

# Billing 101 Training for Providers

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

# In this training...

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- 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

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COVID-19  
Provider Information  
and  
Notices

- All policies effective March 1, 2020; are still in affect.
- Please review the Provider Notice for full details.

# Provider Questions and Reminders

# Provider Questions

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## 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

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- The [MTPRhelpdesk@Conduent.com](mailto: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](mailto: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

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## 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?

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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

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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

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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

RECIP ID	NAME		PRIOR AUTH NUMBER		AUTHORIZE FROM	DATES 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

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ICD-10 is short for *International Classification of Diseases, 10<sup>th</sup> Revision*.

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

<https://icd10coded.com>

# Place of Service

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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

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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

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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

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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

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***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

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## 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



# EOB for Primary Insurance

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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: [REDACTED]  
 PERF PRV: [REDACTED]  
 CLAIM NO: [REDACTED]

IDENTIFICATION NUMBER: [REDACTED]  
 PATIENT NO: [REDACTED]

FROM / TO DATES	PROC PSX PAY CODE	AMOUNT BILLED	ALLOWABLE AMOUNT	SERVICES NOT COVERED	DEDUCTIONS/OTHER INELIGIBLE	AMOUNT PAID
01/09-01/09/18 03	PPD 90837	100.00	0.00	100.00 ( 1)	0.00	0.00
01/29-01/29/18 03	PPD 90837	100.00	0.00	100.00 ( 1)	0.00	0.00
02/14-02/14/18 03	PPD 90837	100.00	0.00	100.00 ( 1)	0.00	0.00
03/09-03/09/18 03	PPD 90837	100.00	0.00	100.00 ( 1)	0.00	0.00
03/30-03/30/18 03	PPD 90837	100.00	0.00	100.00 ( 1)	0.00	0.00
04/17-04/17/18 03	PPD 90837	<u>100.00</u>	<u>100.00</u>	<u>0.00</u>	<u>0.00</u>	<u>100.00</u>
		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

\* PLACE OF SERVICE (PS)  
 03. PHYSICIAN'S OFFICE.

## MESSAGES:

( 1). DUPLICATE BILLING, PREVIOUS CLAIM SUBMITTED.

# EOB Example - Correct



SUBSCRIBER ID:  
CLAIM DATE:  
REND PROV ID:



SUBSCRIBER NAME:  
DATE RECEIVED:  
REND PROV:



CLAIM NUMBER:  
PRODUCT:



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
0077581925					\$100.00				\$0.00	\$100.00

### SERVICE LINE DETAILS(S)

LINE CTRL#	DATES OF SERVICE	SUB PROD/ SVC/ MOD	ADJ PROD/ SVC	MOD	REY	UNITS	ADJ QTY	CHARGE	AMOUNT ALLOWED	ADJ AMOUNT	GRP CD	CLM ADJ RSN CD	PAYMENT AMOUNT	REMARK/ NOTES
0602077581925	11/11/19 - 11/11/19		90037			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
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### 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.



## Paperwork Attachment Cover Sheet

Paperwork Attachment Control Number	<input type="text"/>
Date of Service	<input type="text"/>
Billing NPI/API	<input type="text"/>
Member ID Number	<input type="text"/>
Type of Attachment	<input type="text"/>

**Instructions**  
This form is used as a cover sheet for attachments to electronic and paper Montana Healthcare Programs (Medicaid, Healthy Montana Kids, Mental Health Services Plan, and Indian Health Service) claims sent to the address below.  
The Paperwork Attachment Control Number must be the same number as the Attachment Control Number on the corresponding electronic claim. This number consists of the provider's NPI/API, the member's ID number and the date of service (mmddyyyy), each separated by a dash (NPI: 9999999999-999999999-99999999/Atypical Provider ID: 999999-999999999-99999999).  
This form may be downloaded from the Provider Information website (<http://medicaidprovider.mt.gov/>).  
If you have questions about paper attachments that are necessary for a claim to process, call Provider Relations at 1-800-624-3958 or 406-442-1937.  
Completed forms can be mailed or faxed to: P.O. Box 8000  
Helena, MT 59604  
Fax: 1-406-442-4402

9999999999	-	888888888	-	11182015
NPI		Member ID Number		Date of Service

# Electronic claims with Paperwork Attachments

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**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.

