

Billing 101 Training for Providers

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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.

Email Assistance

- 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.

Automated System Information

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.

MPATH Portal Help

For technical assistance with the 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.

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 (if applicable)

Prior Authorizations

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

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

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

Prior Authorization Letter

DATE 02/25/21

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).

Montana Medicaid only accepts one modifier on the UB – 04 – use billing modifier first (vs sight mod).

Montana Medicaid only accepts 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 Reason and Remark Code explanations for the codes listed on the EOB.
- If there is more than one patient on the page, please cross out the information for other patients.

MPATH Claims Setup

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

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: *



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

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 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



Add an Affiliation Cont.

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

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 Cont.

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 a text input field and a 'Search' button. To the right of the search section, there is a 'User Guide' link and a 'Help' icon. Below the search section, there is a table with the following columns: 'First Name', 'Last Name', 'NPI/Approval ID', 'Effective Date', 'Terminate Date', 'Actions', and 'File Name'. The table contains two rows of data:

	First Name	Last Name	NPI/Approval ID	Effective Date	Terminate Date	Actions	File Name
0	Reids	Chade		08/1/2021	08/31/2021		
0	Jerold	Adams		12/01/2021	12/31/2021		

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.

Search for Providers | Pending Approval | Requested Affiliations | **Existing Affiliations** | User Guide

Search for Provider Help

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 i Last Name i NPI/Atypical ID i i

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

ANITA BEACH 1922064401 i

Manage Affiliations – Terminations Cont.

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 Submission

Electronic Claim Submission Setup

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

The form can be found on the [Claims page of the Provider Information Website](#).

Electronic Claim Submission

We currently support one free billing program. The MPATH claims solution is a function on the Provider Services 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 Claims Page of the Provider Information 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.

Electronic Claims Submission Cont.

- Electronic claims must be submitted by 3:30 PM MT in order process that claim cycle.
- Electronic claims process faster than paper claims.
- Electronic claims can also be submitted through a Billing Agency or a Clearing House.

Paper Claim Submissions

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

Claims may not be emailed.

- Paper claims can take several weeks longer to process than electronic claims as 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 – UB-04

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 UB-04 claim form with several fields highlighted in yellow and green. The form is titled "UB-04" and includes the CONDUENT logo in the top right corner. The highlighted fields include:

- Provider Name, Physical Address, City, ST, ZIP
- Bill Type
- Member Name, Member ID
- Admit Date, Discharge Date
- Rev Codes
- HCPCS Codes
- Service Dates
- Charges
- Payer Name, Plan ID
- Billing Provider NPI
- Member Name, Member ID
- DX Codes
- Attending Provider NPI
- Billing Provider Taxonomy (B3 Qualifier)

