

Billing 101 Training for Providers

Presented by Loma Romero, Provider Relations Field Representative

Conduent Government Healthcare Solutions Montana FAS July 2025



Roll Call In chat, please share:

- Your name
- Company
- Who you are representing

In this training...

- Claim preparation
- Claims submissions
- MPATH Claims Setup
- MPATH Claims Solution
- MPATH Additional Portal Features
- Adjustments
- Most common billing errors
- Where do I go for help



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.



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

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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 in the Provider manuals, located on every Provider Type page of the Provider Information website.

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



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.

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 include 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.

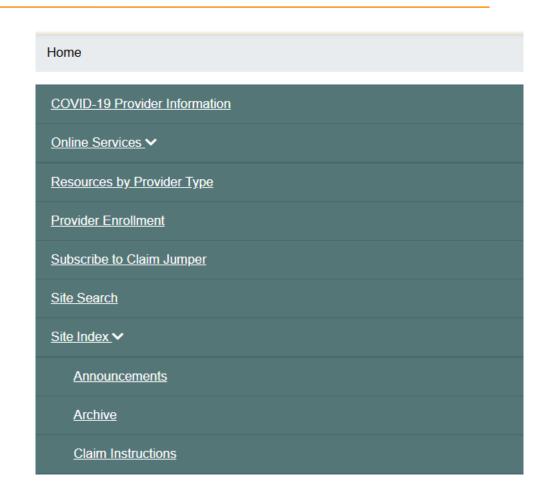


Claims Submission

Electronic Claim Submission Setup

- A clearinghouse, software, or billing agent that is contracted to submit claims with MT Medicaid can assist with claims submission.
- A Montana DPHHS EDI Provider Enrollment Form can be filled out if you have a company that is not contracted. (Unless using MPATH)

The form can be found on the <u>Claims</u> <u>Instruction page of the Provider Information</u> <u>Website</u>.





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>MTPRHelpdesk@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 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

Optional fields as applicable:

- Box 11 TPL information
- Box 17a Passport number
- Box 23 Prior Authorization
- Box 29 TPL Payment amount

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Additional Montana Medicaid CMS-1500 Info

- Box 17a Passport referral and Box 23 Prior Authorization are different. The boxes they belong in are not interchangeable.
- Box 24J is for the rendering provider. The NPI and taxonomy must match an active provider file on the DOS.
- Box 29 is for TPL payment amounts except Medicare. When Medicare made a payment, submit the Medicare EOB with the claim without entering any Medicare payment information on the claim.
- 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.

Paper Claim Submissions – UB-04

Required Fields:

- Box 1 Billing provider name and address
- Box 4 Type of Bill
- Box 6 Covered Days
- Box 7 Passport Referral
- Box 8b Member Name
- Box 12 Admit Date
- Box 17 Discharge Status
- Box 42 Revenue Code
- Box 44 HCPCS code
- Box 45 Service date
- Box 46 Units of Service
- Box 45 total Charges
- Creation Date

- Box 56 Billing NPI
- Box 60 Member ID
- Box 66 Diagnosis Codes
- Box 76 Attending Provider
- Box 81 Billing NPI Taxonomy

Optional fields, as applicable:

- Boxes 18-26 Condition Codes
- Box 43 Description Can be used for NDCs
- Box 50 TPL Payer Name
- Box 51 TPL Member ID
- Box 54 TPL payment amount
- Box 63 Prior Authorization
- Box 74 Surgical procedure Codes

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Paper Claim Submissions ADA Dental

Required Fields:

- Box 12 Member Name
- Box 15 Member ID
- Box 29 Procedure Code
- Box 29a Diagnosis Pointer
- Box 29b Unit of Service
- Box 31 Fee
- Box 32 Total Charge
- Box 48 Billing provider Name and Address
- Box 49 Billing NPI
- Box 52a Billing Taxonomy
- Box 54 Rendering NPI
- Box 56A Rendering Taxonomy

Optional Fields, as applicable:

- Box 2 Prior Authorization
- Boxes 5-11 TPL Information
- Boxes 25-28 Tooth Number and Surfaces
- Box 33 Missing Teeth
- Box 35 Remarks (Used to indicate disabled members needing additional services or Once in Lifetime replacement)

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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

rovider Name or Organization lame?*	O Provider Name O Organization Name
VPI or API?*	ONPI OAPI
IN/FEIN:*	
inter Provider ID Number:*	



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.

