

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.
- Did you know?
- Claim preparation. Where to I go to get information needed for my claims?
- Account Administration tab & Affiliations – when required?
- MPATH claims submissions – templates, claims & adjustments.
- Remittance Advice & other portal functions.
- Provider file Updates.
- Most common billing errors. Questions?
- Where do I go for help?

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.
- Please review the Provider Notices for full details.

Did you know?

- 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.
- If you have specific questions regarding an application in process or to follow up on missing documentation, please email MTEnrollment@conduent.com. Make sure to include the NPI, name and confirmation number of the enrollment in question.
- 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.

Did you know?

Important information about our Automated Systems

The MATH/MPATH portals 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.

Did you know?

For technical assistance with the new Provider Services portal (MPATH)

Email the following to mtprhelpdesk@conduent.com so we can submit a help ticket to our Tech Team.

GovID:

Name:

Email registered:

NPI used to register:

Phone number:

A full screen, screen shot of the error:

For issues registering, please provide screen shots of both the Details tab and Review tab showing all information entered and any error messages.

*Include the issue and function you're attempting.

Did you know?

New mailing address for enrollment documents.

Montana Healthcare Programs Provider Services
PO Box 89
Great Falls, MT 59403

Mailed documents must include the new [Montana Provider Services Mail Cover Sheet](#).

Documents can also be faxed to 1(888) 772-2341. A fax coversheet with the NPI and instructions should be included.

Did you know?

The state has suspended the processing of revalidations on all provider types. Once some system issues have been resolved, processing will resume. Please do not attempt to process any revalidations or follow up on revalidations currently submitted, during this time.

A Provider Notice will be posted to our website once the revalidation processing resumes. Please use the link below to locate the Provider Notices for your provider type.

<https://medicaidprovider.mt.gov/providertype>

Questions?

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) & modifier.
6. Verify Fee Schedule.
7. EOB from primary insurance.
8. Enter and submit claim.

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 Authorizations

Adjusting claims with a Prior Authorization

When you submit a replacement or voided claim electronically, the Prior Authorization does not automatically update. This also applies to voided claims submitted on the paper adjustment form.

Once your claim adjustment has been completed, please email me the original ICN and the adjusted ICN. I will manually update your PA.

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

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 in Appendix B, of the General Information for Providers manual, located on every provider page.

<https://medicaidprovider.mt.gov/manuals/generalinformationforprovidersmanual>

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, Hospices, 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.

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.

The Call Center is not allowed to give billing advice.

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.

Questions?

Account Administration tab

Account Administration

All 3 Account Administration functions are located on one screen.

*Section 12, of the Provider Portal User Guide

The screenshot displays a web interface for account administration, organized into three distinct sections. Each section includes a title, a help link, a filter input, a table of data, and a button to add new entries.

Manage Portal Users

? Help

A maximum of 200 users will be displayed. Adjust your search criteria in the left navigation to refine your results.

Filter your results:

ACTIONS	LOGIN NAME	FIRST NAME	LAST NAME	EMAIL	STATUS
No matching users found.					

Show entries Showing 0 to 0 of 0 entries |< < > >|

[Add User Account](#)

Manage Billing Providers

? Help

Filter your results:

ACTIONS	BILLING PROVIDER NAME	NPI/API ID
	Farmingdale Primary Care PC	1073820965
	Braga, Deb	9260371104

Show entries Showing 1 to 2 of 2 accounts |< < > >|

[Add Billing Provider](#)

Manage Provider Enrollment Accounts

? Help

[Complete request form](#)

Filter your results:

ACTION	ATTACHMENT	DATE	Status
No matching transactions found.			

Show entries Showing 0 to 0 of 0 entries |< < > >|

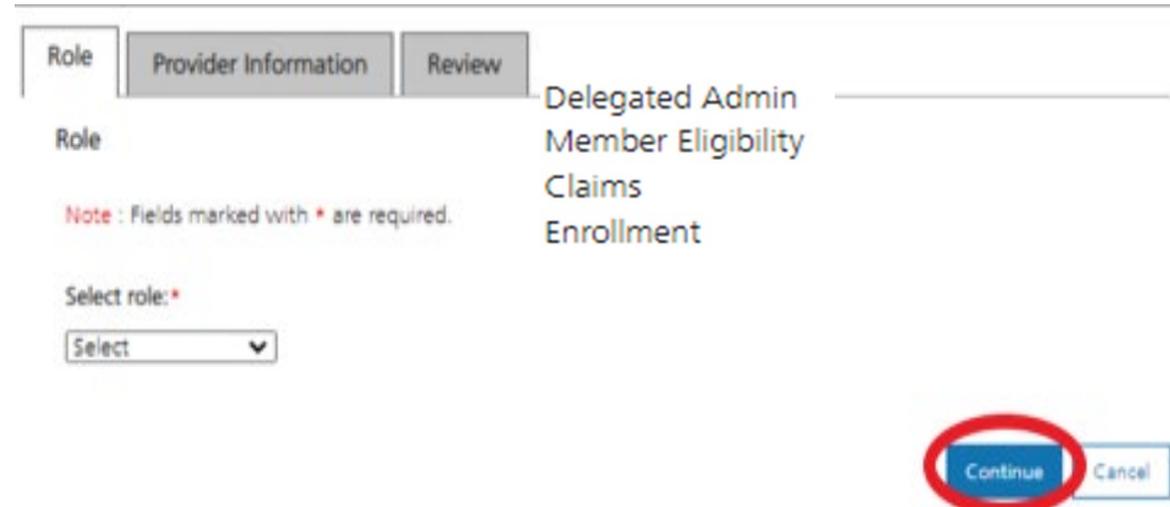
[Upload Request](#)

Add Portal User

Additional portal users are invited through this function.

These users will be assigned a Role and sent an email. The email will contain a link for them to use to establish their GovID.

Depending on the Role, they will have access to the information available to the Primary User.



The screenshot shows a web form with three tabs: 'Role', 'Provider Information', and 'Review'. The 'Role' tab is active. Below the tabs, there is a list of roles: 'Delegated Admin', 'Member Eligibility', 'Claims', and 'Enrollment'. A red asterisk is next to 'Delegated Admin'. Below the list, there is a note: 'Note : Fields marked with * are required.' Below the note, there is a label 'Select role: *' and a dropdown menu with 'Select' and a downward arrow. At the bottom right, there are two buttons: 'Continue' (highlighted with a red circle) and 'Cancel'.

Add Portal User

Role | Provider Information | Review

Provider Information

Assign NPI(s) / API to User

Select one or multiple NPIs / API to assign to the user.

NPI's / API: *

Available NPIs will show here.

Note : Fields marked with * are required.

User Information

First Name: *

Last Name: *

Email: *

Birth Date (MM/DD/YYYY): * 

Last 4 digits of SSN: *

 Previous Cancel

Complete all fields with the new user's information.

If you need to send another email to the user, click on the envelope icon in front of their name.

ACTIONS	LOGIN NAME	FIRST NAME	LAST NAME
   	ocProvider.mprodtest70 54.sso	MPATH	PRODTEST

Secondary Portal User

Secondary Users registering for **new GOVID** from invite:

1. Double click on the link in the email.
2. Click on Create Optum GovID (under Additional options)
3. Complete the required fields.
4. Retrieve 10-digit code from email.
5. Paste into field.
6. On the Details screen, confirm name, email & DOB.
Enter last 4 of SS#.
7. Click Continue.
8. Click Submit.

Secondary Users registering **existing GOVID** from invite:

1. Double click on the link in the email.
2. Enter email address in GovID field.
3. Click Forgot Password.*
4. Follow the link to reset password.*
5. Log in with email and new password.
6. Details screen will ask for the last 4 of SS#
7. Click Submit.

*Forgot password is not mandatory if user remembers the password. They can continue from step #5.

Manage Billing Providers

Add Billing NPIs to this section ONLY if,

- You will be submitting claims through MPATH.
- You need access to the weekly Remittances for this NPI.

This is the Optum assigned Provider ID number. *Not the PID from MT Medicaid.*

Note : Fields marked with an asterisk * are required.

Provider Name or Organization Name? * Provider Name Organization Name

NPI or API? * NPI API

TIN/FEIN: *

Enter Provider ID Number: *



Locating Optum PID

The Optum PID can be obtained for any linked providers, on your work bench.

Type	Status	Submission Date ↓	Confirmation #	Tax ID	NPI/Atypical ID	Provider ID	Provider Name
Enrollment	Enrolled	03-06-2008	100179218	██████████	██████████	100029889	██████████ ██████████

Note : Fields marked with an asterisk * are required.

