD/ SVC	MOD	REV	UNITS	ADJ QTY	CHARGE	AMOUNT ALLOWED	ADJ AMOUNT	GRP CD	CLM ADJ RSN CD	PAYMENT AMOUNT	REMARK/ NOTES
0502077S8 1925	11/11/19 – 11/11/19		90837			1		$100.00	$100.00	$100.00	PR	1	$0.00	W1
CLAIM# ⬛⬛⬛⬛							SUBTOTAL	$100.00	$100.00	$100.00			$0.00	

PAYMENT OF BENEFITS HAS BEEN MADE IN ACCORDANCE WITH THE TERMS OF THE MANAGED CARE SYSTEM.

	TOTAL PAYABLE TO PROVIDER	$0.00

NOTES

PR1   PATIENT RESPONSIBILITY – DEDUCTIBLE AMOUNT

W1   BENEFITS FOR THIS SERVICE HAVE BEEN APPLIED TO YOUR DEDUCTIBLE. THE AMOUNT YOU OWE SHOWN ON THIS STATEMENT IS THE AMOUNT YOU MAY OWE YOUR PROVIDER.

Paperwork Attachments and Electronic Claims

Paperwork Attachments for Electronic Claims

Additional paperwork must be submitted using the Paperwork Attachment Cover Sheet.

https://medicaidprovider.mt.gov/Portals/68/docs/forms/paperworkattachmentcoversheet.pdf

Must include the Attachment Control Number.

Electronic claims with Paperwork Attachments

The electronic claim must indicate that there is paperwork being sent. If there is no indicator, we don't know to go look for your attachment.

- Loop 2300, PWK segment
- Use the Attachment Control Number from the form in this field.

Questions?

Claim Submission

Electronic Claim Submission

You must submit a Montana DPHHS EDI Provider Enrollment Form. This allows your Submitter ID to transmit claims.

https://medicaidprovider.mt.gov/Portals/68/docs/EDI/AEDI_Submitter_X12N_Packet052020.pdf

- Electronic claims must be submitted by 3:30 PM MT in order process that claim cycle.

- Electronic claims process faster than paper claims. Normally within a week if the claim has no issues.

- Electronic claims can also be submitted through a Billing Agency or a Clearing House.

Electronic Claim Submission

https://medicaidprovider.mt.gov/claims#515376128-software-downloads-and-users-guides

We currently have one free billing software available for download from our website.

WINasap 5010 is a very basic billing software for all claim types. We are currently testing its ability to function on Windows 10.

The full User Guide is available on our website.

The Call Center can only assist with submission questions on the EDI line. They are not available to walk you through the entire process. We also are not able to assist with technical issues.

Please send an email to MTPRHelpedesk@Conduent.com if you have set up questions.

Paper Claim Submissions

https://medicaidprovider.mt.gov/claims#515346126-npi-and-taxonomy-paper-claim-instructions

Paper claims can only be submitted via fax or US Mail.

They may not be emailed.

- Paper claims can take 3 to 4 times longer to process than electronic claims. These claims must be manually keyed into our system.

- Claim forms can be purchased through most office supply stores and through Amazon.

- Information must be legible and in the correct fields. Please avoid using copies of copies.

- Instructions can also be found at www.nucc.org and www.nubc.org

Questions?

Montana Access to Health Provider Portal

Eligibility, Claim Status & Remits

MATH Portal Access

https://mtaccesstohealth.portal.conduent.com/mt/general/home.do

2/26/2020

CONDUENT
Montana Provider Relations
P.O.Box 4936
Helena, MT 59604

tel 800-624-3958 Opt3

Provider name
Address
City ST Zip

Dear Montana Submitter:

Welcome to Conduent EDI Solutions. Please find below the information necessary to submit electronic transactions, based on your enrollment selections. Carefully review all the items in this package. If you find any discrepancies, please call Montana Provider Relations at 1-800-624-3958.