Manage Affiliations

This action is **required** if you are a facility that employs rendering providers.

The person completing this action will need the facility NPI on their Enrollment workbench.

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.





Add an Affiliation Cont.

Search for Providers tab.

Enter **Provider's NPI or name**.

Click Search.

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

earch for Providers	Pending Approval	Requested Affiliations	Existing Affiliations		
Search for Provider					(?) Help
rovider isn't an activ nultiple providers ma ame. For authentica	e enrolled provider a ay display, if this is th tion and security, ple		play a 'no affiliation found or you want to participate) digits of the provider's S	d' message. Based upon by selecting the radio but ocial Security Number ar	nformation displays the your search criteria tton next to the provider's nd enter the effective date
rst Name (Last Nam	ie ()	NPI/Atypical ID 🚺		
			1083670285	Search (i)	
	First Name	ast Name ID	Effective Date	Last 4 digits of *	Actions File Name
0	HEATHER T	HOMAS-CLARK 108367028	MM/DD/YYYY		1 ①
Assigned Locations ()					,
		Address Line			
		1111 BAKER AVE			
			Items per pa	age 10 🔻 1-1 of 1	$ \langle \langle \rangle \rangle$

User Guide

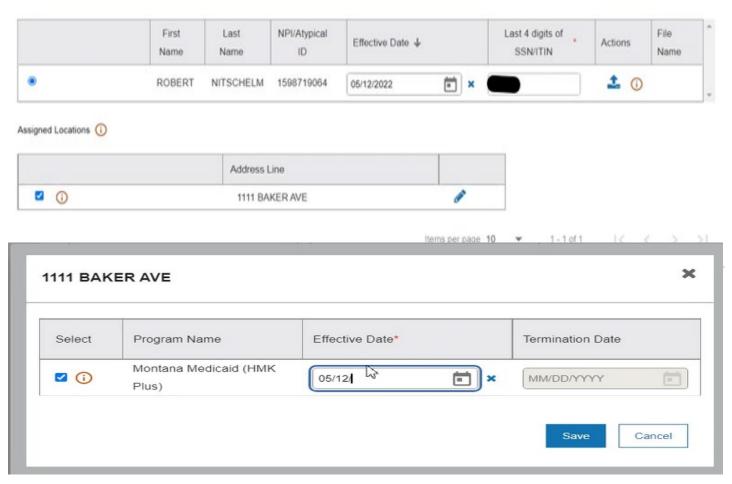
Add an Affiliation Cont.

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

Click the **box** under Assigned Locations for each location the provider will be practicing. Then click the **Pencil** icon.

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

Click Add and Continue.



Manage Existing Affiliations

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

Requested Affiliations are providers who are requesting affiliation.

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

earth for Providers	Funding Approval	Requested Al	tienoto Exi	uting Affiliations	1		0.4	r Gai
Search for Provide The seisting affiliate For example, adding terminate the affiliat	on tab lists all official g & new physical ad-	tress to an exist	ing lendering a	provider. To ma filiation, Within 1	nage the affiliation, or his tab, the organizati	Aar in additione onei user hes 1	ii informa Na abiity	Philp fices, 10
Pesil Name 🙆	Last Na			yokal10 🔞	Sach ()			
Pasi Nane 🚫				Ellicities Date	Terretrate Date	Actors	Flor Name	
Pest Name (0)	Last No	•• ()	NP04	Dote .			1.000	

Ending Affiliations

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.

