



Montana Healthcare Programs

Provider Portal User Guide

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1. Overview

This guide provides detailed instructions to Montana Healthcare Program providers on how to use the secure online Montana Provider Portal. It includes information about registering for a portal account, account administration, claim submission, searches and general portal navigation.

1.1. Audience

This guide is for providers, or other designated representatives acting on behalf of a provider, enrolled in the Montana Healthcare Programs.

1.2. Online Help

Help is available from several places while using the Montana Provider Portal.

- From the Government Identification (GovID) Sign In Page: If not yet logged in, registration and log in help is available by clicking **Help** in the upper right corner of the screen. Refer to Figure 1-1. The help page displays frequently asked questions and answers about GovID. Refer to Figure 1-2.
- Once Logged into the Portal: Help is also available from many of the Montana Provider Portal pages by clicking **Help** on each page. Refer to Figure 1-3. A pop-up window displays with a description of the fields on the page. Refer to Figure 1-4. Help is currently available on all pages of the portal.
- Additional Help Options: Support staff is also available to assist with portal questions. To contact support staff, click **Contact Us** at the top of any page within the portal. Refer to Figure 1-5. The Contact Us page lists email addresses or telephone numbers for Montana Program for Automating and Transforming Healthcare (MPATH) support representatives.

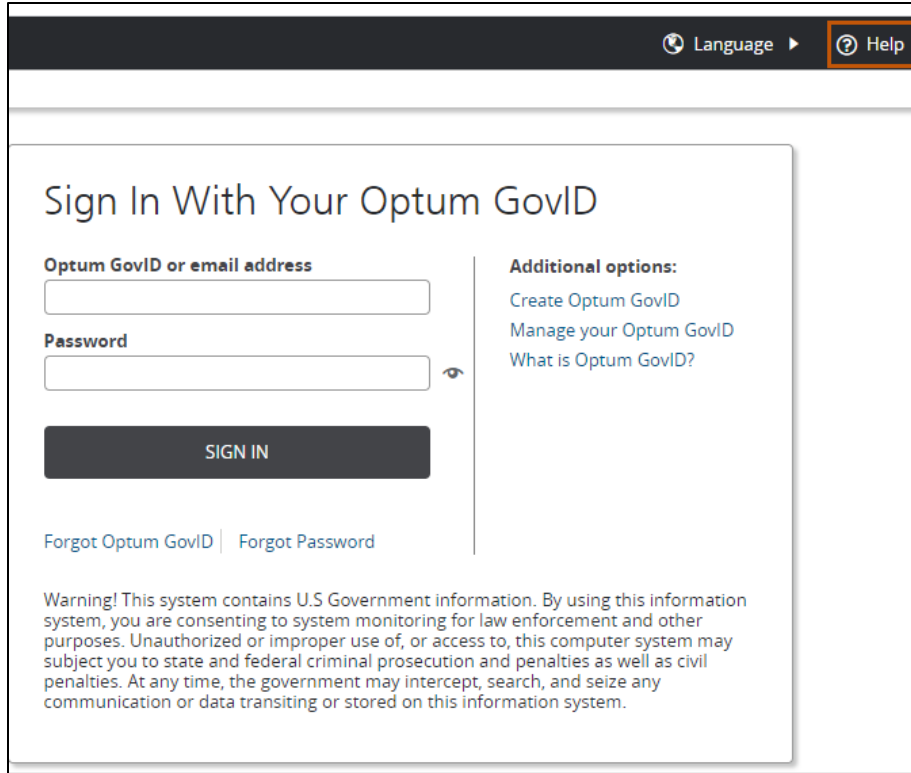


Figure 1-1: Help Icon on the GovID Sign In Page

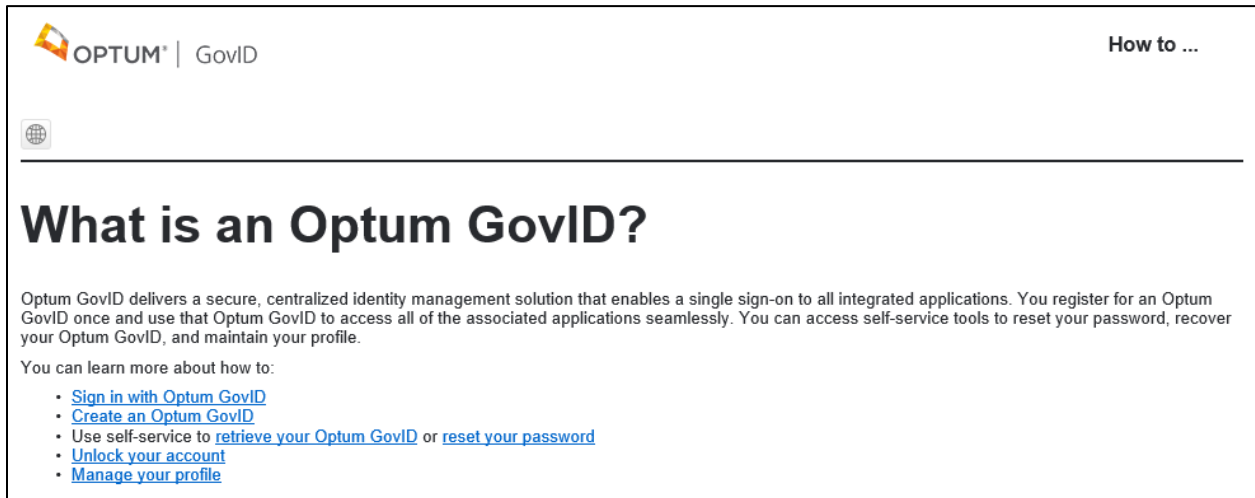


Figure 1-2: GovID Help Page



Figure 1-3: Help icon on User Search Page

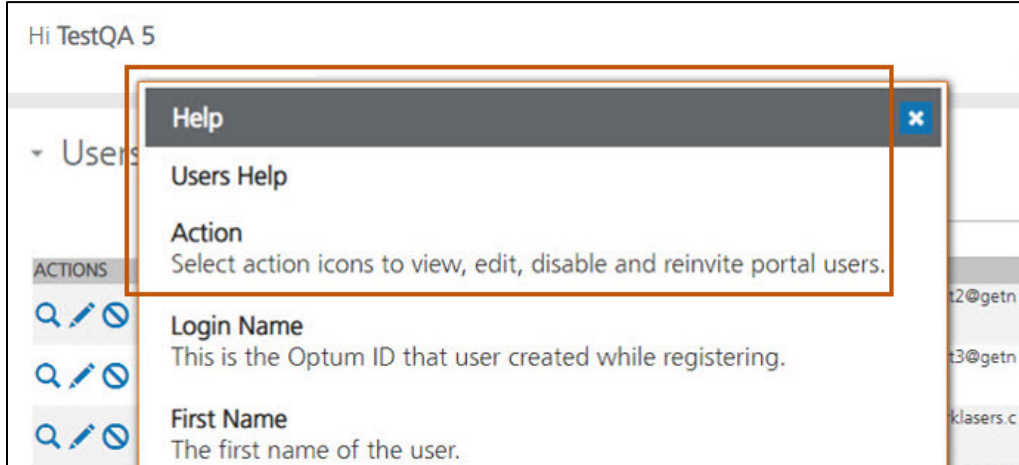


Figure 1-4: User Search Help Text

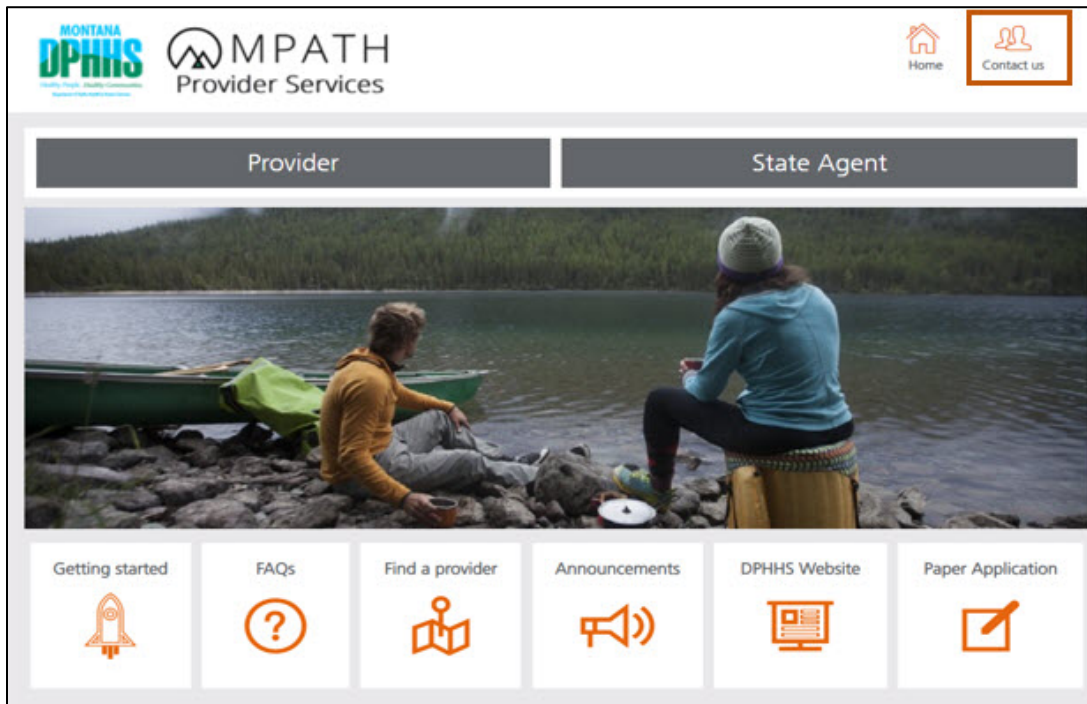


Figure 1-5: Contact Us Icon on the Home Page

1.3. Accessing the Montana Provider Portal

Use the following link to access the Montana Provider Portal website:

<https://mtdphhs-provider.optum.com>

Note: Refer to Section 2: Provider Registration and Login for detailed instructions on how to register for an account and how to log in to the portal.

2. Provider Registration and Login

This section describes how Montana Healthcare Program providers register to obtain access to the Montana Provider Portal and how to log in to the portal once registered.

2.1. Registration

Providers can choose from one of the following ways to register for the Montana Provider Portal access:

- **Self-Registration:** Providers should use the self-registration method, unless otherwise directed. For detailed directions on how to complete this process, refer to Section 2.1.1: Self Registration.
- **Registration by Email Invitation:** For this registration method, providers must receive an email invitation from the portal administrator to complete registration. For more information on how to complete this process, refer to Section 2.1.2: Registration by Email Invitation.

2.1.1. Self-Registration

These instructions explain how a provider self-registers on the Montana Provider Portal.

Note: Providers are only able to self-register once per National Provider Identifier (NPI) or Atypical Provider Identifier (API). If someone already self-registered on behalf of an NPI or API, the person self-registering must invite other users to the portal account via Account Administration. For more information on this process, refer to Section 12: Account Administration.

1. Navigate to the Montana Provider Portal website. Refer to Section 1.3: Accessing the Montana Provider Portal.
2. Click **Provider**. Refer to Figure 2-1.

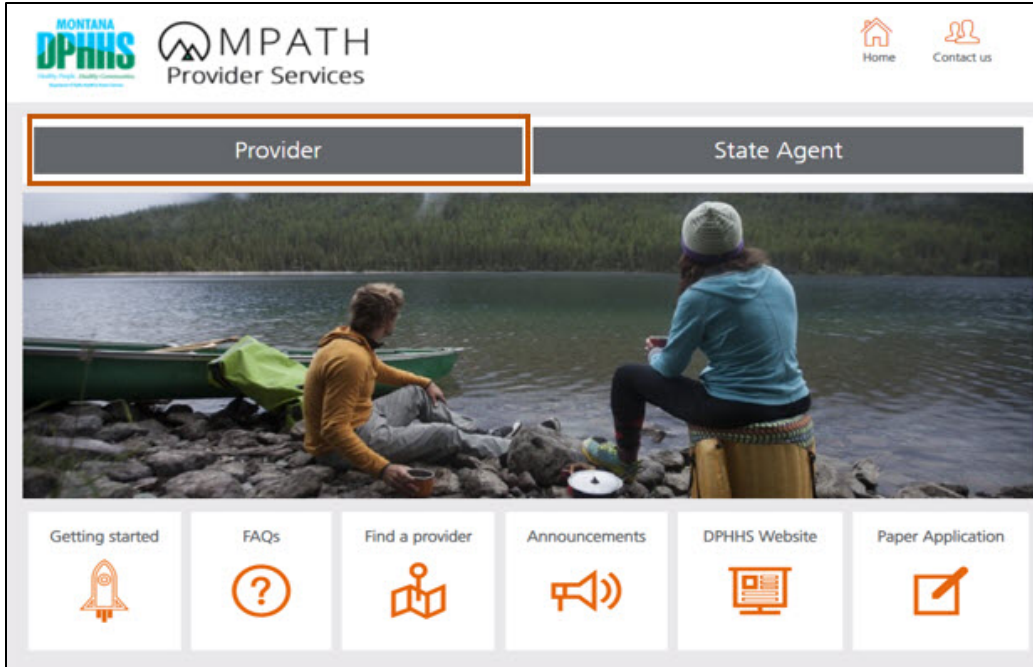


Figure 2-1: Montana Provider Portal Home Page

3. Select **Login and Registration**. Refer to Figure 2-2.



Figure 2-2: Provider Login and Registration

4. If the provider does not have an Optum GovID, then select **Create Optum GovID** and go to the next step. Refer to Figure 2-3.

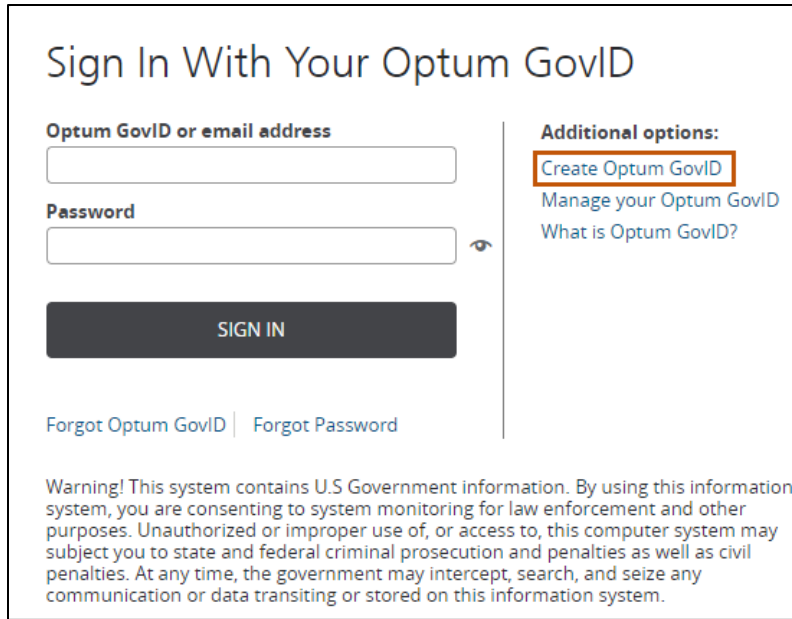


Figure 2-3: Optum GovID Sign In

5. Complete the fields listed on the Optum GovID registration page. Refer to Table 2-1.

Table 2-1: Registration Fields and Descriptions

Field Name	Description
First Name	Enter the user’s first name in the field provided.
Last Name	Enter the user’s last name in the field provided.
Date of Birth	Enter the date of birth in mmddyyyy format in the field provided.
Your Email Address	This must be a valid email address. The system sends an automatic email confirming registration. Enter the user’s email address in the field provided.
Create Optum GovID	This is the unique username used to log into the portal. Enter the Optum GovID in the field provided. Optum GovIDs must contain the following: <ul style="list-style-type: none"> • Six to 50 characters • At least one letter • No spaces • No letters with accents

Field Name	Description
Create Password	<p>This is the password used to log in to the portal after successful registration.</p> <p>Enter the password in the field provided. Valid passwords must contain the following:</p> <ul style="list-style-type: none"> • Eight to 100 characters • At least one uppercase letter • At least one lowercase letter • At least one number • At least one special character
Type Password Again	Reenter the password.

6. Read the Terms of Use and Website Privacy Policy statements that display and click **I AGREE**. Refer to Figure 2-4.

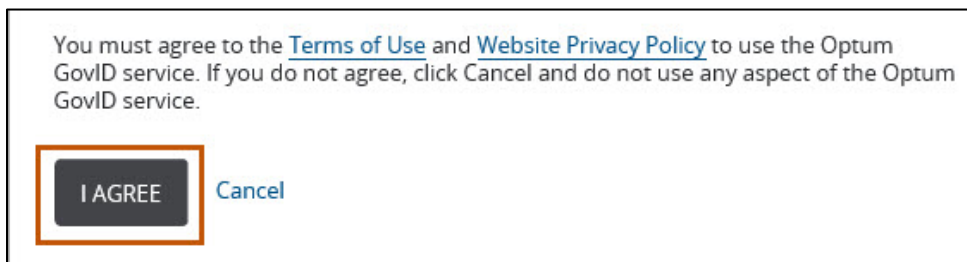


Figure 2-4: Agree to Terms of Use Agreement

7. Review the Next Step: Verify Your Email Address. This message provides further instruction on how to verify the portal account. Refer to Figure 2-5.

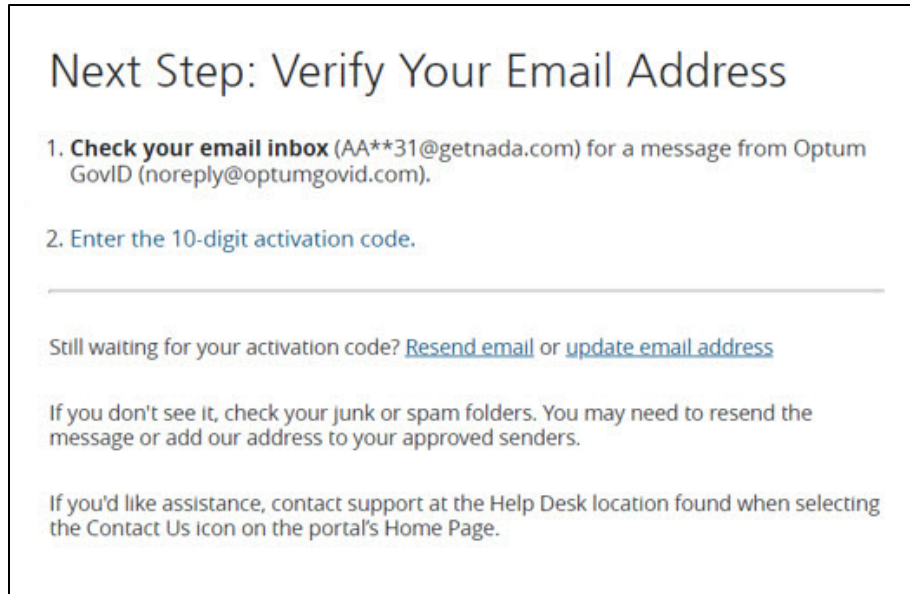


Figure 2-5: Next Steps Confirmation Message

8. Verify the email address.

Note: There are two ways to verify the email address: By email or by using a 10-digit activation code.

- a. Complete the steps below if verifying using email.
 - i. Open the email message sent to the email inbox listed in the Next Step window (or the one provided at registration).
 - ii. Click the **Activate my Optum GovID** link. Refer to Figure 2-6. Go to Step 9.

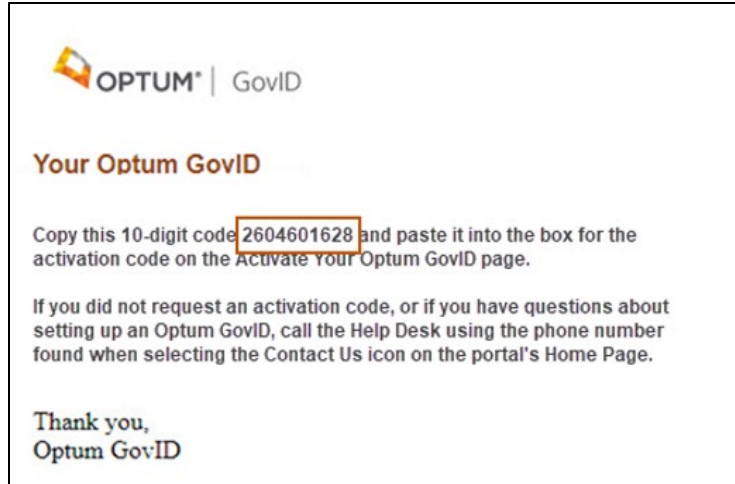


Figure 2-6: Activate my Optum GovID Link Email

- b. Complete the steps below if verifying using the 10-digit activation code.
 - i. In the Next Step window, click the **Enter the 10-digit activation code** link. Refer to Figure 2-7.

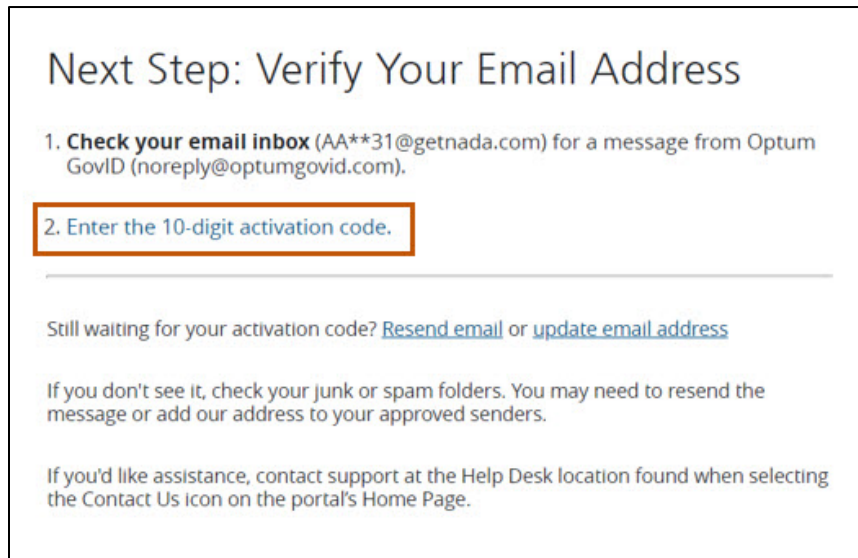


Figure 2-7: Enter the 10-digit activation code Link

- ii. Paste the code into the 10-digit activation code field. Refer to Figure 2-8.

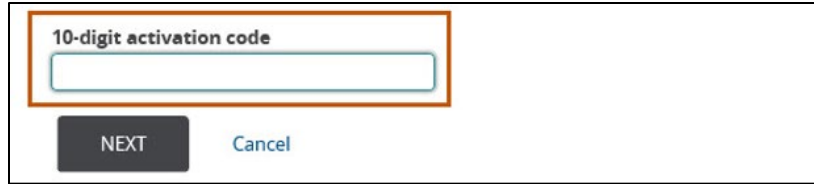


Figure 2-8: Account Registration with 10-Digit Activation Code

iii. Click **NEXT**.

9. Click **CONTINUE** at the Email Address Verified confirmation message. Refer to Figure 2-9.

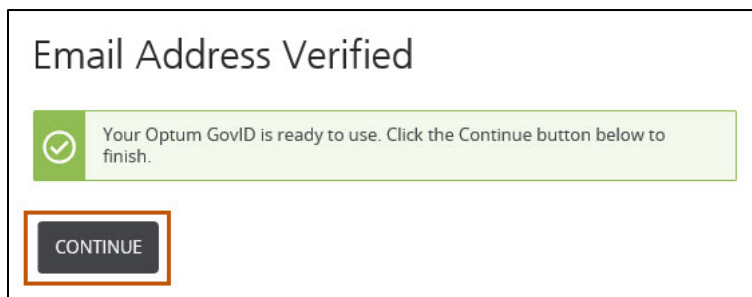


Figure 2-9: Email Address Confirmation Message

10. Read the Share My Optum GovID agreement and click **I AGREE**. Refer to Figure 2-10.

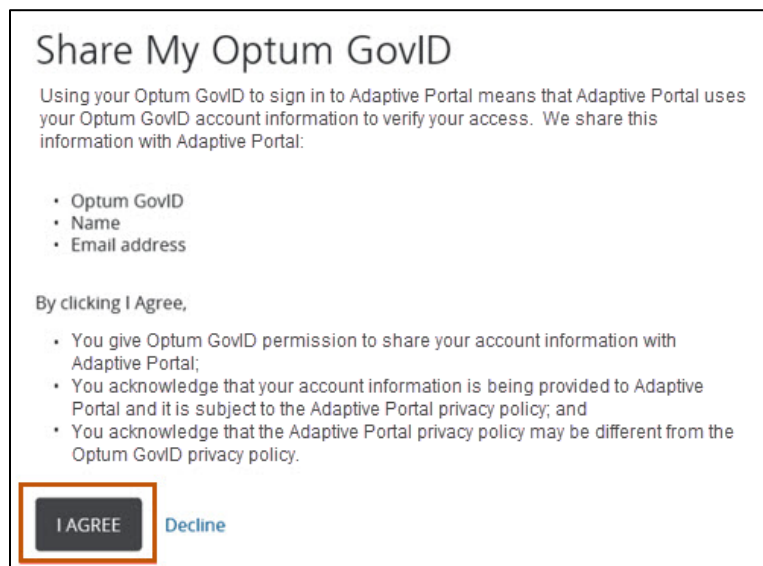


Figure 2-10: Share My Optum GovID Agreement

11. On the Portal Registration Entity tab, use the **I am registering as** drop-down menu to choose either Provider (as the owner of the NPI / API) or Provider Delegate (on behalf of the owner of the NPI / API, per the owner’s invitation).

12. Click **Continue**. Refer to Figure 2-11.

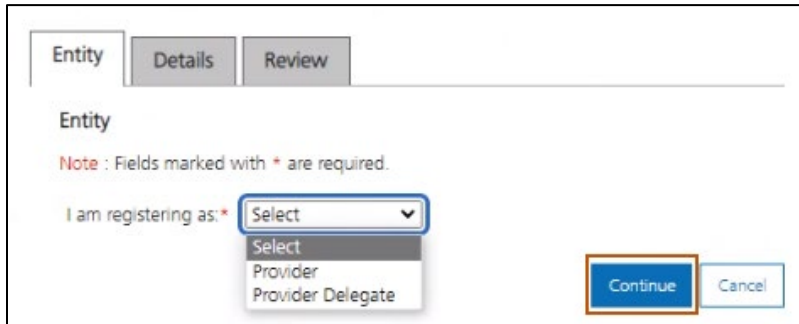


Figure 2-11: Portal Registration Provider Tab Continue Button

13. On the Portal Registration Details tab, click Yes or No to answer the question, Are you an actively enrolled provider? This is a required selection.

- a. If the user clicked No to the question of being actively enrolled, type First Name, Last Name and Email in the fields provided. Refer to Figure 2-12.
- b. If the user clicked Yes to the question of being actively enrolled, the First Name, Last Name and Email fields automatically populate from the Optum GovID and cannot be modified. Review the User section to make certain the correct information displays. Refer to Figure 2-12.

Figure 2-12: Verify Name and Email Address

The Provider section is shown in Figure 2-13. All questions in this section require a response. The first question asks whether the user is registering as an individual provider.

Figure 2-13: Choose Provider or Organization

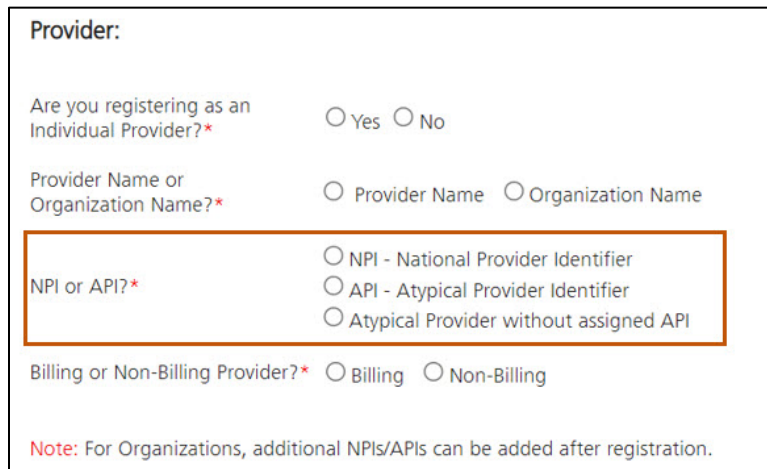
14. If the provider is an individual, then answer Yes to the first question and select the Provider Name radio button.
 - a. Enter the provider’s first name in the Provider First Name field.
 - b. Enter the provider’s last name in the Provider Last Name field.

c. Go to Step 16.

15. If the provider is an organization, then answer No to the first question and select the Organization Name radio button.

a. Enter the organization’s name in the Organization Name field.

b. The provider will need to enter an NPI or API. Refer to Figure 2-14.



Provider:

Are you registering as an Individual Provider?* Yes No

Provider Name or Organization Name?* Provider Name Organization Name

NPI or API?* NPI - National Provider Identifier
 API - Atypical Provider Identifier
 Atypical Provider without assigned API

Billing or Non-Billing Provider?* Billing Non-Billing

Note: For Organizations, additional NPIs/APIs can be added after registration.

Figure 2-14 Select NPI or API

16. If the provider has an NPI, click **NPI**.

a. Enter the provider’s NPI in the NPI field.

b. Go to Step 18.

17. If the provider has an API, click **API**.

a. Enter the provider’s API in the API field.

b. The provider will respond as being either a Billing or Non-Billing provider. Refer to Figure 2-15.

Provider:

Are you registering as an Individual Provider? * Yes No

Provider Name or Organization Name? * Provider Name Organization Name

NPI or API? * NPI - National Provider Identifier
 API - Atypical Provider Identifier
 Atypical Provider without assigned API

Billing or Non-Billing Provider? * Billing Non-Billing

Note: For Organizations, additional NPIs/APIs can be added after registration.

Figure 2-15: Select Billing or Non-Billing Provider

18. If the provider is a billing provider, click **Billing** and enter the provider's TIN or FEIN in the TIN/FEIN field.
19. If the provider is not a billing provider, click **Non-Billing** and enter the provider's SSN in the SSN field.
20. Review all the information entered and click **Continue**.
21. Make sure all the information on the Review tab, as shown in Figure 2-16, matches what was entered in previous steps.
22. Click the checkbox to agree to the terms and click **Submit**. Refer to Figure 2-16.

The screenshot shows a web form with three tabs: 'Entity', 'Details', and 'Review'. The 'Review' tab is active. The form is titled 'Review for Provider Account'. It contains the following fields and values:

- First Name: First
- Last Name: Last
- Email: [redacted]@montana.gov
- Individual Provider?: No
- Organization Name: ABV
- NPI: [redacted]898
- TIN/FEIN: [redacted]989

Below the fields is a checkbox that is checked, with the text: "By submitting your registration information, you indicate that you have read and accept our [Terms and Conditions](#) and [Privacy Policy](#)." At the bottom right, there are three buttons: 'Submit' (highlighted with an orange box), 'Previous', and 'Cancel'.

Figure 2-16: Submit Registration

Result: The user successfully registered on the Montana Provider Portal and can now access the site.

2.1.2. Registration by Email Invitation

These instructions explain how a provider registers on the Montana Provider Portal using an invitation email.

Note: An administrator must send the invitation email to the provider. For detailed instructions on how the administrator creates and sends this invitation email, please reference section 12.1.5: Add a Portal User.

1. Open the invitation email message and click the **Login Link** to complete the registration process. Refer to Figures 2-2 through 2-17 and Table 2-1.
2. Click **Login and Registration** on the non-secure landing page.
3. Determine if the provider has an Optum GovID and complete the steps below, where appropriate.
 - a. If the provider has an Optum GovID, log in with the existing Optum GovID or email address and Password and go to Step 11.

- b. If the provider does not have an Optum GovID, click **Create Optum GovID** and go to the next step.
4. Review the Terms of Use and Website Privacy Policy statements that display and click **I AGREE**.
5. Review the Next Step: Verify Your Email Address message. This message provides further instruction on how to verify the portal account.
6. Verify the email address.

Note: There are two ways to verify the email address: By email or by using a 10-digit activation code.

- a. Complete the steps below if verifying using email.
 - i. Open the email message sent to the email inbox listed in the Next Steps window (or the one provided at registration).
 - ii. Click the **Activate my Optum GovID** link. Go to Step 8.
 - b. Complete the steps below if verifying using the 10-digit activation code.
 - i. In the Next Steps window, click the **Enter the 10-digit activation code** link.
 - ii. Open the email message sent to the email inbox listed in the Next Steps window and copy the 10-digit activation code.
 - iii. Paste the code into the 10-digit activation code field.
 - iv. Click **NEXT**.
7. Click **CONTINUE** at the Email Address Verified confirmation message.
8. On the Portal Registration Details tab, complete the steps below.
 - a. Review the First name, Last name, and Email fields to verify accuracy.

Note: These fields populate from the Optum GovID and cannot be modified.

b. Enter the last four digits of the user's SSN in the Last 4 Digits of SSN field and click **Continue**.

9. Review the information on the Review page for accuracy.

10. Click the checkbox to agree to the terms and click **Submit**.

Note: Last 4 Digits of SSN must match what the individual adding the provider portal user entered. If this information does not match, the user will not be allowed into the portal.

The user has successfully registered on the Montana Provider Portal and can now access the site.

Log in to the Portal.

The instructions below cover the standard log in process for all providers.

1. Navigate to the Montana Provider Portal website. Refer to Section 1.3: Accessing the Montana Provider Portal.
2. Click **Provider**. Refer to Figure 2-17.

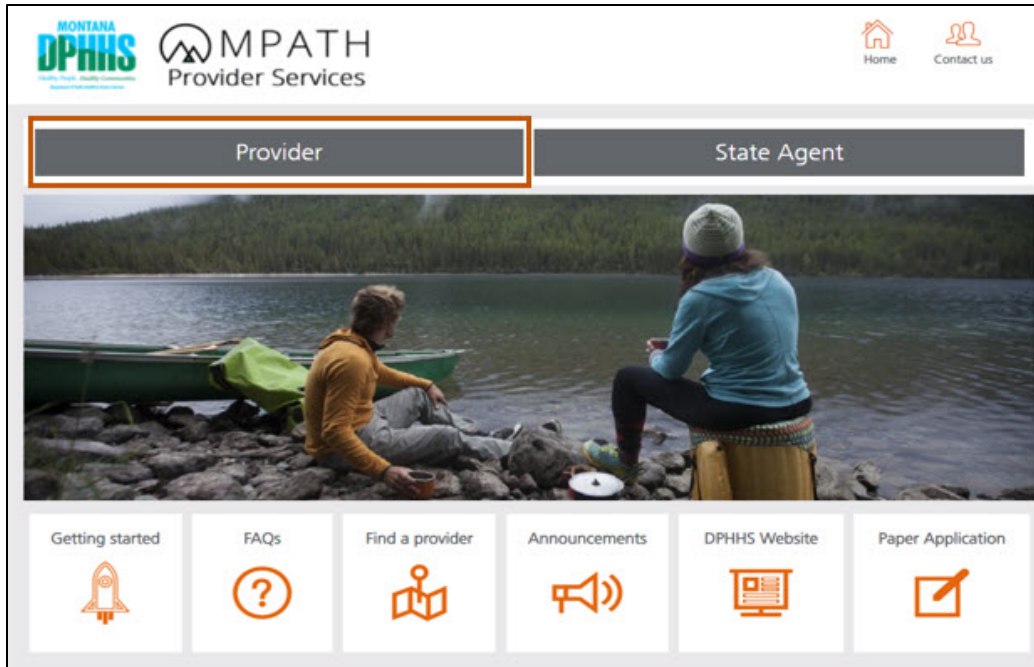


Figure 2-17: Montana Provider Portal Home Page

3. Select **Login and Registration**. Refer to Figure 2-18.

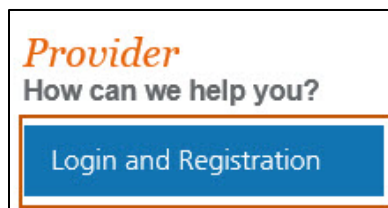


Figure 2-18: Provider Login and Registration button

4. On the Optum GovID Sign In page, complete the information below. Refer to Figure 2-19.

- a. Enter the user's Optum GovID or email address in the box provided.
- b. Enter the Password in the box provided.



Figure 2-19: Optum GovID Sign In

5. Click SIGN IN.

Result: The Sign In: Access Code page displays. A message on the page indicates a message has been sent to the email address used to register. Refer to Figure 2-20.

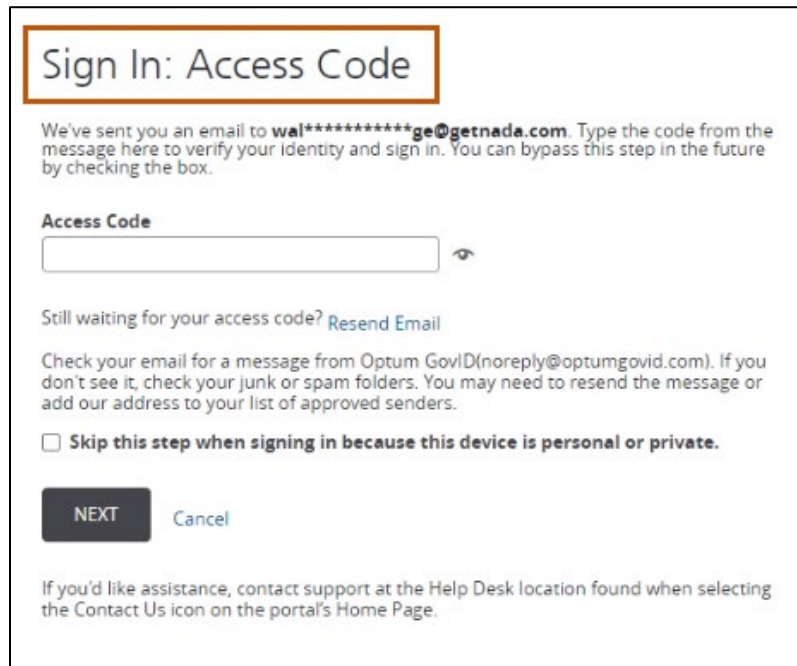


Figure 2-20: Sign In Access Code Page

6. Check the email used to register to locate the One-Time Access Code. Refer to Figure 2-21.

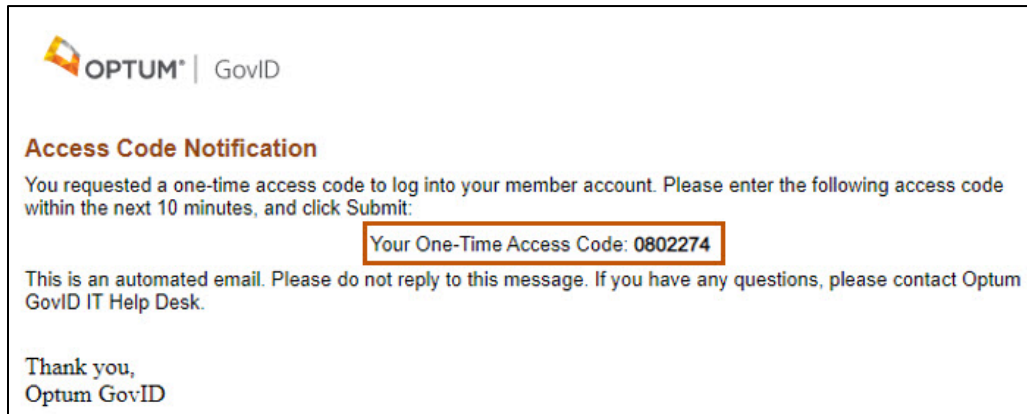


Figure 2-21: Email Code Notification

7. Copy the Access Code into the Access Code field in the Sign In page. Refer to Figure 2-22.

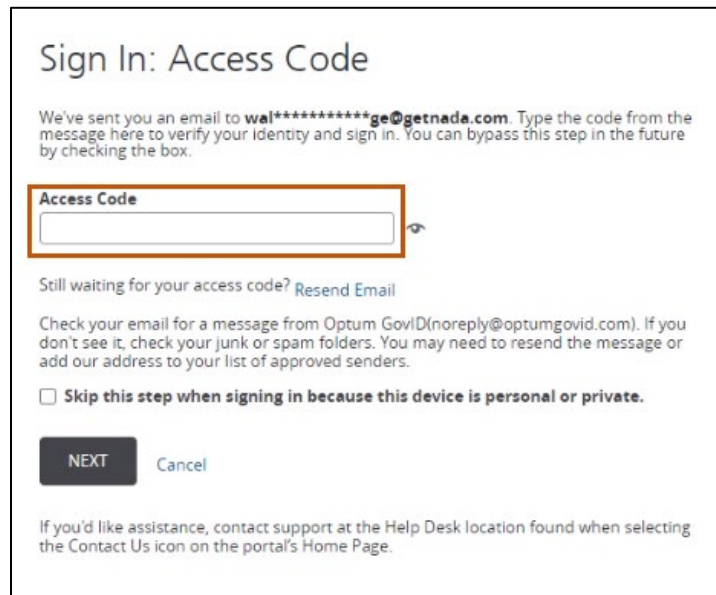


Figure 2-22: Enter Access Code

8. Click the check box above the Next button, instructing the system to skip the sign in with access code in the future when signing in with the same machine. Click the **Next** button to continue. Refer to Figure 2-23.

