Tenancy Support Training
Part 2: Claims

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Conduent
Government Healthcare Solutions
October 2024

In this training…

- Claim preparation
- Claims submissions
- MPATH Claims Setup
- MPATH Claims Solution
- MPATH Additional Portal Features
- If you have questions

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.

Preparation for submitting claims

What information should 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

Prior Authorizations

Tenancy Support Requires a prior authorization.

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 DATES FROM	TO
00[redacted]	[redacted]	10557[redacted]	021521	021521

REASON: 999

LINE ITEM	UNITS	MAXIMUM 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[redacted]	[redacted]	10557[redacted]	021121	021121

REASON: 999

LINE ITEM	UNITS	MAXIMUM 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 Type page of the Provider Information website.

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

CPT Codes

Billable CPT Codes for Tenancy Support:

Procedure Code	Modifier	Description
H0043	U1	TSS – ASSESSMENT AND PLANNING
H0043	U2	TSS – PRE-TENANCY SERVICES
H0043	U3	TSS – TENANCY SUSTAINING SERVICES
H0044	UA	TSS – APPLICATION FEE ASSISTANCE
H0044	UD	TSS- SECURITY DEPOSIT FEE ASSISTANCE

Check recent Provider Notices for any changes that may affect your claim.

Claims Submission

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 MTPRHelpedesk@Conduent.com if you have set up questions.

Electronic Claims Submission Cont.

- Electronic claims must be submitted by 2pm MST on Wednesdays in order process during 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

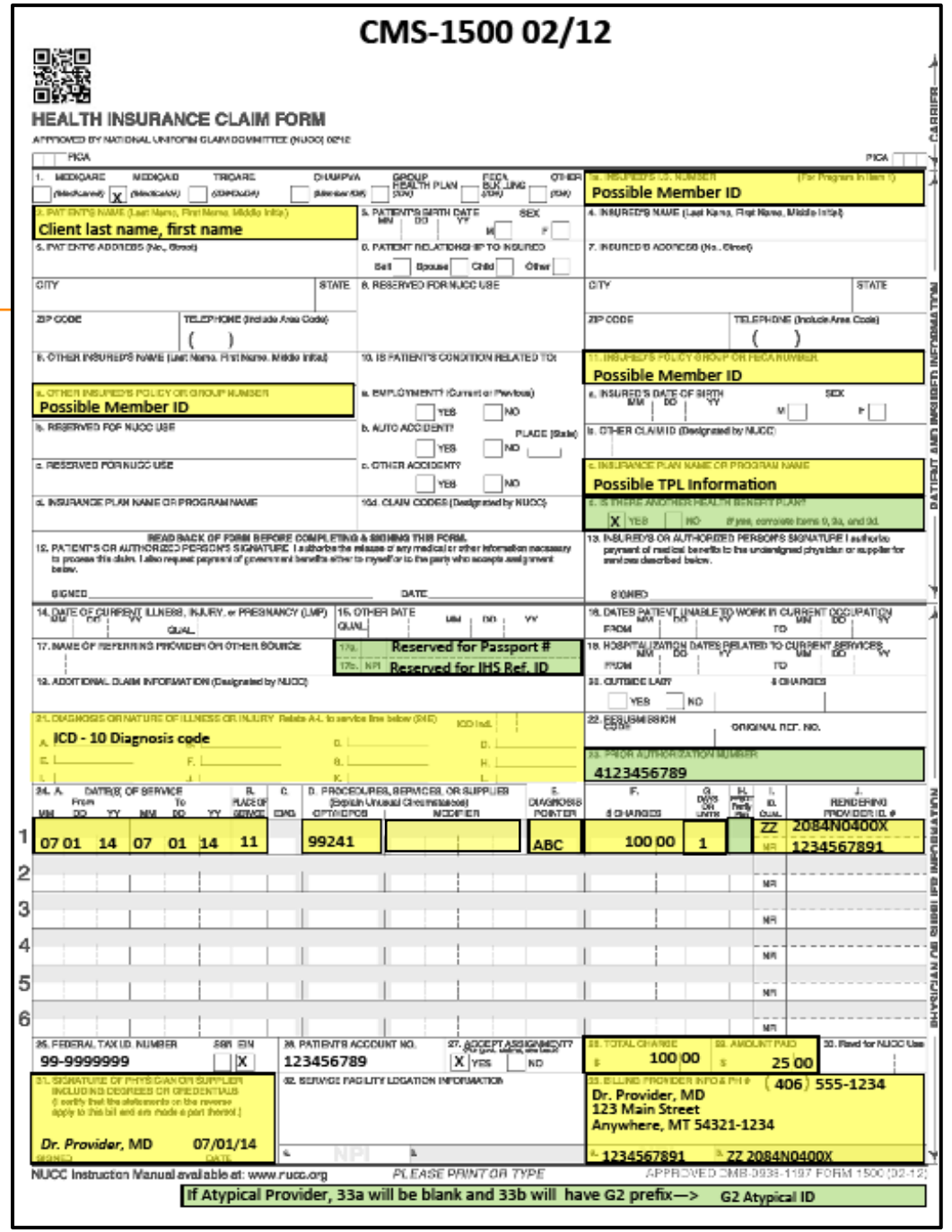
- Paper claims can only be submitted via fax or US Mail.
- Claims may not be emailed.
- Paper claims can take several weeks longer to process than electronic claims as these claims must be manually keyed into our system.
- Claim forms can be purchased through most office supply stores and through Amazon.
- 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 – CMS 1500

Required Fields:

- Box 1a Member ID
- Box 2 Member Name
- Box 21 Diagnosis Codes
- Box 23 Prior Authorization
- Box 24 Lines of Service
- Box 28 Total Charges
- Box 31 Provider's signature and date
- Box 33 Billing Provider Information
- Box 33a Billing NPI
- Box 33b Billing taxonomy

Note: Box 33 Billing provider information must match the physical location on file for the Billing NPI listed in box 33a and the Billing taxonomy listed in box 33b. Montana Medicaid does not edit on box 32 for servicing location.

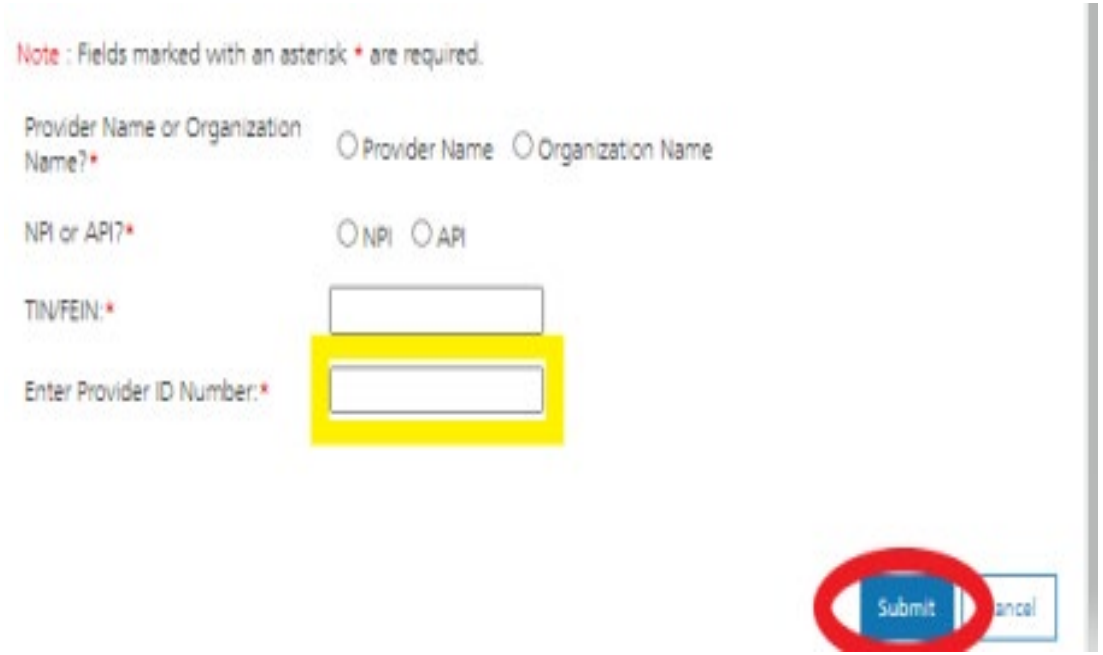


MPATH Claims Setup

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



This is the Optum assigned Provider ID number*. Not the PID from MT Medicaid. You will need to contact the PR Call Center for this information.*