Provider Name or Organization Name?* Provider Name Organization Name

NPI or API?* NPI API

TIN/FEIN:*

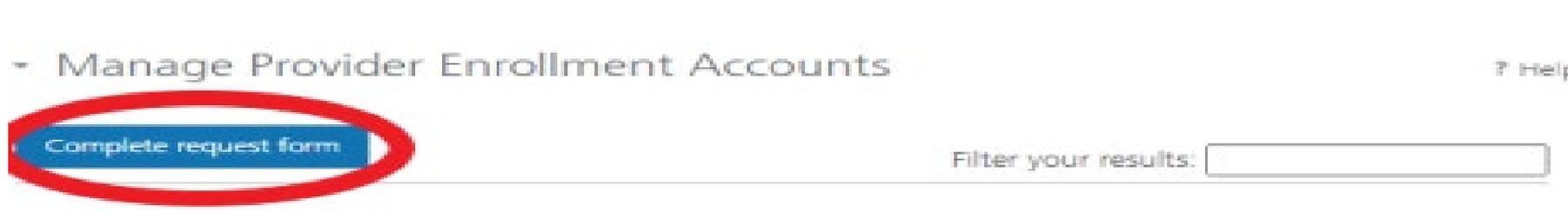
Enter Provider ID Number:*

Manage Enrollment Providers

This will be the most important function for facilities who oversee multiple facility NPIs and/or multiple providers.

The only way you can view additional NPIs on your work bench, is through this function.

Updates and Revalidations cannot be completed until NPIs are linked here.



Link request form

Link request forms are processed by Optum. Complete all fields of the form.

Section 1 enter the NPI & name you registered with.

Section 2 enter the NPIs you want to link.

Sections 3 & 4 enter the submitter's information.

Sign & Upload form with the additional spread sheet if applicable.

**Montana Access to MPATH Provider Services Module
Enrollment Account Link Request**

The MPATH Provider Services Module uses a unique Organization ID to allow linkage of provider enrollment records for viewing and management. To have your enrollment account linked to a specific Organization ID, you must submit an Enrollment Account Link Request.

Each National Provider Identifier (NPI), or Atypical Provider Identifier (API) used in enrollment into Montana Healthcare programs may create their own user account for enrolling or completing maintenance updates to their provider enrollment information. Upon creation of a user account, an Organization ID is assigned. If a provider wants to link their user account to another organization ID, or add a provider to their organization ID, it is required to have your organization IDs linked.

Complete the information below. Please allow up to 10 days for Provider Relations to process the request.

Authorizing Provider Name:

Authorizing NPI/API#:

For additional NPI/APIs you want linked, please check the box below and upload the supplemental page with your request.

Requested NPI/API#:

Requested Provider Name:

Additional NPI/APIs requested (on separate excel form):

If you need to link more than one NPI. Attach a spread sheet.

Contact Name for questions when processing request (Required):

Name: Title:

Phone Number: Email:

Comments (Optional):

I attest that I am the authorized individual who is submitting this Enrollment Account Link Request.

Authorization Name:

Authorization Title:

Date:

The current form has a Docusign line.

ACTION	ATTACHMENT	DATE	Status
No matching transactions found.			

show entries Showing 0 to 0 of 0 entries < > >>

[Upload Request](#)

Questions?

Managing Affiliations

Manage Affiliations

This function is **NOT** required for facilities or billing providers submitting claims through any other avenue than the MPATH system.

Example:

Clearing Houses, Billing Agencies, or direct billing software.

This function adds Rendering providers to the drop-down list, in the MPATH claims entry system.

Add an Affiliation

Click the **Provider Enrollment** tab under myMenu.

Click the **Radio button** on the Enrollment line of the facility.

Click the **Manage Affiliations** tab now visible under the Enrollment Menu.

Actions	Type	Status
     	Enrollment	Enrolled

Manage Affiliations

Add an Affiliation

Search for Providers tab.

Enter Provider's NPI.

Click Search.

Click the **Radio button** on the provider line now visible.

Assigned Locations line is now visible.

User Guide

Search for Providers Pending Approval Requested Affiliations Existing Affiliations

Search for Provider ? Help

To build an affiliation, search for the provider you want to affiliate by entering the first name, last name, or NPI. If no information displays the provider isn't an active enrolled provider and the application will display a 'no affiliation found' message. Based upon your search criteria multiple providers may display, if this is the case, select the provider you want to participate by selecting the radio button next to the provider's name. For authentication and security, please enter the last four (4) digits of the provider's Social Security Number and enter the effective date of the affiliation. When completed select the add and continue button at the bottom of the screen and the request will move to the pending approval tab.

First Name i Last Name i NPI/Atypical ID i

1083670285 i

	First Name	Last Name	NPI/Atypical ID	Effective Date ↓	Last 4 digits of SSN/ITIN *	Actions	File Name
<input checked="" type="radio"/>	HEATHER	THOMAS-CLARK	1083670285	MM/DD/YYYY	<input type="text"/>	i	

Assigned Locations i

	Address Line
<input type="checkbox"/> i	1111 BAKER AVE

Items per page 10 1 - 1 of 1 < >

Add an Affiliation

Enter **Effective Date** & **last 4 digits of the provider's SS#**.

Click the **box** under Assigned Locations. Then click the **Pencil** icon.

In the Pop-up box, enter **Effective Date** again. Click **Save**.

Click **Add and Continue**.

	First Name	Last Name	NPI/Atypical ID	Effective Date ↓	Last 4 digits of SSN/ITIN	Actions	File Name
<input checked="" type="checkbox"/>	ROBERT	NITSCHM	1598719064	05/12/2022	<input type="text"/>		

Assigned Locations

	Address Line	
<input checked="" type="checkbox"/>	1111 BAKER AVE	

Items per page 10 1 - 1 of 1

1111 BAKER AVE

Select	Program Name	Effective Date*	Termination Date
<input checked="" type="checkbox"/>	Montana Medicaid (HMK Plus)	05/12/	MM/DD/YYYY

Manage Existing Affiliations

Pending Approval tab will show any providers you have submitted to be affiliated.

Requested Affiliations are providers who are requesting affiliation. (Not recommended)

Approved affiliations can be searched under the **Existing Affiliations** tab.

The screenshot displays the 'Manage Affiliations' interface. At the top, there are four tabs: 'Search for Providers', 'Pending Approval', 'Requested Affiliations', and 'Existing Affiliations'. The 'Existing Affiliations' tab is currently selected. Below the tabs, there is a 'Search for Provider' section with three input fields for 'First Name', 'Last Name', and 'NPI/Apply ID', followed by a 'Search' button. A 'User Guide' link is visible in the top right corner. Below the search section, there is a table listing existing affiliations. The table has columns for 'First Name', 'Last Name', 'NPI/Apply ID', 'Effective Date', 'Terminate Date', 'Actions', and 'File Name'. Two rows of data are visible in the table.

	First Name	Last Name	NPI/Apply ID	Effective Date	Terminate Date	Actions	File Name
0	Reika	Chade		08/1/2021	08/31/2021		
0	Jerelle	Adams		12/01/2021	12/31/2021		

Manage Affiliations – Terminations

Click the **Provider Enrollment** tab under myMenu.

Click the **Radio button** on the Enrollment line of the facility.

Click the **Manage Affiliations** tab now visible under the Enrollment Menu.

Actions	Type	Status
     	Enrollment	Enrolled



Manage Affiliations – Terminations

Click the **Existing Providers** tab.

Click the **Search** button.

This will bring up a list of the providers affiliated to this NPI.

Click the **Radio button** for the provider you wish to terminate.

Existing Affiliations

Search for Provider

The existing affiliation tab lists all affiliations linked to the organizational provider. To manage the affiliation, enter in additional information. For example, adding a new physical address to an existing rendering affiliation. Within this tab, the organizational user has the ability to terminate the affiliation by entering in a termination date.