earch for Providers	Pending Approval	Requested Affiliatio	ns Existing A	ffiliations			User Guide
example, adding a r	on tab lists all affiliatio	to an existing rende date.		ithin this tab,	e the affiliation, enter in ad the organizational user ha Search ()		
	First Name	Last Name	NPI/Atypical ID	Effective Date	Terminate Date	Actions	File A
0	KATHRYN	NEFF	1710945829		MM/DD/YYYY	1	
0	DANIEL	MUNZING	1700844966		MM/DD/YYYY	1	
0	HIKMAT	MAALIKI	1295897650		MM/DD/YYYY	🌲 🛈	
0	JOHN	KALBFLEISCH	1609824283		MM/DD/YYYY	1 (i)	
0	ANITA	BEACH	1922064401		MM/DD/YYYY	1 (i)	
0	SUZANNE	DANIELL	1811966526		MM/DD/YYYY	1 (i)	
0	JON	MILLER	1841267192		MM/DD/YYYY	1 (i)	
٥	ANITA	BEACH	192206440	1	MM/DD/YYYY		1

Ending Affiliations Cont.

Assign Locations (i)

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

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

Address Line	Active	Deactivate	Effective Date	Terminate Date	N
1111 BAKER AVE	0	•	01/01/2006	05/11/2022	0

Click the Save and Continue button.

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







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.

myMenu	Claim Submission History
Remittance Advice	Claim Submission in Progress
Provider Enrollment	Claim Submission Templates
	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.

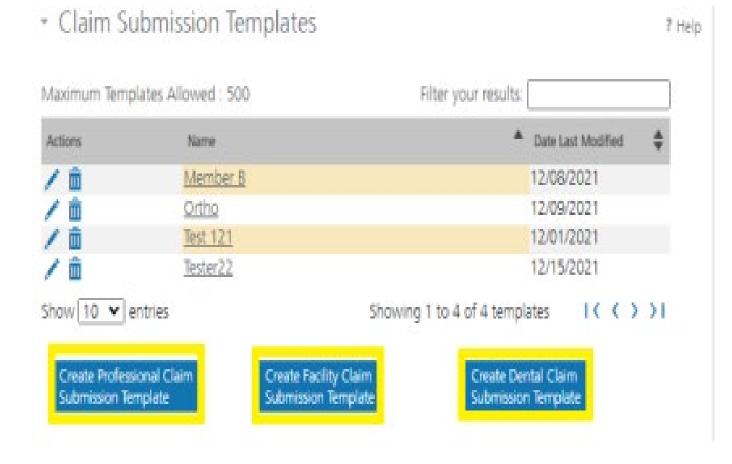
When it is time to submit their claim; select the billing provider NPI & Rendering Provider NPI (if applicable). Enter any additional required information on the Claim Information screen. Submit your claim.

Creating a Template

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

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

*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





40

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.

Professional Claim Submission Form

- 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):



Claim Details

Note : 66 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 Plannin	/ 19
		Select 🗸	Q			5		COB				ð
1	11	Select 🗸	Q			\$		COB				đ
12	11	Select 🗸 🗌	Q			\$		COB				1
12		Select 🗸	Q			\$		COB				đ
112	111	Select 🗸	Q			\$		COB				đ
12		Select 🗸 🌔	Q			\$		COB				
龖	1	Select 🗸	Q			\$		COB				đ
		Select 🗸	Q			5		COB				đ
	112 I	Select 🗸	Q			5		COB				a
12	1	Select 🛩	Q			5		COB				

P Help

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.

is this a void or replacement of a previously submitted claim.*	O Yes O No	
Are you submitting COB at the claim level?	O Yes O No	Ë.,
is the member's condition related to:	Select	۷
First date related to Member's condition:	Select	۷
is this Member deceased?*	O Yes O No	
is member unable to work in current occupation?*	O Ves O No	
is hospitalization related to current services?*	O Yes O No	ě.
Clinical Laboratory Improvement Amendment Number needed for this claim	7* O Yes O No	2
is there a prior authorization for this claim?*	O Yes O No	0
is there a Referral for this claim?*	O Yes O No	
Do you have attachments for this claim? *	O Yes O No	2



Creating a Template Cont.

