

Billing 101 Training for Providers

Presented by Jennifer Stirling, Provider Relations Manager

Conduent Government Healthcare Solutions Montana FAS March 2025

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.

Conduent 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

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

The form can be found on the <u>Claims page of the Provider</u> <u>Information 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>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 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 58 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)

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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:*	



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 function is not required if you are submitting claims outside of the MPATH Portal.

This function adds Rendering providers to the drop-down list, in the MPATH claims entry system.

Add an Affiliation

Click the **Provider Enrollment** tab under myMenu.

Click the **Radio button** on the Enrollment line of the facility.

Click the **Manage Affiliations** tab, now visible under the Enrollment Menu.





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.

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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 you have submitted to be affiliated.

Requested Affiliations are providers who are requesting affiliation.

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

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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.

Search for Providers	Pending Approval	Requested Affiliation	ens Existing	Affiliations			
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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	
1111 BAKER AVE	0	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.

	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.

ctions	Name	🔺 Date Last Modified 🛛 🜩
1 🛍	Member B	12/08/2021
1 📩	Ortho	12/09/2021
1 1	Test 121	12/01/2021
1 🏛	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.

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/ Procedure code before utilizing the search icon. Diagnosis Codes Dagnosis Codes (ICD 10): 1 2 3 4 5 6 7 8 9 10 11 12 Claim Details Note : So Indicates all required fields of COB have been entered. From Date* To Date* POS* CPT/ Modifier Pointer* Charges* Days COB NOC EPSDT Emergency Fam Code* Of the Pointer* Charges* Days COB NOC EPSDT Emergency Fam Code* Of the Pointer* Charges* Days COB NOC EPSDT Emergency Fam Code* Of the Pointer* Charges* Days COB NOC EPSDT Emergency Fam Code* Of the Pointer* Charges* Days COB NOC EPSDT Emergency Fam Code* Of the Pointer* Charges* Days COB NOC EPSDT Emergency Fam Code* Of the Pointer* Charges* Days COB NOC EPSDT Emergency Fam Code* Of the Pointer* Charges* Days COB NOC EPSDT Emergency Fam Code* Of the Pointer* Charges* Days COB NOC EPSDT Emergency Fam Code* Of the Pointer* Charges* Days COB NOC EPSDT Emergency Fam Code* Of the Pointer* Charges* Days COB Noc EPSDT Emergency Fam Code* Of the Pointer* Charges* Days COB Noc EPSDT Emergency Fam Code* Of the Pointer* Charges* Days COB Noc EPSDT Emergency Fam Code* Of the Pointer* Charges* Days COB Noc EPSDT Emergency Fam Code* Of the Pointer* Charges* Days COB Noc EPSDT Emergency Fam Code* Of the Pointer* Charges* Days COB Noc EPSDT Emergency Fam Code* Of the Pointer* Charges* Days COB Noc EPSDT Emergency Fam Code* Of the Pointer* Charges* Days COB Noc EPSDT Emergency Fam Code* Of the Pointer* Charges* Days COB Noc EPSDT Emergency Fam Code* Of the Pointer* Charges* Days COB Noc EPSDT Emergency Fam Code* Of the Pointer* Charges* Days COB Noc EPSDT Emergency Fam Code* Of the Pointer* Charges* Days COB Noc EPSDT Emergency Fam Code* Of the Pointer* Charges* Days COB Noc EPSDT Emergency Fam Code* Of the Pointer* Charges* Days COB Noc EPSDT Emergency Fam Code* Of the Pointer* Charges* Days COB Noc EPSDT Em								m	Form	nission	Subn	laim	al C	ession
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Claim Details Note: Select						-	12	11	0	10	9	0	8	0
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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 to the r First data to this 7	a submitting COS at the claim level? rember's condition related to: te related to Member's condition:	O Yes O No Select Select	v	
is the r Rist da Is this 7	rember's condition related to: te related to Member's condition:	Select Select	*	
Rist da	te related to Member's condition:	Select	v	
is this?	tenher demond?			
	vence because."	O Yes O No		
is men	ber unable to work in current occupation?*	O Yes O No		
is hosp	talization related to current services?*	O Yes O No		
Cince	Laboratory improvement Amendment Number needed for this claim? *	O Yes O No		
is there	a prior authorization for this claim?4	O Yes O No		
isthere	a Referral for this claim?*	O Yes O No		
Do you	have attachments for this claim? *	O Yes O No		

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 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 Submiss
Remittance Advice	Claim Sabrinss
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.