First Name Last Name NPI/Atypical ID Search

	First Name	Last Name	NPI/Atypical ID	Effective Date	Terminate Date	Actions	File Name
<input type="radio"/>	KATHRYN	NEFF	1710945829		MM/DD/YYYY		
<input type="radio"/>	DANIEL	MUNZING	1700844966		MM/DD/YYYY		
<input type="radio"/>	HIKMAT	MAALIKI	1295897650		MM/DD/YYYY		
<input type="radio"/>	JOHN	KALBFLEISCH	1609824283		MM/DD/YYYY		
<input type="radio"/>	ANITA	BEACH	1922064401		MM/DD/YYYY		
<input type="radio"/>	SUZANNE	DANIELL	1811966526		MM/DD/YYYY		
<input type="radio"/>	JON	MILLER	1841267192		MM/DD/YYYY		

ANITA BEACH 1922064401 MM/DD/YYYY

Manage Affiliations – Terminations

The **Assign Locations** box is now visible.

Click the **radio button** under **Deactivate**.
Enter the **termination date**.

Click the **Save and Continue** button.

The provider will remain on your Affiliations list. However, it will not appear in the claims drop down.

Assign Locations ⓘ

Address Line	Active	Deactivate	Effective Date	Terminate Date	
1111 BAKER AVE	<input type="radio"/>	<input checked="" type="radio"/>	01/01/2006	05/11/2022	

Questions?

Claims

Electronic Claim Submission

You must submit a Montana DPHHS EDI Provider Enrollment Form. This allows your Submitter ID to transmit claims. (Unless using MPATH)

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

We currently support one free billing program. The MPATH claims solution is a function on the Optum portal.

The MPATH system is a web-based program. Therefore, it can be used on any computer.

The Provider Portal User Guide is available under the Provider Enrollment section of 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.

Please send an email to MTPRHelpdesk@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

Paper Claim Submissions – CMS 1500

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

Required Fields

CMS 1500

Required Information:

- Members ID-box 1a
- Members Name- box 4
- DX-box 21
- DOS-box 24
- POS-box 24b
- Procedure code-box 24d
- DX pointer-box 24e
- Line Charge-box 24f
- Days/Units-box 24g
- Taxonomy & Qualifier
- NPI or Atypical PID –box 24j-(and qualifier)24i
- Total Charges-box 28
- Provider Signature and Date-31
- Billing Provider Name, Address, & Zip code +4-box 33
- NPI or Atypical PID (and qualifier)-box 33 a&b

The image shows a sample of a CMS 1500 Health Insurance Claim Form. The form is marked as a DRAFT and is not for official use. It is filled with yellow and green highlights to indicate required fields. The form is divided into sections for Patient and Provider information, and a table for Line Items. The Line Items table contains data for a procedure code 0703, a date of service 07/01/14, and a total charge of 300.00. The bottom section includes provider information for 'Dr. Provider, MD' and a date of 07/01/14.

Paper Claim Submissions – UB-04

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

Required Fields

UB 04

Required Information:

- Providers Physical Address-field 1
- Bill Type-field 4
- Covered Dates-field 8
- Patient Name-field 8a
- Admit Date/hour-field 12
- Discharge Status-field 17
- Rev Codes-field 42
- HCPCS Codes field 44
- Service Dates-field 45
- Service units-field 46
- Charges-field 47
- Creation Date
- Payer Name-field 50
- Plan ID-field 51
- Prior Payments-field 54
- Billing Provider NPI-field 56
- Member Name-field 58
- Member ID-field 60
- DX Codes-field 66
- Attending Provider NPI-field 76
- Billing Provider Taxonomy (B3 Qualifier)-field 81

The image shows a sample UB-04 claim form from Conduent. The form is filled with data, and several fields are highlighted in yellow and green to indicate required information. The highlighted fields include: Provider Name, Physical Address, City, State, ZIP; Bill Type; Covered Dates; Patient Name; Admit Date/hour; Discharge Status; Rev Codes; HCPCS Codes; Service Dates; Service units; Charges; Creation Date; Payer Name; Plan ID; Prior Payments; Billing Provider NPI; Member Name; Member ID; DX Codes; Attending Provider NPI; Billing Provider Taxonomy (B3 Qualifier); and various other fields related to patient information and services. The form also includes a table of services with columns for ICD-9-CM, HCPCS, and charges. The Conduent logo is visible in the top right corner.

Paper Claim Submissions – ADA Dental

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

ADA Dental

Required Information:

- Member Name
- Member ID
- Provider Name
- Provider Taxonomy (No qualifier needed)
- Provider Signature
- Bill Date
- Line Date of Service
- Procedure Code
- Total Charge for Each Line

Billed by:

Dentists, Dental Hygienists, Denturists, and HMK Dentists

The image shows a sample of the ADA American Dental Association Dental Claim Form. The form is titled "ADA American Dental Association® Dental Claim Form" and features the CONDUENT logo in the top right corner. A large "SAMPLE" watermark is overlaid diagonally across the form. The form is divided into several sections:

- HEADER INFORMATION:** Includes fields for Type of Transaction, Statement of Actual Services, and Pre-determination/Preauthorization Number.
- INSURANCE COMPANY, DENTAL BENEFIT PLAN INFORMATION:** Includes fields for Company/Plan Name, Address, City, State, and Zip Code.
- OTHER COVERAGE:** Includes checkboxes for Dental, Medical, and other coverage types.
- POLICYHOLDER/SUBSCRIBER INFORMATION:** Includes fields for Name, Date of Birth, Gender, and Policyholder/Subscriber ID.
- PATIENT INFORMATION:** Includes fields for Name, Date of Birth, Gender, and Patient Relationship to Person named in #3.
- RECORD OF SERVICES PROVIDED:** A table with columns for Date of Service, Procedure Code, Tooth Number, Tooth Surface, Procedure Code, and Fee.
- AUTHORIZATIONS:** Includes checkboxes for Pre-determination/Preauthorization and Subscriber Signature.
- ANCILLARY CLAIM/TREATMENT INFORMATION:** Includes fields for Place of Treatment, Date of Appointment, and Date of Procedure Placement.
- TREATING DENTIST AND TREATMENT LOCATION INFORMATION:** Includes fields for Name, Address, City, State, Zip Code, and License Number.

At the bottom of the form, there is a copyright notice: "©2012 American Dental Association" and a phone number: "To receive call 800.947.4745 or go to www.ada.org/claiming".

Claim Submissions

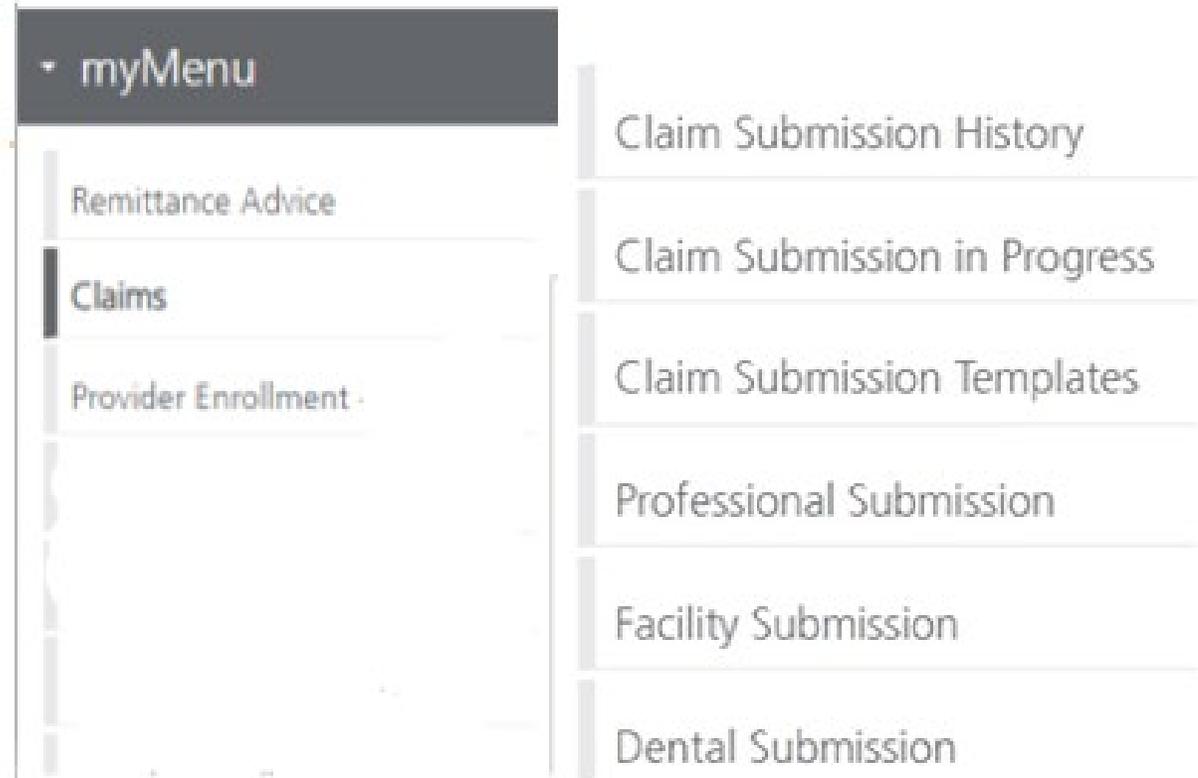
MPATH claims solution

Claim Submission Menu

Under myMenu, without clicking, place your cursor on the **Claims** tab.

