Billing 101 Training for Providers

Presented by Tasha Harris, Provider Relations Field Rep

In this training…

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

Automated System Information

The MATH/MPATH portals and the IVR do not give services limits.

Always contact the Call Center to confirm service limits.

The verbiage on the IVR can be confusing when it comes to covered services.

- It may say the member is eligible for eye exam & glasses. That only means that the member's coverage allows for this service.
- It may say that the member is eligible for vision or dental services when the member only has QMB. This is because Medicare may cover some services in medical setting.

Preparation for submitting claims

What order should information be gathered?

1. Verify member eligibility & service limits (if applicable)
2. Obtain & review member's prior authorization (if applicable)
3. Select the proper diagnosis code
4. Select place of service
5. Select the proper CPT code (service provided) & modifier
6. Verify Fee Schedule
7. EOB from primary insurance (if applicable)

Prior Authorizations

Prior Authorization letters are mailed by Conduent any time a prior authorization has been entered into our system.

Letters may contain multiple members. Each member will have their own prior authorization number.

If you do not receive your prior authorizations in time for billing, contact the Call Center.

Prior Authorization Letter

```
                                                             DATE 02/25/21

                                          PRIOR AUTH        AUTHORIZE DATES
                                          NUMBER            FROM        TO
RECIP ID      NAME


00████████  ████████████               10557████         021521      021521
REASON: 999
     LINE         ----MAXIMUM----
     ITEM    UNITS     DOLLARS     FR-DTE     TO-DTE    PROC RANGE / MOD   DIAG   RANGE
      01         1        0.00     021521     021521    A0430 A0430
     TOOTH NUM / SURFACE:        THERA CLASS:       STATUS: APPROVED
     REASON:
      02       106        0.00     021521     021521    A0435 A0435
     TOOTH NUM / SURFACE:        THERA CLASS:       STATUS: APPROVED
     REASON:
RECIP ID      NAME                       NUMBER            FROM        TO


00████████  ████████████               10557████         021121      021121
REASON: 999
     LINE         ----MAXIMUM----
     ITEM    UNITS     DOLLARS     FR-DTE     TO-DTE    PROC RANGE / MOD   DIAG   RANGE
      01         1        0.00     021121     021121    A0430 A0430
     TOOTH NUM / SURFACE:        THERA CLASS:       STATUS: APPROVED
     REASON:
      02       182        0.00     021121     021121    A0435 A0435
     TOOTH NUM / SURFACE:        THERA CLASS:       STATUS: APPROVED
     REASON:
```

Diagnosis Codes

ICD-10 is short for *International Classification of Diseases, 10th Revision.*

There are many websites out there to obtain this information. This is a very user-friendly site.

https://icd10coded.com

Place of Service

The Place of Service List is in Appendix B, of the General Information in the Provider manuals, located on every Provider Type page of the Provider Information website.

https://medicaidprovider.mt.gov/manuals/generalinformationforprovidersmanual

CPT Code

Billable CPT Codes can be located on your provider page, under Fee Schedule.

Provider manuals should be reviewed for service specifics.

Check recent Provider Notices for any changes that may affect your claim.

https://medicaidprovider.mt.gov

Rev Codes

In addition to CPT codes, Hospitals, Federally Qualified Health Centers, Rural Health Clinics, Indian Health Services, Hospices, and Critical Access Hospitals also use Rev Codes.

Rev Codes can be found in the UB-04 manual.

Modifiers & Other Coding Resources

Resources for coders – coding manuals, diagnosis code ICD-10 book & websites, provider manuals, general manual, & provider notices.

Modifier info – CMS newsletter, provider notices, Correct Procedural Coding Manual (appendix A = modifiers).

Montana Medicaid only accepts one modifier on the UB – 04 – use billing modifier first.

Montana Medicaid only accepts up to 3 modifiers on the CMS-1500.

Conduent is not allowed to give billing advice.

EOB for Primary Insurance

It is important that you send in all required information from the primary insurance's EOB.

- The page that shows the member and all their charges. Must include date of service, CPT codes, amount billed, and amount paid by the primary insurance.

- The page that shows the Reason and Remark Code explanations for the codes listed on the EOB.