Sign In: Access Code

We've sent you an email to **wal*****ge@getnada.com**. Type the code from the message here to verify your identity and sign in. You can bypass this step in the future by checking the box.

Access Code

👁

Still waiting for your access code? [Resend Email](#)

Check your email for a message from Optum GovID(noreply@optumgovid.com). If you don't see it, check your junk or spam folders. You may need to resend the message or add our address to your list of approved senders.

Skip this step when signing in because this device is personal or private.

[Cancel](#)

If you'd like assistance, contact support at the Help Desk location found when selecting the Contact Us icon on the portal's Home Page.

Figure 2-23: Click Next to Continue

3. Site Navigation and General Use

This section describes the main areas of the Montana Provider Portal public website and secure portal, including site navigation and general navigation.

3.1. Montana Provider Portal Home Page

The Montana Provider Portal home page is a public website page that presents all users with two options for login. These login options are Provider and State Agent. Refer to Figure 3-1.

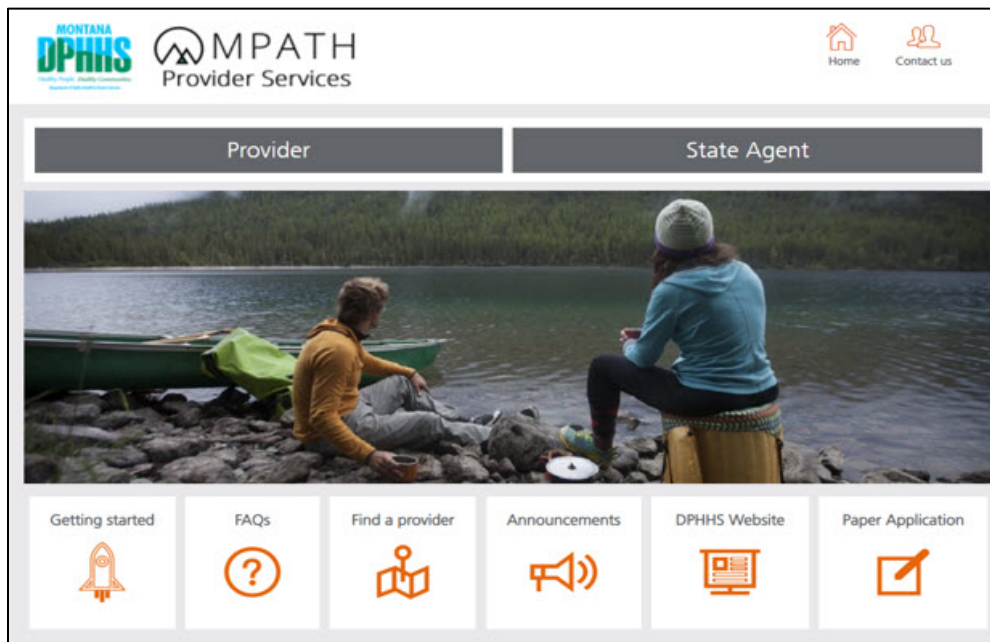


Figure 3-1: Montana Provider Portal Public Home Page

3.2. Montana Provider Portal Public Landing Page

When the **Provider** button is clicked on the Montana Provider Portal public landing page, the provider public landing page displays. Users can access the secure Login and Registration or view additional tiles of information with Montana specific provider resources. Refer to Figure 3-2.

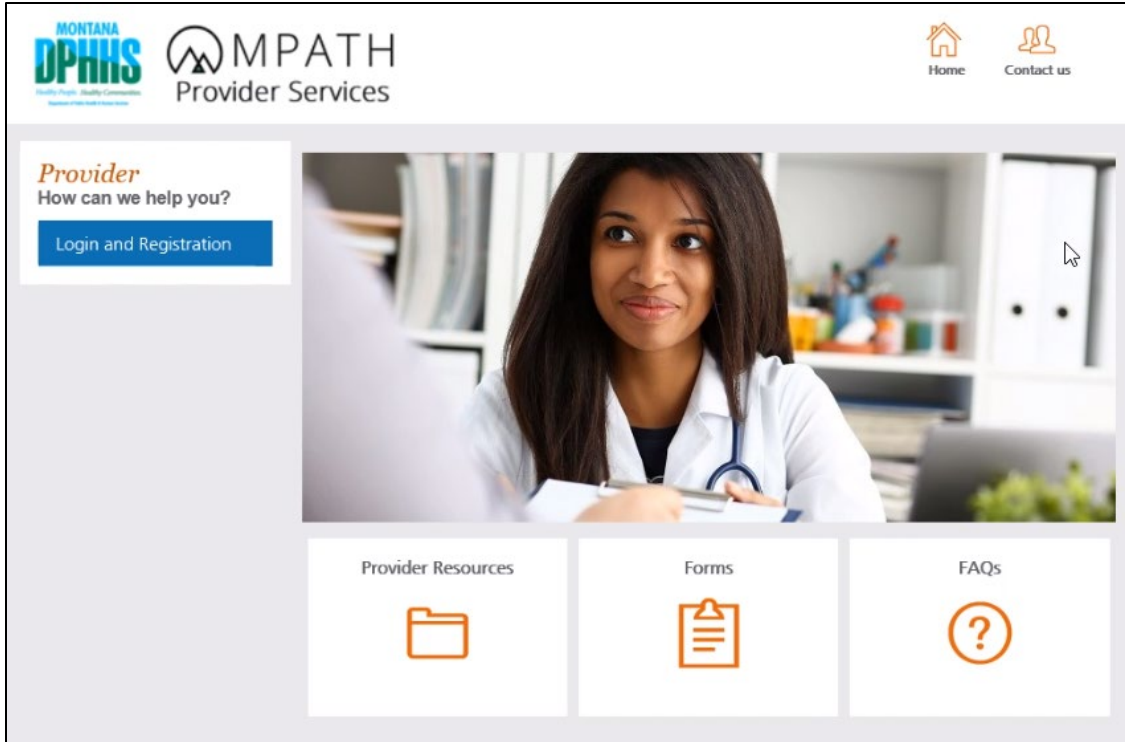


Figure 3-2: Provider Public Landing Page

After logging in using the GovID and Password, the Provider Portal Secure Home page displays. Refer to Figure 3-3.

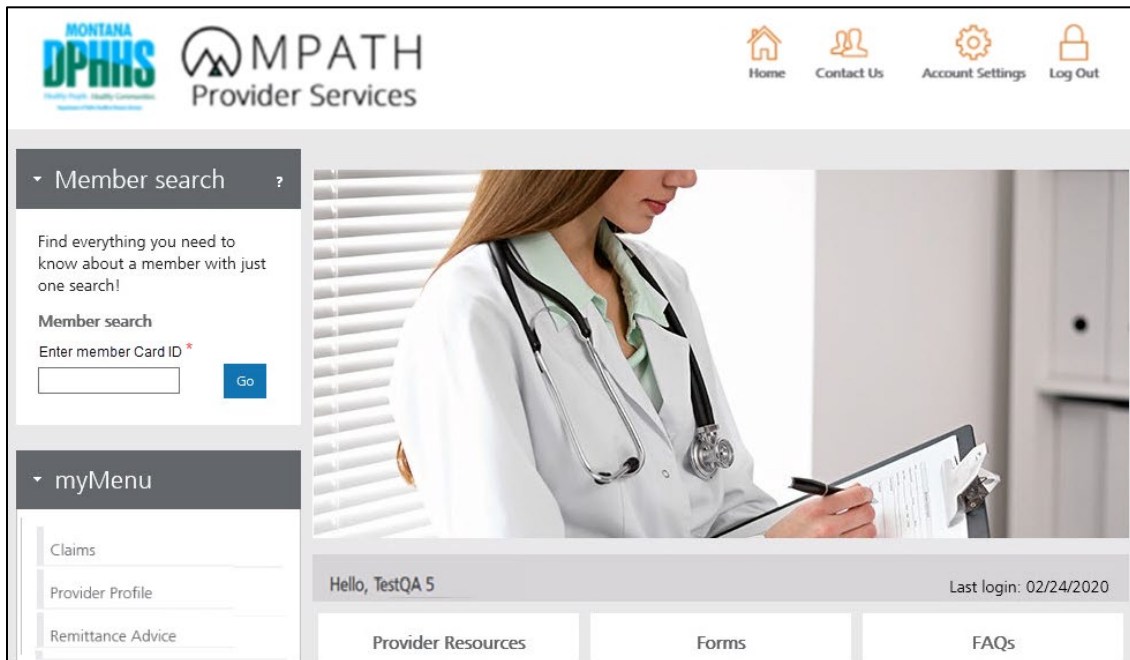


Figure 3-3: Provider Portal Secure Home

The home page consists of the following areas:

- **Global Navigation Panel:** This is available at the top of every page of the secure portal. Use this section to perform administrative tasks or basic website navigation. Refer to Table 3-1 and Figure 3-4.
- **Information Tiles:** Click on each of these tiles for access to Montana Healthcare Programs, Forms, Provider Manuals, and more. Refer to Figure 3-5.
- **myMenu:** This holds important pieces of data about your account or program. It is viewable on the left side of screen on every page of the secure portal. Refer to Table 3-2 and Figure 3-6.
- **Provider Profile Panel:** This shows the provider demographic information. Refer to Figure 3-7.
- **Site Footer** contains a link to the Optum Privacy statement. Refer to Figure 3-8.

Table 3-1: Global Navigation Panel Icons and Descriptions

Icon	Description
Home	Redirects the website to the secure portal home page.
Contact Us	This includes information on how portal users can contact Montana Department of Health and Human Services (DPHHS). Contact information is broken out between Provider Relations, Member Eligibility, Claims and Website Assistance.
Account Settings	Manage Optum GovID settings such as password and email addresses.
Log Out	Redirects the website to the secure portal home page.

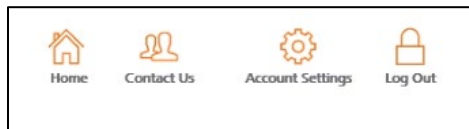


Figure 3-4: Global Navigation Panel

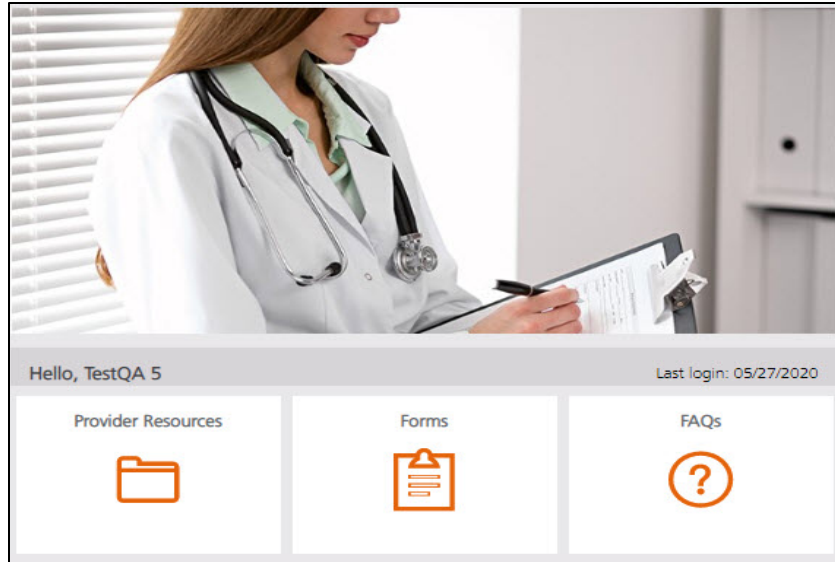


Figure 3-5: Information Tiles

Table 3-2: myMenu Options and Descriptions

Menu Option	Description
Claims	Use Claims to submit claims for adjudication, retrieve in progress claim submissions and manage claim templates.
Provider Profile	Use Provider Profile to view account and demographic information such as NPI or API, TIN and address information.
Remittance Advice	Use Remittance Advice to view details of adjudicated claims.
Correspondence History	Use Correspondence History to view sent correspondence/letters.
Provider Enrollment	Use Provider Enrollment to complete a new enrollment, reenroll, update information and disenroll from a program.
Provider Directory	Use the Provider Directory to search for all providers in the network using a wide range of search options, such as provider type, specialty or location.
Account Administration	Use Account Administration to add portal users and to view, edit and disable users.
Bulk HIPAA Transactions	Use Bulk HIPAA Transactions to view, upload and download Health Insurance Portability and Accountability Act (HIPAA) transactions.

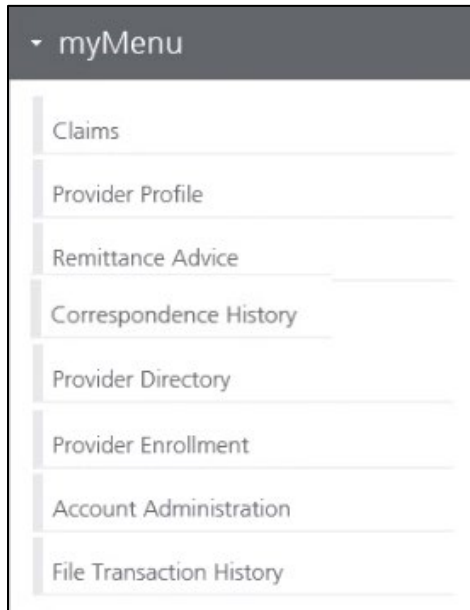


Figure 3-6: myMenu



Figure 3-7: Provider Profile Panel

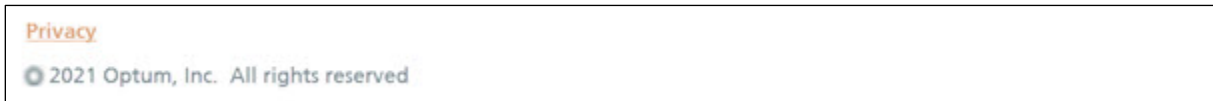


Figure 3-8: Site Footer

4. Resetting Passwords and Account Settings

This section describes how Montana Healthcare Programs’ providers update and reset their GovID password for the Montana Provider Portal. It also covers how providers update account information, such as username, security questions and answers.

1. Navigate to the Montana Provider Portal website. Refer to Section 1.3: Accessing the Montana Provider Portal.
2. Click **Provider**. Refer to Figure 4-1.



Figure 4-1: Montana Provider Portal Home Page

3. Click **Login and Registration**. Refer to Figure 4-2.

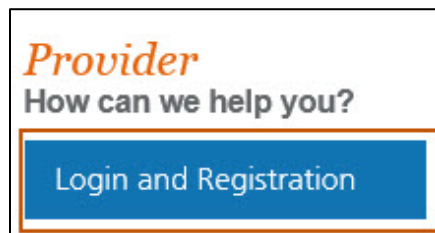


Figure 4-2: Login and Registration

4. On the Sign In page, there are two options for forgotten GovIDs and passwords:
 - a. **Forgot Optum GovID**, refer to Section 4.1: Forgot Optum GovID.
 - b. **Forgot Password**, refer to Section 4.2: Forgot Password.

4.1. Forgot Optum GovID

1. On the Optum GovID Sign In page, click **Forgot Optum GovID**. Refer to Figure 4-3.

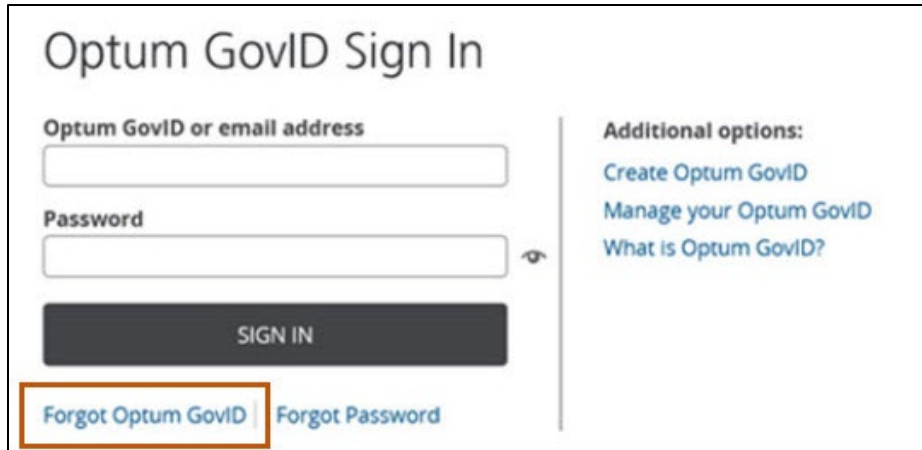


Figure 4-3: Forgot Optum GovID hyperlink

2. Enter the email address for the account in Email address field and click **NEXT**. Refer to Figure 4-4.

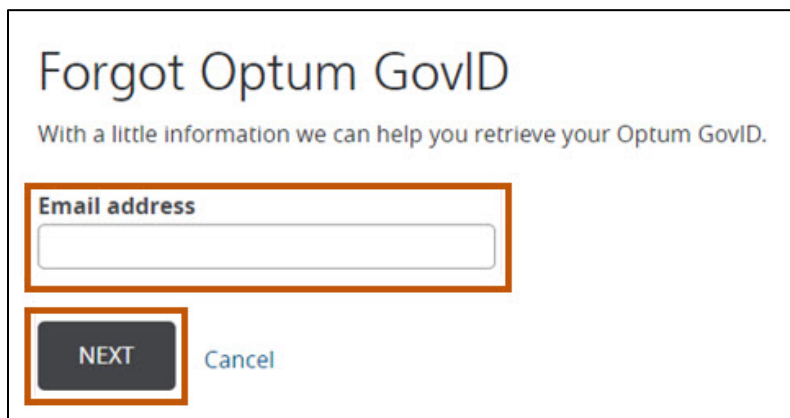


Figure 4-4: Forgot Optum GovID page

3. Click the Email option to recover the Optum GovID, then click **NEXT**. Refer to Figure 4-5.

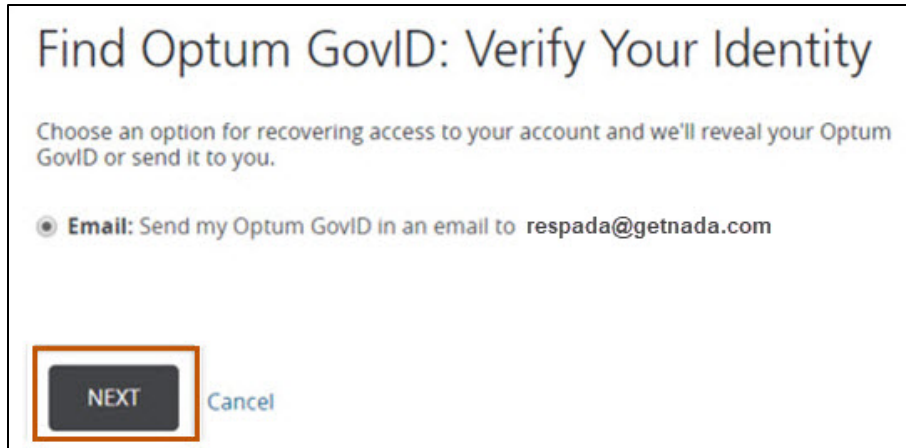


Figure 4-5: Optum GovID Verify Your Identity

4. Go to the inbox of the email account and open the message from Optum GovID. Locate the Optum GovID username provided in the email.
5. Enter the Optum GovID username you received into the field titled Optum GovID or email address. Refer to Figure 4-6.

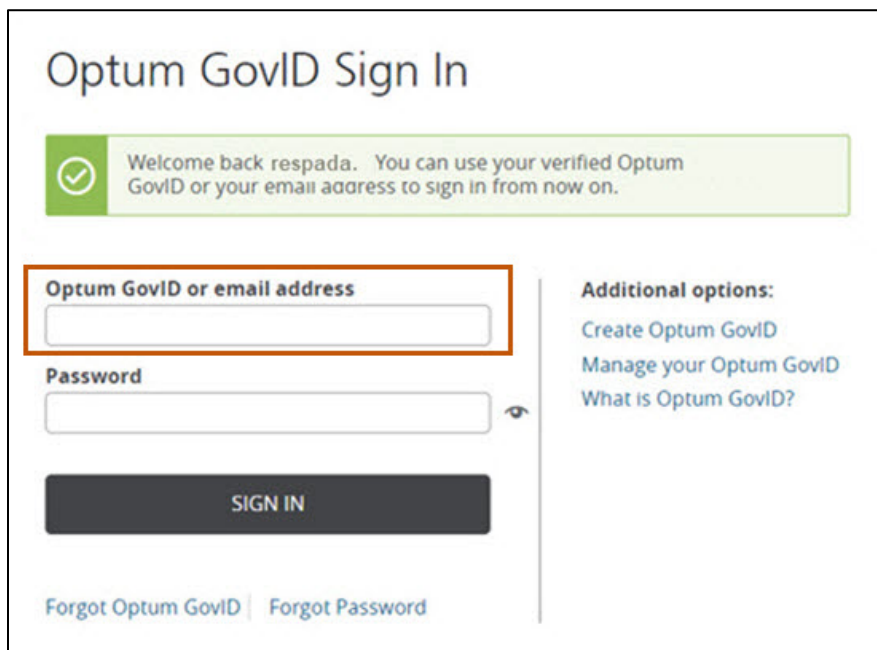


Figure 4-6: Retrieve Optum GovID Message

4.2. Forgot Password

1. On the Optum GovID Sign In page, select **Forgot Password**. Refer to Figure 4-7.

Figure 4-7: Forgot Password Link

2. Enter the email address or Optum GovID for the account in Email address or Optum GovID field and click **NEXT**. Refer to Figure 4-8.

Figure 4-8: Forgot Password

3. Click the Email option to reset the password, then click **NEXT**. Refer to Figure 4-9.

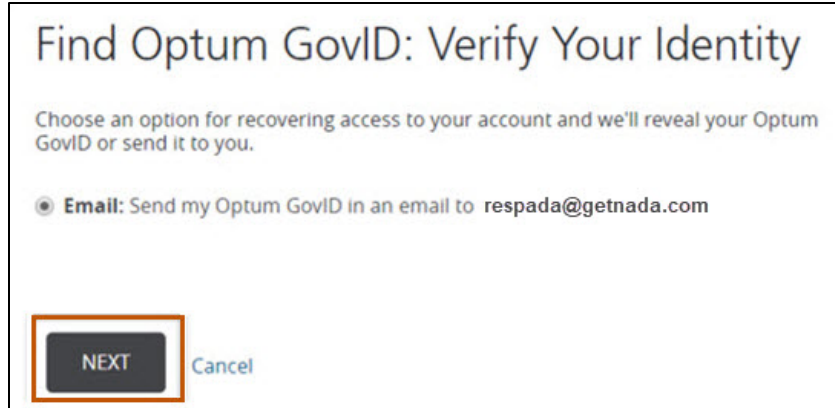


Figure 4-9: Verify Your Identity

4. Go to the inbox of the email account and open the email from Optum GovID. Click the **Reset Password** link in the email.
5. On the Reset Password screen, enter a new password in the New Password field, then reenter the password in the Type password again field. It must be entered exactly the same. Refer to Figure 4-10.

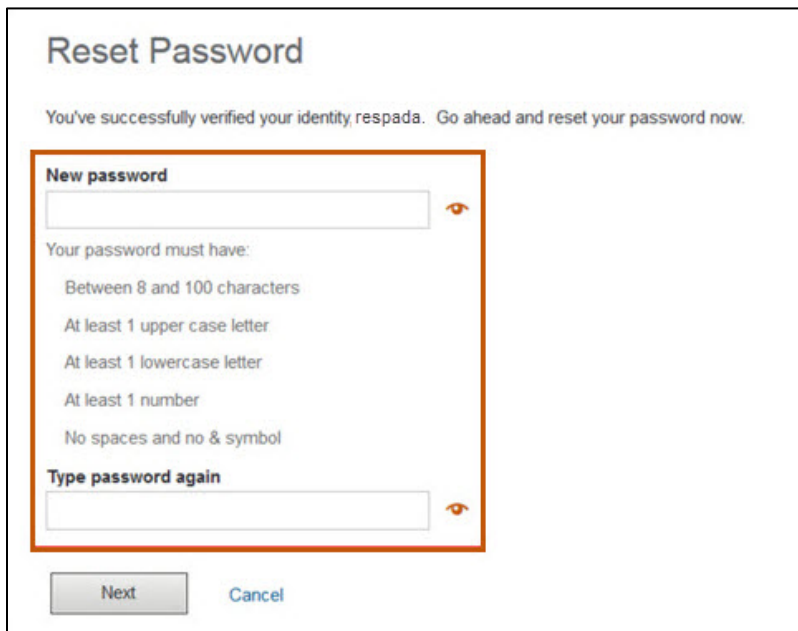


Figure 4-10: Reset Password

Important: The new password must meet the following requirements:

- a. Between eight and 70 characters in length

- b. At least one uppercase letter
 - c. At least one lowercase letter
 - d. At least one number
 - e. No spaces and no ampersand (&)
6. Click **Next**.
 7. Return to the Optum GovID Sign In page and complete the login steps located in Section 2.2. Log Into the Portal.

4.3. Updating Account Settings

This section explains how to access and update account settings when logged into the portal.

1. In the navigation header on any of the secure pages in the portal, click **Account Settings**. Refer to Figure 4-11.



Figure 4-11: Account Settings Page

2. Click **Go** within the GovID Profile Management section. Refer to Figure 4-12.

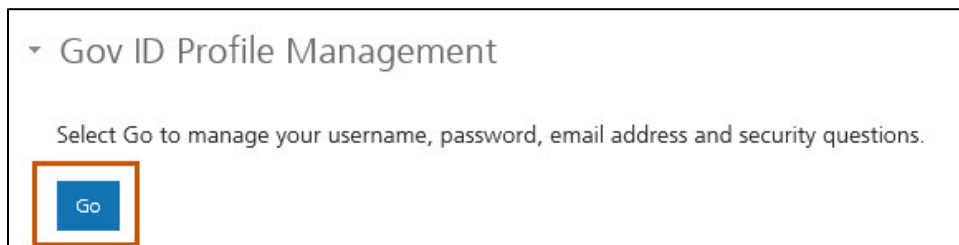


Figure 4-12: Account Settings Page

3. On the Manage Your Optum GovID page (refer to Figure 4-13), complete the information below.

- a. Profile Information: Add or update the user’s existing demographics information, including First name, Last name, Date of birth, etc.
- b. Sign In Information: Update the user’s existing password.
- c. Manage Verification Options: Update the user’s email, secondary email, phone number, and phone communication method.

Manage Your Optum GovID [Return to Adaptive Portals](#)

Keep your profile up-to-date, change your Optum GovID or password, and manage the options for verifying your identity.

Update Profile Sign In Information Manage Verification Options

First name

Middle name (optional)

Last name

Suffix (optional)

Prefix (optional)

Date of birth

mm-dd-yyyy

Home address (optional)

City (optional)

State (optional)
Select

ZIP code (optional)

Figure 4-13: Manage Your Optum GovID

4. Click **Save**.

5. Member Search

This section describes the options available after searching for a member, including Claims Inquiry, and Eligibility Search.

1. Log into the Montana Provider Portal. For more information, refer to Section 2.2: Log into the Portal.
2. Locate the Member search area on the secure landing page. Refer to Figure 5-1.

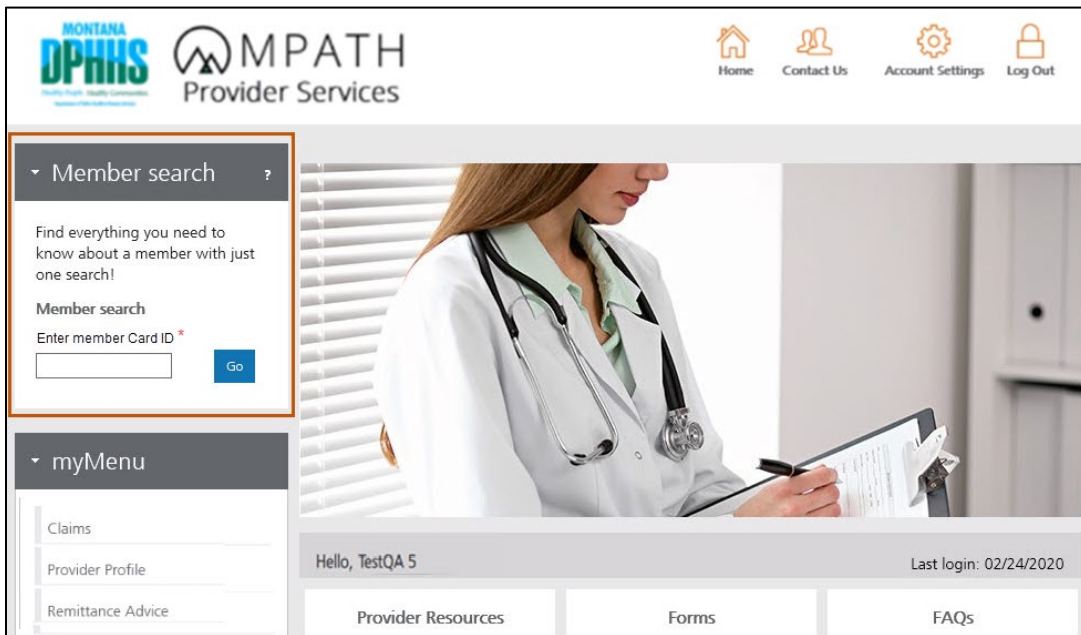


Figure 5-1: Member Search Area

3. Enter the member card ID into the Enter Member Card ID field within the Member search area. Refer to Figure 5-2.

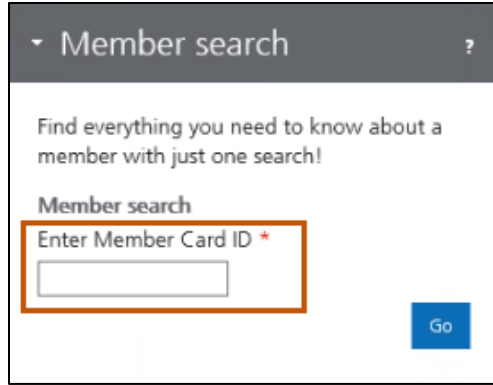


Figure 5-2: Enter Member Card ID Search Field

4. Click **Go**. Refer to Figure 5-3.

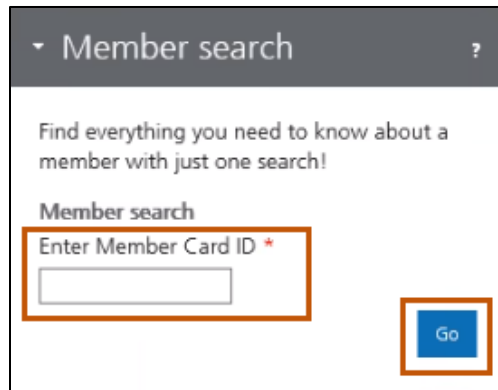


Figure 5-3: Enter Member Card ID and click Go

5. The Member found confirmation message displays with a list of additional functions to perform. Refer to Figure 5-4.

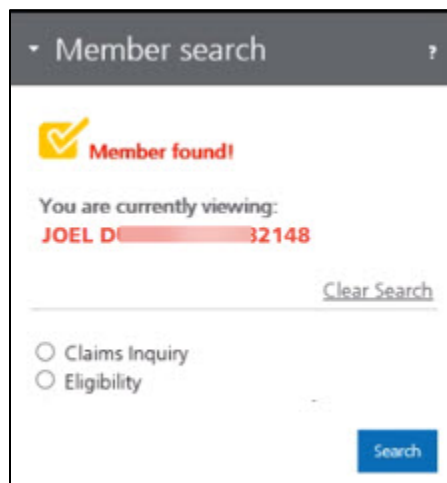


Figure 5-4: Member Search Options

6. The user has three function options when the member is found:
 - a. For Claims Inquiry, go to Section 5.1: Member Claims Inquiry.
 - b. For Eligibility, go to Section 5.2: Member Eligibility Search.

5.1. Member Claims Inquiry

This section describes the Member Claims Inquiry page. Locate this page after searching for a member in the Member search area. Providers can view their historical claims information associated to a specific member.

1. Login to Montana Provider Portal and search for a member. Refer to Section 5: Member Search.
2. When the Member found! confirmation message displays, select Claims Inquiry, then click **Search**. Refer to Figure 5-5.

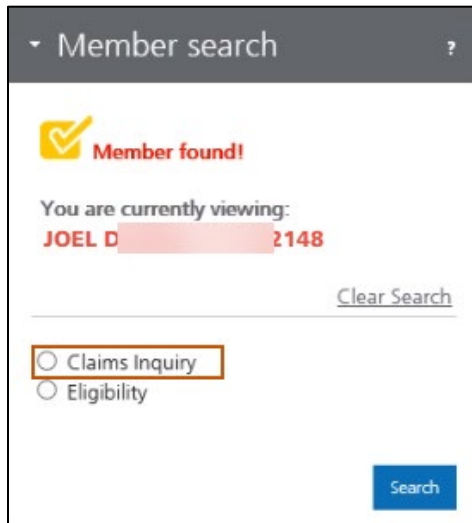


Figure 5-5: Claims Inquiry on Member Search

3. The Claim search page displays. Refer to Figure 5-6.

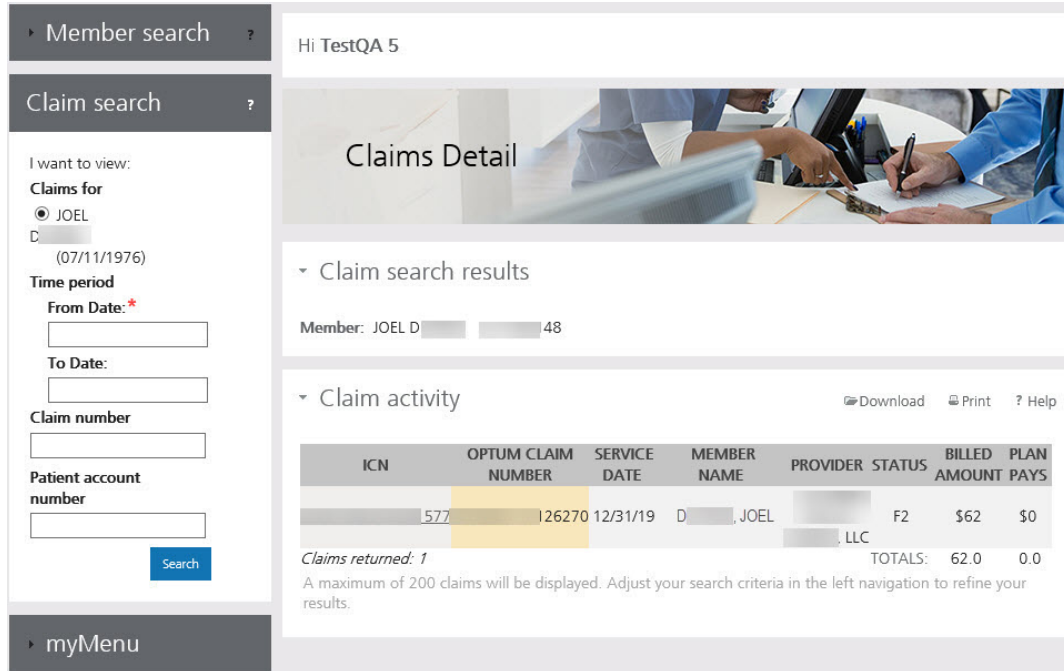


Figure 5-6: Claim Search Page

- In the Claim Search left navigation panel, the From Date is the only required field, as indicated on the screen with a red asterisk. A maximum of 200 claims display. Adjust the search criteria by adding the Claim number or the Patient account number (or both) in the left navigation to refine the results, then click the **Search** button. Refer to Figure 5-7.

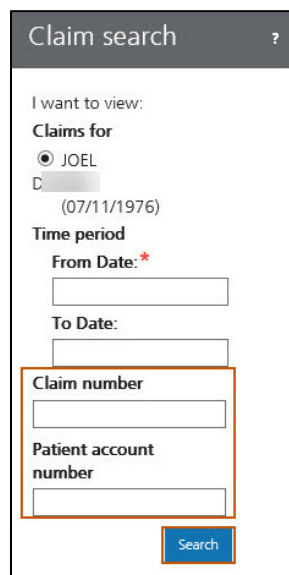


Figure 5-7: Claim Search Navigation

Result: The Claim Activity Detail page appears. Refer to Figure 5-8.

