

# Provider 102

May 2015



# Welcome to Montana Healthcare Programs

## Medicaid ▪ Healthy Montana Kids ▪ Mental Health Services Plan

Thank you for choosing to serve the healthcare needs of our members through Montana Healthcare Programs. Your commitment to providing high quality services to our members is important to them and to those of us who administer the program.

We are dedicated to making your participation in the program as straightforward and productive as possible.

# What happens now?

## Welcome Letter

You will receive a Welcome to Montana Healthcare Programs letter in the mail. This letter indicates your provider number which is either your NPI (National Provider Identifier) or a Montana Medicaid assigned API (Atypical Provider Identifier, sometimes referred to as a Waiver number) and your provider type.

The letter suggests a list of valuable materials on the Montana Healthcare Programs Provider Information website:

**<http://medicaidprovider.mt.gov/>**

# Montana Healthcare Programs Website

- The Montana Healthcare Programs Provider Information website is available 24/7/365.
- Contains general manual and provider manuals apply to specific provider types. Manual replacement pages are usually titled by subject.
- Provider notices apply to all providers and provide important updates. These include, but are not limited to, policy changes, program changes, coding changes, Rule changes, and more.

# Resources on the Website

## Montana Access to Health (MATH) Web Portal

The MATH web portal is a secure website from which providers can verify eligibility, check claim status, view and download remittance advices, and more. Click the MATH Web Portal option near the top of the screen.

## *Claim Jumper* Newsletters

The Montana Healthcare Programs newsletter, the *Claim Jumper*, is available online only; however, you may choose to print for your use.

## What's New on the Site This Week

A list of documents that have been posted to the website during the week. This is located in the Quick Access section.

## Announcements

Important announcements for providers. These are on the Provider Information page and may link to additional information.

## Provider Type

See specific resources on the webpage for your provider type.

# Resources by Provider Type

- On your provider type page, see:
  - **Provider Manuals section.** Print the provider manuals for your provider type(s). All providers should be familiar with the *General Information for Providers* manual, their provider type manual, and other information. This applies to all providers.
  - **Provider Manuals – Replacement Pages section.** Print the manual replacement pages for your provider type(s).
  - **Provider Notices section.** Print the notices for your provider type.
  - **Fee Schedules section.** Print the fee schedules for your provider type.
  - **Other Resources.** Most provider type pages have an area for miscellaneous resources.

**We encourage you and your billing staff to visit the website weekly for important program updates.**



# Resources by Provider Type

Provider type information is found by left clicking on the **Resources by Provider Type** link in the menu.



[Resources by Provider Type](#)

[Team Care](#)

[Terminated/Excluded Medicaid Providers](#)

[Training](#)

You must accept the End User Agreement to access the resources.

[I ACCEPT](#)

[I DO NOT ACCEPT](#)

# Resources by Provider Type

## Select Your Provider Type

Providers are listed in alphabetical order.

[A – C](#)

[D – F](#)

[G – K](#)

[L – O](#)

[P – Q](#)

[R – Z](#)

### Providers A – C

 [Ambulance](#)

02.11.2015 [Ambulatory Surgical Center](#)

02.11.2015 [Audiologist](#)

02.11.2015 [Chemical Dependency](#)

02.11.2015 [Chiropractor](#)

02.11.2015 [Clinic \(Freestanding Dialysis\)](#)

02.11.2015 [Clinic \(Public Health\)](#)

- Navigate by clicking a specific button to jump to *that* section in the alphabetical list or by scrolling.
- Click a provider type to open the webpage for the provider type.

# Example: Ambulance

All provider type pages have these sections.

## Ambulance



### Provider Manuals

[General Information for Providers](#) 11.2014

Medicaid manual with general information for all provider types.

 [Ambulance Services](#) 03.2015

This manual has information specific to your provider type.



### Provider Manuals – Replacement Pages

#### General Information for Providers

- 11.19.2014 [Billing Procedures](#)
- 10.08.2014 [Billing Procedures](#)
- 07.22.2014 [Member Eligibility and Responsibilities](#)
- 06.30.2014 [General Information for Providers](#)

If information is found on the website, it has been removed from the manual, and a link to the source is provided.

- 04.13.2012 [Medicaid Covered Services and Client Eligibility](#)

# Example: Ambulance

All provider type pages have this section.



## Medicaid Rules and Regulations

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

[Montana Code Annotated \(Title 53, Chapter 6\)](#)

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

- [Chapter 79 Healthy Montana Kids](#)
- [Chapter 82 Medicaid Eligibility](#)
- [Chapter 83 Medicaid for Certain Medicare Beneficiaries and Others](#)
- [Chapter 85 General Medicaid Services](#)
- [Chapter 86 Medicaid Primary Care Services](#)

# Example: Ambulance

Most provider type pages have this section.