Trading Partner Login Information

Trading Partner Category	
Trading Partner Name	**Provider name**
Trading Partner / Submitter ID	**7777777**
User Name	TMP:**123456**
Password/User ID	**Q9JJJOVF5**
Submission Telephone Number(s)	1-800-334-2832 or 1-800-334-4650

We recommended that all providers register for the Montana Access to Health Web Portal. To register, use the credentials in this letter. Visit the Provider Website (https://medicaidprovider.mt.gov) and select the MATH Web Portal link from the menu on the left. Or, go directly to the web portal (https://mtaccesstohealth.portal.conduent.com/mt/general/home.do) and choose Web Registration from the menu.
1. Enter the Submitter Number in both the NPI and Submitter fields.
2. Enter your Tax Identification Number and the password *from this letter.*
3. From the prompt, create your User ID that you will use to log in. Once the account is registered, an email will be generated with a temporary password.
4. Log in with the user ID you created and copy/paste the password *from the email.*
5. From the prompt, change your password. (Use the temporary password from the email as the old password.).
6. Once logged in to the MATH web portal, click Manage users and select Update or Remove Users to change access.

Note: All Vendors, Billing Agents, and Clearinghouses must enroll and test with Conduent EDI Solutions prior to submitting production transactions. If you are a provider, please check with your contracted Vendor, Billing Agent, or Clearinghouse

Eligibility Verification

Member Information

Eligibility Response

Eligibility Response

Eligibility Spans

Service Type Code	Insurance Type Code	Payer Name	Plan Coverage Description	Eligibility Effective Date	Eligibility End Date
30: Health Benefit Plan Coverage	MC: Medicaid	Medicaid	Standard Medicaid Plan	05/01/2019	07/31/2019

Managed Care Information

Plan Coverage Description	Plan/PCP Name	Plan/PCP Phone Number	Begin Date	End Date
Passport Provider	NORTHWEST COMMUNITY HEALTH CENT	4062836900	09/01/2018	07/31/2019

Dental Treatment Information

Dental Treatment Type	Treatment Limit	Used Amount	Remaining Reimbursement Balance	Effective Begin Date	Effective End Date
ADULT DENTAL TREATMENT LIMIT	$ 1,125.00	$ 0.00	$ 1,125.00	07/01/2019	06/30/2020

Please be advised that there may be other claims pending adjudication by the system which may be paid before your claim is submitted thereby reducing the available remaining balance from the amount reported above. Limits should be verified on each visit for the current date of service. The Treatment Limit amount shown is the amount Medicaid will reimburse for dental services.

Waiver Coverage Response

Eligibility Spans

About HMK/CHIP **HELP Plan** **Standard Medicaid**

Service Type Code	Insurance Type Code	Payer Name	Plan Coverage Description	Eligibility Effective Date	Eligibility End Date
30: Health Benefit Plan Coverage	MC: Medicaid	Medicaid	Standard Medicaid Plan	11/24/2015	12/31/2099
30: Health Benefit Plan Coverage	QM: Qualified Medicare Beneficiary	Medicaid/HMKPlus	Qualified Medicare Beneficiary	10/01/2020	03/31/2021

Managed Care Information

Plan Coverage Description	Plan/PCP Name	Plan/PCP Phone Number	Begin Date	End Date
Community First Choice			05/07/2020	12/31/2099

Medicare Information

Insurance Type Code	Member Policy ID	Eligibility Effective Date	Eligibility End Date
MA: Medicare Part A	5V81HK5QD99	03/01/2013	12/31/2099
MB: Medicare Part B	5V81HK5QD99	03/01/2013	12/31/2099

Dental Treatment Information

Dental Treatment Type	Treatment Limit	Used Amount	Remaining Reimbursement Balance	Effective Begin Date	Effective End Date

Message Text: Currently this member is exempt from the dental limit (i.e. the adult dental treatment limit is not applicable for the dental services that this member receives).

Questions?