A side menu with submission options will appear.

The following slides will describe each function.



Claims Submission History

This option will show you the most recent claims SUBMITTED to Montana Medicaid for processing.

This function comes in handy if you have a big batch of claims to submit and lose track of who you have completed.

This section will not give you any charge line details or adjudication information.

Claims Submission in Progress

This function is for claims started but not submitted.

Example:

You begin to complete the information for claim. You are interrupted and need to exit the system. When you click Save and Exit at the bottom of the current claim screen; your claim moves to this section.

When you return, click Claims Submission in Progress. Click the **Pencil** icon to pick up where you left off on that claim.

Claim Submission in Progress ? Help

A maximum of 200 in-progress claims will be displayed.

Filter your results:

Action	Member Name	Date of Service	NPV/API	Date Last Modified
	JOEL DUPREE	12/06/2021	1073820965	12/15/2021

Claim Submission Templates

This function is a time saving tool for reoccurring claims.

Example:

You see the same member for the same service on a consistent basis. You can create a template for that member with all the claim information except the date of service, and maybe the units & billed amount.

When it is time to submit their claim; select the billing provider NPI & Rendering Provider NPI (if applicable). Enter any additional required information on the Claim Information screen. Submit your claim.

Creating a Template

To create a template, select the **Claims Submission Templates** tab.

Click the **blue button** for the claim form required.

*Section 6, of the Provider Portal User Guide.

The screenshot displays the 'Claim Submission Templates' management interface. At the top, it shows the title 'Claim Submission Templates' and a 'Help' icon. Below the title, it indicates 'Maximum Templates Allowed : 500' and a search filter 'Filter your results:'. A table lists four existing templates with columns for 'Actions', 'Name', and 'Date Last Modified'. The 'Name' column contains 'Member B', 'Ortho', 'Test 121', and 'Tester22', with corresponding dates of 12/08/2021, 12/09/2021, 12/01/2021, and 12/15/2021. Below the table, there are controls for 'Show 10 entries' and 'Showing 1 to 4 of 4 templates'. At the bottom, three blue buttons are highlighted with yellow boxes: 'Create Professional Claim Submission Template', 'Create Facility Claim Submission Template', and 'Create Dental Claim Submission Template'.

Actions	Name	Date Last Modified
	Member B	12/08/2021
	Ortho	12/09/2021
	Test 121	12/01/2021
	Tester22	12/15/2021

Buttons:
Create Professional Claim Submission Template
Create Facility Claim Submission Template
Create Dental Claim Submission Template

Creating a Template

Enter the member's MT
Medicaid ID number.

Click **Search**.

When the member information
populates, verify and click
Save and Continue.

Professional Claim Template

Help

Member Details

Enter Member Card ID:

Creating a Template

Complete the fields that will not change.

For instance, the diagnosis code, place of service, CPT code, modifier & diagnosis point fields will most likely not change for reoccurring visits.

Professional Claim Submission Form ? Help

Claim Information

Note: Fields marked with an asterisk * are required.

Note: Do not include any decimals when entering Diagnosis Code information. Enter at least first three (3) characters of a Diagnosis and/or Procedure code before utilizing the search icon.

Diagnosis Codes

Diagnosis Codes (ICD 10):

1 2 3 4 5 6
7 8 9 10 11 12

Claim Details

Note:  indicates all required fields of COB have been entered.

From Date*	To Date*	POS*	CPT/ HCPCS Code*	Modifier	Diagnosis Pointer*	Charges*	Days or Units*	COB	NDC	EPSDT	Emergency Service	Family Planning
<input type="text"/>	<input type="text"/>	Select	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$		COB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	Select	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$		COB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	Select	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$		COB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	Select	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$		COB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	Select	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$		COB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	Select	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$		COB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	Select	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$		COB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	Select	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$		COB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	Select	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$		COB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

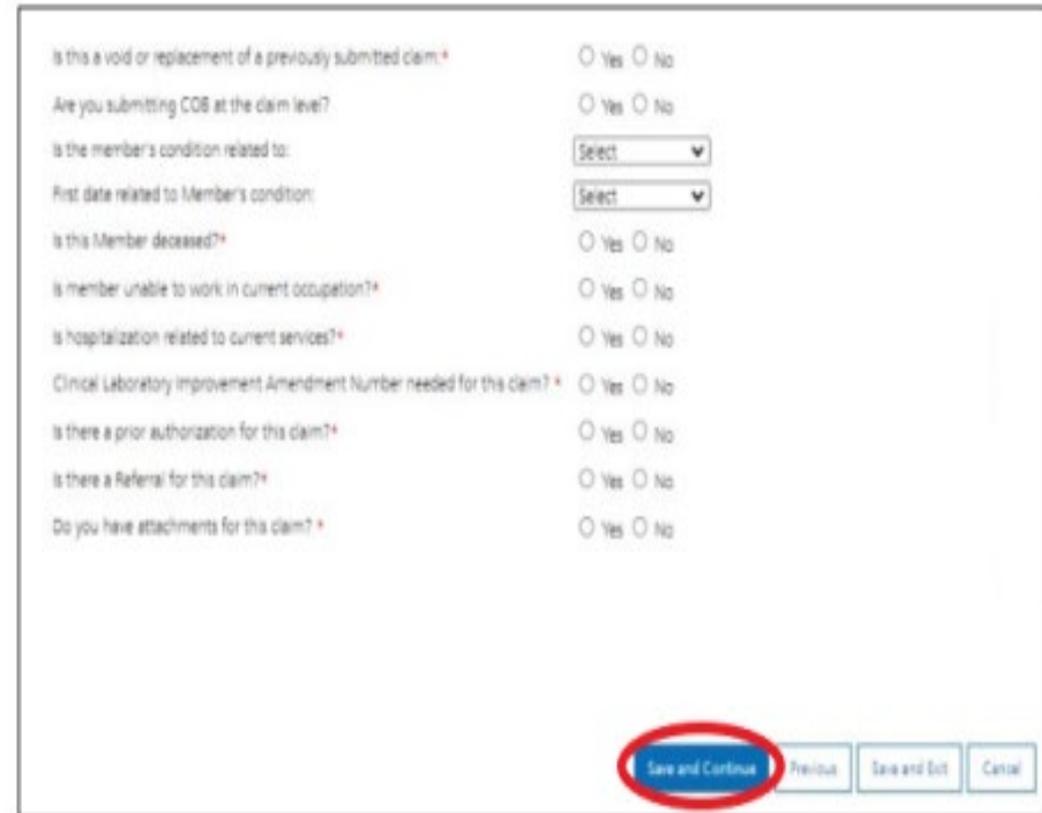
Total Charges: \$

Creating a Template

Answer all the questions at the bottom of the screen.

If your claim requires a Prior Authorization, make sure to add that number to your template.

Click **Save and Continue**.



The screenshot shows a form with the following questions and options:

- Is this a void or replacement of a previously submitted claim? Yes No
- Are you submitting COB at the claim level? Yes No
- Is the member's condition related to:
- First date related to Member's condition:
- Is this Member deceased? Yes No
- Is member unable to work in current occupation? Yes No
- Is hospitalization related to current services? Yes No
- Clinical Laboratory Improvement Amendment Number needed for this claim? Yes No
- Is there a prior authorization for this claim? Yes No
- Is there a Referral for this claim? Yes No
- Do you have attachments for this claim? Yes No

At the bottom right, there are four buttons: **Save and Continue** (circled in red), Previous, Save and Exit, and Cancel.

Creating a Template

The last step is to name the template. Then click **Save**.

Your template is now visible.

To submit a claim, click on the **Name**.

To edit a template, click on the **Pencil** icon.

To delete a template, click on the **Garbage can** icon.

Facility Claim Template

Save Template

Please enter a claim submission template name.