## Fee Schedules

<b>PDF</b>	<b>Excel</b>
01/2015 <a href="#">January 2014 Ambulance</a>	01/2015 <a href="#">January 2015 Ambulance</a>
07/2014 <a href="#">July 2014 Ambulance</a>	07/2014 <a href="#">July 2014 Ambulance</a>
01/2013 <a href="#">January 2013 Ambulance</a>	01/2013 <a href="#">January 2013 Ambulance</a>
07/2012 <a href="#">July 2012 Ambulance</a>	07/2012 <a href="#">July 2012 Ambulance</a>
01/2012 <a href="#">January 2012 Ambulance</a>	01/2012 <a href="#">January 2012 Ambulance</a>
07/2011 <a href="#">July 2011 Ambulance</a>	07/2011 <a href="#">July 2011 Ambulance</a>
01/2011 <a href="#">January 2011 Ambulance</a>	01/2011 <a href="#">January 2011 Ambulance</a>
07/2010 <a href="#">July 2010 Ambulance</a>	07/2010 <a href="#">July 2010 Ambulance</a>
07/2009 <a href="#">July 2009 Ambulance</a>	07/2009 <a href="#">July 2009 Ambulance</a>
01/2009 <a href="#">January 2009 Ambulance</a>	01/2009 <a href="#">January 2009 Ambulance</a>
10/2008 <a href="#">October 2008 Ambulance</a>	10/2008 <a href="#">October 2008 Ambulance</a>
07/2008 <a href="#">July 2008 Ambulance</a>	07/2008 <a href="#">July 2008 Ambulance</a>
10/2007 <a href="#">October 2007 Ambulance</a>	10/2007 <a href="#">October 2007 Ambulance</a>

# Example: Ambulance

All provider type pages have this section.



## Provider Notices 2010–2015

### 2015

- 02/11/2015 [New HCPCS Modifiers – XE, XP, XS, and XU](#)

### 2014

- 12/18/2014 [Electronic Funds Transfer \(EFT\) and Electronic Remittance Advice \(ERA\) Changes Final Notice](#)
- 09/16/2014 [Adoption of the New Children's Mental Health Bureau's Medicaid Provider Manual into Administrative Rules of Montana](#)
- 08/05/2014 [Montana Prescription Drug Registry](#)
- 07/01/2014 [Ambulance Provider Reimbursement Rate Changes](#)
- 06/12/2014 [ICD-10 Delay](#)
- 05/13/2014 [PERM Provider Educational Webinars](#)
- 04/22/2014 [Modifier Changes for Professional Claim Billers](#)
- 03/18/2014 [Information Regarding CMS-1500](#)
- 01/29/2014 [Centers for Medicare and Medicaid Services \(CMS\) ICD-10 Provider Readiness Assessment Update](#)
- 01/09/2014 [Using Medicaid Card ID Number When Billing and Checking Eligibility](#)
- 01/09/2014 [Reimbursement Changes for Covered Ancillary Services Provided to Youth in PRTF and Additional Information Pertaining to PRTF Services](#)

### 2013

- 12/23/2013 [Electronic Funds Transfer \(EFT\) and Electronic Remittance Advice \(ERA\) Changes Update](#)
- 11/26/2013 [ICD-10 Readiness](#)

# Example: Ambulance

Most provider type pages have this section.



## Other Resources

- [EOB R&R Crosswalk](#) PDF and [EOB R&R Crosswalk Excel](#) 02.2011

With the implementation of HIPAA, Medicaid discontinued the use of Medicaid EOB codes and began using HIPAA standard reason and remark (R&R) codes. This document crosswalks the HIPAA standard R&R codes to the Medicaid EOB codes.

- [Lab Panels 2007](#) 01.2007

List of codes that make up lab panels for 2004–2007

- [Most Commonly Used NDCs](#) 02.2011
- [Rebateable Manufacturers](#) 04.2015
- [TPL Insurance Carrier ID List by Carrier ID](#) and [TPL Insurance Carrier ID List by Name](#) 05.2012

# The *Claim Jumper*

The monthly Montana Healthcare Programs newsletter containing information on policy, program, coding and rule changes, a list of recent documents posted to the website, the Top 15 claim denial reasons, a monthly Nurse First article, and more.

## End User Agreement

You must accept the End User Agreement to access the newsletters.



### *Claim Jumper Newsletters*

Much of the provider information contained on the Montana Healthcare Programs Provider Information website is copyrighted by the American Medical Association and the American Dental Association. This includes items such as CPT codes and CDT codes.

Before you can enter the *Claim Jumper Newsletters* section of the website, read and accept an agreement to abide by the copyright rules regarding the information you find within this section. If you choose not to accept the agreement, you will return to the Montana Healthcare Programs Provider Information home page.

[I ACCEPT](#)

[I DO NOT ACCEPT](#)

# The *Claim Jumper*

## ***Claim Jumper***

- ▶ [Claim Jumper 2015](#)
- ▶ [Claim Jumper 2014](#)
- ▶ [Claim Jumper 2013](#)
- ▶ [Claim Jumper 2012](#)
- ▶ [Claim Jumper 2011](#)
- ▶ [Claim Jumper 2010](#)
- ▶ [Claim Jumper 2006–2009](#)
- ▶ [Claim Jumper 2000–2005](#)

# The *Claim Jumper*

## *Claim Jumper*

### ▼ [Claim Jumper 2015](#)

#### [Vol XXX, Issue 5, May 2015](#)

Publications Reminder  
Attention Providers! Payment Suspended for Some Providers  
Free Webinars in 2015  
Spring 2015 Provider Trainings  
NurseWise Nurses Share Facts about the Health Benefits of Vitamin D  
Spring 2015 Provider Training Agenda  
Publications Available on the Website  
Top 15 Claim Denial Reasons  
Key Contacts

#### [Volume XXX, Issue 4, April 2015](#)

Publications Reminder  
Attention Providers! Payment Suspended for Some Providers  
Updating Passport Provider File Information  
OPEN! Nurse First is Never Closed  
Spring 2015 Provider Trainings  
Publications Available on the Website  
Top 15 Claim Denial Reasons  
Key Contacts

#### [Volume XXX, Issue 3, March 2015](#)

Publications Reminder  
Spring 2015 Provider Trainings  
Telehealth Diagnosis Codes  
New HCPCS Codes XE, XP, XS, and XU

# The Claim Jumper



Volume XXX, Issue 5, May 2015

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## Publications Reminder

It is the responsibility of all providers to be familiar with Medicaid manuals, fee schedules, provider notices for their provider type, and information published in *Claim Jumper* issues and on the Montana Medicaid [website](#).