Claim Status

Claim Status Inquiry

Sample Claim Detail

MONTANA DPHHS
Healthy People. Healthy Communities.
Department of Public Health & Human Services

Claim Detail

Claim Data

Status Information Effective Date:	07/31/2019	ICN/TCN:	
Status Category Code:	D0: Entity not found – change search criteria		
Status:	132: Entity's Medicaid provider id.		
Service Period:	From To		
Bill Type Identifier:		Patient Account Number or Trace Number:	dbraga_▮▮▮▮▮▮▮▮
Charged Amount:	$ 0.00	Adjudication or Payment Date:	
Payment Amount:	$ 0.00	Check Issue or EFT Effective Date:	

Provider Data

NPI or Provider Number:	▮▮▮▮▮▮▮▮
Name or Servicing Organization:	NOT AVAILABLE

Client Data

Name:	unknown unknown	Client ID:	'99-99999999'
Date of Birth:		Gender:	

Payer Data

Name:	Montana Medicaid
Identification:	77039

Information Receiver Data

Name or Submitting Organization:	UNKNOWN
Portal User ID:	7779999

[Inquiries]   [Back to Claim Status Inquiry]

Questions?

Obtaining your eSOR

Obtaining your eSOR

eSOR by Date

View/Download State of Remittance

A portion of this payment is made from American Recovery Investment Act funds. Go to http://recovery.mt.gov to follow how we are reinvesting and rebuilding Montana with funding from the Recovery and Reinvestment Act.

Report files will be stored for 90 days, after which time they will be deleted from the Web Portal.

Payment Date	File Name	File Size	Download Speed
05/27/2019	05272019_1003902909_01.pdf	68,369 bytes	Calculate
05/20/2019	05202019_1003902909_01.pdf	29,707 bytes	Calculate
05/13/2019	05132019_1003902909_01.pdf	39,367 bytes	Calculate
05/06/2019	05062019_1003902909_01.pdf	58,707 bytes	Calculate
04/29/2019	04292019_1003902909_01.pdf	39,373 bytes	Calculate
04/22/2019	04222019_1003902909_01.pdf	29,707 bytes	Calculate
04/15/2019	04152019_1003902909_01.pdf	39,371 bytes	Calculate
04/08/2019	04082019_1003902909_01.pdf	39,371 bytes	Calculate
04/01/2019	04012019_1003902909_01.pdf	39,375 bytes	Calculate
03/25/2019	03252019_1003902909_01.pdf	49,039 bytes	Calculate
03/18/2019	03182019_1003902909_01.pdf	58,701 bytes	Calculate
03/11/2019	03112019_1003902909_01.pdf	68,363 bytes	Calculate
03/04/2019	03042019_1003902909_01.pdf	87,695 bytes	Calculate
02/25/2019	02252019_1003902909_01.pdf	68,367 bytes	Calculate
02/18/2019	02182019_1003902909_01.pdf	126,352 bytes	Calculate

Remit Example

```
VENDOR # 0000123456 REMIT ADVICE # 508527 EFT/CHK # 0000000 DATE 04/29/2019 PAGE 2
NPI #: 1234567890    TAXONOMY: 251S00000X


                                              UNIT   PROCEDURE
                         SERVICE    DATES     OF     REVENUE      TOTAL                         CO
RECIP ID      NAME       FROM       TO        SVC    NDC          CHARGES        ALLOWED        PAY REASON & REMARK CODES

1541234 Mouse, Mickey    08012020 08312020    1.000  G9002        476.62          300.00
ICN 31925200255001234 PATIENT NUMBER=1541234
TEAM NUMBER 01
                              ***CLAIM TOTAL*************** 476.62               300.00



1123175 Duck, Donald     08012020 08312020    1.000  G9002        476.62          300.00
ICN 31925300255013567 PATIENT NUMBER=1123175
TEAM NUMBER 01

                              ***CLAIM TOTAL*************** 476.62               300.00



**PAID CLAIM TOTALS - MISCELLANEOUS CLAIM      **NUMBER OF CLAIMS 2**    953.24        600.00

                         ***TOTAL WARRANT AMOUNT***            600.00
```

Example of Denial Reason Codes

***THE FOLLOWING IS A DESCRIPTION OF THE REASON/REMARK CODES THAT APPEAR ABOVE ***

N286   Missing/incomplete/invalid referring provider primary identifier.