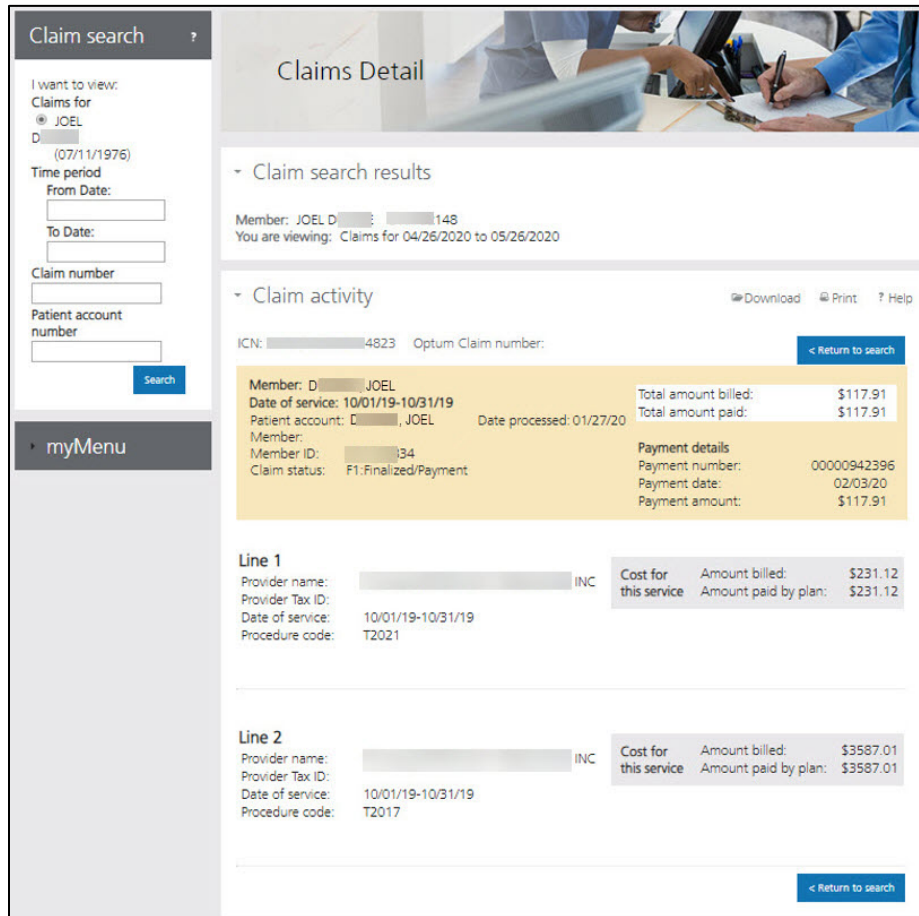


Figure 5-8: Claim Activity Details Page

On this page, the user can view the claim details including the following:

- a. Claim Search Details (refer to Figure 5-9) including the following:
 - i. Member’s Name and ID
 - ii. Claim Date of Service range searched

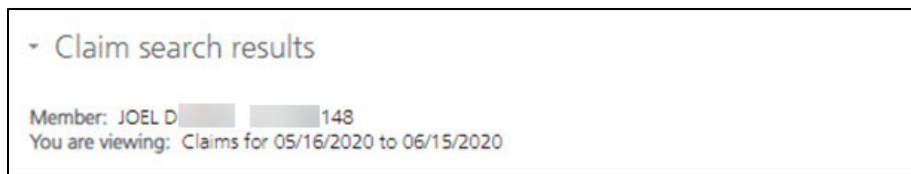


Figure 5-9: Claim Search Results Name and Date

- b. Claim Activity (refer to Figure 5-10) including the following:
 - i. Claim Number
 - ii. Date of Service
 - iii. Patient Account
 - iv. Date Processed
 - v. Member Name and ID
 - vi. Claim Status
 - vii. Total Amount Billed/Paid
 - viii. Payment Number
 - ix. Payment Date
 - x. Payment Amount

Member: D [REDACTED], JOEL	Total amount billed:	\$117.91
Date of service: 10/01/19-10/31/19	Total amount paid:	\$117.91
Patient account: D [REDACTED], JOEL	Date processed: 01/27/20	
Member:	Payment details	
Member ID: [REDACTED] 134	Payment number:	00000942396
Claim status: F1:Finalized/Payment	Payment date:	02/03/20
	Payment amount:	\$117.91

Figure 5-10: Claim Search Results – Claim details

- c. Detailed Claim Line Items (refer to Figure 5-11) including:
 - i. Provider Name and Tax ID
 - ii. Date of Service
 - iii. Procedure Code
 - iv. Amount Billed
 - v. Amount Paid by Plan

Line 1			
Provider name:	[REDACTED]	INC	
Provider Tax ID:			
Date of service:	10/01/19-10/31/19		
Procedure code:	T2021		
	Cost for this service	Amount billed:	\$231.12
		Amount paid by plan:	\$231.12

Figure 5-11: Claim Search Results – Provider Billing Information

5.2. Member Eligibility Search

1. Log in to Montana Provider Portal and search for a member. Refer to Section 5: Member Search.
2. When the **Member found!** confirmation message displays, select Eligibility, then click **Search**. Refer to Figure 5-12.

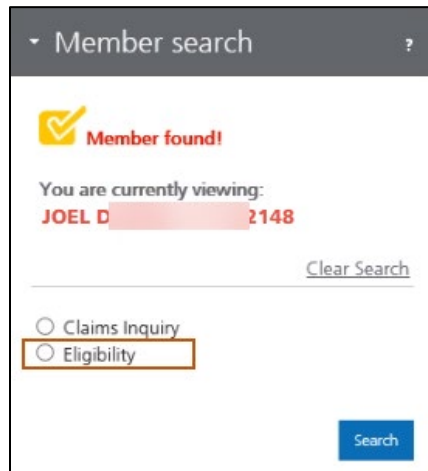


Figure 5-12: Eligibility in Member Search

Choosing the Eligibility search takes the user to the Montana Access to Health Web Portal. Member Eligibility details can be obtained after logging in. Refer to Figure 5-13.

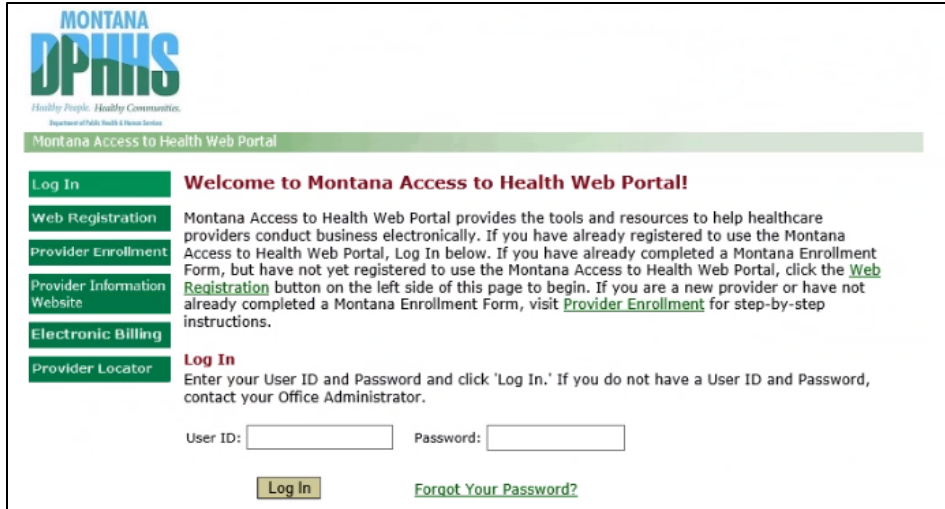


Figure 5-13: Montana Access to Health Web Portal

6. Claim Submission

This section describes the Claims process for Montana Healthcare Programs providers on the Montana Provider Portal. It includes the following subsections:

- Submitting claims for professional, facility and dental services
- Accessing in-progress claim submissions
- Using claim submission templates for all claim types

6.1. Submit a Professional Claim

These instructions explain how to submit a professional claim.

1. Log into the Montana Provider Portal. For more information, refer to Section 2.2: Log into the Portal.
2. Hover over **Claims** under myMenu. Refer to Figure 6-1.

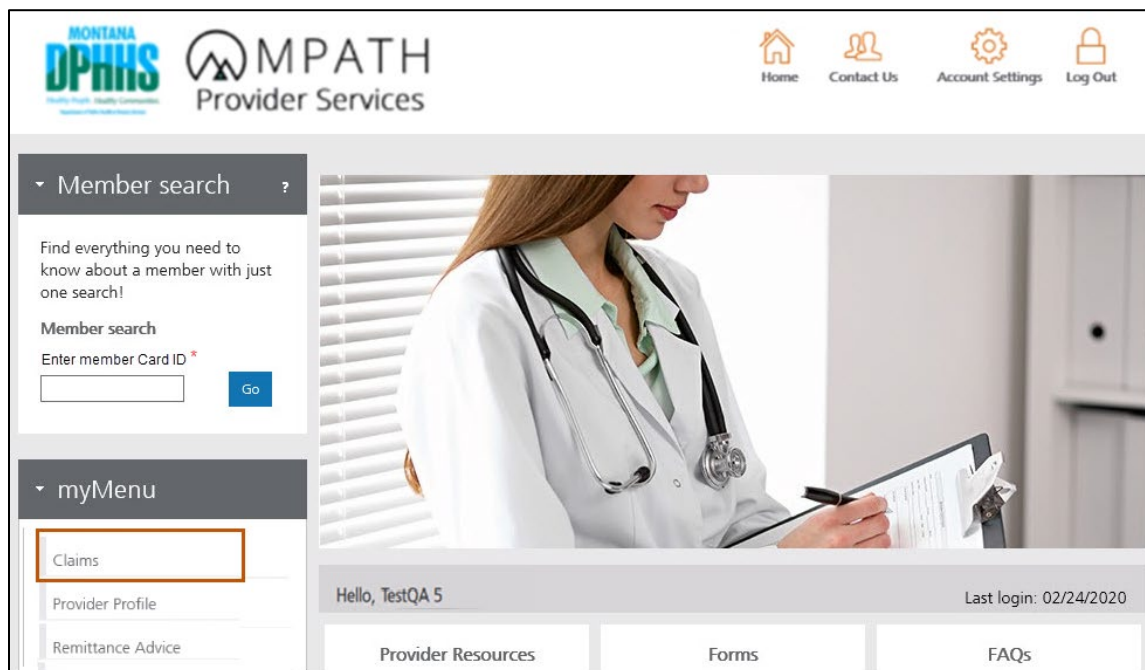


Figure 6-1: Select Claims from myMenu.

3. Select **Professional Submission** from the secondary menu. Refer to Figure 6-2.

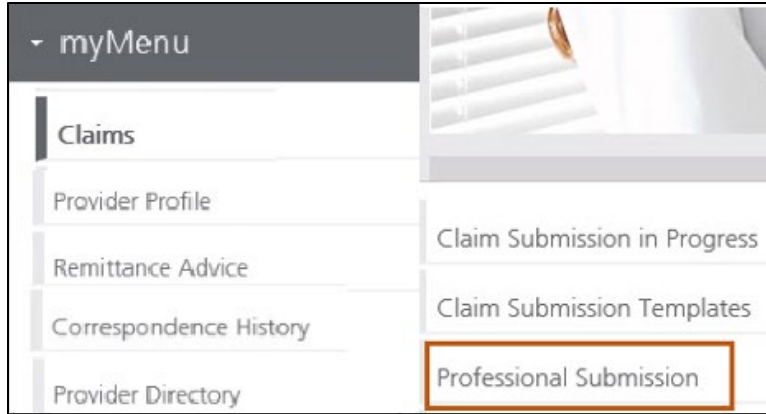


Figure 6-2: Select Professional Submission

4. The Professional Claim Submission page displays. There are four main sections to the Professional Claim Form. Table 6-1 describes these sections in detail. Refer to Figure 6-3.

Table 6-1: Professional Claim Submission Form Sections and Descriptions

Section	Description
Provider Details	Billing, rendering and referring provider information for the claim
Member Details	Information for the member for whom the claim is being submitted
Claim Information	Service details such as procedure codes, diagnosis codes and modifiers
Terms and Agreements	Legal attestation and online signature

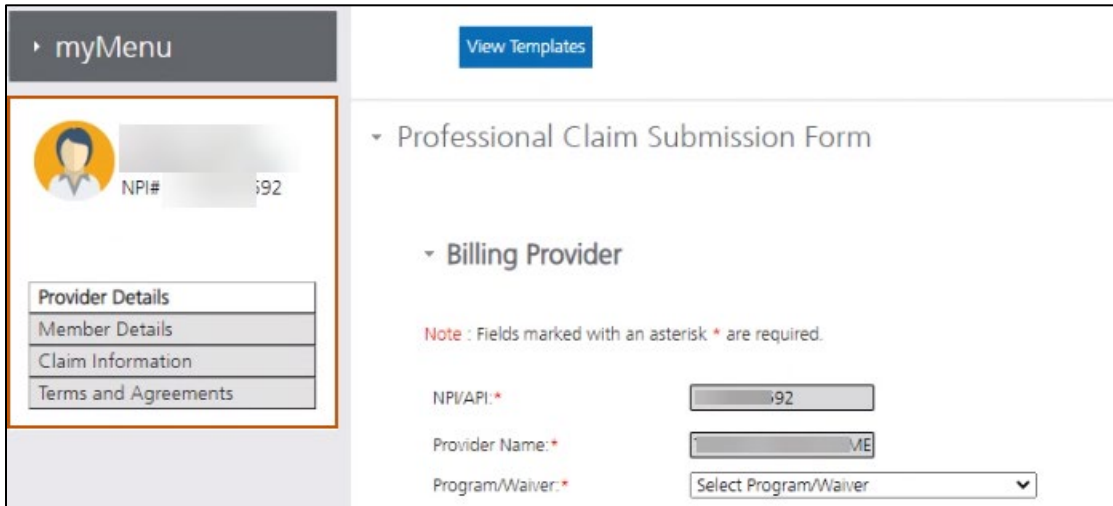


Figure 6-3: Four sections of the Professional Claim Submission Form

Note: Templates are available for professional claims. Click **View Templates** and select **Claim Submission Templates**. For instructions on how to use the templates, refer to Section 6.5: Using Professional Claim Templates. Refer to Figure 6-4.

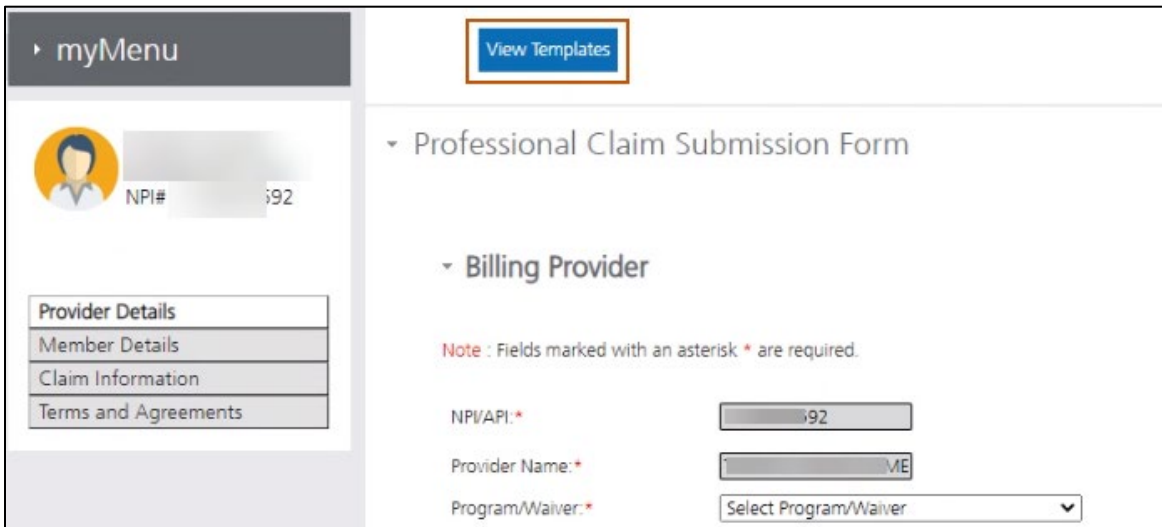


Figure 6-4: View Templates button

5. Review the provider information displayed in the Provider Details section. Refer to Figure 6-5.

The screenshot shows the 'Professional Claim Submission Form' with a 'Billing Provider' section. A 'myMenu' sidebar on the left contains links for 'Provider Details', 'Member Details', 'Claim Information', and 'Terms and Agreements'. The 'Billing Provider' section includes a note: 'Note: Fields marked with an asterisk * are required.' The fields are: NPI/API: * (text input with '92'), Provider Name: * (text input with 'EME'), Program/Waiver: * (dropdown menu with 'School Based Services - CSCT'), Specialty: * (dropdown menu with 'Local Education Agency (LEA)'), Service Location Address 1: * (text input with 'E W'), Service Location Address 2: (text input), City: * (text input), State: * (dropdown menu with 'MT'), ZIP: * (text input with '596...'), Taxonomy Code: * (text input with '251300000X'), and Team Number: * (dropdown menu with 'TEAM 03'). Below these are checkboxes for 'Referring Provider' and 'Ordering Provider', both currently unchecked. At the bottom right are buttons for 'Save and Continue', 'Save and Exit', and 'Cancel'.

Figure 6-5: Professional Claim Submission Form – Provider Details

Note: Service Location Address is the physical location of the provider where services are provided or rendered. Taxonomy Code is the unique 10-character code that designates the provider’s classification and specialization. Team Numbers are assigned for various State and Waiver programs. Refer to Figure 6-5 above.

This close-up shows the 'Billing Provider' section. The 'NPI/API: *' field contains the value '879' and has a dropdown arrow icon highlighted with a red square. The 'Provider Name:' field is empty.

Figure 6-6: NPI/API Selection List for Billing Provider

Note: If provider has multiple NPIs or APIs associated to the portal account, then select correct NPI or API from the list in **Billing Provider** section. Refer to Figure 6-6 above.

6. Determine if there is a Rendering Provider.
 - a. If the provider is a Rendering Provider, then the Rendering Provider section displays, and the fields automatically populate with the applicable rendering provider fields. Refer to Figure 6-7.

The screenshot shows a form titled "Rendering Provider". At the top, there are two input fields: "NPVAPI:" and "Provider Name:". These two fields are enclosed in a red rectangular border. Below these fields is a link labeled "Select Address". Underneath the link are five more input fields, each with a label to its left: "Service Location Address 1:", "Service Location Address 2:", "City:", "State:", and "ZIP:". Each of these fields has a corresponding input box to its right.

Figure 6-7: Rendering Provider Fields

- b. If the provider is a direct pay to provider, then go to Step 13.
7. The Rendering Provider’s address populates into the **Service Location** fields.

Note: If the Rendering Provider has multiple service addresses, then click **Select Address** and choose correct service address. Refer to Figure 6-8.

Rendering Provider

NPI/API: [Redacted]

Provider Name: [Redacted]

[Select Address]

Service Location Address 1: [Redacted]

Service Location Address 2: [Redacted]

City: [Redacted]

State: [Redacted]

ZIP: [Redacted]

Figure 6-8: Select Address

8. Review the **Billing Provider** and the **Rendering Provider** sections for accuracy.
 - a. If the information is correct, go to the next step.
 - b. If the information is incorrect, please contact Montana Provider Relations at 1 (800) 624-3958.

9. Determine if there is a Referring or Ordering Provider.
 - a. If there is a Referring or Ordering Provider, then go the next step.
 - b. If there is not a Referring or Ordering Provider, then go to Step 13.

10. Select the **Referring Provider** checkbox or the **Ordering Provider** checkbox (or both). Refer to Figures 6-9 and 6-10.

Referring Provider

There is a referring provider for this claim.

Figure 6-9: Referring Provider checkbox

Ordering Provider

There is an ordering provider for this claim.

Figure 6-10: Ordering Provider checkbox

11. Click **Save and Continue** to display the Provider Search field. To use this feature, type an NPI or API in the search field provided and click **Go**. Refer to Figure 6-11.

Figure 6-11: Referring or Ordering Provider NPI/API Search

12. From the search results, select the search record you want to associate to the claim.

13. Table 6-2 describes the navigation buttons available in the interface and describes their actions and results when clicked. Refer to Figure 6-12.

Table 6-2: Professional Claim Form Navigation Buttons – Provider Details Page

Button	Action	Result
Save and Continue	Click Save and Continue .	Member Details page displays. Refer to Figure 6-14.
Save and Exit	Click Save and Exit .	Claim information saves in the Claim Submission In Progress Workbench. Note: This saves any progress on the claim form so the provider can access it later.
Cancel	Click Cancel .	The claim form closes without saving. Note: This cancels out the claim form.



Figure 6-12: Claim Form Navigation Buttons

14. Enter the Member Card ID in the field shown, then click the Go button. Refer to Figure 6-13.

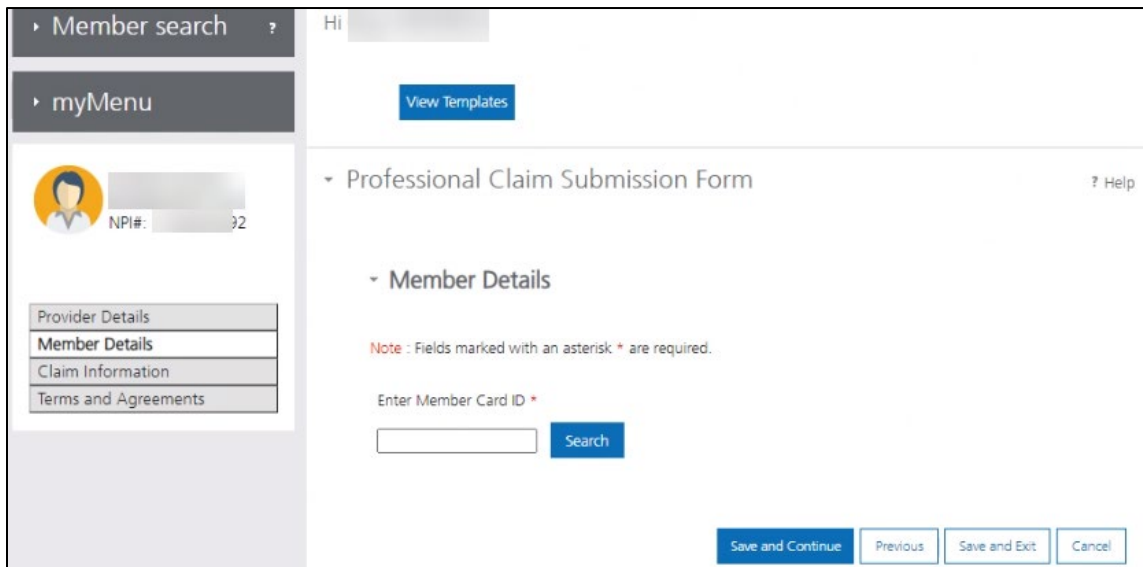


Figure 6-13: Enter Member Card ID

The Member Details screen will open, populated with the member details for the ID provided. Refer to Figure 6-14.

Figure 6-14: Professional Claim Submission Form – Member Details

15. Review all fields on the page for accuracy. Table 6-3 lists all Member Details fields (Figure 6-14) and their descriptions.

- a. If the member’s information is correct, go to the next step.
- b. If the member’s information is incorrect, please contact Montana Provider Relations at 1 (800) 624-3958.

Important: Fields marked with a red asterisk indicate a required entry.

Table 6-3: Member Details Fields and Description

Field	Action
Member Card ID	Review the Member Card ID field that was entered. This field is required.

Field	Action
Medicaid Recipient ID	Review the Medicaid Recipient ID. This field is required.
Patient Account Number	If the claim needs a patient account number, enter the number in the Patient Account Number field provided. This is for the provider's record only. This field is optional.
First Name	Review the member's first name in the First Name field. This field is required.
Middle Name	Review the member's middle name in the Middle Name field. This field is optional.
Last Name	Review the member's last name in the Last Name field. This field is required.
Date of Birth	Review the member's birth date in the Date of Birth field in MMDDYYYY format. This field is required.
Gender	Review the member's gender. Options are Male and Female. This selection is required.
Mailing Address 1	Review the member's primary address in the Mailing Address 1 field. This field is required.
Mailing Address 2	Review any additional address details in the Mailing Address 2 field. This field is optional.
City	Review the member's city in the field provided. This field is required.
State	Review the member's state from the State list. This field is required.
Zip	Review the member's ZIP code in the ZIP field. This field is required.

16. Table 6-4 describes the navigation buttons available in the interface and describes their actions and results when clicked. Refer to Figure 6-15.

Table 6-4: Professional Claim Form Navigation Buttons – Member Details Page

Button	Action	Result
Save and Continue	Click Save and Continue .	Claim Information page displays. Refer to Figure 6-16 and 6-17.
Previous	Click Previous .	The previous page displays.
Save and Exit	Click Save and Exit .	Claim information saves in the Claim Submission In Progress Workbench. Note: This saves any progress on the claim form so the provider can access it later.
Cancel	Click Cancel .	The claim form closes without saving. Note: This cancels out the claim form.



Figure 6-15: Claim Form Navigation Options

Professional Claim Submission Form
Help

Claim Information

Note : Fields marked with an asterisk * are required.

Note : Do not include any decimals when entering Diagnosis Code Information. Enter at least first three (3) characters of a Diagnosis and/or Procedure code before utilizing the search icon.

Diagnosis Codes

Diagnosis Codes (ICD 10):

1 *	2	3	4	5	6
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7	8	9	10	11	12
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Claim Details

Note : COB 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	EPST	Emergency Service	Family Planning
<input type="text"/>	<input type="text"/>	Select	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$		COB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	Select	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$		COB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	Select	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$		COB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	Select	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$		COB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	Select	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$		COB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	Select	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$		COB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	Select	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$		COB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	Select	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$		COB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	Select	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$		COB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	Select	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$		COB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Total Charges: \$

Figure 6-16: Professional Claim Form – Claim Information Page, 1 of 2

Is this a void or replacement of a previously submitted claim? * Yes No

Are you submitting COB at the claim level? Yes No

Is the member's condition related to:

First date related to Member's condition:

Is this Member deceased? * Yes No

Is member unable to work in current occupation? * Yes No

Is hospitalization related to current services? * Yes No


Clinical Laboratory Improvement Amendment Number needed for this claim? * Yes No

Is there a prior authorization for this claim? * Yes No

Is there a Referral for this claim? * Yes No

Do you have attachments for this claim? * Yes No

Figure 6-17: Professional Claim Form – Claim Information Page, 2 of 2

Note: A checkmark above COB () indicates all required COB fields have been populated.

17. Complete all applicable fields on the **Claim Information** page. Appendix C – Professional Claim Form Fields and Descriptions lists each field and describes how to complete them. Refer to Figures 6-16 and 6-17 above.

Important: Fields marked with a red asterisk indicate a required entry.

18. Determine if the provider needs to search for **Diagnosis Code** or **CPT/HCPCS Code**.

- a. If searching by Diagnosis Code or CPT/HCPCS code, then go to the next step.
- b. If the provider has the Diagnosis Code or CPT/HCPCS code, then enter the valid **Diagnosis Code** or **CPT/HCPCS** code in the appropriate field and go to Step 21.

19. In the Diagnosis Code entry fields or in the Service Description grid within the CPT/HCPCS Code fields, enter at least the first three characters of the code and click the **Search** icon. Refer to Figures 6-18 and 6-19.

Note : Do not include any decimals when entering Diagnosis Code information. Enter at least first three (3) characters of a Diagnosis and/or Procedure code before utilizing the search icon.

Diagnosis Codes

Diagnosis Codes (ICD 10):

1 *	2	3	4	5	6
<input type="text" value="E7800"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7	8	9	10	11	12
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Claim Details

Note : indicates all required fields of COB have been entered.

From Date*	To Date*	POS*	CPT/ HCPCS Code*	Modifier	Diagnosis Pointer*	Charges*	Days or Units*	COB	NDC	EPSDT	Emergency Service	Family Planning
11/01/2021	11/01/2021	Select	80061		1	\$ 57.00	1.00	COB			<input type="checkbox"/>	<input type="checkbox"/>
		Select	<input type="text"/>			\$		COB			<input type="checkbox"/>	<input type="checkbox"/>
		Select	<input type="text"/>			\$		COB			<input type="checkbox"/>	<input type="checkbox"/>
		Select	<input type="text"/>			\$		COB			<input type="checkbox"/>	<input type="checkbox"/>
		Select	<input type="text"/>			\$		COB			<input type="checkbox"/>	<input type="checkbox"/>
		Select	<input type="text"/>			\$		COB			<input type="checkbox"/>	<input type="checkbox"/>
		Select	<input type="text"/>			\$		COB			<input type="checkbox"/>	<input type="checkbox"/>
		Select	<input type="text"/>			\$		COB			<input type="checkbox"/>	<input type="checkbox"/>
		Select	<input type="text"/>			\$		COB			<input type="checkbox"/>	<input type="checkbox"/>

Total Charges: \$ 57.00

Figure 6-18: Diagnosis Code and Procedure Code Search

Search Results	
Code	Description
<u>E7800</u>	Pure hypercholesterolemia, unspecified
<u>E7801</u>	Familial hypercholesterolemia
<u>E781</u>	Pure hyperglyceridemia
<u>E782</u>	Mixed hyperlipidemia
<u>E783</u>	Hyperchylomicronemia
<u>E7841</u>	Elevated Lipoprotein(a)
<u>E7849</u>	Other hyperlipidemia
<u>E785</u>	Hyperlipidemia, unspecified
<u>E786</u>	Lipoprotein deficiency
<u>E7870</u>	Disorder of bile acid and cholesterol metabolism, unspecified
<u>E7871</u>	Barth syndrome
<u>E7872</u>	Smith-Lemli-Opitz syndrome
<u>E7879</u>	Other disorders of bile acid and cholesterol metabolism
<u>E7881</u>	Lipoid dermatoarthritis
<u>E7880</u>	Other lipoprotein metabolism disorders

Cancel

Figure 6-19: Diagnosis Code Search Result

20. Select correct code from search results by clicking on the **Code number** in the Search Results window. Refer to Figure 6-20.

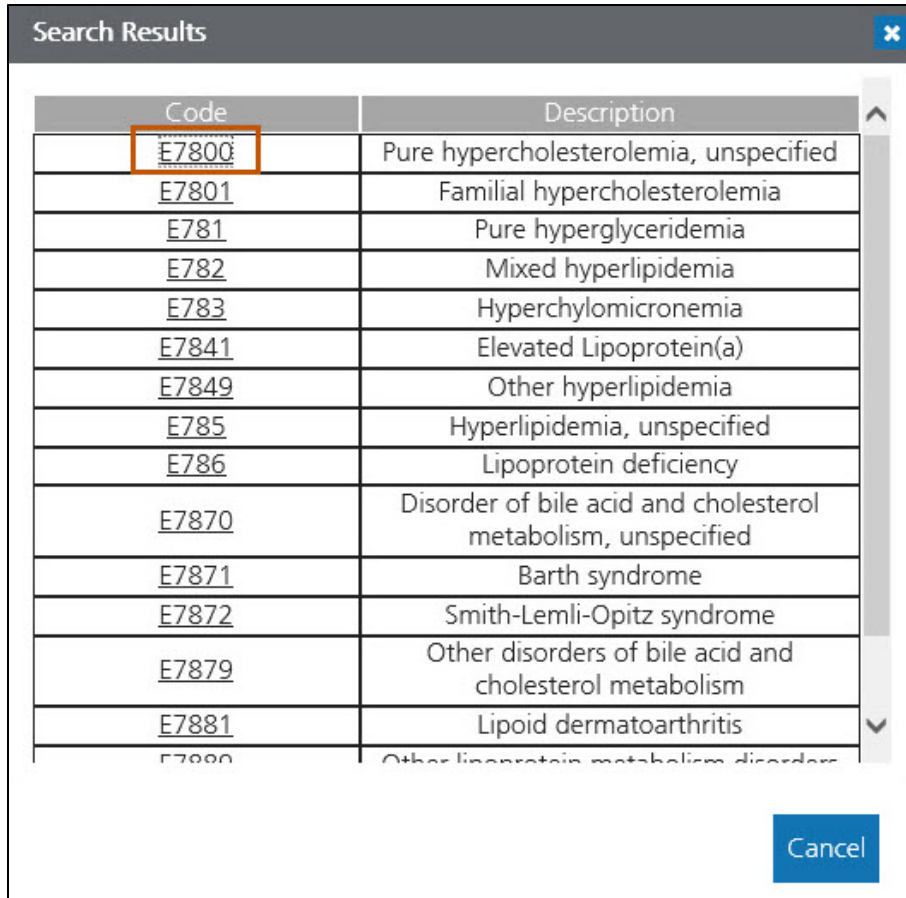


Figure 6-20: Click the Diagnosis Code to Add It to the Claim Information Page

21. Table 6-5 describes the navigation buttons available in the interface and describes their actions and results when clicked. Refer to Figure 6-21.

Table 6-5: Professional Claim Form Navigation Buttons – Claim Information Page

Button	Action	Result
Save and Continue	Click Save and Continue .	The Terms and Agreements page displays. Refer to Figure 6-22.
Previous	Click Previous .	The previous page displays.
Save and Exit	Click Save and Exit .	Claim information saves in the Claim Submission In Progress Workbench. Note: This saves any progress on the claim form so the provider can access it later.

Button	Action	Result
Cancel	Click Cancel .	The claim form closes without saving. Note: This cancels out the claim form.



Figure 6-21: Claim Form Navigation Options

▾ Professional Claim Submission Form

▾ Terms and Agreements

Note : Fields marked with * are required.

Please key in provider name and NPI to certify the information on this form is accurate and terms and conditions have been satisfied.

Provider Name:*

NPI/API:*

I certify I have read the [Terms and Conditions](#) that apply to this bill and are made a part thereof.

Figure 6-22: Professional Claim Submission Form – Terms and Agreements

22. Click **Terms and Conditions** and review them. Refer to Figure 6-22 above.

23. Click the **checkbox** to agree to the terms and conditions.

Note: Provider will not be able to submit claim if this box is not selected.

24. Table 6-6 describes the navigation buttons available in the interface and describes their actions and results when clicked.

Table 6-6: Professional Claim Form Navigation Buttons – Terms and Agreements Page

Button	Action	Result
Submit	Click Submit .	The Professional Claim successfully submits, and the claim number displays. Refer to Figure 6-23.
Previous	Click Previous .	The previous page displays.
Save and Exit	Click Save and Exit .	Claim information saves in the Claim Submission In Progress Workbench. Note: This saves any progress on the claim form so the provider can access it later.
Cancel	Click Cancel .	The claim form closes without saving. Note: This cancels out the claim form.

25. Upon submission, the confirmation message displays with the claim number. Click the **Print** icon to display all claim details entered and print or save locally. Click **Continue** to close the message. Refer to Figure 6-23.

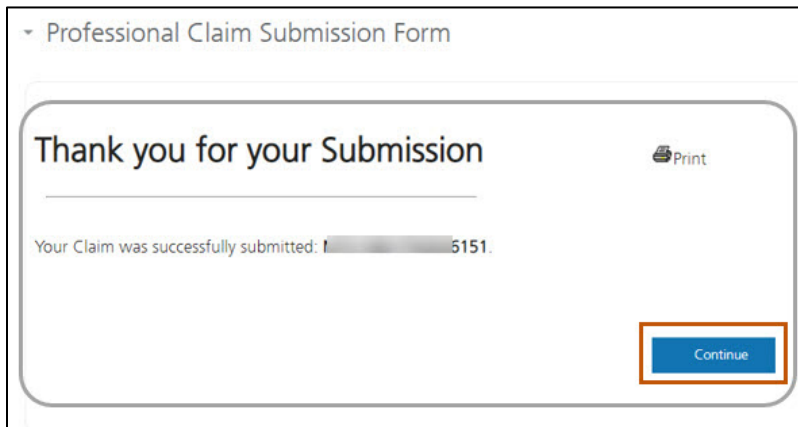


Figure 6-23: Claim Submission Confirmation and Claim ID

6.2. Submit a Facility Claim

These instructions explain how to submit a facility claim.

1. Log into the Montana Provider Portal. For more information, refer to Section 2.2: Log into the Portal.

2. Hover over **Claims** under myMenu. Refer to Figure 6-24.

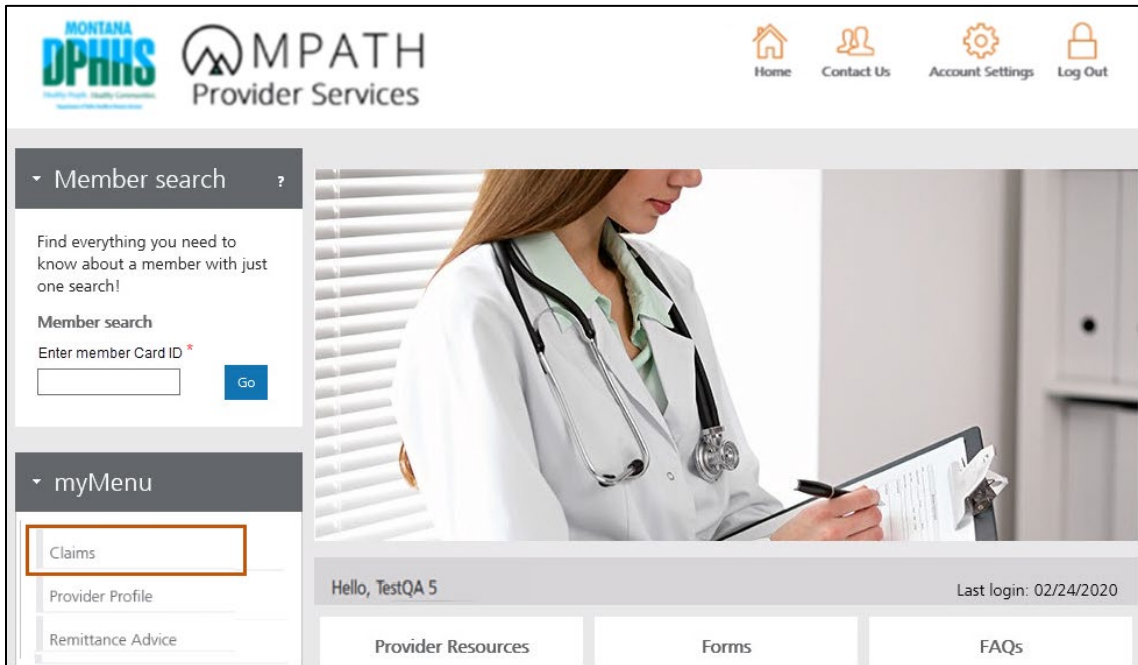


Figure 6-24: Select Claims from myMenu

3. Select **Facility Submission** from the secondary menu. Refer to Figure 6-25.

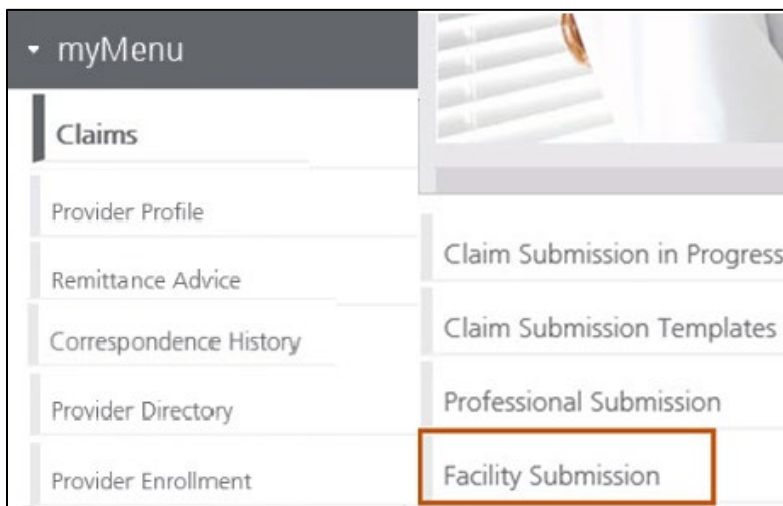


Figure 6-25: Select Facility Submission

4. The Facility Claim Submission Form displays on the Provider Details page. Refer to the **instructions** found in this section to complete the claim form. Refer to Figure 6-26.

The screenshot shows the 'Facility Claim Submission Form' with a 'Billing Provider' section. The form includes a 'myMenu' sidebar with a user profile and a 'View Templates' button. The 'Billing Provider' section contains a note that fields marked with an asterisk are required. The fields and their values are: NPV/API (61), Provider Name (ALTH), Program/Waiver (Montana Medicaid (HMK Plus)), Specialty (Clinic/Center; Federally Qualified Health Cen), Service Address 1 (NA), Service Address 2, City, State (MT), ZIP (598), Taxonomy Code (261QF0400X), and Enrollment Unit (0000393584). There are also checkboxes for 'Attending Provider', 'Operating Provider', 'Other Provider 1', and 'Other Provider 2', all of which are currently unchecked. At the bottom right, there are buttons for 'Save and Continue', 'Save and Exit', and 'Cancel'.