- If there is more than one patient on the page, please cross out the information for other patients.

Claims Submission

Electronic Claim Submission Setup

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

The form can be found on the [Claims page of the Provider Information Website](#).

Electronic Claim Submission

We currently support one free billing program. The MPATH claims solution is a function on the Provider Services Portal.

The MPATH system is a web-based program. Therefore, it can be used on any computer.

The Provider Portal User Guide is available under the Claims Page of the Provider Information Website.

The Call Center can only assist with submission questions on the EDI line. They are not available to walk you through the entire process.

Please send an email to MTPRHelpedesk@Conduent.com if you have set up questions.

Electronic Claims Submission Cont.

- Electronic claims must be submitted by 2pm MST on Wednesdays in order process during that claim cycle.

- Electronic claims process faster than paper claims.

- Electronic claims can also be submitted through a Billing Agency or a Clearing House.

Paper Claim Submissions

- Paper claims can only be submitted via fax or US Mail.

- Claims may not be emailed.

- Paper claims can take several weeks longer to process than electronic claims as these claims must be manually keyed into our system.

- Claim forms can be purchased through most office supply stores and through Amazon.

- Information must be legible and in the correct fields. Please avoid using copies of copies.

- Instructions can also be found at www.nucc.org and www.nubc.org

Paper Claim Submissions – CMS 1500

Required Fields:
- Box 1a Member ID
- Box 2 Member Name
- Box 21 Diagnosis Codes
- Box 24 Lines of Service
- Box 28 Total Charges
- Box 31 Provider's signature and date
- Box 33 Billing Provider Information
- Box 33a Billing NPI
- Box 33b Billing taxonomy

Optional fields as applicable:
- Box 11 TPL information
- Box 17a Passport number
- Box 23 Prior Authorization
- Box 29 TPL Payment amount

Additional Montana Medicaid CMS-1500 Info

- Box 17a Passport referral and Box 23 Prior Authorization are different. The boxes they belong in are not interchangeable.

- Box 24J is for the rendering provider. The NPI and taxonomy must match an active provider file on the DOS.

- Box 29 is for TPL payment amounts except Medicare. When Medicare made a payment, submit the Medicare EOB with the claim without entering any Medicare payment information on the claim.

- Box 33 Billing provider information must match the physical location on file for the Billing NPI listed in box 33a and the Billing taxonomy listed in box 33b. Montana Medicaid does not edit on box 32 for servicing location.

Paper Claim Submissions – UB-04

Required Fields:

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

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

Optional fields, as applicable:

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

Paper Claim Submissions ADA Dental

Required Fields:
- Box 12 Member Name
- Box 15 Member ID
- Box 29 Procedure Code
- Box 29a Diagnosis Pointer
- Box 29b Unit of Service
- Box 31 Fee
- Boc 32 Total Charge
- Box 48 Billing provider Name and Address
- Box 49 Billing NPI
- Box 52a Billing Taxonomy
- Box 54 Rendering NPI
- Box 58 Rendering Taxonomy

Optional Fields, as applicable:
- Box 2 Prior Authorization
- Boxes 5-11 TPL Information
- Box 25-28 Tooth Number and Surfaces
- Box 33 Missing Teeth
- Box 35 Remarks (Used to indicate disabled members needing additional services)

MPATH Claims Setup

Manage Billing Providers

Add Billing NPIs to this section ONLY if,

- You will be submitting claims through MPATH

- You need access to the weekly Remittances for this NPI

This is the Optum assigned Provider ID number. *Not the PID from MT Medicaid. You will need to contact the PR Call Center for this information.*

Note : Fields marked with an asterisk * are required.

Provider Name or Organization Name?*   ○ Provider Name   ○ Organization Name

NPI or API?*   ○ NPI ○ API

TIN/FEIN:*

Enter Provider ID Number:*

Submit   Cancel

Manage Affiliations

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

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

Add an Affiliation

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

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

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

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Add an Affiliation Cont.

Search for Providers tab.

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

Click Search.

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

Add an Affiliation Cont.

