MPATH Provider Services Billing 101

February 2025

MPATH Provider Services Portal Claims Entry

The **MPATH Provider Services Claims Entry solution** is an online tool allowing providers to manually enter claims. Available features include:

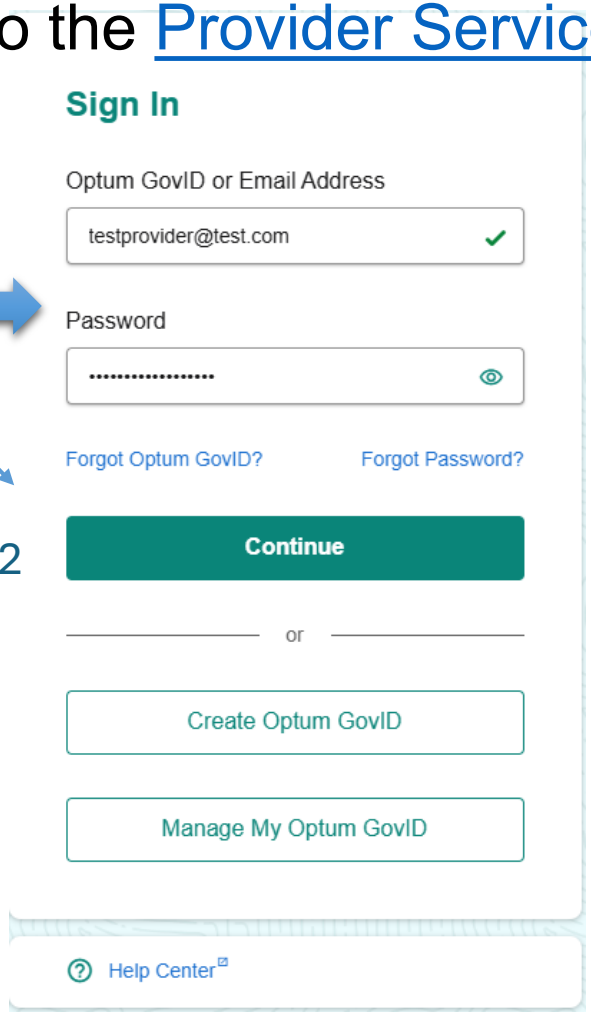
- **Single submission claim forms –** The system allows direct claim form entry for claim submission.
- ***Claim form templates*** - The system allows users to create and save templates for common claim submissions. No need to start from scratch every time.
- ***Diagnosis and Procedure code look up*** - The system has code look-up features to assist with entering correct information.
- ***Ability to submit multiple claim types*** - including Professional, Facility and Dental claims.
- ***Electronic Claim Adjustments*** - Paper adjustment forms are no longer required. The system allows for online claim adjustments which process faster than paper adjustments.

MPATH Provider Services Portal
Electronic Claims Submission

Log in to the Provider Services Portal

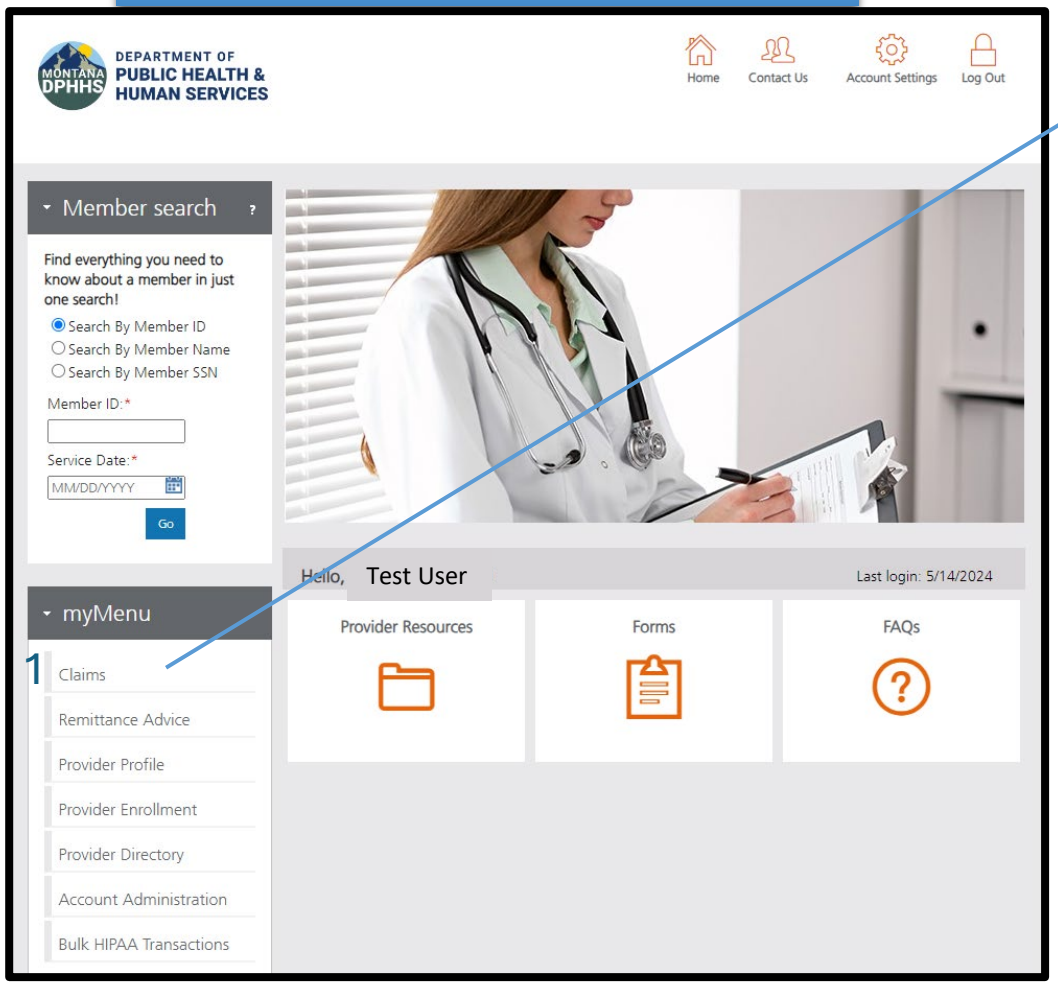
1 Sign in with your Optum GovID

2

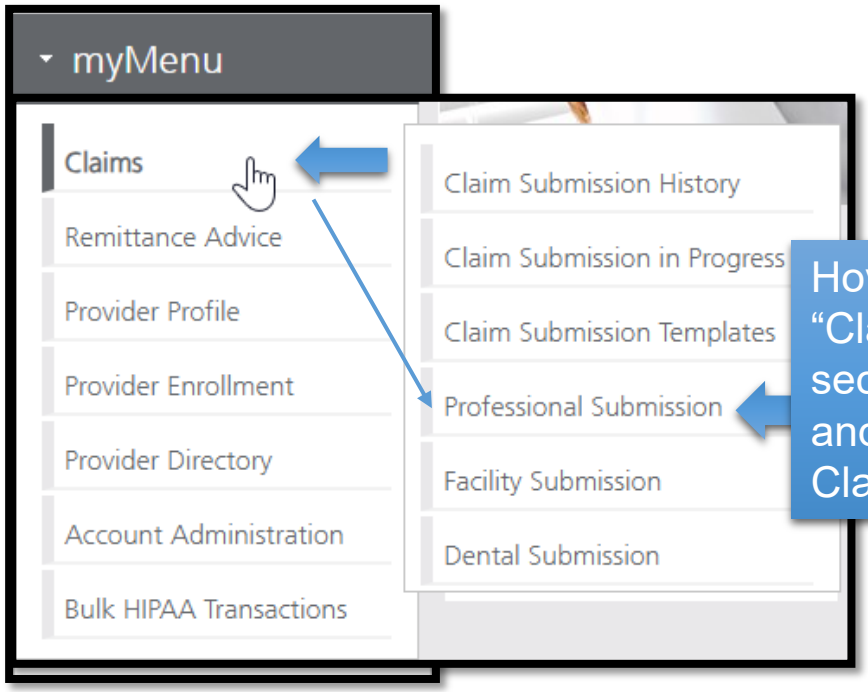


MPATH Provider Services Portal
Single Professional Claim Submission

Provider Services Portal Home Page



2

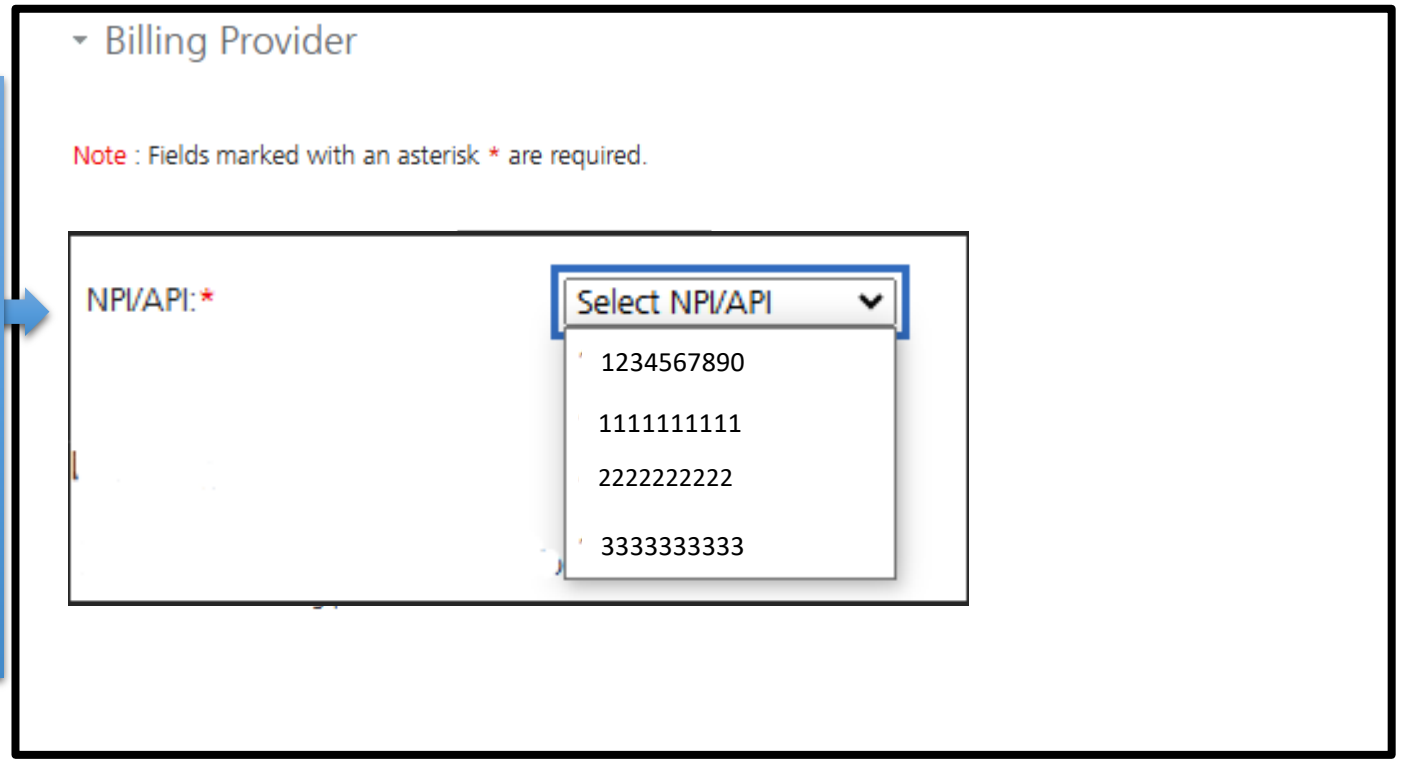


Hover the mouse over "Claims" in the myMenu section on the left navigation and select "Professional Claim Submission"

MPATH Provider Services Portal

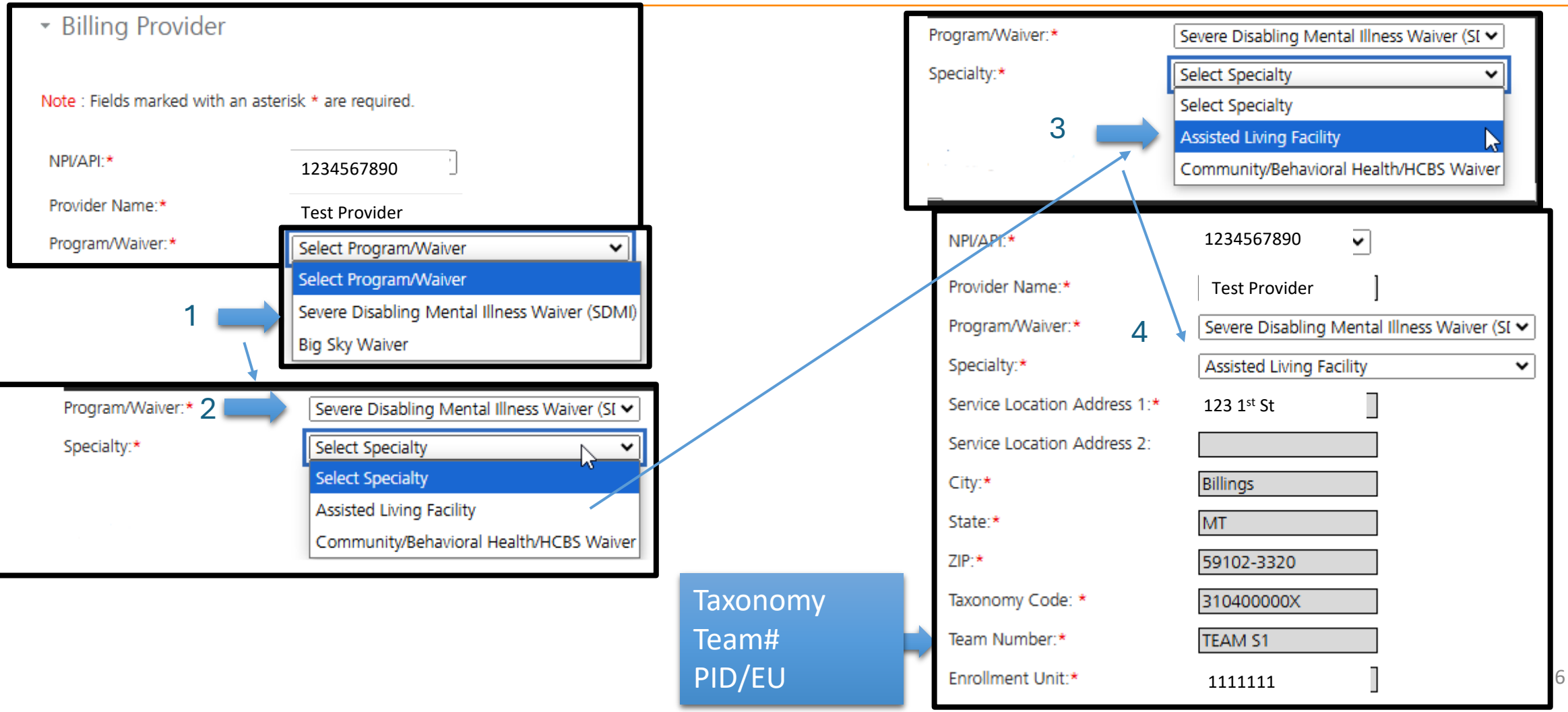
Single Professional Claim Submission – Selecting correct PID/Team#

Select your provider NPI. All associated demographics including PID and Team# will be automatically populated after selecting Program/Specialty.