## Attention Providers!

In an effort to assist providers in the final transition to electronic funds transfer (EFT), claims payment has been set to suspend for providers who still receive some payment via paper.

As providers call Xerox to determine the status of their payments, Provider Relations assist them by outlining what is needed to set up electronic payments (direct deposit).

Providers may wish to verify whether payments have been suspended and work with Provider Relations to enroll in EFT now.

## Nurse First

Vitamin D is a ray of sunshine!  
See [page 2](#) for details!

## Free Webinars in 2015

DPHHS and Xerox will present WebEx sessions on a variety of topics in 2015. Below is information on webinars to be presented in April.

See the [Training](#) page for more information and to register for the WebEx presentations.

### April 21, 2015, at 10 a.m.

**Medicaid Administrative Claiming (MAC) for Schools**  
*Presented by Rena Steyaert, Program Officer, School-Based Services*

This training applies to the Program Coordinator and the Financial Officer in a school or cooperative. The MAC program allows school districts and cooperatives to be reimbursed for some of the costs associated with administration of school-based health services as well as outreach activities which are not claimable under the Medicaid Direct Services program.

### April 22, 2015, at 10 a.m.

**Optometric & Eyeglass Services**  
*Presented by Rena Steyaert, Program Officer, Optometric and Eyeglass Services, and Gail Moloney, Program Officer, Healthy Montana Kids*

This training applies to both Medicaid and Healthy Montana Kids (HMK) providers. Information related to member benefits for each program and benefits of Basic Medicaid members will be discussed. General claim filing information and details on submitting claims for specific Optometric services will also be discussed. Services that need prior authorization and the differences between HMK and Medicaid services will also be identified.

*Submitted by Rena Steyaert and Gail Moloney, DPHHS*

## Spring 2015 Provider Trainings

Trainings are scheduled in Helena on May 6, at the Red Lion Inn; Great Falls on May 13, at the Hampton Inn; and Kalispell on May 20, at the Hilton Garden Inn.

See the [Training](#) page for hotel information and to register. The agenda is on [page 2](#) of this newsletter and is also posted on the website.

One-on-one 15-minute sessions with a Xerox Field Rep are available on the day of the training. Times will be assigned on a first-come, first-served basis during two time-frames: 10:45 a.m. to noon and 3 p.m. to 4 p.m.

Please send your e-mail request to [MTPR.Helpdesk@xerox.com](mailto:MTPR.Helpdesk@xerox.com) to reserve your time slot, and indicate the city in which you will attend the training.

May 2015

## of Vitamin D



Program Officer of NurseWise. "On the don't worry because there are things to improve your vitamin D levels and

light. When the vitamin D in your is a hormone that aids in the absorp-

There also are studies linking vitamin D is or are feeling abnormally sluggish.

to see if you're vitamin D deficient, the test without being asked, but vitamin levels and deficiencies have

for a walk or just take a quick step the boost they need to activate your

supplement to improve your body's drows vitamin deficiency.

ence amounts of vitamin D. Although regular intake of these foods with our body.

*Submitted by Connie Olson, DPHHS*

May 2015

the complete document from the Pro-specific to your provider type. If you 43.1837 in Helena.

Manual

Instructions

c Mastectomy

iders

Requirements for Attention Deficit

stimulant Drugs

ices Manual

January 1, 2015 (Revised)

g List

ation Form (Revised)

February 18, 2015 (Revised)

January 28, 2015

March 25, 2015

March 26, 2015

March 6, 2015

April 29, 2015

January 28, 2015 (Revised)

February 18, 2015

March 25, (Revised)

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reference Guide and Definitions

April 2, 2015

May 2015

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## Key Contacts

Montana Healthcare Program:  
Provider Information  
<http://medica.provider.mt.gov/>  
Xerox EDI Solutions  
<http://www.acs-xerox.com/xero/>  
Xerox EDI Support Unit  
1.800.987.6719

Provider Relations:  
1.800.624.3958 In/Out of state  
406.442.1837 Helena  
406.442.4402 Fax  
[MTPR.Helpdesk@xerox.com](mailto:MTPR.Helpdesk@xerox.com)

Third Party Liability  
1.800.624.3958 In/Out of state  
406.443.1365 Helena  
406.442.0357 Fax

EFT and ERA  
Fax completed documentation to  
Provider Relations, 406.442.4402.

Verify Member Eligibility  
FaxBack 1.800.714.0075 or  
Voice Response 1.800.714.0060

POS Help Desk for Pharmacy Claims:  
1.800.365.4944

Passport 1.800.362.8312

PERM Contact Information  
[HealthForm@mt.gov](mailto:HealthForm@mt.gov) or 406.444.4171  
Visit <http://www.dphhs.mt.gov/gad/PC/PERMPC.aspx>

Prior Authorization  
MPQH 1.800.262.1545  
MPQH - DMEPOS/Medical  
406.437.5887 Local  
877.443.4021 X 3857 Long-Distance

Magellan Medicaid Administration  
(888 First Health) 1.800.770.3084  
Transportation 1.800.292.7114  
Prescriptions 1.800.393.7961

Claims Processing  
P.O. Box 8000  
Helena, MT 59604

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

Third Party Liability  
P.O. Box 5838  
Helena, MT 59604

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# Provider Relations

The Provider Relations Department communicates Montana Healthcare Programs policies to the provider community.