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

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

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

Click **Add and Continue.**

Manage Existing Affiliations

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

Requested Affiliations are providers who are requesting affiliation.

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

Ending Affiliations

Click the **Existing Providers** tab.

Click the **Search** button.

This will bring up a list of the providers affiliated to this NPI.

Click the **Radio button** for the provider you wish to terminate.

Ending Affiliations Cont.

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

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

Click the **Save and Continue** button.

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

Assign Locations ⓘ

Address Line	Active	Deactivate	Effective Date	Terminate Date	
1111 BAKER AVE	○	●	01/01/2006	05/11/2022	🔍

Questions?

MPATH Claims Solution

Claim Submission Menu

Under myMenu, without clicking, place your curser on the **Claims** tab**.**

A side menu with submission options will appear.

The following slides will describe each function.
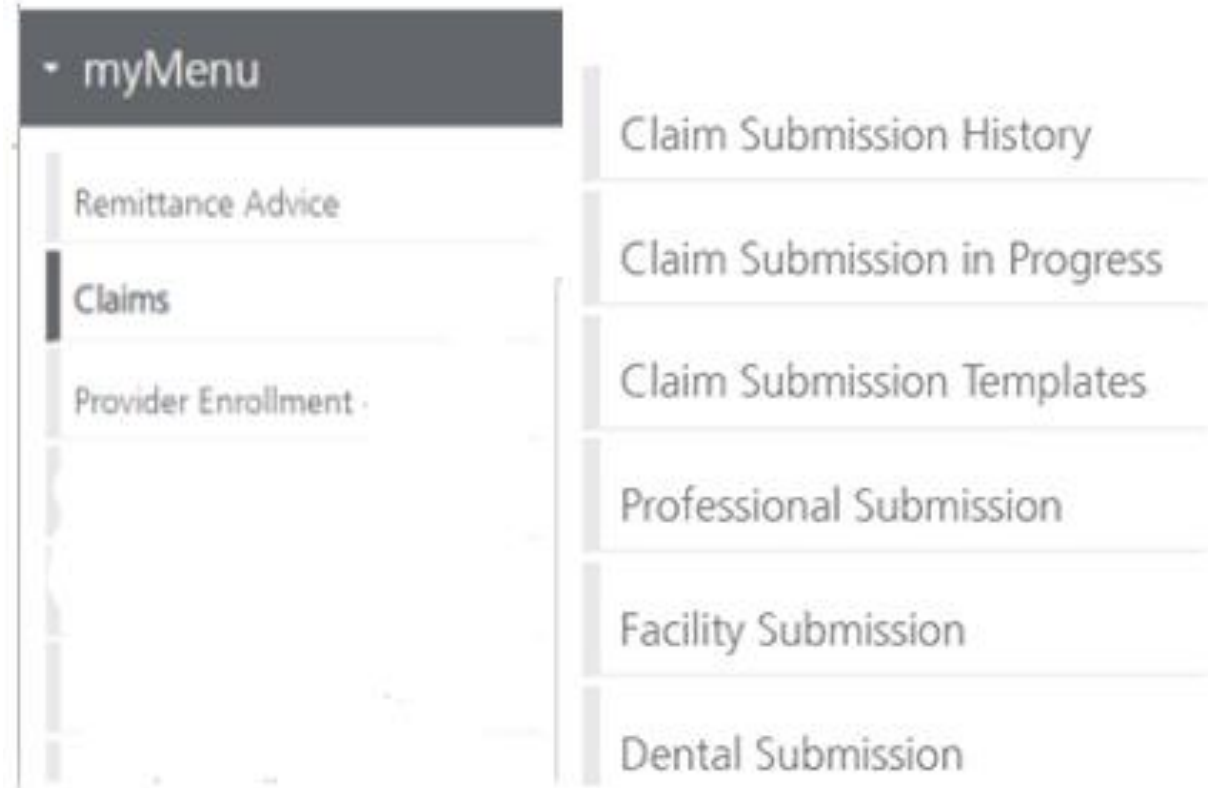
Claims Submission History

This option will show you the most recent claims SUBMITTED to Montana Medicaid for processing.

This function comes in handy if you have a big batch of claims to submit and lose track of who you have completed.