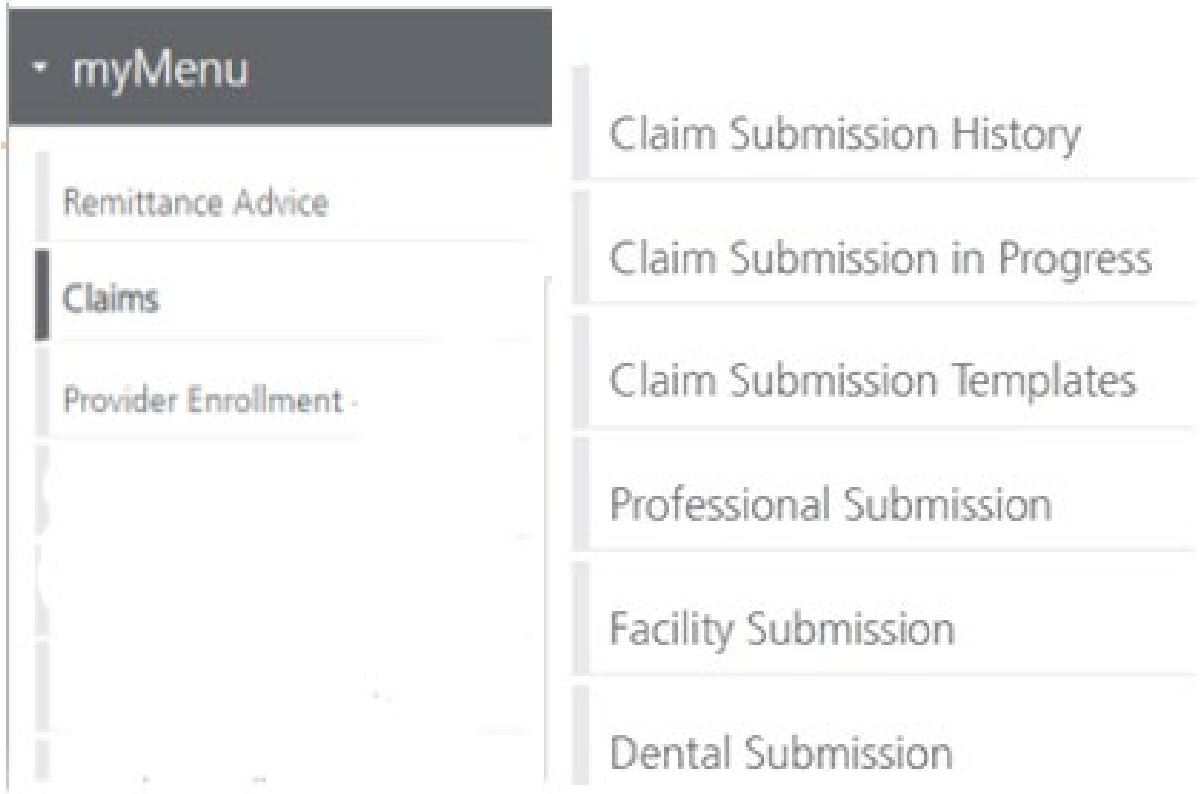
MPATH Claims Solution

Claim Submission Menu

Under myMenu, without clicking, place your curser 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.

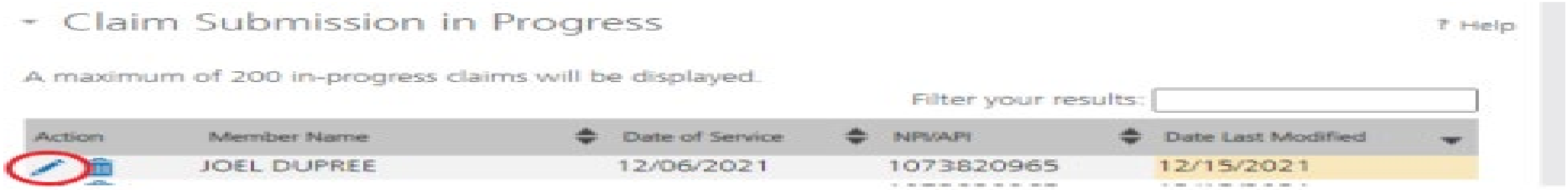
Claims Submission in Progress

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 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.

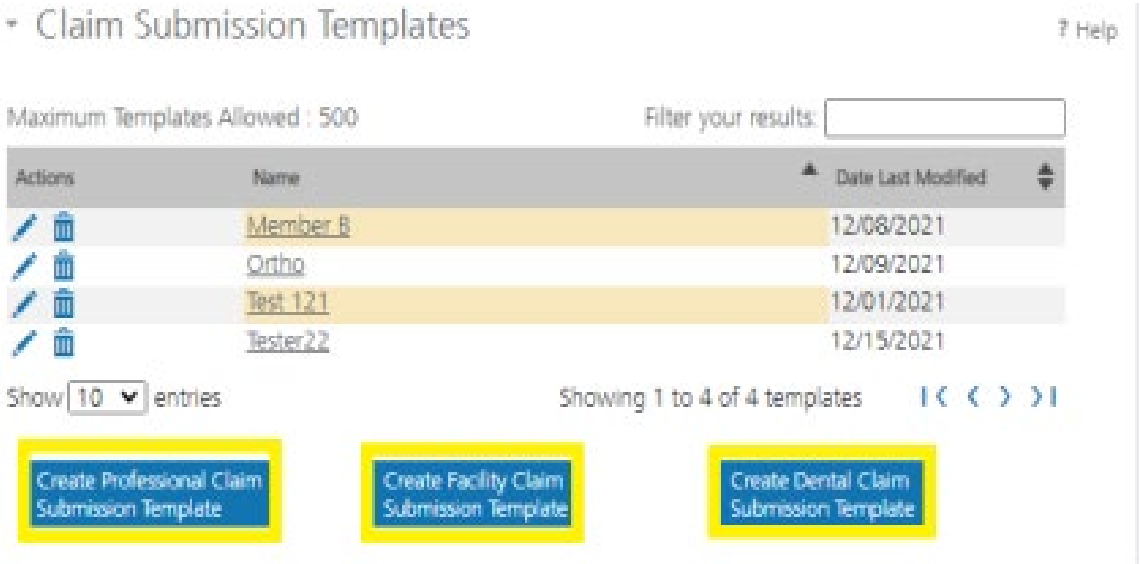
When it is time to submit their claim; select the billing provider NPI & Rendering Provider NPI (if applicable). Enter any additional required information on the Claim Information screen. Submit your claim.

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.

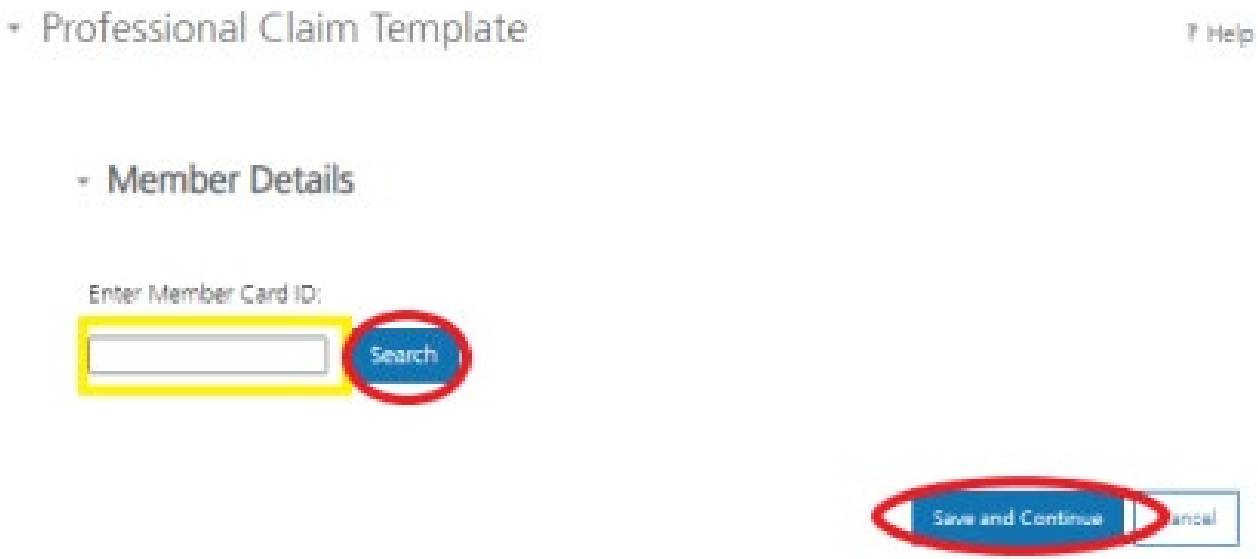


Creating a Template Cont.

