



Tenancy Support Training

Part 2: Claims

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Provider Relations Manager

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

REASON: 999

LINE	----MAXIMUM----		FR-DTE	TO-DTE	PROC RANGE / MOD	DIAG	RANGE
ITEM	UNITS	DOLLARS			A0430 A0430		
01	1	0.00	021521	021521			
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
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REASON: 999

LINE	----MAXIMUM----		FR-DTE	TO-DTE	PROC RANGE / MOD	DIAG	RANGE
ITEM	UNITS	DOLLARS			A0430 A0430		
01	1	0.00	021121	021121			
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 MTPRHelpdesk@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.

CMS-1500 02/12

HEALTH INSURANCE CLAIM FORM
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/01

PIKA [REDACTED]

1. MEDICARE MEDICAID TRICARE CHAMPVA GROUP HEALTH PLAN FED. LUNG OTHER
[REDACTED] (Medicaid) (CHAMPVA)

2. PATIENT NAME (Last Name, First Name, Middle Initial)
Client last name, first name

3. PATIENT'S BIRTH DATE MM DD YY MM DD YY MM DD YY
4. PATIENT RELATIONSHIP TO INSURED Spouse Child Other

5. PATIENT ADDRESS (No., Street)
CITY STATE 6. RESERVED FOR NUCC USE

ZIP CODE TELEPHONE (Include Area Code) ()

7. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)
8. IS PATIENT'S CONDITION RELATED TO:
a. OTHER INSURED'S POLICY OR GROUP NUMBER Possible Member ID

9. RESERVED FOR NUCC USE
a. EMPLOYMENT? (Current or Previous) YES NO
b. AUTO ACCIDENT? YES NO PLACE (State)
c. RESERVED FOR NUCC USE
d. OTHER ACCIDENT? YES NO

10. INSURANCE PLAN NAME OR PROGRAM NAME 10d. CLAIM CODES (Designated by NUCC)

11. INSURER'S POLICY GROUP OR FICA NUMBER Possible Member ID

12. INSURED'S DATE OF BIRTH MM DD YY MM DD YY MM DD YY
b. OTHER CLAIM ID (Designated by NUCC)

13. INSURANCE PLAN NAME OR PROGRAM NAME Possible Member ID

14. IS PATIENT AN INDIVIDUAL OR GROUP PLAN? YES NO If yes, complete items 10, 11a, and 11b

15. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts and agrees to below.

SIGNED DATE SIGNED

16. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY 17. OTHER DATE MM DD YY 18. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY TO
19. FROM 20. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY TO
21. OUTCOME LATE & CHARGES YES NO

22. EMISSION DATE ORIGINAL REC. NO. 4123456789

23. PRIOR AUTHORIZATION NUMBER 2084N0400X

24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY B. PLACE OF SERVICE C. D. PROCEDURAL, SERVICE, OR SUPPLIER (Specify Usual Classification) E. DIAGNOSIS CODES
1 07 01 14 07 01 14 11 99241 ABC 100 00 1 ZZ 1234567891

2
3
4
5
6

27. FEDERAL TAX ID NUMBER 28. PATIENT'S ACCOUNT NO. 29. ACCEPT ASSIGNMENT? YES NO
99-9999999 123456789 X YES ND

30. TOTAL CHARGE \$ 100 00 31. AMOUNT PAID \$ 25 00 32. Paid for NUCC Use
33. BILLING PROVIDER INFO & PH # (406) 555-1234
Dr. Provider, MD
123 Main Street
Anywhere, MT 54321-1234
4. 1234567891 5. 77 2084N0400X

NUCC Instruction Manual available at: www.rucc.org PLEASE PRINT OR TYPE
If Atypical Provider, 33a will be blank and 33b will have G2 prefix—> G2 Atypical ID

APPROVED CMB 0938-1197 FORM 1500 (02-12)