This section will not give you any charge line details or adjudication information.

Claims Submission in Progress

This function is for claims started but not submitted.

Example:

You begin to complete the information for claim. You are interrupted and need to exit the system. When you click Save and Exit at the bottom of the current claim screen; your claim moves to this section.

When you return, click Claims Submission in Progress. Click the **Pencil** icon to pick up where you left off on that claim.

Claim Submission Templates

This function is a time saving tool for reoccurring claims.

Example:
You see the same member for the same service on a consistent basis. You can create a template for that member with all the claim information except the date of service, and maybe the units & billed amount.

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

Creating a Template

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

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

*Section 6, of the Provider Portal User Guide.

Creating a Template Cont.

Enter the member's MT Medicaid ID number.

Click **Search**.

When the member information populates, verify and click **Save and Continue**.

Professional Claim Template

Member Details

Enter Member Card ID:

Search

Save and Continue

Creating a Template Cont.

Complete the fields that will not change.

For instance, the diagnosis code, place of service, CPT code, modifier & diagnosis point fields will most likely not change for reoccurring visits.

Creating a Template Cont.

Answer all the questions at the bottom of the screen.

If you claim requires a Prior Authorization, make sure add that number to your template.

Click **Save and Continue**.

Creating a Template

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

Your template is now visible.

To submit a claim, click on the **Name.**

To edit a template, click on the **Pencil** icon.

To delete a template, click on the **Garbage can** icon.

Facility Claim Template

Save Template

Please enter a claim submission template name.

Template Name: * [   ]

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

| Submit | Previous | Cancel |

Actions	Name	Date Last Modified
✏ 🗑	Member B	12/08/2021
✏ 🗑	Ortho	12/09/2021
✏ 🗑	Test 121	12/01/2021
✏ 🗑	Tester22	12/15/2021

Submitting a Claim

To submit a claim using a template, place your curser on the **Claims** tab**.**

Select **Claim Submission Templates** to submit a claim from a template or **Claim Submission type** for one-time claims.

*Section 6, of the Provider Portal User Guide.
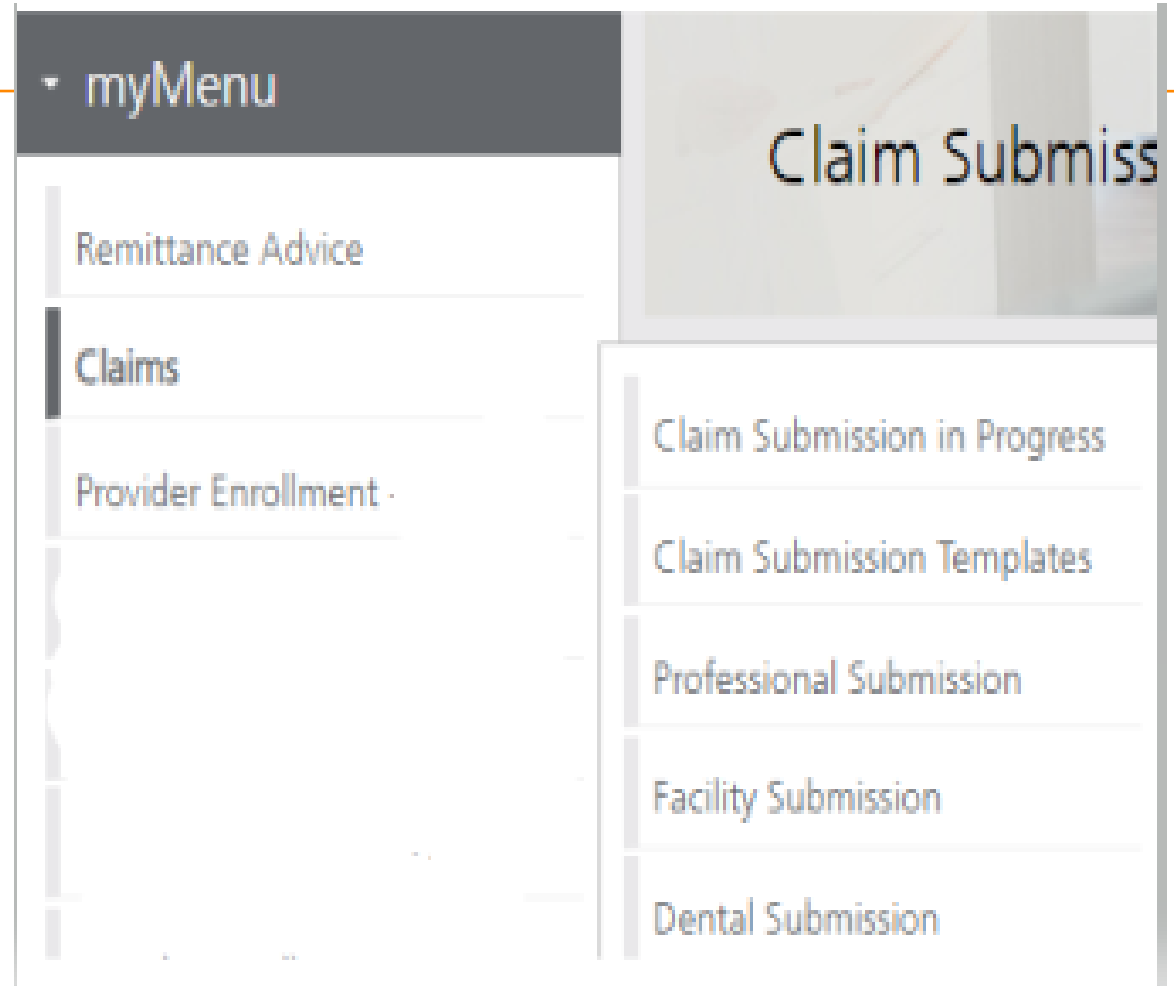
Billing Provider