Enter the member's MT Medicaid ID number.

Click **Search**.

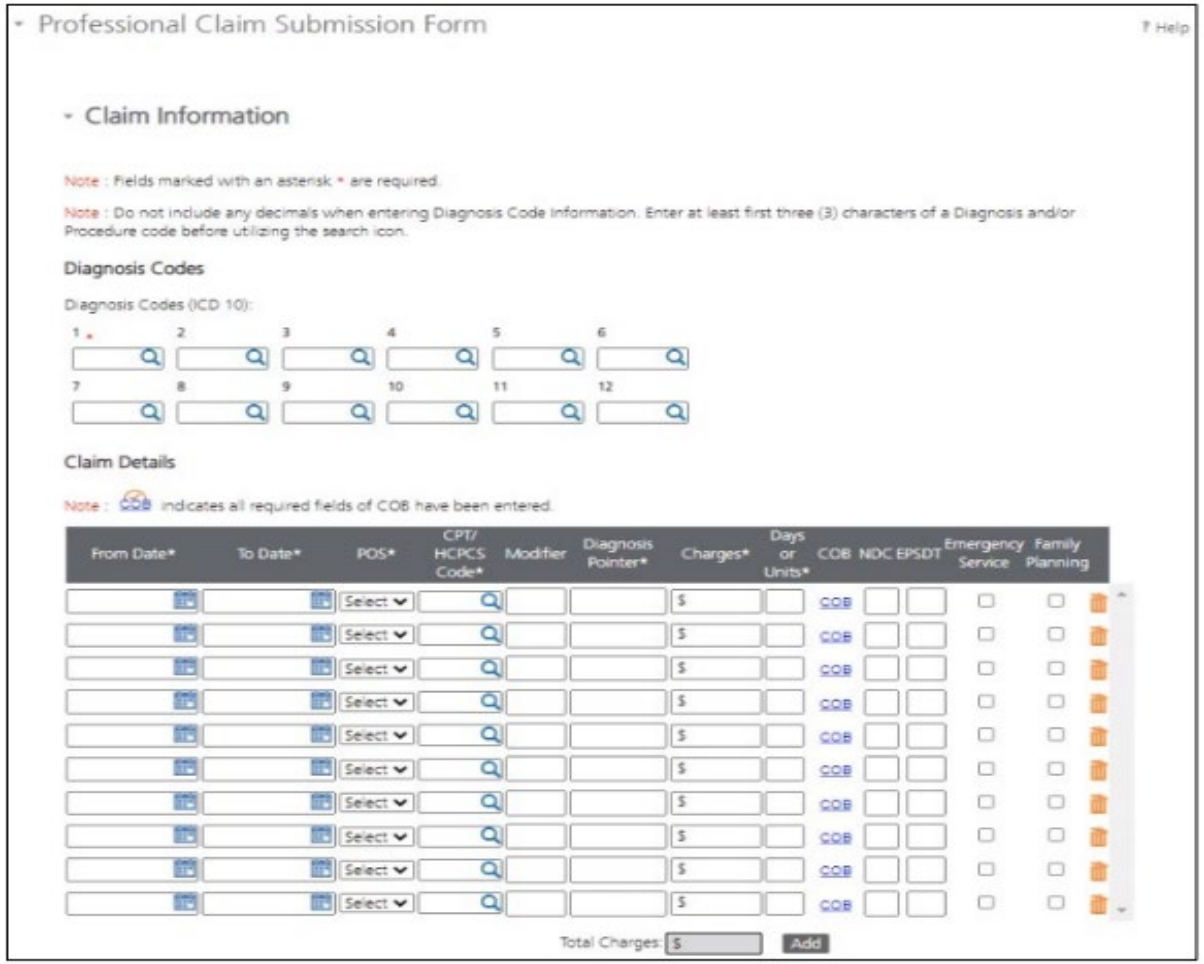
When the member information populates, verify and click **Save and Continue**.



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.

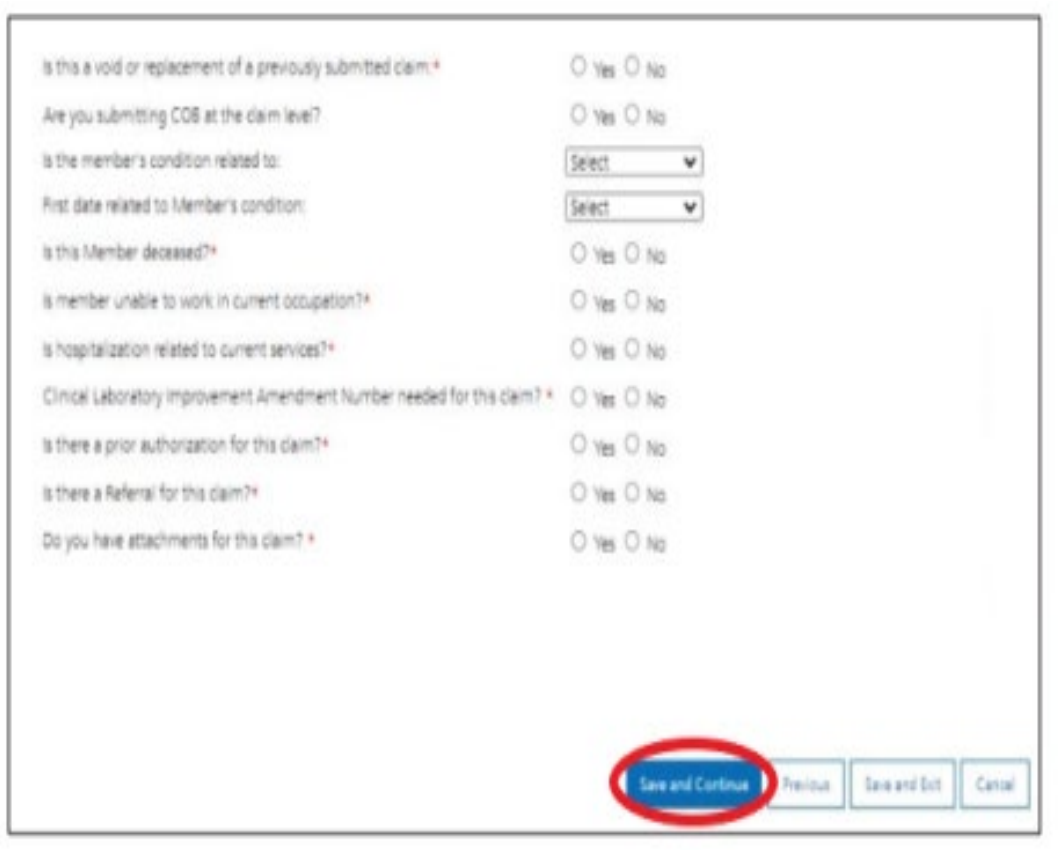


Creating a Template Cont.

Answer all the questions at the bottom of the screen.

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

Click **Save and Continue**.