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.*

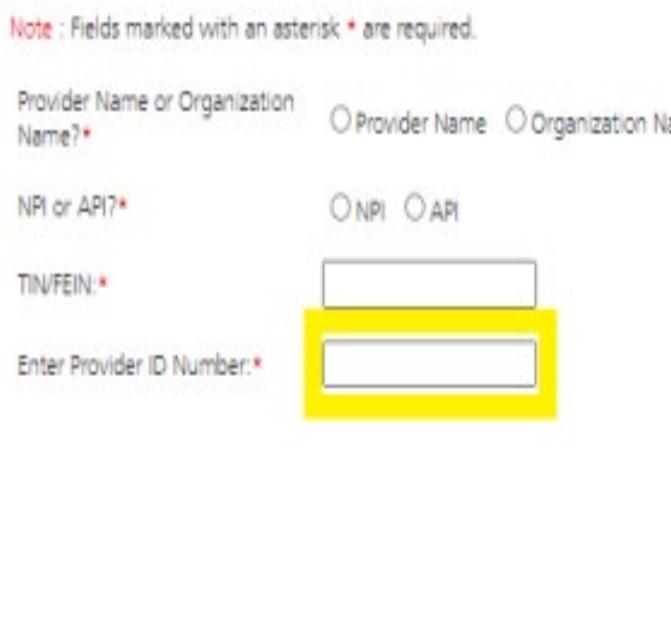
Note : Fields marked with an asterisk * are required.

Provider Name or Organization Name?* Provider Name Organization Name

NPI or API?* NPI API

TIN/FEIN:*

Enter Provider ID Number:*



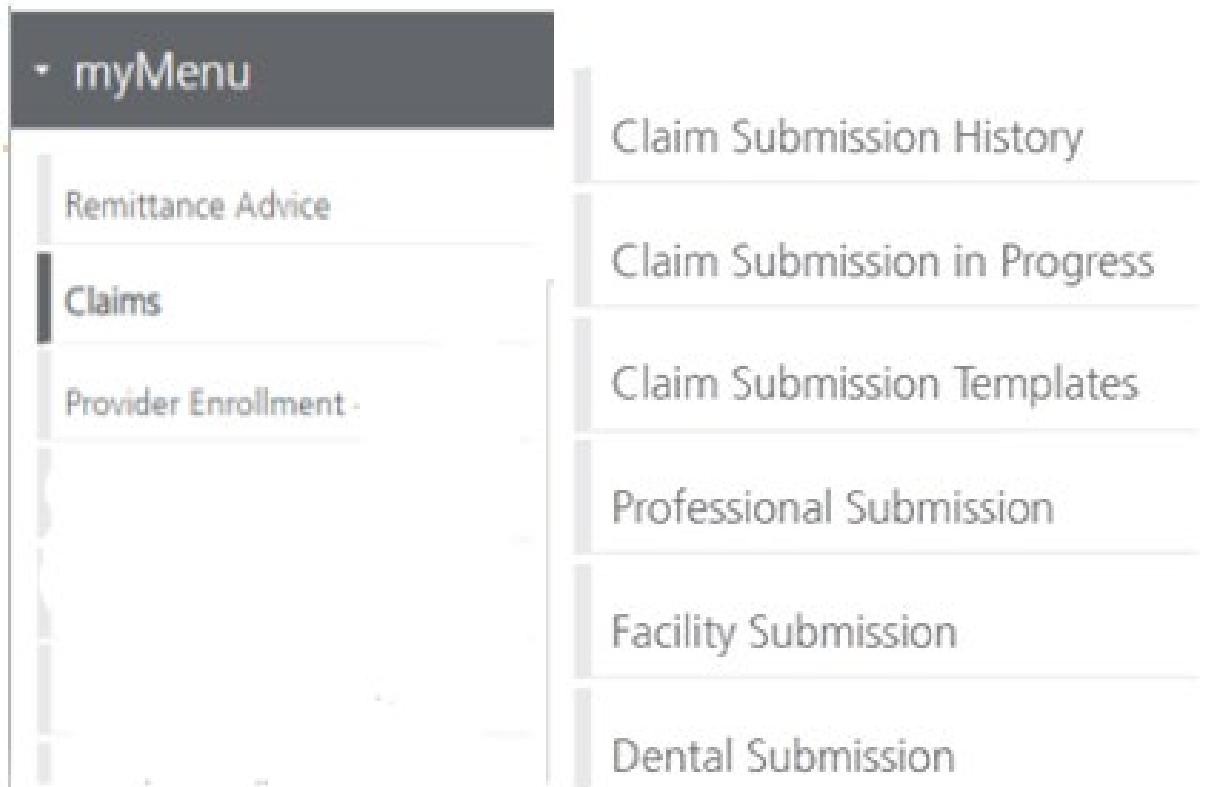
MPATH Claims Solution

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.