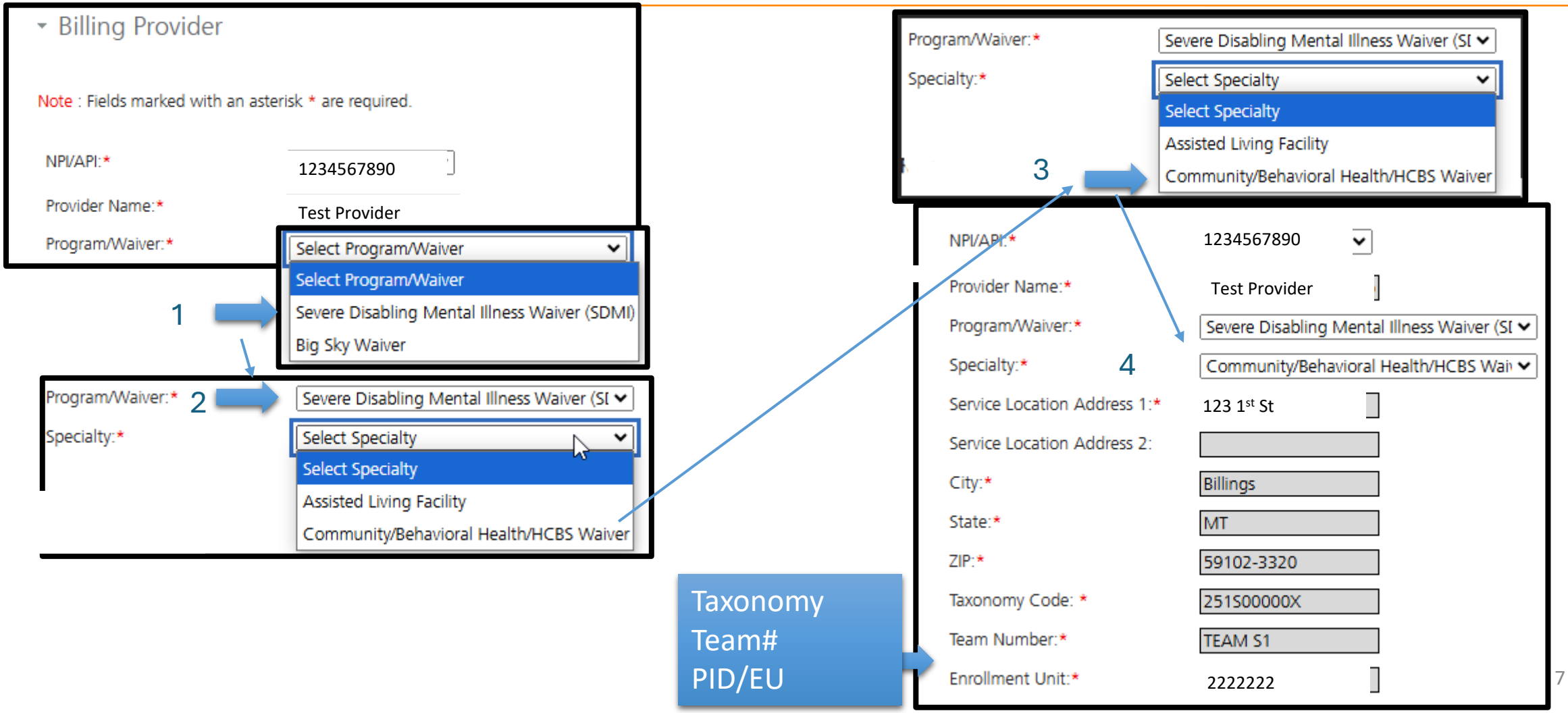
MPATH Provider Services Portal

Single Professional Claim Submission – Selecting correct PID/Team# SDMI ALF



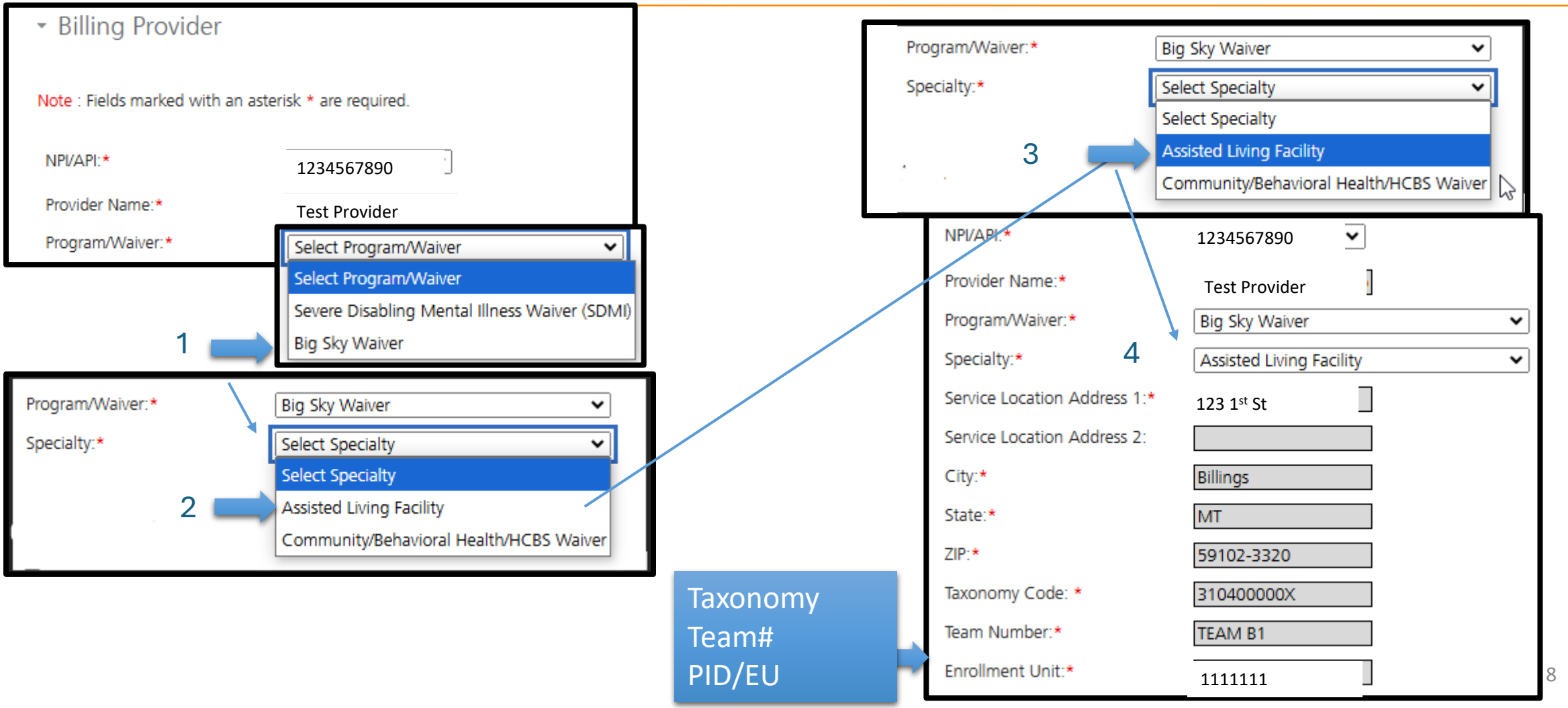
MPATH Provider Services Portal

Single Professional Claim Submission – Selecting correct PID/Team# SDMI HCBS



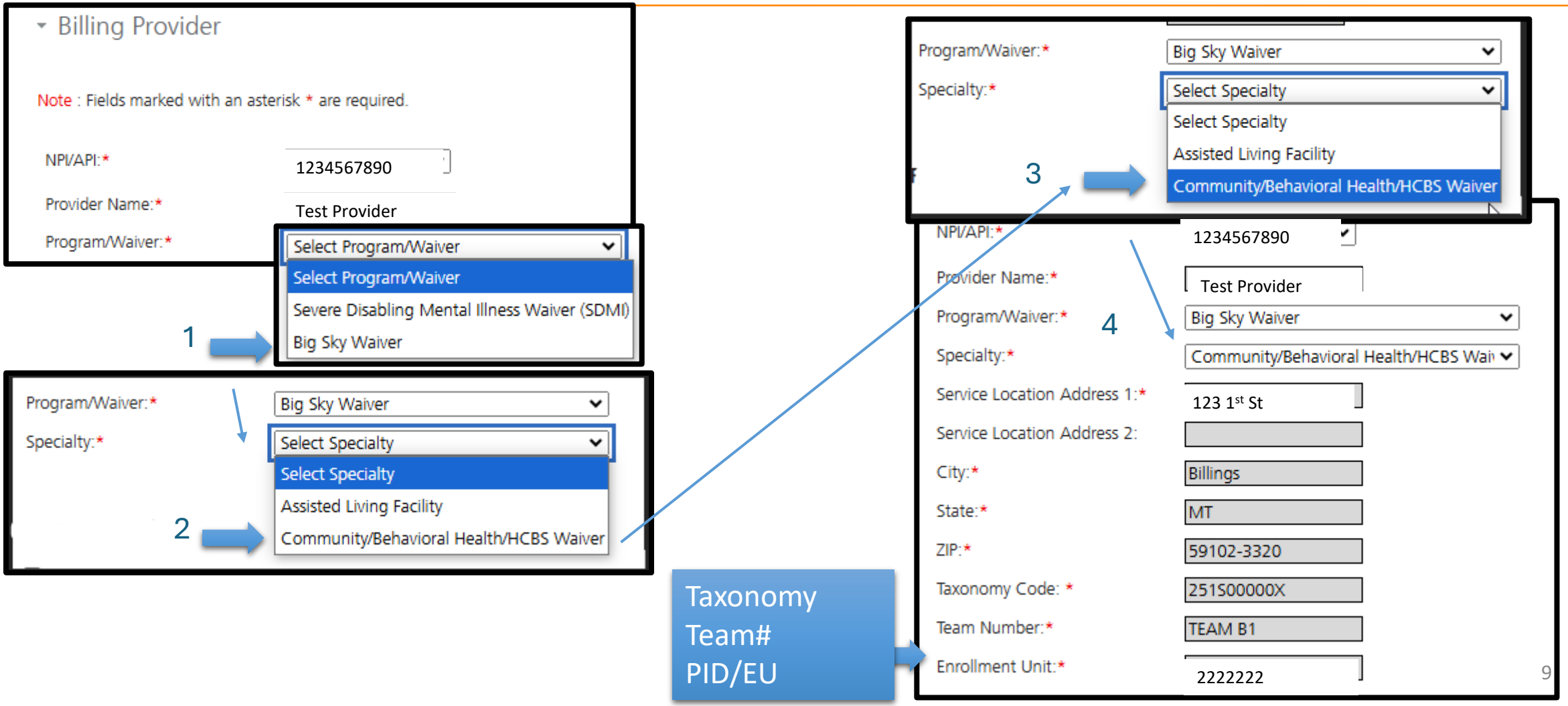
MPATH Provider Services Portal

Single Professional Claim Submission – Selecting correct PID/Team# BSW ALF



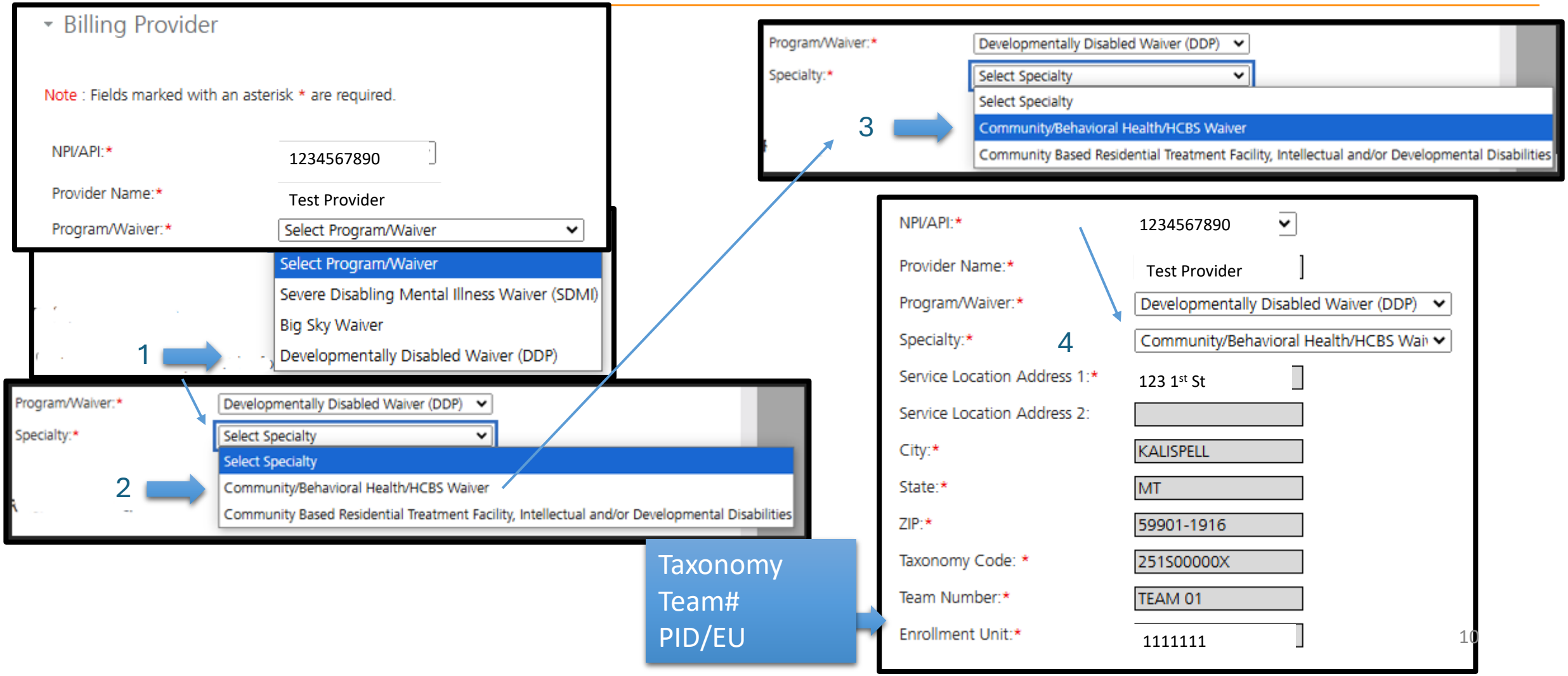
MPATH Provider Services Portal

Single Professional Claim Submission – Selecting correct PID/Team# BSW HCBS



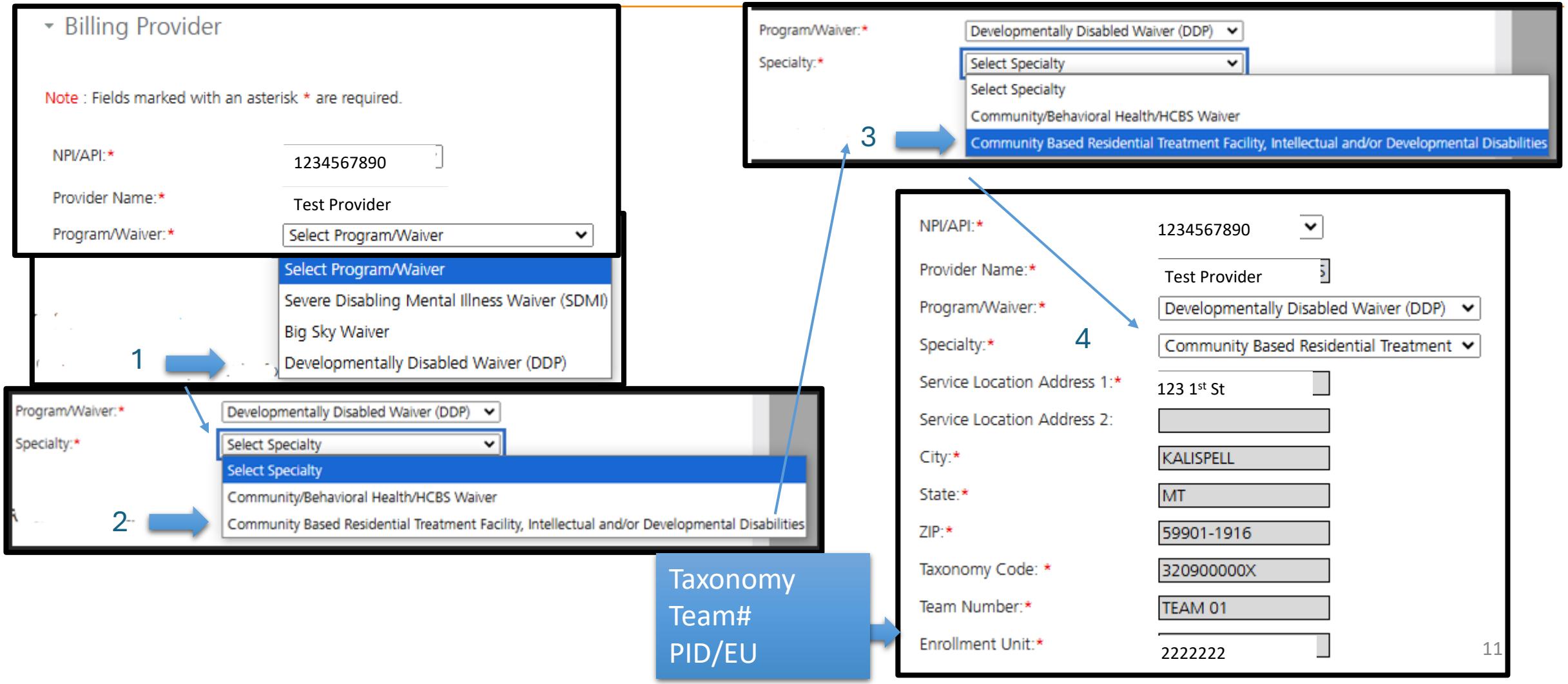
MPATH Provider Services Portal

Single Professional Claim Submission – Selecting correct PID/Team# DDP HCBS



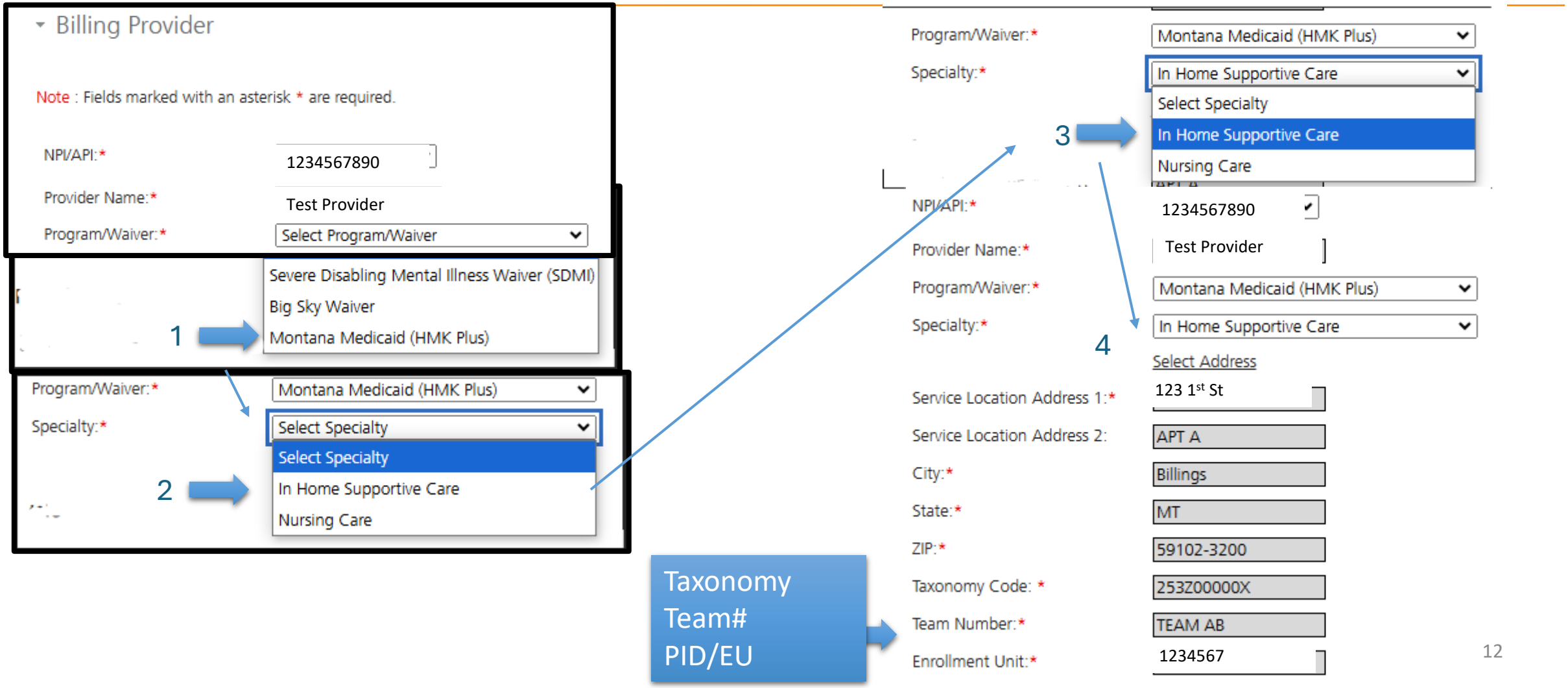
MPATH Provider Services Portal

Single Professional Claim Submission – Selecting correct PID/Team# DDP CBRT



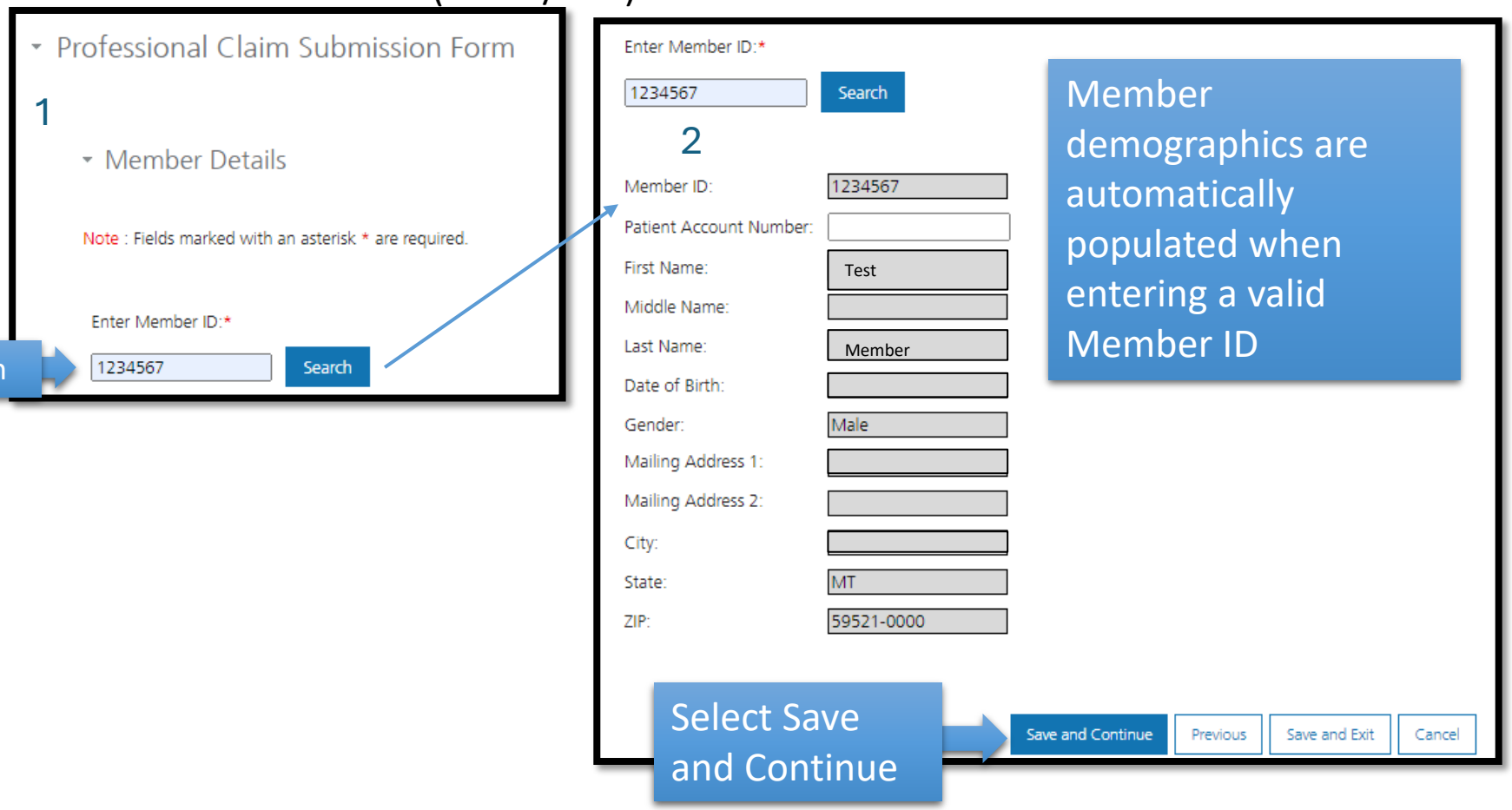
MPATH Provider Services Portal

Single Professional Claim Submission – Selecting correct PID/Team# IHSC