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

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

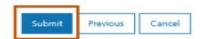
Please enter a claim submission template name.



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
/ 💼	<u>Member B</u>	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 Templates to submit a claim from a template or Claim Submission type for one-time claims.

*Section 6, of the Provider Portal User Guide.

myMenu	Claim Submis
Remittance Advice	
Claims	
Provider Enrollment -	Claim Submission in Progress
	Claim Submission Templates
	Professional Submission
	Facility Submission
÷	Dental Submission

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.

NPVAPI:*	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	E.*	LIBERTY PLACE, INC
Enrollment Unit:*	0000262208 Program/Waiv	er.*	Severe Disabling Mental Illness, Waiver (🗸
	Specialty:*		Select Program/Waiver Severe Disabling Mental Illness Waiver (SDMI)
	Service Locati	on Address 1:*	Big Sky Waiver
	Service Locati	on Address 2:	BOOTSTRAP RANCH E
	City:*		BELGRADE
	State:*		MT
	ZIP:*		59714-8121
	Taxonomy Co	de: *	251S00000X
	Enrollment Un	it:*	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.

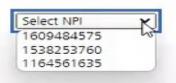
- Billing Provider

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:*	TM
ZIP:*	59301-5094
Taxonomy Code: *	193400000X
Enrollment Unit:*	0000734214

Rendering Provider

NPI:*



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

Member Details



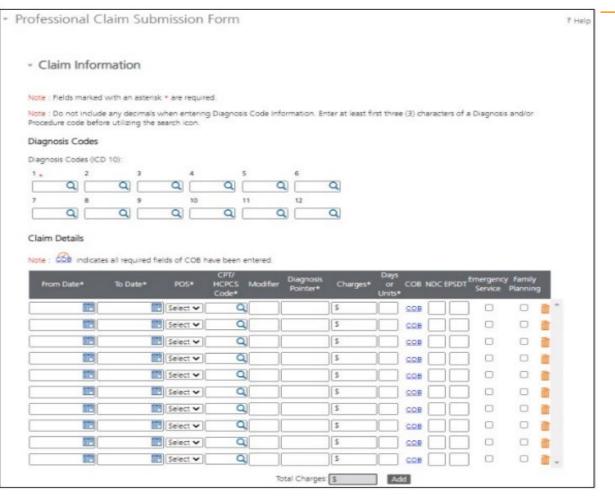


7 Help

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.

te member's condition related to: Select • t date related to Member's condition: Select • ts Member deceased?* O Yes O No rember unable to work in current occupation?* O Yes O No ospitalization related to current services?* O Yes O No ricel Laboratory improvement Amendment Number needed for this cleim? * O Yes O No here a prior authorization for this cleim?* O Yes O No	is this a void or replacement of a previously submitted claim.*	O Yes O No		
t date related to Member's condition: Select Ves Ns Member decassed?* O Nember decassed?* O vember unable to work in current occupation?* O ospitalization related to current services?* O ncal Laboratory improvement Amendment Number needed for this claim? * O here a prior authorization for this claim?* O	Are you submitting COB at the claim level?	O Yes O No		
Ins Member deceased?* O Yes O No member unable to work in current occupation?* O Yes O No ospitalization related to current services?* O Yes O No ncel Laboratory improvement Amendment Number needed for this claim? * O Yes O No here a prior authorization for this claim?* O Yes O No	is the member's condition related to:	Select	¥	
rember unable to work in current occupation?* O Yes O No ospitalization related to current services?* O Yes O No rcel Laboratory improvement Amendment Number needed for this claim? * O Yes O No here a prior authorization for this claim?* O Yes O No	First date related to Member's condition:	Select	¥	
ospitalization related to current services?* O Yes O No ricel Laboratory improvement Amendment Number needed for this cleim? * O Yes O No here a prior authorization for this cleim?* O Yes O No	this Member deceased?*	O Yes O No		
Noal Laboratory improvement Amendment Number needed for this claim? * O Ves O No here a prior authorization for this claim?* O Ves O No	s member unable to work in current occupation?*	O Yes O No		
here a prior authorization for this claim?* O Yes O No	s hospitalization related to current services?*	O Yes O No		
	Unical Laboratory improvement Amendment Number needed for this claim? *	O Yes O No		
Name a Radiantial for this claim DV	s there a prior authorization for this claim?4	O Yes O No		
	there a Referral for this claim?*	O Yes O No		
you have attachments for this claim? * O Yes O No	Do you have attachments for this claim? *	O Yes O No		
		-		
		(Sav	and Continue	elou.