Code	Description	Units	Rate	Amount
99200	99200	1	21.00	21.00
99201	99201	1	21.00	21.00
99202	99202	1	21.00	21.00
99203	99203	1	21.00	21.00
99204	99204	1	21.00	21.00
99205	99205	1	21.00	21.00
99206	99206	1	21.00	21.00
99207	99207	1	21.00	21.00
99208	99208	1	21.00	21.00
99209	99209	1	21.00	21.00
99210	99210	1	21.00	21.00
99211	99211	1	21.00	21.00
99212	99212	1	21.00	21.00
99213	99213	1	21.00	21.00
99214	99214	1	21.00	21.00
99215	99215	1	21.00	21.00
99216	99216	1	21.00	21.00
99217	99217	1	21.00	21.00
99218	99218	1	21.00	21.00
99219	99219	1	21.00	21.00
99220	99220	1	21.00	21.00
99221	99221	1	21.00	21.00
99222	99222	1	21.00	21.00
99223	99223	1	21.00	21.00
99224	99224	1	21.00	21.00
99225	99225	1	21.00	21.00
99226	99226	1	21.00	21.00
99227	99227	1	21.00	21.00
99228	99228	1	21.00	21.00
99229	99229	1	21.00	21.00
99230	99230	1	21.00	21.00
99231	99231	1	21.00	21.00
99232	99232	1	21.00	21.00
99233	99233	1	21.00	21.00
99234	99234	1	21.00	21.00
99235	99235	1	21.00	21.00
99236	99236	1	21.00	21.00
99237	99237	1	21.00	21.00
99238	99238	1	21.00	21.00
99239	99239	1	21.00	21.00
99240	99240	1	21.00	21.00
99241	99241	1	21.00	21.00
99242	99242	1	21.00	21.00
99243	99243	1	21.00	21.00
99244	99244	1	21.00	21.00
99245	99245	1	21.00	21.00
99246	99246	1	21.00	21.00
99247	99247	1	21.00	21.00
99248	99248	1	21.00	21.00
99249	99249	1	21.00	21.00
99250	99250	1	21.00	21.00
99251	99251	1	21.00	21.00
99252	99252	1	21.00	21.00
99253	99253	1	21.00	21.00
99254	99254	1	21.00	21.00
99255	99255	1	21.00	21.00
99256	99256	1	21.00	21.00
99257	99257	1	21.00	21.00
99258	99258	1	21.00	21.00
99259	99259	1	21.00	21.00
99260	99260	1	21.00	21.00
99261	99261	1	21.00	21.00
99262	99262	1	21.00	21.00
99263	99263	1	21.00	21.00
99264	99264	1	21.00	21.00
99265	99265	1	21.00	21.00
99266	99266	1	21.00	21.00
99267	99267	1	21.00	21.00
99268	99268	1	21.00	21.00
99269	99269	1	21.00	21.00
99270	99270	1	21.00	21.00
99271	99271	1	21.00	21.00
99272	99272	1	21.00	21.00
99273	99273	1	21.00	21.00
99274	99274	1	21.00	21.00
99275	99275	1	21.00	21.00
99276	99276	1	21.00	21.00
99277	99277	1	21.00	21.00
99278	99278	1	21.00	21.00
99279	99279	1	21.00	21.00
99280	99280	1	21.00	21.00
99281	99281	1	21.00	21.00
99282	99282	1	21.00	21.00
99283	99283	1	21.00	21.00
99284	99284	1	21.00	21.00
99285	99285	1	21.00	21.00
99286	99286	1	21.00	21.00
99287	99287	1	21.00	21.00
99288	99288	1	21.00	21.00
99289	99289	1	21.00	21.00
99290	99290	1	21.00	21.00
99291	99291	1	21.00	21.00
99292	99292	1	21.00	21.00
99293	99293	1	21.00	21.00
99294	99294	1	21.00	21.00
99295	99295	1	21.00	21.00
99296	99296	1	21.00	21.00
99297	99297	1	21.00	21.00
99298	99298	1	21.00	21.00
99299	99299	1	21.00	21.00
99300	99300	1	21.00	21.00