Select the Billing Provider file.

If you have multiple NPIs listed under Manage Billing Providers, The NPI/API field will have a drop down.

Select NPI.
Select Program/Waiver.
Select Specialty.

Click **Save and Continue**.

Billing Provider Cont.

If the Billing file you chose, requires a Rendering provider.

The Rendering Provider drop down will appear.

Select your rendering NPI from the drop down.

Click **Save and Continue**.

Billing Provider

Note : Fields marked with an asterisk * are required.

NPI/API: *   1316521222
Provider Name: *   WHICKER GROUP
Program/Waiver: *   Montana Medicaid (HMK Plus)
Specialty: *   Single Specialty
Service Location Address 1: * 2600 WILSON ST STE 4
Service Location Address 2:
City: *   MILES CITY
State: *   MT
ZIP: *   59301-5094
Taxonomy Code: *   193400000X
Enrollment Unit: *   0000734214

Rendering Provider

NPI: *   Select NPI
          1609484575
          1538253760
          1164561635

Referring Provider

☐ There is a referring provider for this claim.

Ordering Provider

☐ There is a ordering provider for this claim.

Member Details

Enter the member's MT Medicaid ID number.

Click **Search**.

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

Click **Save and Continue**.

Professional Claim Template

Member Details

Enter Member Card ID:

Search

Save and Continue | Cancel

Claim Information

Complete all required fields and questions.

Required information is denoted with a red asterisk *

Claim Information Questions

Complete all required fields and questions.

Required information is denoted with a red asterisk *

Click **Save and Continue**.

Primary Insurance EOB

Are you submitting COB at the claim level? ● Yes ○ No

	Primary Payer		**Secondary Payer**
Insurance Type: *	Select ▾	Insurance Type:	Select ▾
Carrier Name: *	[ ]	Carrier Name:	[ ]
Carrier Code:	[ ]	Carrier Code:	[ ]
Subscriber First Name: *	[ ]	Subscriber First Name:	[ ]
Subscriber Middle Name:	[ ]	Subscriber Middle Name:	[ ]
Subscriber Last Name: *	[ ]	Subscriber Last Name:	[ ]
Allowed:	$	Allowed:	$
Copay:	$	Copay:	$
Deductible:	$	Deductible:	$
Coinsurance:	$	Coinsurance:	$
Paid Amount: *	$	Paid Amount:	$

	Group	Reason	Amount		Group	Reason	Amount
	[ ]	[ ]	$		[ ]	[ ]	$
	[ ]	[ ]	$		[ ]	[ ]	$
	[ ]	[ ]	$		[ ]	[ ]	$
EOB Payment Date: *	[ ] 📅			EOB Payment Date:	[ ] 📅

Answer Yes to this question, only if you have received payment from a primary insurance. Do not use for Medicare payments.