Creating a Template

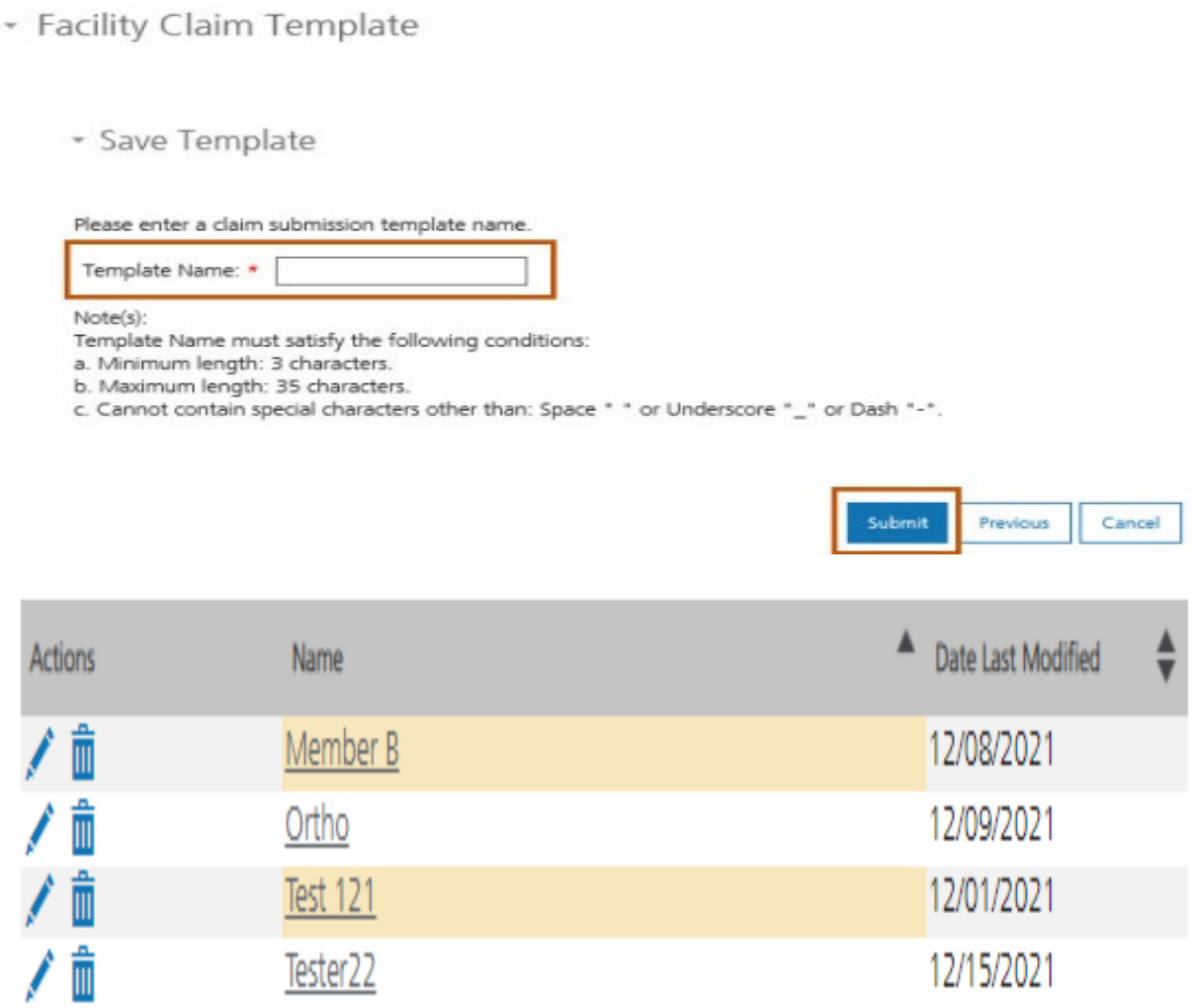
The last step is to name the template. Then click **Save**.

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.

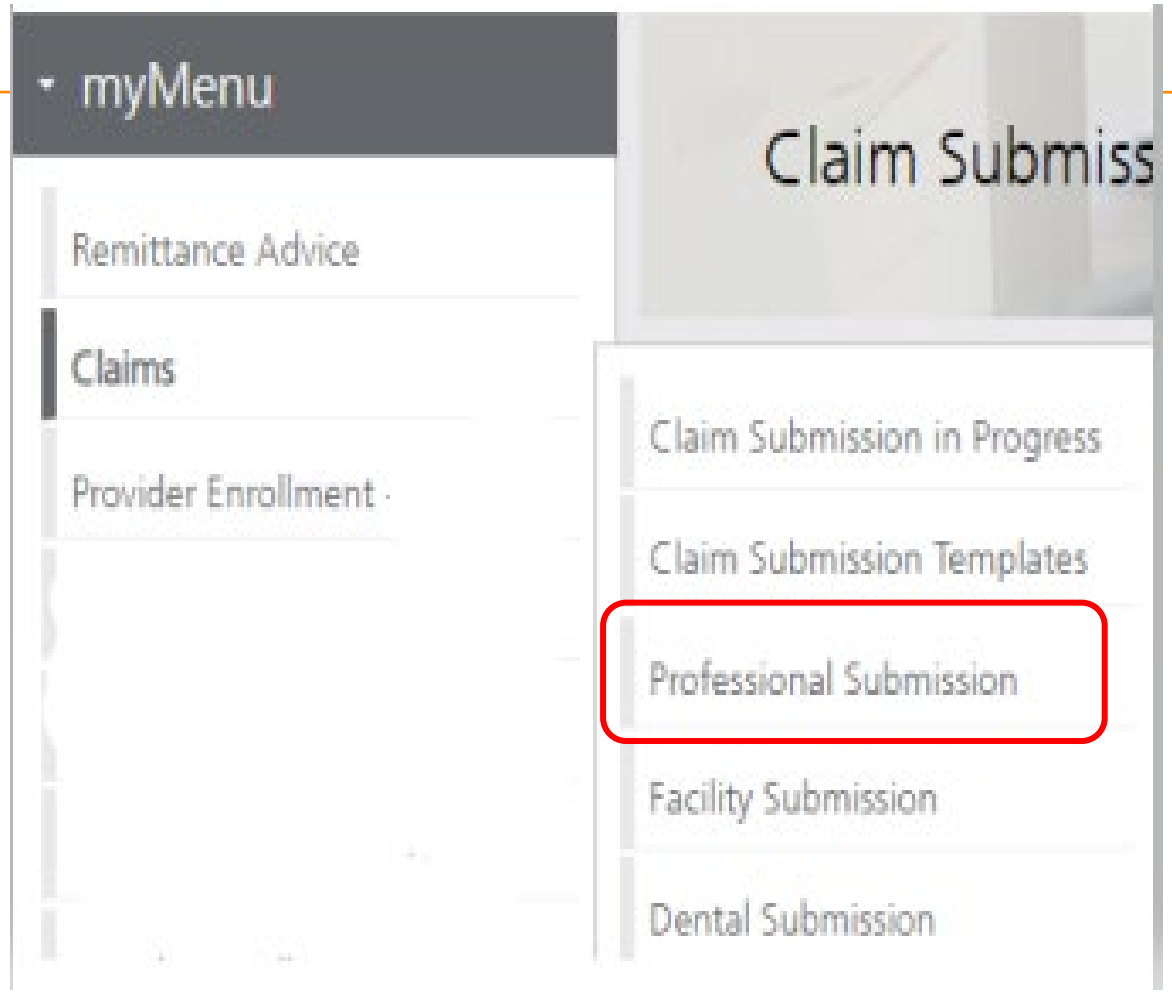


Submitting a Claim

To submit a claim using a template, place your curser 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.



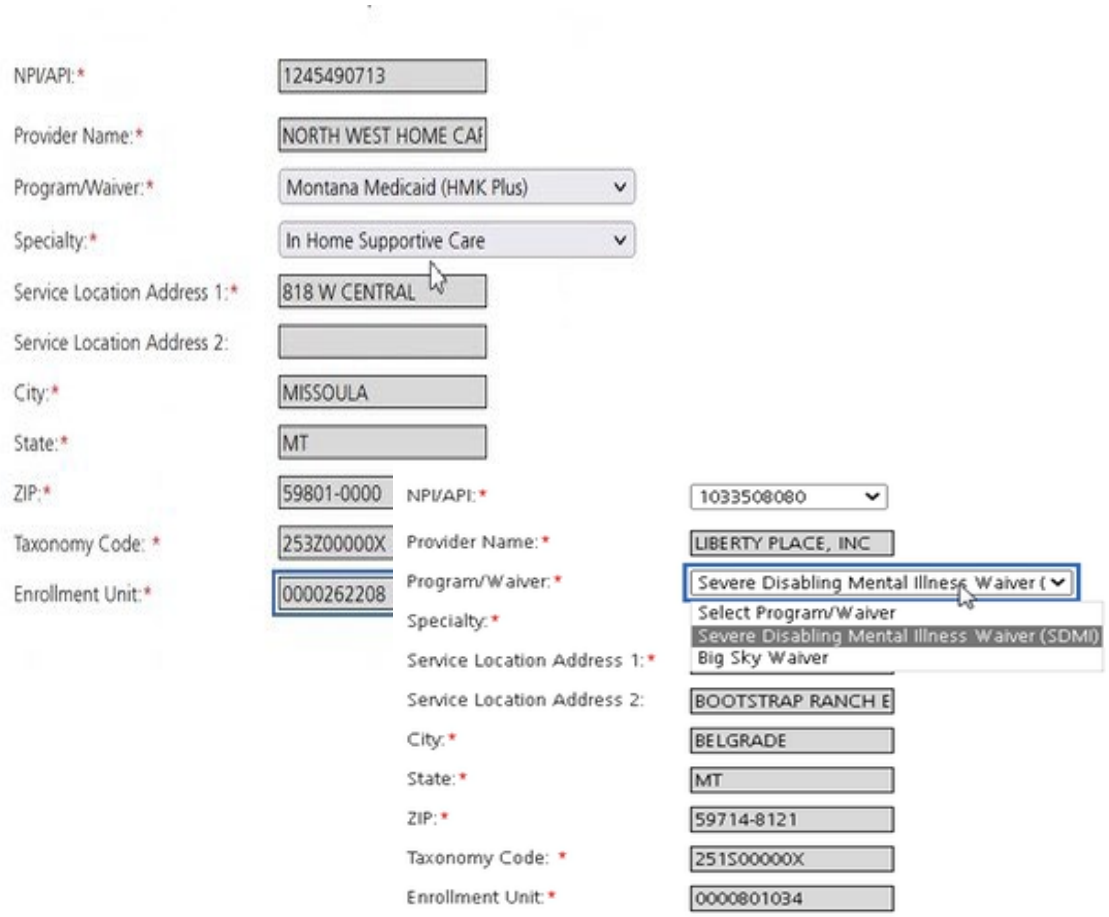
Billing Provider

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**.