Paper Claim Submissions – ADA Dental

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

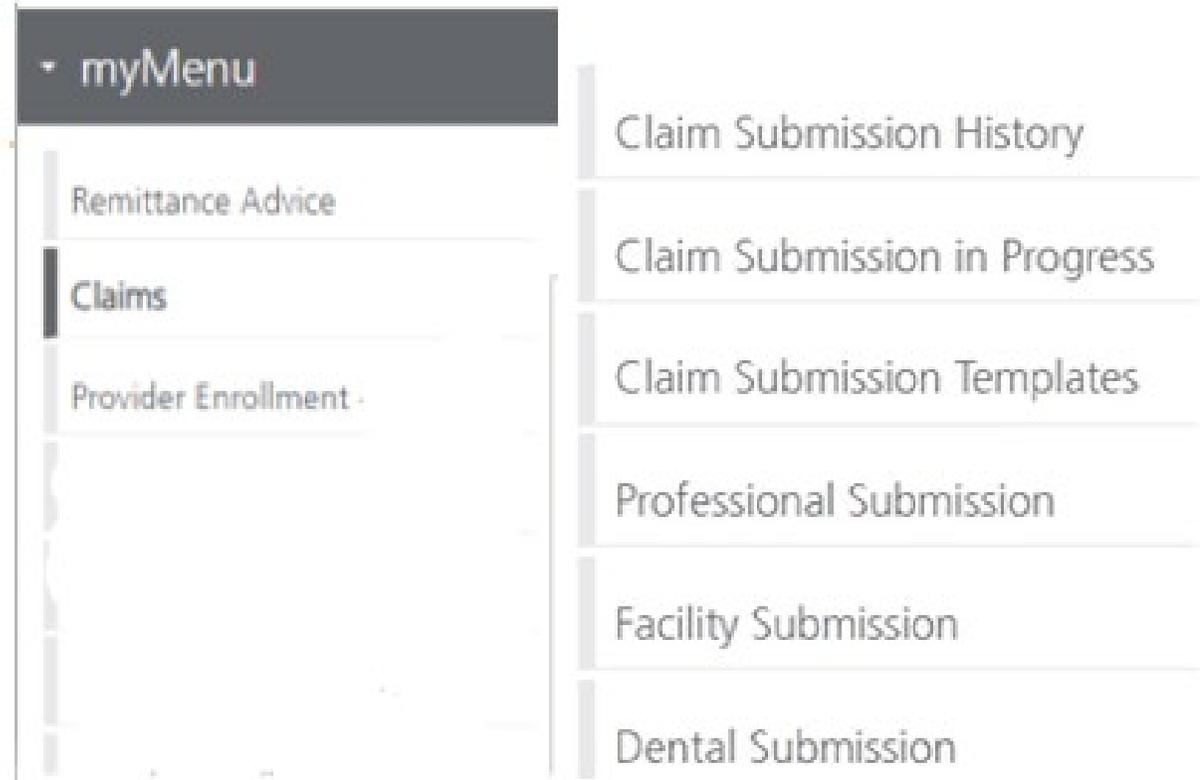
MPATH Claims Solution

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.

The screenshot displays the 'Claim Submission Templates' page. 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'. Below the table, there is a 'Show 10 entries' dropdown and 'Showing 1 to 4 of 4 templates' with navigation arrows. 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

*Section 6, of the Provider Portal User Guide.

Creating a Template Cont.

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 Cont.

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
<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="text"/>	<input type="text"/>	Select	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$		COB			<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="text"/>	<input type="text"/>	Select	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$		COB			<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="text"/>	<input type="text"/>	Select	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$		COB			<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="text"/>	<input type="text"/>	Select	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$		COB			<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"/>