## Customer Care Services

Enrolls new providers and updates current provider files.

Provides support to providers for billing, member eligibility, and claims inquiry

Enrolls and provides support for electronic billing (EDI).

## Field Representatives

Provides on-site support to Montana providers.

Conducts provider training and fairs.

## Publications

Maintains the provider website <http://medicaidprovider.mt.gov>.

Develops and maintains provider manuals.

*Claim Jumper*

# Provider Relations Contacts

## Frequent call topics for Provider Relations:

- Eligibility verification
- Passport provider verification
- Procedure code information
- Assist providers with enrolling, billing claims, etc.
- Questions regarding a provider file or payment information

## Provider Relations Call Center

P.O. Box 4936  
Helena, MT 59604

## Out of state and Helena

800-624-3958

## Helena and Local Area

406-442-1837

## Fax

406-442-4402

## Field Reps

Aaron Hahm 406-457-9598

Phil Currey 406-457-9553

# EDI Support Unit

## Frequent call topics for EDI Support:

- Individual file rejection
- File errors
- Clearinghouse rejections
- WINASAP 5010 support

**EDI Support**  
**P.O. Box 4936**  
**Helena, MT 59604**

**Out of state and Helena**  
**1-800-987-6719**  
**Fax**  
**406-442-4402**

# Third Party Liability

<b>TPL Processes</b>
Suspended claims due to TPL issues
Blanket denials
Insurance Verifications
Carrier billing/Carrier codes
Check logs
Eligibility reconciliation
Trauma letters
Credit balance
Retro Medicare

# Third Party Liability Contacts

Contact TPL for resolution to:

- Member eligibility issues
- A member's claim is denied due to other insurance listed in the MMIS and the member no longer has that insurance
- Issues with check log/daily deposit balance
- TPL information in MMIS does not match TPL information in PDCS
- TPL information in CHIMES and MMIS do not match
- Questions regarding trauma letters

**TPL Unit**

**P.O. Box 5838**

**Helena, MT 59604**

**Out of state and Helena**

**800-624-3958**

**Helena**

**406-443-1365**

**Fax**

**406-442-0357**



# Definitions, Acronyms, and Frequently Asked Questions

# Definitions and Acronyms

[MATH Web Portal](#)

Log in to  
Montana Access to Health

[Member Information](#)

[Provider Information](#)

[Claim Instructions](#)

[Claim Jumper Newsletters](#)

[Contact Us](#)

[Definitions and Acronyms](#)

[Enhanced Payment](#)

[Electronic Billing](#)

[EPSDT](#)

[FAOs](#)

## Definitions and Acronyms

### [DPHHS Acronyms](#)

#### ▼ [Numeric – A](#)

#### **270/271 Transactions**

The ASC X12N eligibility inquiry (270) and response (271) transactions.

#### **276/277 Transactions**

The ASC X12N claim status request (276) and response (277) transactions.

#### **278 Transactions**

The ASC X12N request for services review and response used for prior authorization.

#### **835 Transactions**

The ASC X12N payment and remittance advice (explanation of benefits) transaction.

#### **837 Transactions**

The ASC X12N professional, institutional, and dental claim transactions.

# Frequently Asked Questions (FAQs)

[Member Information](#)

[Provider Information](#)

[Claim Instructions](#)

[Claim Jumper Newsletters](#)

[Contact Us](#)

[Definitions and Acronyms](#)

[Enhanced Payment](#)

[Electronic Billing](#)

[EPSDT](#)

[FAQs](#)

[Forms](#)

[Health Improvement Program](#)

## Frequently Asked Questions (FAQs)

- ▶ [Adjustments](#)
- ▶ [Billing and Electronic Transactions](#)
- ▶ [Claim Processing](#)
- ▶ [Enrollment](#)
- ▶ [Eligibility](#)
- ▶ [Fraud and Abuse](#)
- ▶ [MATH Web Portal, FaxBack, and IVR](#)
- ▶ [Medicaid Policy](#)
- ▶ [Passport](#)
- ▶ [Payment-Related](#)
- ▶ [Prior Authorization](#)
- ▶ [TPL/Medicare](#)
- ▶ [Other/Miscellaneous Policy](#)



# Claims Process

# Eligibility for Patient and Provider

## Patient

- Individuals apply for benefits through local Office of Public Assistance (OPA).
- Once qualified, many will additionally be enrolled in Passport.
- May then seek medical treatment from their PCP or any provider who accepts Medicaid.

## Provider

- Enroll and approved Montana Healthcare Programs provider.
- May additionally enroll as Passport provider.
- After services are rendered, submit standardized claim forms for reimbursement of services.

# Claims

Medicaid is payer of last resort.

Instructions for completing CMS-1500 and UB-04 forms are on the Provider Information website.

Montana-specific EDI 5010 requirements on the Provider Information website.

An automatic co-pay override is performed for members who have a Member Race indicator of Native American. Prescriptions filled at an IHS pharmacy are also exempt from copay.

# Submission

## **Paper**

Providers send their claims via mail or fax.

## **Electronic**

Electronic claims are processed exactly the same manner — cuts back on “human factor”

## Methods of Submission

- WINASAP 5010 is free electronic billing software provided by Xerox.
- Third party software
- Clearinghouse

# Submission: Electronic Claims

HIPAA created a standard format for electronic submissions. Maintained by the American National Standards Institute (ANSI) and the standards on transactions and code sets have only become stricter.