1 Questions?

# Claim Submission

# Electronic Claim Submission

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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](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>

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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 [MTPRHelpdesk@Conduent.com](mailto:MTPRHelpdesk@Conduent.com) if you have set up questions.

# Paper Claim Submissions

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

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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](http://www.nucc.org) and [www.nubc.org](http://www.nubc.org)

2 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

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

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



Montana Access to Health Web Portal

[Exit](#)

MONTANA MEDICAID TEST1

## Montana Access to Health Web Portal Home Page

Navigate to any of the functions in the Web portal by clicking the following links or by using the top navigation bar. For information about each function, click the corresponding column header. Click on 'My Profile,' located in the 'My Access' section, to display your current Montana Access to Health Web Portal profile. You will be able to perform only those tasks allowed by the user privileges assigned to you.

### Site Contents

Inquiries	Submissions	Retrievals	Manage Users	My Access
<a href="#">Eligibility</a>	<a href="#">Upload Files</a>	<a href="#">View/Download Files</a>	<a href="#">Add New User to Organization</a>	<a href="#">My Profile</a>
<a href="#">Claim Status</a>		<a href="#">View e!SOR Reports</a>	<a href="#">Add Existing User to Organization</a>	<a href="#">Change Organization</a>
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<a href="#">Claims-based Medical History</a>			<a href="#">Manage Submitter IDs</a>	<a href="#">Manage Proxies</a>
<a href="#">Electronic Health Record</a>				
<a href="#">Provider Locator</a>				

**ATTENTION PROVIDERS:** The Electronic Health Record link has been added to allow you to view your patients' claims medical history. If you need this access and do not have it, please contact your office administrator. E-prescribing is now available. Please contact your office administrator to add prescribing rights to your user account.

You've logged into the organization displayed under the navigation bar on the right. This organization will be used to determine the Provider Number and Submitter IDs you can use for your transactions (i.e., Inquiries, Submissions and Retrievals). To change this organization, click 'Change Organization' and follow the instructions.

# Member Information



Montana Access to Health Web Portal

[Exit](#)

[Home](#) > [Inquiries](#) > Eligibility Inquiry

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## Eligibility Inquiry

To submit an Eligibility Inquiry on a specific member, select a Provider Number, enter a Date of Service, complete one of the following criteria sets and click 'Submit.' If your inquiry returns more than one member, you will be asked to check your information and/or enter a different set of information.

\* denotes required field(s)

\* NPI or Provider Number:

\* Date of Service:  mm  dd  ccyy

\* Member Information:

Member ID:

or

Last Name:   
First Name:  M.I.:   
Date of Birth:  mm  dd  ccyy

Service Type Code:

Submit

Clear Fields

# Eligibility Response



Montana Access to Health Web Portal

[Exit](#)

[Home](#) > [Inquiries](#) > [Eligibility Inquiry](#) > Eligibility Inquiry Confirm > Eligibility Inquiry Response

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## Eligibility Inquiry Response



### Member Demographic Information

Member Original ID:	NPI or Provider ID:	1003008251
Member Current ID:	Date of Service:	07/09/2019
Member ID:	Valid Request Indicator:	Y: Yes
Name:	Reject Reason Code:	50: Provider Ineligible for Inquiries
Address:	Follow-up Action Code:	N: Resubmission Not Allowed
City:	Date of Death:	
County Code:	Trace Number:	201919012543480IT
State:		
Zip Code:		
Date of Birth:		
Gender Code:		

# 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

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

## About HMK/CHIP

## HELP Plan

## Standard Medicaid

## 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
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**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).

3 Questions?

# Claim Status



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# Claim Status Inquiry



Montana Access to Health Web Portal

[Home](#) > [Inquiries](#) > Claim Status Inquiry

[Exit](#)

MONTANA MEDICAID TEST1

## Claim Status Inquiry

Select a Provider Number and enter available information in the remaining fields before clicking 'Submit'. Searches will be performed only against claims processed in the last three years.