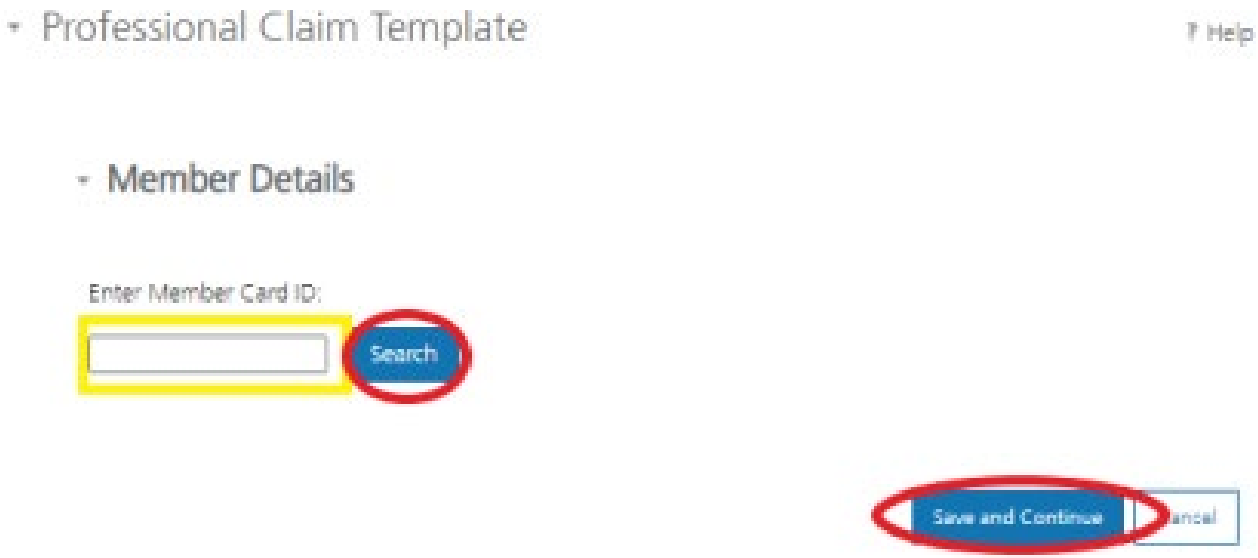
Member Details

Enter the member's MT Medicaid ID number.

Click **Search**.

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

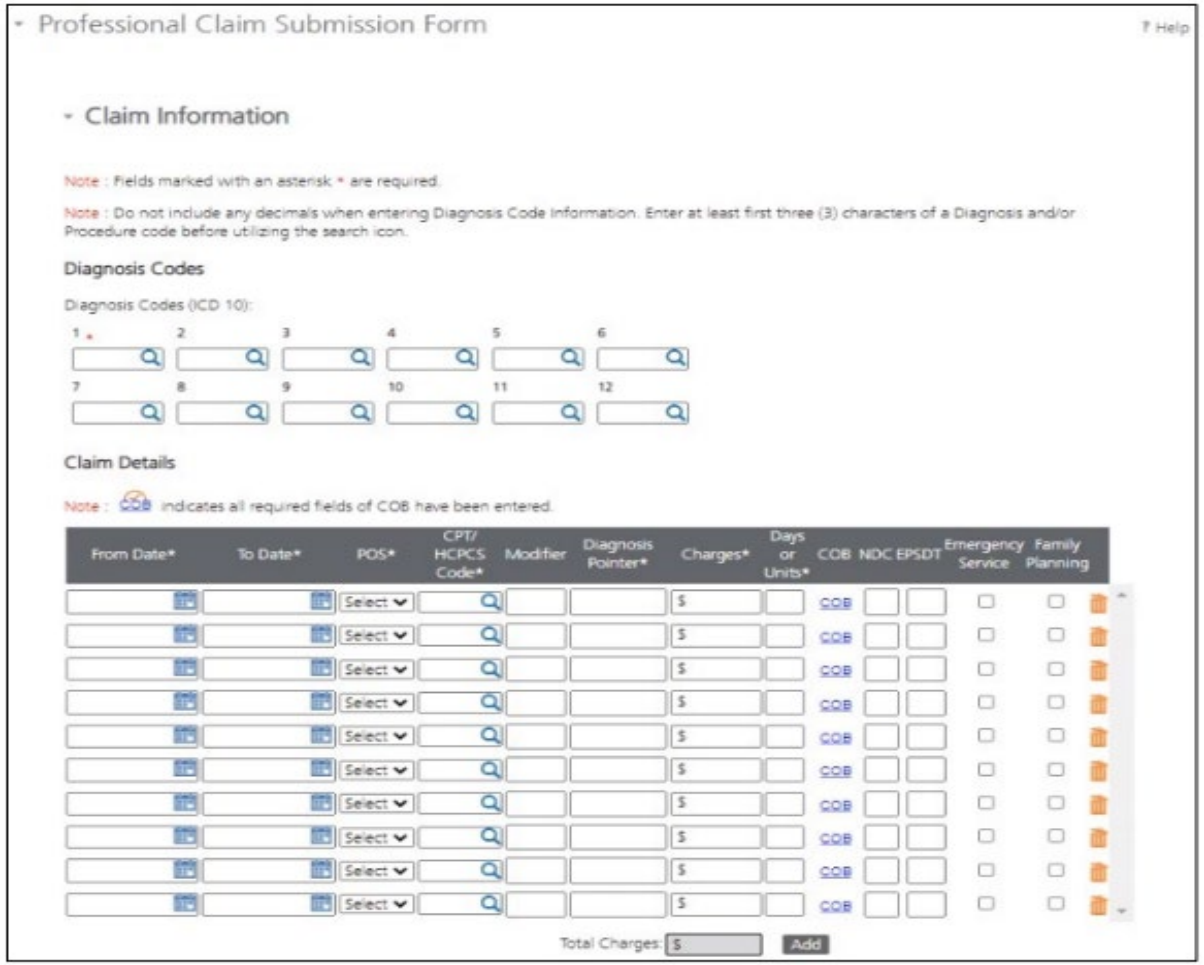
Click **Save and Continue**.



Claim Information

Complete all required fields and questions.