Template Name: *

Note(s):

Template Name must satisfy the following conditions:

- a. Minimum length: 3 characters.
- b. Maximum length: 35 characters.
- c. Cannot contain special characters other than: Space " " or Underscore "_" or Dash "-".

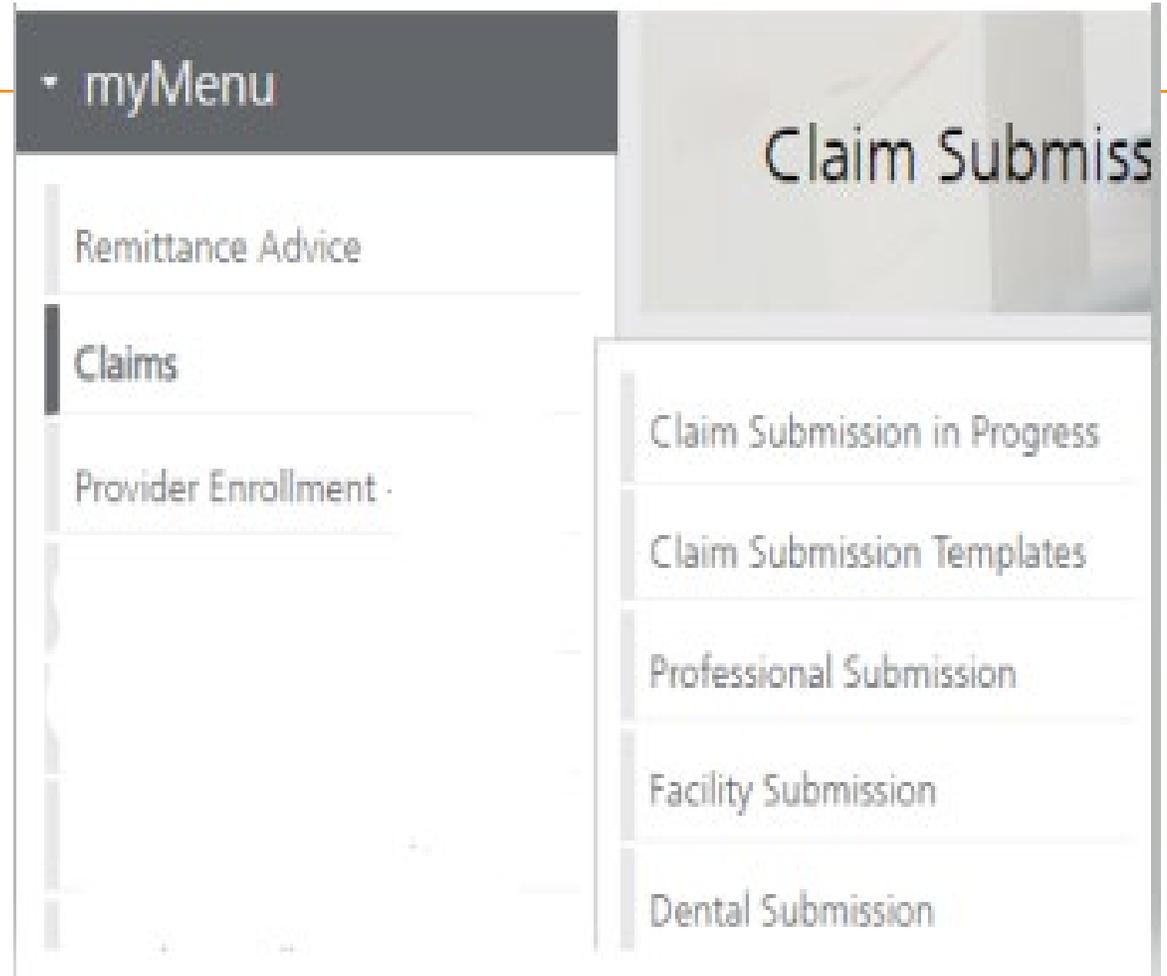
Actions	Name	Date Last Modified
 	<u>Member B</u>	12/08/2021
 	<u>Ortho</u>	12/09/2021
 	<u>Test 121</u>	12/01/2021
 	<u>Tester22</u>	12/15/2021

Submitting a Claim

To submit a claim using a template, place your cursor on the **Claims** tab.

Select **Claim Submission type** for one-time claims or **Claim Submission Templates** to submit a claim from a template.

*Section 6, of the Provider Portal User Guide.



Submitting a Claim – Billing Provider screen

Select the Billing Provider file.

If you have multiple NPIs listed under Manage Billing Providers, The NPI/API field will have a drop down.

Select NPI.

Select Program/Waiver.

Select Specialty.

Click **Save and Continue**.

The screenshot displays two forms for entering billing provider information. The left form is for 'NORTH WEST HOME CARE' and the right form is for 'LIBERTY PLACE, INC'. The right form's 'NPI/API' field is highlighted with a blue box, and its dropdown menu is open, showing 'Severe Disabling Mental Illness Waiver (SDMI)' selected.

Field	Value
NPI/API *	1245490713
Provider Name *	NORTH WEST HOME CARE
Program/Waiver *	Montana Medicaid (HMK Plus)
Specialty *	In Home Supportive Care
Service Location Address 1 *	818 W CENTRAL
Service Location Address 2 *	
City *	MISSOULA
State *	MT
ZIP *	59801-0000
Taxonomy Code *	253Z00000X
Enrollment Unit *	0000262208

Field	Value
NPI/API *	1033508080
Provider Name *	LIBERTY PLACE, INC
Program/Waiver *	Severe Disabling Mental Illness Waiver (SDMI)
Specialty *	
Service Location Address 1 *	
Service Location Address 2 *	BOOTSTRAP RANCH E
City *	BELGRADE
State *	MT
ZIP *	59714-8121
Taxonomy Code *	251500000X
Enrollment Unit *	0000801034

Submitting a Claim – Billing Provider screen

If the Billing file you chose, requires a Rendering provider.

The Rendering Provider drop down will appear.

Select your rendering NPI from the drop down.

Click **Save and Continue**.

- Billing Provider

Note : Fields marked with an asterisk * are required.

NPI/API:*	1316521222
Provider Name:*	WHICKER GROUP
Program/Waiver:*	Montana Medicaid (HMK Plus)
Specialty:*	Single Specialty
Service Location Address 1:*	2600 WILSON ST STE 4
Service Location Address 2:	
City:*	MILES CITY
State:*	MT
ZIP:*	59301-5094
Taxonomy Code:*	193400000X
Enrollment Unit:*	0000734214

Rendering Provider

NPI:*	<div style="border: 1px solid black; padding: 2px;"><p>Select NPI</p><p>1609484575</p><p>1538253760</p><p>1164561635</p></div>
-------	--

Referring Provider

There is a referring provider for this claim.

Ordering Provider

There is a ordering provider for this claim.

Submitting a Claim

If the Billing file you chose,
requires a Team number.
(CSCTs & some waiver programs)

Select Team number.

Click **Save and Continue**.

Note : Fields marked with an asterisk * are required.

NPI/API:*	1497871255
Provider Name:*	EXPRESS PERSONNEL S
Program/Waiver:*	Developmentally Disabled Waiver (DDP) ▼
Specialty:*	Nursing Care
Service Location Address 1:*	3709 BROOKS ST
Service Location Address 2:	
City:*	MISSOULA
State:*	MT
ZIP:*	59801-7334
Taxonomy Code: *	251J00000X
Team Number:*	TEAM 01
Enrollment Unit:*	0000623934

Submitting a Claim

Enter the member's MT Medicaid ID number.

Click **Search**.

When the member information populates, verify you have the correct member.

Click **Save and Continue**.

Professional Claim Template

Help

Member Details

Enter Member Card ID:

Submitting a Claim

Complete all required fields and questions.

Required information is denoted with a red asterisk *

Professional Claim Submission Form ? Help

Claim Information

Note: Fields marked with an asterisk * are required.

Note: Do not include any decimals when entering Diagnosis Code information. Enter at least first three (3) characters of a Diagnosis and/or Procedure code before utilizing the search icon.

Diagnosis Codes

Diagnosis Codes (ICD 10):

1 *	2	3	4	5	6
<input type="text"/>					
7	8	9	10	11	12
<input type="text"/>					

Claim Details

Note:  indicates all required fields of COB have been entered.