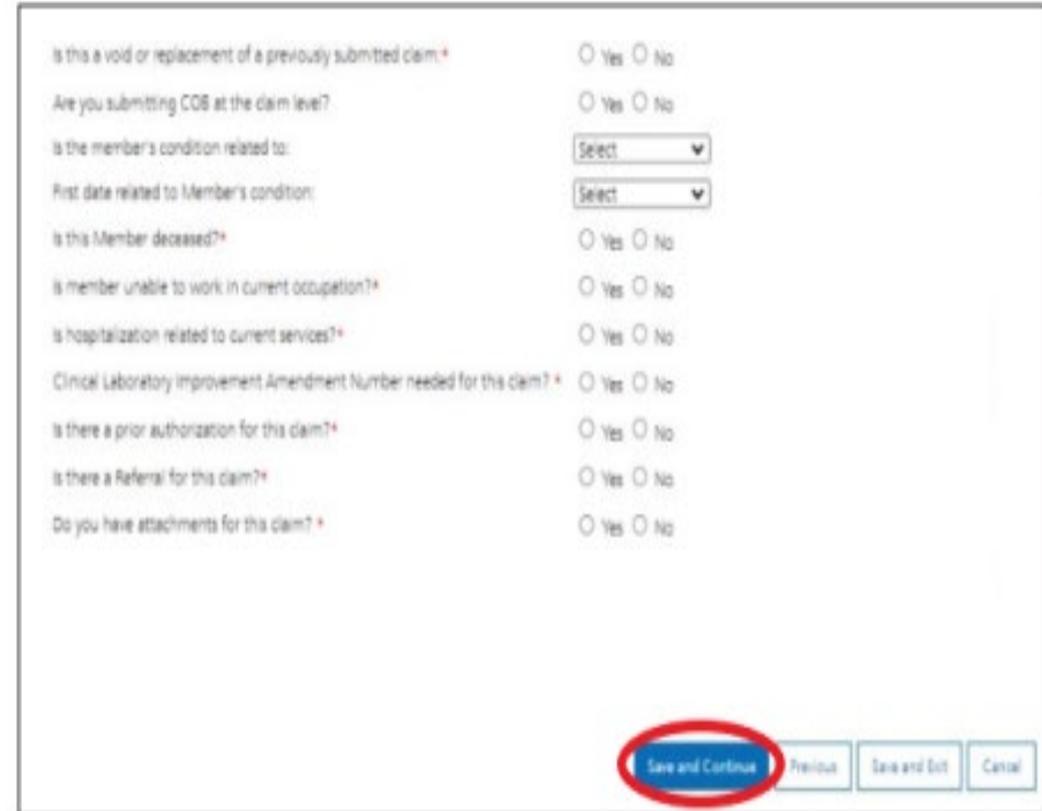
Total Charges: \$

Creating a Template Cont.

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:

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

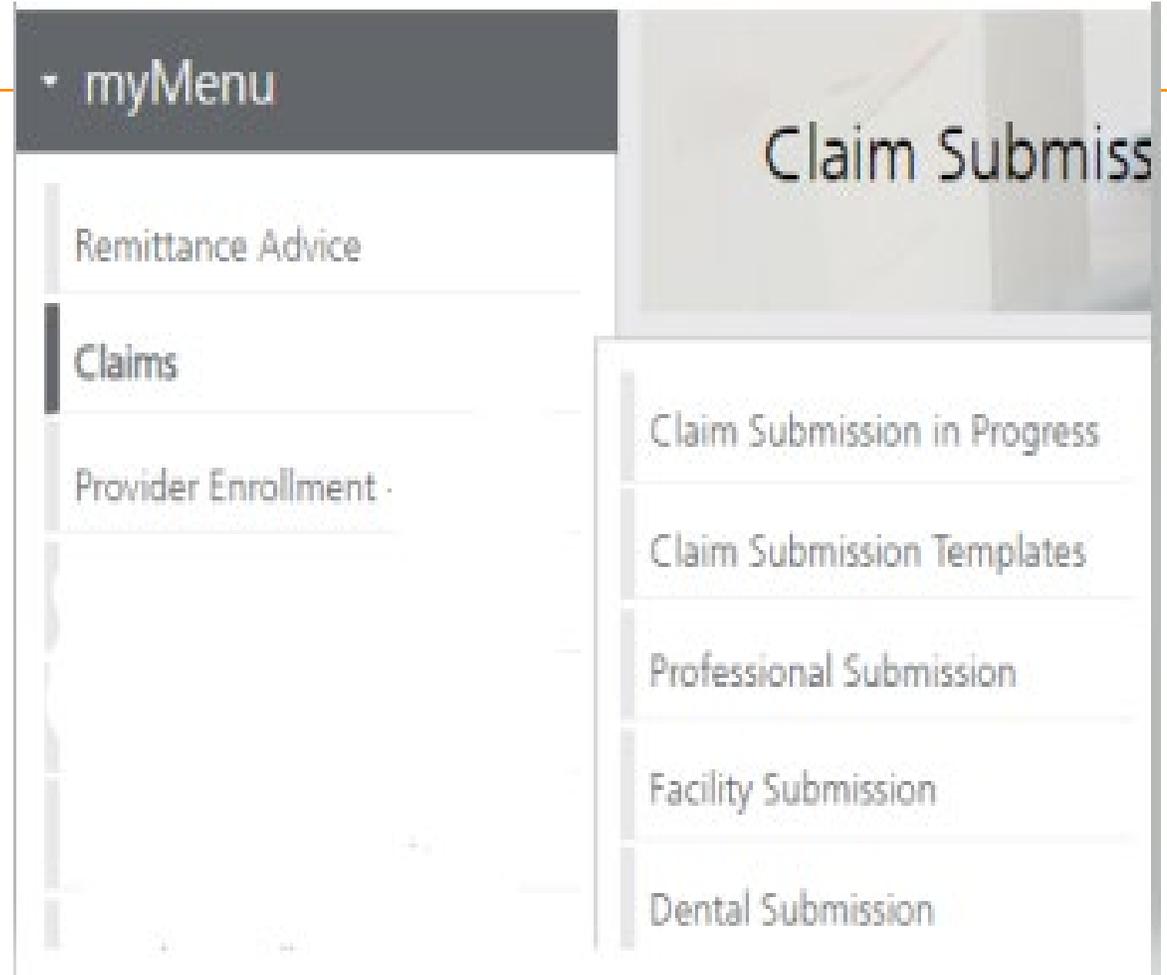
Actions	Name	Date Last Modified
 	<u>Member B</u>	12/08/2021
 	<u>Ortho</u>	12/09/2021
 	<u>Test 121</u>	12/01/2021
 	<u>Tester22</u>	12/15/2021