Required information is denoted with a red asterisk *

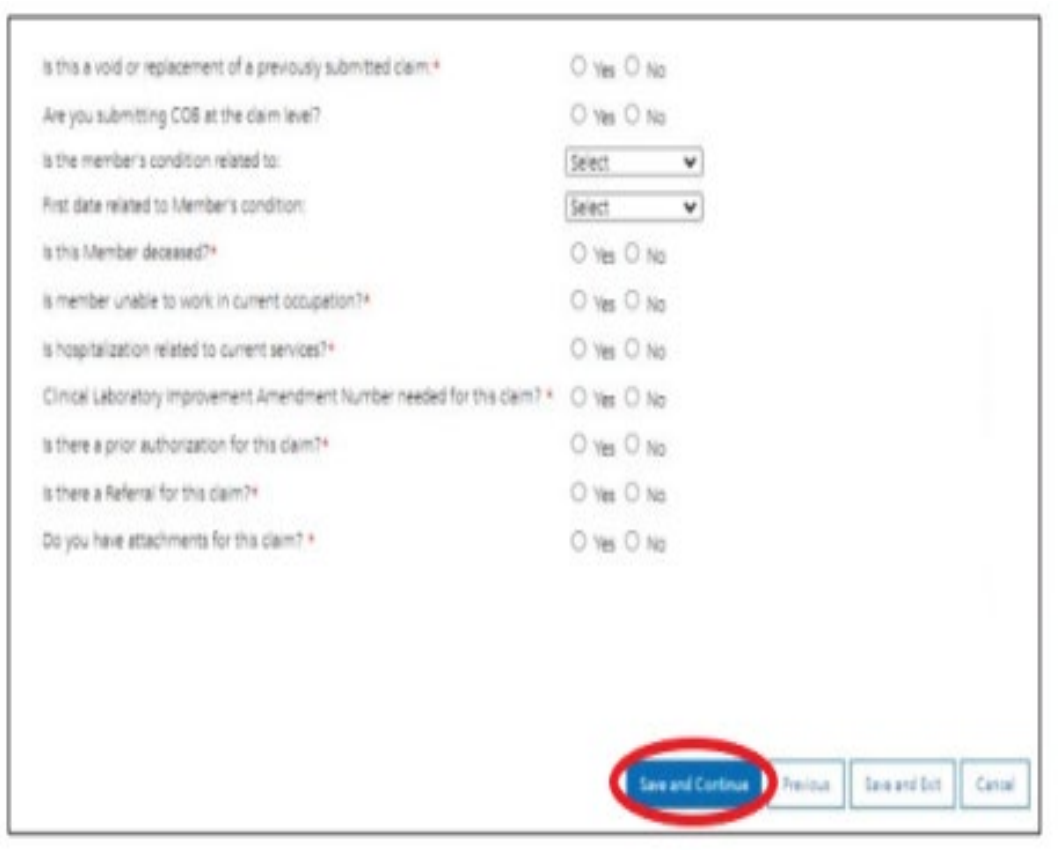


Claim Information Questions

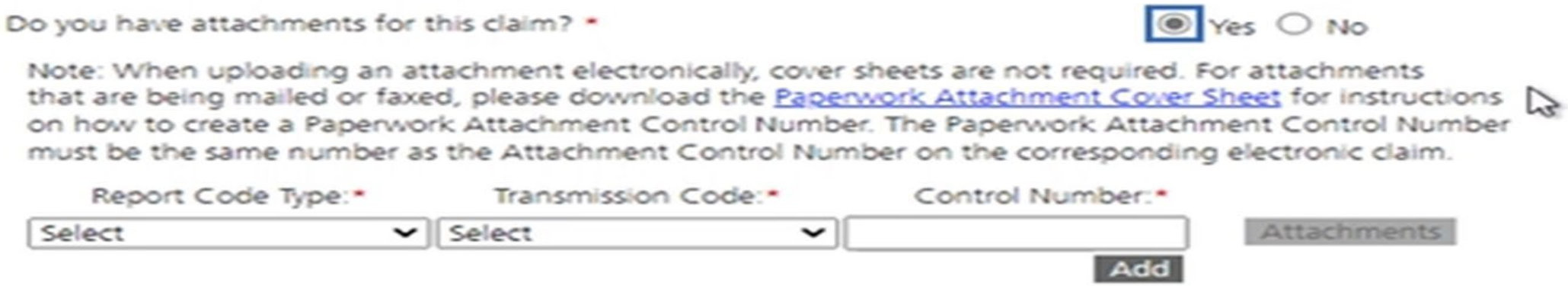
Complete all required fields and questions.

Required information is denoted with a red asterisk *

Click **Save and Continue**.



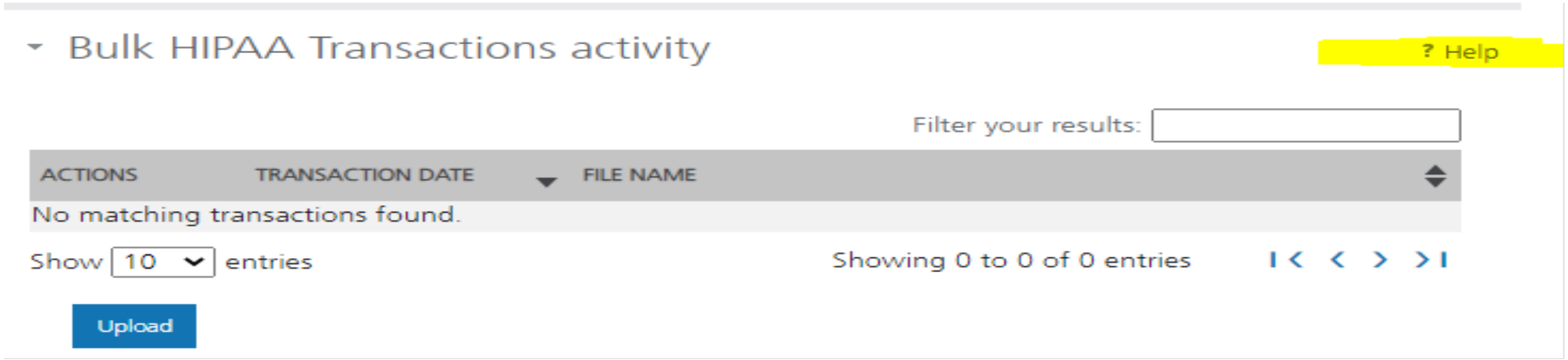
Electronic Claim Attachments



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.