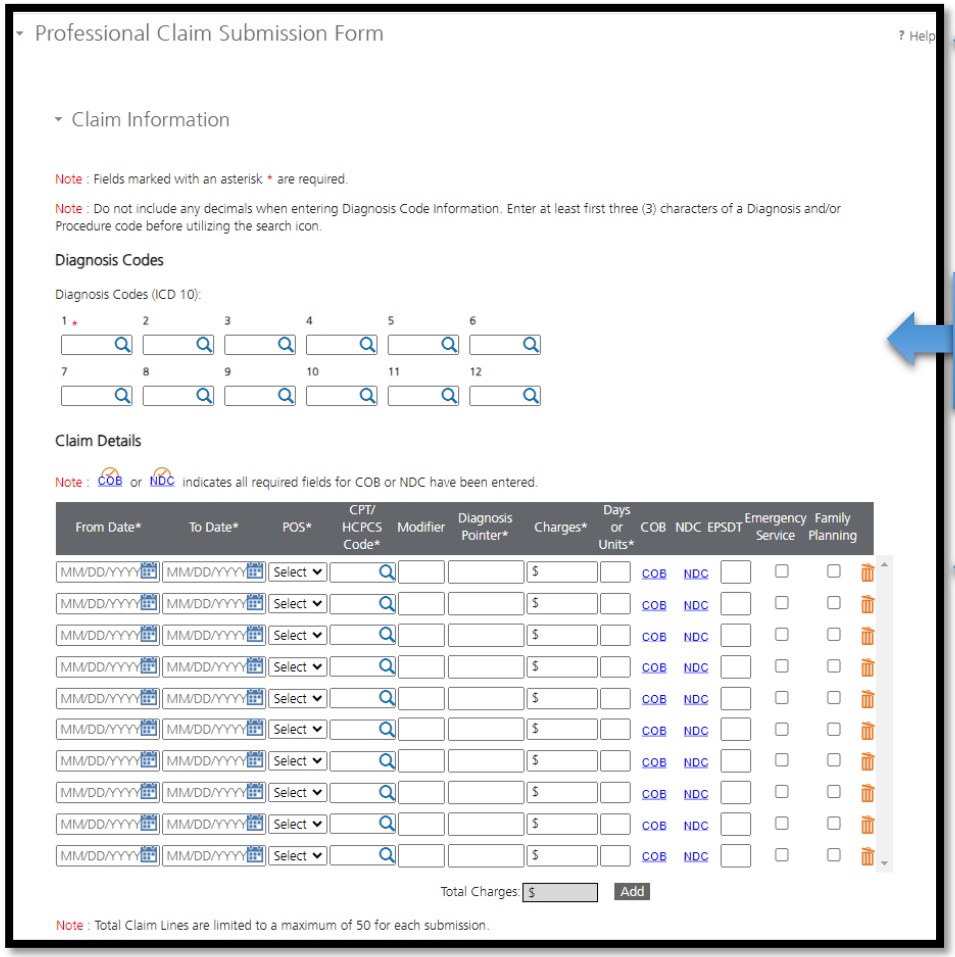


MPATH Provider Services Portal
Single Professional Claim Submission

Enter Member ID (Card#/SSN) and click “Search” - Enter Patient Account Number (optional).



MPATH Provider Services Portal
Single Professional Claim Submission



Click the "?Help" link on any page for more information

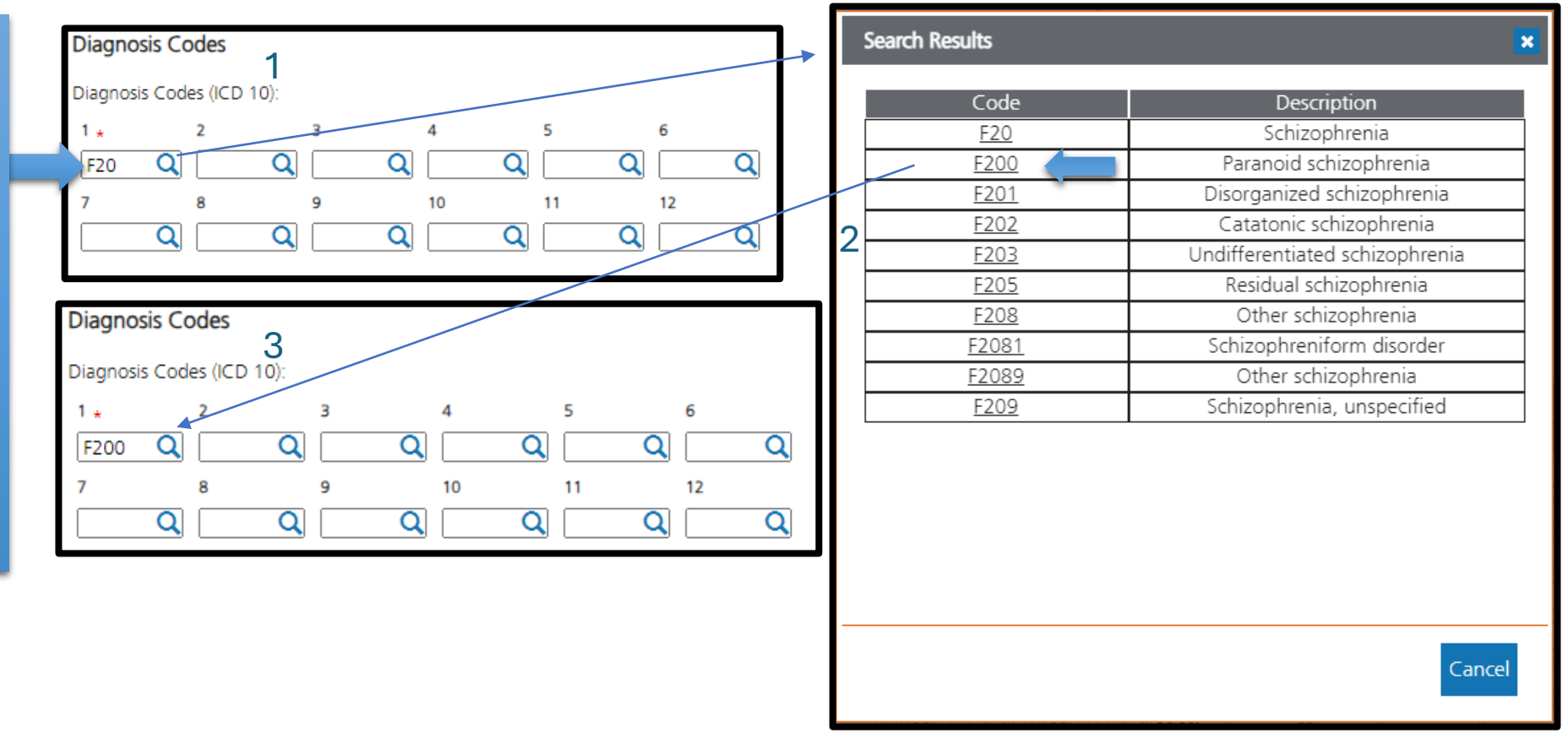
Enter at least one Diagnosis Code

Enter required fields: Service Dates, Place of Service Code, Diagnosis Pointer(s), Charge, and Units .

MPATH Provider Services Portal
Single Professional Claim Submission

Enter the Diagnosis Code. The magnifying glass will allow users to search for the specific Diagnosis Code if unknown.

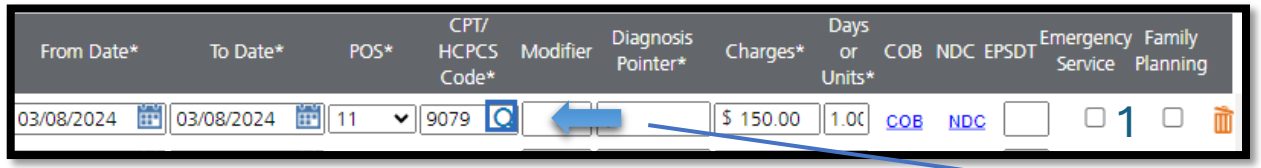
Enter at least first three (3) characters of a Diagnosis to search code list.

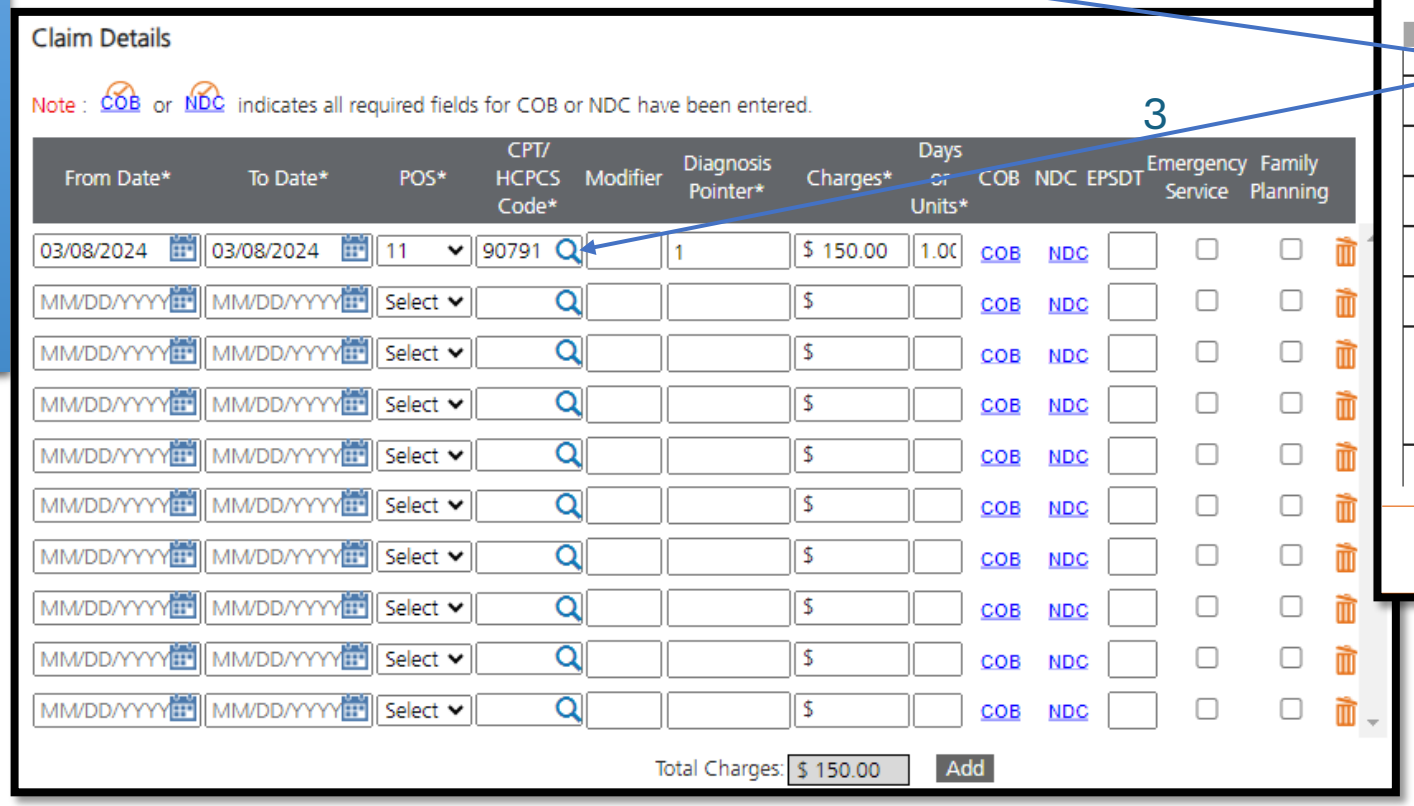


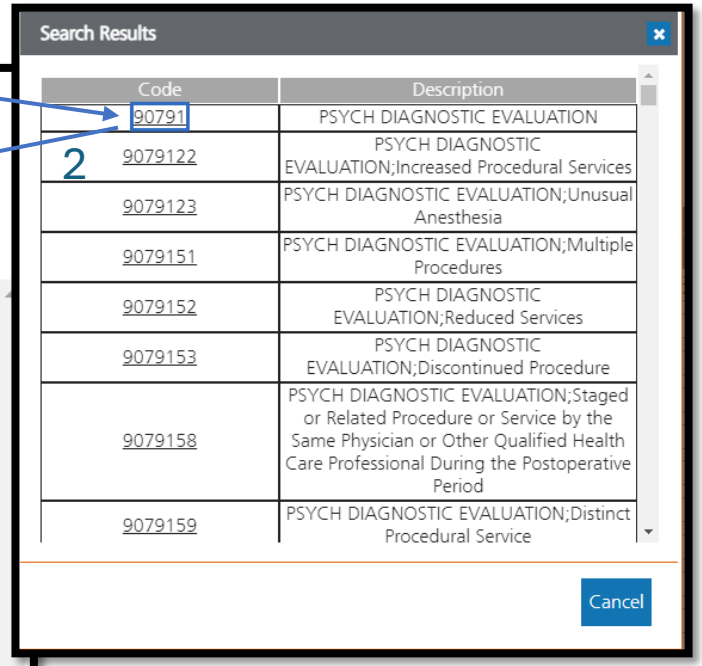
MPATH Provider Services Portal
Single Professional Claim Submission

Enter the CPT/HCPCS Code. The magnifying glass will allow users to search for the specific Code if unknown.