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.



Billing Provider

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**.

NPI/API: * 1245490713
Provider Name: * NORTH WEST HOME CAI
Program/Waiver: * Montana Medicaid (HMK Plus) v
Specialty: * In Home Supportive Care v
Service Location Address 1: * 818 W CENTRAL
Service Location Address 2:
City: * MISSOULA
State: * MT
ZIP: * 59801-0000 NPI/API: * 1033508080 v
Taxonomy Code: * 253Z00000X Provider Name: * LIBERTY PLACE, INC
Enrollment Unit: * 0000262208 Program/Waiver: * Severe Disabling Mental Illness Waiver (v
Specialty: * Select Program/Waiver
Service Location Address 1: * Severe Disabling Mental Illness Waiver (SDMI)
Service Location Address 2: * Big Sky Waiver
City: * BOOTSTRAP RANCH E
State: * BELGRADE
ZIP: * MT
Taxonomy Code: * 59714-8121
Enrollment Unit: * 251500000X
0000801034

Billing Provider Cont.

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.

Member Details

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:

Claim Information

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	NOC	EPSDT	Emergency Service	Family Planning
<input type="text"/>	<input type="text"/>	Select	<input type="text"/>			\$		COB			<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	Select	<input type="text"/>			\$		COB			<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	Select	<input type="text"/>			\$		COB			<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	Select	<input type="text"/>			\$		COB			<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	Select	<input type="text"/>			\$		COB			<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	Select	<input type="text"/>			\$		COB			<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	Select	<input type="text"/>			\$		COB			<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	Select	<input type="text"/>			\$		COB			<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	Select	<input type="text"/>			\$		COB			<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	Select	<input type="text"/>			\$		COB			<input type="checkbox"/>	<input type="checkbox"/>