If you have a primary EOB but they did not pay, do not use this screen.

For Medicare payments or Zero payment EOBs, skip this step and proceed to the attachment question.

Electronic Claim Attachments

Do you have attachments for this claim? * ⦿ Yes ○ No

Note: When uploading an attachment electronically, cover sheets are not required. For attachments that are being mailed or faxed, please download the Paperwork Attachment Cover Sheet for instructions on how to create a Paperwork Attachment Control Number. The Paperwork Attachment Control Number must be the same number as the Attachment Control Number on the corresponding electronic claim.

Report Code Type:* [Select ▾] Transmission Code:* [Select ▾] Control Number:* [   ] [Attachments] [Add]

Report Code Type: Select what type of document you are attaching.

Transmission Code: Select Electronic submission.

Control Number: The control number will auto-generate once the attachment is uploaded.

Add: Click add if you have more than one attachment type.

Report Code Type:* [EB-Explanation of Benefi ▾] Transmission Code:* [FT-Electronic Attachmen ▾] Control Number:* [   ] [Attachments] [   ] 🗑
[Add]

Bulk HIPAA Transactions

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

Bulk HIPAA Transactions Cont.

Questions?

MPATH Portal Additional Features

Remittance Advice- e!Sor

- Remits can be found on the MPATH portal back to February 2022

- Information about upcoming events and provider type specific updates.

- Sections for paid claims, denied claims, and pending claims.

- Includes any takebacks or credit balance claims.

- Includes the Internal Claim Number(ICN).

Remittance Advice

Remits Search

I want to search by:

▼ **EFT number**

Enter EFT number:*

▼ **Check number**

Enter check number:*

▼ **Remittance advice number**

Enter remittance advice number:*

▼ **Remit date**

From Date(mm/dd/yyyy):*

09/02/2021

To Date(mm/dd/yyyy):*

12/01/2021

Search

Remits Results

Remittance

AS OF 02/08/2024   HELENA, MT 59604

REMITTANCE ADVICE FOR MEDICAID/CHIP/MHSP

Provider Name
Address

VENDOR #   REMIT ADVICE #   EFT/CHK #   DATE 02/12/2024   PAGE   1
NPI #:   TAXONOMY: 282N00000X

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

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

Paid Claims

```
VENDOR #                    REMIT ADVICE #          EFT/CHK #018077531 DATE  02/12/2024     PAGE      2
NPI #:                      TAXONOMY: 282N00000X

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

PAID CLAIMS - INPATIENT CLAIM

                            01042024 01252024   6.000      124      17359.50      0.00
  ICN                   PATIENT NUMBER=

DRG CODE 0753-2 DRG
                            01042024 01252024  16.000      204      59332.00      0.00
                            01042024 01252024 347.000      259       3999.87      0.00
                            01042024 01252024  11.000      300       1817.75      0.00
                            01042024 01252024   1.000      306        112.00      0.00
                            01042024 01252024   1.000      450       1942.25      0.00
                            01042024 01252024   9.000      636        261.00      0.00
                              ***CLAIM TOTAL****************      84824.37   5578.90
```

Claims Pending

```
        VENDOR #                REMIT ADVICE #         EFT/CHK #            DATE  02/12/2024     PAGE    21
        NPI #:                  TAXONOMY: 282N00000X

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

    CLAIMS PENDING:     INPATIENT CLAIM

                                10172023 10222023   1.000     120      2038.50     0.00
        ICN                 PATIENT NUMBER=

    DRG CODE 0560-3 DRG

                                10172023 10222023   4.000     122      8154.00     0.00
                                10172023 10222023  72.000     259      1232.42     0.00
                                10172023 10222023   2.000     270       472.50     0.00
                                10172023 10222023   1.000     271       124.25     0.00
                                10172023 10222023  19.000     300      2229.00     0.00
                                10172023 10222023   1.000     351      2067.75     0.00
                                10172023 10222023   1.000     611      2341.25     0.00
                                10172023 10222023   1.000     615      2143.50     0.00
                                10172023 10222023 101.000     636      2125.94     0.00
                                10172023 10222023   1.000     720      4088.50     0.00
                                10172023 10222023  22.000     721      5263.50     0.00
                        ***CLAIM TOTAL****************     32281.11     0.00             133
```