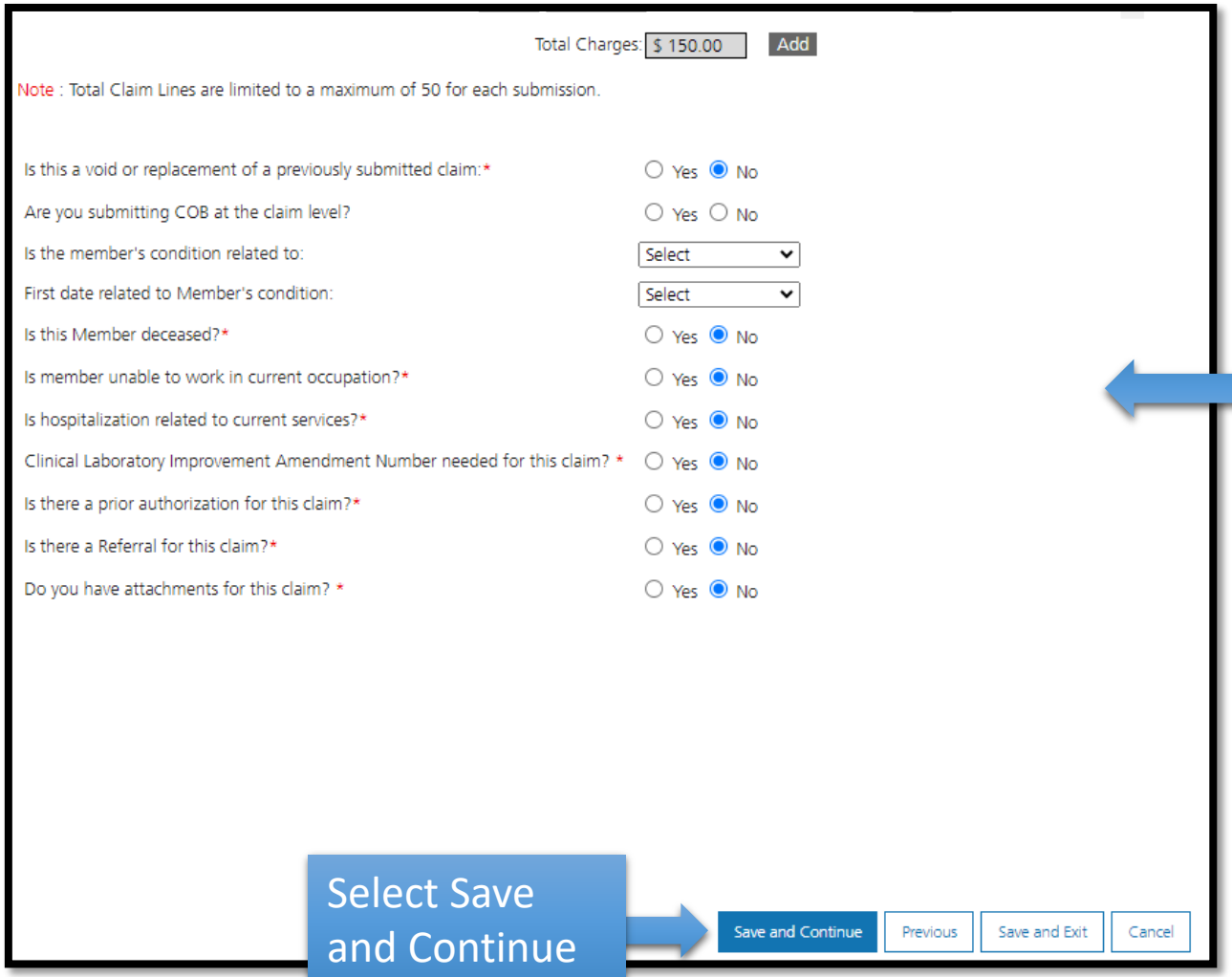
Enter at least first three (3) characters of a CPT/HCPCS to search code list.







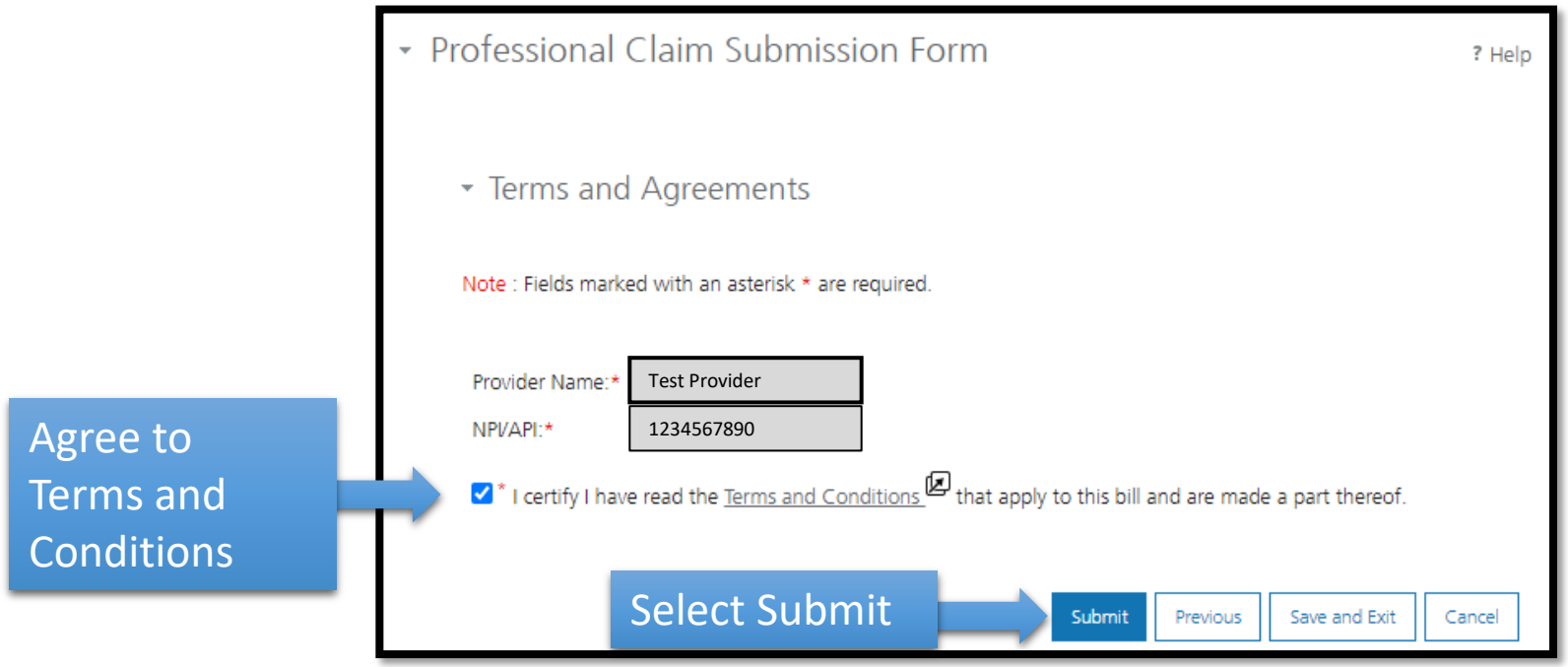
MPATH Provider Services Portal
Single Professional Claim Submission



Select Yes/No radio buttons for required "*" fields

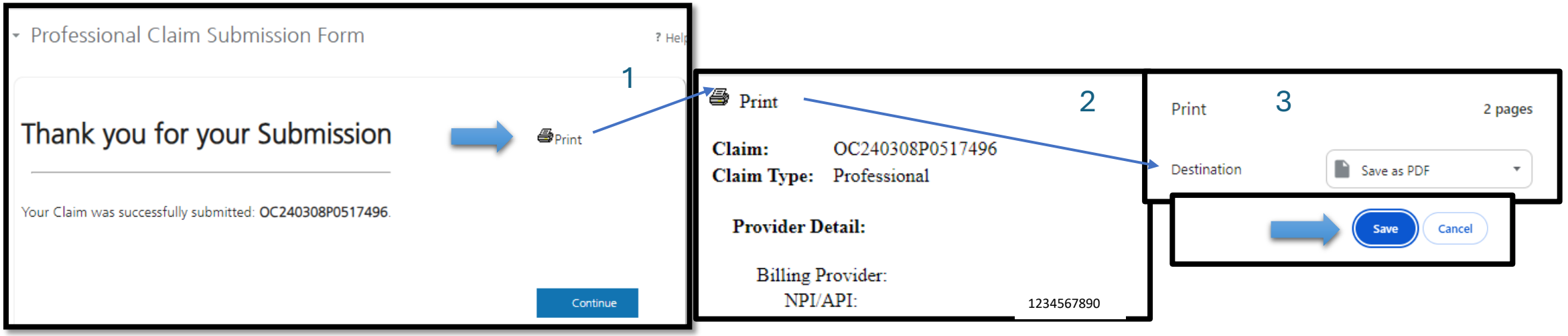
Select Save and Continue

MPATH Provider Services Portal
Single Professional Claim Submission



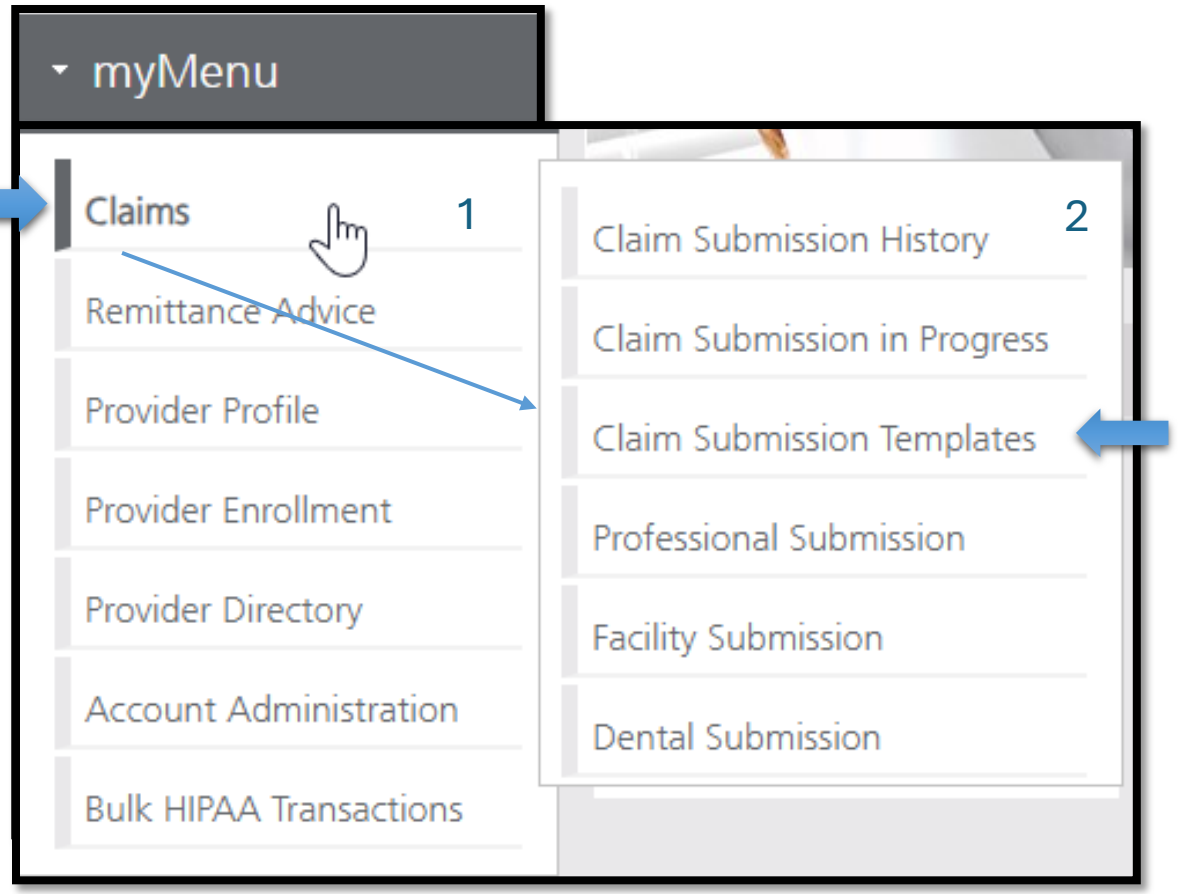
MPATH Provider Services Portal
Single Professional Claim Submission

Print/Save PDF of claim submission (optional).



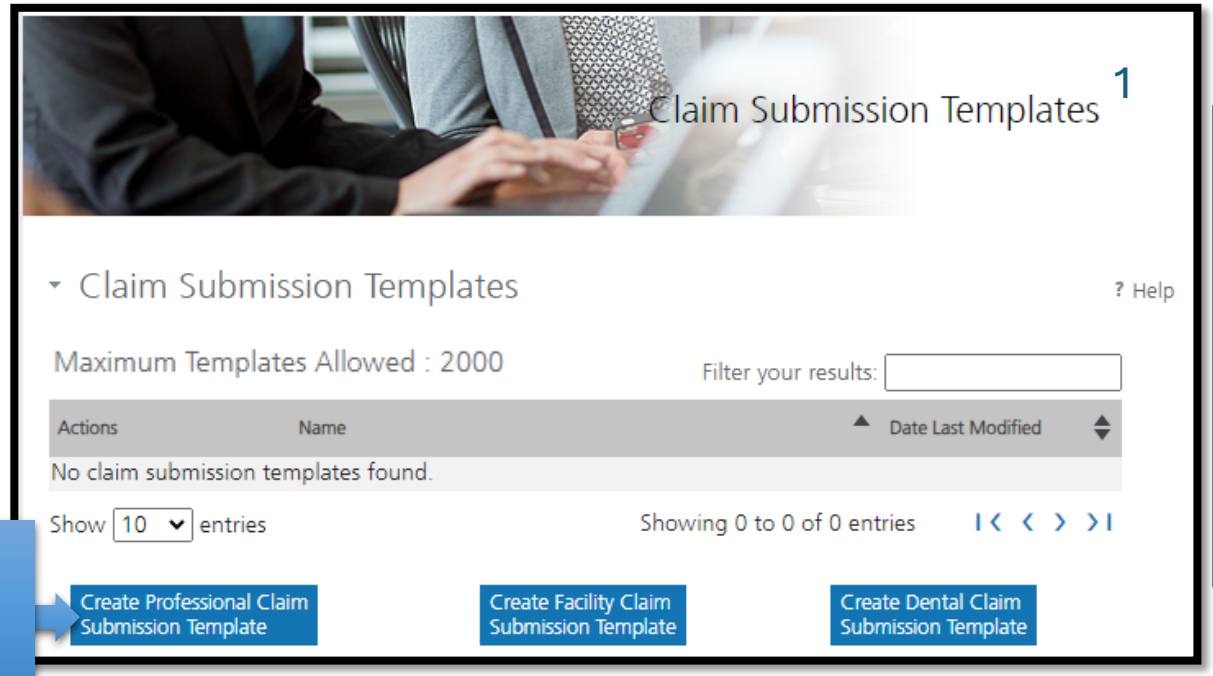
MPATH Provider Services Portal
(Service specific) Professional Claim Template

Hover the mouse over “Claims” in the myMenu section on the left navigation and select “Claim Submission Templates”

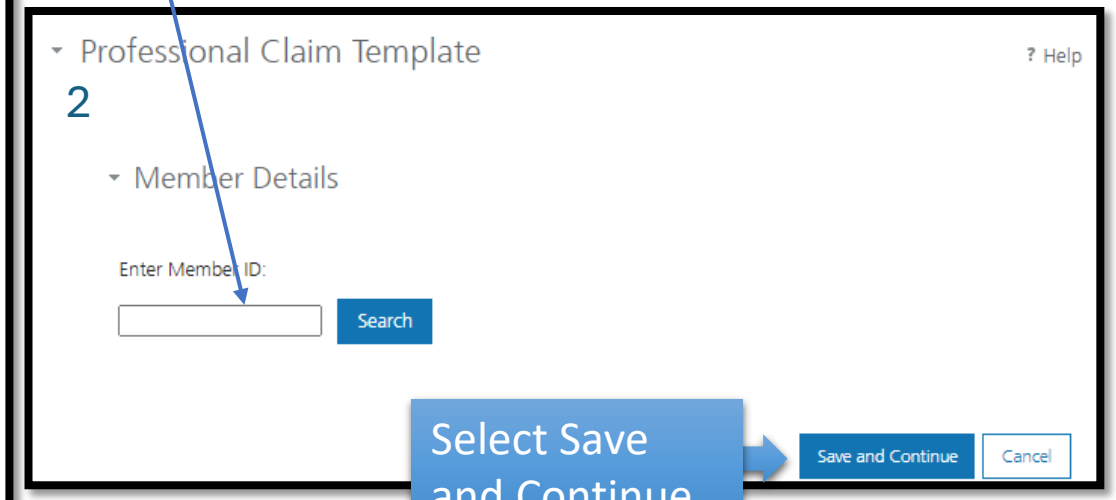


MPATH Provider Services Portal
(Service specific) Professional Claim Template

To create a template, click the blue button to Create Professional Claim Submission. Templates may be Member or Service (<u>without member</u>) specific.