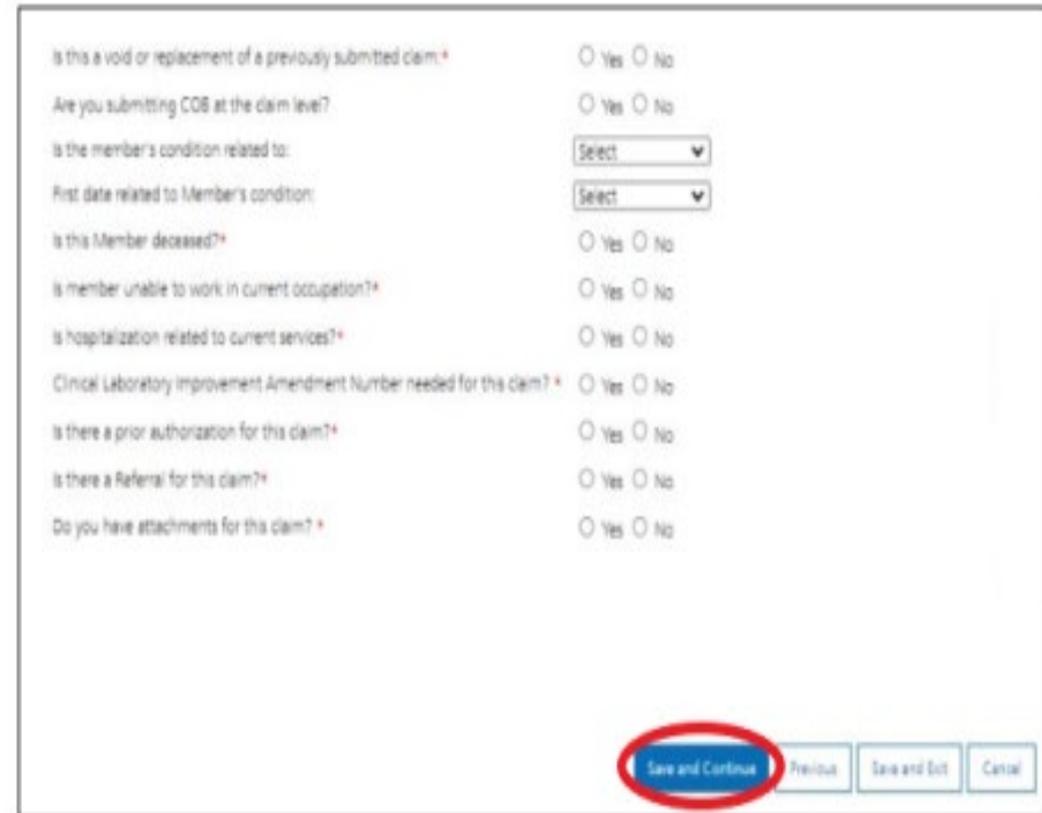
Total Charges: \$

Claim Information Questions

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** (circled in red), 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

Your file must be is an accepted format of either .edi or .bil.

▼ 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 Cont.

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. Include all charge 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 Cont.

- Original Reference Number must be a valid paid claim ICN.
- Cannot adjust denied claims.

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?

MPATH Portal Additional Features

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

Claims Inquiry Cont.

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... 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

Claims Inquiry Results

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

- Claim activity

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

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

Date processed: 10/04/21

Line 1

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

[Return to search](#)

Remittance Advice

myMenu

- Claims
- Remittance Advice
- Provider Profile

Member search Hi Org3 MTOFEOC

myMenu

Remittance advice search

Note: Fields marked with * are required.

I want to search by:

- EFT number
- Check number
- Remittance advice number
- Remit date

Remittance Advice

Remittance advice search results

To view remittance advice, use the remittance advice search portlet.

Remittance advice activity ? Help

Filter your results:

REMITTANCE ADV NBR	DATE ISSUED	PAYMENT NUMBER	PAYMENT TYPE	PAYMENT AMOUNT	PDF	835 EDI
--------------------	-------------	----------------	--------------	----------------	-----	---------

No matching forms found.

Show 10 entries Showing 0 to 0 of 0 entries < >

Remits Search

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

Remits Results

Filter your results:

REMITTANCE ADV NBR	DATE ISSUED	PAYMENT NUMBER	PAYMENT TYPE	PAYMENT AMOUNT	PDF	835 EDI
C	09/27/2021	00	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	00	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		PATIENT NUMBER=00							
		CLAIM TOTAL**				2453.93	2453.93		
ICN 221	PATIENT	08012021	08312021	1.000	S5141	2453.93	2453.93		
TEAM NUMBER 01		PATIENT NUMBER=00							
		CLAIM TOTAL**				2453.93	2453.93		
ICN 221	PATIENT	07012021	07312021	1.000	T2032	767.70	767.70		
TEAM NUMBER 01		PATIENT NUMBER=00							
		07012021	07312021	5.000	S5135	115.50	115.50		
		CLAIM TOTAL**				883.20	883.20		
ICN 221	PATIENT	08012021	08312021	1.000	T2032	767.70	767.70		
TEAM NUMBER 01		PATIENT NUMBER=00							
		08012021	08312021	5.000	S5135	115.50	115.50		
		CLAIM TOTAL**				883.20	883.20		
ICN 2212	PATIENT	07012021	07312021	8.000	T2021	782.48	782.48		
TEAM NUMBER 01		PATIENT NUMBER=00							

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

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

Online Resources

<https://medicaidprovider.mt.gov>

Claims Information Page

- Electronic Submission Setup
- Electronic Submission Resources and User Guides
- Claim instructions
- Adjustment instructions

Other Pages

- FAQs
- Provider Type pages (Provider notices, Provider manuals, Fee Schedules)
- Claim Jumper Newsletters

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

Questions?

Thank you!