133   The disposition of this service line is pending further review. (Use only with Group Code OA). Note: Use of this code requires a reversal and correction when the service line is finalized (use only in Loop 2110 CAS segment of the 835 or Loop 2430 of the 837).

15   The authorization number is missing, invalid, or does not apply to the billed services or provider.

MT Medicaid Provider Website

Locating your Provider Page
https://medicaidprovider.mt.gov/

Resources Available on Your Page

All provider pages are set up the same.

Ambulance

| Prior Authorization | Forms | *Claim Jumper* Newsletters |

- ▸ ***Provider Manuals***
- ▸ Medicaid Rules and Regulations
- ▸ Fee Schedules – Ambulance
- ▸ Provider Notices
- ▸ Other Resources
- ▸ To locate older documents, access the Archive Page.

Locating New Provider Information and Provider File Update Information

Locating New Provider Information and Provider File Update Information

Additional Training

Online Training Available

Billing 101 & Policy Updates
Presented by Deb Braga, Field Rep, Montana Provider Relations, April 15, 2021 at 2pm Mountain Time (2 hours)

SURS Training
Presented by Jennifer Tucker, SURS Supervisor, DPHHS, May 20, 2021at 2pm Mountain Time (1 hour)

Therapies
Presented by Laurie Nelson, Therapies Program Officer, DPHHS, June 17, 2021 at 2pm MST (1 hour)

Billing 101 & Policy Updates
Presented by Deb Braga, Field Rep, Montana Provider Relations, July 15, 2021 at 2pm Mountain Time (2 hours)

CSCT Training
Presented by Christine White, CSCT Program Officer, DPHHS, August 19, 2021 at 2pm Mountain Time (1 hour)

Provider Website Navigation
Presented by Emilie Boyles, Marketing Communications Administration Analyst, Montana Provider Relations, September 16, 2021 at 2pm Mountain Time (1 hour)

Questions?

Common Billing Errors

Common Billing Errors

- Missing/Invalid Information
- Prior Authorization Number Missing or Invalid
- Exact Duplicate
- Proc. Code or Rev Code Not Covered/Not Allowed for Provider Type
- Recipient Not Eligible DOS
- Missing PWK indicator on electronic claims

Individual Adjustment Request (IAR)

When should you NOT request an adjustment?

- If the claim was a paper claim and you believe the claim was keyed incorrectly, contact the Call Center at (800) 624-3958.

- Do not submit adjustments for denied claims. (If your claim is denied, make the necessary changes and resubmit the claim. We will not adjust denied claims.)

- If you are appealing the way a claim was processed. (For example, if the original claim was entered correctly and you feel the claim was denied/paid in error.) Submit an appropriate appeal letter.

- Do not submit an adjustment form if a check has been sent to Third Party Liability (TPL) for repayment. (This will cause the claim to adjust twice.)

When should I request an adjustment using the IAR form?

- Claim was overpaid or underpaid due to an incorrect charge amount.

- Claim was paid but the information on the claim is incorrect. (For example, wrong member ID, date of service, procedure code, units, etc.).

- Individual line is denied on a UB-04 claim. (Only CMS-1500 denied charge lines can be resubmitted. UB-04 require adjustments.)

Requirement of the IAR form

- Always submit the required remit reflecting the paid claim being adjusted.

- Individual Adjustments must be received within 15 months of the paid date. After this time, gross adjustments are required.

- One adjustment form must be submitted for each ICN.

- When submitting an Individual Adjustment Form, less is more. **Only** provide information for the correction needed.