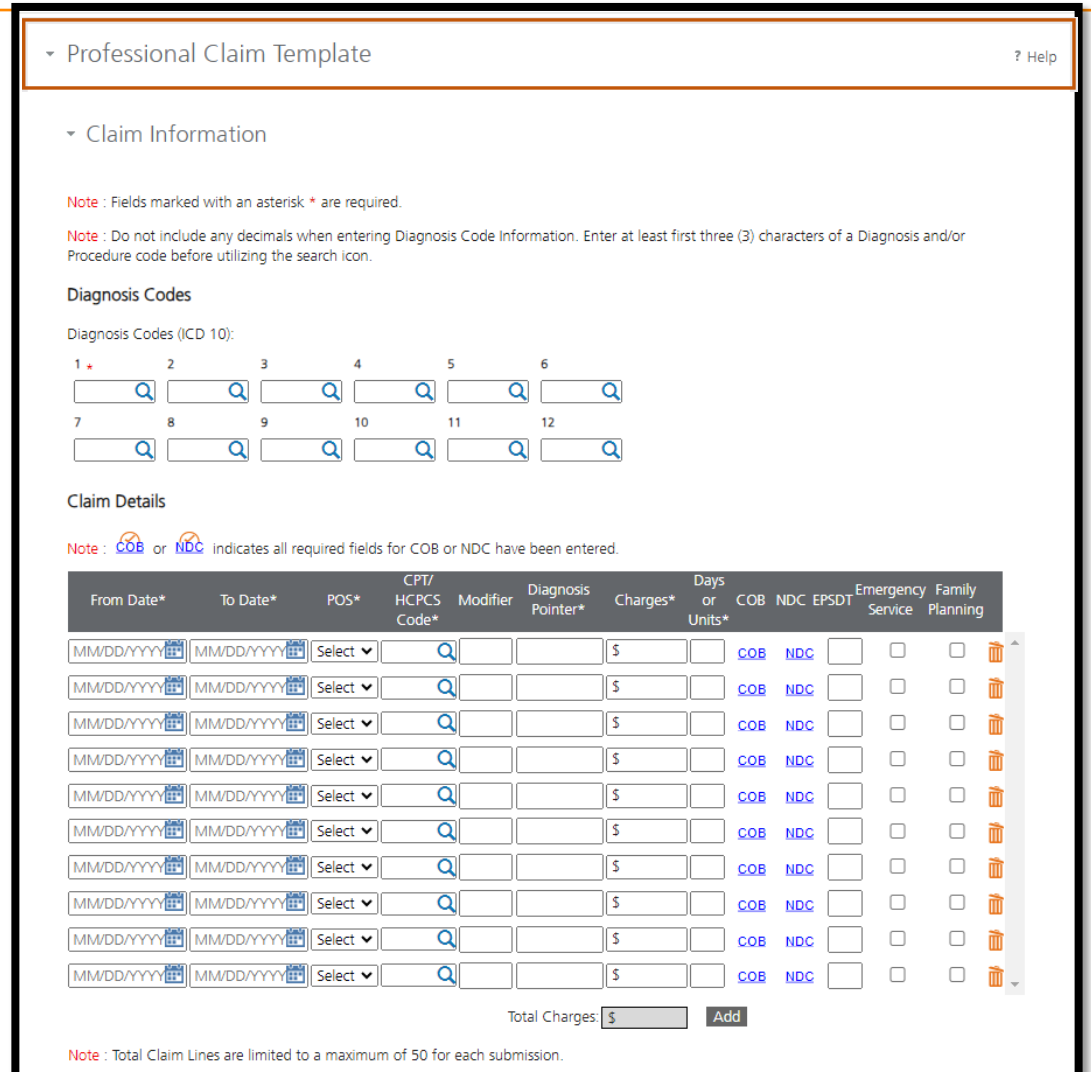


Select "Create Professional Claim Submission Template"



Select Save and Continue

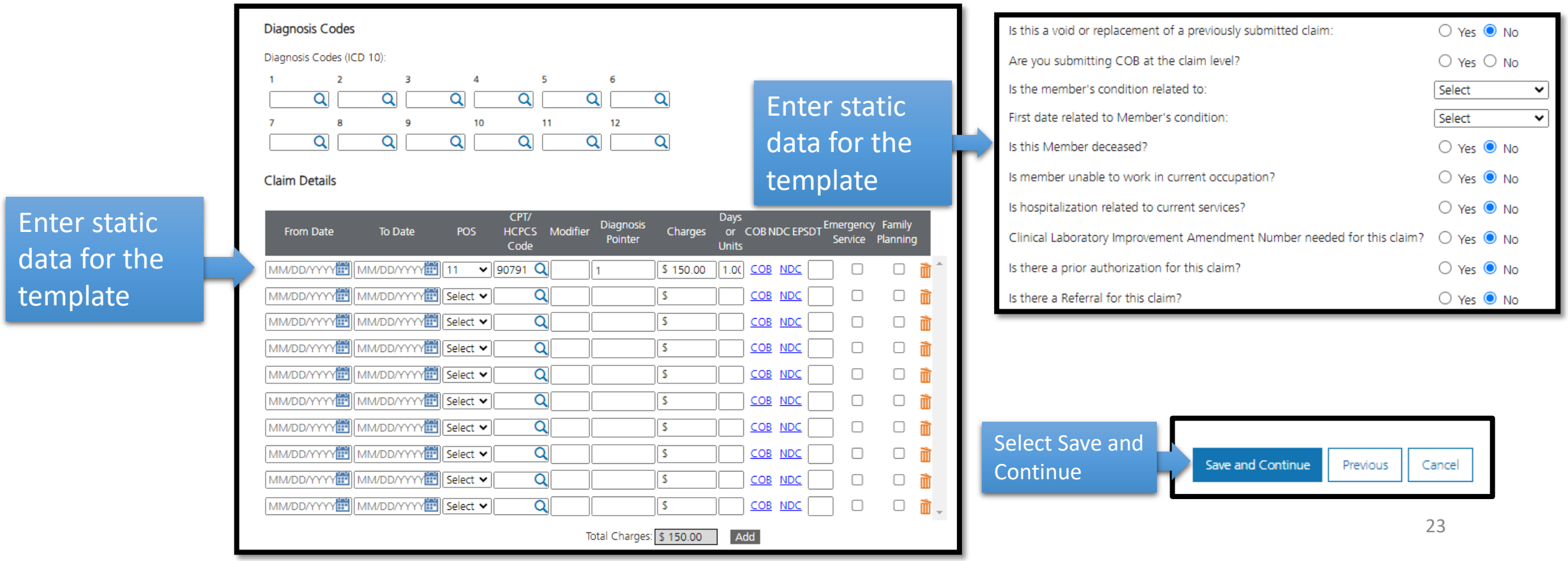
MPATH Provider Services Portal
(Service specific) Professional Claim Template



Click the "?Help" link on any page for more information

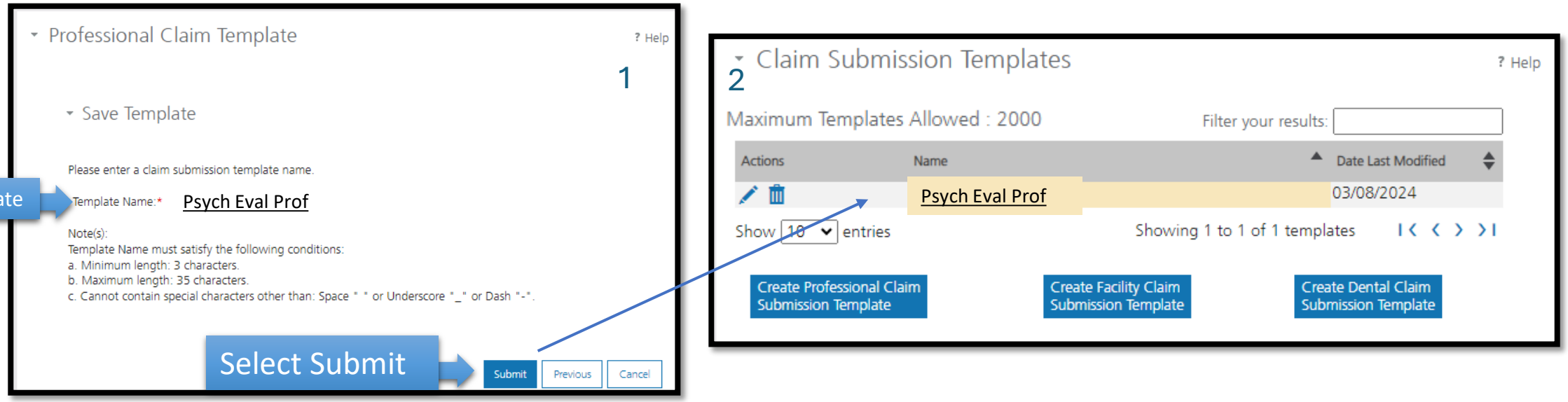
MPATH Provider Services Portal
(Service specific) Professional Claim Template

Dynamic data (Date of Service, Diagnosis) is entered when submitting the template.



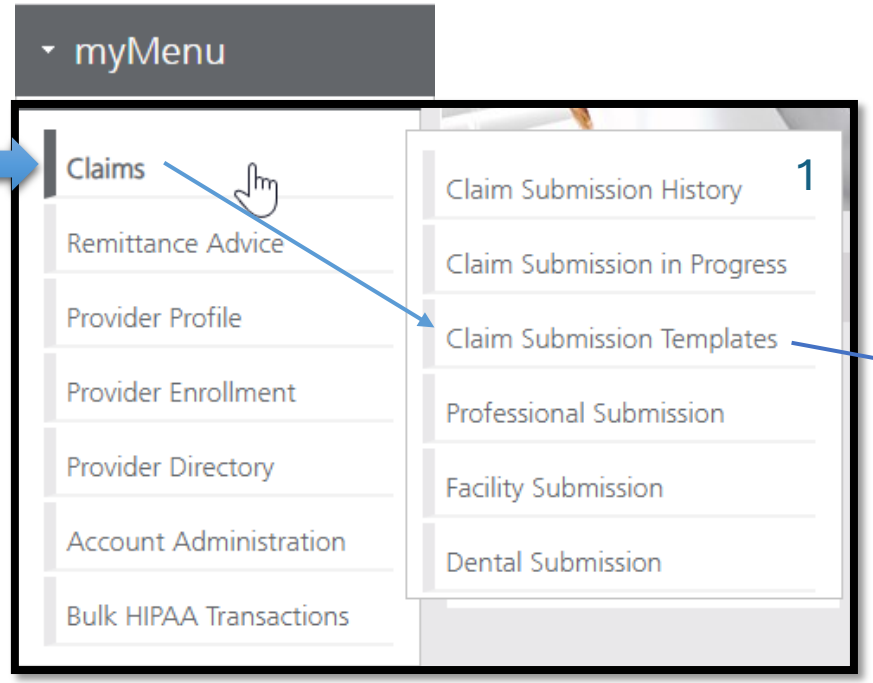
MPATH Provider Services Portal
(Service specific) Professional Claim Template

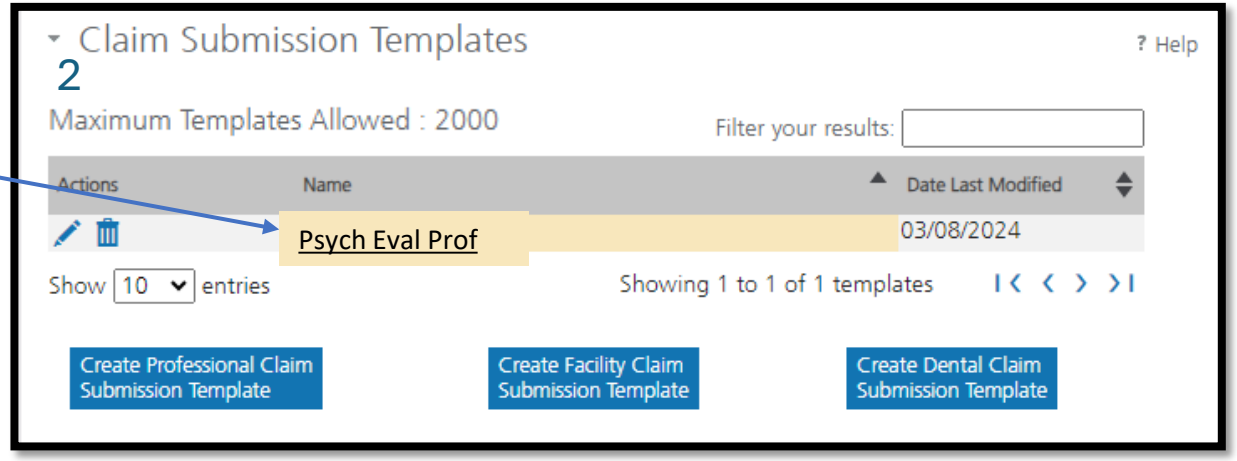
Save Template, naming service specific template for quick reference



MPATH Provider Services Portal
(Service specific) Professional Claim Template

Hover the mouse over “Claims” in the myMenu section on the left navigation and select “Claim Submission Templates” to access saved Templates



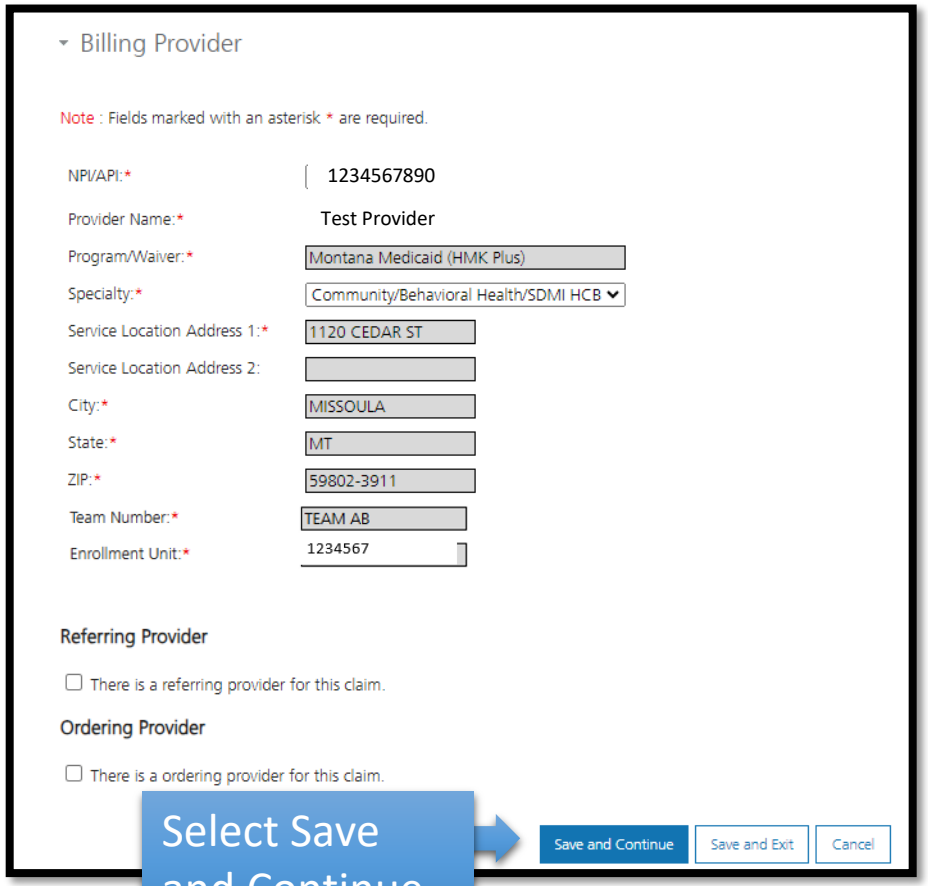


MPATH Provider Services Portal

(Service specific) Professional Claim Template

Select your provider NPI. All associated demographics will be automatically populated.