Figure 6-26: Provider Details Page on Facility Claim Submission Form

5. There are four main sections to the Facility Claim Submission Form. Table 6-7 describes these sections in detail. Refer to Figure 6-27.

Table 6-7: Facility Claim Submission Form Sections and Descriptions

Section	Description
Provider Details	Billing, rendering and referring provider information for the claim

Section	Description
Member Details	Information for the member for whom the claim is being submitted
Claim Information	Service details such as revenue codes, diagnosis codes and modifiers
Terms and Agreements	Legal attestation and online signature

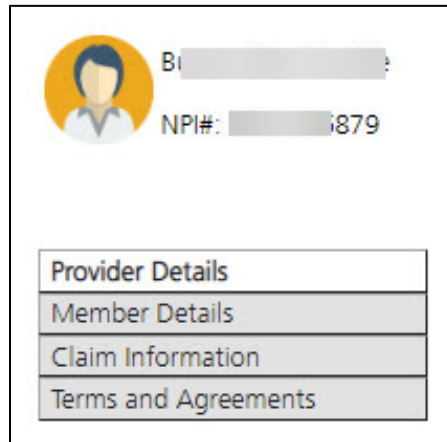


Figure 6-27: Sections of the Facility Claim Submission Form

Note: Templates are available for facility claims. Click **View Templates** and select **Claim Submission Templates**. For instructions on how to use the templates, refer to Section 6.6: Using Facility Claim Templates. Refer to Figure 6-28.

The screenshot shows a web form titled "Facility Claim Submission Form". At the top left, a blue button labeled "View Templates" is highlighted with a red box. Below the title, there is a section for "Billing Provider". A red note states: "Note : Fields marked with an asterisk * are required." The form contains several input fields with the following values:

- NPI/API: * [61]
- Provider Name: * [ALTH]
- Program/Waiver: * [Montana Medicaid (HMK Plus)]
- Specialty: * [Clinic/Center, Federally Qualified Health Cen]

Below the Billing Provider section is the "Service Location" section, which includes the following fields:

- Service Address 1: * [NA]
- Service Address 2: []
- City: * []
- State: * [MT]
- ZIP: * [598]
- Taxonomy Code: * [261QF0400X]
- Enrollment Unit: * [0000393584]

Figure 6-28: Select View Templates to use a Claim Template

Note: Service Location Address is the physical location of the provider where services are provided or rendered. Taxonomy Code is the unique 10-character code that designates the provider’s classification and specialization. Team Numbers are assigned for various State and Waiver programs. Refer to Figure 6-28 above.

6. Review the NPI/API and the Provider Name fields and select the applicable NPI/API, if necessary.

Note: These fields automatically populate based on the provider's information. If the provider has multiple NPIs or APIs associated to the portal account, a selection list displays.

- a. If the provider does not have multiple NPIs or APIs associated to portal account, then go the next step.
- b. If the provider has multiple NPIs or APIs associated to portal account, then select correct NPI/API from the NPI/API list and go to the next step. Refer to Figure 6-29.

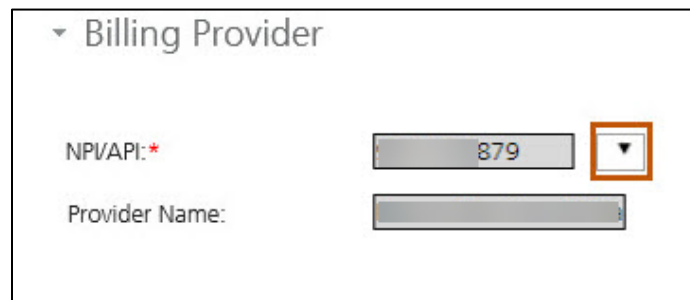
The image shows a screenshot of a web form titled "Billing Provider" with a dropdown arrow to the left. Below the title, there are two rows of input fields. The first row is labeled "NPI/API: *" in red text. It contains a text box with the number "879" and a dropdown menu icon to its right, which is highlighted with an orange square. The second row is labeled "Provider Name:" and contains an empty text box.

Figure 6-29: NPI/API Selection List for Billing Provider

7. Review the Billing Provider and the Rendering Provider sections for accuracy.
 - a. If the information is correct, go to the next step.
 - b. If the information is incorrect, please contact Montana Provider Relations at 1 (800) 624-3958.
8. Determine if there are multiple Service Locations associated to Billing Provider.
 - a. If there is only one service location associated to Billing Provider, then go to Step 11.
 - b. If there are multiple service locations associated to Billing Provider, then go to the next step.
9. Click **Select Address**. Refer to Figure 6-30.

▾ Facility Claim Submission Form

▾ Billing Provider

Note : Fields marked with an asterisk * are required.

NPI/API: *

Provider Name: *

Program/Waiver: *

Specialty: *

Service Location

[Select Address](#)

Service Address 1: *

Service Address 2:

City: *

State: *

ZIP: *

Figure 6-30: Select Address Hyperlink

10. From the list of services addresses, select the correct service address. The service address displays in the correct fields under the Service Location section.
11. If additional providers need to be added to this claim, complete the following steps:
 - a. To add an Attending Provider, enter the attending provider’s NPI in the Enter Provider NPI field, then select **Go**. Refer to Figure 6-31.
 - b. To add an Operating Provider, enter the operating provider’s NPI in the Enter Provider NPI field, then select **Go**. Refer to Figure 6-31.

Other Provider(s)

Attending Provider

There is an attending provider for this claim.

Enter Provider NPI: *

Operating Provider

There is an operating provider for this claim.

Enter Provider NPI: *

Other Provider 1

There is an other provider for this claim.

Other Provider 2

There is an other provider for this claim.

Figure 6-31: Attending and Operating Providers

- c. To add an Other Provider (options include Referring, Rendering and Other Operating Physician), select the Provider Type from the list of choices and enter the provider's NPI in the Enter Provider NPI field. Select **Go**. Refer to Figure 6-32.

Figure 6-32: Other Provider – Provider Type Selections

Table 6-8 describes the navigation buttons available in the interface and describes their actions and results when clicked. Refer to Figure 6-33.

Table 6-8: Facility Claim Form Navigation Buttons – Provider Details Page

Button	Action	Result
Save and Continue	Click Save and Continue .	Member Details page displays. Refer to Figure 6-34.
Save and Exit	Click Save and Exit .	Claim information saves in the Claim Submission In Progress Workbench. Note: This saves any progress on the claim form so the provider can access it later.
Cancel	Click Cancel .	The claim form closes without saving. Note: This cancels out the claim form.

Figure 6-33: Claim Form Navigation Options

The screenshot displays the 'Facility Claim Submission Form - Member Details' page. On the left sidebar, there is a 'Member search' dropdown, a 'myMenu' section, and a user profile card with an NPI number of 92. Below the profile is a list of menu items: 'Provider Details', 'Member Details', 'Claim Information', and 'Terms and Agreements'. The main content area features a 'View Templates' button, a 'Facility Claim Submission Form' title with a help icon, and a 'Member Details' section. A red note indicates that fields marked with an asterisk are required. The 'Enter Member Card ID*' field is currently empty, and a 'Search' button is positioned to its right. At the bottom right of the page, there are four buttons: 'Save and Continue', 'Previous', 'Save and Exit', and 'Cancel'.

Figure 6-34: Facility Claim Submission Form – Member Details Page

12. Enter the member card ID into the Member Card ID field and select **Go**, as shown in Figure 6-34 above.
13. The member's information automatically populates into the Member Details. Refer to Figure 6-35.

The screenshot shows a web interface for a Facility Claim Submission Form. On the left is a sidebar with navigation options: Member search, myMenu, and a list of tabs including Provider Details, Member Details (selected), Claim Information, and Terms and Agreements. The main content area is titled 'Facility Claim Submission Form' and contains a 'Member Details' section. A note indicates that fields marked with an asterisk are required. A search box for Member Card ID is present, with a search button. Below this, the Member Card ID is populated as '48'. The 'Patient Control Number' field is empty and highlighted with an orange border. Other fields are populated: First Name (JOEL), Middle Name, Last Name (DUBSON), Date of Birth, Gender, Mailing Address 1 (600 S. 10TH AVE), Mailing Address 2, City (BILTMORE), State (MT), and ZIP (59241-0000). At the bottom right are buttons for 'Save and Continue', 'Previous', 'Save and Exit', and 'Cancel'.

Figure 6-35: Member Details Populated

14. Review the member’s information.

- a. If the member’s information is correct, go to the next step.
- b. If the member’s information is incorrect, please contact Montana Provider Relations at 1 (800) 624-3958.

15. Complete any of the optional fields on the Member Details page, as needed, by following the steps below.

16. If the claim needs a Patient Control Number, enter the number in the Patient Control Field and continue to the next step. Refer to Figure 6-35 above.

17. To add a Medical Record Number, enter the number in the Medical Record Number field and continue to the next step.

18. Table 6-9 describes the navigation buttons available in the interface and describes their actions and results when clicked. Refer to Figure 6-36.

Table 6-9: Facility Claim Form Navigation Buttons – Member Details Page

Button	Action	Result
Save and Continue	Click Save and Continue .	Claim Information page displays. Refer to Figures 6-37 through 6-40.
Previous	Click Previous .	The previous page displays.
Save and Exit	Click Save and Exit .	Claim information saves in the Claim Submission In Progress Workbench. Note: This saves any progress on the claim form so the provider can access it later.
Cancel	Click Cancel .	The claim form closes without saving. Note: This cancels out the claim form.

Important: Fields marked with a red asterisk indicate a required entry.



Figure 6-36: Claim Form Navigation Options

Facility Claim Submission Form
? Help

Claim Information

Note : Fields marked with an asterisk * are required.

Note : Type of Bill value field is 4 character code with the first value always being zero.

Type of Bill:*	Inpatient or Outpatient:*	Statement Period From:*	Statement Period Through:*
<input type="text"/>	<input type="text" value="Select"/>	<input type="text"/>	<input type="text"/>

Admission Date:	Admission Hour:	Admission Type:*	Source of Admission:*	Discharge Hour:	Member Discharge Status:*
<input type="text"/>	<input type="text" value="Select"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="Select"/>	<input type="text"/>

Condition Codes

Condition Codes:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Accident State:

Occurrence Codes

Occurrence Code:	Date:	Occurrence Code:	Date:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Occurrence Span Codes

Occurrence Span Code:	From:	Through:	Occurrence Span Code:	From:	Through:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Figure 6-37: Facility Claim Form – Claim Information Page, 1 of 4

Other Diagnosis Codes

Note : When you add Other Diagnosis Code, you are required to select Present on Admission.

Other Diagnosis Codes: Present on Admission:

<input type="text"/>	<input type="text" value="Select"/>
<input type="text"/>	<input type="text" value="Select"/>
<input type="text"/>	<input type="text" value="Select"/>
<input type="text"/>	<input type="text" value="Select"/>
<input type="text"/>	<input type="text" value="Select"/>

Add Diagnosis Code

Admitting Diagnosis Code: Member's Reason for Visit Diagnoses:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------

Note : When you add External Cause of Injury Codes, you are required to select Present on Admission.

External Cause of Injury Codes: Present on Admission:

<input type="text"/>	<input type="text" value="Select"/>
<input type="text"/>	<input type="text" value="Select"/>
<input type="text"/>	<input type="text" value="Select"/>

Principal Procedure Code: Date:

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Other Procedure Codes

Other Procedure Codes: Date:

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Prior Authorization Number: Referral Number: Service Authorization Exception Code:

<input type="text"/>	<input type="text"/>	<input type="text" value="Select"/>
----------------------	----------------------	-------------------------------------

[Advanced Search](#)

Are you submitting COB at the claim level? Yes No

Figure 6-39: Facility Claim Form – Claim Information Page, 3 of 4

Other Insurance/COB:			Primary Payer			Secondary Payer																																																					
Insurance Type: *	<input type="text" value="Select"/>	<input type="text" value="v"/>	Insurance Type:	<input type="text" value="Select"/>	<input type="text" value="v"/>																																																						
Carrier Name: *	<input type="text"/>		Carrier Name:	<input type="text"/>																																																							
Carrier Code: *	<input type="text"/>		Carrier Code:	<input type="text"/>																																																							
Subscriber First Name: *	<input type="text"/>		Subscriber First Name:	<input type="text"/>																																																							
Subscriber Middle Name:	<input type="text"/>		Subscriber Middle Name:	<input type="text"/>																																																							
Subscriber Last Name: *	<input type="text"/>		Subscriber Last Name:	<input type="text"/>																																																							
Allowed:	<input type="text" value="\$"/>		Allowed:	<input type="text" value="\$"/>																																																							
Copay:	<input type="text" value="\$"/>		Copay:	<input type="text" value="\$"/>																																																							
Deductible:	<input type="text" value="\$"/>		Deductible:	<input type="text" value="\$"/>																																																							
Coinsurance:	<input type="text" value="\$"/>		Coinsurance:	<input type="text" value="\$"/>																																																							
Paid Amount: *	<input type="text" value="\$"/>		Paid Amount:	<input type="text" value="\$"/>																																																							
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Do you have attachments for this claim? * <input type="radio"/> Yes <input type="radio"/> No																																																											
Notes:																																																											
<div style="border: 1px solid black; height: 80px; width: 100%;"></div>																																																											
			<input type="button" value="Save and Continue"/>			<input type="button" value="Previous"/>			<input type="button" value="Save and Exit"/>			<input type="button" value="Cancel"/>																																															

Figure 6-40: Facility Claim Form – Claim Information Page, 4 of 4

19. Complete all applicable fields on the Claim Information page. Appendix D – Facility Claim Form Fields and Descriptions lists each field and describes how to complete them. Refer to Figures 6-37 through 6-40 above.

Reminder: Fields marked with a red asterisk indicate a required entry.

20. Determine if the provider needs to search for a Revenue Code, HCPCS Code, Procedure Code, or Diagnosis Code.

- a. If searching for a Revenue Code, HCPCS Code, Procedure Code or Diagnosis Code on the Claim Information page, go to the next step.
- b. If not searching for a Revenue Code, HCPCS Code, Procedure Code, or Diagnosis Code on the Claim Information page, enter the valid Revenue Code, HCPCS Code, Procedure Code or Diagnosis Code in the applicable field and go to Step 25.

21. In the Revenue Code, HCPCS Code, Procedure Code or Diagnosis Code field, enter at least the first three characters of the code and click the **Search** icon. Refer to Figures 6-41 and 6-42.

Code	Description
<u>V100XXA</u>	Pedal cycle driver injured in collision with pedestrian or animal in nontraffic accident, initial encounter
<u>V100XXD</u>	Pedal cycle driver injured in collision with pedestrian or animal in nontraffic accident, subsequent encounter
<u>V100XXS</u>	Pedal cycle driver injured in collision with pedestrian or animal in nontraffic accident, sequela
<u>V101XXA</u>	Pedal cycle passenger injured in collision with pedestrian or animal in nontraffic accident, initial encounter
<u>V101XXD</u>	Pedal cycle passenger injured in collision with pedestrian or animal in nontraffic accident, subsequent encounter
<u>V101XXS</u>	Pedal cycle passenger injured in collision with pedestrian or animal in nontraffic accident, sequela

[Cancel](#)

Figure 6-42: Diagnosis Code Search Result Window

22. Select correct code from search results window. Refer to Figure 6-43.

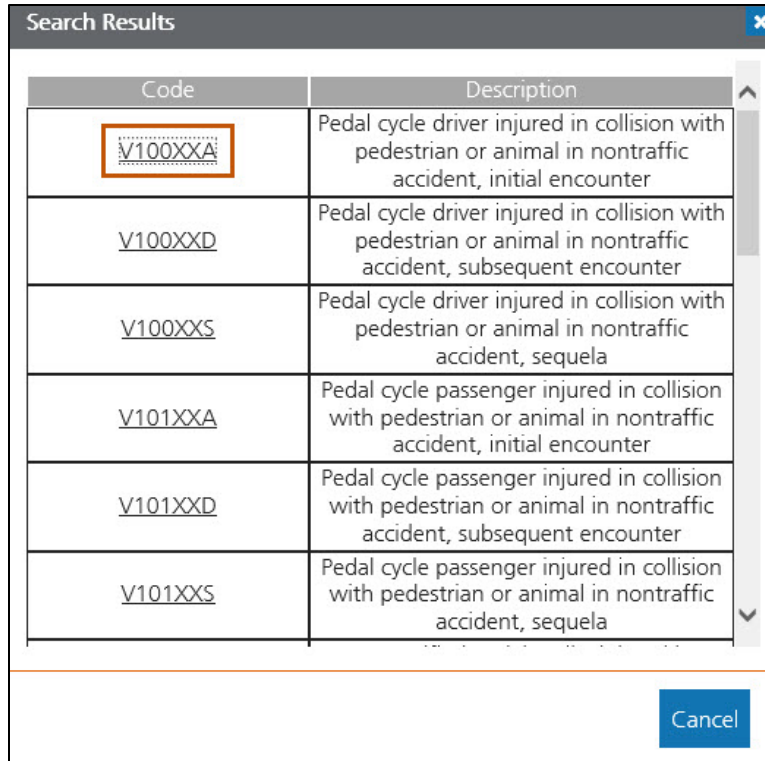


Figure 6-43: Select the Diagnosis Code from the Search Results Window

23. Table 6-10 describes the navigation buttons available in the interface and describes their actions and results when clicked. Refer to Figure 6-44.

Table 6-10: Facility Claim Form Navigation Buttons – Claim Information Page

Button	Action	Result
Save and Continue	Click Save and Continue .	The Terms and Agreements page displays. Refer to Figure 6-45.
Previous	Click Previous .	The previous page displays.
Save and Exit	Click Save and Exit .	Claim information saves in the Claim Submission In Progress Workbench. Note: This saves any progress on the claim form so the provider can access it later.
Cancel	Click Cancel .	The claim form closes without saving. Note: This cancels out the claim form.



Figure 6-44: Claim Form Navigation Options

Figure 6-45: Facility Claim Submission Form – Terms and Agreements

24. Click **Terms and Conditions** and review them. Refer to Figure 6-45 above.

25. Click the **checkbox** to agree to the Terms and Conditions. Refer to Figure 6-45.

Note: Provider will not be able to submit the claim if this box is not selected.

26. Table 6-11 describes the navigation buttons available in the interface and describes their actions and results when clicked. Refer Figure 6-46.

Table 6-11: Facility Claim Form Navigation Buttons – Terms and Agreements Page

Button	Action	Result
Submit	Click Submit .	The Facility Claim successfully submits and the claim number displays. Refer to Figure 6-47.
Previous	Click Previous .	The previous page displays.

Button	Action	Result
Save and Exit	Click Save and Exit .	Claim information saves in the Claim Submission In Progress Workbench. Note: This saves any progress on the claim form so the provider can access it later.
Cancel	Click Cancel .	The claim form closes without saving. Note: This cancels out the claim form.

27. Upon submission, the confirmation message displays with the claim number. Click the **Print** icon to display all claim details entered and print or save locally. Click **Continue** to close the message. Refer to Figure 6-46.

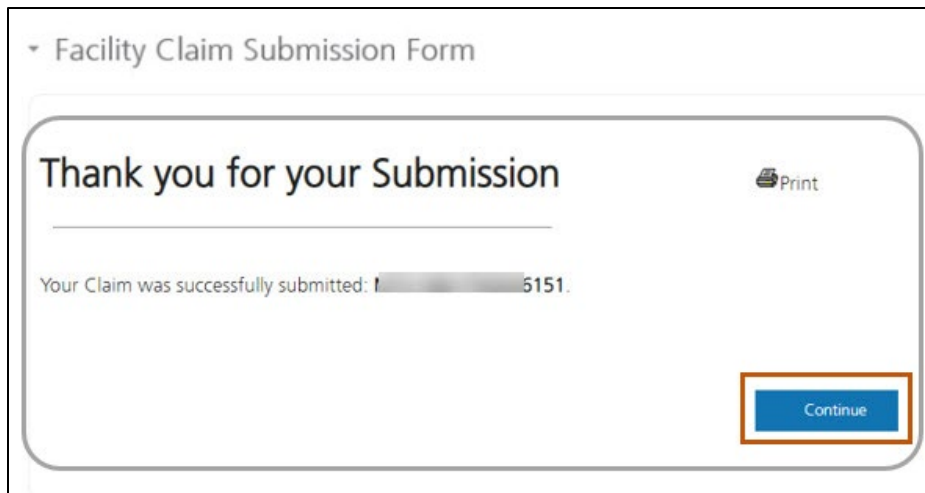


Figure 6-46: Claim Submission Confirmation and Claim ID

6.3. Submit a Dental Claim

These instructions explain how to submit a dental claim.

1. Log into the Montana Provider Portal. For more information, refer to Section 2.2: Log into the Portal.
2. Hover over Claims under myMenu. Refer to Figure 6-47.

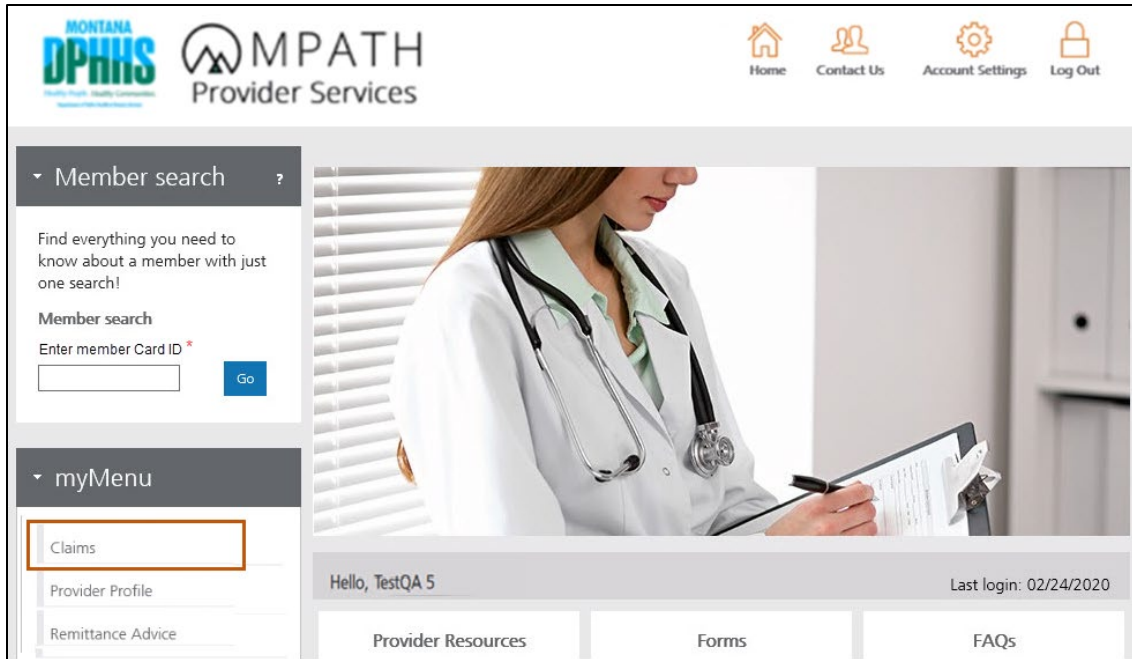


Figure 6-47: Select Claims from myMenu

3. Click **Dental Submission** on the secondary menu. Refer to Figure 6-48.

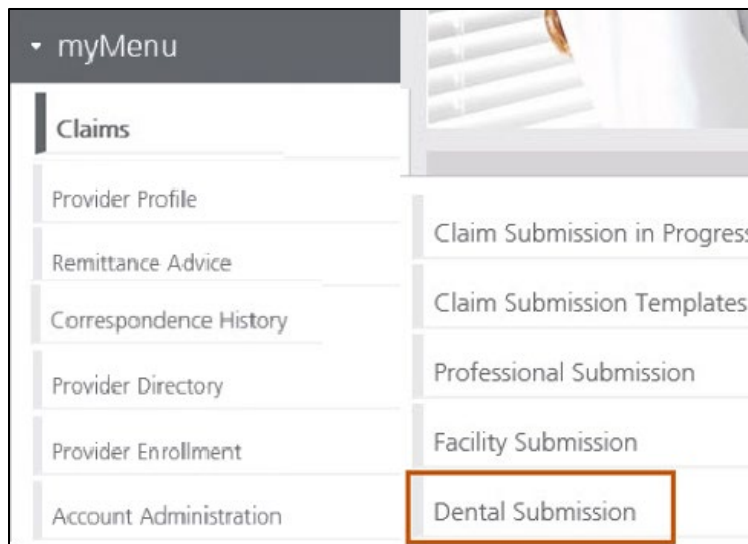


Figure 6-48: Select Dental Submission

4. The Dental Claim Submission Form displays on the Provider Details page. Refer to the instructions found in this section to complete the claim form. Refer to Figure 6-49.

Member search ?

myMenu

AARON MCDONOUGH
NPI#: 1528377819

Provider Details
Member Details
Claim Information
Terms and Agreements

Hi Individual Soleproprietor1

View Templates

Dental Claim Submission Form ? Help

Billing Dentist

Note : Fields marked with an asterisk * are required.

NPI:* []

Provider Name:* []

Program/Waiver:* Healthy Montana Kids (HMK - CHIP) [v]

Specialty:* Dentist; Orthodontics and Dentofacial Ortho [v]

Service Location Address 1:* []

Service Location Address 2: []

City:* A []

State:* MT []

ZIP Code:* 598[]

Taxonomy Code:* 1223X0400X []

Enrollment Unit:* 0000528564 []

Save and Continue Save and Exit Cancel

Figure 6-49: Provider Details Page on Dental Claim Submission Form

Note: Service Location Address is the physical location of the provider where services are provided or rendered. Taxonomy Code is the unique 10-character code that designates the provider’s classification and specialization. Team Numbers are assigned for various State and Waiver programs. Refer to Figure 6-49 above.

5. There are four main sections to the Dental Claim Submission Form. Table 6-12 describes these in detail. Refer to Figure 6-50.

Table 6-12: Dental Claim Submission Form Sections and Descriptions

Section	Description
Provider Details	Billing Dentist and Treating Dentist

Section	Description
Member Details	Information for the member for whom the claim is being submitted
Claim Information	Service details such as procedure codes, diagnosis codes and modifiers
Terms and Agreements	Legal attestation and online signature

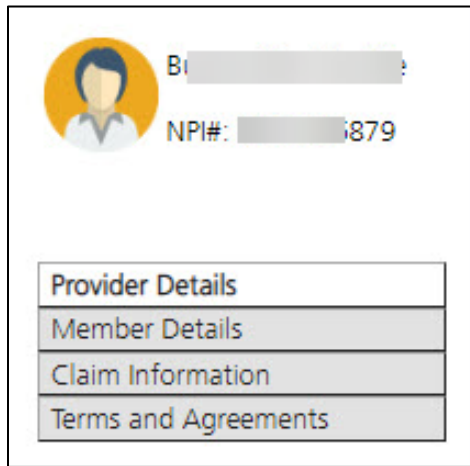


Figure 6-50: Four Sections of the Dental Claim Submission Form

Note: Templates are available for dental claims. Click **View Templates** and select **Claim Submission Templates**. For instructions on how to use the templates, refer to Section 6.7: Using Dental Claim Templates. Refer to Figure 6-51.

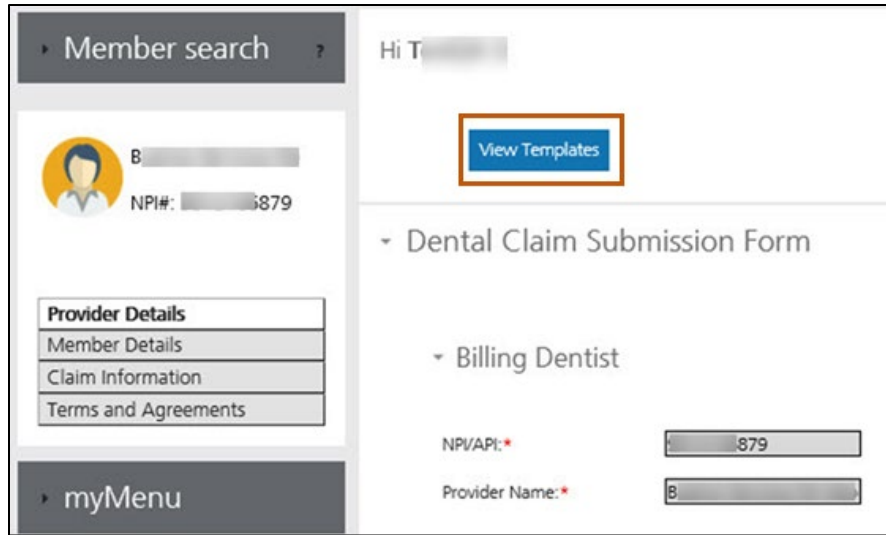


Figure 6-51: View Templates Button

6. Review the NPI/API and the Provider Name fields and select the applicable NPI or API, if necessary.

Note: These fields automatically populate based on the provider’s information. If the provider has multiple NPIs or APIs associated to the portal account, a selection list displays.

- a. If the provider does not have multiple NPIs or APIs associated to portal account, then go the next step.
- b. If the provider has multiple NPIs or APIs associated to portal account, then select correct NPI or API from the NPI/API list and go to the next step. Refer to Figure 6-52.

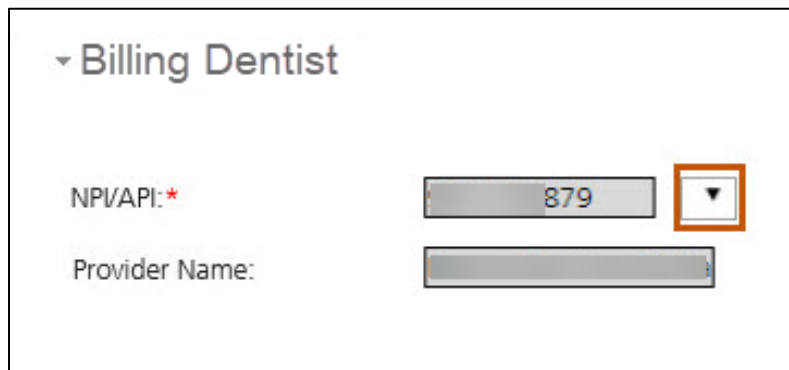


Figure 6-52: NPI/API Selection List for Billing Dentist

7. Review the Billing Dentist and Treating Dentist sections for accuracy. Refer to Figure 6-53.
 - a. If the information is correct, go to the next step.
 - b. If the information is incorrect, please contact Montana Provider Relations at 1 (800) 624-3958.
8. Determine if there are multiple Service Locations associated to Treating Dentist.
 - a. If there is only one service location associated to Treating Dentist, go to Step 11.
 - b. If there are multiple service locations associated to Treating Dentist continue to the next step.
9. Click **Select Address**.

The screenshot displays a web interface for a 'Dental Claim Submission Form'. On the left, there is a 'myMenu' sidebar with a user profile and a table of navigation options: Provider Details, Member Details, Claim Information, and Terms and Agreements. The main content area is titled 'Dental Claim Submission Form' and includes a 'View Templates' button. Below this is the 'Billing Dentist' section, which contains a note that fields marked with an asterisk are required. The form fields are as follows:

NPI: *	<input type="text"/>
Provider Name: *	<input type="text"/>
Program/Waiver: *	Healthy Montana Kids (HMK - CHIP) <input type="button" value="v"/>
Specialty: *	Dentist; Orthodontics and Dentofacial Ortho
Service Location Address 1: *	<input type="text"/> :N
Service Location Address 2:	<input type="text"/>
City: *	<input type="text"/> A
State: *	<input type="text"/> MT
ZIP Code: *	<input type="text"/> 598(<input type="text"/>
Taxonomy Code: *	<input type="text"/> 1223X0400X
Enrollment Unit: *	<input type="text"/> 0000528564

At the bottom right of the form, there are three buttons: 'Save and Continue' (highlighted in blue), 'Save and Exit', and 'Cancel'.

Figure 6-53: Review Dentist Information

Note: The associated service addresses display in the Additional Addresses window. Refer to Figure 6-54.

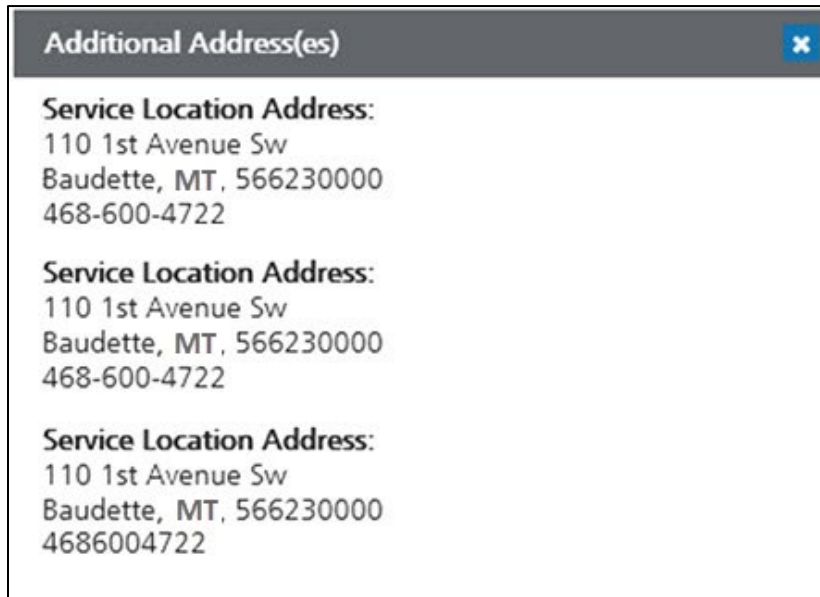


Figure 6-54: Additional Associated Service Addresses Window

10. Select correct service address from the Additional Addresses window.

Note: The information from service address selected displays in the fields under Service Location section.

11. Table 6-13 describes the navigation buttons available in the interface and describes their actions and results when clicked. Refer to Figure 6-55.

Table 6-13: Dental Claim Form Navigation Buttons – Provider Details Page

Button	Action	Result
Save and Continue	Click Save and Continue .	Member Details page displays. Refer to Figure 6-56.
Save and Exit	Click Save and Exit .	Claim information saves in the Claim Submission In Progress Workbench. Note: This saves any progress on the claim form so the provider can access it later.

Button	Action	Result
Cancel	Click Cancel .	The claim form closes without saving. Note: This cancels out the claim form.



Figure 6-55: Claim Form Navigation Options

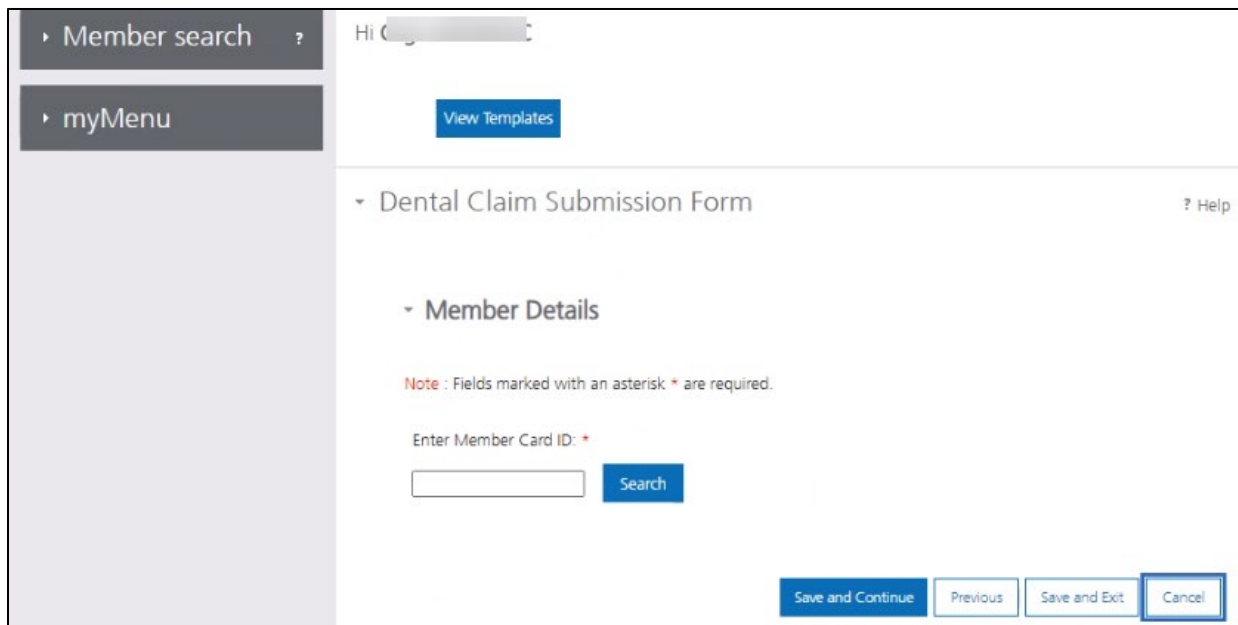


Figure 6-56: Dental Claim Submission Form – Member Details Page

12. Enter the member card ID into the **Member Card ID** field and click **Go**. Refer to Figure 6-56 above.

Note: The member’s information automatically populates into the Member Details. Refer to Figure. Refer to Figure 6-57.

Figure 6-57: Member Details Populated

13. Review the member’s information.

- a. If the member’s information is correct, go to the next step.
- b. If the member’s information is incorrect, please contact Montana Provider Relations at 1 (800) 624-3958.

14. Determine if the dental claim needs a patient account number.

- a. If the claim needs a patient account number, enter the number in the **Patient Account Number** field provided (refer to Figure 6-57 above), then go to the next step.

b. If the claim does not need a patient account number, go to the next step.

15. Table 6-14 describes the navigation buttons available in the interface and describes their actions and results when clicked. Refer to Figure 6-58.

Table 6-14: Dental Claim Form Navigation Buttons – Member Details Page

Button	Action	Result
Save and Continue	Click Save and Continue .	Claim Information page displays. Refer to Figures 6-59 and 6-60.
Previous	Click Previous .	The previous page displays.
Save and Exit	Click Save and Exit .	Claim information saves in the Claim Submission In Progress Workbench. Note: This saves any progress on the claim form so the provider can access it later.
Cancel	Click Cancel .	The claim form closes without saving. Note: This cancels out the claim form.



Figure 6-58: Claim Form Navigation Options

▾ Dental Claim Submission Form
? Help

▾ Claim Information

Note : Fields marked with an asterisk * are required.

Record of services provided

Note : indicates all required fields of COB have been entered.

Procedure Date*	Area of Oral Cavity	Tooth Number(s) or Letter(s)	Tooth Surface	Procedure Code*	Diagnosis Code Pointer	Quantity*	COB	Fee*
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	COB	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	COB	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	COB	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	COB	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	COB	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	COB	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	COB	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	COB	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	COB	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	COB	<input type="text"/>

Total Charges: \$

Note : Do not include any decimals when entering Diagnosis Code Information. Enter at least first three (3) characters of a Diagnosis and/or Procedure code before utilizing the search icon.

Diagnosis Codes

Diagnosis Codes (ICD 10): 1 2 3 4

Figure 6-59: Dental Claim Submission Form – Claim Information Page, 1 of 2

Missing Teeth Information

Click to highlight each missing tooth

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

Ancillary Claim/Treatment Information

Is this a void or replacement of a previously submitted claim? * Yes No

Are there EPSDT services for this claim? * Yes No

Are you submitting COB at the claim level? Yes No

Place of Treatment: *

Is this Treatment or Orthodontics: *

Replacement of Prosthesis: Yes No

Treatment Resulting From:

Predetermination Number:


Prior Authorization Number:

[Advanced Search](#)

Do you have attachments for this claim? * Yes No

Notes:

Figure 6-60: Dental Claim Submission Form – Claim Information Page, 2 of 2

Note: A checkmark above COB () indicates all required fields of COB have been entered.