Primary Insurance EOB

	Primary Payer		Secondary Payer	
Insurance Type:*	Select 🗸	Insurance Type:	Select 🖌	
Carrier Name:*		Carrier Name:		
Carrier Code:		Carrier Code:		
Subscriber First Name: *		Subscriber First Name:		
Subscriber Middle Name:		Subscriber Middle Name:		
Subscriber Last Name:*		Subscriber Last Name:		
Allowed:	[S	Allowed	s	
Copay:	5	Copay:	S	
Deductible:	5	Deductible:	5	
Coinsurance:	5	Coinsurance:	5	
Paid Amount:*	5	Paid Amount:	5	
Group Re	eason Amount	Group Re	ason Amount	
	5		5	
	5		5	

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	attachm	ents	for	this	claim?	•
--------	------	---------	------	-----	------	--------	---



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	$I \leftarrow \frown \rightarrow I$
Upload		

Bulk HIPAA Transactions Cont.

File Uploa	d	
NPI/API: File Type:	1427003862 Claim Submission (837) 🗸	Browse
Please uplo	ad file formats of .edi or conta	ct customer service for assistance.
C:\fakepat	h\HSS Mar22 Pick-up.txt	Upload
Cancel		







MPATH Portal Additional Features

Remittance Advice- e!Sor

- Remits can be found on the MPATH portal back rolling 12 month
- Information about upcoming events and provider type specific updates.
- Sections for paid claims, denied claims, and pending claims.
- Includes any adjusted claims, voids or credit balance claims.
- Includes the Internal Claim Number(ICN).

Remittance Advice

- myMenu	
Claims	
Remittance Advice	
Provider Profile	
Provider Profile	

Member search	Hi Org3 MTOFEOC
• myMenu	
Remittance advice search ?	Remittance Advice
Note : Fields marked with * are required. I want to search by:	Remittance advice search results To view remittance advice, use the remittance advice search portlet.
EFT number Check number Remittance advice number Remit date	 Remittance advice activity Filter your results:
	REMITTANCE DATE DATE PAYMENT PAYMENT PAYMENT POF 835 EDI ADV NBR SUED NUMBER TYPE AMOUNT PDF 835 EDI No matching forms found.
	Show 10 v entries Showing 0 to 0 of 0 entries I < < >>I

Remits Search

I want to search by:	
EFT number	
Enter EFT number:*	
Check number	
Enter check number:*	
 Remittance advice number 	
Enter remittance advice nur	mbor *
	nber.
	nber.
▼ Remit date	nber.
 Remit date From Date(mm/dd/yyyy):* 	nder.
	nder.
From Date(mm/dd/yyyy):*	nder.
From Date(mm/dd/yyyy):* 09/02/2021	nder.

Remits Results

						Filter your re	esults:	
ADV NBR	÷	DATE ISSUED	\$	PAYMENT NUMBER	\$ PAYMENT TYPE	\$ PAYMENT AMOUNT	PDF	835 EDI
0		09/27/202	1	OC 1	Check	\$1150550.83	View	Download
0		09/27/2021	1	00	Check	\$246077.51	View	Download
0		09/27/2021	1	UL.	Check	\$94875.42	View	Download
NT		09/20/202	1	01	Check	\$14843.00	View	Download
01		09/27/202	1	06.	Check	\$7195.51	View	Download
0€ 17		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 :