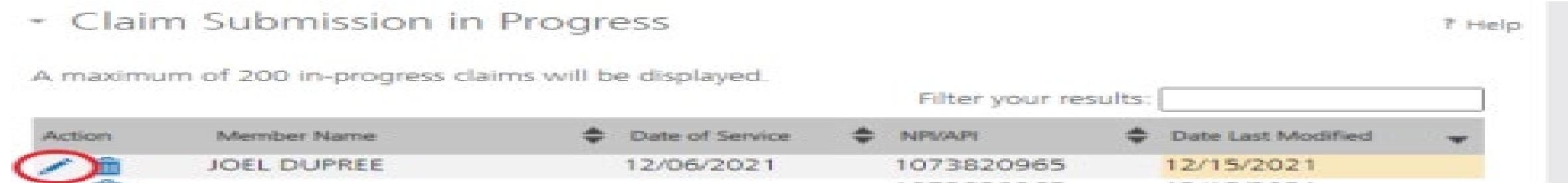
Claims Submission in Progress

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.



The screenshot shows a software interface for managing claims. At the top, there is a navigation bar with a 'Help' link. Below the navigation bar, a message states 'A maximum of 200 in-progress claims will be displayed.' To the right of this message is a 'Filter your results:' input field. The main area is a table with the following columns and data:

Action	Member Name	Date of Service	INPA/PI	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.

Claim Submission Templates			?	Help
Maximum Templates Allowed : 500			Filter your results: <input type="text"/>	
Actions	Name	Date Last Modified		
 	Member_B	12/08/2021		
 	Ortho	12/09/2021		
 	Test_121	12/01/2021		
 	Tester22	12/15/2021		

Show entries Showing 1 to 4 of 4 templates    

*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
- Member Details

Enter Member Card ID:

Search

Save and Continue Cancel

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.

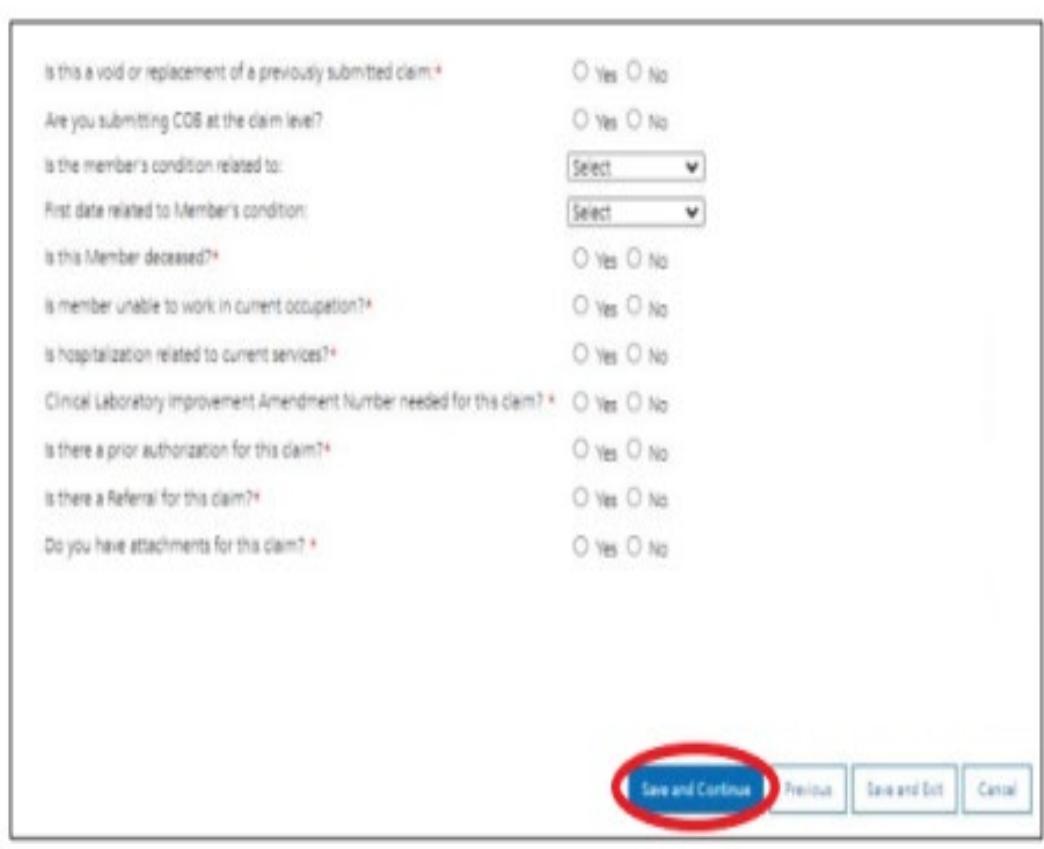
From Date*	To Date*	POS*	CPT/ HCPCS Code*	Modifier	Diagnosis Pointer*	Charges*	Days or Units*	COB	NDC	EPSDT	Emergency Service	Family Planning
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>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

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**.