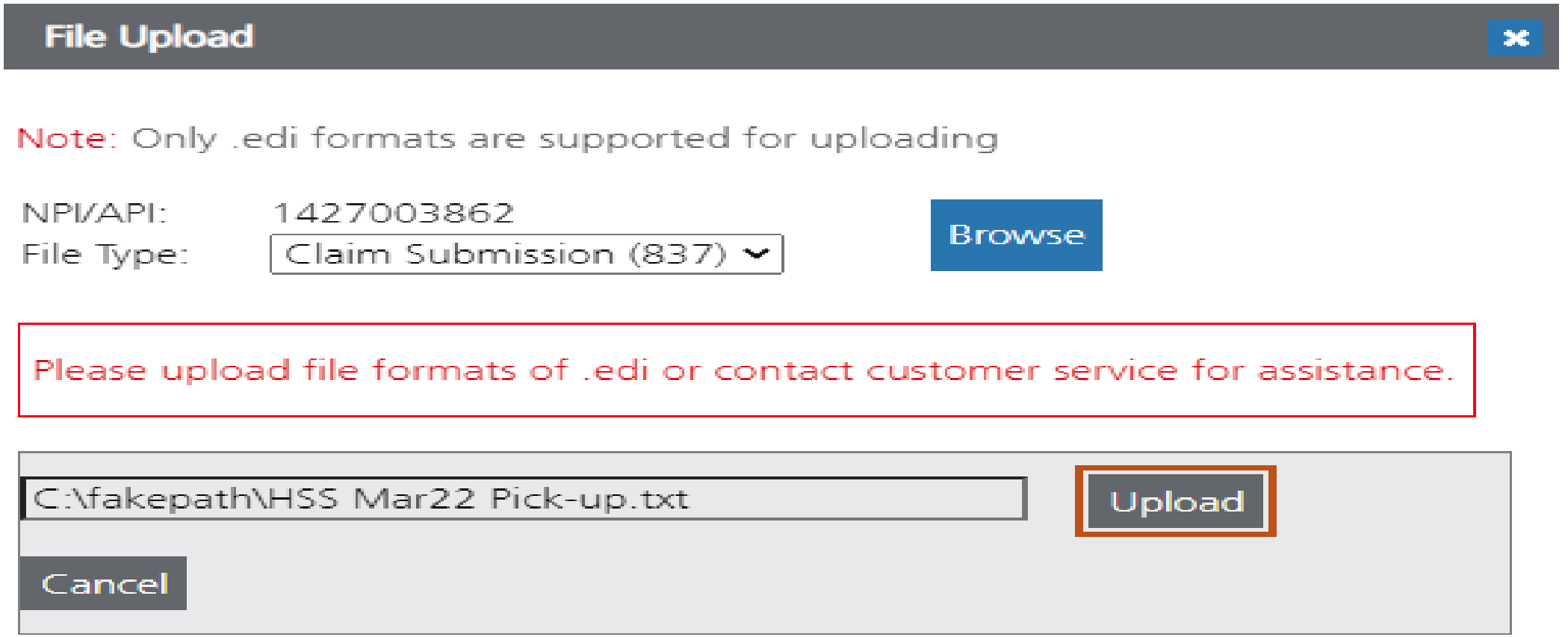
Bulk HIPAA Transactions

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



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

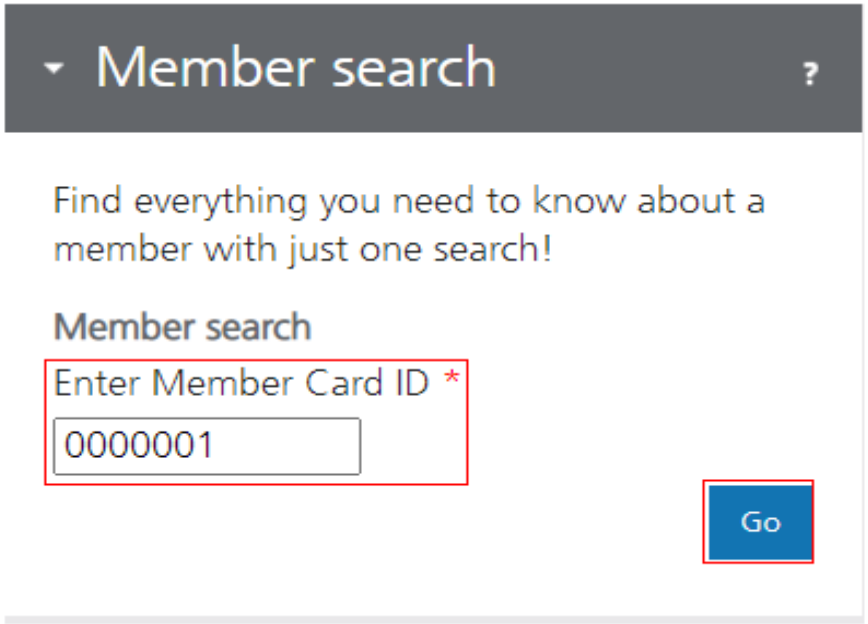
Bulk HIPAA Transactions Cont.

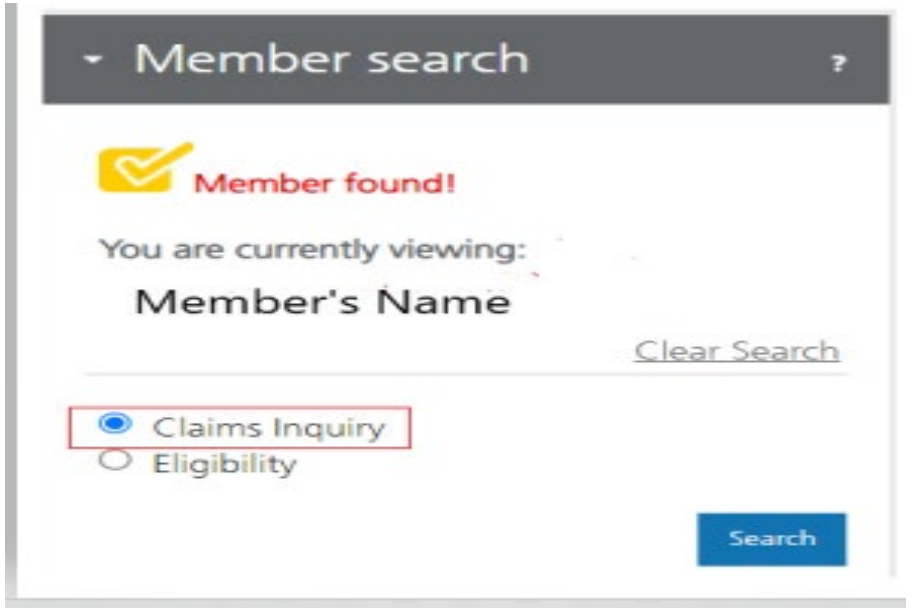


Questions?