16. Complete all applicable fields on the Claim Information page. Appendix E – Dental Claim Form Fields and Descriptions lists each field and describes how to complete them. Refer to Figures 6-59 and 6-60 above.

Important: Fields marked with a red asterisk indicate a required entry.

17. Determine if the provider needs to search for a Revenue Code, HCPCS Code, Procedure Code or Diagnosis Code:

- a. If searching for a Revenue Code, HCPCS Code, Procedure Code or Diagnosis Code on the Claim Information page, go to the next step.
- b. If not searching for a Revenue Code, HCPCS Code, Procedure Code or Diagnosis Code on the Claim Information page, enter the valid code in the applicable field and go to Step 20.

18. In the **Procedure Code** or **Diagnosis Code** fields, type at least the first three characters of the code and select the **Search** icon. Refer to Figure 6-61 and 6-62.

▼ Claim Information

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.

Record of services provided

Procedure Date*	Area of Oral Cavity	Tooth Number(s) or Letter(s)*	Tooth Surface*	Procedure Code*	Diagnosis Code Pointer	Quantity*	COB	Fee*
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	COB	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	COB	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	COB	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	COB	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	COB	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	COB	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	COB	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	COB	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	COB	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	COB	<input type="text"/>

Total Charges: \$

Diagnosis Codes (ICD 10): 1 2 3 4

Figure 6-61: Diagnosis Code Search and Procedure Code Search

Search Results	
Code	Description
<u>V100XXA</u>	Pedal cycle driver injured in collision with pedestrian or animal in nontraffic accident, initial encounter
<u>V100XXD</u>	Pedal cycle driver injured in collision with pedestrian or animal in nontraffic accident, subsequent encounter
<u>V100XXS</u>	Pedal cycle driver injured in collision with pedestrian or animal in nontraffic accident, sequela
<u>V101XXA</u>	Pedal cycle passenger injured in collision with pedestrian or animal in nontraffic accident, initial encounter
<u>V101XXD</u>	Pedal cycle passenger injured in collision with pedestrian or animal in nontraffic accident, subsequent encounter
<u>V101XXS</u>	Pedal cycle passenger injured in collision with pedestrian or animal in nontraffic accident, sequela

[Cancel](#)

Figure 6-62: Diagnosis Code Search Result Window

19. Select the correct code from the search results. Refer to Figure 6-63.

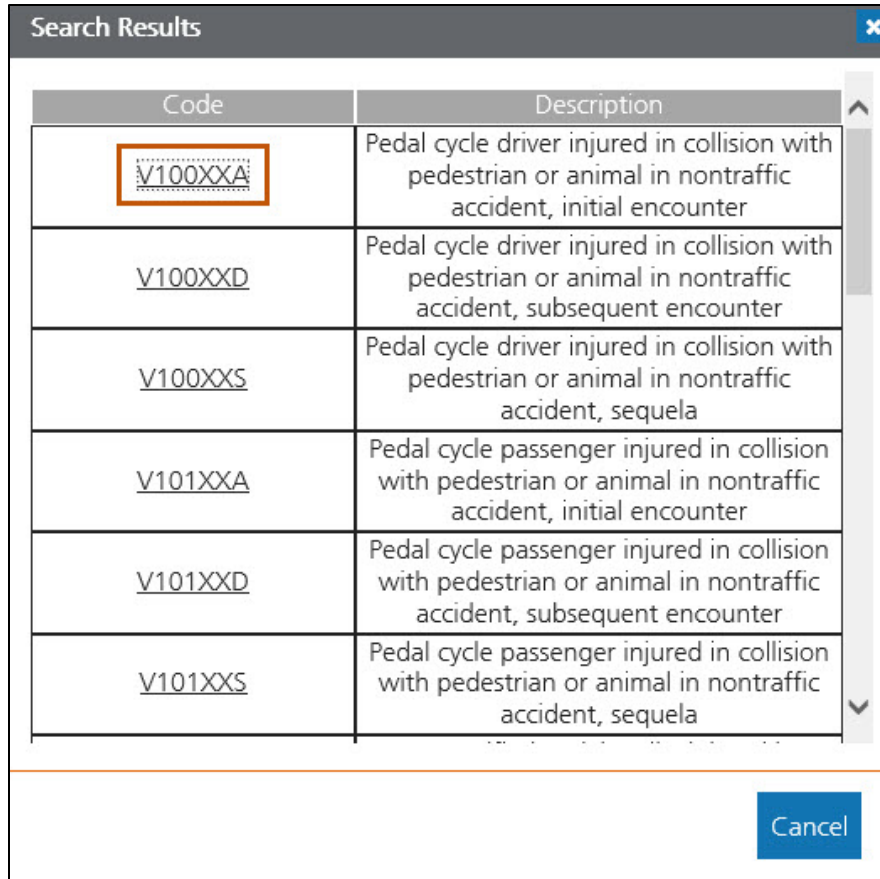


Figure 6-63: Select the Diagnosis Code from the Search Results Window

20. Table 6-15 describes the navigation buttons available in the interface and describes their actions and results when clicked. Refer to Figure 6-64.

Table 6-15: Dental Claim Form Navigation Buttons – Claim Information Page

Button	Action	Result
Save and Continue	Click Save and Continue .	The Terms and Agreements page displays. Refer to Figure 6-65.
Previous	Click Previous .	The previous page displays.
Save and Exit	Click Save and Exit .	Claim information saves in the Claim Submission In Progress Workbench. Note: This saves any progress on the claim form so the provider can access it later.

Button	Action	Result
Cancel	Click Cancel .	The claim form closes without saving. Note: This cancels out the claim form.



Figure 6-64: Claim Form Navigation Options

▾ **Terms and Agreements**

Note : Fields marked with * are required.

Please key in provider name and NPI to certify the information on this form is accurate and terms and conditions have been satisfied.

Provider Name:*

NPI/API:*

I certify I have read the [Terms and Conditions](#) that apply to this bill and are made a part thereof.

Figure 6-65: Dental Claim Submission Form: Terms and Agreements

21. Click **Terms and Conditions** and review them. Refer to Figure 6-65.

22. Click the **checkbox** to agree to the terms and conditions. Refer to Figure 6-65.

Note: Provider will not be able to submit the claim if this box is not selected.

23. Table 6-16 describes the navigation buttons available in the interface and describes their actions and results when clicked. Refer Figure 6-65.

Table 6-16: Dental Claim Form Navigation Buttons – Terms and Agreements Page

Button	Action	Result
Submit	Click Submit .	The Dental Claim successfully submits, and the claim number displays. Refer to Figure 6-66.
Previous	Click Previous .	The previous page displays.
Save and Exit	Click Save and Exit .	Claim information saves in the Claim Submission In Progress Workbench. Note: This saves any progress on the claim form so the provider can access it later.
Cancel	Click Cancel .	The claim form closes without saving. Note: This cancels out the claim form.

24. Upon submission, the confirmation message displays with the claim number. Click the **Print** icon to display all claim details entered and print or save locally. Click **Continue** to close the message. Refer to Figure 6-66.

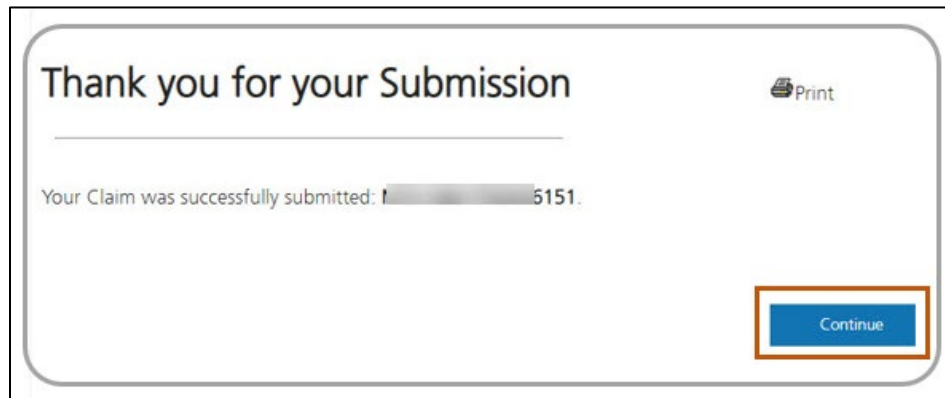


Figure 6-66: Claim Submission Confirmation and Claim ID

6.4. Accessing In Progress Claims

At any point in the claim submission process, providers can save a draft of their claim submission form and return to complete it later. The instructions in this section explain how to access in progress claims.

1. Log in to the Montana Provider Portal. For more information, refer to Section 2.2: Log into the Portal.
2. Hover over **Claims** under myMenu. Refer to Figure 6-66.

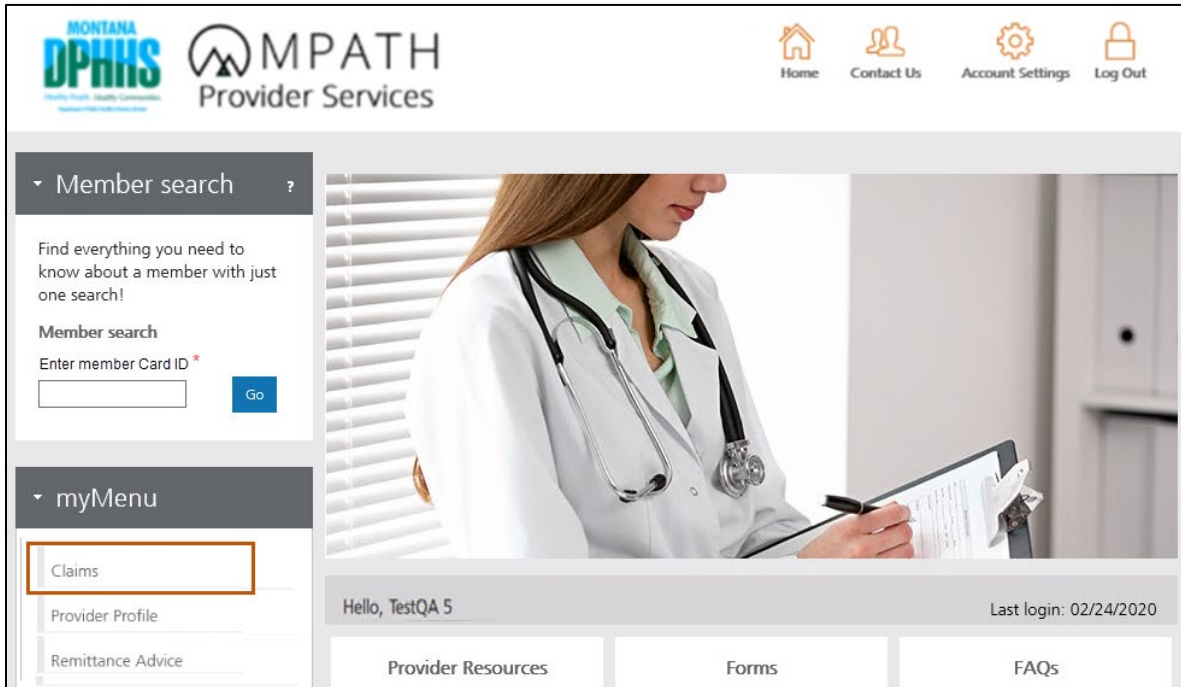


Figure 6-67: Select Claims from myMenu

3. Select **Claim Submission in Progress** from the secondary menu. Refer to Figure 6-68.

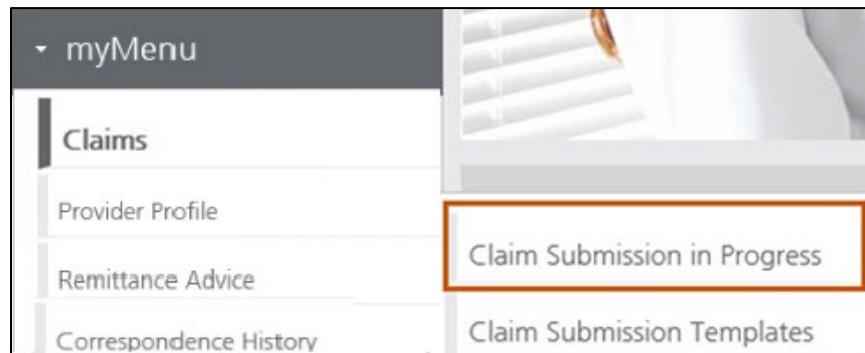


Figure 6-68: Select Claim Submission in Progress

Note: The Claim Submission in Progress grid displays. By default, up to 200 claims may display in the grid.

4. If needed, filter the results by entering the member’s name, date of service, provider NPI or the date last modified into the Filter field. The results filter immediately. There is no character minimum for the filter.
5. Choose a function from **View**, **Edit** or **Delete**. Table 6-17 describes the buttons available and their functions. Refer to Figures 6-69, 6-70, and 6-71.

Table 6-17: Claim Submission In Progress Buttons and Descriptions

Button	Description
View	Allows the user to view the claims in the grid. The grid displays the Member Name, Date of Service, NPI and the Date Last Modified.
Edit (the pencil icon)	Click the Edit icon to pick up where provider left off in the claim the last time it was saved. Refer to Figure 6-70. Note: Refer to Sections 6.1, 6.2 and 6.3 for instructions on how to submit to submit claims.
Delete (the trash can icon)	Click the Delete icon and select Yes to confirm deleting the in-progress claim. Refer to Figure 6-71. Caution: Clicking the Delete icon permanently deletes the in-progress claim.

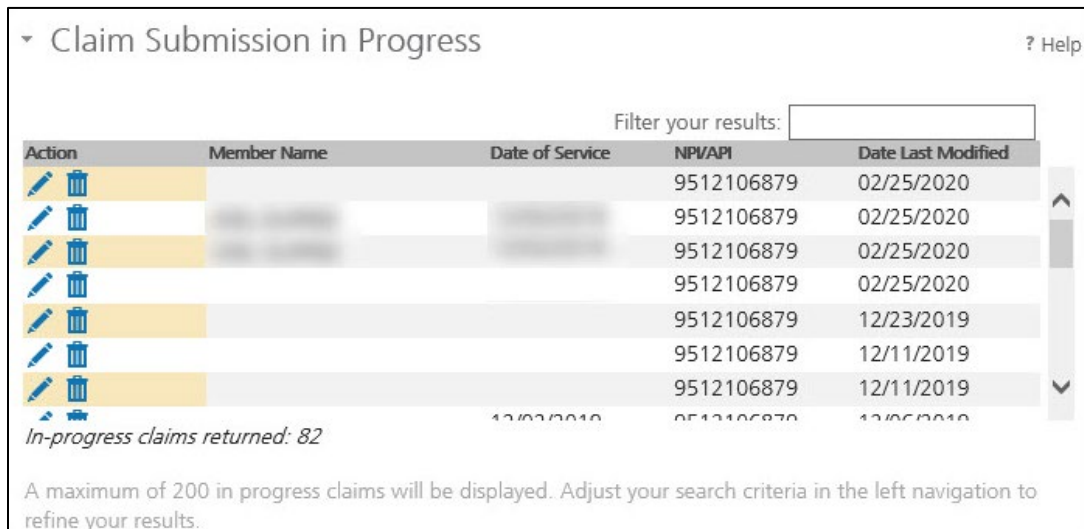


Figure 6-69: Claim Submission in Progress Grid











Action	Member Name
 	First, Last
 	Test, QA
 	Claim, 03
 	Test, QA
 	radha, k

Figure 6-70: Select Pencil Icon to Edit the Claim











Action	Member Name
 	First, Last
 	Test, QA
 	Claim, 03
 	Test, QA
 	radha, k

Figure 6-71: Select Trash Can Icon to Delete the Claim

6.5. Using Professional Claim Templates

Claim submission templates are a convenient tool providers can edit and save for members for whom they frequently submit claims. Providers may also utilize the claim submission template for frequently billed service-related information, such as procedure code and diagnosis code. The template contains the same fields and information as the claim submission section of the portal, but no fields are required. Providers can create and save up to 500 claim templates.

1. Log into the Montana Provider Portal. For more information, refer to Section 2.2: Log into the Portal.
2. Hover over **Claims** under myMenu. Refer to Figure 6-72.

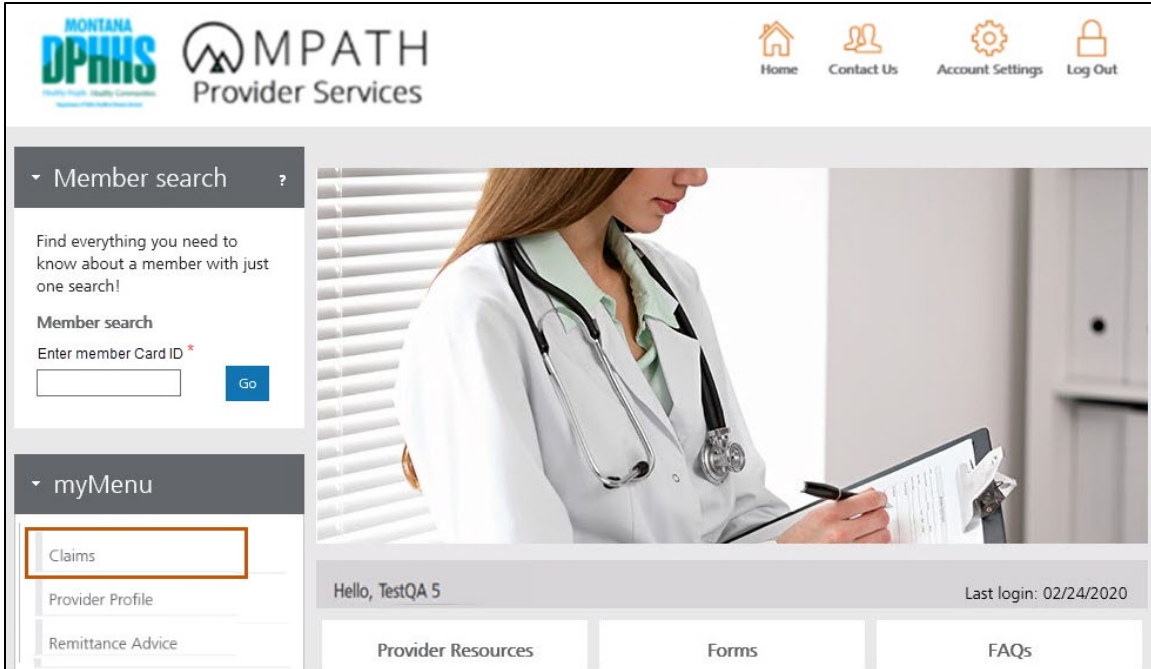


Figure 6-72: Select Claims from myMenu

3. Select **Claim Submission Templates** from secondary menu. Refer to Figure 6-73.

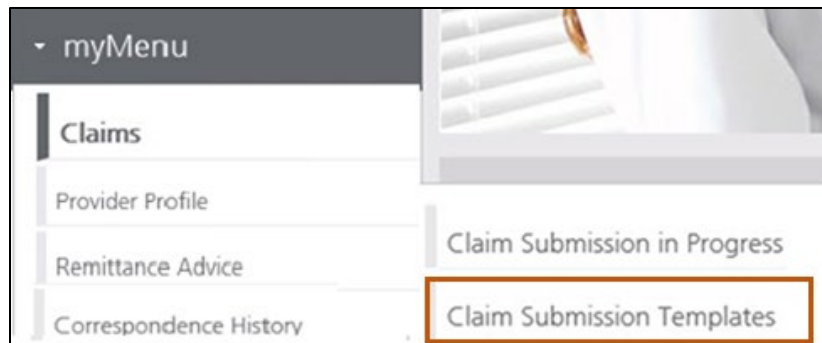


Figure 6-73: Select Claim Submission Templates

4. The Claim Submission Templates workbench displays a list of existing claim submission templates (up to 500 by default). Refer to Figure 6-74.

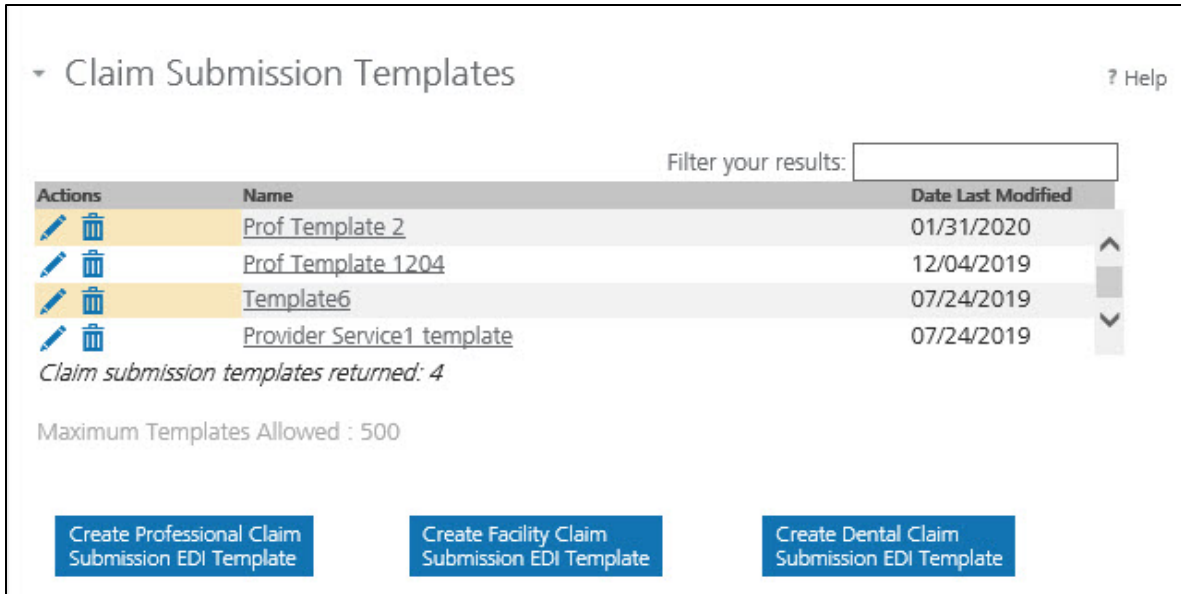


Figure 6-74: Existing Claim Submission Templates

5. If needed, search for a specific claim template by entering at least the first three characters of the template name in the **Search by template name** field and clicking **Search**. Refer to Figure 6-74.

Note: To filter the search results, enter the template name or date last modified into the **Filter your results** field. The results filter immediately. There is no character minimum for the filter. Refer to Figure 6-75.

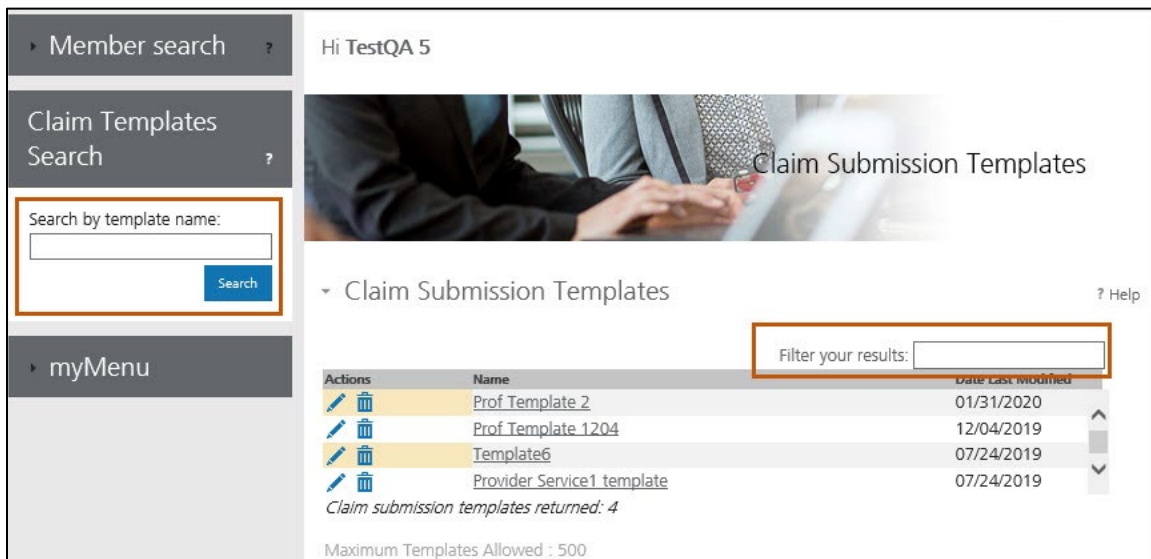


Figure 6-75: Claim Submission Template Search

6. Determine what function the user would like to perform within professional claim submission template options.
 - a. To create a new professional claim submission template, complete the steps below.
 - i. Select **Create Professional Claim Submission EDI Template**. Refer to Figure 6-76.

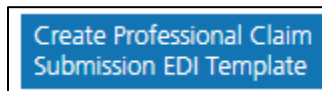


Figure 6-76: Create Professional Claim Submission EDI Template

- ii. Go to Step 7.
 - b. To edit an existing professional claim submission template, go to Step 9.
 - c. To delete an existing professional claim submission template, go to Step 12.
 - d. To submit a claim using an existing template from workbench, go to Step 14.
7. Claim templates are completely customizable and no fields are required. Refer to Section 6.1: Submit a Professional Claim for instructions on navigating the professional claim.

Important: If users make changes to any part of the claim template, these changes save as part of template, instead of the actual claim. Refer to step 14 below for instructions on how to submit a claim using an existing template from the workbench.

8. Enter the name of the claim submission template in the **Template Name** field and click **Submit**. Refer to Figure 6-77.

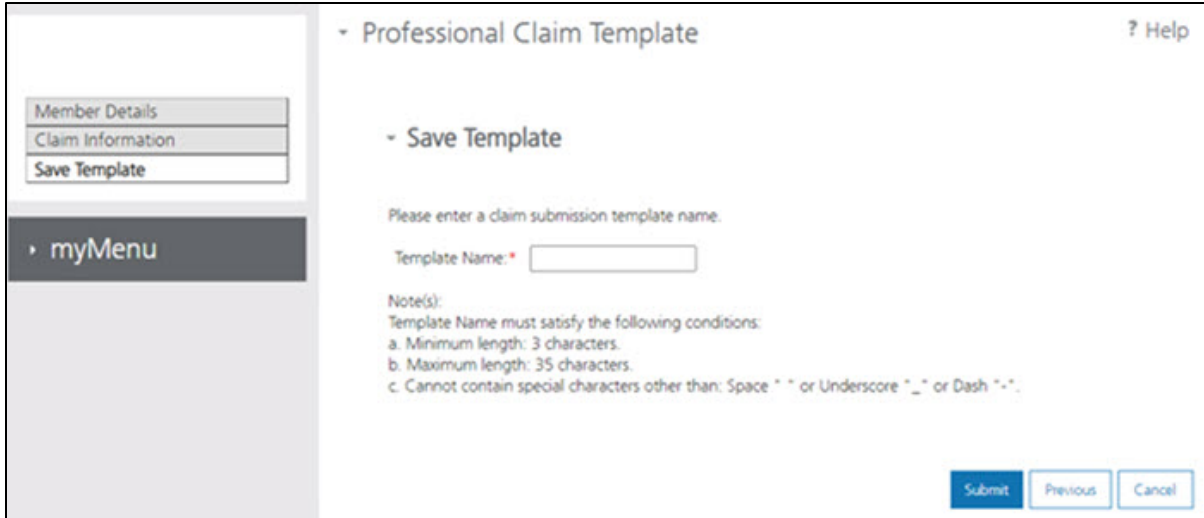


Figure 6-77: Save Template Screen

Note: A confirmation message displays and the template saves in the Claim Submission Template workbench. Each portal user can create a maximum of 500 templates.

- To edit an existing claim template, click the **Edit** icon from the Claim Submission Template grid. Refer to Figures 6-78 and Figure 6-79.

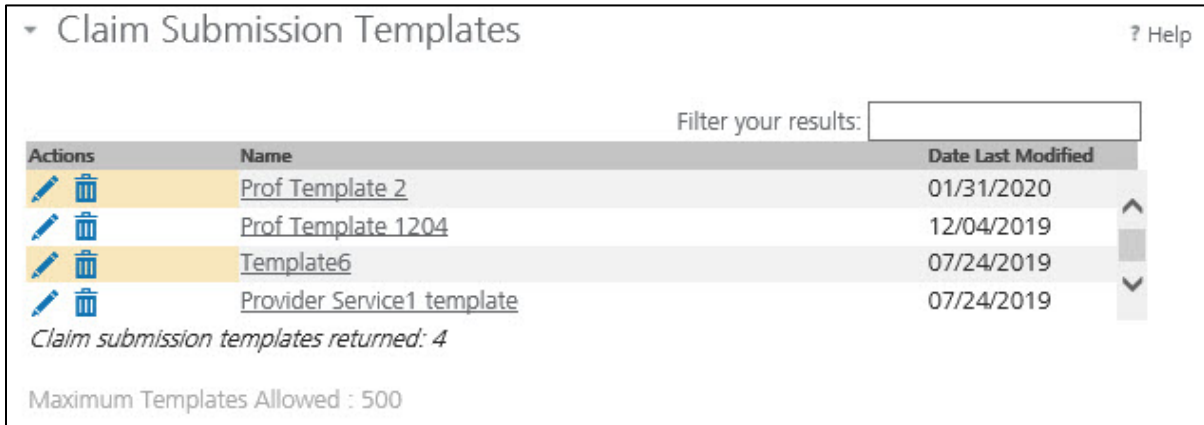


Figure 6-78: Claim Submission Template Workbench



Figure 6-79: Edit Icon for Claim Templates

10. The Provider Details page displays within the template. Make any necessary changes to the template and click **Save and Continue** until the Save Template page displays. Refer to Figure 6-80.

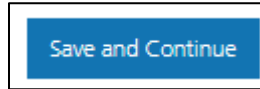


Figure 6-80: Save and Continue

11. Click **Submit** to save the changes to the existing template.

12. To delete an existing claim template, click the **Delete** icon from the Claim Submission Template grid. See Figure 6-81.



Figure 6-81: Delete Icon for Claim Templates

13. At the confirmation message, click **Yes** to delete the template. Refer to Figure 6-82.

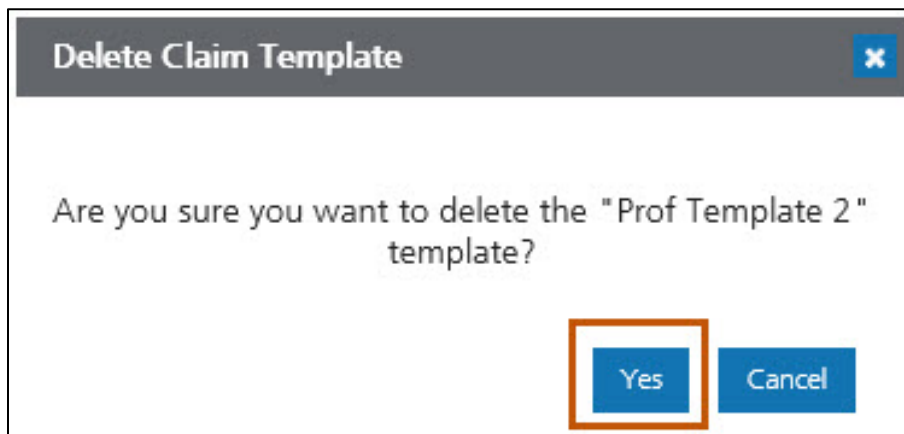


Figure 6-82: Delete Claim Template Confirmation Message

14. To submit a claim using an existing template from the workbench, select the template name from the grid. Refer to Figure 6-83.









Actions	Name	Date Last Modified
 	Prof Template 2	01/31/2020
 	Prof Template 1204	12/04/2019
 	Template6	07/24/2019
 	Provider Service1 template	07/24/2019

Figure 6-83: Claim Submission Template Workbench

15. The template displays with saved information. Go to Section 6.1: Submit a Professional Claim.

6.6. Using Facility Claim Templates

Claim submission templates are a convenient tool providers can edit and save for members for whom they frequently submit claims. Providers may also utilize the claim submission template for frequently billed service-related information, such as procedure code and diagnosis code. The template contains the same fields and information as the claim submission section of the portal, but no fields are required. Providers can create and save up to 500 claim templates.

1. Log into the Montana Provider Portal. For more information, refer to Section 2.2: Log into the Portal.
2. Hover over **Claims** under myMenu. Refer to Figure 6-84.

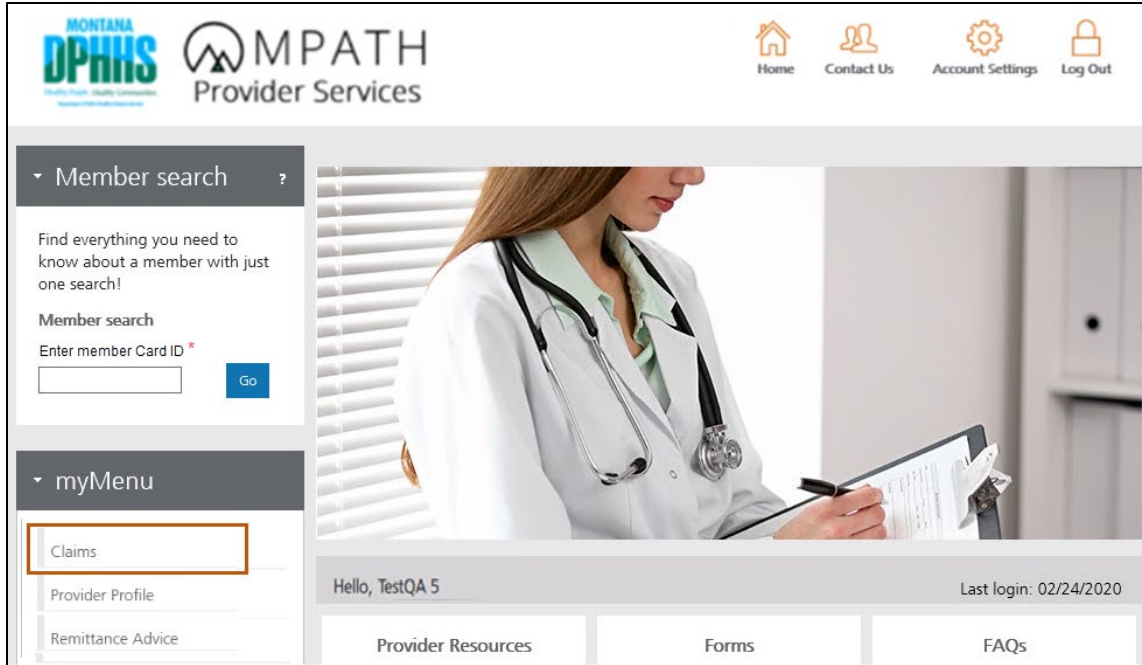


Figure 6-84: Select Claims from myMenu

3. Select **Claim Submission Templates** from the secondary menu. Refer to Figure 6-85.

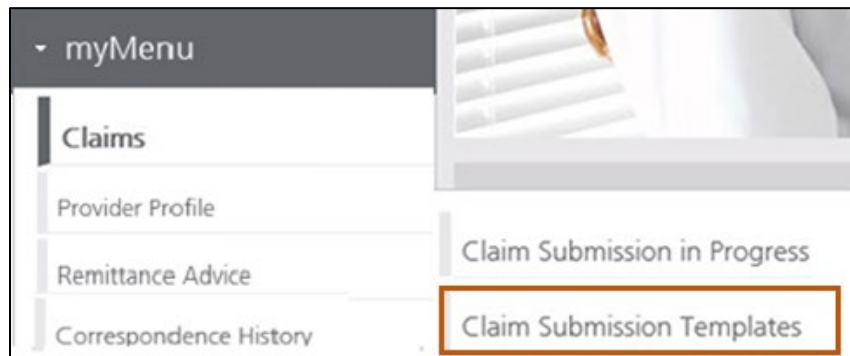


Figure 6-85: Select Claim Submission Templates

4. The Claim Submission Templates workbench displays a list of existing claim submission templates (up to 500 by default). Refer to Figure 6-86.

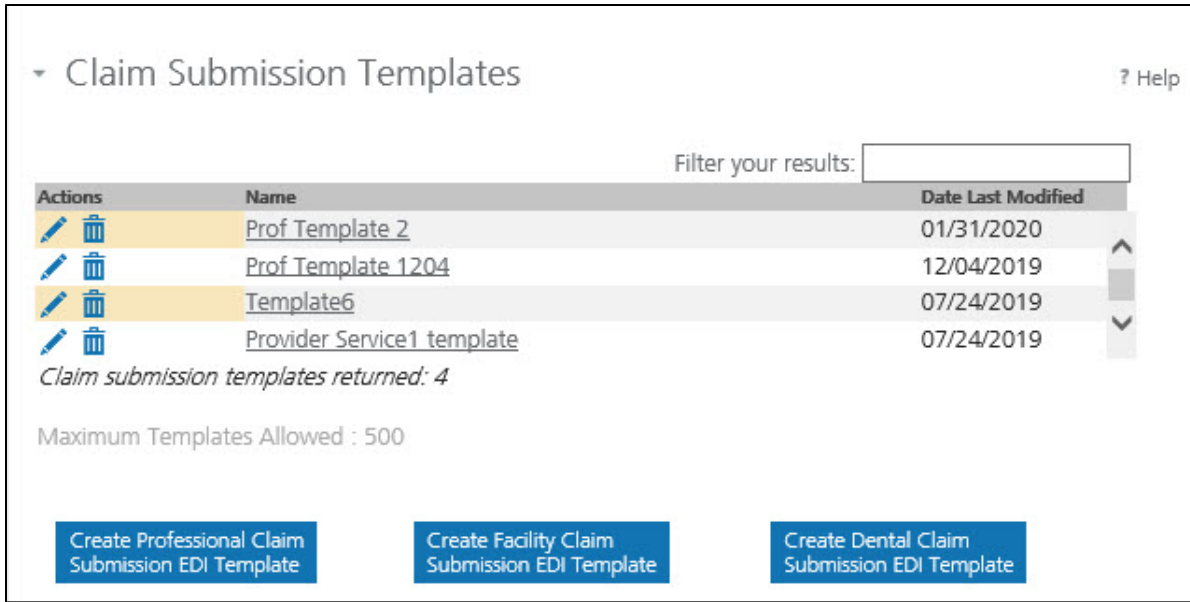


Figure 6-86: Existing Claim Submission Templates

5. If needed, search for a specific claim template by entering at least the first three characters of the template name in the **Search by template** name field and clicking **Search**. Refer to Figure 6-87.

Note: To filter the search results, type the template name or date last modified into the **Filter your results** field. The results filter immediately. There is no character minimum for the filter. Refer to Figure 6-87.

