



# Montana Healthcare Programs Provider Notice

June 16, 2025

Informational

## All Providers

### How to Read a Remittance Advice

Montana Medicaid provides weekly remittance advices that provide the claims status for each Provider ID/Enrollment Unit (EU) under a National Provider Identifier (NPI).

Remittance advices are available to download every Tuesday on the Provider Services Portal. There are sections for Paid Claims, Denied Claims, Pending Claims, Newsletter Update (announcements) and Reason and Remark Codes.

Passport to Health remittance advices include capitation claims. Claims are either listed as Paid or Pending with tier and track indicated (e.g., T1 and TR1).

Gross adjustments include service dates and financial detail and include a summary of the type of gross adjustment and action to be taken as was entered in the system by Claims staff.

#### First Page

The first page is sometimes referred to as the cover page or banner page. It includes provider information and announcements.

The provider information fields include are:

- **Vendor #** – This is your Provider ID/Enrollment Unit (EU). Each Provider ID/EU enrolled under an NPI will have separate remittance advices.
- **Remit Advice #** – is the identifying number assigned to this remit.
- **EFT/CHK** – is the individual EFT number assigned to this payment transaction.
- **NPI** – Your unique 10-digit National Provider Identification number.
- **Taxonomy** – Your alphanumeric code(s) that identifies your provider type and specialty.

The announcements pass on important information which may be general or provider-type specific. The announcement section may also be blank and in that case, only includes the Newsletter Update title.

#### Paid Claims

Each paid claim includes:

- Member ID
- Member Name
- 17-digit ICN (Internal Control Number)
  - The unique tracking number generated on receipt of a claim
- Patient Number
  - The patient number submitted by the provider on the claim displays in this field. If no patient number is entered on the claim, this field contains the member ID.
- Services submitted

The bottom of each claim has a Claim Total line detailing the complete payment for that claim. The end of the Paid Claims section has a Paid Claim Totals line, which is the total of all paid claims.

## **Denied Claims**

The Denied Claims section has the same formatting for the member and claim information. However, each claim has Reason and Remark Codes on the Claim Total line indicating the denial reason. The Reason and Remark Codes correspond to the list on the last page of the remittance advice, which includes the reason description.

The end of the Denied Claims section has a Denied Claim Totals line, which is the total billed amount of all denied claims.

## **Pending Claims**

The Pending Claims section shows claims that have not completed processing. They are neither paid nor denied. The Claim Total line for each claim has a Reason and Remark Code of 133, The disposition of this service line is pending further review.

Claims in the Pending section do not have finalized information until the claims are finalized. Claims can appear in the Pending Claims section on multiple remittance advices. Once a claim has completed processing, it will be listed in the Paid or Denied Claims section of the applicable remittance advice.

The end of the Pending Claims section has a Claims Pending Totals line, which is the total of all pending claims.

## **Total Warrant Amount**

The last page of claims after the Paid, Denied, and Pending sections has a Total Warrant Amount. This is the total payment issued on this remittance advice for the Provider ID/EU.

## **Reason and Remark Codes**

This section has the description of the Reason and Remark Codes that apply to the claims on this remittance advice. A claim can often have more than one code and paid claims can have individual lines deny even if the rest of the claim pays.

If you have questions about your remittance advice or are unable to understand the reasons listed for a denial on your remittance advice, please call Provider Relations at (800) 624-3958.

## **Contact and Website Information**

For claims questions or additional information, contact Montana Provider Relations at (800) 624-3958 or (406) 442-1837.

Visit the [Montana Healthcare Programs Provider Information website](#) to access your provider type page. Choose Resources by Provider Type in the left-hand menu.

Visit the [Contact Us page](#) on the Provider Information website for additional DPHHS contact numbers.