Enter other optional provider data as needed.

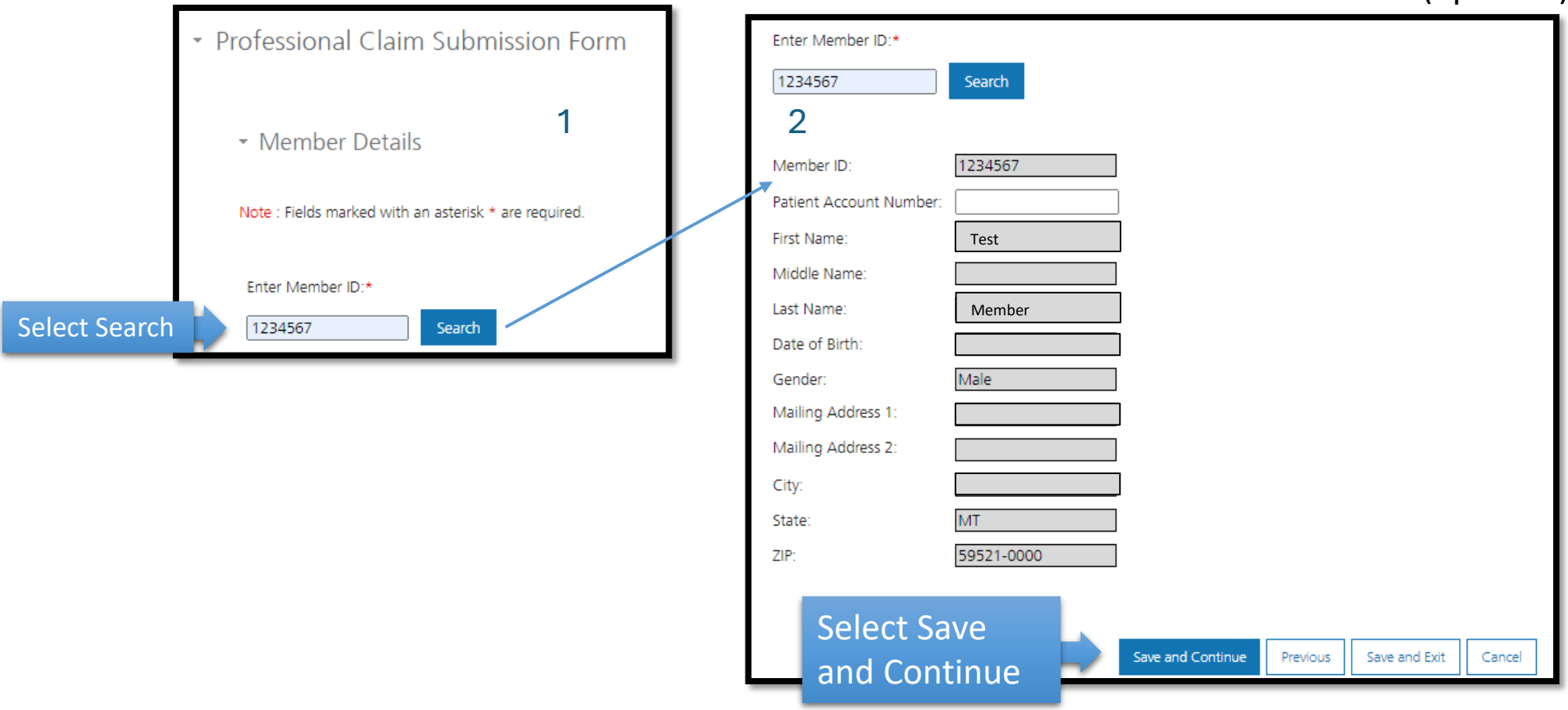


Select Save and Continue

Optional Rendering Provider selection is available when affiliated providers are added.

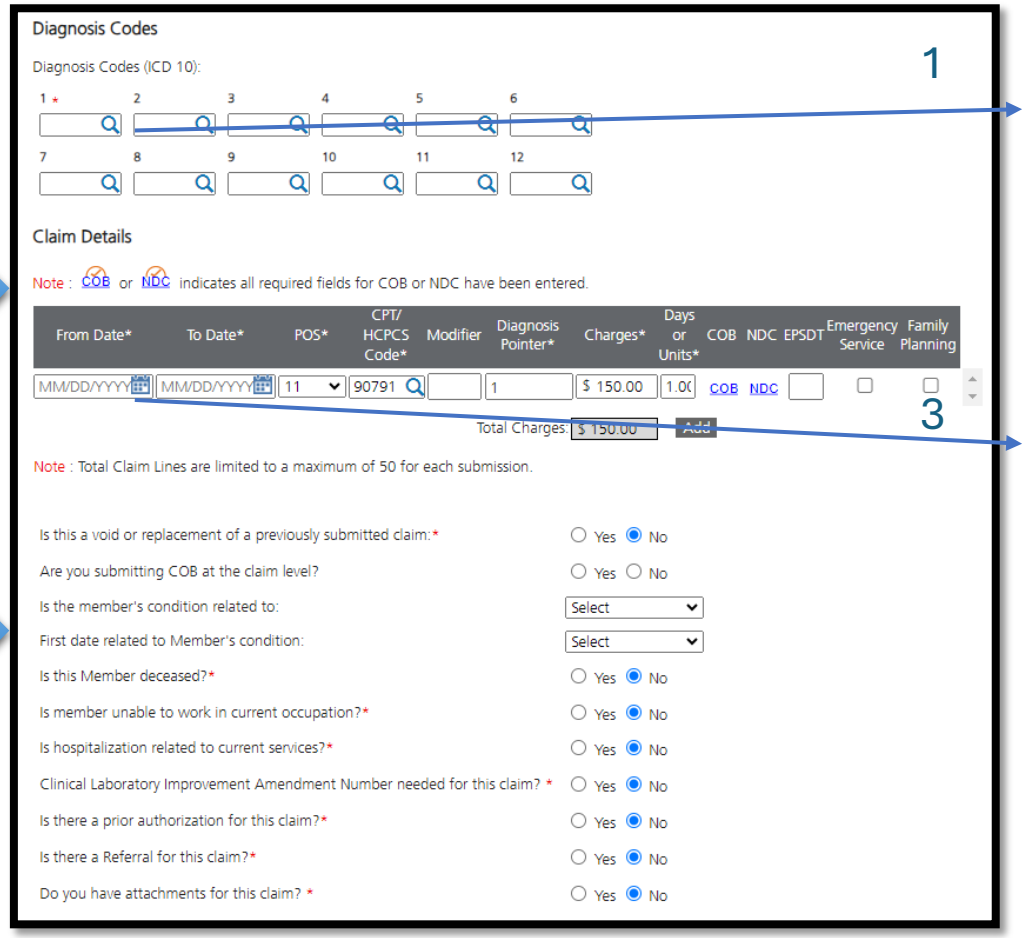
MPATH Provider Services Portal
(Service specific) Professional Claim Template

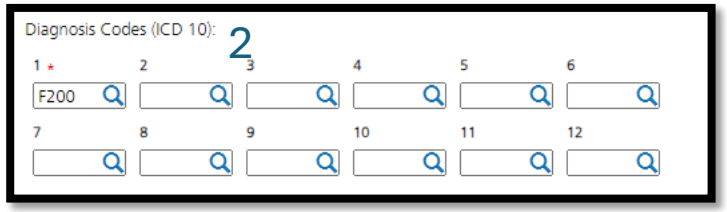
Enter Member ID and click “Search” - Enter Patient Account Number (optional).

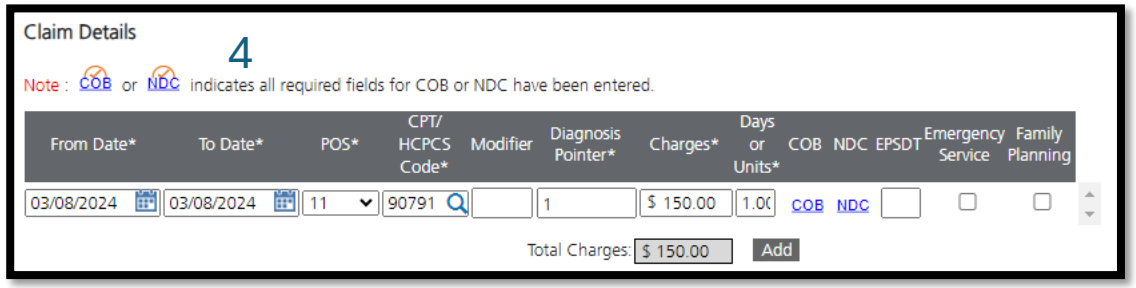


MPATH Provider Services Portal
(Service specific) Professional Claim Template

Template retains the static data entered allowing for dynamic data entry



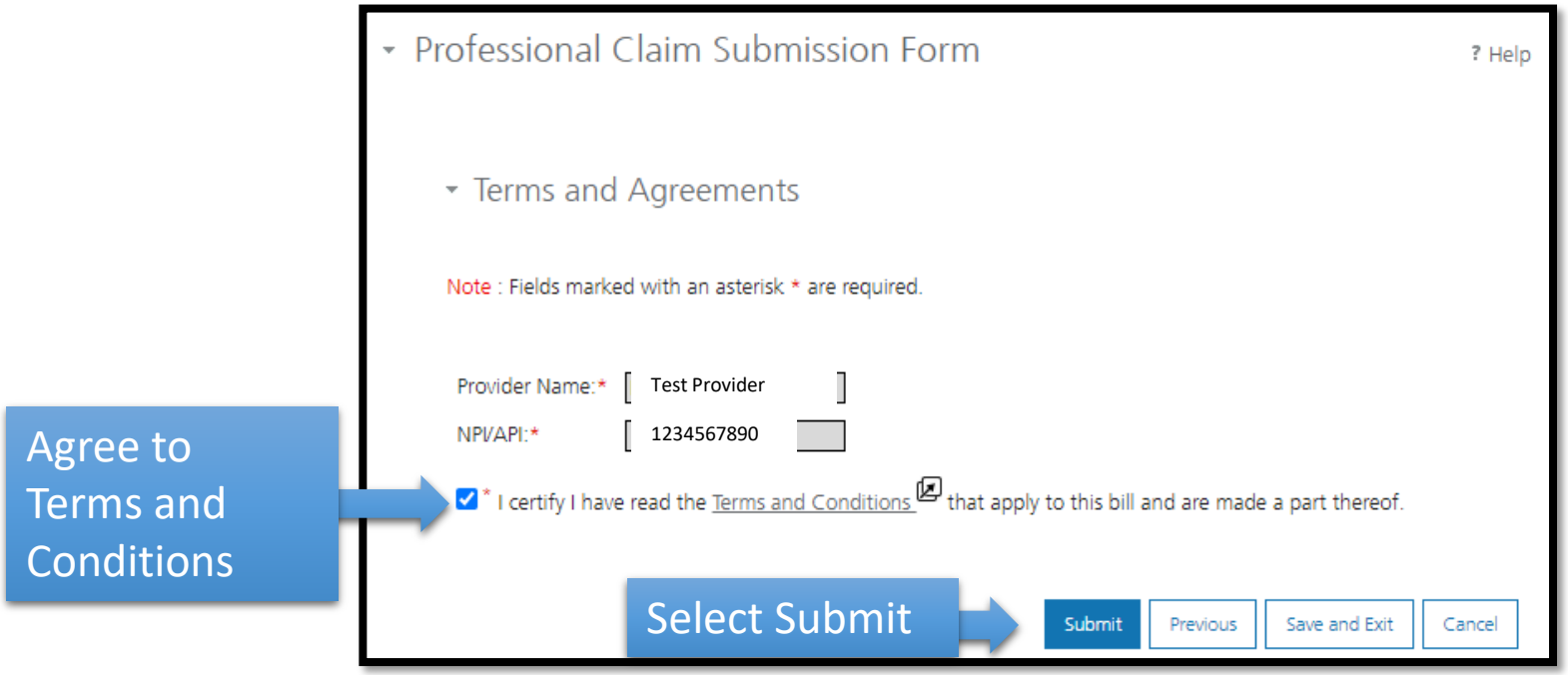




3

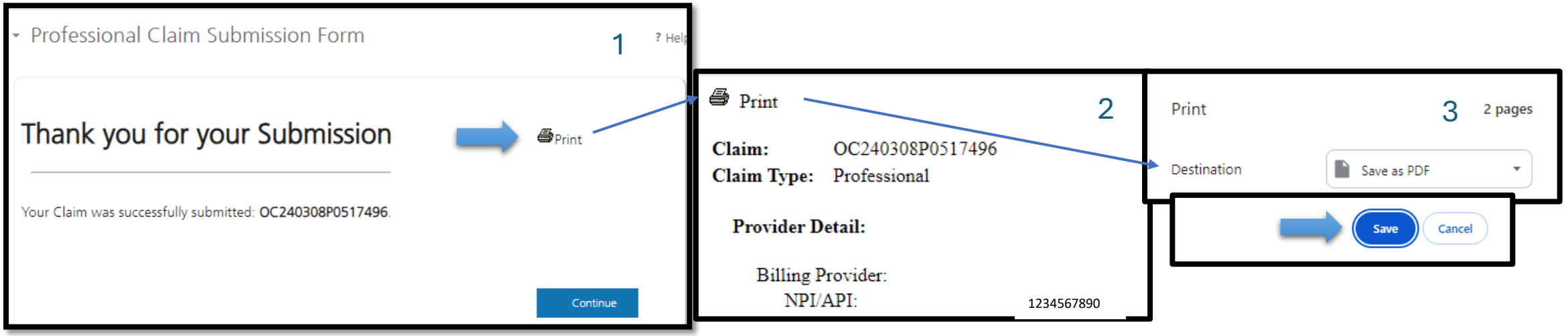
5 Select Save and Continue

MPATH Provider Services Portal
(Service specific) Professional Claim Template



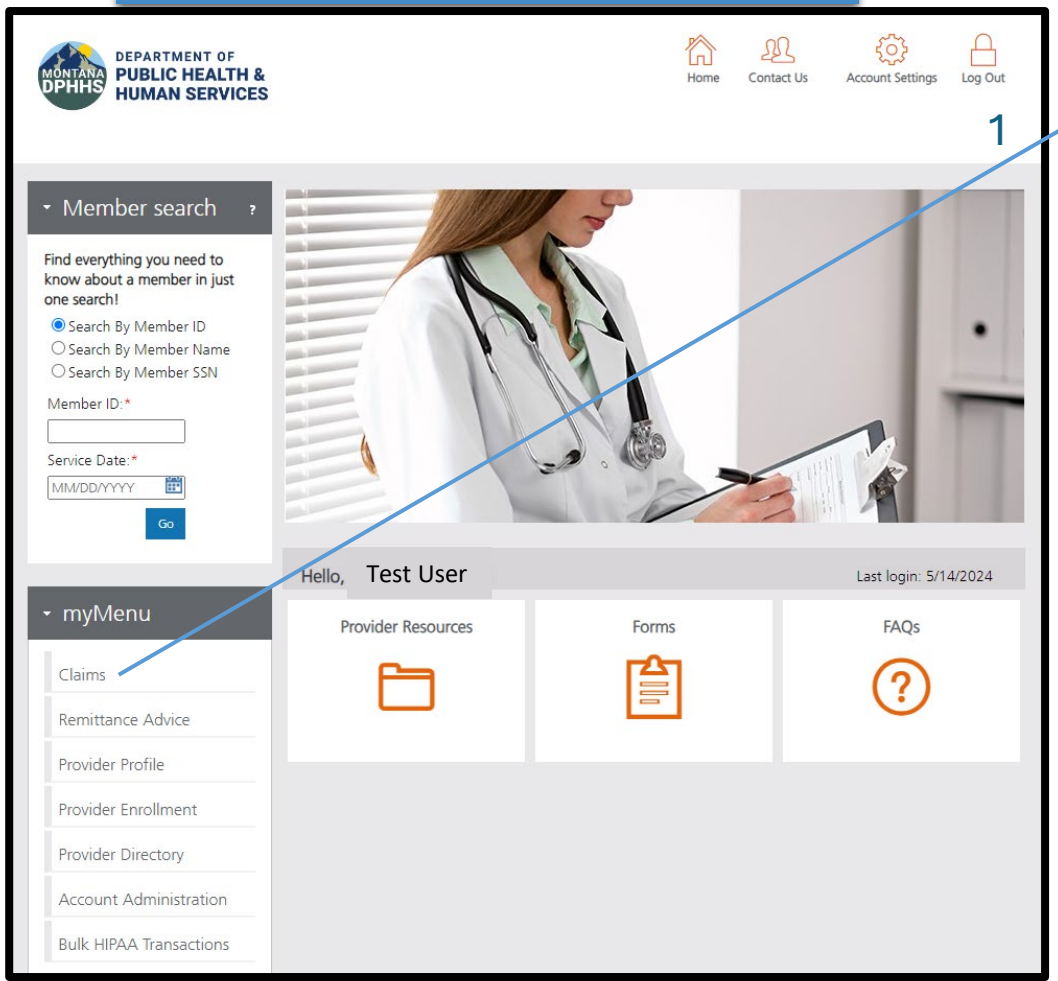
MPATH Provider Services Portal
(Service specific) Professional Claim Template

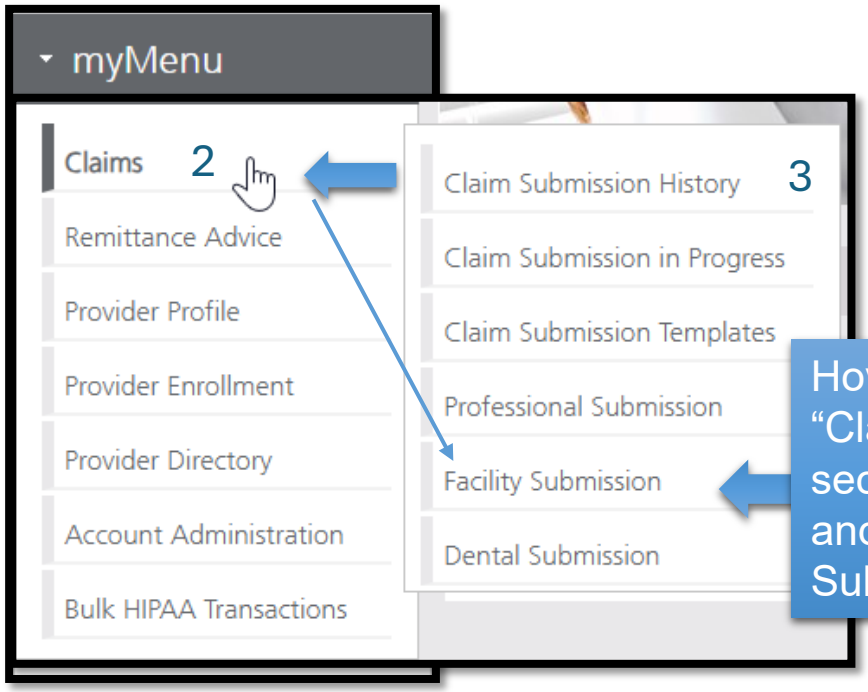
Print/Save PDF of claim submission (optional).