NPI/API:*	1245490713	
Provider Name:*	NORTH WEST HOME CAF	
Program/Waiver:*	Montana Medicaid (HMK Plus) 🗸 🗸	
Specialty:*	In Home Supportive Care 🗸	
Service Location Address 1:*	B18 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 Me	ntal Illnese, Waiver (🗸
	Specialty:* Severe Disabling Me	ntal Illness 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: * 251S00000X	
	Enrollment Unit:*	

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.

re you submitting COB at the daim level? O Yes O No the member's condition related to: Select • int date related to Member's condition: Select • this Member decassed?* O Yes O No member unable to work in current occupation?* O Yes O No hospitalization related to current services?* O Yes O No Inical Laboratory improvement Amendment Number needed for this claim? * O Yes O No there a prior authorization for this claim?* O Yes O No there a Referral for this claim?* O Yes O No o you have attachments for this claim? * O Yes O No	Are you submitting COS at the claim level? O Yes O No
the member's condition related to: Select init data related to Member's condition: Select this Member decessed?* O Yes O No member unable to work in current occupation?* O Yes O No hospitalization related to current services?* O Yes O No Inical Laboratory improvement Amendment Number needed for this claim? * O Yes O No there a prior authorization for this claim?* O Yes O No there a Referral for this claim?* O Yes O No o you have attachments for this claim? * O Yes O No	is the manihar's prodition related to:
In the related to Member's condition: this Member deceased?* This Ores Ores Ores Ores Ores Ores Ores Ore	3 De Hendel 3 Constron le altavitor.
this Member decased?* O Yes O No member unable to work in current occupation?* O Yes O No hospitalization related to current services?* O Yes O No Inical Laboratory improvement Amendment Number needed for this claim?* O Yes O No there a prior authorization for this claim?* O Yes O No there a Referral for this claim?* O Yes O No o you have attachments for this claim? * O Yes O No	First date related to Member's condition:
member unable to work in current occupation?* O Ves No hospitalization related to current services?* O Ves O No Inical Laboratory improvement Amendment Number needed for this claim? * O Ves O No there a prior authorization for this claim?* O Ves O No there a Referral for this claim?* O Ves O No o you have attachments for this claim? * O Ves No	this Member deceased?* O Yes O No
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s you have attachments for this claim? * O Yes O No	there a Referral for this claim?* O Yes O No
	o you have attachments for this claim? * O Yes O No

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:	5	Allowed:	\$	
Copay	[s]	Copay:	5	
Deductible:	\$	Deductible:	5	
Coinsurance:	5	Coinsurance:	5	
Paid Amount:*	5	Paid Amount:	5	
Group Re	eason Amount	Group Re	ason Amount	
	s		S	
	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	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	$I \leftarrow C \rightarrow D I$
Upload		

Bulk HIPAA Transactions Cont.

003862 n Submission (837)) ~	Browse		
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/lar22 Pick-up.txt			Upload	
	formats of .edi or Mar22 Pick-up.txt	formats of .edi or contact cus //ar22 Pick-up.txt	formats of .edi or contact customer serv Mar22 Pick-up.txt	formats of .edi or contact customer service for assista Mar22 Pick-up.txt







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 takebacks or credit balance claims.
- Includes the Internal Claim Number(ICN).

Remittance Advice

י myMצnu	
Claims	
Remittance Advice	
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 P Help
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Remits Search

I want to search by:	
▼ EFT number	
Enter EFT number:*	
Check number	
Enter check number:*	
 Remittance advice number 	
Enter remittance advice nun	nber:*
 Remit date 	
From Date(mm/dd/yyyy):*	
09/02/2021 📰	
To Date(mm/dd/yyyy):*	
12/01/2021 🔤	
Search	

Remits Results

						Filter your res	sults:		
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Show 10 ~ entries

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

PAGE 2 NPI #: 12. TAXONOMY :

				UNIT	PROCEDURE						
		SERVICE	DATES	OF	REVENUE	TOTAL		CO-			
RECIP ID NAME		FROM	TO	SVC	NDC	CHARGES	ALLOWED	PAY	REASON	5 REMARK	CODES
PAID CLAIMS - MISCELL	ANEOUS CLA	IM									
ICN 22	PATIENT	07012021 NUMBER=00	07312021	1.000	\$5141	2453.93	2453.93				
TERE NORDER OF		***CLA	IM TOTAL**	2453.93	2453.93						
ICN 221 TEAM NUMBER 01	PATIENT	08012021 NUMBER=00	08312021	1.000	\$5141	2453.93	2453.93				
TENE HORDER VI		***CLA	IN TOTAL**		*****	2453.93	2453.93				
ICN 22:	PATIENT	07012021 NUMBER=00	07312021	1.000	72032	767.70	767.70				
TIME NORDER OF		07012021	07312021	5 000	25135	115 50	115 50				
			The moment etc.	5.000		003 30	883 30				
			IR TOTAL			003.20	663.20				
ICN 221. TEAM NUMBER 01	PATIENT	08012021 NUMBER=0	08312021	1.000	72032	767.70	767.70				
		08012021	08312021	5.000	85135	115 50	115.50				
		*******	TH BORATAS			883 20	883 20				
			TOTAL			000.20	003.20				
ICN 2212 TEAM NUMBER 01	- PATIENT	07012021 NUMBER=00	07312021	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: 2	# 1 82N00000X	EFT/CHK #03	18077531 DATE	02/12/2024	PAGE	2			
RECIP	ID NAME	SERVICE FROM	DATES TO	UNIT D OF SVC	PROCEDURE REVENUE NDC	TOTAL CHARGES	ALLOWED	CO- PAY	REASON	FEMARK	CODES
PAID	CLAIMS - INPATIENT	CLAIM									
ICN		01042024 PATIENT NUMBER=	01252024	6.000	124	17359.50	0.00				
DRG	CODE 0753-2 DRG										
		01042024	01252024	16.000	204	59332.00	0.00				
		01042024	01252024	347.000	259	3999.87	0.00				
		01042024	01252024	11.000	300	1817.75	0.00				
		01042024	01252024	1.000	306	112.00	0.00				
		01042024	01252024	1.000	450	1942.25	0.00				
		01042024	01252024	9.000	636	261.00	0.00				
		CL	AIM TOTAL	******	****	84824.37	5578.90				