Claims can be submitted via paper or electronically. specific instructions are found in each provider manual by provider type and claim form type.

## **CMS 1500**

- Professional
- 837 P

## **UB-04**

- Hospital/Facility
- 837 I

## **Dental**

- 837 D

## **MA-3 Nursing Home Claim**

- TADs

## **MA-5 Pharmacy Claim**

- Rare

## **Crossovers**

- Medicare

# Adjudication

- Three-day waiting period (or more if waiting for paperwork)
- MMIS cycles claims on Monday and Wednesday night.
- Payment file is sent on Wednesday.

# Resolution: Suspended Claims

- Edit/Exception posts on claim or line
- Xerox Resolution Team work each suspended claim by DPHHS approved text/instruction
- Determine if line or claim can be denied or forced to pay

# Payment

- MMIS processes adjudicated claims for accounting
- Generates files for the creation of warrants and remittance advices.
- Payment cycle runs every Wednesday
- Provider payment mandatory through electronic fund transfer (EFT) from DPHHS

# Payment: Remittance Advice

Remittance advice are payment explanations which provide details about a provider's claims

- The Statement of Remittance (SOR) contains paid, denied, in process regular claims and 'history only' gross adjustment claims.
- All providers must access remittance advice data through the web portal.
- Providers can receive an 835 transaction delivery directly or via a clearinghouse.

# Claim Type Billers

CMS 1500 Professional Claim		
EPSDT	Podiatry	Physical Therapy
Speech Therapy	Audiology	Hearing Aids
Occupational Therapy	Personal Care	Private Duty Nursing
Ambulatory Surgical Centers	Psychologists	Durable Medical Equipment
Optometric	Opticians/Eyeglasses	Commercial Transportation
Non-Emergency Transportation	Ambulances	Ancillary Services in Nursing Home
Physician	Home and Community Based Services (Waiver)	Targeted Case Management
Chemical Dependency (Outpatient)	Nutrition	Lab and X-Ray
Social Worker	Mid-Levels	Schools
Home Infusion Therapy	QMB Chiropractors	Group/Clinic
Licensed Professional Counselors	Mental Health Centers	Mental Health Case Management
Therapeutic Group Homes	Public Health Clinics	Therapeutic Family Care
Psychiatrists	Independent Diagnostic Testing Facilities	Family Planning Clinics
Birth Centers	Home Health Agency	

# Items to Note

- **Box 17 Name of Referring Provider or Other Source.**
  - Montana Medicaid continues to accept for the referring provider's name.
- **Box 17a Unlabeled**
  - Montana Medicaid reserves for Passport to Health referral number.
- **Box 23 Prior Authorization Number**

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY				15. OTHER DATE QUAL MM DD YY			16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY					
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE				17a.			18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY					
				17b. NPI								
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)							20. OUTSIDE LAB? \$ CHARGES <input type="checkbox"/> YES <input type="checkbox"/> NO					
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) A. _____ B. _____ C. _____ D. _____ E. _____ F. _____ G. _____ H. _____ I. _____ J. _____ K. _____ L. _____							22. RESUBMISSION CODE ORIGINAL REF. NO.					
							23. PRIOR AUTHORIZATION NUMBER					
24. A. DATE(S) OF SERVICE		B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)		E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #	
From	To			CPT/HCPCS	MODIFIER							
MM DD YY	MM DD YY											
									NPI			
									NPI			
									NPI			

ADDITIONAL INFORMATION

# Items to Note

- **Box 21 Diagnosis or Nature of Illness or Injury**
  - Numeric Diagnosis Code Pointers are not allowed (e.g., 1, 2) on the line items; use alpha characters (e.g., A, B)
  - The Department will accept only 4 diagnosis codes when processing claims; use Boxes A–D until further notice.
  - Once ICD-10 is implemented, the Department will begin accepting diagnosis codes A–L and the corresponding Diagnosis Code Pointers (A–L).

21. ADDITIONAL CLAIM INFORMATION (Designated by HMOs)											20. OUTSIDE L		
											<input type="checkbox"/> YES		
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)											22. RESUBMIS- CODE		
ICD Ind.											23. PRIOR AUT		
A. _____		B. _____			C. _____			D. _____					
E. _____		F. _____			G. _____			H. _____					
I. _____		J. _____			K. _____			L. _____					
24. A. DATE(S) OF SERVICE		B. PLACE OF SERVICE		C. EMG		D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)				E. DIAGNOSIS POINTER		F. \$ CHARGE	
From To						CPT/HCPCS MODIFIER							
MM	DD	YY	MM	DD	YY								
1													



