

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

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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	Modifier	Description
Code		
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 <u>MTPRHelpedesk@Conduent.com</u> 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 <u>www.nucc.org</u> and <u>www.nubc.org</u>

CMS-1500 02/12

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.

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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

Provider Name or Organization Name?*	O Provider Name O Organization Name
NPI or API7*	ONPI OAPI
TIN/FEIN:*	
Enter Provider ID Number:*	

Submit

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.

	Claim Submission History
Remittance Advice	Claim Submission in Progress
Claims	Claim Submission Tomolator
Provider Enrollment	Claim Submission lemplates
	Professional Submission
	Facility Submission
· ·	Dental Submission



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.

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/ m	Member B	12/08/2021
1 1	Ortho	12/09/2021
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í ô	Tester22	12/15/2021
ow 10 🗸	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





7 Help

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.

ation. Enter at least first three (3) characters of a Diagnosis and/or	Claim Information							10111										
ation. Enter at least first three (3) characters of a Diagnosis and/or	Index: Fields marked with an asterisk * are required. Index: Do not include any decimals when entering Diagnosis Code Information. Enter at least first three (3) characters of a Diagnosis and/or recedure code before utilizing the search icon. Nagnosis Codes Nagnosis Codes (ICD 10): 1 2 3 4 5 6 7 8 9 10 11 12 7 8 9 10 11 12 7 8 9 10 11 12 Claim Details Code * COB have been entered. Code * Diagnosis Code * Diagn	- Claim I	nforn	natio	n													
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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.

Are you submitting COB at the claim level? Or Yes Or No is the member's condition related to: Select Are you submitting COB at the claim level? Select Are you submitting COB at the claim level? Select Are you submitting COB at the claim level? Select Are you submitting COB at the claim level? Select Are you submitting COB at the claim level? Select Are you submitting COB at the claim level? Yes Or No Is the member unable to work in current occupation?* Yes Or No Is hospitalization related to current services?* Or Yes Or No Clinical Laboratory improvement Amendment Number needed for this claim?* Yes Or No Is there a prior authorization for this claim?* Yes Or No Do you have attachments for this claim?* Yes Or No	is this a void or replacement of a previously submitted claim.*	O Yes O N	Va
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		(•	en and Continue) Previous Savis and Exit

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.



Note(s):

Template Name must satisfy the following conditions:

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



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

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.

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 V	
Taxonomy Code: *	253Z00000X Provider Name:* LIBERTY PLACE, INC	
Enrollment Unit:*	0000262208 Program/Waiver:* Severe Disabling Mental Illne:	se Waiver (♥
	Specialty:* Select Program/ waiver Severe Disabling Mental Illner	ss Waiver (SDMI)
	Service Location Address 1:* Big Sky Waiver	
	Service Location Address 2: BOOTSTRAP RANCH E	
	City:* BELGRADE	
	State:* MT	
	ZIP:* 59714-8121	
	Taxonomy Code: * 251500000X	
	Enrollment Unit * 0000801034	

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

Member Details





7 Help

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.

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Electronic Claim Attachments

Do you	have	attachm	ents	for	this	claim?	•
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Note: When uploading an attachment electronically, cover sheets are not required. For attachments that are being mailed or faxed, please download the <u>Papenwork Attachment Cover Sheet</u> 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	n Code:*	Control Number:*	
Select	~	Select	~		Attachments
				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.





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 10 🖌 entries	Showing 0 to 0 of 0 entries	$\langle \rangle \rangle$
Upload		

Click the "Help" link and you'll be taken to that section of the manual

Bulk HIPAA Transactions Cont.

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MPATH Portal Additional Features

Claims Inquiry



Claims Inquiry Cont.