MPATH Provider Services Portal
Single Facility Claim Submission

Provider Services Portal Home Page



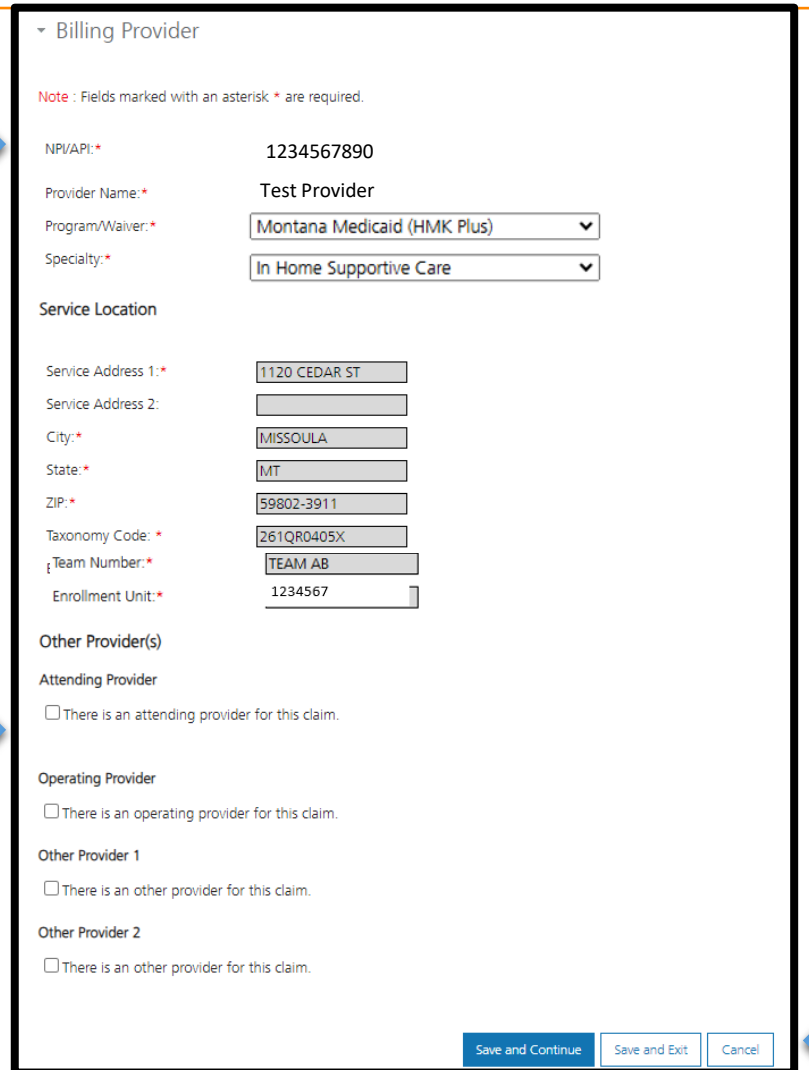


Hover the mouse over "Claims" in the myMenu section on the left navigation and select "Facility Claim Submission"

MPATH Provider Services Portal
Single Facility Claim Submission

Select your provider NPI, all other associated demographics will be automatically populated.

Enter other optional provider data as needed.

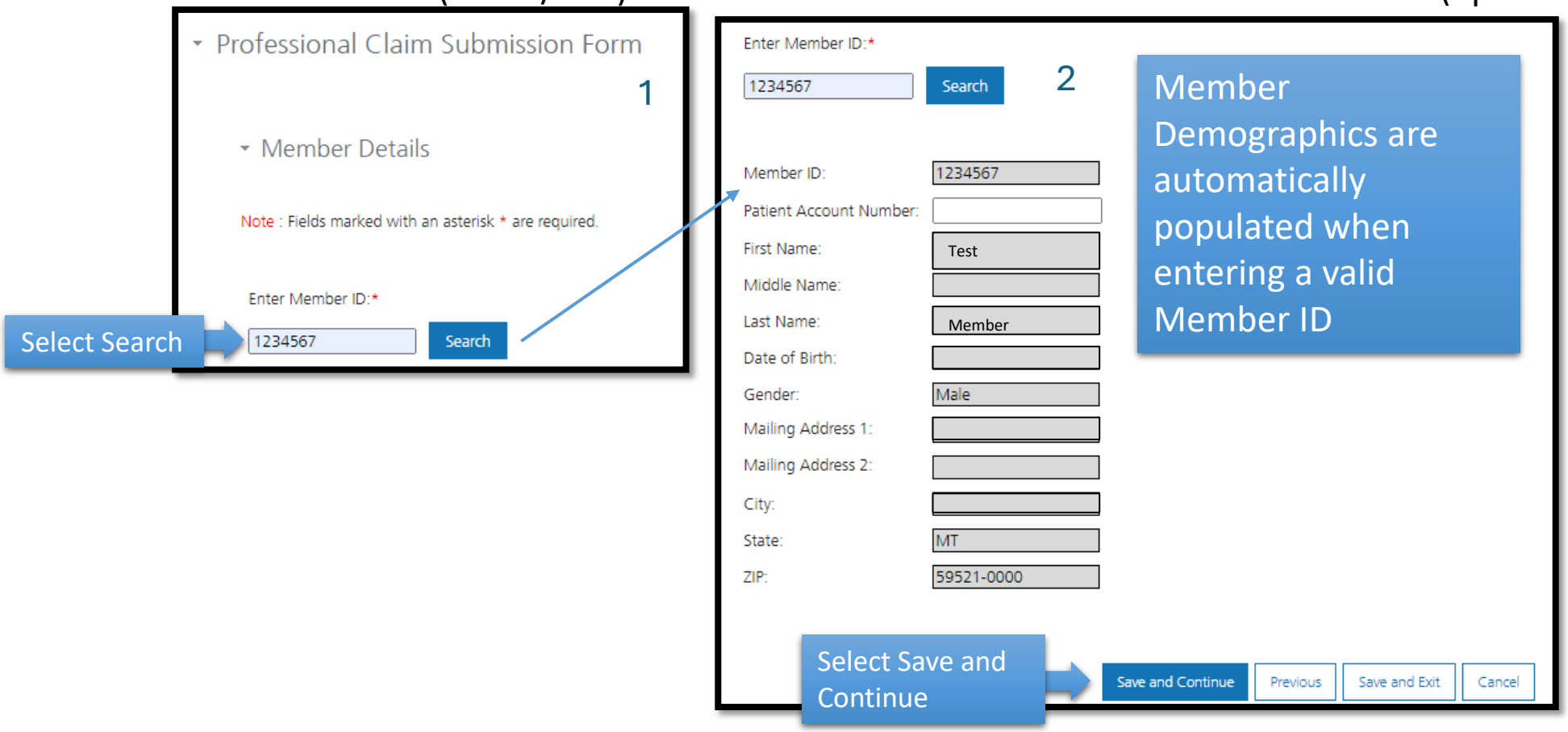


Optional Rendering Provider selection is available when affiliated providers are added.

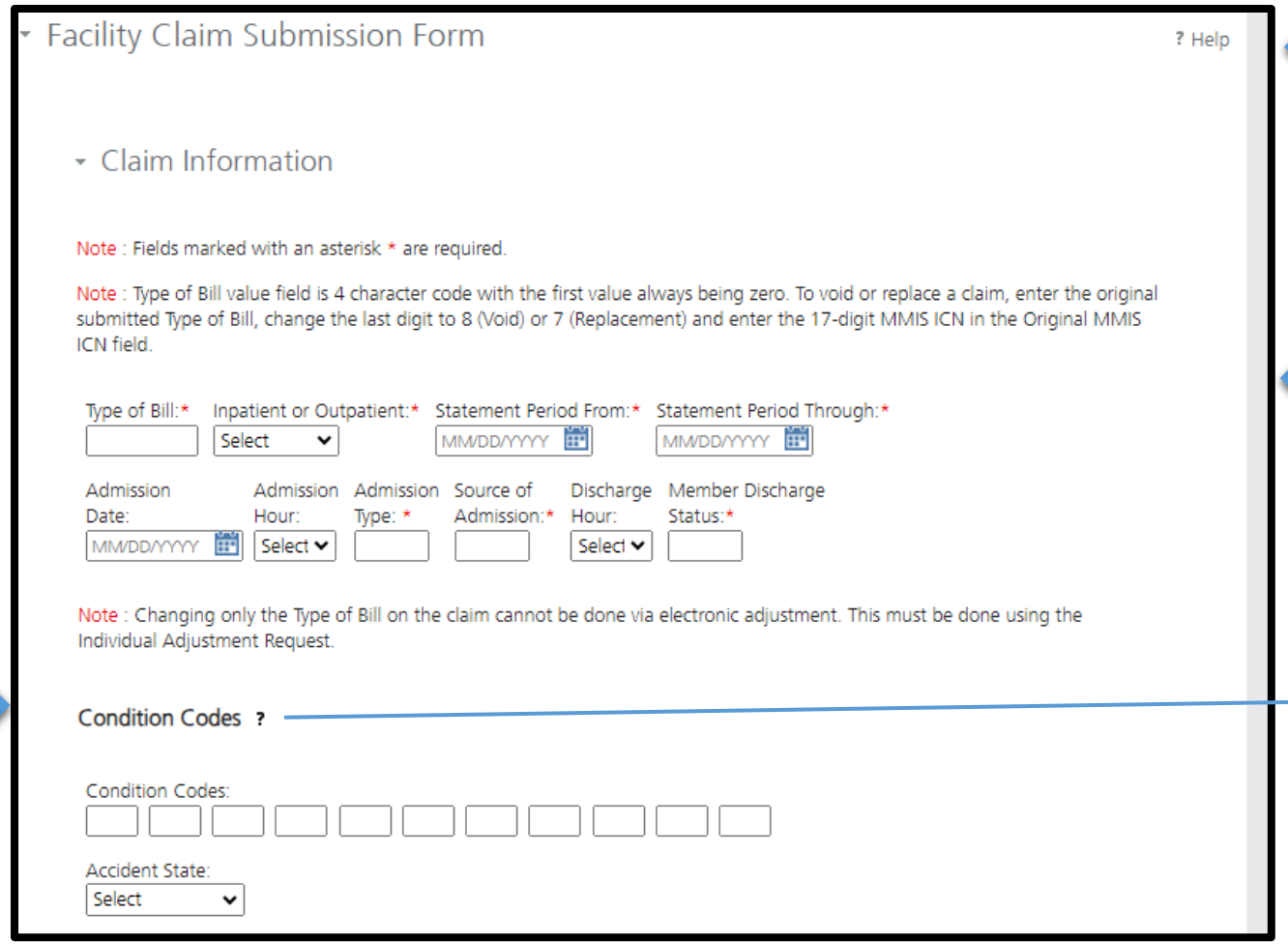
Select Save and Continue

MPATH Provider Services Portal
Single Facility Claim Submission

Enter Member ID (Card#/SSN) and click “Search” - Enter Patient Account Number (optional).



MPATH Provider Services Portal
Single Facility Claim Submission

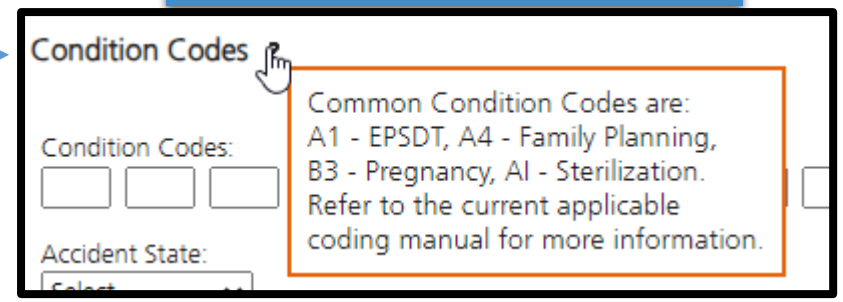


Click the ?Help link on any page for more information

Enter required fields: Type of Bill, Inpatient/Outpatient, From/Through Date(s), Admit Type/Source/Status

Other fields may be required based on selections

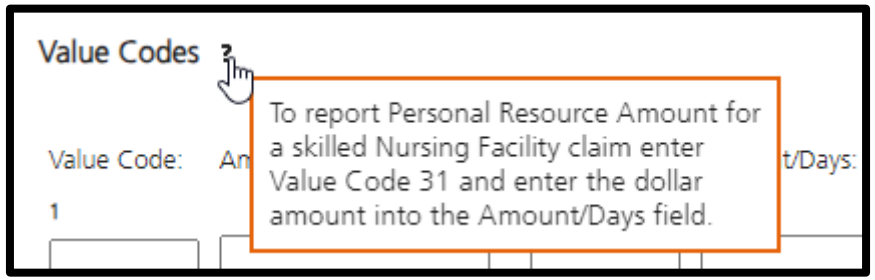
Hover over any "?" to see a quick list of common values



MPATH Provider Services Portal
Single Facility Claim Submission

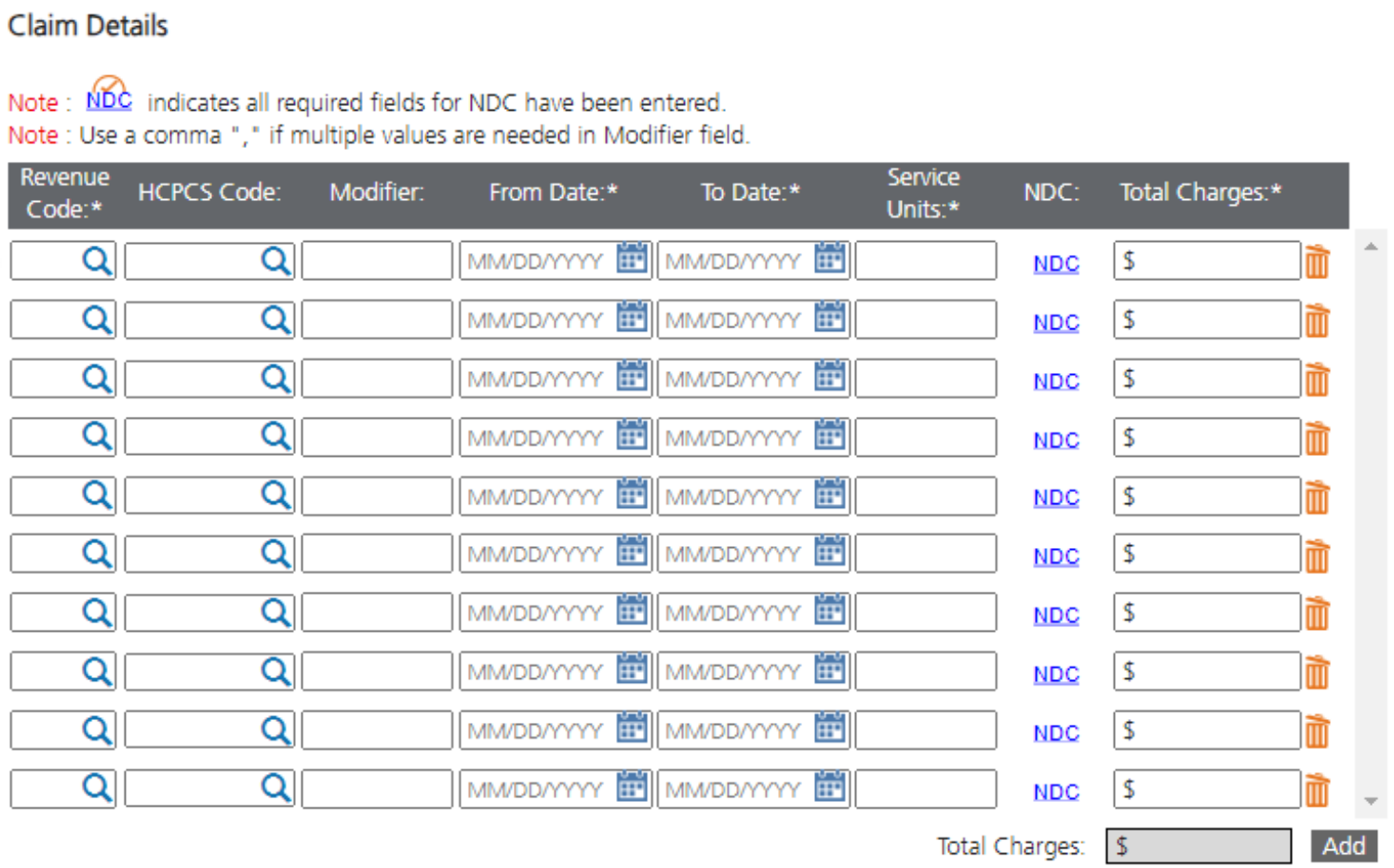
Hover over any "?" to see a quick list of common values

Enter optional fields as necessary: Occurrence Codes, Occurrence Span codes, Value Codes.