# Claim Type Billers

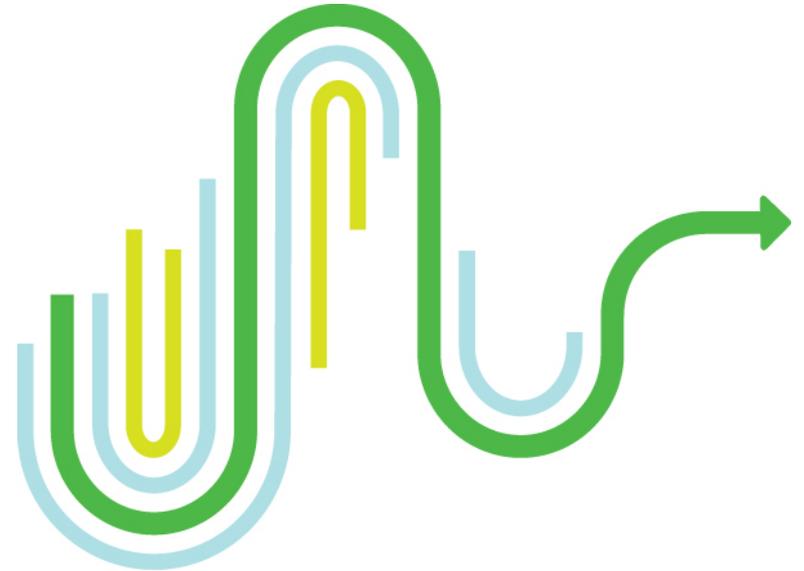
UB-04 Institutional/Facility Claims	
Inpatient Hospital	Outpatient Hospital
Swing Bed Hospital	SNF/ICF Mental Aged
Residential Treatment Centers	ICF Mentally Retarded
Freestanding Dialysis Clinic	Rural Health Clinic (RHC)
Home Health	Hospice
Critical Access Hospital (CAH)	Federally Qualified Health Center (FQHC)
Indian Health Service (IHS)	



# Remittance Advice

# Ways to Receive Remittance Advice (RAs)

- Web Portal: Download
- 835 Transactions



# Remittance Advice

## First Page: Important Information

- NEWSLETTER UPDATE -

PROVIDERS ARE REMINDED TO USE THE MEDICAID MEMBER ID NUMBER, NOT THE MEMBER'S SSN, FOR BILLING PURPOSES AND CHECKING ELIGIBILITY TO ENSURE THE EXPENDITURES ARE APPLIED TO THE CORRECT AND ANY QUERY INFORMATION IS FOR THE CORRECT MEMBER. ERRORS CAN OCCUR USING THE SSN FOR EITHER BILLING/REQUESTING ELIGIBILITY INFORMATION. CONTACT PROVIDER RELATIONS AT 1.800.624.3958. (PSTD 01/08/14)

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THE 2014 SPRING PROVIDER FAIR IS BEING HELD MAY 20-21 IN HELENA, MT AT THE GREAT NORTHERN HOTEL. VISIT THE TRAINING PAGE ON THE MONTANA MEDICAID PROVIDER INFORMATION WEBSITE TO REGISTER, VIEW THE AGENDA, AND TO GET UP-TO-DATE INFORMATION ABOUT THE PROVIDER FAIR. (PSTD 03/05/14)

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IMPORTANT: FOR INFORMATION ABOUT MEDICAID AND G-CODES, SEE THE PROVIDER INFORMATION WEBSITE, [HTTP://MEDICAIDPROVIDER.HHS.MT.GOV/](http://MEDICAIDPROVIDER.HHS.MT.GOV/). (PSTD 01/15/14)

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A PROVIDER WHO BILLS MEDICAID FOR SERVICES RENDERED TO AN ELIGIBLE MEDICAID MEMBER WILL BE DEEMED TO HAVE ACCEPTED THE PATIENT AS A MEDICAID MEMBER AND MAY NOT BILL THE MEMBER FOR THE SERVICES. (PSTD 11/26/12)

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AS OF APRIL 1, 2014, THE CMS-1500 (08/05) FORM WILL NO LONGER BE A VALID FORM FOR THE SUBMISSION OF PROFESSIONAL CLAIMS. YOU MUST USE THE CMS-1500 (02/12) CLAIM FORM FOR SUBMISSION OF MEDICAID CLAIMS FOR PAYMENT. CMS-1500 (08/05) CLAIMS ARRIVING AFTER THAT DATE WILL BE RETURNED TO THE PROVIDER. SEE THE APRIL 2014 ISSUE OF THE CLAIM JUMPER FOR MORE INFORMATION ABOUT BILLING WITH THE 02/12 VERSION. FOR INFORMATION ON THE 02/12 VERSION, YOU MAY ALSO VISIT [WWW.NUCC.ORG](http://WWW.NUCC.ORG). (PSTD 03/17/14)

# Tips

- Grouped by status.
- ICN located under member's name
- Do not resubmit a claim in PENDED (133) status.
- Work all denial reasons before resubmitting.
- Always contact Provider Relations if you have questions.

# Remittance Advice

AS OF 08/08/2013

HELENA, MT 59604

REMITTANCE ADVICE FOR MEDICAID/CHIP/MHSP

THE CLINIC  
123 MAIN STREET  
ANYWHERE, MT 59999

VENDOR #                      REMIT ADVICE # 228928 EFT/CHK #                      DATE 08/12/2013                      PAGE 2

RECIPIENT ID	NAME	SERVICE FROM	DATES TO	UNIT OF SVC	PROCEDURE REVENUE NDC	TOTAL CHARGES	CO-PAID ALLOWED	REASON & REMARK CODES
<b>PAID CLAIMS - MISCELLANEOUS CLAIM</b>								
ICN 0132		06012013	06302013	30.000	T2031 UA	1878.90	1878.90	
	PATIENT NUMBER=							
***CLAIM TOTAL*****						1878.90	1878.90	
**PAID CLAIM TOTALS - MISCELLANEOUS CLAIM		**NUMBER OF CLAIMS-		1**		1878.90	1878.90	
CLAIMS PENDING: MISCELLANEOUS CLAIM								
ICN 0132		06012013	06302013	30.000	T2031 UA	1878.90	0.00	133
	PATIENT NUMBER=							
**CLAIMS PENDING TOTALS -MISCELLANEOUS CLAIM		**NUMBER OF CLAIMS-		1**		1878.90	0.00	
***TOTAL WARRANT AMOUNT***							1878.90	



# Reason and Remark Codes

HOpR: Standardized codes.