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: Select

First date related to Member's condition: Select

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

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.

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 "-".

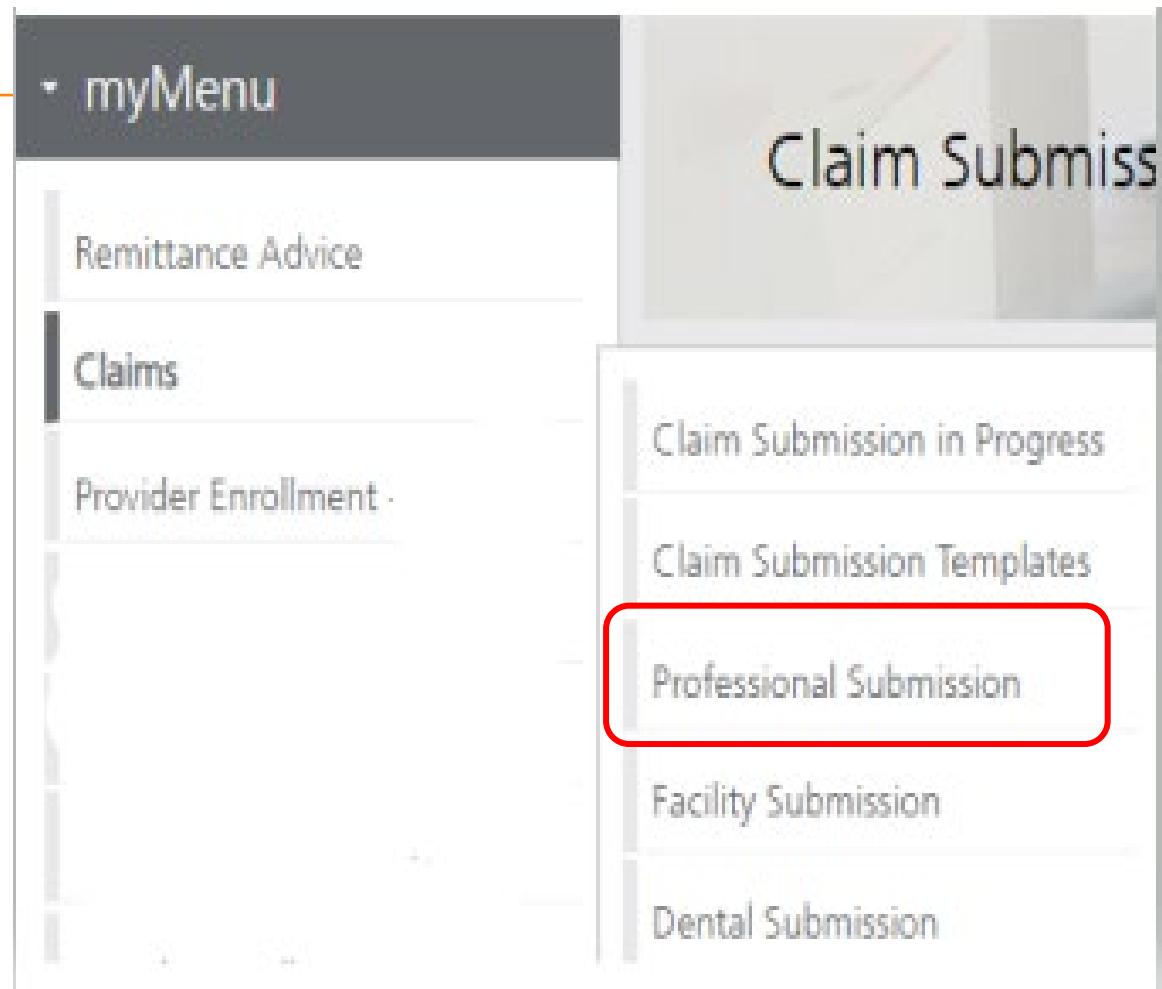
Submit Previous Cancel

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 CAF		
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	NPI/API:*	1033508080
Taxonomy Code: *	253Z00000X	Provider Name:*	LIBERTY PLACE, INC
Enrollment Unit:*	0000262208	Program/Waiver:*	Severe Disabling Mental Illness Waiver (SDMI)
		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:*	251S00000X
			0000801034