From Date*	To Date*	POS*	CPT/ HCPCS Code*	Modifier	Diagnosis Pointer*	Charges*	Days or Units*	COB	NDC	EPSDT	Emergency Service	Family Planning
<input type="text"/>	<input type="text"/>	Select	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$		COB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	Select	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$		COB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	Select	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$		COB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	Select	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$		COB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	Select	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$		COB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	Select	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$		COB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	Select	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$		COB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	Select	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$		COB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	Select	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$		COB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

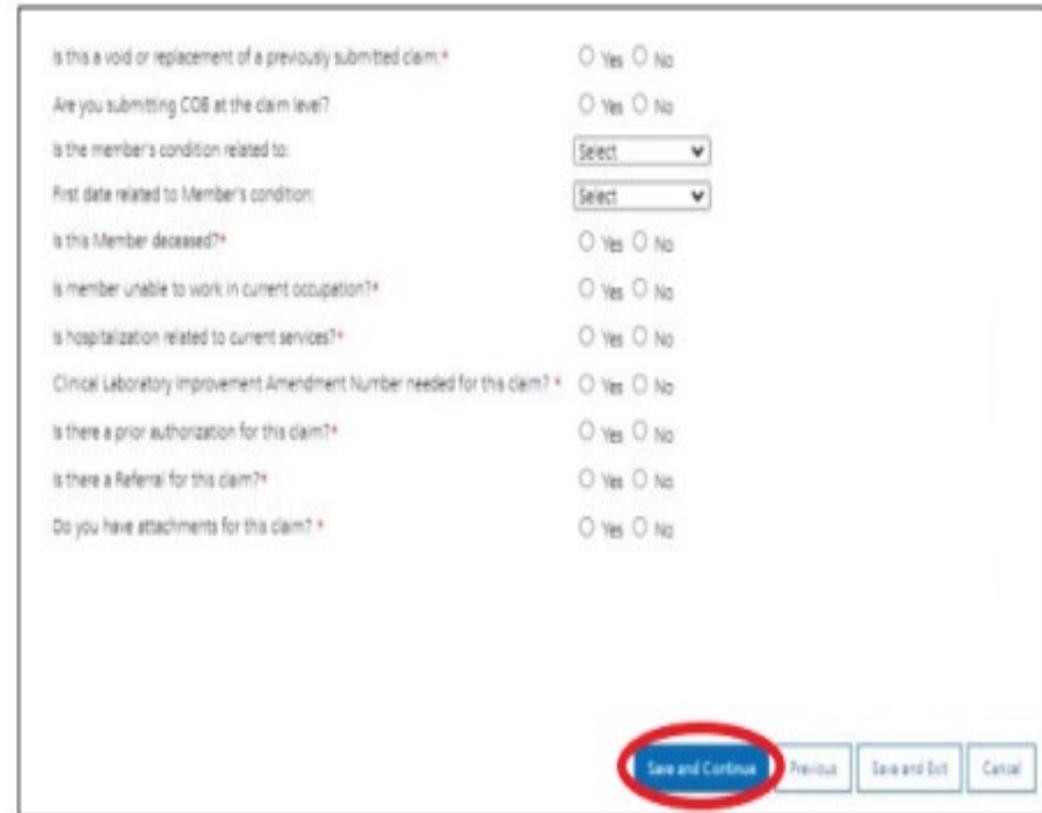
Total Charges: \$

Submitting a Claim

Complete all required fields and questions.

Required information is denoted with a red asterisk *

Click **Save and Continue**.



The screenshot shows a form with the following questions and options:

- Is this a void or replacement of a previously submitted claim? * Yes No
- Are you submitting COB at the claim level? Yes No
- Is the member's condition related to:
- First date related to Member's condition:
- Is this Member deceased? * Yes No
- Is member unable to work in current occupation? * Yes No
- Is hospitalization related to current services? * Yes No
- Clinical Laboratory Improvement Amendment Number needed for this claim? * Yes No
- Is there a prior authorization for this claim? * Yes No
- Is there a Referral for this claim? * Yes No
- Do you have attachments for this claim? * Yes No

At the bottom right, there are four buttons: **Save and Continue** (highlighted with a red circle), Previous, Save and Exit, and Cancel.

Primary Insurance EOB

Are you submitting COB at the claim level?

Yes No

Primary Payer			Secondary Payer				
Insurance Type: *	<input type="text" value="Select"/>		Insurance Type:	<input type="text" value="Select"/>			
Carrier Name: *	<input type="text"/>		Carrier Name:	<input type="text"/>			
Carrier Code:	<input type="text"/>		Carrier Code:	<input type="text"/>			
Subscriber First Name: *	<input type="text"/>		Subscriber First Name:	<input type="text"/>			
Subscriber Middle Name:	<input type="text"/>		Subscriber Middle Name:	<input type="text"/>			
Subscriber Last Name: *	<input type="text"/>		Subscriber Last Name:	<input type="text"/>			
Allowed:	<input type="text" value="\$"/>		Allowed:	<input type="text" value="\$"/>			
Copay:	<input type="text" value="\$"/>		Copay:	<input type="text" value="\$"/>			
Deductible:	<input type="text" value="\$"/>		Deductible:	<input type="text" value="\$"/>			
Coinsurance:	<input type="text" value="\$"/>		Coinsurance:	<input type="text" value="\$"/>			
Paid Amount: *	<input type="text" value="\$"/>		Paid Amount:	<input type="text" value="\$"/>			
	Group	Reason	Amount		Group	Reason	Amount
	<input type="text"/>	<input type="text"/>	<input type="text" value="\$"/>		<input type="text"/>	<input type="text"/>	<input type="text" value="\$"/>
	<input type="text"/>	<input type="text"/>	<input type="text" value="\$"/>		<input type="text"/>	<input type="text"/>	<input type="text" value="\$"/>
	<input type="text"/>	<input type="text"/>	<input type="text" value="\$"/>		<input type="text"/>	<input type="text"/>	<input type="text" value="\$"/>
EOB Payment Date: *	<input type="text"/>						
	<input type="text"/>						

Answer Yes to this question, only if you have received payment from a primary insurance. Do not use for Medicare payments.

If you have a primary EOB but they did not pay, do not use this screen.

For Medicare payments or Zero payment EOBs, skip this step and proceed to the attachment question.

Electronic Claim Attachments

Do you have attachments for this claim? *

Yes No

Note: When uploading an attachment electronically, cover sheets are not required. For attachments that are being mailed or faxed, please download the [Paperwork Attachment Cover Sheet](#) for instructions on how to create a Paperwork Attachment Control Number. The Paperwork Attachment Control Number must be the same number as the Attachment Control Number on the corresponding electronic claim.

Report Code Type: * Transmission Code: * Control Number: *

Select ▼ Select ▼ Attachments

Report Code Type: Select what type of document you are attaching.

Transmission Code: Select Electronic submission.

Control Number: The control number will auto-generate once the attachment is uploaded.

Add: Click add if you have more than one attachment type.

Report Code Type: * Transmission Code: * Control Number: *

EB-Explanation of Benefi ▼ FT-Electronic Attachmen ▼ Attachments

Bulk HIPAA Transactions

▼ Bulk HIPAA Transactions activity

[? Help](#)

Filter your results:

ACTIONS TRANSACTION DATE ▼ FILE NAME ▲

No matching transactions found.

Show entries

Showing 0 to 0 of 0 entries

| < < > > |

Upload

Click the “Help” link and you’ll be taken to that section of the manual

Bulk HIPAA Transactions

File Upload



Note: Only .edi formats are supported for uploading

NPI/API: 1427003862

File Type: Claim Submission (837) ▾

Browse

Please upload file formats of .edi or contact customer service for assistance.

C:\fakepath\HSS Mar22 Pick-up.txt

Upload

Cancel

Questions?

Electronic Claim Adjustments

Electronic vs Paper Claim Adjustments

When you submit a paper Individual Adjustment Request form:

<https://medicaidprovider.mt.gov/docs/forms/adjustmentrequestindividual12192017.pdf>

1. Provide only the corrections needed.
2. Must attach the remittance advice showing the paid claim.
3. Call Center can see who submitted & any reason listed.

When submitting an electronic replacement claim:

1. All charges lines, including lines that paid correctly.
2. No additional paperwork is required.
3. Call Center can NOT see who submitted & why.

Electronic Claim Adjustments

Electronic Adjustments are now accepted by Montana Medicaid. There will be 2 options for submitting an electronic adjustment.

Acceptable frequency codes:

- 1 Indicates the claim is an original claim.
- 7 Indicates the new claim is a replacement or corrected claim – the information present on this claim represents a complete replacement of the previously issued claim.
- 8 Indicates the claim is a voided/canceled claim

*Modifiers may also be used for electronic adjustments.