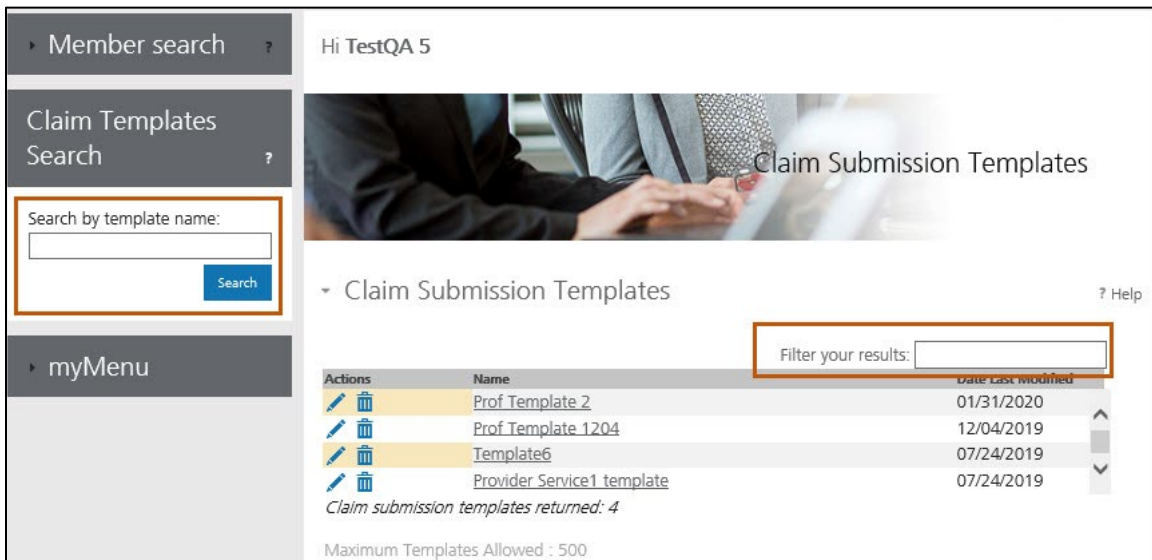


Figure 6-87: Claim Submission Template Search

6. Determine the function the user would like to perform within facility claim submission template options.
 - a. To create a new facility claim submission template, complete the steps below.
 - i. Click **Create Facility Claim Submission EDI Template**. Refer to Figure 6-88.

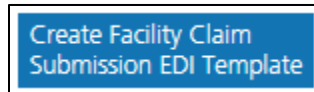


Figure 6-88: Create Facility Claim Submission EDI Template

- ii. Go to Step 7.
 - b. To edit an existing facility claim submission template, go to Step 9.
 - c. To delete an existing facility claim submission template, go to Step 12.
 - d. To submit a claim using a facility template from workbench, go to Step 14.
7. Claim templates are completely customizable and no fields are required. Refer to Section 6.2: Submit a Facility Claim for instructions on navigating the facility claim.

Important: If users make changes to any part of the claim template, these changes save as part of template, instead of the actual claim. Refer to step 14 below for instructions on how to submit a claim using an existing template from the workbench.

8. Enter the name of the claim submission template in the **Template Name** field. All template names must be unique. Click **Submit**. Refer to Figure 6-89.

▾ Facility Claim Template

▾ Save Template

Please enter a claim submission template name.

Template Name: *

Note(s):
 Template Name must satisfy the following conditions:
 a. Minimum length: 3 characters.
 b. Maximum length: 35 characters.
 c. Cannot contain special characters other than: Space " " or Underscore "_" or Dash "-".

Figure 6-89: Save Template Screen

Note: A confirmation message displays and the template saves in the Claim Submission Template workbench. Each portal user can create a maximum of 500 templates.

9. To edit an existing claim template, click the **Edit** icon from the Claim Submission Template grid. Refer to Figures 6-90 and 6-91.

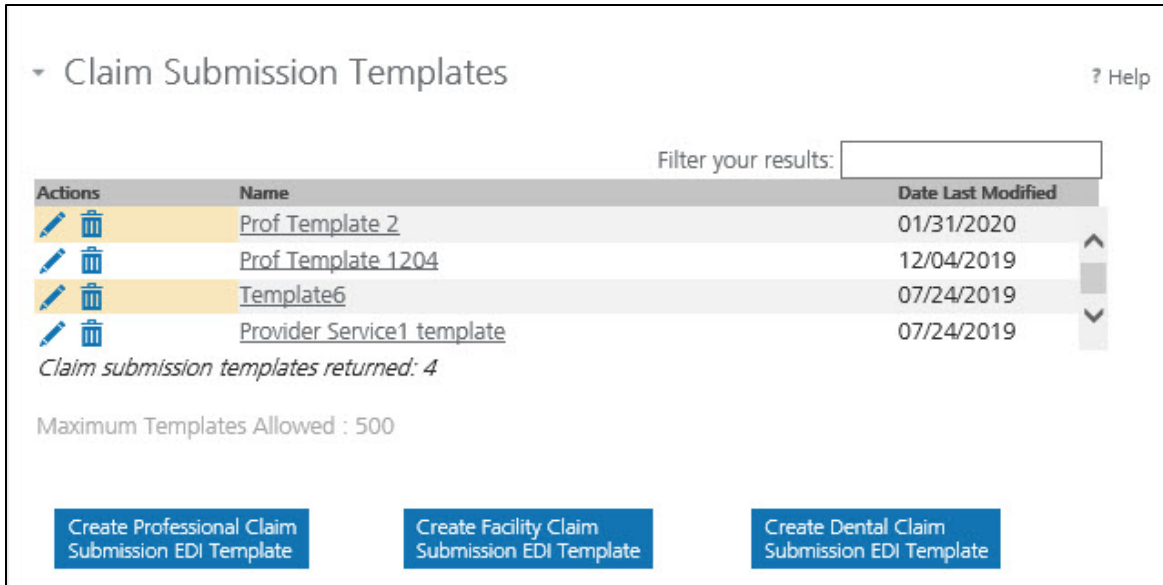


Figure 6-90: Claim Submission Template Workbench



Figure 6-91: Edit icon for Claim Templates

10. The Provider Details page displays within the template. Make any necessary changes to template and click **Save and Continue** until the Save Template page displays. Refer to Figure 6-92.



Figure 6-92: Save and Continue Button on Claim Template

11. Click **Submit** to save the changes to the existing template.

12. To delete an existing claim template, click the **Delete** icon from the Claim Submission Template grid. See Figure 6-93.



Figure 6-93: Delete Icon for Claim Templates

13. At the confirmation message, click **Yes** to delete the template. Refer to Figure 6-94.

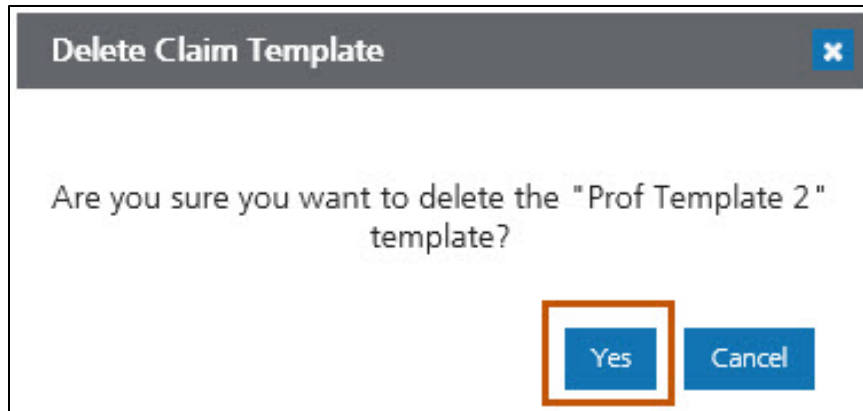


Figure 6-94: Delete Claim Template Confirmation Message

14. To submit a claim using an existing template from the workbench, select the template name from the grid. Refer to Figure 6-95.

Actions	Name	Date Last Modified
	Prof Template 2	01/31/2020
	Prof Template 1204	12/04/2019
	Template6	07/24/2019
	Provider Service1 template	07/24/2019

Figure 6-95: Claim Submission Template Workbench

15. The template displays with saved information. Go to Section 6.2: Submit a Facility Claim.

6.7. Using Dental Claim Templates

Claim submission templates are a convenient tool providers can edit and save for members for whom they frequently submit claims. Providers may also utilize the claim submission template for frequently billed service-related information, such as procedure

code and diagnosis code. The template contains the same fields and information as the claim submission section of the portal, but no fields are required. Providers can create and save up to 500 claim templates.

1. Log into the Montana Provider Portal. For more information, refer to Section 2.2: Log into the Portal.
2. Hover over **Claims** under myMenu. Refer to Figure 6-96.

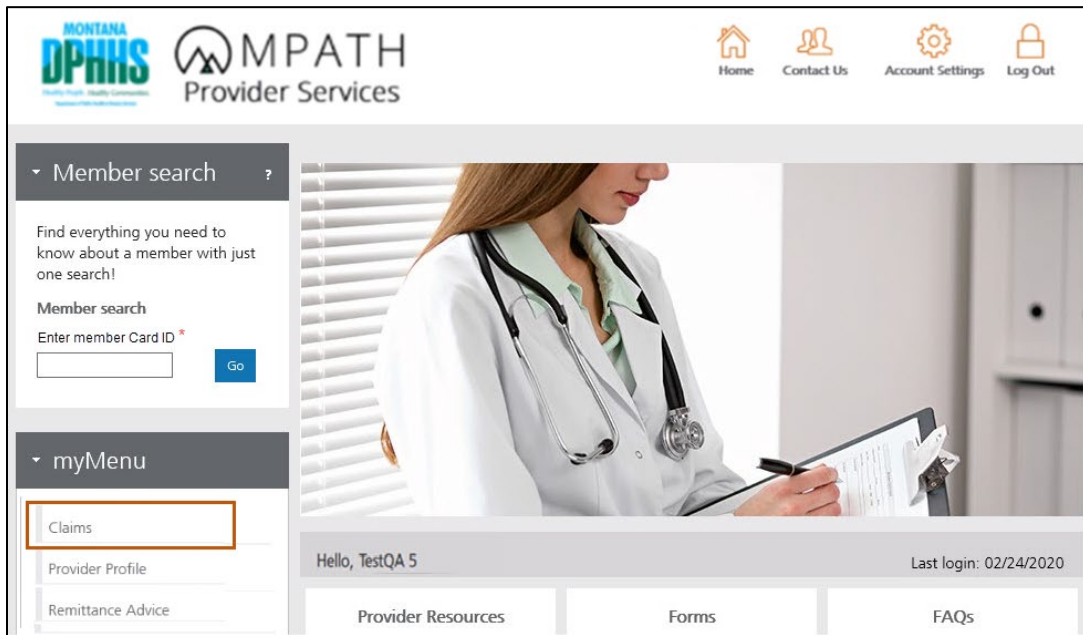


Figure 6-96: Select Claims from myMenu

3. Select **Claim Submission Templates** from the secondary menu. Refer to Figure 6-97.

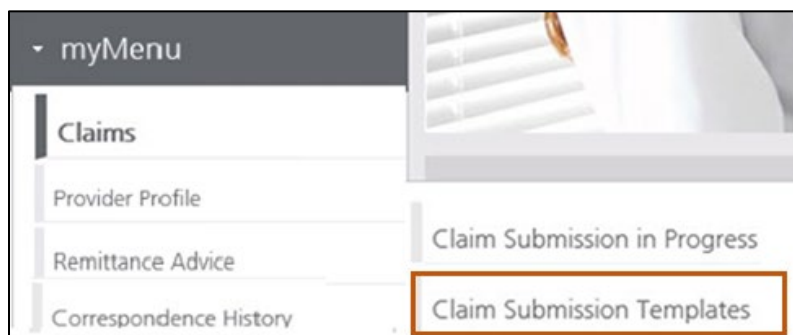


Figure 6-97: Select Claim Submission Templates

- The Claim Submission Templates workbench displays a list of existing claim submission templates (up to 500 by default). Refer to Figure 6-98.

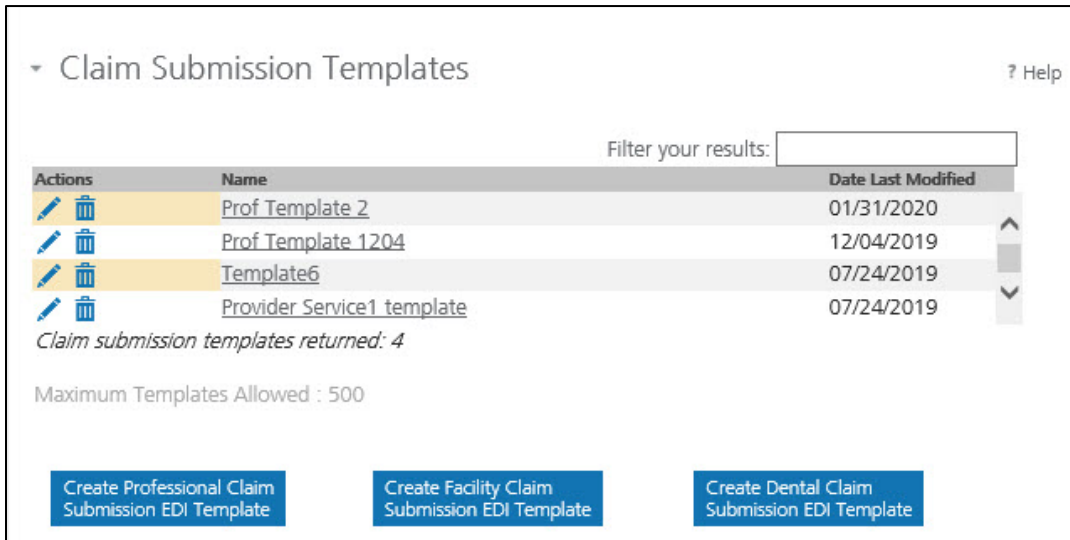


Figure 6-98: Existing Claim Submission Templates

- If needed, search for a specific claim template by entering at least the first three characters of the template name in the **Search by template** name field and clicking **Search**. Refer to Figure 6-99.

Note: To filter the search results, type the template name or date last modified into the **Filter your results** field. The results filter immediately. There is no character minimum for the filter. Refer to Figure 6-99.

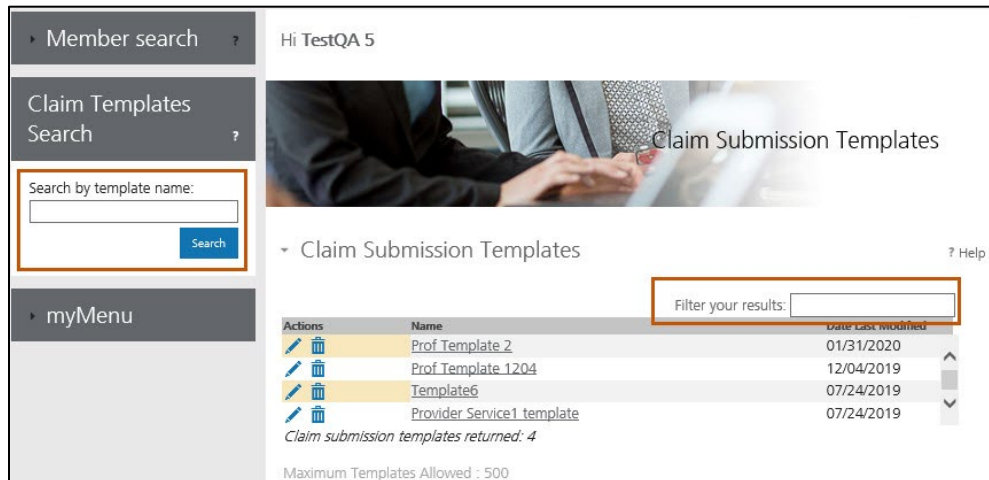


Figure 6-99: Claim Submission Template Search

6. Determine the function the user would like to perform within dental claim submission template options.
 - a. To create a new dental claim submission template, complete the steps below.
 - i. Click **Create Dental Claim Submission EDI Template**. Refer to Figure 6-100.

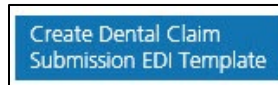


Figure 6-100: Create Dental Claim Submission EDI Template

- ii. Go to Step 7.
 - b. To edit an existing dental claim submission template, go to Step 9.
 - c. To delete an existing dental claim submission template, go to Step 12.
 - d. To submit a claim using a dental template from workbench, go to Step 14.
7. Claim templates are completely customizable and no fields are required. Refer to Section 6.3: Submit a Dental Claim for instructions on navigating the dental claim.

Important: If users make changes to any part of the claim template, these changes save as part of template, instead of the actual claim. Refer to step 14 below for instructions on how to submit a claim using an existing template from the workbench.
8. Enter the name of the claim submission template in the **Template Name** field and click **Submit**. Refer to Figure 6-101.

▼ Dental Claim Template

▼ Save Template

Please enter a claim submission template name.

Template Name: *

Note(s):
 Template Name must satisfy the following conditions:
 a. Minimum length: 3 characters.
 b. Maximum length: 35 characters.
 c. Cannot contain special characters other than: Space " " or Underscore "_" or Dash "-".

Figure 6-101: Save Template Screen

Note: A confirmation message displays and the template saves in the Claim Submission Template workbench. Each portal user can create a maximum of 500 templates.

- To edit an existing claim template, click the **Edit** icon from the Claim Submission Template grid. Refer to Figures 6-102 and 6-103.

▼ Claim Submission Templates ? Help

Filter your results:

Actions	Name	Date Last Modified
	Prof Template 2	01/31/2020
	Prof Template 1204	12/04/2019
	Template6	07/24/2019
	Provider Service1 template	07/24/2019

Claim submission templates returned: 4

Maximum Templates Allowed : 500

Create Professional Claim Submission EDI Template

Create Facility Claim Submission EDI Template

Create Dental Claim Submission EDI Template

Figure 6-102: Claim Submission Template Workbench



Figure 6-103: Edit icon for Claim Templates

10. The Provider Details page displays within the template. Make any necessary changes to template and click **Save and Continue** until the Save Template page displays. Refer to Figure 6-104.

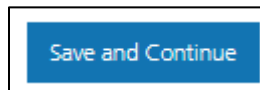


Figure 6-104: Save and Continue Button on Claim Template

11. Click **Submit** to save the changes to the existing template.

12. To delete an existing claim template, click the **Delete** icon from the Claim Submission Template grid. See Figure 6-105.



Figure 6-105: Delete Icon for Claim Templates

13. At the confirmation message, click **Yes** to delete the template. Refer to Figure 6-106.

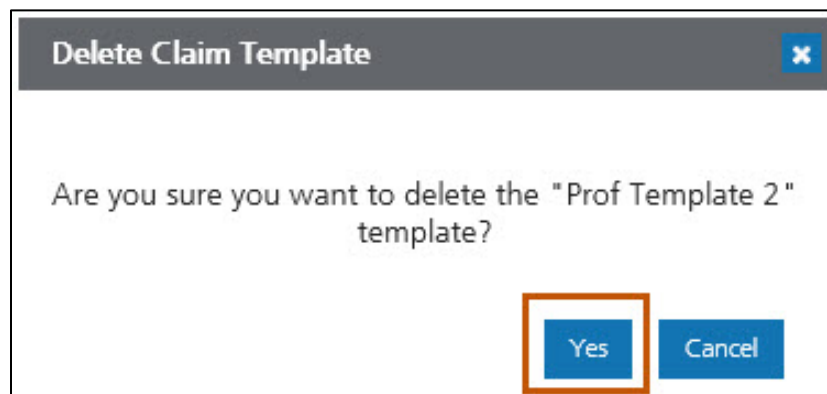


Figure 6-106: Delete Claim Template Confirmation Message

14. To submit claim using an existing template from the workbench, select the template name from the grid. Refer to Figure 6-107.









Actions	Name	Date Last Modified
 	Prof Template 2	01/31/2020
 	Prof Template 1204	12/04/2019
 	Template6	07/24/2019
 	Provider Service1 template	07/24/2019

Figure 6-107: Claim Submission Template Workbench

15. The template displays with saved information. Go to Section 6.3: Submit a Dental Claim.

7. Provider Profile

This section describes the Provider Profile page. Provider Profile is accessible from myMenu and is a view-only page that displays practice and demographic information.

1. Log into the Montana Provider Portal. For more information, refer to Section 2.2: Log into the Portal.
2. From myMenu, click Provider Profile. Refer to Figure 7-1.

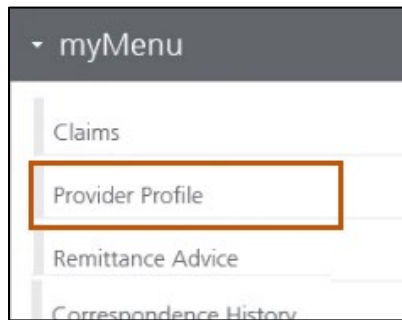


Figure 7-1: Select Provider Profile from myMenu

3. The Provider Profile details page display. Refer to Figure 7-2.

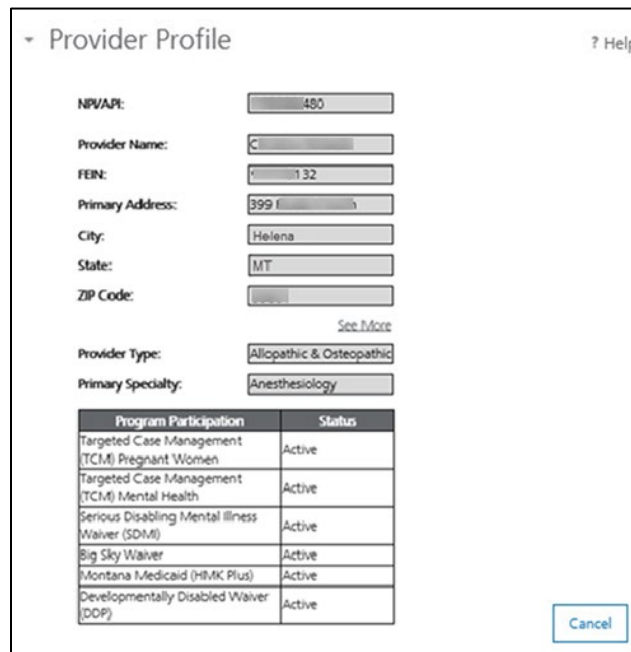


Figure 7-2: Provider Profile Details

8. Remittance Advice

Remittance Advice is selectable from **myMenu** and allows providers to view remittance advice details on the Montana Provider Portal.

1. Log in to the Montana Provider Portal. For more information, refer to Section 2.2: Log into the Portal.
2. Click **Remittance Advice** on myMenu. Refer to Figure 8-1.

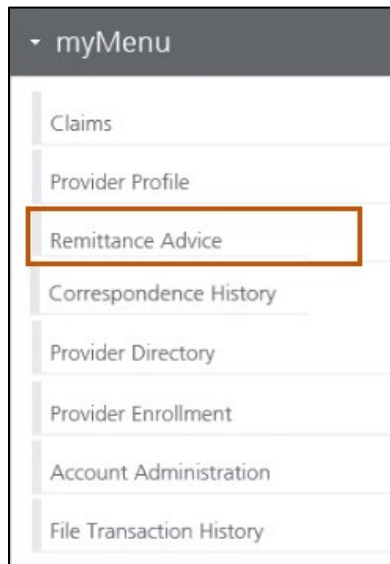


Figure 8-1: Remittance Advice option in myMenu

3. The Remittance Advice search portlet displays. Refer to Figure 8-2.

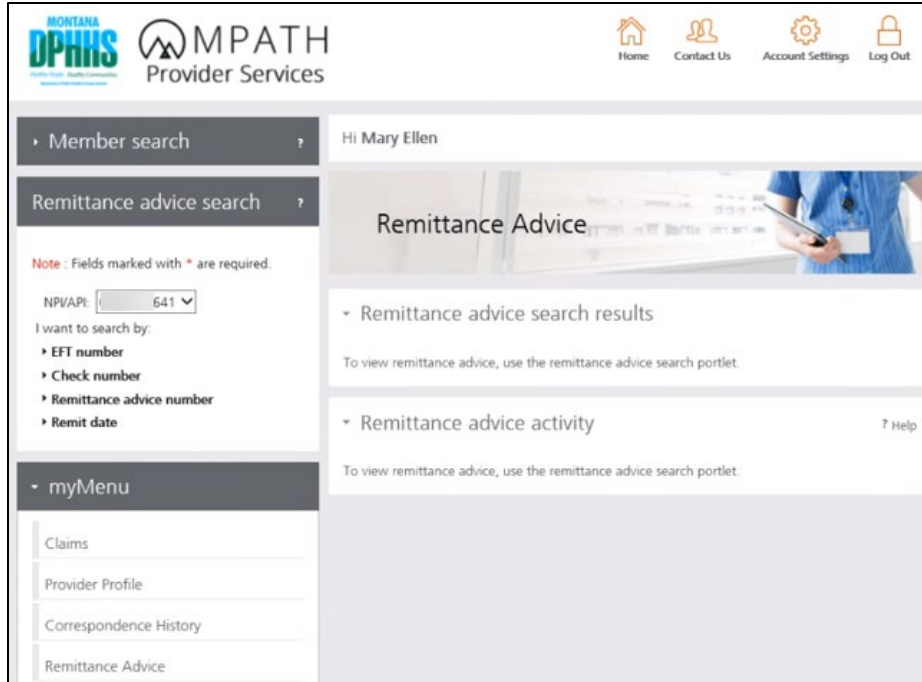


Figure 8-2: Remittance Advice Search Portlet

4. Click on the search parameter from the options listed in the portlet. Enter required data under the option chosen. Click **Search**. Remittance advice details will display. Refer to Figure 8-3.

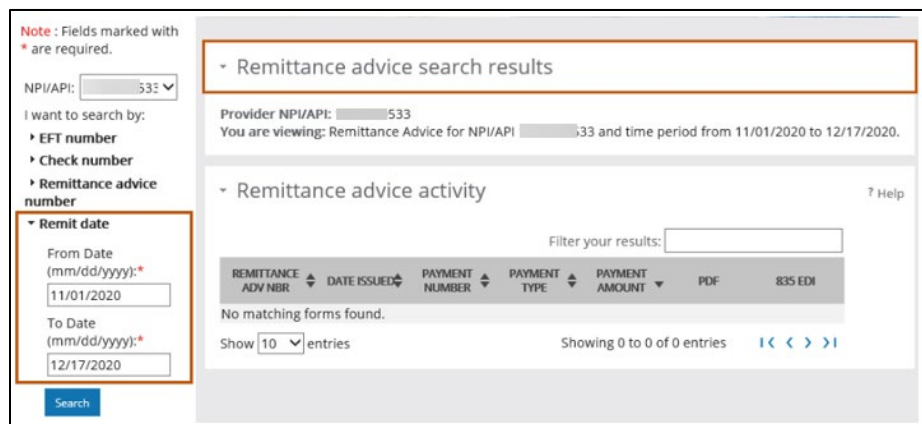


Figure 8-3: Remittance Advice Details

9. Correspondence History

This section describes the Correspondence History page. Correspondence History is accessible from myMenu and is a view-only page that displays sent correspondence and letters.

1. Log into the Montana Provider Portal. For more information, refer to Section 2.2: Log into the Portal.
2. From myMenu, click **Correspondence History**. Refer to Figure 9-1.

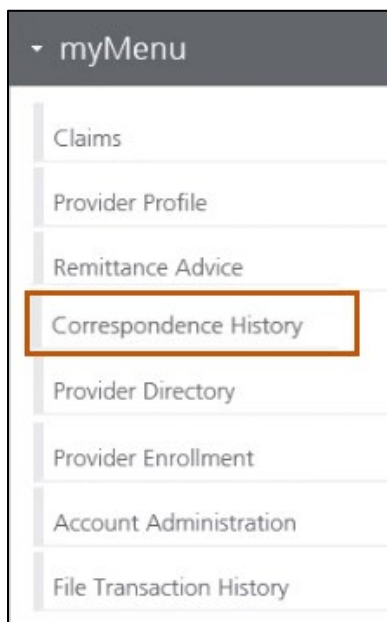


Figure 9-1: Correspondence History in myMenu

3. Search for correspondence by selecting search criteria described below. Refer to Figure 9-2.

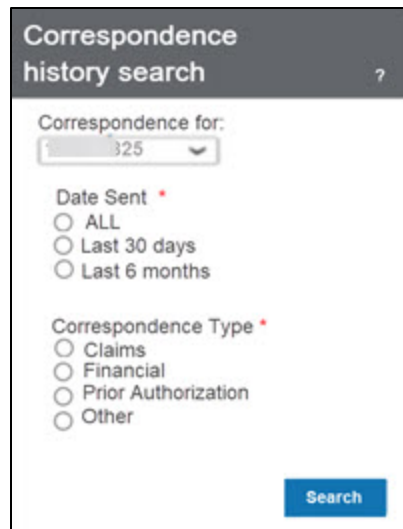
The screenshot shows a web form titled "Correspondence history search" with a question mark icon in the top right corner. Below the title, there is a dropdown menu labeled "Correspondence for:" with the number "325" selected. Underneath, there are two sections of radio button options. The first section is "Date Sent" with three options: "ALL", "Last 30 days", and "Last 6 months". The second section is "Correspondence Type" with four options: "Claims", "Financial", "Prior Authorization", and "Other". A blue "Search" button is located at the bottom right of the form.

Figure 9-2: Correspondence History Search

- a. For Date Sent, select one option from below.
 - i. **All**: this is all correspondence sent to provider with no date limit.
 - ii. **Last 30 days**: This is correspondence sent to provider within the last 30 days.
 - iii. **Last 6 months**: This is correspondence sent to provider within the last six months.
 - b. For Correspondence Type, select **ALL**. This includes all types of correspondence sent to the provider.
4. Click **Search**. Refer to Figure 9-3.

Correspondence history search ?

Correspondence for:

Date Sent *
 ALL
 Last 30 days
 Last 6 months

Correspondence Type *
 Claims
 Financial
 Prior Authorization
 Other

Figure 9-3: Correspondence History Search

5. Click **View** to view the image of the provider correspondence. Refer to Figure 9-4.

Correspondence activity ? Help

Filter your results:

ACTION	DATE SENT	NAME	CORRESPONDENCE TYPE
	10/01/2020	Sample Document	Provider Enrollment

Figure 9-4: Provider Correspondence

10. Provider Directory Search

This section describes the Provider Directory Search functionality. The Provider Directory Search is available on the public landing page of the portal and in the secure portal.

1. Navigate to the Montana Provider Portal website. Refer to Section 1.3: Accessing the Montana Provider Portal.
2. The user does not need to be logged into the portal to search the provider directory.
 - a. Logged into Portal: From myMenu, click **Provider Directory**. Refer to Figure 10-1.

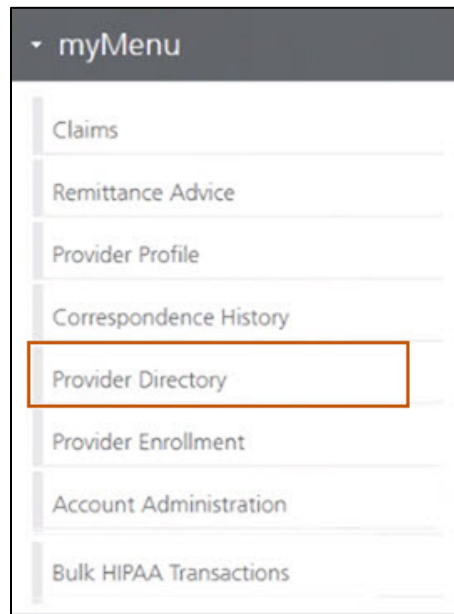


Figure 10-1: Provider Directory in myMenu

- b. Not Logged into Portal: From the public landing page, click the **Find a Provider** tile. Refer to Figure 10-2.

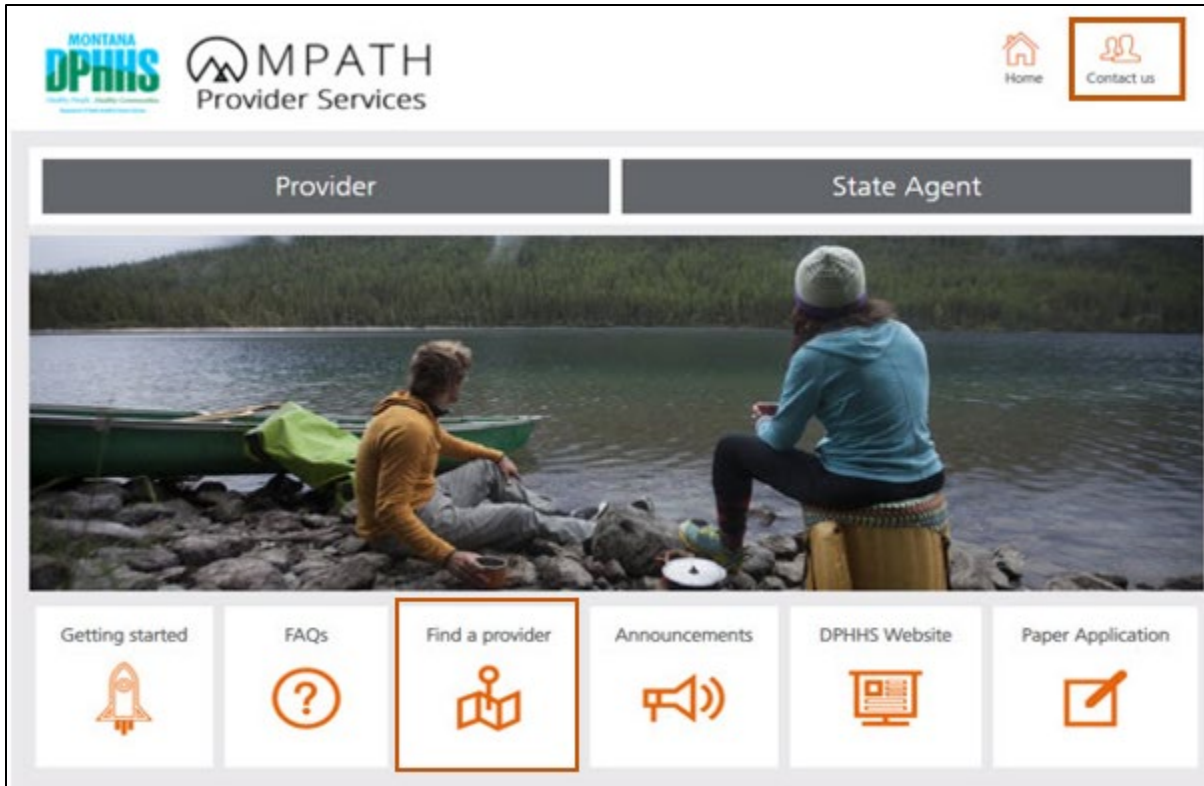


Figure 10-2: Find a Provider

3. On the Provider Directory screen, choose the provider search method (i.e., **Provider Type** or **Provider Name**). Refer to Figure 10-3.
 - a. To search by Provider Type, refer to Section 9.1: Search by Provider Type.
 - b. To search by Provider Name, refer to Section 9.2: Search by Provider Name.

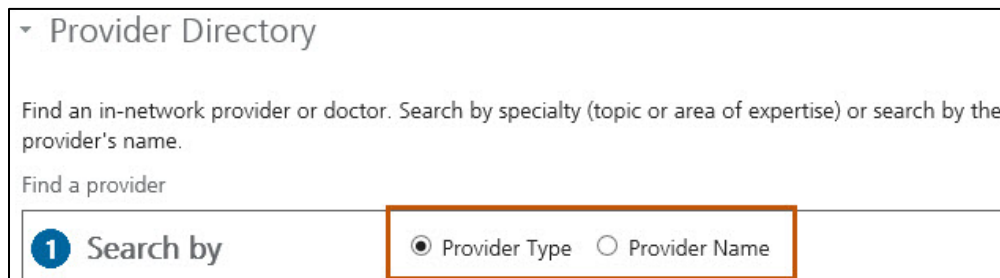


Figure 10-3: Provider Directory Search by Options

10.1. Search by Provider Type

To search by Provider type, follow the steps below.

1. Select **Provider Type** in the Search by section. Refer to Figure 10-4.

The screenshot shows a search interface titled 'Provider Directory'. Below the title is a brief instruction: 'Find an in-network provider or doctor. Search by specialty (topic or area of expertise) or search by the provider's name.' Below this is a search bar with the placeholder text 'Find a provider'. At the bottom of the search bar, there are two radio button options: 'Search by' (with a blue circle containing the number 1) and 'Provider Type' (which is selected and highlighted with an orange box). The 'Provider Name' option is also visible but not selected.

Figure 10-4: Search by Provider Type

2. In the Filter section, select values for **Category**, **Specialty** and **Program**. Refer to Figure 10-5.
 - a. **Category:** This is the provider’s medical focus (e.g., Eye and Vision Services Providers). It is also known as the provider’s type.
 - b. **Specialty:** This is the provider’s specific or unique types of medicine that the provider practices (e.g., Optometrist).
 - c. **Program:** This is the Montana-specific program in which the provider participates (e.g., MONTANA HMK/CHIP).

The screenshot shows the same search interface as Figure 10-4, but with the 'Filter' section expanded and highlighted with an orange box. The 'Filter' section contains three dropdown menus: 'Select Category --', 'Select Specialty --', and 'Select Program --'. Below the 'Filter' section, there is a 'Location' section with a 'City' input field, a state dropdown menu (set to 'MT'), and a 'Zip' input field. A radius slider is also present, with values ranging from 1 to 100 miles. The 'Advanced Search Options' section is visible at the bottom of the search bar. A 'Find providers' button is located at the bottom right of the search interface.

Figure 10-5: Provider Directory – Provider Type Filters

3. Enter the applicable location details. Either enter the applicable **City** and select the **State** from the list or enter the ZIP code in the **Zip** field. An option to select a **Radius** (in miles) from the specified location is also available. Refer to Figure 10-6.

Important: Location is a required search filter.

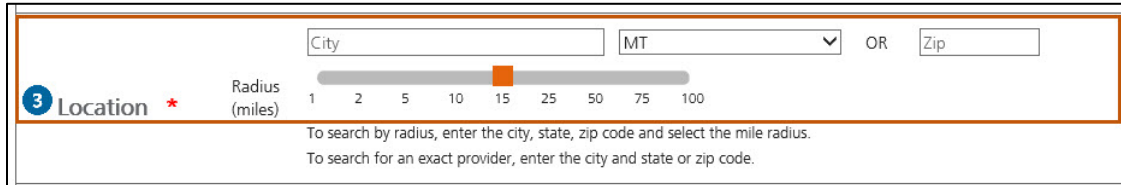


Figure 10-6: Provider Directory Location Search Options

4. Select **Advanced Search Options** to view additional search criteria. Refer to Figure 10-7. The following options display:
 - a. **Language Spoken:** This is the provider’s primary language spoken. Select the language from the list.
 - b. **Accessibility:** Choose from **Handicap Accessible** or **Behavioral Disruptive**.
 - c. **Accepting New Patient Status:** Select from **Accepting New Patients** or **Accepting Family Members** (of current patients).
 - d. **Gender:** Select from **All**, **Male** or **Female**.



Figure 10-7: Provider Directory Advanced Search Options

5. Click **Find Providers**. Refer to Figure 10-8. The provider search results display.

City MT OR Zip

Radius (miles) 1 2 5 10 15 25 50 75 100

To search by radius, enter the city, state, zip code and select the mile radius.
To search for an exact provider, enter the city and state or zip code.