RECIP ID NAME	SERVICE DATES	OF	REVENUE NDC	CHARGES	ALLOWED	CO-	REASON & REMARK CODES
PAID CLAIMS - MISCELLANEOUS CLAI	тм						
ICN 22 PATIENT TEAM NUMBER 01	07012021 07312021 NUMBER=00.	1.000	\$5141	2453.93	2453.93		
TIDE NONDER OT	***CLAIM TOTAL	*********		2453.93	2453.93		
ICN 221 PATIENT TEAM NUMBER 01	08012021 08312021 NUMBER=00.	1.000	\$5141	2453.93	2453.93		
	***CLAIM TOTAL			2453.93	2453.93		
ICN 22 PATIENT		1.000	T2032	767.70	767.70		
	07012021 07312021 ***CLAIM TOTAL			115.50 883.20	115.50 883.20		
ICN 221. PATIENT	08012021 08312021 NUMBER=0	1.000	T2032	767.70	767.70		
	08012021 08312021 ***CLAIM TOTAL			115.50 883.20	115.50 883.20		
ICN 2212 PATIENT TEAM NUMBER 01	07012021 07312021 NUMBER=00	8.000	72021	782.48	782.48		



Remittance

AS OF 02/08/2024

HELENA, MT 59604

REMITTANCE ADVICE FOR MEDICAID/CHIP/MHSP

Provider Name Address

 VENDOR #
 REMIT ADVICE #
 EFT/CHK #
 DATE 02/12/2024
 PAGE 1

 NPI #:
 TAXONOMY: 282N00000X

- NEWSLETTER UPDATE -

PLEASE CHECK OUT THE PROVIDER INFORMATION WEBSITE, HTTPS://MEDICAIDPROVIDER.MT.GOV/, FOR NEW AND UPDATED PROVIDER NOTICES, CLAIM JUMPER NEWSLETTERS, FEE SCHEDULES, PROVIDER MANUALS, TRAINING, AND OTHER RESOURCES.

WE ARE SEEING A HIGH VOLUME OF CLAIMS POSTING DUPLICATE CLAIM ERRORS. PLEASE MAKE SURE YOU DO NOT HAVE MULTIPLE CLAIMS FOR THE SAME MEMBER, DATE OF SERVICE, AND SERVICE(S). ATTENTION TO THIS LEVEL OF DETAIL WILL HELP REDUCE CLAIM PROCESSING TIME.



Paid Claims

VENDOR # NPI #:	REMIT ADVICE TAXONOMY: 20		HK #01807	7531 DATE	02/12/2024	PAGE	2	
RECIP ID NAME	SERVICE FROM	UN DATES O TO SV	F REV	EDURE ENUE NDC	TOTAL CHARGES	ALLOWED	CO- PAY	REASON & REMARK CODES
PAID CLAIMS - INPATIENT	CLAIM							
ICN	01042024 PATIENT NUMBER=	01252024	6.000	124	17359.50	0.00		
DRG CODE 0753-2 DRG	01042024 01042024 01042024 01042024 01042024	01252024 34 01252024 1 01252024 01252024	7.000 1.000 1.000 1.000 9.000	259 300 306 450 636	59332.00 3999.87 1817.75 112.00 1942.25 261.00 84824.37	0.00 0.00 0.00 0.00 0.00 0.00 5578.90		



Claims Pending

VENDOR NPI #:	#	REMIT ADVICE # TAXONOMY: 28		FT/CHK #	נם	ATE 02/12/2024	PAGE	21		
RECIP ID	NAME	SERVICE FROM	DATES TO	UNIT OF SVC	PROCEDURE REVENUE NDC	TOTAL CHARGES	ALLOWED	CO- PAY	REASON & REMARK CODES	
CLAIMS PENDING	G: INP	ATIENT CLAIM								
ICN		10172023 PATIENT NUMBER=	10222023	1.000	120	2038.50	0.00			
DRG CODE 056	60-3 DRG									
		10172023		4.000		8154.00	0.00			
		10172023		72.000		1232.42	0.00			
		10172023		2.000		472.50	0.00			
		10172023		1.000		124.25	0.00			
		10172023		19.000		2229.00	0.00			
		10172023		1.000		2067.75	0.00			
		10172023		1.000		2341.25	0.00			
		10172023		1.000		2143.50	0.00			
		10172023		101.000		2125.94	0.00			
		10172023		1.000		4088.50	0.00			
		10172023		22.000		5263.50	0.00			
		CLA	IM TOTAL*	****	*****	32281.11	0.00		133	