All claim types

Loop 2300 - (CLM05-3) is the Claim Frequency Code. Enter 7 or 8.

REF*F8* - Enter the original ICN.

Claim Adjustments

MPATH Claims Solutions

Create a new claim with the corrected information. If you are voiding the claim, claim information must match original claim.

Professional Claims (CMS-1500) & Dental Claims

Answer YES, to the first question at the bottom of the claim entry screen. The next two fields are now visible.

Select either ***Replacement of prior claim*** or ***Void of prior claim*** from the Medicaid Resubmission drop down.

Enter the Paid ICN of the claim being adjusted in the Original Reference Number field.

Claim Adjustments

Is this a void or replacement of a previously submitted claim:*

Yes No

Select the Medicaid Resubmission Code:*

Enter the Original Reference Number:*

Claim Adjustments

Institutional Claims (UB-04)

When recreating the claim, change the last digit of the Type of Bill code to either **7 for replacement** or **8 for void**.

The Original Reference Number filed is now visible. Enter the Paid ICN of the claim being adjusted in the Original Reference Number field.

Type of Bill:*	Inpatient or Outpatient:*	Statement Period From:*	Statement Period Through:*		
<input type="text" value="0117"/>	<input type="text" value="Select"/>	<input type="text" value=""/>	<input type="text" value=""/>		
Admission Date:	Admission Hour:	Admission Type:*	Source of Admission:*	Discharge Hour:	Member Discharge Status:*
<input type="text" value=""/>	<input type="text" value="Select"/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value="Select"/>	<input type="text" value=""/>
Original Reference Number:*	<input type="text" value=""/>				

Claim Adjustment ICNs

The claim numbers (ICN) look different for electronic adjustments.

Paper Adjustment ICNs ICN: 2 22035 00 255 **1**01500 (recoupment)

ICN: 2 22035 00 255 **2**01500 (adjustment)

Electronic Adjustment ICNs ICN: 2 22035 00 **960** 100013 (recoupment)

ICN: 2 22035 00 **960** 001234 (replacement)

*The highlighted section of the ICN would be **960 – 969** if the claim is an electronic adjustment. The rest of the ICN can be anything.*

Questions?

Provider Portal

Provider Portal

The new Provider Services portal contains the same information and functions as the Montana Access to Health (MATH) portal.

- Verify Member eligibility (**Not available use MATH for this function**)
 - Built in limits (such as annual dental limits)
- Verify claim status
- Obtain weekly remittance advices (eSOR reports)

Provider Portal – Claims Inquiry

Member search ?

Find everything you need to know about a member with just one search!

Member search

Enter Member Card ID *

Go

Member search ?

 **Member found!**

You are currently viewing:

Member's Name

[Clear Search](#)

Claims Inquiry
 Eligibility

Search

Provider Portal – Claims Inquiry

Member search

myMenu

Claim search

I want to view:
Claims for

Time period
From Date:
To Date:
Claim number
Patient account number

Search

Hi Org3 MTOFEOC

Claims Detail

Claim search results

Member:
You are viewing: Claims for NPV/API 1: and time period from 11/01/2021 to 12/01/2021.

Claim activity Download Print Help

Filter your results:

ICN	OPTUM CLAIM NUMBER	SERVICE DATE	MEMBER NAME	PROVIDER	STATUS	BILLED AMOUNT	PLAN PAYS
No matching claims found.							

Show 10 entries Showing 0 to 0 of 0 entries

Provider Portal – Claims Inquiry

Member search

myMenu

Claim search

I want to view:
Claims for

Time period
From Date: 09/01/2021
To Date: 12/01/2021
Claim number
Patient account number
Search

Hi Org3 MTOFEOC

Claims Detail

- Claim search results

Member: ...
You are viewing: Claims for NPV/API 1,2,3,4,5,6,7,8,9,10,11,12 and time period from 09/01/2021 to 12/01/2021.

- Claim activity

Download Print Help

Filter your results:

ICN	OPTUM CLAIM NUMBER	SERVICE DATE	MEMBER NAME	PROVIDER	STATUS	BILLED AMOUNT	PLAN PAYS
221		09/01/21		INC	F1	\$177.44	\$177.44

Show 10 entries

Showing 1 to 1 of 1 Claims

Provider Portal – Claims Inquiry

I want to view:
Claims for

Time period
From Date: 09/01/2021
To Date: 12/01/2021

Claim number
Patient account number

Search

- Claim search results

Member:
You are viewing: Claims for NPI/API 1 and time period from 09/01/2021 to 12/01/2021.

- Claim activity

ICN: 221 Optum Claim number: [Return to search](#)

Member:		Total amount billed:	\$177.44
Date of service: 09/01/21-09/30/21		Total amount paid:	\$177.44
Patient account:	Date processed: 10/04/21		
Member:		Payment details	
Member ID:		Payment number:	00000261657
Claim status: F1:Finalized/Payment		Payment date:	10/11/21
		Payment amount:	\$177.44

Line 1

Provider name:	INC	Cost for this service	Amount billed:	\$177.44
Provider NPI/API: 12			Amount paid by plan:	\$177.44
Date of service: 09/01/21-09/30/21				
Procedure code: T2041				

[Return to search](#)

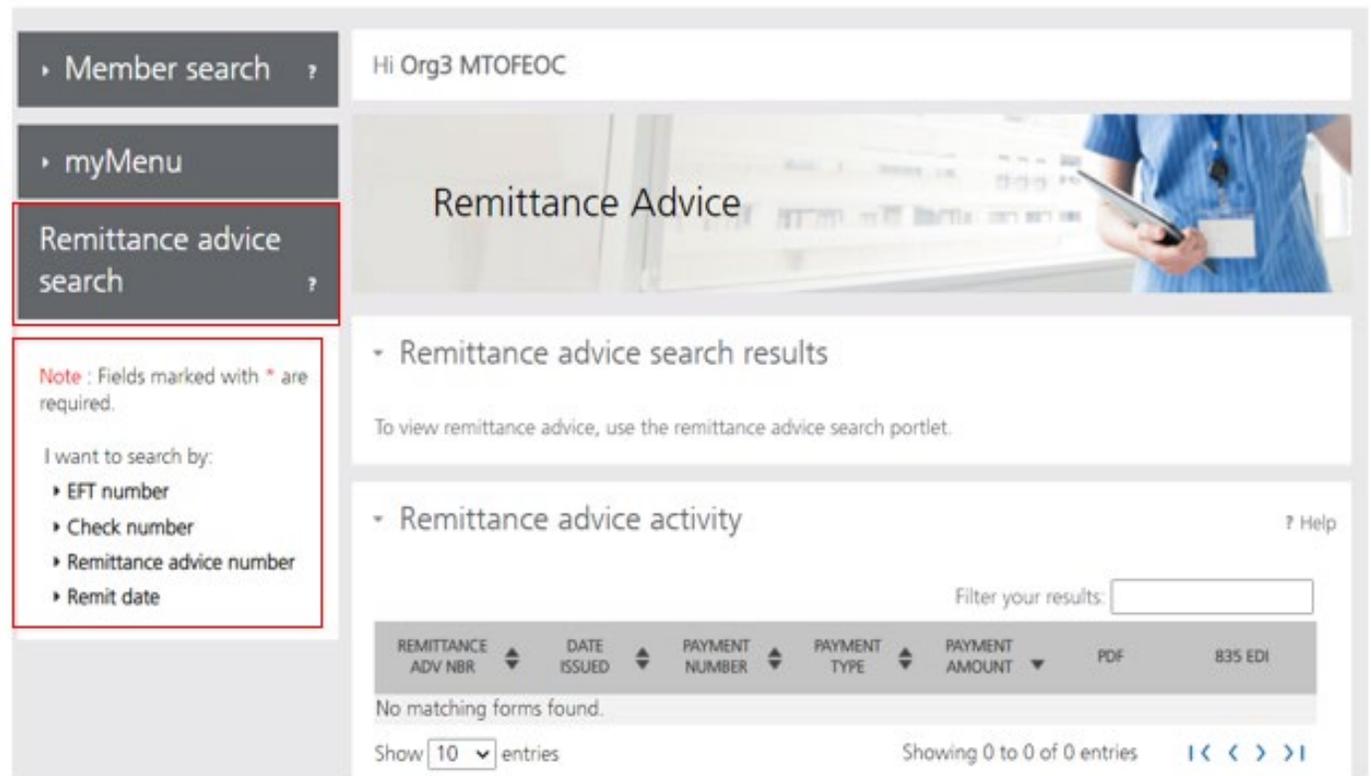
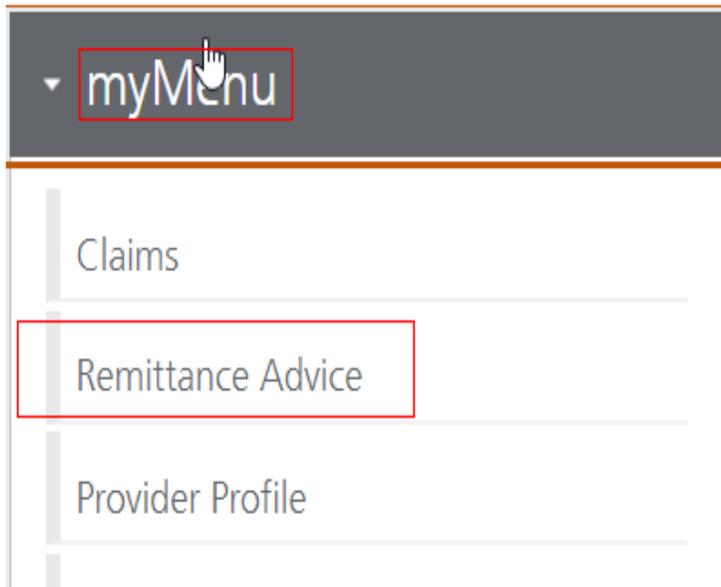
Provider Portal – Claims Inquiry