Find providers

Figure 10-8: Find Providers Button

6. Click on a provider's name from search results to access additional practice details. Refer to Figure 10-9.

EN, KATE

Counselor, Behavior Analyst
555-555-5555


123 Mark Street
Helena, MT 32401

NPI/API: ██████████ 665

Figure 10-9: Click to View Provider Details

7. The Provider Details window displays with additional information about the provider. Refer to Figure 10-10.

Provider Profile ✕



A. [REDACTED], A. [REDACTED]

<p>Phone #: (306) 393-5857</p> <p>Care Management Phone #:</p> <p>Fax #:</p> <p>Service Location: 399 [REDACTED] Helena MT 59601</p> <p>Hours: Mon - Fri 8:00 a.m. - 5:00 p.m.</p> <p>Specialties: Anesthesiology</p> <p>Primary Care Physician: No</p> <p>Program Participation: Big Sky Waiver Montana Medicaid (HMK Plus)</p> <p>Group/Clinic:</p> <p>MCO Network Entity:</p> <p>Affiliated Providers:</p>	<p>24 Hour Office Phone #:</p> <p>24 Hour Care Management Phone #:</p> <p>NPI/API: [REDACTED] 563</p> <p>Accepting New Patients: No</p> <p>Physical Handicap Access: No</p> <p>Behavioral Disruptive Access: No</p> <p>Accepting Family Members: No</p> <p>Patient Gender(s) Served:</p> <p>Languages Spoken:</p>
--	--

Figure 10-10: Provider Details

10.2. Search by Provider Name

To search by Provider Name, follow the steps below.

1. Click **Provider Name**. Refer to Figure 10-11.

Provider Directory

Find an in-network provider or doctor. Search by specialty (topic or area of expertise) or search by the provider's name.

Find a provider

1 Search by Provider Type Provider Name

Figure 10-11: Provider Name Radio Button

2. Choose how to search for the provider's name.
 - a. To search using the individual provider's name, click **Individual** and enter the full or partial **First Name** and the full or partial **Last Name** in the fields provided. Refer to Figure 10-12. Continue with step 3.

2 Name *

Individual Organization

First Name: Enter full or partial name

Last Name: Enter full or partial name

Figure 10-12: Individual Provider Search Using Full or Partial Name

- b. To search using an organization name, click **Organization** and enter the full or partial **Organization Name** in the box provided. Refer to Figure 10-13. Continue with step 3.

2 Name *

Individual Organization

Organization Name: Enter full or partial name

Figure 10-13: Organization Provider Search Using Full or Partial Name

3. Click **Find Providers**. Refer to Figure 10-14.

3 Location *

City MT OR Zip

Radius (miles) 1 2 5 10 15 25 50 75 100

To search by radius, enter the city, state, zip code and select the mile radius.
To search for an exact provider, enter the city and state or zip code.

Find providers

Figure 10-14: Find Providers Button

Note: The provider search results display below provider search options. Refer to Figure 10-15.

4. From the list of provider search results, select desired provider by clicking on provider name. Refer to Figure 10-15.

EN, KATE


Counselor, Behavior Analyst
555-555-5555

123 Mark Street
Helena, MT 32401

NPI/API: 665

Figure 10-15: Click to View Provider Details

5. The Provider Details window displays with additional information about the provider. Refer to Figure 10-16.

Provider Profile ✕ 

Anderson, A

Phone #:
(306) 393-5857

Care Management Phone #:

Fax #:

24 Hour Office Phone #:

24 Hour Care Management Phone #:

Service Location:
399 [redacted]
Helena MT 59601

NPI/API:
[redacted] 563

Accepting New Patients:
No

Physical Handicap Access:
No

Behavioral Disruptive Access:
No

Accepting Family Members:
No

Patient Gender(s) Served:

Languages Spoken:

Hours:
Mon - Fri
8:00 a.m. - 5:00 p.m.

Specialties:
Anesthesiology

Primary Care Physician:
No

Program Participation:
Big Sky Waiver
Montana Medicaid (HMK Plus)

Group/Clinic:

MCO Network Entity:

Affiliated Providers:

Figure 10-16: Provider Details

11. Provider Enrollment – Accessing the Enrollment Portal

This section describes how users can access the enrollment portal. The enrollment portal is accessible from myMenu and allows users to enroll, re-enroll, update information and disenroll.

1. Navigate to the Montana Provider Portal website. Refer to Section 1.3: Accessing the Montana Provider Portal.
2. Select **Provider Enrollment** under myMenu. Refer to Figure 11-1.

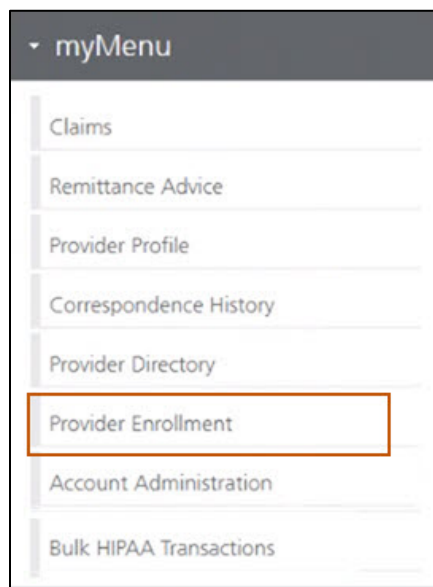


Figure 11-1: Provider Enrollment in myMenu

3. The enrollment portal opens in a new tab.

12. Account Administration

This section describes how Montana Healthcare Programs providers access and use the Account Administration functions on the Montana Provider Portal. Providers can add other users to their account, as well as view, edit and disable the accounts of these users. Providers also can add additional billing NPI and API to their portal account. After adding additional billing NPIs and APIs, providers can access functionality on behalf of each NPI and API including claim history.

Note: Only certain users have access to perform account administration functions. Access is dependent upon the specific user role of the portal user.

12.1. Manage Portal Users

1. Log into the Montana Provider Portal. For more information, refer to Section 2.2: Log into the Portal.
2. Click **Account Administration** on myMenu. Refer to Figure 12-1.

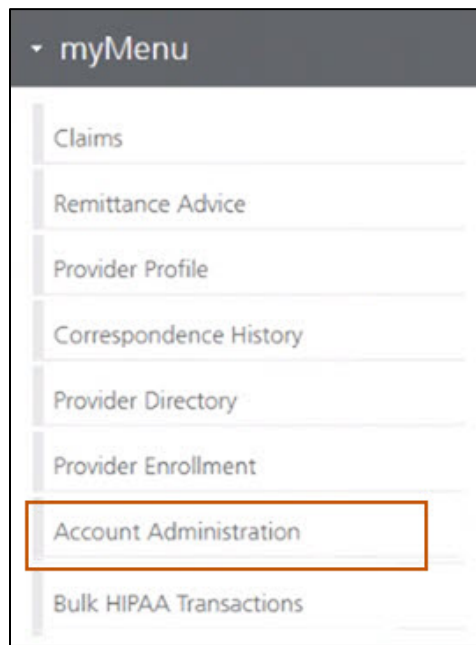


Figure 12-1: Select Account Administration from myMenu

Result: Account Administration page displays. Refer to Figure 12-2.

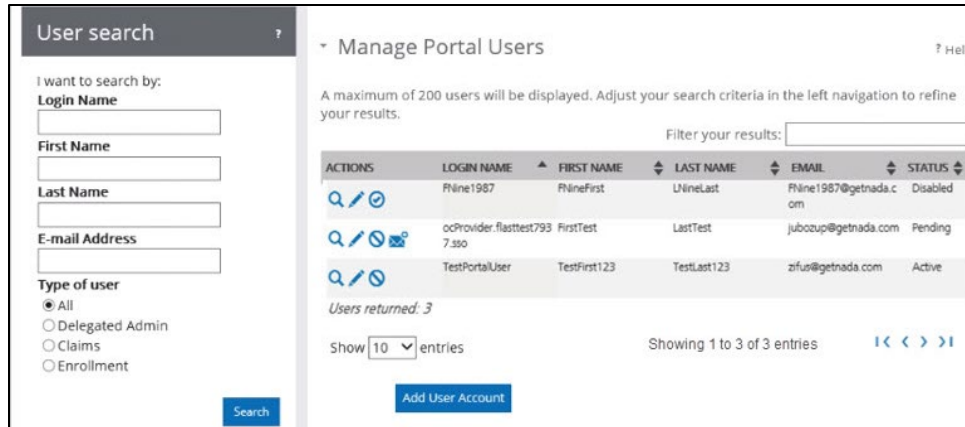


Figure 12-2: Account Administration Page

3. Determine the function the user would like to perform within the Account Administration area of portal.
 - a. To search for a provider portal user, go to Section 12.1.1: Search for a Provider Portal User.
 - b. To view a user profile, go to Section 12.1.2: View a Provider Portal User.
 - c. To edit user profile, go to Section 12.1.3: Edit a Provider Portal User.
 - d. To disable a user, go to Section 12.1.4: Disable a Provider Portal User.
 - e. To add a user, go to Section 12.1.5: Add a Provider Portal User.

12.1.1. Search for a Portal User

1. Locate the User search area on the Account Administration page. Refer to Figure 12-3.

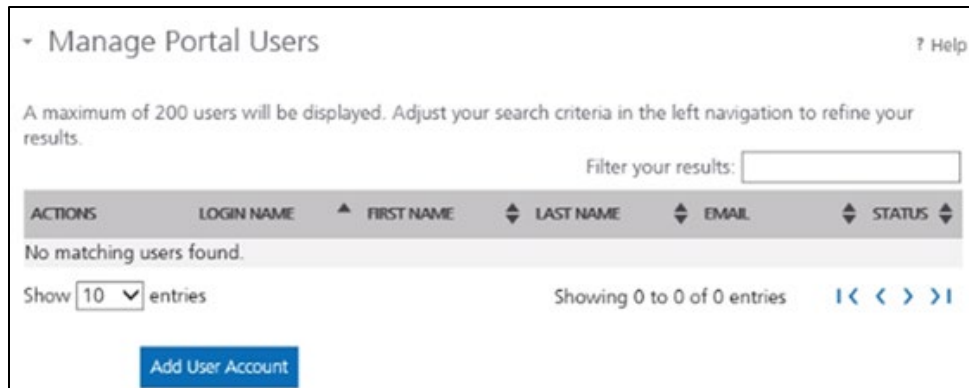


Figure 12-3: Account Administration User Search Area

2. Complete at least one of the steps below to search for the portal user.
 - a. Type the portal user's login name into the **Login Name** field.

Note: This is the user's GovID and what the user types to log in to the portal.
 - b. Type the user's first name into the **First Name** field.
 - c. Type the user's last name into the **Last Name** field.
 - d. Type the user's email address into the **E-mail Address** field.

Note: This is the email address that the provider used to create the Optum GovID.
 - e. Select the **Type of user** from the list. Options include: All, Delegated Admin, Member Eligibility, Claims/UM and Enrollment.

Note: This is the role that the user was assigned when being added to the portal.
3. Click **Search**.
4. Users display in the search results grid. Refer to Figure 12-4.

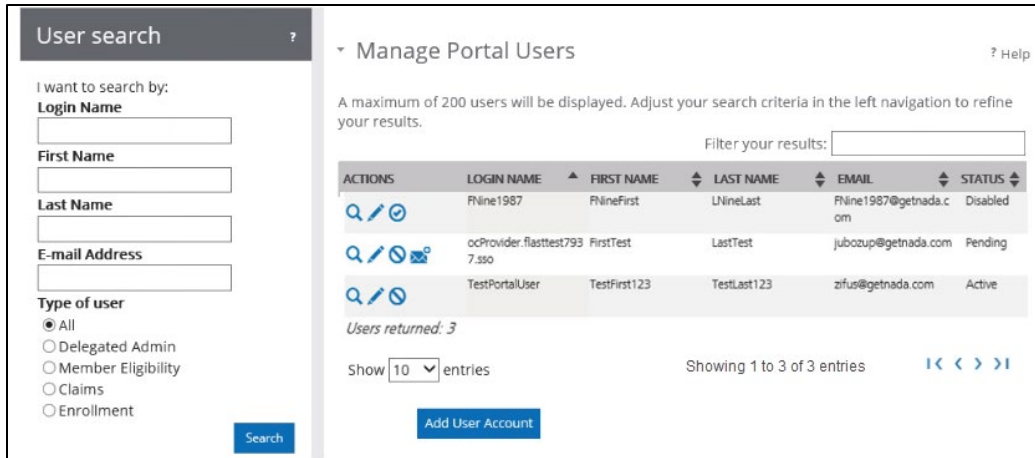


Figure 12-4: User Search Results Grid

12.1.2. View a Portal User

1. Search for a portal user. For more information, refer to Section 12.1.1: Search for a Portal User.
2. Locate portal user in search results grid to the right of the search area. Refer to Figure 12-5.

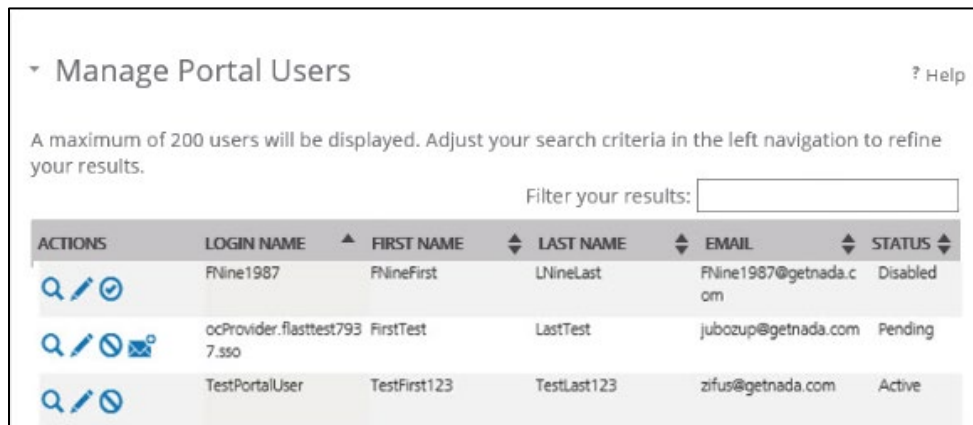


Figure 12-5: User Search Results Grid

3. Select the **View** icon under the Actions column. Refer to Figure 12-6.



Figure 12-6: View Icon

4. The user’s portal account information displays. Refer to Figure 12-7.

Role	
Account Status:	Pending
Last Login:	
Account Created:	Tue Jun 29 20:03:26 UTC 2021
Role:	Delegated Admin
Category:	Delegated Administrator
Provider Information	
First Name:	test
Last Name:	test
Birth Date: (MM/DD/YYYY)	06/29/1985
Email:	coreyTest@getnada.com
NPI / API :	0000121641 0000175729

Figure 12-7: User Portal Account

12.1.3. Edit a Portal User

1. Search for a provider portal user. For more information, refer to Section 12.1.1: Search for a Provider Portal User.
2. Locate the provider portal user in search results grid to the right of the search area. Refer to Figure 12-8.

Filter your results:

ACTIONS	LOGIN NAME	FIRST NAME	LAST NAME	EMAIL	STATUS
	FNine1987	FNineFirst	LNineLast	FNine1987@getnada.com	Disabled
	ocProvider.flasstest7937.sso	FirstTest	LastTest	jubozup@getnada.com	Pending
	TestPortalUser	TestFirst123	TestLast123	zifus@getnada.com	Active

Users returned: 3

Figure 12-8: Provider Portal User Search Results Grid

3. Click the **Edit** icon under the Actions column. Refer to Figure 12-9.

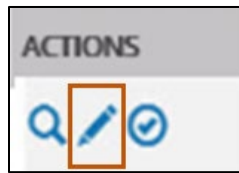


Figure 12-9: Edit Icon in Provider Portal User Search Results Grid

Result: The portal user Role Tab displays. Refer to Figure 12-10.

Role **Provider Information** Review

Role

Select role:

Delegated Admin

Continue Cancel

Figure 12-10: Role Tab of Edit a Provider Portal User

4. Edit the user’s role, as needed, in the **Select role** list and click **Continue**. Refer to Figure 12-11.

Note: Click **Cancel** to cancel editing the user without saving the changes.

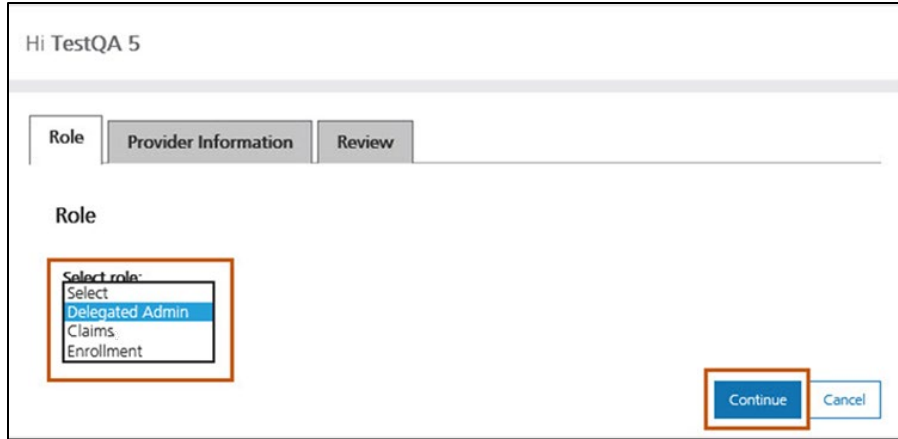


Figure 12-11: Select Role Dropdown

5. On the Provider Information tab, complete the steps below. Refer to Figure 12-12.

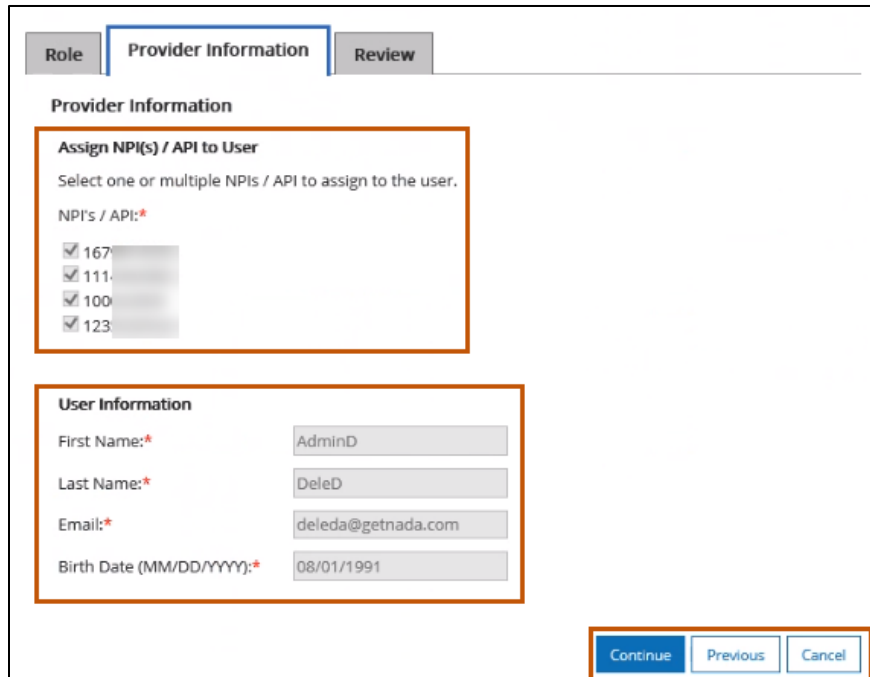


Figure 12-12: Provider Information Tab of Edit a Provider Portal User

- a. Select one or multiple NPIs or APIs to assign to the user or edit the **User Information** such as first and last name, email and date of birth.
- b. Click **Continue** to proceed. Click **Previous** or **Cancel** to go to the previous tab or cancel editing the user.

- Navigate to the Review tab and confirm all changes are correct. Refer to Figure 12-13.

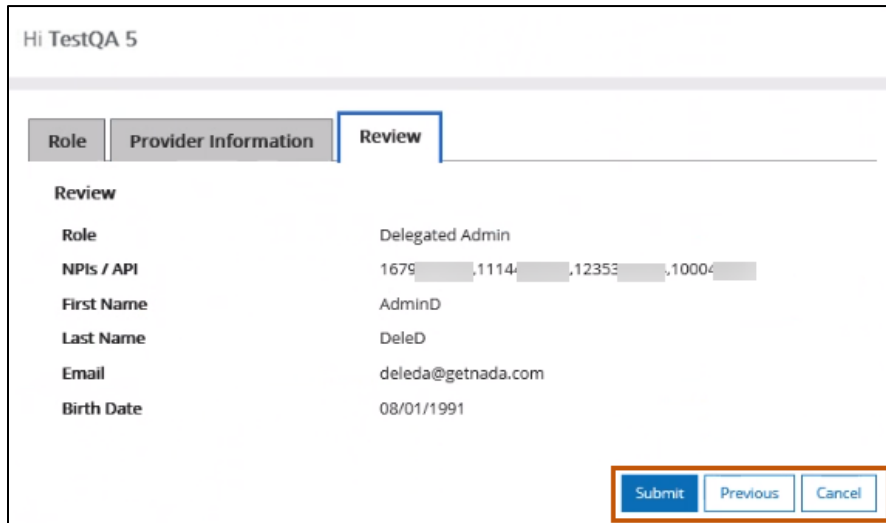


Figure 12-13: Review Tab of Edit a Provider Portal User

- Click **Submit** to save changes. Click **Previous** or **Cancel** to go to the previous tab or cancel editing the provider portal user.

12.1.4. Disable a Portal User

- Search for a provider portal user. For more information, refer to Section 12.1.1: Search for a Provider Portal User.
- Locate the provider portal user in the search results grid to the right of the search area.
- Click the **Disable** icon under the Actions column. Refer to Figure 12-14.



Figure 12-14: Disable Icon

- Click **Disable** to confirm disabling the provider user. Refer to Figure 12-15.

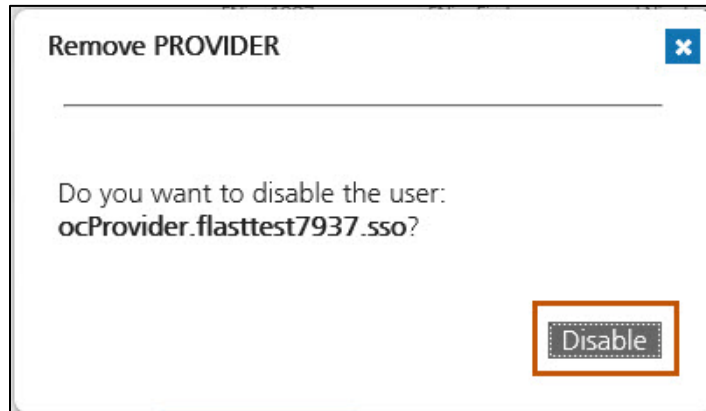


Figure 12-15: Disable Provider Confirmation Message

The user’s account is disabled, and the user is unable to log in to the portal.

12.1.5. Add a Portal User

- On the Account Administration home page, click **Add User Account**. Refer to Figure 12-16.

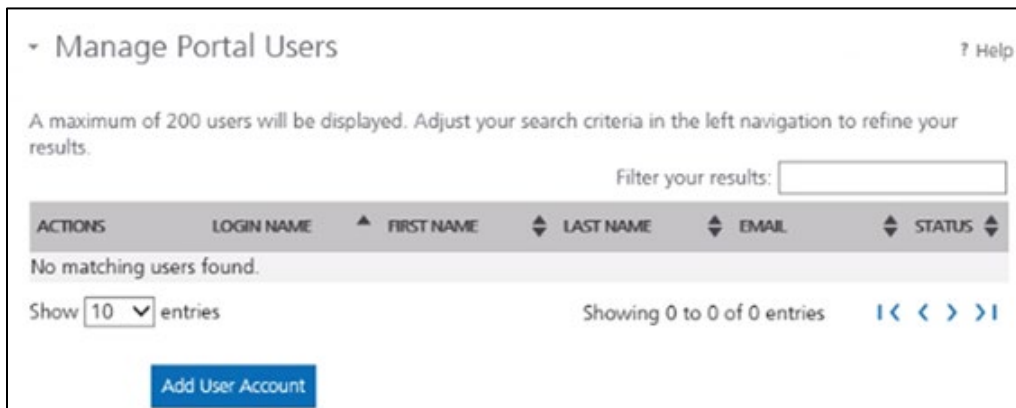


Figure 12-16: Account Administration Add Portal User

- On the Role tab, **select the role** for the new user and click **Continue**. Refer to Figure 12-17.

Note: The role determines what screens the user can access. Choose from the following roles:

- a. Delegated Admin: This role can access all screens and functions for the provider account including the ability to add/invite other users.
- b. Claims: This role can submit and view professional claim submissions.
- c. Provider Enrollment: This role can submit, view and edit provider enrollment information for credentialing in the Montana Healthcare Programs network.

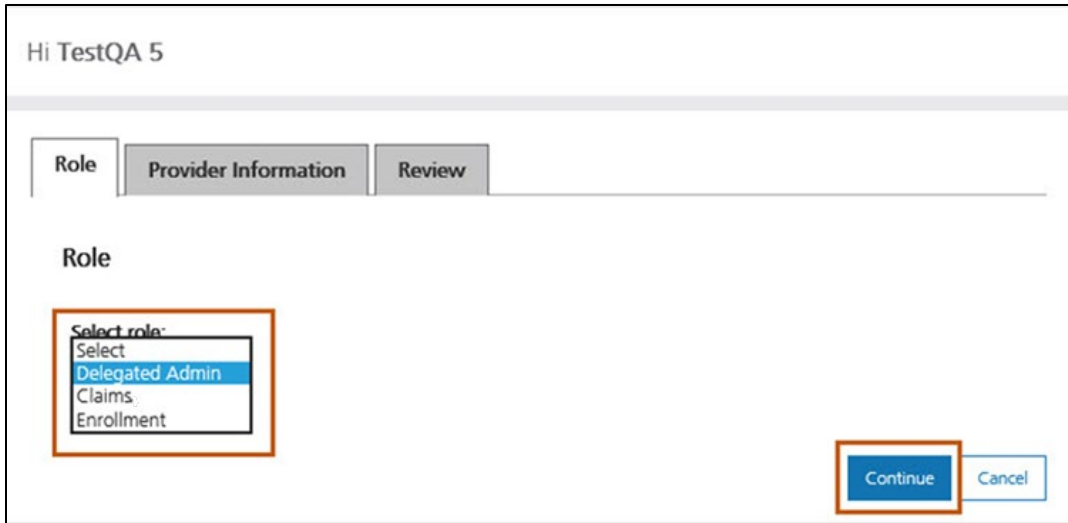


Figure 12-17: Add Provider User – Select Role

- 3. On the Provider Information tab, complete the steps below. Refer to Figure 12-18.

Note: All fields on the Provider Information tab are required.

The screenshot shows a web form titled "Add Provider User" with a "Help" icon. It features three tabs: "Role", "Provider Information", and "Review". The "Provider Information" tab is selected. Below the tabs, there are two main sections:

- Assign NPI(s) / API to User:** This section includes the instruction "Select one or multiple NPIs / API to assign to the user." and a label "NPI's / API: *". Below this is a list of NPIs/APIs with checkboxes. One entry is visible: a checkbox followed by a greyed-out field containing "385".
- User Information:** This section contains five text input fields:
 - First Name: *
 - Last Name: *
 - Email: *
 - Birth Date (MM/DD/YYYY): *
 - Last 4 digits of SSN: *

At the bottom right of the form are three buttons: "Continue", "Previous", and "Cancel".

Figure 12-18: Add Provider User Provider Information

- a. Select one or multiple NPI and APIs, if applicable.

Note: When assigning an NPI or API to a specific user, that user can view and manage the information for that NPI or API.

- b. Enter the user's first name in the **First Name** field.
- c. Enter the user's last name in the **Last Name** field.
- d. Enter the user's email address in the **Email** field.
- e. Enter the user's date of birth in MM/DD/YYYY format in the **Birth Date** field.

Important: This information validates when the portal user completes registration. It must match what the user enters upon registering.

- f. Enter the last four digits of the user's social security number in the **Last 4 digits of SSN** field.

Important: This information validates when the portal user completes registration. It must match what the user enters upon registering.

- Review the information for accuracy, then select **Continue**.

An invitation email is sent to the user’s email address with portal registration instructions.

12.2. Managing Billing Providers

- Click the **Add Billing Provider** button. Refer to Figure 12-19.

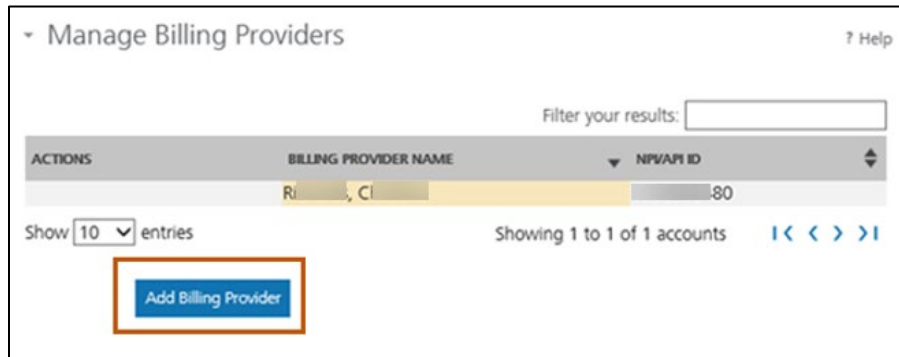


Figure 12-19: Manage Billing Providers Section

- Complete all the required fields, then click **Submit**. Refer to Figure 12-20.

Note : Fields marked with an asterisk * are required.

Provider Name or Organization Name?* Provider Name Organization Name

NPI or API?* NPI API

TIN/FEIN:*

Enter Provider ID Number:*

Figure 12-20: Add Billing Provider Details

- The provider will be shown in the results grid.
 - To view the provider information, select the **View** icon under the Actions column.

- b. For information on how to edit the billing provider information, refer to Section 12.1.3 Edit a Portal User and complete all subsections.

12.3. Managing Provider Enrollment Accounts

On the Account Administration screen, click the **Complete request form** button to open the Montana Access to MPATH Provider Services Module Enrollment Account Link Request form. Refer to Figure 12-21.

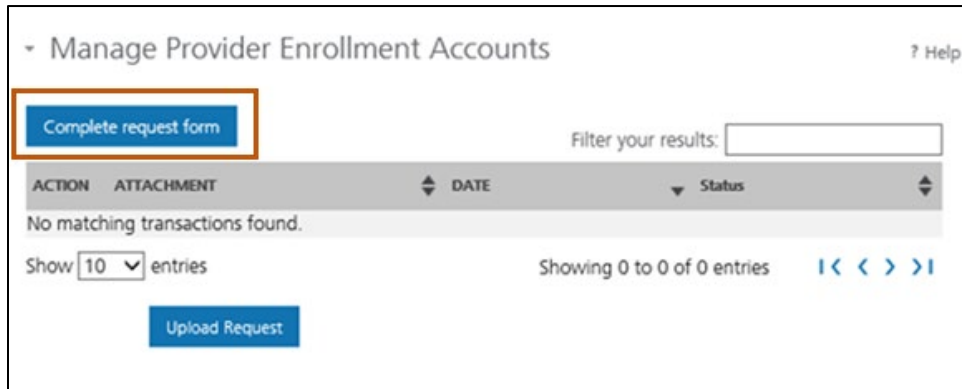


Figure 12-21: Complete Request Form Button

1. Refer to Figure 12-22 for a sample of the form.

**Montana Access to MPATH Provider Services Module
Enrollment Account Link Request**

The MPATH Provider Services Module uses a unique Organization ID to allow linkage of provider enrollment records for viewing and management. To have your enrollment account linked to a specific Organization ID, you must submit an Enrollment Account Link Request.

Each National Provider Identifier (NPI), or Atypical Provider Identifier (API) used in enrollment into Montana Healthcare programs may create their own user account for enrolling or completing maintenance updates to their provider enrollment information. Upon creation of a user account, an Organization ID is assigned. If a provider wants to link their user account to another organization ID, or add a provider to their organization ID, it is required to have your organization IDs linked.

Complete the information below. Please allow up to 10 days for Provider Relations to process the request.

Authorizing Provider Name:

Authorizing NPI/API#:

For additional NPI/APIs you want linked, please check the box below and upload the supplemental page with your request.

Requested NPI/API#

Requested Provider Name:

Additional NPI/APIs requested (on separate excel form):

Contact Name for questions when processing request (Required).

Name: Title:

Phone Number: Email:

Figure 12-22: Access to MPATH Provider Service Module Enrollment Account Link Request Form

2. Complete the fields in the form, then save it locally to your computer.
3. Click the browser **Back** (left arrow) button to return to the Account Administration screen. In the Managing Provider Enrollment Accounts section, click the **Upload Request** button to load the completed form.
4. The uploaded document will display in the Managing Provider Enrollment Accounts grid.

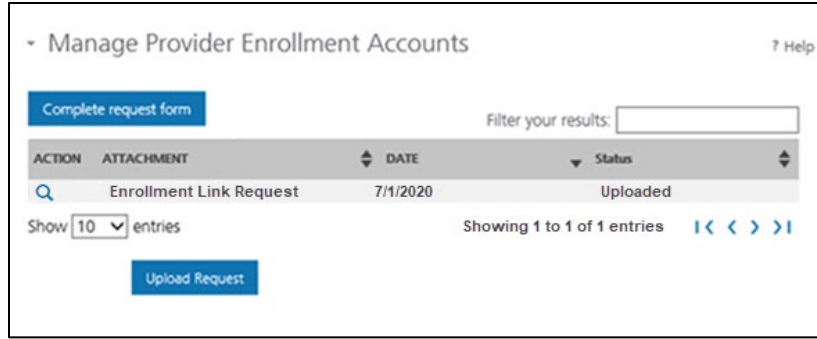


Figure 12-23: Uploaded Document

13. Bulk HIPAA Transactions

This section describes the Bulk HIPAA Transactions page. Bulk HIPAA Transactions is accessible from myMenu and allows providers to view, upload and download HIPAA compliant transactions.

1. Log into the Montana Provider Portal. For more information, refer to Section 2.2: Log into the Portal.
2. Click **Bulk HIPAA Transactions** on myMenu. Refer to Figure 13-1.

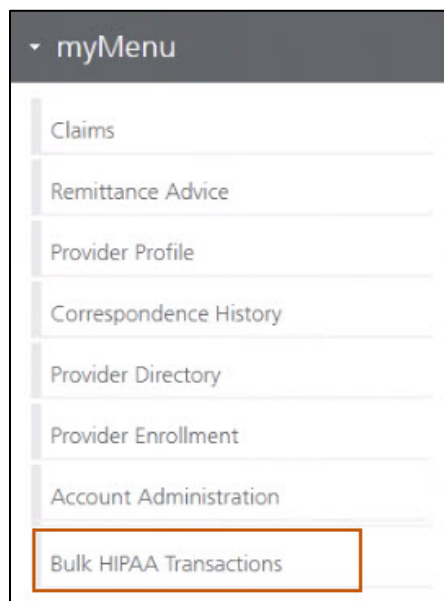


Figure 13-1: Bulk HIPAA Transactions in myMenu

3. The Bulk HIPAA Transactions search and grid displays. The default search as the page opens is the Last 30 days. Refer to Figure 13-2.

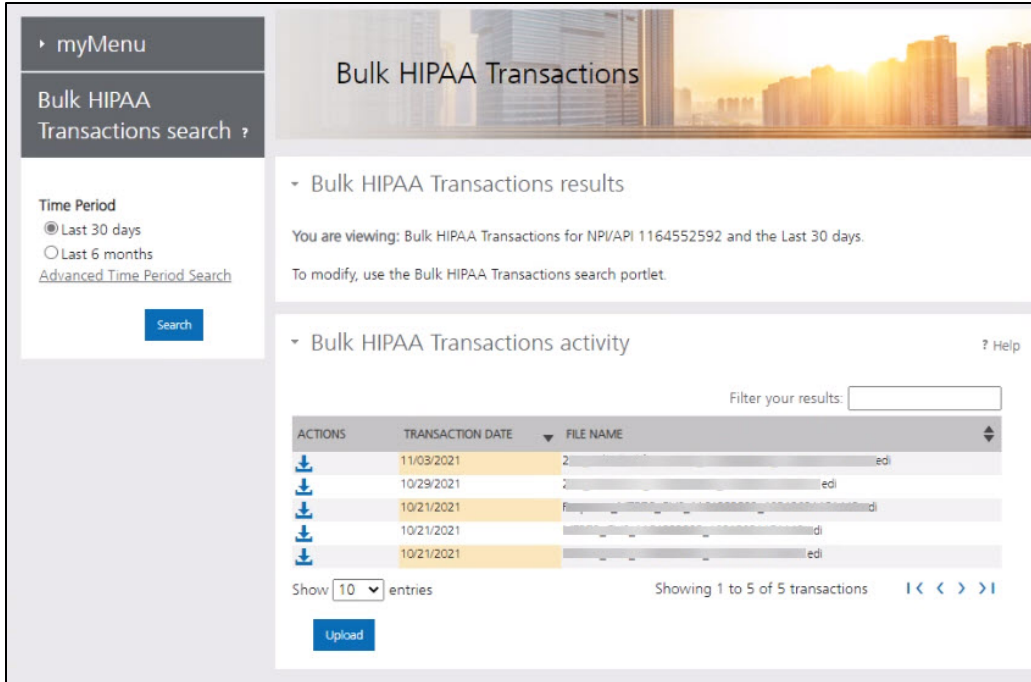


Figure 13-2: Bulk HIPAA Transactions Search and Grid

4. The user has several function choices within the Bulk HIPAA Transactions area of portal:
 - a. To search for transaction, go to Section 13.1: Search for a Transaction.
 - b. To download and view a transaction, go to Section 13.2: Download a Transaction.
 - c. To upload a transaction, go to Section 13.3: Upload a Transaction.

13.1. Search for a Transaction

1. Locate the Bulk HIPAA Transactions search area in the top left-hand corner of the Bulk HIPAA Transactions screen.
2. Determine the period to search for the transaction.
 - a. Select Last 30 days to search all transactions within the last 30 days. Go to Step 4. Refer to Figure 13-3.

- b. Select Last 6 months to search all transactions within the last six months. Go to Step 4. Refer to Figure 13-3.
- c. Select Advanced Time Period Search to search using additional search criteria, such as a specific date range. Go to Step 3. Refer to Figure 13-4.

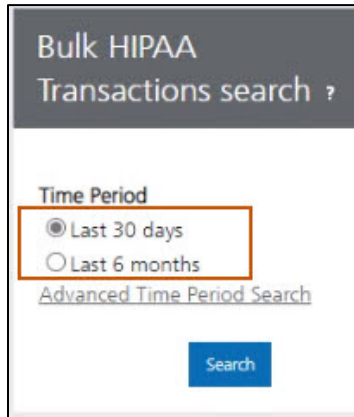


Figure 13-3: Time Period Options

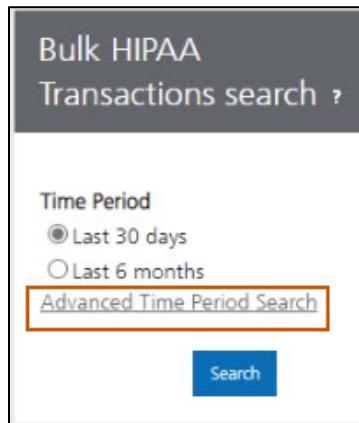


Figure 13-4: Advanced Time Period Search

- 3. Enter or select from the calendar, the desired From Date and To Date. Go to the next step. Refer to Figure 13-5.

Bulk HIPAA Transactions search ?

Basic Time Period Search

From Date:

To Date:

Figure 13-5: From Date and To Date Fields

4. Click **Search**. Refer to Figure 13-6.

Bulk HIPAA Transactions search ?