Denied Claims

RECIP ID	NAME	SERVICE DATES FROM TO	UNIT OF SVC	PROCEDURE REVENUE NDC	TOTAL CHARGES	ALLOWED	CO-PAY	REASON & REMARK CODES
DENIED CLAIMS - OUTPATIENT CLAIM								
		12122022 12122022	2.000	259	40.00	0.00		
ICN	PATIENT NUMBER='							
OUTPATIENT GROUP 00								
		12122022 12122022	4.000	310	1500.00	0.00		
		12122022 12122022	7.000	310	2625.00	0.00		119 M53
		12122022 12122022	1.000	312	290.50	0.00		
		12122022 12122022	6.000	312	1743.00	0.00		
		12122022 12122022	60.000	636	95.19	0.00		
		12122022 12122022	1.000	750	2273.00	0.00		
		CLAIM TOTAL*************			8566.69	0.00		29
		01212024 01212024	1.000	300	78.25	0.00		
ICN	PATIENT NUMBER='							
OUTPATIENT GROUP 00								
		01212024 01212024	1.000	300	85.00	0.00		
		CLAIM TOTAL*************			163.25	0.00		31

Total Warrant Amount

RECIP ID	NAME	SERVICE FROM	DATES TO	UNIT OF SVC	PROCEDURE REVENUE NDC	TOTAL CHARGES	ALLOWED	CO-PAY	REASON & REMARK CODES
CLAIMS PENDING:	MEDICARE OUTPATIENT CROSSOVER								
		06192023	06192023	1.000	300	27.00	0.00		
ICN	PATIENT NUMBER=								
		06192023	06192023	1.000	510	129.44	0.00		
	*** MEDICARE PAYMENT*****						101.47		
	CLAIM TOTAL************					156.44	0.00		133

OUR RECORDS INDICATE THAT THE RECIPIENT LISTED ABOVE HAS INSURANCE WITH

UNITED HEALTHCARE
SPRINGFIELD SERVICE CENTER
P O BOX 740800
ATLANTA, GA
30374-0800
POLICY #:   GROUP CERT #:   SUBSCRIBER SSN:
SUBSCRIBER NAME: SUBSCRIBER INITIAL:

		SERVICE FROM	DATES TO	UNIT OF SVC	REVENUE NDC	TOTAL CHARGES	ALLOWED		
		11102023	11102023	1.000	510	129.44	0.00		133
ICN	PATIENT NUMBER=								
	*** MEDICARE PAYMENT*****						101.47		
	CLAIM TOTAL************					129.44	0.00		133
		01092024	01092024	1.000	300	67.25	0.00		
ICN	PATIENT NUMBER=								
		01092024	01092024	1.000	300	70.75	0.00		
		01092024	01092024	1.000	300	60.75	0.00		
	*** MEDICARE PAYMENT*****						31.23		
	CLAIM TOTAL************					198.75	0.00		133

CLAIMS PENDING TOTALS -MEDICARE OUTPATIENT   **NUMBER OF CLAIMS- 47 145357.81   0.00

TOTAL WARRANT AMOUNT   522768.96

Reason and Remark Codes

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

**********THE FOLLOWING IS A DESCRIPTION OF THE REASON/REMARK CODES THAT APPEAR ABOVE ******

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

Adjustments

Electronic vs Paper Claim Adjustments

When you submit a paper Individual Adjustment Request (IAR) form:

https://medicaidprovider.mt.gov/docs/forms/adjustmentrequestindividual12192017.pdf

1. Provide only the corrections needed.

2. Must attach the remittance advice showing the paid claim.

3. Call Center can see who submitted & any reason listed.

When submitting an electronic replacement claim:

1. Include all charge lines, including lines that paid correctly.

2. No additional paperwork is required.

3. Call Center can NOT see who submitted & why.

Adjustment Tips

- Cannot adjust denied claims.