Individual Adjustment Request Form

https://medicaidprovider.mt.gov/Portals/68/docs/forms/adjustmentrequestindividual12192017.pdf

One adjustment form per Internal Control Number

Section A – All fields must be completed.

Section B – Only the fields for the required change should be completed.

Individual Adjustment Request Form
Section A

- All fields must be completed.

- Question 6: The date on the remit reflecting the claim being adjusted.

- Question 7: The total amount paid for the claim being adjusted.

Individual Adjustment Request Form Section B

- Use Question 1 through 7. Question 8 as appropriate.
- If a Prior Authorization (PA) number is needed, use Questions 1 through 7 for your corrections. Notate the PA number in Question 8.

B. Complete only the items which need to be corrected.			
Item	Date of Service or Line Number	Information on Statement	Corrected Information
1. Units of Service			
2. Procedure Code/NDC/Revenue Code			
3. Dates of Service (DOS)			
4. Billed Amount			
5. Personal Resource (Nursing Facility)			
6. Insurance Credit Amount			
7. Net (Billed - TPL or Medicare Paid)			
8. Other/Remarks (Be specific.)			

Adjustment Scenario #1

Example #1 – Incorrect units billed

1541234 Mouse, Mickey   08012019 08312019   1.000 S0215   53.04 0.39
ICN 21925200255001234 PATIENT NUMBER=1541234
TEAM NUMBER 01

                    CLAIM TOTAL*********** 53.04 0.39

This is what the initial paid claim looks like on the eSOR.

Adjustment Form Scenario #1

A. Complete all fields using the remittance advice for information.

1. Provider Name, Address, and Telephone Number

DDP Provider
Name

123 Any Street
Street or P.O. Box

City	MT	12345
City	State	ZIP

4065551212
Telephone Number

2. Member Name

Mickey Mouse

3. Internal Control Number (ICN)

21925200255001234

4. NPI/API 1010101010

5. Member ID Number

1541234

6. Date of Payment 09/09/2019

7. Amount of Payment $ 0.39

B. Complete only the items which need to be corrected.

Item	Date of Service or Line Number	Information on Statement	Corrected Information
1. Units of Service	01	1	136

Remit for Adjustment Scenario #1

Processed Adjustments show in two parts in the paid section of the remit:

1541234 Mouse, Mickey   08012019 08312019   1.000 S0215   53.04-   0.39-
ICN 21928800255101700 PATIENT NUMBER=1541234
TEAM NUMBER 01

                              CLAIM TOTAL************ 53.04-   0.39-

1541234 Mouse, Mickey   08012019 08312019   136.000 S0215   53.04   53.04
ICN 21928800255201700 PATIENT NUMBER=1541234
TEAM NUMBER 01

                              CLAIM TOTAL************ 53.04   53.04

Adjustment Scenario #2

Example #2 – Incorrect Units and Billed Amount

1123175 Duck, Donald   08012019 08312019   1.000 T2021   596.47   195.19
ICN 21925300255013567 PATIENT NUMBER=1123175
TEAM NUMBER 01
                                  08012019 08312019   1.000 T2002   248.45   248.45
                                  CLAIM TOTAL*********** 844.92   443.64

This is what the initial paid claim looks like on the eSOR.

Adjustment Form Example #2

A. Complete all fields using the remittance advice for information.

1. Provider Name, Address, and Telephone Number

DDP Provider
Name

123 Any Street
Street or P.O. Box

City	MT	12345
City	State	ZIP

4065551212
Telephone Number

2. Member Name

Donald Duck

3. Internal Control Number (ICN)

21925300255013567

4. NPI/API 1010101010

5. Member ID Number

1123175

6. Date of Payment 09/09/2019

7. Amount of Payment $ 443.64

B. Complete only the items which need to be corrected.

Item	Date of Service or Line Number	Information on Statement	Corrected Information
1. Units of Service	01	1	18
2. Procedure Code/NDC/Revenue Code			
3. Dates of Service (DOS)			
4. Billed Amount	01	596.47	955.95