Basic Time Period Search

From Date:

To Date:

Figure 13-6: Bulk HIPAA Transactions Search Button

5. The search results display in the Bulk HIPAA Transactions grid. Refer to Figure 13-7.

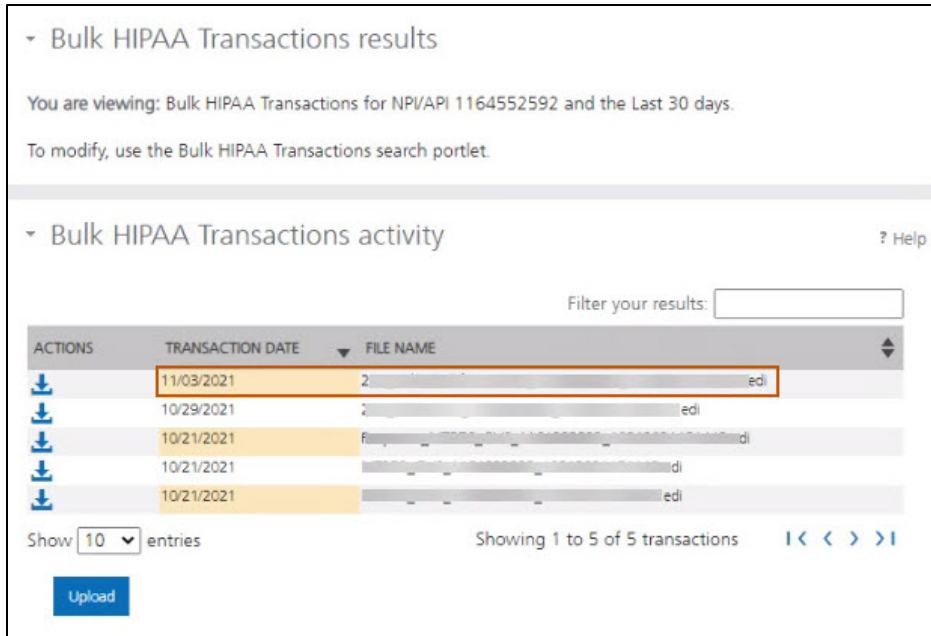


Figure 13-7: Bulk HIPAA Transactions Search Results

13.2. Download and View a Transaction

1. Search for transaction using Basic or Advanced Time Period Search. For more information, refer to Section 13.1: Search for a Transaction.
2. From the list of results, locate the transaction to download and select the **Download** icon under the Actions column. Refer to Figure 13-8.

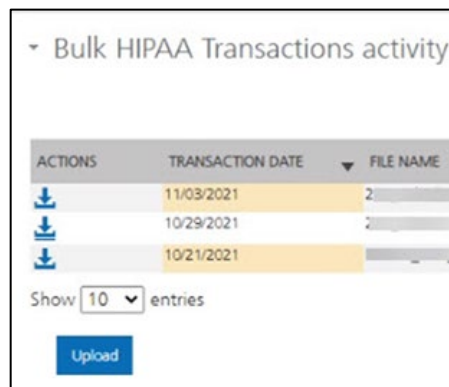


Figure 13-8: Download icon

3. After the download completes, open the file to view.

13.3. Upload a Transaction

1. From the File transaction activity screen, click **Upload**. Refer to Figure 13-9.

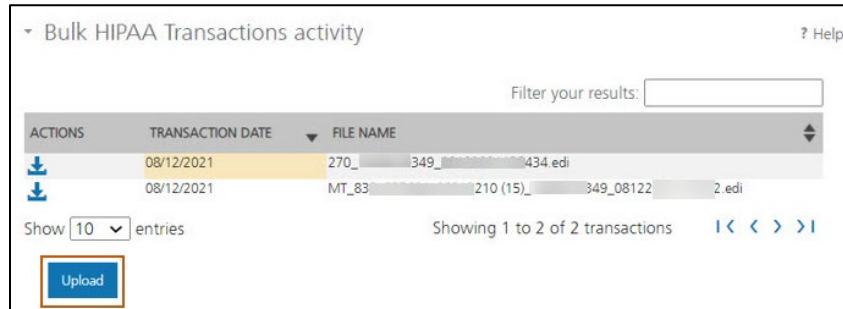


Figure 13-9: Upload Button

Note: The File Upload window displays. Refer to Figure 13-10.

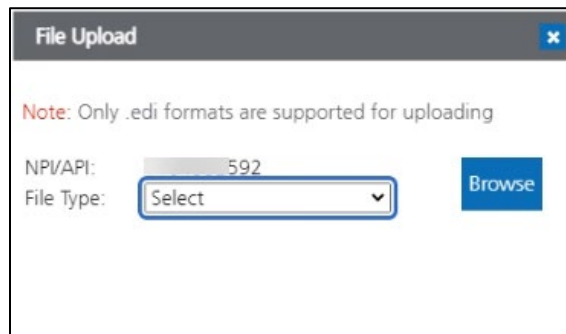


Figure 13-10: File Upload Window

2. Select **File Type** from the list of options, including Member Eligibility (270), Claim Submission (873) and Claim Status (276). Click **Browse**. Refer to Figure 13-11.

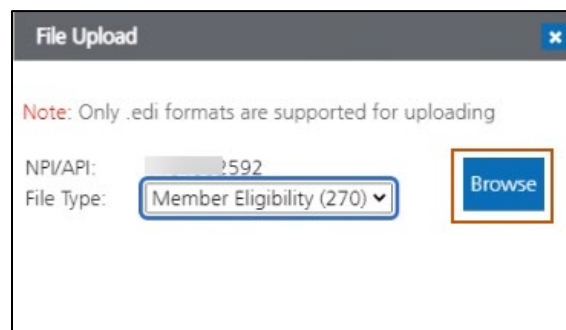


Figure 13-11: Browse Button

3. Locate and select the file to be uploaded. Click the **Upload** button. Refer to Figure 13-12.

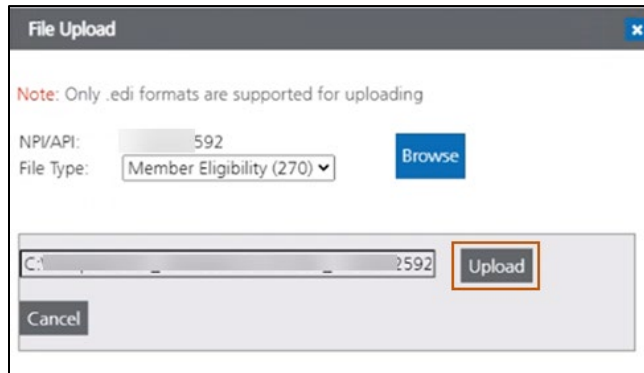


Figure 13-12: File Upload Button

4. When the upload is complete the screen will display a success message. Refer to Figure 13-13.

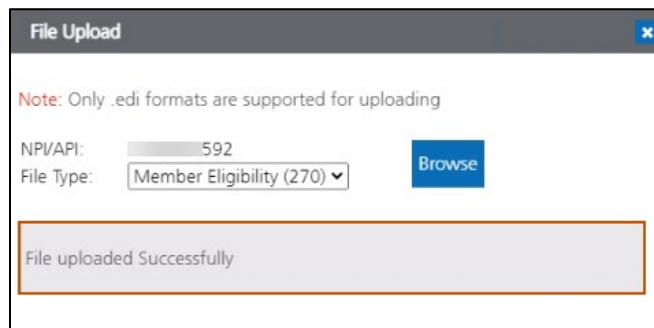


Figure 13-13: File Uploaded Successfully

5. The file displays in Bulk HIPAA Transactions activity grid. Refer to Figure 13-14.

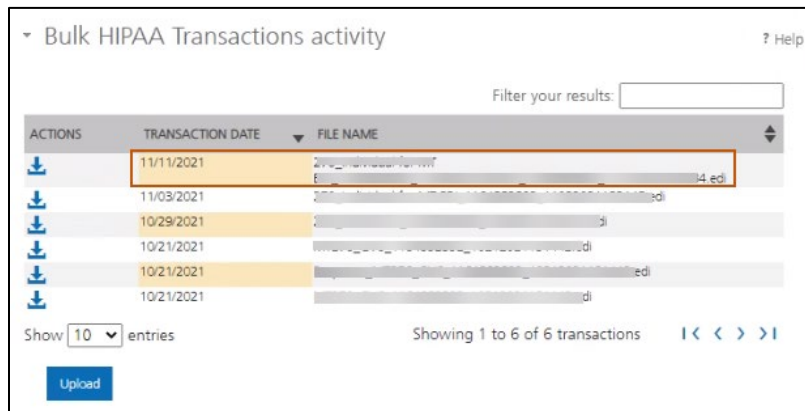


Figure 13-14: File Displays in the Bulk HIPAA Transactions Grid

14. Alerts and Announcements

This section describes how Montana Healthcare Program providers view and accept alerts on the Montana Provider Portal.

1. Log into the Montana Provider Portal. For more information, refer to Section 2.2: Log into the Portal.
2. Determine type of alert posted to provider portal. See the following sections.

14.1. Blocking Alerts

Blocking alerts show immediately upon logging into the portal. Navigation around the site is not possible until acknowledging the alert.

1. View the alert message and take any necessary action based on the message. Refer to Figure 14-1.

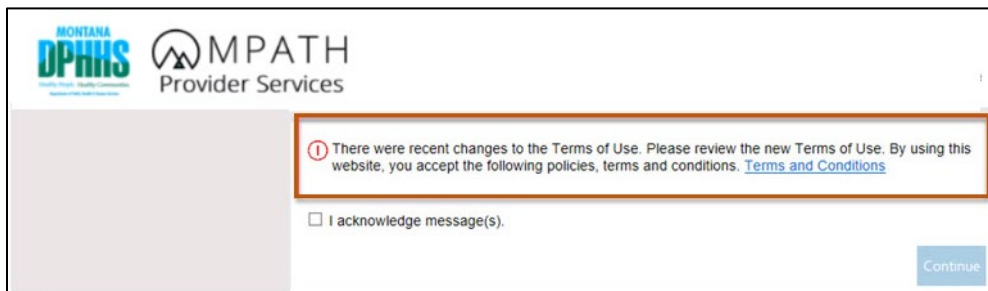


Figure 14-1: Sample of a Blocking Alert

2. Click the **checkbox** next to the **I acknowledge message(s)** statement. Refer to Figure 14-2.

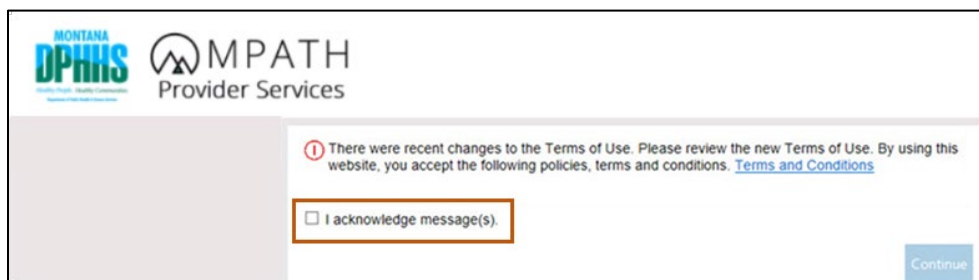


Figure 14-2: Acknowledgement Checkbox

3. Click **Continue**. The secure landing page displays.

Note: If the user does not select the Continue button at this step, the user returns to the non-secure portal. The user continues to see this alert until acknowledging the message and selecting **Continue**.

14.2. Non-Blocking Alerts

A non-blocking alert appears immediately upon logging into the portal. Navigation around the site is not possible until the user continues past the alert page. In this case, the user does not need to acknowledge the message.

1. Read the alert message and take any necessary action based on the message.
2. Click **Continue**. Refer to Figure 14-3.

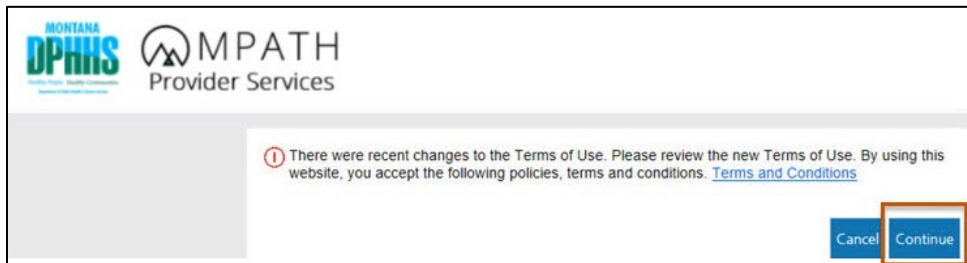


Figure 14-3: Sample of a Non-blocking alert

Note: If the **Cancel** button is selected, the user continues to see this alert until **Continue** button is selected.

14.3. Non-Blocking Alert Banner

A non-blocking alert banner displays immediately upon logging into the portal. In this instance, the user does not need to acknowledge the message and the user is free to move around the portal.

Read the message. The message displays until MPATH administrators determine removal. Refer to Figure 14-4.

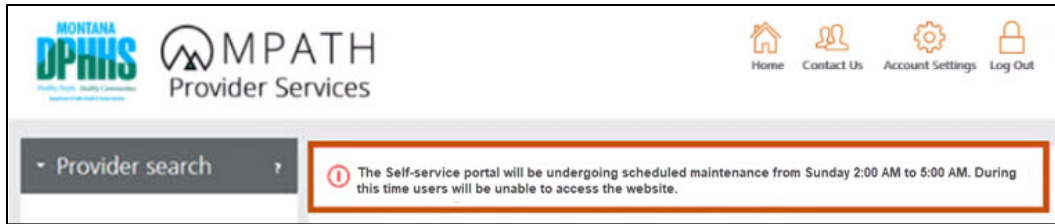


Figure 14-4: Non-Blocking Alert Banner Message Sample

15. Montana Healthcare Programs Contact Information

This section describes how Montana Healthcare Programs providers use the Montana Provider Portal to find contact information for the program to reach out for assistance or support.

1. Navigate to the Montana Provider Portal website. Refer to Section 1.3: Accessing the Montana Provider Portal.
2. Whether on the public landing page or logged in to the secure portal, click the **Contact Us** icon in upper right corner of the page. Refer to Figures 15-1 and 15-2.



Figure 15-1: Public Landing Page – Contact Us



Figure 15-2: Secure Portal – Contact Us

3. View the contact information on the page, including phone numbers and mailing addresses.

Appendices

Appendix A – Acronyms

The following is a list of acronyms used within this document.

Acronym	Term
API	Atypical Provider Identifier
COB	Coordination of Benefits
CPT	Current Procedural Terminology
DPHHS	Department of Public Health and Human Services
EOB	Explanation of Benefits
EPSDT	Early Periodic Screening, Diagnosis and Treatment
GovID	Government Identification (username used to gain secure access to the Montana Provider Portal)
HCPC	Healthcare Common Procedure Code
HCPCS	Healthcare Common Procedure Coding System
HIPAA	Health Insurance Portability and Accountability Act
MPATH	Montana Program for Automating and Transforming Healthcare
NDC	National Drug Code
NPI	National Provider Identifier
POS	Place of Service

Appendix B – Glossary

Term	Definition
Atypical Provider Identifier	CMS defines atypical providers as providers that do not provide health care (e.g., taxi services, home or vehicle modification or respite services).
Coordination of Benefits (COB)	A program that determines which plan or insurance policy will pay first if two health plans or insurance policies cover the same benefits. If one of the plans is a Medicare health plan, Federal law may decide who pays first
Current Procedural Terminology (CPT)	A medical code set of physician and other services, maintained and copyrighted by the American Medical Association (AMA), and adopted by the Secretary of HHS as the standard for reporting physician and other services on standard transactions
Department of Public Health and Human Services (DPHHS)	A cabinet-level executive branch department of the U.S. federal government with the goal of protecting the health of all Americans and providing essential human services
Explanation of Benefits (EOB)	A notice given to a member after a provider files a claim and that claim has been adjudicated by the member’s insurance carrier. It typically describes the charges, the amount(s) approved by the carrier, and the amount(s) paid to the provider.
Early Periodic Screening, Diagnosis and Treatment (EPSDT)	The child health component of Medicaid, providing comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid.
Government Identification	State or federally issued identification, typically a driver’s license, identity card, Social Security card or passport.
Healthcare Common Procedure Code (HCPCS)	A medical code set that identifies health care procedures, equipment, and supplies for claim

	<p>submission purposes. It has been selected for use in the HIPAA transactions.</p>
<p>Health Insurance Portability and Accountability Act (HIPAA)</p>	<p>A law passed in 1996 which provides a wide variety of protections.</p> <ul style="list-style-type: none"> • expands health care coverage for a lost job, • protects individuals with pre-existing medical conditions • limits how companies can use your pre-existing medical conditions to keep you from getting health insurance coverage. • usually gives you credit for health coverage you have had in the past. • may give you special help with group health coverage when you lose coverage or have a new dependent; and <p>generally, guarantees your right to renew your health coverage. HIPAA does not replace the states' roles as primary regulators of insurance.</p>
<p>Montana Program for Automating and Transforming Healthcare (MPATH)</p>	<p>A series of projects to implement modules and services to replace the State's legacy Medicaid Management Information System (MMIS).</p>
<p>National Drug Code (NDC)</p>	<p>A medical code set maintained by the Food and Drug Administration that contains codes for drugs that are FDA-approved. The Secretary of HHS adopted this code set as the standard for reporting drugs and biologics on standard transactions</p>
<p>National Provider Identifier (NPI)</p>	<p>The name of the standard unique health identifier for health care providers that was adopted by the Secretary in January 2004</p>
<p>Place of Service (POS)</p>	<p>The physical location where medical services take place.</p>
<p>Tax Identification Number</p>	<p>A nine-digit tax processing number only available for certain nonresident and resident aliens, their spouses, and dependents who cannot get a Social Security Number.</p>

Appendix C – Professional Claim Form Fields and Descriptions

Field	Description
<p>Diagnosis Codes (ICD 10) – Field 1</p> <p>Important: This field is required.</p>	<p>This is the primary diagnosis code used for the claim. Use the applicable ICD 10 code.</p> <p>Note: Do not include any decimals when typing the diagnosis code information. This field is intuitive to prevent errors by validating codes. Start typing the diagnosis code and select the search button to view all codes with the alphanumeric sequence typed.</p>
<p>Diagnosis Codes (ICD 10) – Fields 2-12</p> <p>Important: This field is not required.</p>	<p>These are the additional diagnosis codes used for the claim. Use the applicable ICD 10 codes.</p> <p>Note: Do not include any decimals when typing the diagnosis code information. This field is intuitive to prevent errors by validating codes. Start typing the diagnosis code and select the search button to view all codes with the alphanumeric sequence typed.</p>
<p>From Date</p> <p>Important: This field is required.</p>	<p>Select correct From Date from the calendar or use MMDDYYYY format for the claim line.</p>
<p>To Date</p> <p>Important: This field is required.</p>	<p>Select the correct To Date from the calendar or use MMDDYYYY format for the claim line.</p>
<p>Place of Service (POS)</p> <p>Important: This field is required.</p>	<p>Select the Place of Service for the claim line.</p>
<p>CPT/HCPCS</p> <p>Important: This field is required.</p>	<p>This is the Procedure Code for the claim line.</p> <p>Note: When J-code or drug, please key in the National Drug Code (NDC) in the NDC column.</p>
<p>Modifier</p> <p>Important: This field is not required.</p>	<p>This field describes a service or procedure. Use up to four modifiers per claim line. Separate each modifier with a comma.</p> <p>Note: Do not include spaces between modifier code and comma. Spaces between modifier code and comma are automatically removed.</p>

Field	Description
<p>Diagnosis Pointer Important: This field is required.</p>	<p>Use the reference code from above the claim grid to relate the date of service and the procedures performed to the correct diagnosis code. Use up to eight diagnosis pointers per claim line. Make sure to match the diagnosis code for this particular service.</p> <p>Note: Do not include spaces between diagnosis pointer and comma. Spaces between each diagnosis pointer and comma are automatically removed.</p>
<p>Charges Important: This field is required.</p>	<p>This is the amount charged for service.</p>
<p>Days or Units Important: This field is required.</p>	<p>This is the number of days or units for service.</p>

Field	Description
<p>Other Insurance/Coordination of Benefits (COB)</p> <p>Important: This field is situational.</p>	<p>If member has other insurance select the COB link to enter the below information:</p> <p>Primary Payer Fields/Columns:</p> <ul style="list-style-type: none"> • Insurance Type: Insurance options include the following: <ul style="list-style-type: none"> ○ Commercial ○ Medicare Part A and B ○ Medicare Part B ○ Medicare Part A ○ Medicare Part C/Advantage • Carrier Name: This is the Primary Payer billable name. • Carrier Code: Reference code to the primary payer. • Subscriber First Name: This is the first name of insurance carrier. • Subscriber Last Name: This is the last name of the insurance carrier. • Subscriber Middle Name: This is the middle name of the insurance carrier. • Allowed: This is the maximum amount the other insurance plan paid for service. • Copay: This is the fixed amount paid by member for a health care service. • Deductible: This is the amount paid by member before other insurance plan starts to pay. • Coinsurance: This is the amount paid by the other insurance plan after the member reached the deductible. • Paid Amount: This is the amount paid by the additional insurance carrier. • Group: This identifies the responsible party. • Reason: These codes communicate a reason for a payment adjustment that describes why a claim or service line was paid differently than it was billed. • Amount: The Medicare reimbursement amount to be paid to the provider. • Explanation of Benefits (EOB) Paid Date: This is the claim's processing date by other insurance carrier.

Field	Description
<p>NDC Important: This field is situational.</p>	<p>This is the National Drug Code. Note: Please key in NDC using a 5-4-2 format (e.g. xxxxx-xxxx-xx).</p>
<p>Early Periodic Screening, Diagnosis and Treatment (EPSDT) Important: This field is situational.</p>	<p>Early and Periodic Screening, Diagnostic and Treatment</p>
<p>Emergency Service Important: This field is situational.</p>	<p>This identifies if the claim is related to emergency services.</p>
<p>Family Planning Important: This field is situational.</p>	<p>This identifies if the claim is related to family planning services.</p>
<p>Trash Bin (Delete Icon) Important: This field is situational.</p>	<p>Use the trash bin to remove lines added at the claim level.</p>
<p>Total Charges</p>	<p>This is the total of all charges from claim lines from grid.</p>
<p>Add (Add Icon)</p>	<p>Selecting Add adds 10 more rows to the grid.</p>
<p>Is this a void or replacement of a previously submitted claim? Important: This field is required.</p>	<p>Select Yes if the current claim is a void or replacement of a previous claim.</p>

Field	Description
<p>Are you submitting COB at the claim level?</p> <p>Important: This field is not required.</p>	<p>If provider selects Yes to this question, complete the below fields for a member with other insurance:</p> <p>Primary Payer Fields/Columns:</p> <ul style="list-style-type: none"> • Insurance Type: Insurance options include the following: <ul style="list-style-type: none"> ○ Commercial ○ Medicare Part A and B ○ Medicare Part B ○ Medicare Part A ○ Medicare Part C/Advantage • Carrier Name: This is the Primary Payer billable name. • Carrier Code: Reference code to the primary payer. • Subscriber First Name: This is the first name of insurance carrier. • Subscriber Last Name: This is the last name of the insurance carrier. • Subscriber Middle Name: This is the middle name of the insurance carrier. • Allowed: This is the maximum amount the other insurance plan paid for service. • Copay: This is the fixed amount paid by the member for a health care service. • Deductible: This is the amount paid by the member before the other insurance plan starts to pay. • Coinsurance: This is the amount paid by the other insurance plan after the member reached the deductible. • Paid Amount: This is the amount paid by the additional insurance carrier. • Group: This identifies the responsible party. • Reason: These codes communicate a reason for a payment adjustment that describes why a claim or service line was paid differently than it was billed. • Amount: The Medicare reimbursement amount to be paid to the provider. • EOB Paid Date: This is the claim's processing date by other insurance carrier.

Field	Description
<p>Is the member's condition related to:</p> <p>Important: This field is not required.</p>	<p>Select if the member's condition is related to one of the following:</p> <ul style="list-style-type: none"> • None • Employment • Auto Accident <p>Note: When selecting Auto Accident, Auto Accident State displays. This field is required.</p> <ul style="list-style-type: none"> • Other Type of Accident
<p>First date related to Member's condition:</p> <p>Important: This field is not required.</p>	<p>Select if the member's condition is related to one of the following:</p> <p>Note: Depending on the field selected, additional fields could display for First Date. This is a required field.</p> <ul style="list-style-type: none"> • Onset of Current Symptoms or illness • Accident • Last Menstrual Period
<p>Is this Member deceased?</p> <p>Important: This field is required.</p>	<p>If the provider selects Yes to this question, type the date of death.</p> <p>If the provider selects No to this question, go to the next field.</p>
<p>Is member unable to work in current occupation?</p> <p>Important: This field is required.</p>	<p>If provider selects Yes to this question, complete the following fields:</p> <ul style="list-style-type: none"> • From Date • To Date <p>If provider selects No to this question, go to the next field.</p>
<p>Is hospitalization related to current services?</p> <p>Important: This field is required.</p>	<p>If the provider selects Yes to this question, complete the following fields:</p> <ul style="list-style-type: none"> • Admit Date • To Date <p>If the provider selects No to this question, go to the next field.</p>
<p>Clinical Laboratory Improvement Amendment Number needed for this claim?</p> <p>Important: This field is required.</p>	<p>If provider selects Yes to this question, complete the following field:</p> <ul style="list-style-type: none"> • Clinical Laboratory Improvement Amendment Number <p>If the provider selects No to this question, go to the next field.</p>

Field	Description
<p>Is there a prior authorization for this claim? Important: This field is required.</p>	<p>If the provider selects Yes to this question, complete the following field:</p> <ul style="list-style-type: none"> • Prior Authorization Number <p>Clicking Advanced Search Populates the Member ID and facilitates searching date ranges for existing prior authorization numbers.</p> <p>If provider selects No to this question, go to next field.</p>
<p>Is there a Referral for this claim? Important: This field is required.</p>	<p>If provider selects Yes to this question, complete the following field:</p> <ul style="list-style-type: none"> • Referral Number <p>If provider selects No to this question, go to the next field.</p>
<p>Do you have attachments for this claim? Important: This field is required.</p>	<p>Select Yes if attachment(s) exist for this claim.</p>

Appendix D – Facility Claim Form Fields and Descriptions

Field	Required?	Description
Type of Bill	Required	This four-digit alphanumeric code represents the type of bill and always starts with a zero. Note: If this is a resubmission of a previously submitted claim, use 7 for the frequency digit.
Inpatient or Outpatient	Required	Specify whether claim is inpatient or outpatient.
Statement Period From	Required	Beginning date of service.
Statement Period Through	Required	End date of service.
Admission Date	Required for Inpatient and Home Health Only	Use the following guidelines for the date care begins: <ul style="list-style-type: none"> • For Inpatient care, use the date of admission. • For all others, use the date care starts.
Admission Hour	Required for Inpatient and Home Health Only	This is the hour in which patient is admitted for inpatient or outpatient care. Note: Use Military Standard Time (00-23).
Admission Type	Required for Inpatient Only	This is the priority of the admission or visit.
Source of Admission	Required	This is the point of origin of the patient upon for this admission or visit.
Discharge Hour	Required for Inpatient Only	The patient was discharged form inpatient care in this hour. Note: Use Military Standard Time (00-23).
Member Discharge Status	Required	This is the status of the member upon discharge.
Condition Codes (1-11)	Situational	These are the conditions or events related that could affect the processing.
Accident State	Not Required	The accident occurred in this state.

Field	Required?	Description
Occurrence Code (1-8)	Situational	The significant events that affect the processing.
(Occurrence Code) Date (1-8)	Situational	Start and end dates of the specific events.
Occurrence Span Code (1-8)	Required for Inpatient Only	Significant events that affect the processing.
(Occurrence Span Code) From (1-8)	Required for Inpatient Only	These are the start dates of the specific events.
(Occurrence Span Code) Through (1-8)	Required for Inpatient Only	These are the end dates of the specific events.
Value Code (1-12)	Required	Codes to identify the monetary data for processing claims.
(Value Code) Amount / Days (1-12)	Required	Dollar amounts associated to value code to identify the monetary data for processing claims.
Revenue Code	Required	This is a HIPAA-compliant code identifying the services performed. Note: Make sure to add the HCPC code when revenue code requires it.
HCPCS Code	Required	These are codes for ancillary services, accommodation rate for inpatient services and Health Insurance Prospective Payment System rate codes for specific patient groups.
Modifier	Not Required	This field describes a service or procedure. Use up to four modifiers per claim line. Separate each modifier with a comma. Note: Do not include spaces between modifier code and comma. Spaces between modifier code and comma automatically will be removed.
From Date	Required for Inpatient Only	Select correct From Date from the calendar or use MMDDYYY format for the claim line.

Field	Required?	Description
To Date	Not Required	Select correct To Date from the calendar or use MMDDYYY format for the claim line.
Service Units	Required	Unit of service provided (i.e., pints of blood, miles traveled, number of inpatient days).
NDC	Situational	This is the National Drug Code. Note: Please key in NDC using a 5-4-2 format (e.g. xxxxx-xxxx-xx).
Total Charges	Required	Total charge billed for each revenue code.
Trash Bin (Delete Icon)	N/A	Use the trash bin to remove lines added at the claim level.
Total Charges	N/A	This is the total of all charges from the claim lines in the grid.
Add	N/A	Selecting Add adds 10 more rows to grid.
Primary Diagnosis Code	Required	This is the primary ICD-10 diagnosis code.
Present on Admission	Required	Select from these options: <ul style="list-style-type: none"> • N – No • U – Unknown • W – Not Applicable • Y - Yes
Diagnosis Related Groups (DRG)	Situational	This alphanumeric code identifies the level of services/products that the patient received during an inpatient hospital stay.
Other Diagnosis Codes (1-24)	Not Required	These diagnosis codes are in addition to the primary diagnosis code.
Add Diagnosis Code	Situational	Selecting Add Diagnosis code adds additional lines, one at a time, up to 24.

Field	Required?	Description
Admitting Diagnosis Code	Required	This is the patient's ICD-10-CM diagnosis code at time of admission.
Member's Reason for Visiting Diagnoses (1-3)	Situational	These are the ICD-10-CM codes for the reason of patient's outpatient visit.
External Cause of Injury Codes (1-3)	Not Required	This is additional information surrounding an injury or health condition.
Principal Procedure Code	Not Required	This is a procedure code of primary procedure performed for inpatient claims.
(Principal Procedure Code) Date	Not Required	Date of procedure code of primary procedure performed for inpatient claims.
Other Procedure Codes (1-5)	Not Required	Additional procedure codes performed for inpatient claims.
(Other Procedure Codes) Date (1-5)	Not Required	Date of additional procedure codes performed for inpatient claims.
Prior Authorization Number	Not Required	This is the prior authorization code linked to this claim.
Advanced Search	Not Required	Populates the Member ID. Facilitates searching date ranges for existing prior authorization numbers.
Referral Number	Not Required	This is the referral number linked to this claim.

Field	Required?	Description
Service Authorization Exception Code	Not Required	This is the service authorization exception code. Options include: <ul style="list-style-type: none"> • Client has temporary Medicaid • Emergency care • Immediate/urgent care • Request from county for second opinion to determine if recipient can work • Request for override pending • Services rendered in a retroactive period • Special handling
Are you submitting COB at the claim level?	Not Required	Selecting Yes opens the Other Insurance / COB section.
Insurance Type	Situational	Options include: <ul style="list-style-type: none"> • Commercial • Medicare Part A and B • Medicare Part B • Medicare Part A • Medicare Part C/Advantage
Carrier Name	Situational	This is the Primary Payer billable name.
Carrier Code	Situational	Reference code to the primary payer.
Subscriber First Name	Situational	This is the first name of the member with other insurance.
Subscriber Middle Name	Situational	This is the middle name of the member with other insurance.
Subscriber Last Name	Situational	This is the last name of the member with other insurance.
Allowed	Situational	This is the maximum amount the other insurance plan paid for service.

Field	Required?	Description
Copay	Situational	This is the fixed amount paid by the member for a health care service.
Deductible	Situational	This is the amount paid by member before other insurance plan starts to pay.
Coinsurance	Situational	This is the amount paid by the other insurance plan after the member reached the deductible
Paid Amount	Situational	This is the amount paid by the additional insurance carrier.
Group	Situational	This identifies the responsible party.
Reason	Situational	These codes communicate a reason for a payment adjustment that describes why a claim or service line was paid differently than it was billed.
Amount	Situational	The Medicare reimbursement amount to be paid to the provider.
EOB Payment Date	Situational	This is the claim's processing date by other insurance carrier.
Do you have attachments for this claim?	Required	<p>Select Yes or No.</p> <ul style="list-style-type: none"> • If the provider selects Yes to this question, complete the following fields: <ul style="list-style-type: none"> ○ Report Code Type ○ Transmission Code ○ Control Number <p>Note: Providers can mail, fax or electronically submit claim attachments. Select Attachments for electronic claim attachments.</p> <ul style="list-style-type: none"> • If provider selects No to this question, go to the next field.
Notes	Not Required	Provide additional information that is necessary to process the claim.

Appendix E – Dental Claim Form Fields and Descriptions

Field	Required?	Description
Procedure Date	Required	The procedure date for which services were performed.
Area of Oral Cavity	Situational	<p>Always report the area of the oral cavity when the Procedure Code refers to a quadrant or arch and the area of the oral cavity is not uniquely defined by the procedure's nomenclature. Area of the oral cavity is designated by a two-digit code:</p> <ul style="list-style-type: none"> • 00: Entire oral cavity • 01: Maxillary arch • 02: Mandibular arch • 10: Upper right quadrant • 20: Upper left quadrant • 30: Lower left quadrant • 40: Lower right quadrant
Tooth Number(s) or Letter(s)	Situational	Enter the appropriate tooth number or letter when the procedure directly involves a tooth or range of teeth. Otherwise, leave blank.
Tooth Surface	Situational, Required if a Tooth Number or Letter is entered	<p>This Item is necessary when the procedure performed by tooth involves one or more tooth surfaces. Otherwise, leave blank. The following single letter codes are used to identify surfaces:</p> <ul style="list-style-type: none"> • Buccal: B • Distal: D • Facial (or labial): F • Incisal: I • Lingual: L • Mesial: M • Occlusal: O
Procedure Code	Required	The code used to identify the procedure performed.

Field	Required?	Description
Diagnosis Code Pointer	Not Required	<p>Use the reference code from below the claim grid to relate the date of service and the procedures performed to the correct diagnosis code. Up to 4 diagnosis pointers may be provided per claim line. Please be sure to match the diagnosis code(s) for this particular service.</p> <p>Note: Do not include spaces between diagnosis pointer and comma. Spaces between each diagnosis pointer and comma are automatically removed.</p>
Quantity	Required	The number of times procedure was performed on date of service.

Field	Required?	Description
COB	Situational	<p>If member has other insurance, select COB link to enter the below information:</p> <p>Primary Payer Fields/Columns:</p> <ul style="list-style-type: none"> • Insurance Type: Insurance options include the following: <ul style="list-style-type: none"> ○ Commercial ○ Medicare Part A and B ○ Medicare Part B ○ Medicare Part A ○ Medicare Part C/Advantage • Carrier Name: This is the Primary Payer billable name. • Carrier Code: Reference code to the primary payer. • Subscriber First Name: This is the first name of insurance carrier. • Subscriber Last Name: This is the last name of the insurance carrier. • Subscriber Middle Name: This is the middle name of the insurance carrier. • Group: This identifies the responsible party. • Reason: These codes communicate a reason for a payment adjustment that describes why a claim or service line was paid differently than it was billed. • Amount: The Medicare reimbursement amount to be paid to the provider. • EOB Paid Date: This is the claim's processing date by other insurance carrier.
Fee	Required	This is the fee charged for procedure.
Trash Bin (Delete Icon)	N/A	Use the trash bin to remove lines added at the claim level.
Total Charges	N/A	This is the sum of all fees.

Field	Required?	Description
Add (Add Icon)	N/A	Selecting Add adds 10 more rows to the grid.
Diagnosis Codes (ICD 10) (1-4)	Situational	This identifies why the patient is receiving care from the provider. It is also known as the diagnosed condition.
Missing Teeth Information (1-32)	Situational	Numbers associated to each of the teeth that are missing in a patient's mouth. The provider will need to identify which ones are missing.
Is this a void or replacement of a previously submitted claim?	Required	Select Yes if the current claim is a void or replacement of a previous claim.
Are there EPSDT services for this claim?	Required	<p>EPSDT indicates if services are comprehensive and preventative for children under age 21.</p> <ul style="list-style-type: none"> • Select Yes to indicate the patient's services are comprehensive. • Select No if they are not.

<p>Are you submitting COB at the claim level?</p>	<p>Situational</p>	<p>If provider selects Yes to this question, complete the below fields for a member with other insurance:</p> <p>Primary Payer Fields/Columns:</p> <ul style="list-style-type: none"> • Insurance Type: Insurance options include the following: <ul style="list-style-type: none"> ○ Commercial ○ Medicare Part A and B ○ Medicare Part B ○ Medicare Part A ○ Medicare Part C/Advantage • Carrier Name: This is the Primary Payer billable name. • Carrier Code: Reference code to the primary payer. • Subscriber First Name: This is the first name of insurance carrier. • Subscriber Last Name: This is the last name of the insurance carrier. • Subscriber Middle Name: This is the middle name of the insurance carrier. • Allowed: This is the maximum amount the other insurance plan paid for service. • Copay: This is the fixed amount paid by member for a health care service. • Deductible: This is the amount paid by member before other insurance plan starts to pay. • Coinsurance: This is the amount paid by the other insurance plan after the member reached the deductible. • Paid Amount: This is the amount paid by the additional insurance carrier. • Group: This identifies the responsible party. • Reason: These codes communicate a reason for a payment adjustment that describes why a claim or service line was paid differently than it was billed. • Amount: The Medicare reimbursement amount to be paid to the provider.
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Field	Required?	Description
		<ul style="list-style-type: none"> • EOB Paid Date: This is the claim’s processing date by other insurance carrier.
Place of Treatment	Required	This is the two-digit numeric place of service code (Ex: 11-Office, 21-Inpatient Hospital, 32-Nursing Facility).
Is this Treatment or Orthodontics	Required	This selection indicates whether the services are part of a treatment plan or orthodontia plan. Select Treatment or Orthodontics from the drop down menu.
Replacement of Prosthesis	Not Required	<p>If replacing a prosthetic device, then select Yes and answer the additional required question.</p> <p>If not replacing a prosthetic device, select No and go to the next field.</p>
Date of Prior Placement	Required	<p>This is only applicable if user selected Yes to Replacement of Prosthesis.</p> <p>Select the date that the original prosthetic device was placed.</p>
Treatment Resulting From	Situational	<p>This question is asking if the following three reasons are what is causing the treatment to be provided:</p> <ul style="list-style-type: none"> • Auto accident • Occupational illness/injury • Other accident
Predetermination Number	Situational	This is the number acquired by submitting the estimated charges as a predetermination and get approval. The number associated to the approval is forwarded to the provider.
Prior Authorization Number	Situational	This is the requested authorization number for required prior authorization services before rendering said services. Once approved, the prior authorization number associated to the approval is forwarded to the provider.
Advanced Search	Not Required	Populates the Member ID. Facilitates searching date ranges for existing prior authorization numbers.

Field	Required?	Description
<p>Do you have attachments for this claim?</p>	<p>Required</p>	<p>Select Yes or No to answer the required question.</p> <ul style="list-style-type: none"> • If the provider selects Yes to this question, complete the following fields: <ul style="list-style-type: none"> ○ Report Code Type ○ Transmission Code ○ Control Number <p>Note: Providers can to mail, fax or electronically submit claim attachments. Select Attachments for electronic claim attachments.</p> <ul style="list-style-type: none"> • If the provider selects No to this question, go to the next field.
<p>Notes</p>	<p>Situational</p>	<p>Type any additional information needed to process the claim in the field provided.</p>

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