\* denotes required field(s)

\* NPI or Provider Number:

\* Member Information:

Client ID:

Claim First Date of Service:

mm	dd	ccyy
<input type="text"/>	<input type="text"/>	<input type="text"/>

Claim Last Date of Service:

mm	dd	ccyy
<input type="text"/>	<input type="text"/>	<input type="text"/>

or

ICN/TCN:

Submit

Clear Fields

# Sample Claim Detail



Montana Access to Health Web Portal

[Home](#) [Inquiries](#) [Claim Status Inquiry](#) [Claim Detail](#)

[Exit](#)

MONTANA MEDICAID TEST1

## 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\_ [REDACTED]  
Charged Amount: \$ 0.00 Adjudication or Payment Date:  
Payment Amount: \$ 0.00 Check Issue or EFT Effective Date:

### Provider Data

NPI or Provider Number: [REDACTED]  
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](#)

4 Questions?

# Obtaining your eSOR



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# Obtaining your eSOR

## View/Download Electronic Statement of Remittance

Select a provider number and click "Submit" to retrieve a list of Electronic Statement of Remittance Report files.

NPI or Provider Number:

# 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	<a href="#">05272019_1003902909_01.pdf</a>	68,369 bytes	<a href="#">Calculate</a>
05/20/2019	<a href="#">05202019_1003902909_01.pdf</a>	29,707 bytes	<a href="#">Calculate</a>
05/13/2019	<a href="#">05132019_1003902909_01.pdf</a>	39,367 bytes	<a href="#">Calculate</a>
05/06/2019	<a href="#">05062019_1003902909_01.pdf</a>	58,707 bytes	<a href="#">Calculate</a>
04/29/2019	<a href="#">04292019_1003902909_01.pdf</a>	39,373 bytes	<a href="#">Calculate</a>
04/22/2019	<a href="#">04222019_1003902909_01.pdf</a>	29,707 bytes	<a href="#">Calculate</a>
04/15/2019	<a href="#">04152019_1003902909_01.pdf</a>	39,371 bytes	<a href="#">Calculate</a>
04/08/2019	<a href="#">04082019_1003902909_01.pdf</a>	39,371 bytes	<a href="#">Calculate</a>
04/01/2019	<a href="#">04012019_1003902909_01.pdf</a>	39,375 bytes	<a href="#">Calculate</a>
03/25/2019	<a href="#">03252019_1003902909_01.pdf</a>	49,039 bytes	<a href="#">Calculate</a>
03/18/2019	<a href="#">03182019_1003902909_01.pdf</a>	58,701 bytes	<a href="#">Calculate</a>
03/11/2019	<a href="#">03112019_1003902909_01.pdf</a>	68,363 bytes	<a href="#">Calculate</a>
03/04/2019	<a href="#">03042019_1003902909_01.pdf</a>	87,695 bytes	<a href="#">Calculate</a>
02/25/2019	<a href="#">02252019_1003902909_01.pdf</a>	68,367 bytes	<a href="#">Calculate</a>
02/18/2019	<a href="#">02182019_1003902909_01.pdf</a>	126,352 bytes	<a href="#">Calculate</a>

# Remit Example

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

RECIP ID	NAME	SERVICE FROM	DATES TO	UNIT OF SVC	PROCEDURE REVENUE NDC	TOTAL CHARGES	ALLOWED	CO 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

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**\*\*\*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/>

**MONTANA.GOV**  
OFFICIAL STATE WEBSITE

SERVICES AGENCIES LOGIN SEARCH MONTANA.GOV

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

**Sheila Hogan, Director**  
About Us Meetings & Events Health Data & Statistics Contact Us A - Z Index

[Montana Healthcare Programs Provider Information » home](#)

## Montana Healthcare Programs

*Thank you for serving Montana's Healthcare Program Members.*

- ▶ [Provider File Updates, Revalidation, and New Provider Information](#)
- ▶ [MATH Web Portal](#)
- ▶ [Resources by Provider Type](#)
- ▶ [Provider Enrollment](#)

## Welcome to the Montana Healthcare Programs Provider Information Website.

### Important Announcements

#### Call Center Telephone Options Have Changed

As of Monday, January 28, 2019 the options in the Call Center phone systems will change for both providers and members. Please listen carefully to the options when calling the call centers in order to be directed to the correct extension.