• Member search	Hi Org3 MTOFEOC
• myMenu Claim search •	Claims Detail
I want to view: Claims for 	Claim search results
Time period From Date: 09/01/2021 To Date: 12/01/2021	You are viewing: Claims for NPVAPI 1 and time period from 09/01/2021 to 12/01/2021. Claim activity Download @Print ? Help Filter your results:
Claim number Patient account number	ICN OPTUM CLAIM SERVICE MEMBER NAME PROVIDER STATUS BILLED AMOUNT PAYS
Search	221 F1 \$177.44 \$177.44 Show 10 wentries Showing 1 to 1 of 1 Claims IXC

Claims Inquiry Results

•	 Claim search results 			
Time period From Date:	Member: You are viewing: Claims for NPI/API 1	- and time period fro	m 09/01/2021 to 12/01/202	1.
09/01/2021	 Claim activity 		Downio:	ad @ Print 7 Hole
To Date:	claint activity			
12/01/2021	ICN: 221 Optum Cl	aim number		
Claim number	optimer	Contraction of the second s		< Return to search
	Member:		Total amount billed:	\$177.44
Patient account	Date of service: 09/01/21-09/30/21		Total amount paid:	\$177.44
number	Patient account:	Date processed: 10/04/21	Pour official point.	
	Member:		Payment details	and the second se
Search	Claim status: F1:Finalized/Payment		Payment number:	00000261657
			Payment date:	10/11/21
			Payment amount:	\$177.44
	Line 1			
	Provider name:	INC Cost	* billed: \$177.44	
	Provider NPI/API: 12	this Amou	nt billed. \$177.44	
	Date of service: 09/01/21-09/30/21	service	repair of plan. Striver	
	Procedure code: T2041			

Remittance Advice

∗ myMer	IU	
Claims		
Remittance	Advice	
Provider Pr	ofile	

Member search	Hi Org3 MTOFEOC
• myMenu	
Remittance advice search ?	Remittance Advice
Note : Fields marked with * are required. I want to search by: • EFT number • Check number • Remittance advice number • Remit date	Remittance advice search results To view remittance advice, use the remittance advice search portlet.
	Remittance advice activity Filter your results.
	REMITTANCE DATE DATE PAYMENT PAYMENT PAYMENT POF 835 EDI
	Show 10 v entries Showing 0 to 0 of 0 entries I (())

Remits Search

I want to search by:	
▼ EFT number	
Enter EFT number:*	
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Enter check number:*	
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From Date(mm/dd/yyyy):*	
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Search	

Remits Results

					Filter your res	sults:	
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0	09/27/202	1	OC 1	Check	\$1150550.83	View	Download
0	09/27/202	1	00	Check	\$246077.51	View	Download
0	09/27/202	1	0.	Check	\$94875.42	View	Download
NT	09/20/202	1	01	Check	\$14843.00	View	Download
05	09/27/202	1	06.	Check	\$7195.51	View	Download
0€ 11	09/06/202	1	011	Check	\$1572.51	View	Download
0.	09/13/202	1	01	Check	\$520.36	View	Download

Show 10 ~ entries

Showing 1 to 7 of 7 forms I < < > >I

PAGE 2 NPI #: 12. TAXONOMY :

		UNIT PRO	OCEDURE			
	SERVICE DATES	OF RI	EVENUE T	OTAL	CO-	
RECIP ID NAME	FROM TO	SVC	NDC CE	ARGES ALLOWED	PAY	REASON & REMARK CODES
PAID CLAIMS - MISCELLANEOUS CL	AIM					
ICN 22 PATIEN	07012021 07312021 NUMBER=00.	1.000 \$	\$5141 245	3.93 2453.93		
TER HOLER VI	***CLAIM TOTAL		245	3.93 2453.93		
ICN 221 PATIENT	08012021 08312021 NUMBER=06.	1.000 \$	\$5141 245	3.93 2453.93		
	CLAIM TOTAL	********	245	3.93 2453.93		
ICN 22 PATIENT	07012021 07312021 NUMBER=00	1.000 1	2032 76	7.70 767.70		
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	CIALIN IOTAL			000.20		
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	***CINIM BORNI	5.000	*** 00	3 20 893 20		
	TOTAL		88	3.20 883.20		
ICN 2212 PATIEN TEAM NUMBER 01	07012021 07312021 NUMBER=0C	8.000	72021 78	2.48 782.48		





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.





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