Denied Claims

RECIP	PID NAME		SERVICE FROM	DATES TO	UNIT OF SVC	PROCEDURE REVENUE NDC	TOTAL CHARGES	ALLOWED	CO- PAY	REASON & REMARK CODES
DENI	ED CLAIMS - OUTPAT	IENT CLAIN	м							
IC	2N	PATIENT	12122022 NUMBER=	12122022	2.000	259	40.00	0.00		
ou	JTPATIENT GROUP 00									
			12122022	12122022	4.000	310	1500.00	0.00		
			12122022	12122022	7.000	310	2625.00	0.00		119 M53
			12122022	12122022	1.000	312	290.50	0.00		
			12122022	12122022	6.000	312	1743.00	0.00		
			12122022	12122022	60.000	636	95.19	0.00		
			12122022	12122022	1.000	750	2273.00	0.00		
			CL	AIM TOTAL*	****	*****	8566.69	0.00		29
			01212024	01212024	1.000	300	78.25	0.00		
IC	2N	PATIENT	NUMBER=							
00	JTPATIENT GROUP 00									
			01212024	01212024	1.000	300	85.00	0.00		
			CL	AIM TOTAL*	****	*****	163.25	0.00		31

Total Warrant Amount

	VENDOR # NPI #:	REMIT ADVICE TAXONOMY:	# 1 282N00000X	EFT/CHK #	r	DATE (02/12/2024	PAGE	631			
					OCEDURE							
RECIP ID	NAME	SERVICE	DATES	OF F SVC	EVENUE		TOTAL CHARGES	ALLOWED	CO-	REASON & REMARK COD	ES	
10011 10			10	510			01111020	11220122			20	
CLAIMS	PENDING:	MEDICARE OUTPATIENT	CROSSOVER									
		0619202	3 06192023	1.000	300		27.00	0.00				
ICN		PATIENT NUMBER=										
		0619202	3 06192023	1.000	510		129.44	0.00				
				AYMENT****	510			101.47				
				**********	***		156.44	0.00		133		
OUR REC	CORDS INDICAT	THAT THE RECIPIENT	LISTED ABO	OVE HAS INSU	RANCE WI	ITH						
		UNITED HE	ALTHCARE									
		SPRINGFIE	LD SERVICE	CENTER								
		P O BOX 7	40800									
		ATLANTA,	GA									
		30374-080	-									
		POLICY #:		GROUP CE				CRIBER SS	N :			
		SUBSCRIBE	R NAME:		SUBSCI	RIBER 1	INITIAL:					
		1110202	3 11102023	1.000	510		129.44	0.00		133		
ICN		PATIENT NUMBER=										
				AYMENT****				101.47				
				**********	***		129.44	0.00		133		
			DATA TOTAL				129.44	0.00		155		
		0109202	4 01092024	1.000	300		67.25	0.00				
ICN		PATIENT NUMBER=										
		0100202	4 01092024	1.000	300		70.75	0.00				
			4 01092024		300		60.75	0.00				
				AYMENT****	200			31.23				
				**********	***		198.75	0.00		133		
CLAIMS	S PENDING TOT	ALS -MEDICARE OUTPAT	IENT **NU	JMBER OF CLA	IMS- 41	7 145	5357.81	0.00				
		T	OTAL WARRAN	NT AMOUNT			5	22768.96				
											I	64
												1 16

Reason and Remark Codes

				UNIT	PROCEDURE				
		SERVICE	DATES	OF	REVENUE	TOTAL		CO-	
RECIP ID	NAME	FROM	TO	SVC	NDC	CHARGES	ALLOWED	PAY	REASON & REMARK CODES