- Claims cannot be electronically adjusted more than 12 months from the paid date. These will reject. Claims needing to be adjusted past this time frame must be sent via a paper IAR form.

- If a claim was previously adjusted, you must use the most recent paid ICN.

Electronic Claim Adjustments

Electronic Adjustments are now accepted by Montana Medicaid. There will be 2 options for submitting an electronic adjustment.

Acceptable frequency codes:
  1   Indicates the claim is an original claim.
  7   Indicates the new claim is a replacement or corrected claim – the information present on this claim represents a complete replacement of the previously issued claim.
  8   Indicates the claim is a voided/canceled claim
*Modifiers may also be used for electronic adjustments.

All claim types
Loop 2300 - (CLM05-3) is the Claim Frequency Code. Enter 7 or 8.
REF*F8* - Enter the original ICN.

Electronic Claim Adjustments Cont.

MPATH Claims Solutions
Create a new claim with the corrected information. If you are voiding the claim, claim information must match original claim.

Professional Claims (CMS-1500) & Dental Claims
Answer YES, to the first question at the bottom of the claim entry screen. The next two fields are now visible.

Select either ***Replacement of prior claim*** or ***Void of prior claim*** from the Medicaid Resubmission drop down.

Enter the Paid ICN of the claim being adjusted in the Original Reference Number field.

Claim Adjustments Cont.

- Original Reference Number must be a valid paid claim ICN.
- Cannot adjust denied claims.

Is this a void or replacement of a previously submitted claim:*   ⦿ Yes ○ No

Select the Medicaid Resubmission Code:*   [Select ▼]

Enter the Original Reference Number:*   [   ]

Claim Adjustments for Institutional Claims

Institutional Claims (UB-04)

When recreating the claim, change the last digit of the Type of Bill code to either **7 for replacement** or **8 for void**.

The Original Reference Number filed is now visible. Enter the Paid ICN of the claim being adjusted in the Original Reference Number field.

Questions?

Common Billing Errors

Common Billing Errors

- Missing/Invalid Information
- Prior Authorization Number Missing or Invalid
- Exact Duplicate
- Proc. Code or Rev Code Not Covered/Not Allowed for Provider Type
- Recipient Not Eligible DOS
- Missing primary EOB
- Using the incorrect modifier for a provider type (HCBS vs SDMI)

If You Have Questions

Need Help with MPATH?

At the top of each screen is a **User Guide** icon.

When you click on the icon, the user guide will open to the section matching the screen you are on.

Online Resources

https://medicaidprovider.mt.gov

Claims Information Page

- Electronic Submission Setup
- Electronic Submission Resources and User Guides
- Claim instructions
- Adjustment instructions

Other Pages

- FAQs
- Provider Type pages (Provider notices, Provider manuals, Fee Schedules)
- Claim Jumper Newsletters

Provider Relations Contact Information

Provider Relations Call Center:

(800) 624-3958

Monday through Friday
8 AM to 5 PM Mountain Time
MTPRHelpdesk@conduent.com

Email Assistance

- The MTPRhelpdesk@Conduent.com can be used for generic questions. Questions related to specific member information or specific claims must be directed to the Call Center. Emails must not contain PHI.

- If you have specific questions regarding an enrollment in process or to follow up on missing documentation, please email MTEnrollment@conduent.com. Make sure to include the NPI, name, and confirmation number of the enrollment in question.

- Secured emails are not accepted.

MPATH Portal Help

For technical assistance with the Provider Services portal (MPATH)

Email the following to MTPRhelpdesk@conduent.com so we can submit a help ticket to our Tech Team.
GovID:
Name:
Email registered:
NPI used to register:
Phone number:
A full screen, screen shot of the error:

For issues registering, please provide screen shots of both the Details tab and Review tab showing all information entered and any error messages.

*Include the issue and function you're are attempting.

Questions?

Thank you!