See R&R EOB Crosswalk for further explanation.

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

- B13 PREVIOUSLY PAID. PAYMENT FOR THIS CLAIM/SERVICE MAY HAVE BEEN PROVIDED IN A PREVIOUS PAYMENT.
- B22 THIS PAYMENT IS ADJUSTED BASED ON THE DIAGNOSIS.
- B7 THIS PROVIDER WAS NOT CERTIFIED/ELIGIBLE TO BE PAID FOR THIS PROCEDURE/SERVICE ON THIS DATE OF SERVICE.
- MA04 SECONDARY PAYMENT CANNOT BE CONSIDERED WITHOUT THE IDENTITY OF OR PAYMENT INFORMATION FROM THE PRIMARY PAYER. THE INFORMATION WAS EITHER NOT REPORTED OR WAS ILLEGIBLE.
- M57 MISSING/INCOMPLETE/INVALID PROVIDER IDENTIFIER.
- M68 MISSING/INCOMPLETE/INVALID ATTENDING OR REFERRING PHYSICIAN IDENTIFICATION.
- M77 MISSING/INCOMPLETE/INVALID PLACE OF SERVICE.
- M86 SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.
- N30 PATIENT INELIGIBLE FOR THIS SERVICE.
- 125 PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS CODES WHENEVER APPROPRIATE.
- 133 THE DISPOSITION OF THIS CLAIM/SERVICE IS PENDING FURTHER REVIEW.
- 15 PAYMENT ADJUSTED BECAUSE THE SUBMITTED AUTHORIZATION NUMBER IS MISSING, INVALID, OR DOES NOT APPLY TO THE BILLED SERVICES OR PROVIDER.
- 22 PAYMENT ADJUSTED BECAUSE THIS CARE MAY BE COVERED BY ANOTHER PAYER PER COORDINATION OF BENEFITS.
- 29 THE TIME LIMIT FOR FILING HAS EXPIRED.
- 31 CLAIM DENIED AS PATIENT CANNOT BE IDENTIFIED AS OUR INSURED.

# Gross Adjustment

Listed as:

- Paid claims – Gross Adjustment
- History only – Gross Adjustment

Lists provider, facility, or member for which the adjustment belongs.

## PAID CLAIMS - GROSS ADJUSTMENT

ICN 00000000000000000000	08062004 03302005	0.000	346.42-	346.42-
	MOVE CREDIT BALANCE FROM 12345			
ICN 00000000000000000000	11142007 11142007	0.000	45.74-	45.74-
	MOVE CREDIT BALANCE FROM 54321			
ICN 00000000000000000000	11142007 11142007	0.000	30.15-	30.15-
	MOVE CREDIT BALANCE FROM 11111			

# Credit Balance

- Under member ID, the status of the claim is listed.
- Do not post a credit balance.
- The Internal Control Number (ICN) of a credit balance does not change.



# Adjustment Requests

# Forms

[Member Information](#)

[Provider Information](#)

[Claim Instructions](#)

[Claim Jumper Newsletters](#)

[Contact Us](#)

[Definitions and Acronyms](#)

[Enhanced Payment](#)

[Electronic Billing](#)

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[Forms](#)

[Health Improvement Program](#)

[ICD-10 Information](#)

## Forms

These documents are listed in alphabetical order.

▼ [Forms A – F](#)

[Abortion Services Physician Certification Form MA-37](#) 03.2015

[MA-37 Instructions](#)

[Address Correction Form for Providers](#) 02.2015

Pay-To/1099 changes must be accompanied by a completed W-9 form. This form must be printed and signed, and may be mailed or faxed.

[Adjustment Request Individual](#) 02.2015

This form may be completed online; however, you must print, sign, and date before mailing to the address indicated.

[Ambulance Trip Log](#) 01.2008

[Attachment Cover Sheet for Paperwork](#) 03.2013

[Authorization for Health Disclosure](#) 03.2003

[Blanket Denial Request for TPL](#) 07.2012



# Adjustment Request Form

- Complete all required sections.
- Make sure the information is legible.
- Double-check that your adjustments are correct.
- Attach a copy of the remittance advice with Reason and Remark Codes.
- **Do not adjust a denied claim.**

## Montana Healthcare Programs Medicaid • Mental Health Services Plan • Healthy Montana Kids Individual Adjustment Request

**Instructions:**

This form is for providers to correct a claim which has been paid at an incorrect amount or was paid with incorrect information. Complete all the fields in Section A with information about the paid claim from your remittance statement. Complete **only** the items in Section B that represent the incorrect information that needs changing. For help with this form, refer to the Remittance Advice and Adjustments chapter in your program manual or the *General Information for Providers* manual, or call Provider Relations at 1.800.624.3958 (Montana and out-of-state providers) or 406.442.1837 (Helena).

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

1. Provider Name, Address, and Telephone Number Name _____ Street or P.O. Box _____ City _____ State _____ ZIP _____ Telephone Number _____	3. Internal Control Number (ICN) _____
2. Member Name _____	4. NPI/API _____
5. Member ID Number _____	6. Date of Payment _____
7. Amount of Payment \$ _____	

**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.)			

Signature \_\_\_\_\_ Date \_\_\_\_\_

When the form is completed and signed, attach a copy of the remittance advice and a copy of the corrected claim, and mail to Claims, P.O. Box 8000, Helena, MT 59604, or fax to 406.442.4402.