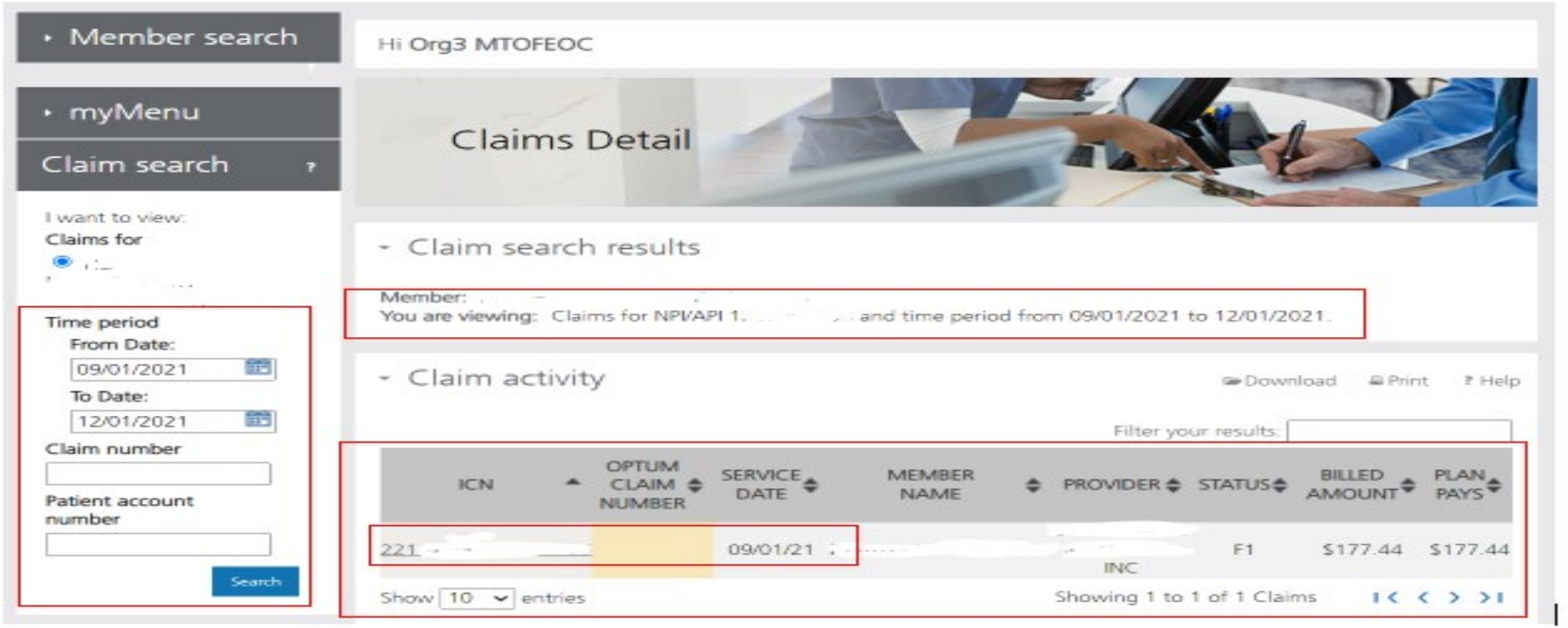
MPATH Portal Additional Features

Claims Inquiry

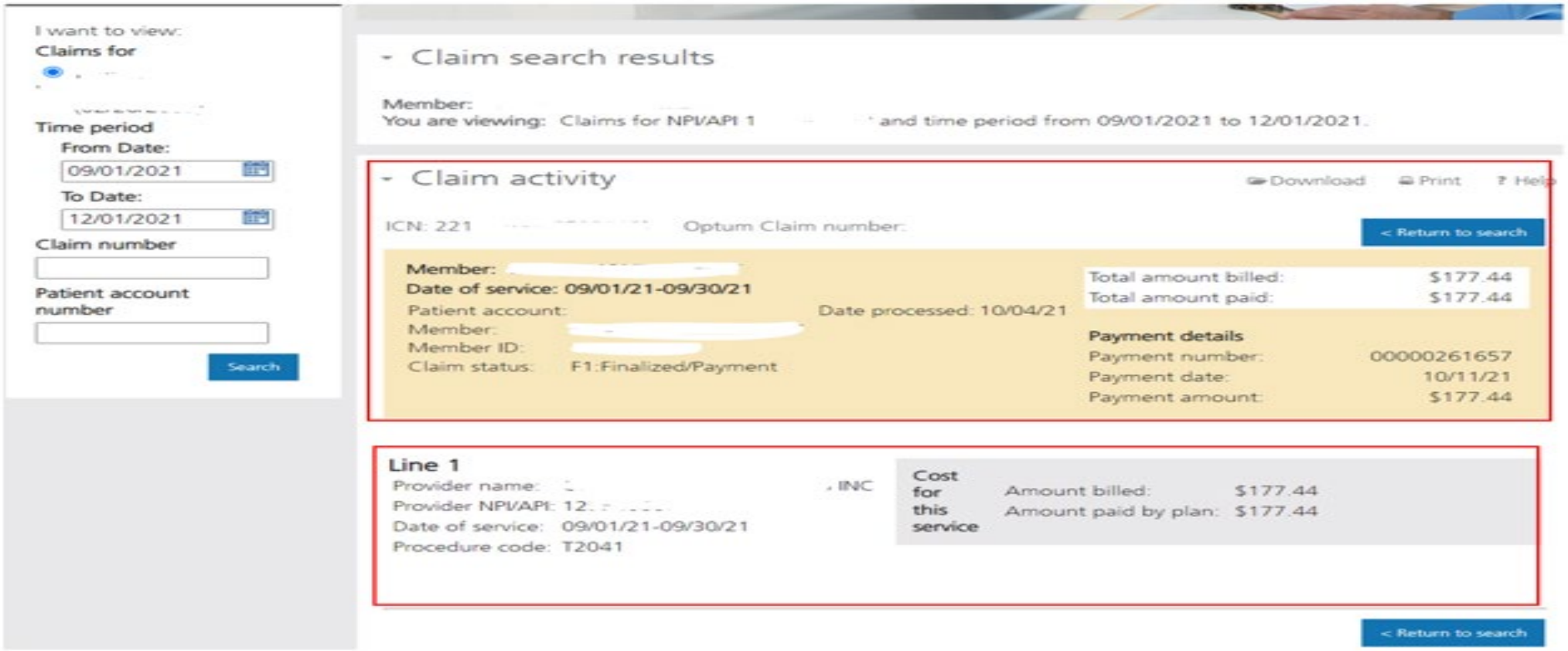




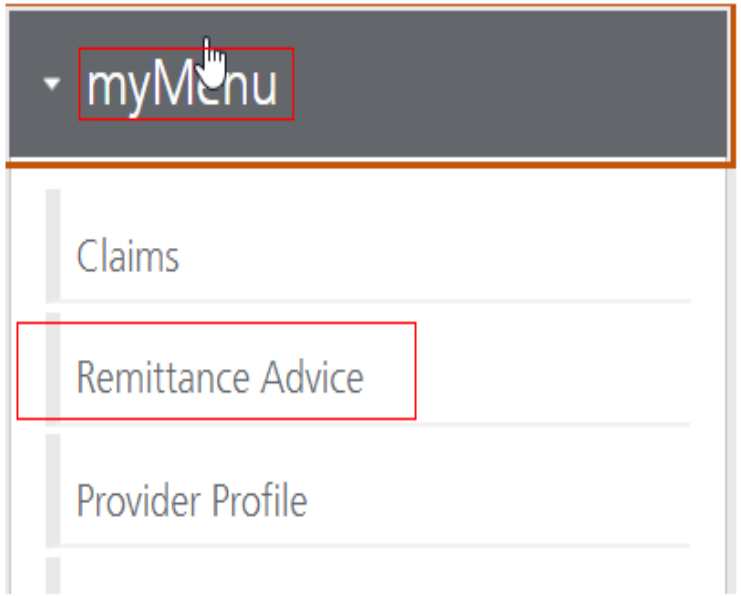
Claims Inquiry Cont.

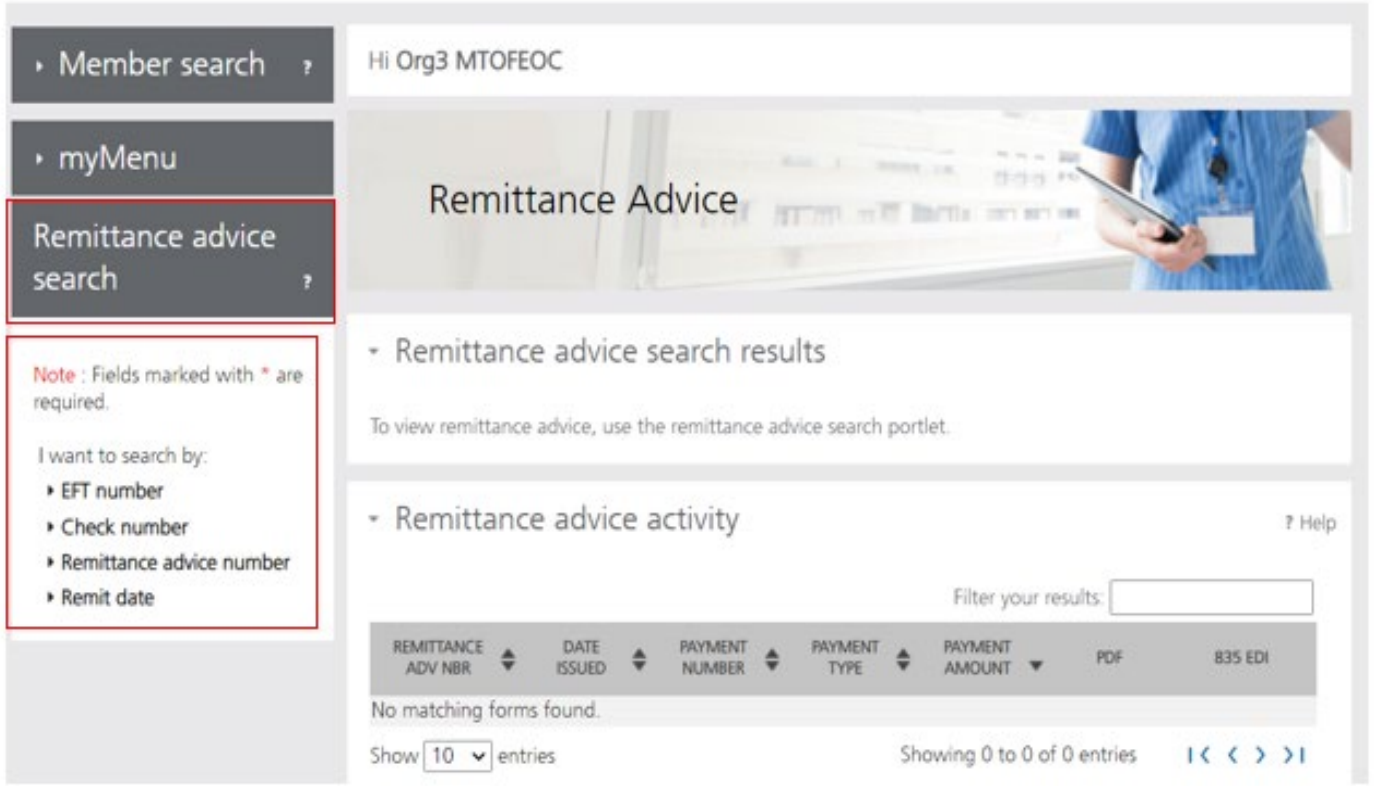


Claims Inquiry Results



Remittance Advice





Remits Search

Remits Results

Filter your results:

REMITTANCE ADV NBR	DATE ISSUED	PAYMENT NUMBER	PAYMENT TYPE	PAYMENT AMOUNT	PDF	835 EDI
C	09/27/2021	0	Check	$1150550.83	View	Download
O	09/27/2021	0	Check	$246077.51	View	Download
O	09/27/2021		Check	$94875.42	View	Download
	09/20/2021	01	Check	$14843.00	View	Download
0	09/27/2021	0	Check	$7195.51	View	Download
0	09/06/2021	0	Check	$1572.51	View	Download
0	09/13/2021	01	Check	$520.36	View	Download

Show 10 entries

Showing 1 to 7 of 7 forms

VENDOR # 000 REMIT ADVICE # 8 EFT/CHK #0 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 NUMBER=00								
	CLAIM TOTAL				2453.93	2453.93		
ICN 221 PATIENT	08012021	08312021	1.000	S5141	2453.93	2453.93		
TEAM NUMBER 01 NUMBER=0								
	CLAIM TOTAL				2453.93	2453.93		
ICN 22 PATIENT	07012021	07312021	1.000	T2032	767.70	767.70		
TEAM NUMBER 01 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 NUMBER=0								
	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 NUMBER=0								

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.

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

Monday through Friday
8 AM to 5 PM Mountain Time

MTPRHelpdesk@conduent.com

Note: The MTPR Help Desk does not accept PHI or secured emails.

Questions?

Thank you for the care and support that you provide to Montana Healthcare Programs Members!