Remit for Adjustment Scenario #2

1123175 Duck, Donald   08012019 08312019   1.000 T2021   596.47-   195.19-
ICN 21928800255102500 PATIENT NUMBER=1123175
TEAM NUMBER 01

08012019 08312019   1.000 T2002   248.45-   248.45-
CLAIM TOTAL******** 844.92-   443.64-

1123175 Duck, Donald   08012019 08312019   18.000 T2021   955.95   995.95
ICN 21928800255202500 PATIENT NUMBER=1123175
TEAM NUMBER 01

08012019 08312019   1.000 T2002   248.45 248.45
CLAIM TOTAL******** 1244.40   1244.40

Adjustment Scenario #3

Example #3 – Multiple lines to correct

4054321 Doo, Scooby 08012019 08072019   60.000 S5135   331.35   331.35
ICN 21923800255069330 PATIENT NUMBER=4054321
TEAM NUMBER 01
08102019 08102019   12.000 S5135   66.27   66.27
08132019 08172019   60.000 S5135   331.35   331.35
CLAIM TOTAL*********** 728.97   728.97

This is what the initial paid claim looks like on the eSOR.

Adjustment Form Example #3

A. Complete all fields using the remittance advice for information.

1. Provider Name, Address, and Telephone Number

DDP Provider
Name

123 Any Street
Street or P.O. Box

City	MT	12345
City	State	ZIP

4065551212
Telephone Number

2. Member Name

Scooby Doo

3. Internal Control Number (ICN)

21923800255069330

4. NPI/API   1010101010

5. Member ID Number

4054321

6. Date of Payment   09/02/2019

7. Amount of Payment $ 728.97

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8. Other/Remarks (Be specific.)

Line 1 - decrease from 60 units to 15 units. Line 2 - decrease from 12 units to 3 units. Line 3 - decrease from 60 units to 15 units.

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8. Other/Remarks (Be specific.)

Line 1 - Decrease from 15 units to 3 units & Decrease billed amount from $82.84 to $66.27
Line 2 - Decrease from 14 units to 4 units & Increase billed amount form $77.32 to $88.36

Remit for Adjustment Scenario #3

```
4054321 Doo, Scooby  08012019 08072019      60.000 S5135     331.35-   331.35-
ICN 21928800255103600 PATIENT NUMBER=4054321
TEAM NUMBER 01
                       08102019 08102019      12.000 S5135      66.27-    66.27-
                       08132019 08172019      60.000 S5135     331.35-   331.35-
                             ***CLAIM TOTAL************  728.97-   728.97-


4054321 Doo, Scooby  08012019 08072019      15.000 S5135   331.35    331.35
ICN 21928800255203600 PATIENT NUMBER=4054321
TEAM NUMBER 01
                       08102019 08102019       3.000 S5135    66.27     66.27
                       08132019 08172019      15.000 S5135   331.35   331.35
                             ***CLAIM TOTAL*************  728.97    728.97
```

Questions?

If You Have Questions…

Provider Relations Contact Information

Provider Relations Call Center:

- (800) 624-3958
- Automated Voice Response System 24/7
- Live Agents
  - Monday through Friday
  - 8 AM to 5 PM Mountain Time

Field Representative:

- Deb Braga   (406) 457-9553

Navigating our Phone Tree

When the system answers, **Providers choose Option 7**.

Option 1 is for pharmacies requesting unlock and Option 5 is for members.

On the next menu, select one of the following options:

OPTION 1: Last 5 PAYMENTS
OPTION 2: CLAIMS STATUS
OPTION 3: MEMBER ELIGIBILITY
OPTION 4: PROVIDER APPLICATION STATUS
OPTION 5: VALIDATE PROVIDER NUMBER
OPTION 6: GET EDI HELP
OPTION 7: WEB PORTAL PASSWORD RESET

Conclusion