- B13 Previously paid. Payment for this claim/service may have been provided i n a previous payment.
- B5 Coverage/program guidelines were not met or were exceeded.
- MA04 Secondary payment cannot be considered without the identity of or paymen t information from the primary payer. The information was either not rep orted or was illegible.
- MA30 Missing/incomplete/invalid type of bill.
- MA66 Missing/incomplete/invalid principal procedure code.
- M119 Missing/incomplete/invalid/ deactivated/withdrawn National Drug Code (ND C).
- M123 Missing/incomplete/invalid name, strength, or dosage of the drug furnish ed.
- M2 Not paid separately when the patient is an inpatient.
- M20 Missing/incomplete/invalid HCPCS.
- M50 Missing/incomplete/invalid revenue code(s).
- M53 Missing/incomplete/invalid days or units of service.
- M62 Missing/incomplete/invalid treatment authorization code.
- M67 Missing/incomplete/invalid other procedure code(s).
- M81 You are required to code to the highest level of specificity.
- M86 Service denied because payment already made for same/similar procedure within set time frame.
- N10 Adjustment based on the findings of a review organization/professional consult/manual adjudication/medical advisor/dental advisor/peer review.
- N192 Patient is a Medicaid/Qualified Medicare Beneficiary.
- N286 Missing/incomplete/invalid referring provider primary identifier.
- N3 Missing consent form.
- N30 Patient ineligible for this service.
- N378 Missing/incomplete/invalid prescription quantity.
- N45 Payment based on authorized amount.
- N54 Claim information is inconsistent with pre-certified/authorized service s.
- 119 Benefit maximum for this time period or occurrence has been reached.
- 125 Submission/billing error(s). At least one Remark Code must be provided (





Adjustments

66

Electronic vs Paper Claim Adjustments

When you submit a paper Individual Adjustment Request (IAR) form: https://medicaidprovider.mt.gov/docs/forms/IndividualAdjustmentRequest.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.

Adjustment Tips

- Cannot adjust denied claims.
- Claims cannot be electronically adjusted more than 12 months from the paid date. These will reject. Claims needing to be adjusted past this time frame must be sent via a paper IAR form.
- If a claim was previously adjusted, you must use the most recent paid ICN.
- If you have a claim that is split, please use a Paper Adjustment form and put both ICN's on the adjustment form



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.

Electronic Claim Adjustments Cont.

MPATH Claims Solutions

Create a new claim with the corrected information to include the correctly paid lines. 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:*

Select the Medicaid Resubmission Code:*



Enter the Original Reference Number:*



Yes O No.

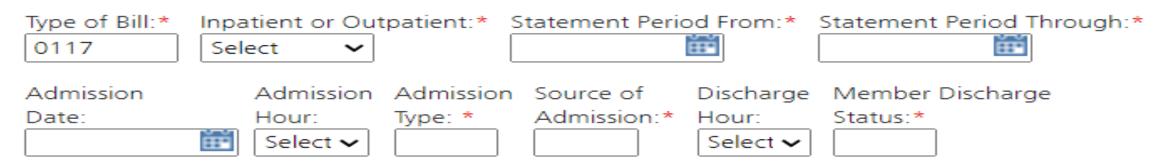


Claim Adjustments for Institutional Claims

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.



Original Reference Number:*







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)



Additional Resources

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 <u>MTPRHelpdesk@conduent.com</u>

Email Assistance

- The <u>MTPRhelpdesk@conduent.com</u> 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.
- If you have specific questions regarding an enrollment in process or to follow up on missing documentation, please email <u>MTEnrollment@conduent.com</u>. Make sure to include the NPI, name, and confirmation number of the enrollment in question.
- Secured emails are not accepted.



MPATH Portal Help

For technical assistance with the Provider Services portal (MPATH)

Email the following to <u>MTPRhelpdesk@conduent.com</u> 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: Eor issues registering, please provide screen shots of both the Details tab and

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 are attempting.





Thank you!