Member Details

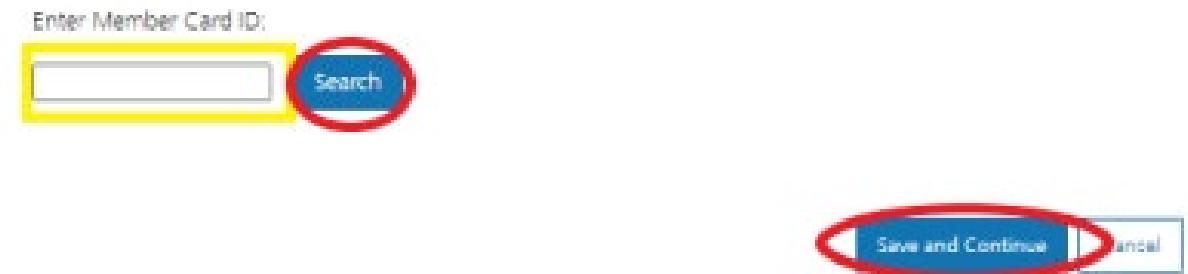
Enter the member's MT Medicaid ID number.

Click **Search**.

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

- Professional Claim Template
- Member Details

Enter Member Card ID:



Search

Save and Continue Cancel

Click **Save and Continue**.

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.

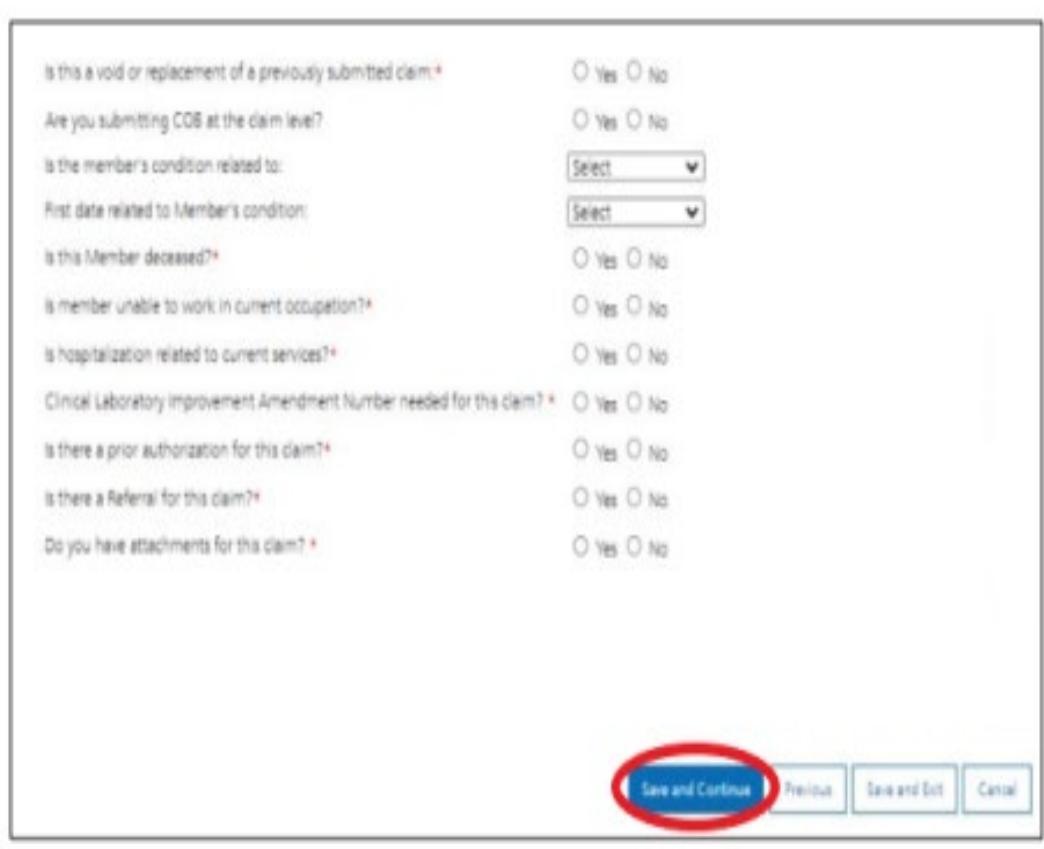
From Date*	To Date*	POS*	CPT/HCPCS Code*	Modifier	Diagnosis Pointer*	Charges*	Days or Units*	COB	NDC	EPSDT	Emergency Service	Family Planning
<input type="text"/>	<input type="text"/>	Select	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	COB <input type="checkbox"/>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

Claim Information Questions

Complete all required fields and questions.