Claim Detail

ICN: 221: /	Optum Claim number:		
Member: /			
Date of service: 09/01/21-09/30/21			
Patient account:	Date processed: 10/04/21	Total amount billed:	\$177.44
Member: /		Total amount paid:	\$177.44
Member ID: /		Payment details	
Claim status: F1:Finalized/Payment		Payment number:	00000261657
		Payment date:	10/11/21
		Payment amount:	\$177.44
Line 1			
Provider name: / INC	Cost for this service	Amount billed:	\$177.44
Provider NPI/API: 12		Amount paid by plan:	\$177.44
Date of service: 09/01/21-09/30/21			
Procedure code: T2041			

Provider Portal – Remits



Provider Portal – Remits

I want to search by:

▼ EFT number

Enter EFT number: *

▼ Check number

Enter check number: *

▼ Remittance advice number

Enter remittance advice number: *

▼ Remit date

From Date(mm/dd/yyyy): *

09/02/2021 

To Date(mm/dd/yyyy): *

12/01/2021 

Search

Provider Portal – Remits

Filter your results:

REMITTANCE ADV NBR	DATE ISSUED	PAYMENT NUMBER	PAYMENT TYPE	PAYMENT AMOUNT	PDF	835 EDI
C	09/27/2021	01	Check	\$1150550.83	View	Download
O	09/27/2021	00	Check	\$246077.51	View	Download
O	09/27/2021	00	Check	\$94875.42	View	Download
O	09/20/2021	01	Check	\$14843.00	View	Download
OL	09/27/2021	00	Check	\$7195.51	View	Download
OE	09/06/2021	01	Check	\$1572.51	View	Download
O	09/13/2021	01	Check	\$520.36	View	Download

Show entries Showing 1 to 7 of 7 forms [|](#) [<](#) [>](#) [|](#)

VENDOR # 0001 REMIT ADVISE # 81 EFT/CHK #01 DATE 09/27/2021 PAGE 2
 NPI #: 12 TAXONOMY:

RECIP ID	NAME	SERVICE FROM	DATES TO	UNIT OF SVC	PROCEDURE REVENUE NDC	TOTAL CHARGES	ALLOWED	CO-PAY	REASON & REMARK CODES
PAID CLAIMS - MISCELLANEOUS CLAIM									
ICN 22	PATIENT	07012021	07312021	1.000	S5141	2453.93	2453.93		
TEAM NUMBER 01		***CLAIM TOTAL*****				2453.93	2453.93		
ICN 221	PATIENT	08012021	08312021	1.000	S5141	2453.93	2453.93		
TEAM NUMBER 01		***CLAIM TOTAL*****				2453.93	2453.93		
ICN 221	PATIENT	07012021	07312021	1.000	T2032	767.70	767.70		
TEAM NUMBER 01		***CLAIM TOTAL*****				883.20	883.20		
ICN 221	PATIENT	08012021	08312021	1.000	T2032	767.70	767.70		
TEAM NUMBER 01		***CLAIM TOTAL*****				883.20	883.20		
ICN 2212	PATIENT	07012021	07312021	8.000	T2021	782.48	782.48		
TEAM NUMBER 01		***CLAIM TOTAL*****							

Questions?

Provider File Updates

Reminder

Montana licenses are no longer updated automatically.

Updates are completed through the self-service MPATH portal.

Providers should review their Provider Profile to know what updates are required and when.

Unless otherwise directed by a member of Call Center management, updates may no longer be submitted by email, fax or US Mail.

Before you Update

In order to see providers on your work bench, they must first be linked via **Manage Enrollment Providers**.

The ***Account Administration tab***, under **myMenu**, is used to add additional portal users & NPIs to your GovID access.

Manage Enrollment Providers allows you to maintain the NPIs and **complete file updates**. Link request required.

Search NPI

Click **Provider Enrollment** tab under myMenu.

Search the NPI using the fields shown.

Click **Radio button** for NPI.

Click **Update** under the Enrollment menu.

A new Update line will show at the end of your list.

Click **Pencil** icon.



Enrollment Workbench

User Guide
Show Legend

Select "Search By" Column: Select One Search Criteria: Search Search Clear

Actions	Type	Status	Submission Date ↓	Confirmation #	Tax ID	NPI/Atypical ID	Provider ID	Provider Name
   	Enrollment	Enrolled	12-09-2021	20086035	XX-XXX1234	0002089504	200002447	Deb Braga
Update								

  	Update	InProgress		20087591	XX-XXX1234	0002089504	200002447	Deb Braga
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Provider File Updates

This example is for a license update. However, the process is the same of all updates.

Once linked, search the NPI on your work bench, under the **Provider Enrollment** tab.

Click the Magnifying Glass icon to review the provider's file information.

Click back arrow to return to work bench.

Click the Radio button at the beginning of the NPI line, the Update tab is now visible.

Click Update tab.

A new Update line will generate at the end of the current list, on your work bench.

Click the Pencil icon on the new Update line created.

Review, update and correct any application information required to ensure all sections of the application show a Green check mark.

In the license section, click on the Pencil Icon.

Change the expiration date to match the new license expiration date.

Click Save and Continue.

Upload the license copy using the Blue Upload button in that section.

Go to the Summary section of the application.

Click Submit.

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
- Using the incorrect modifier for a provider type (HCBS vs SDMI)

Common Dental Billing Errors

We have recently seen an influx of claims for code specifics of D4341 and D4342 that have not been getting billed correctly.

D4341 - PERIODONTAL SCALING & ROOT

1 unit= 1 quadrant 4 units per year.

List quadrant in 'tooth # column' on claim form.

D4342 - PERIODONTAL SCALING 1-3TEETH

1 unit= 1 quadrant 4 units per year.

List quadrant in 'tooth # column' on claim form.

D9999 – requires a specialty of anesthesiologist.

Common Dental Billing Errors

Code change when billing claims via MPATH.

EDI Valid values for arches and quadrants

are:

Code Area

00 entire oral cavity

01 maxillary arch

02 mandibular arch

10 upper right quadrant

20 upper left quadrant

30 lower left quadrant

40 lower right quadrant

This is now the HIPAA standard to be used instead of the historical "UR, UL, LR, LL" designations.

Questions?

If You Have Questions...



Need Help with MPATH?

At the top of each screen is a **User Guide** icon.

When you click on the icon, the user guide will open to the section matching the screen you are on.



User Guide

On-line Resources

<https://medicaidprovider.mt.gov>

Provider Enrollment tab

- Enrollment Support Information (User Guides, training slides, videos)

Site Index

- Claims Instructions
- FAQs

Provider Relations Contact Information

Provider Relations Call Center:

- (800) 624-3958 Opt. 7, Opt. 2
- Live Agents
 - Monday through Friday
 - 8 AM to 5 PM Mountain Time
 - MTPRHelpdesk@conduent.com

Field Representative:

- Deb Braga (406) 457-9553 Deborah.braga@conduent.com

Conclusion