#### WebEx Training Available

Did you know there are monthly WebEx Trainings with the Program Officers? These trainings are a great opportunity for providers to learn about their program, policy changes, and ask questions.

**Navigating the Provider Website - Finding the information you need without making a phone call.**

Emilie Boyles, Publications Specialist, Montana Provider Relations July 18 at 2:00 PM MST

# Resources Available on Your Page

All provider pages are set up the same.

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## 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

**MONTANA.GOV**  
OFFICIAL STATE WEBSITE

SERVICES   AGENCIES   LOGIN   SEARCH MONTANA.GOV

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

**Adam Meier, Director**  
About Us | Meetings & Events | Health Data & Statistics | Contact Us | A - Z Index

[Montana Healthcare Programs Provider Information](#) » [Home](#)

**Welcome to the Montana Healthcare Programs Provider Information Website.**

[COVID-19 Provider Information and Notices](#)

**Important! Pharmacy Claims System Maintenance on April 4th, 2021 at 12:00 AM MDT. Expected availability 5:00 AM MDT.**  
Notice to all pharmacies that the claims system will be down for scheduled

**Montana Healthcare Programs**  
*Thank you for serving Montana's Healthcare Program Members.*

- COVID-19 Provider Information
- Provider File Updates and New Provider Information**

# Locating New Provider Information and Provider File Update Information

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*Provider File  
Updates and New  
Provider  
Information*

**Provider File  
Updates**  
Changes to Current  
Enrollments

**New Providers**  
Tools for New  
Providers to Bill  
Successfully

# Additional Training

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## 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, 2021 at 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)

5 Questions?

# Common Billing Errors

# Common Billing Errors

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- 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?

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- 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?

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- 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

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- 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.



## 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 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)	
Name		_____	
Street or P.O. Box		4. NPI/API	
City State ZIP		_____	
Telephone Number		5. Member ID Number	
2. Member Name		_____	
_____		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. A copy of the corrected claim is optional. Mail to Claims, P.O. Box 8000, Helena, MT 59604, or fax to (406) 442-4402.

# 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.

(Montana and out-of-state providers) or maximum four (preferably).

A. Complete all fields using the remittance advice for information.	
1. Provider Name, Address, and Telephone Number	3. Internal Control Number (ICN)
Name	
Street or P.O. Box	
City State ZIP	
Telephone Number	
2. Member Name	4. NPI/API
	5. Member ID Number
	6. Date of Payment
	7. Amount of Payment \$

# 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 Form Scenario #1

A. Complete all fields using the remittance advice for information.			
1. Provider Name, Address, and Telephone Number		3. Internal Control Number (ICN)	
DDP Provider		21925200255001234	
Name			
123 Any Street		4. NPI/API	
Street or P.O. Box		1010101010	
City	MT	5. Member ID Number	
		1541234	
City	State	6. Date of Payment	
		09/09/2019	
4065551212		7. Amount of Payment	
Telephone Number		\$ 0.39	
2. Member Name			
Mickey Mouse			

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

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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		3. Internal Control Number (ICN)	
DDP Provider		21925300255013567	
Name		4. NPI/API	
123 Any Street		1010101010	
Street or P.O. Box		5. Member ID Number	
City	MT	1123175	
City	State	6. Date of Payment	
		09/09/2019	
4065551212	ZIP	7. Amount of Payment	
Telephone Number		\$ 443.64	
2. Member Name	Donald Duck		

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

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Example #3 – Multiple lines to correct

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

**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	3. Internal Control Number (ICN)
DDP Provider	21923800255069330
Name	
123 Any Street	4. NPI/API
Street or P.O. Box	1010101010
City	
MT	5. Member ID Number
12345	4054321
City	
State	
ZIP	
4065551212	6. Date of Payment
Telephone Number	09/02/2019
2. Member Name	7. Amount of Payment
Scooby Doo	\$ 728.97
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.	
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

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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

6 Questions?

If You Have Questions...



# Provider Relations Contact Information

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## 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

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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