# Adjustment Request Form: Section A

## Montana Healthcare Programs Medicaid • Mental Health Services Plan • Healthy Montana Kids Individual Adjustment Request

### Instructions:

This form is for providers to correct a claim which has been paid at an incorrect amount or was paid with incorrect information. Complete all the fields in Section A with information about the paid claim from your remittance statement. Complete only the items in Section B that represent the incorrect information that needs changing. For help with this form, refer to the Remittance Advices and Adjustments chapter in your program manual or the General Information for Providers manual, or call Provider Relations at 1.800.624.3958 (Montana and out-of-state providers) or 406.442.1837 (Helena).

A. Complete all fields using the remittance advice for information.	
1. Provider Name, Address, and Telephone Number	3. Internal Control Number (ICN)
<b>The Clinic</b>	<b>214010001200000</b>
Name	
<b>123 Main Street</b>	4. NPI/API
Street or P.O. Box	<b>1234567891</b>
City <b>Anywhere</b> State <b>MT</b> ZIP <b>59991</b>	5. Member ID Number
	<b>1133111</b>
Telephone Number	
2. Member Name	6. Date of Payment
<b>John Doe</b>	<b>01/01/2013</b>
	7. Amount of Payment
	<b>\$ 558.86</b>

# Adjustment Request Form: Section B

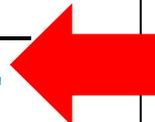
B. Complete only the items which need to be corrected.			
Item	Date of Service or Line Number	Information on Statement	Corrected Information
1. Units of Service	<b>Line 3</b>	<b>4</b>	<b>2</b>
2. Procedure Code/NDC/Revenue Code			
3. Dates of Service (DOS)			
4. Billed Amount			
5. Personal Resource (Nursing Facility)			
6. Insurance Credit Amount			
7. Net (Billed - TPL or Medicare Paid)			
8. Other/Remarks (Be specific.)			
<div style="border: 1px solid black; padding: 5px; width: fit-content;"> <i>John R. Smith, M.D.</i> </div>			

Signature \_\_\_\_\_

Date \_\_\_\_\_

**02/02/2014**

When the form is completed and signed, attach a copy of the remittance advice and a copy of the corrected claim, and mail to Claims, P.O. Box 8000, Helena, MT 59604, or fax to 406.442.4402.



# Remittance Advice

## Must Be Attached to Request

AS OF 08/08/2013

HELENA, MT 59604

REMITTANCE ADVICE FOR MEDICAID/CHIP/MHSP

THE CLINIC  
123 MAIN STREET  
ANYWHERE, MT 59999

VENDOR # 0000121754 REMIT ADVICE # 228928 EFT/CHK #                      DATE 08/12/2013      PAGE      2

RECIPIENT ID	NAME	SERVICE FROM	DATES TO	UNIT OF SVC	PROCEDURE REVENUE NDC	TOTAL CHARGES	ALLOWED	CO-PAY	REASON & REMARK CODES
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# Electronic Billing



# Electronic Billing Page

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## Electronic Billing

Whether you submit one claim a month or hundreds, any provider can benefit from switching from paper to electronic billing. Whether by using the free WINASAP 5010 software or by using a clearinghouse to submit claims, electronic billing is faster, more accurate, and more secure.

You need a personal computer with Windows 98 and above to submit electronically via WINASAP 5010.

See Electronic Submission Setup below to begin the process.

[For information about HIPAA 5010, click here.](#)

▶ [Electronic Submission Setup](#)

▶ [Software Downloads and Users' Guides](#)

▶ [Montana Healthcare Programs Information, News Briefs, and Provider Notices](#)

# EDI Transaction Descriptions

- 270 / 271 – Eligibility inquiry
- 277 – Claim status inquiry
- 277CA – Claim acknowledgment
- 999 – Implementation acknowledgment
  - Contains accept or reject information
- 835 – Electronic Remittance Advice (ERA)

# 837P – General Montana Submission Rules

- To indicate Prior Authorization, use 'G1' in Loop 2300, REF01 at the header.
- To indicate a Passport Referral Number, use '9F' in Loop 2300, REF01 at the header.
- If the billing provider is an atypical provider, the 10-digit Montana Provider ID must be submitted in Loop 2010BB, segment REF with qualifier G2 Provider Commercial Number.

# 837 – Montana Specific Submission Rules

- Montana processes 4 diagnoses only.
- See the Electronic Transaction Instructions for HIPAA 5010 on the website (<http://medicaidprovider.mt.gov>) for details regarding:
  - Comprehensive School and Community Treatment
  - Pregnancy
  - Family Planning

# 837 – Paperwork Attachment Requirements

- Use Loop 2300, PWK segment to indicate paperwork is being sent.
- Use the Paperwork Attachment Cover Sheet located on the Forms page of the website (<http://medicaidprovider.mt.gov>).
- Detailed instructions are included on the Paperwork Attachment Cover Sheet.
- The claim will pend for 30 days awaiting receipt of the paperwork.

# Common Errors and Rejections

- Missing or invalid taxonomy code
- Non-matched ZIP + 4
- Missing Team Number
- National Provider Identification (NPI) not enrolled
- Rendering provider
- Clearinghouse not sending Montana specific requirements

# WINASAP 5010

Free electronic billing software offered by Xerox

- Submission to Montana Healthcare Programs only
- Requires EDI enrollment.
- Requires basic Web navigation and computer skills.
- Detailed instruction manual available on the Electronic Billing page.
- WebEx presentation posted on Training page
- Support is limited. Troubleshooting for modem, computer hardware, and software is not offered.



Ready For Real Business