Claims Pending

	VENDOR # NPI #:	REMIT ADVICE # TAXONOMY: 282N	EFT/CHK	DAT	E 02/12/2024	PAGE	21		
RECIP I	D NAME	SERVICE DA	UNIT ATES OF TO SVC	PROCEDURE REVENUE NDC	TOTAL CHARGES	ALLOWED	CO- PAY RE	ASON & REMARK C	ODES
CLAIMS	PENDING: INF	ATIENT CLAIM							
ICN		10172023 102 PATIENT NUMBER=	222023 1.00	00 120	2038.50	0.00			
DRG	CODE 0560-3 DRG								
		10172023 10	222023 4.00	0 122	8154.00	0.00			
		10172023 102	222023 72.00	0 259	1232.42	0.00			
		10172023 102	222023 2.00	0 270	472.50	0.00			
		10172023 10	222023 1.00	0 271	124.25	0.00			
		10172023 10	222023 19.00	0 300	2229.00	0.00			
		10172023 10	222023 1.00	0 351	2067.75	0.00			
		10172023 10	222023 1.00	0 611	2341.25	0.00			
		10172023 10	222023 1.00	0 615	2143.50	0.00			
		10172023 10	222023 101.00	0 636	2125.94	0.00			
		10172023 10	222023 1.00	0 720	4088.50	0.00			
		10172023 10	222023 22.00	0 721	5263.50	0.00			
		CLAIM	TOTAL*****	*****	32281.11	0.00		133	



Denied Claims

-										
RECIP ID	NAME		SERVICE FROM	DATES TO	UNIT OF SVC	PROCEDURE REVENUE NDC	TOTAL CHARGES	ALLOWED	CO- PAY	REASON & REMARK CODES
DENIED CLAIN	MS - OUTPATI	ENT CLAI	м							
ICN		PATIENT	12122022 NUMBER=	12122022	2.000	259	40.00	0.00		
OUTPATIENT	T 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		
ICN		PATIENT	NUMBER=							
OUTPATIENT	T 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: 282N00000X	EFT/CHK #	DATE 02/12/2	2024 PAGE	631	
RECIP ID NAME	SERVICE DATES FROM TO	UNIT PROCEDU OF REVENU SVC NI	JRE JE TOTAL DC CHARGE	L ES ALLOWED	CO- PAY REASON & REMAN	K CODES
CLAIMS PENDING:	MEDICARE OUTPATIENT CROSSOVER	L				
ICN	06192023 06192023 PATIENT NUMBER=	1.000 300	27.00	0.00		
	06192023 06192023	1.000 510	129.4	4 0.00		
	CLAIM TOTAL	*******	156.44	4 0.00	133	
OUR RECORDS INDICAT	E THAT THE RECIPIENT LISTED AB	OVE HAS INSURANCE	WITH			
	UNITED HEALTHCARE SPRINGFIELD SERVICE P O BOX 740800 ATLANTA, GA 30374-0800	CENTER				
	POLICY #: SUBSCRIBER NAME:	GROUP CERT #	SCRIBER INITIA	SUBSCRIBER SSN L:	:	
ICN	11102023 11102023 PATIENT NUMBER=	1.000 510	129.4	4 0.00	133	
	*** MEDICARE P	AYMENT****		101.47		
	CLAIM TOTAL	****	129.44	4 0.00	133	
ICN	01092024 01092024 PATIENT NUMBER=	1.000 300	67.2	5 0.00		
	01092024 01092024	1.000 300	70.7	5 0.00		
	01092024 01092024	1.000 300	60.7	5 0.00		
	*** MEDICARE P	AYMENT****		31.23		
	CLAIM TOTAL	***	198.7	5 0.00	133	
CLAIMS PENDING TOT	ALS -MEDICARE OUTPATIENT **N	UMBER OF CLAIMS-	47 145357.8	1 0.00		
	TOTAL WARRA	NT AMOUNT		522768.96		1

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

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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.



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. 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)





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 <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 incurse registering, places 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!