Required information is denoted with a red asterisk *

Click **Save and Continue**.



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: Select

First date related to Member's condition: Select

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

Save and Continue

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 Sheets](#) 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: *
<input type="button" value="Select"/>	<input type="button" value="Select"/>	<input type="text"/>
<input type="button" value="Attachments"/> <input type="button" value="Add"/>		

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: *
<input type="button" value="EB-Explanation of Benefit"/>	<input type="button" value="FT-Electronic Attachmen"/> <input type="text"/>	<input type="button" value="Attachments"/> <input type="button" value="Add"/>
<input type="button" value="Delete"/>		

Bulk HIPAA Transactions

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

▼ Bulk HIPAA Transactions activity ? Help

ACTIONS	TRANSACTION DATE	FILE NAME
No matching transactions found.		

Filter your results:

Show 10 entries Showing 0 to 0 of 0 entries 1 < < > > 1

[Upload](#)

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

Bulk HIPAA Transactions Cont.

File Upload X

Note: Only .edi formats are supported for uploading

NPI/API: 1427003862

File Type:

Browse

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

Upload

Cancel

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 NPI/API 1 and time period from 09/01/2021 to 12/01/2021.

Claim activity

Filter your results:

ICN	OPTUM CLAIM NUMBER	SERVICE DATE	MEMBER NAME	PROVIDER	STATUS	BILLED AMOUNT	PLAN PAYS
221	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: To Date:

Claim number
Patient account number

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:

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

Line 1

Provider name: <input type="text"/>	Provider NPI/API: 1234567890	INC	Cost for this service	Amount billed: \$177.44
Date of service: 09/01/21-09/30/21	Procedure code: T2041			Amount paid by plan: \$177.44

Remittance Advice

The screenshot shows a user interface for a web application. At the top left is a 'myMenu' button with a dropdown menu. The main content area has a 'Remittance Advice' search results page. The search results table has columns for Remittance Adv Nbr, Date Issued, Payment Number, Payment Type, Payment Amount, PDF, and 835 EDI. A note at the bottom of the page states 'No matching forms found.'

myMenu

Claims

Remittance Advice

Provider Profile

Member search

myMenu

Remittance advice search

Note: Fields marked with * are required.

I want to search by:

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

Hi Org3 MTOFEOC

Remittance Advice

Remittance advice search results

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

Remittance advice activity

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):*

To Date(mm/dd/yyyy):*

Search

Remits Results

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	01	Check	\$246077.51	View	Download
O	09/27/2021	01	Check	\$94875.42	View	Download
Y	09/20/2021	01	Check	\$14843.00	View	Download
OL	09/27/2021	01	Check	\$7195.51	View	Download
OE	09/06/2021	01	Check	\$1572.51	View	Download
OT	09/13/2021	01	Check	\$520.36	View	Download

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

VENDOR # 0001 REMIT ADVICE # 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 221	PATIENT NUMBER=001	07012021	07312021	1.000	S5141	2453.93	2453.93		
TEAM NUMBER 01		***CLAIM TOTAL*****				2453.93	2453.93		
PAID CLAIMS - MISCELLANEOUS CLAIM									
ICN 221	PATIENT NUMBER=001	08012021	08312021	1.000	S5141	2453.93	2453.93		
TEAM NUMBER 01		***CLAIM TOTAL*****				2453.93	2453.93		
ICN 221	PATIENT NUMBER=001	07012021	07312021	1.000	T2032	767.70	767.70		
TEAM NUMBER 01		***CLAIM TOTAL*****				767.70	767.70		
ICN 221	PATIENT NUMBER=001	07012021	07312021	5.000	S5135	115.50	115.50		
TEAM NUMBER 01		***CLAIM TOTAL*****				883.20	883.20		
ICN 221	PATIENT NUMBER=001	08012021	08312021	1.000	T2032	767.70	767.70		
TEAM NUMBER 01		***CLAIM TOTAL*****				767.70	767.70		
ICN 221	PATIENT NUMBER=001	08012021	08312021	5.000	S5135	115.50	115.50		
TEAM NUMBER 01		***CLAIM TOTAL*****				883.20	883.20		
ICN 221	PATIENT NUMBER=001	07012021	07312021	8.000	T2021	782.48	782.48		
TEAM NUMBER 01		***CLAIM TOTAL*****							

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!