MPATH Provider Services Portal
Single Facility Claim Submission

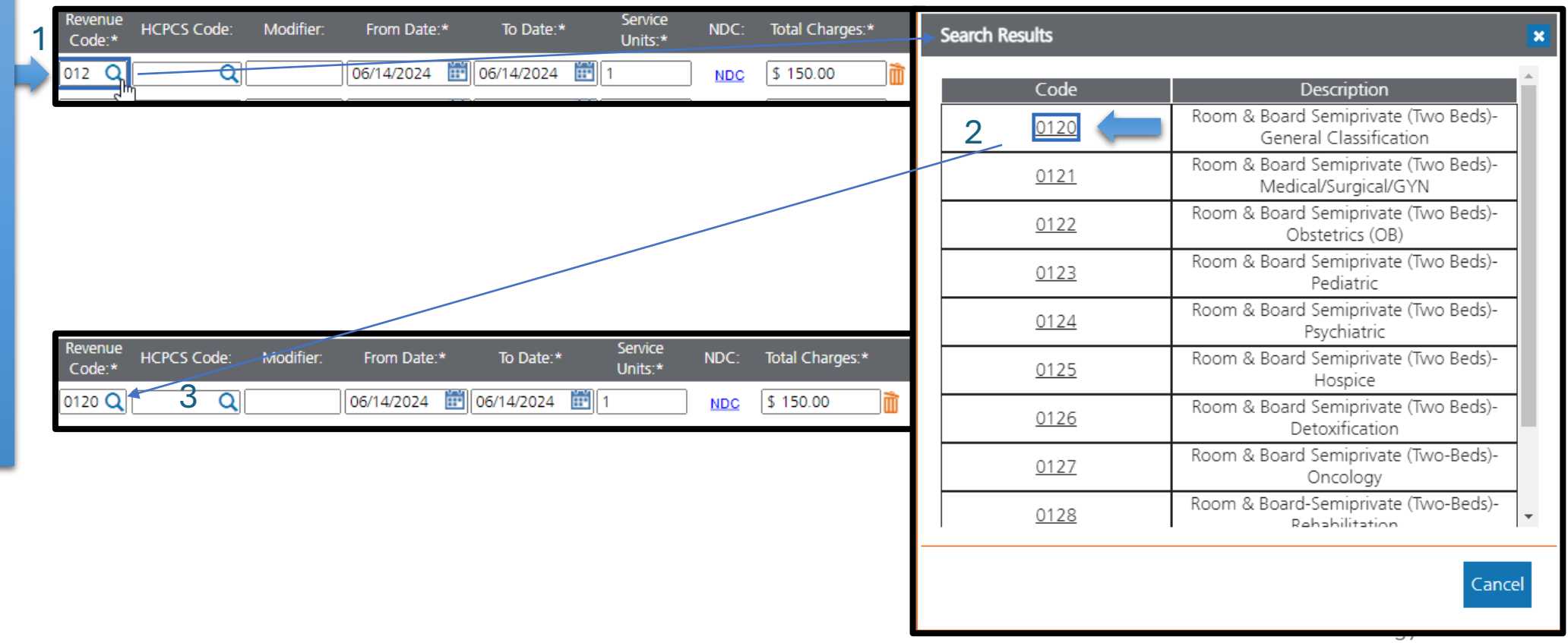
Enter Revenue Code, Optional HCPCS Code, Optional Modifier, Date(s) of Service, Units, and Charges



MPATH Provider Services Portal
Single Facility Claim Submission

Enter the Revenue Code. The magnifying glass will allow users to search for the specific Revenue Code if unknown.

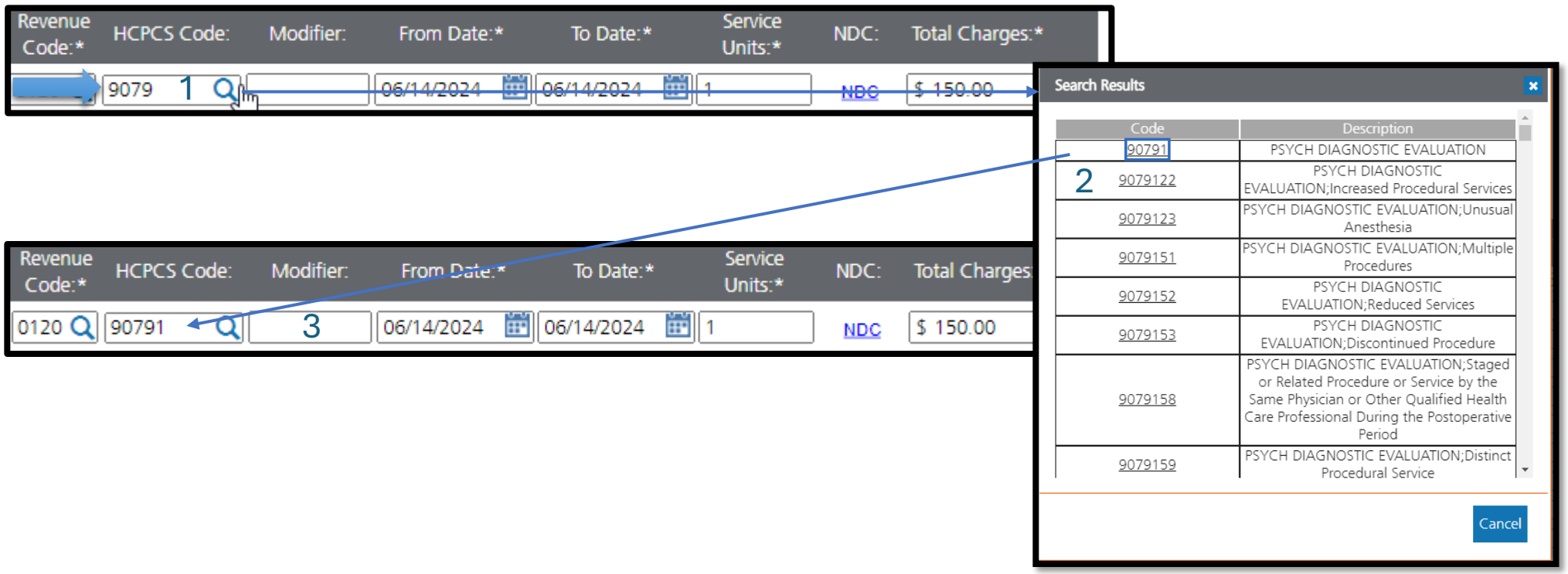
Enter at least first three (3) characters of a Revenue Code to search code list.



MPATH Provider Services Portal
Single Facility Claim Submission

Optional: Enter the HCPCS Code. The magnifying glass will allow users to search for the specific HCPCS Code if unknown.

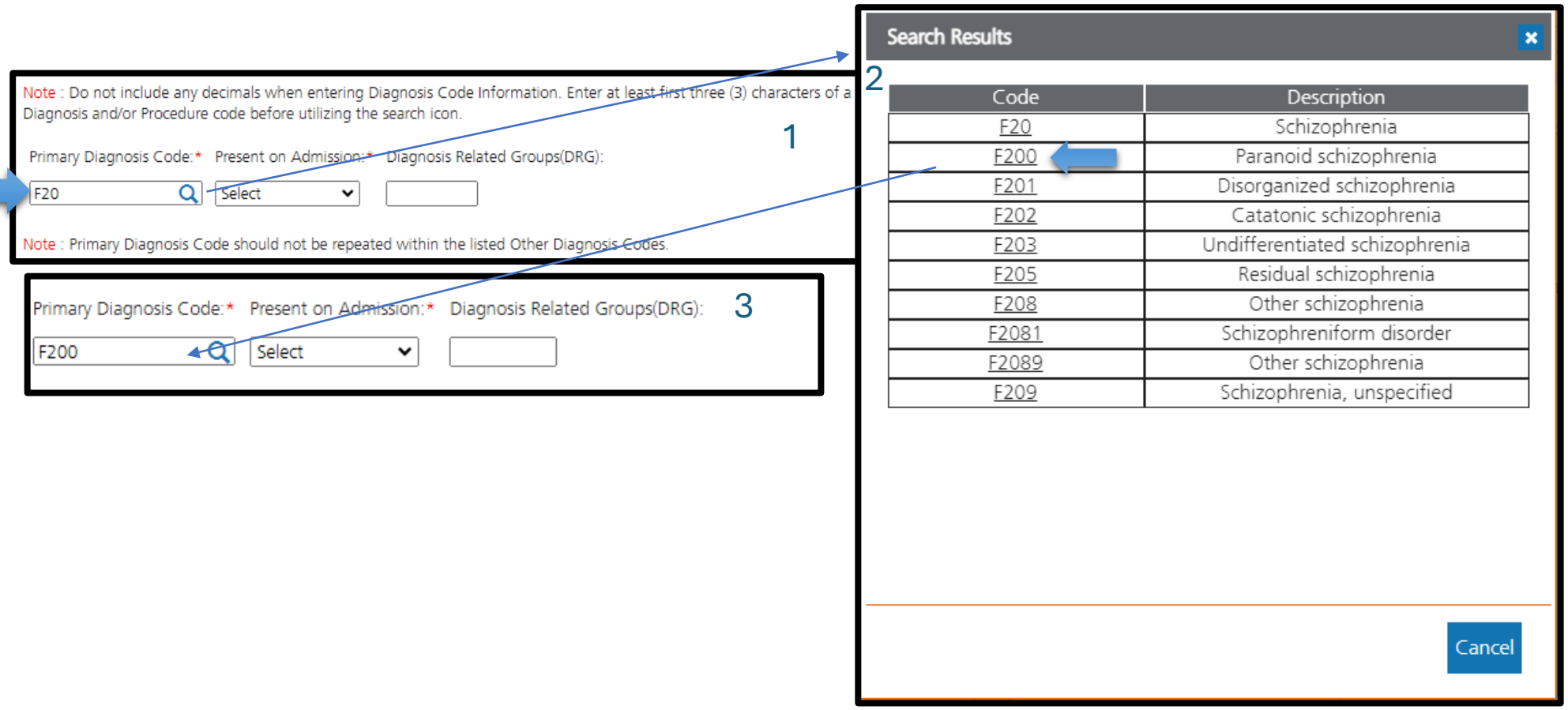
Enter at least first three (3) characters of a HCPCS to search code list.



MPATH Provider Services Portal
Single Facility Claim Submission

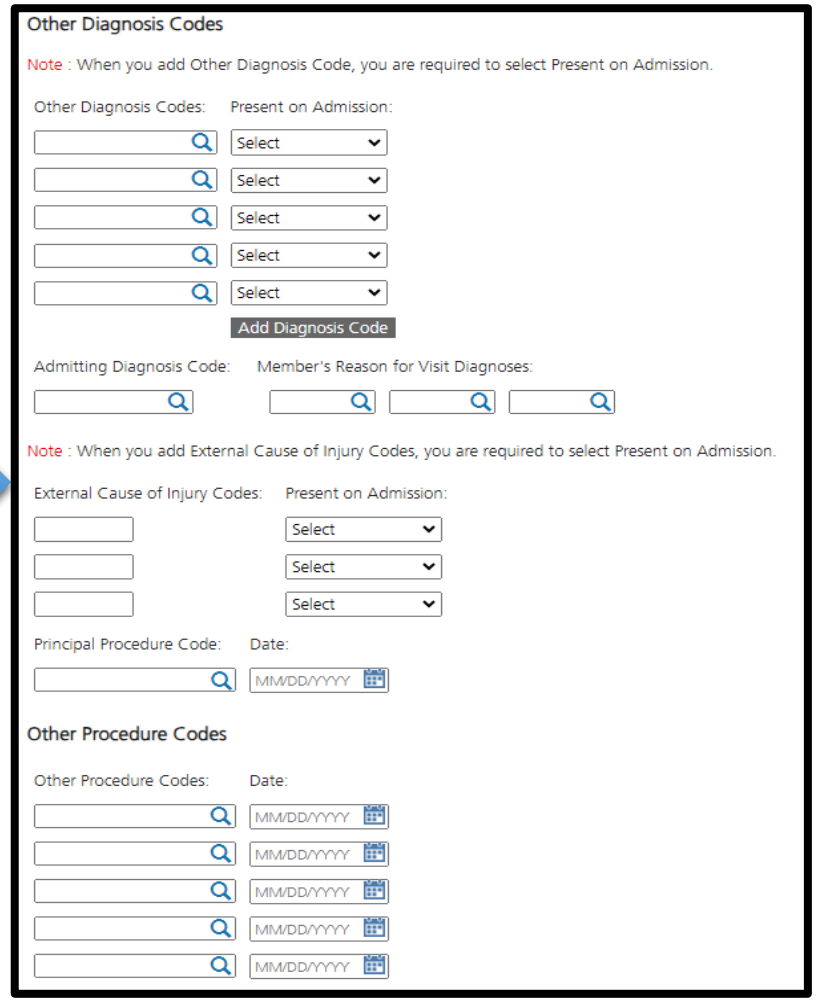
Enter Primary Diagnosis Code. The magnifying glass will allow users to search for the specific Diagnosis Code if unknown.

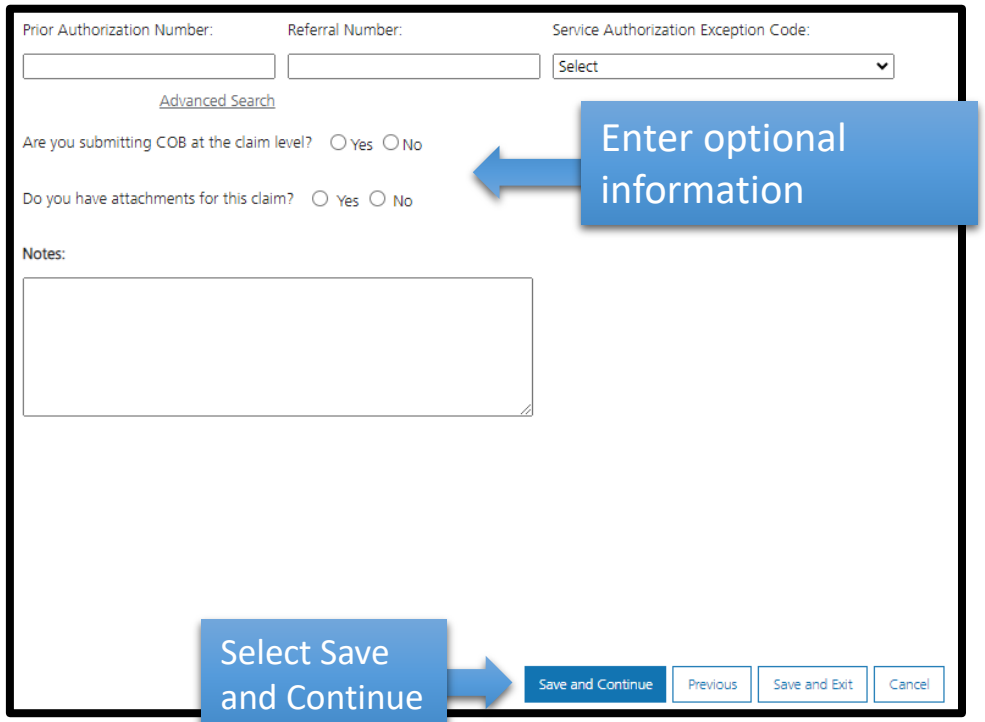
Enter at least first three (3) characters of a Diagnosis to search code list.



MPATH Provider Services Portal
Single Facility Claim Submission

Enter optional information, then select save and continue

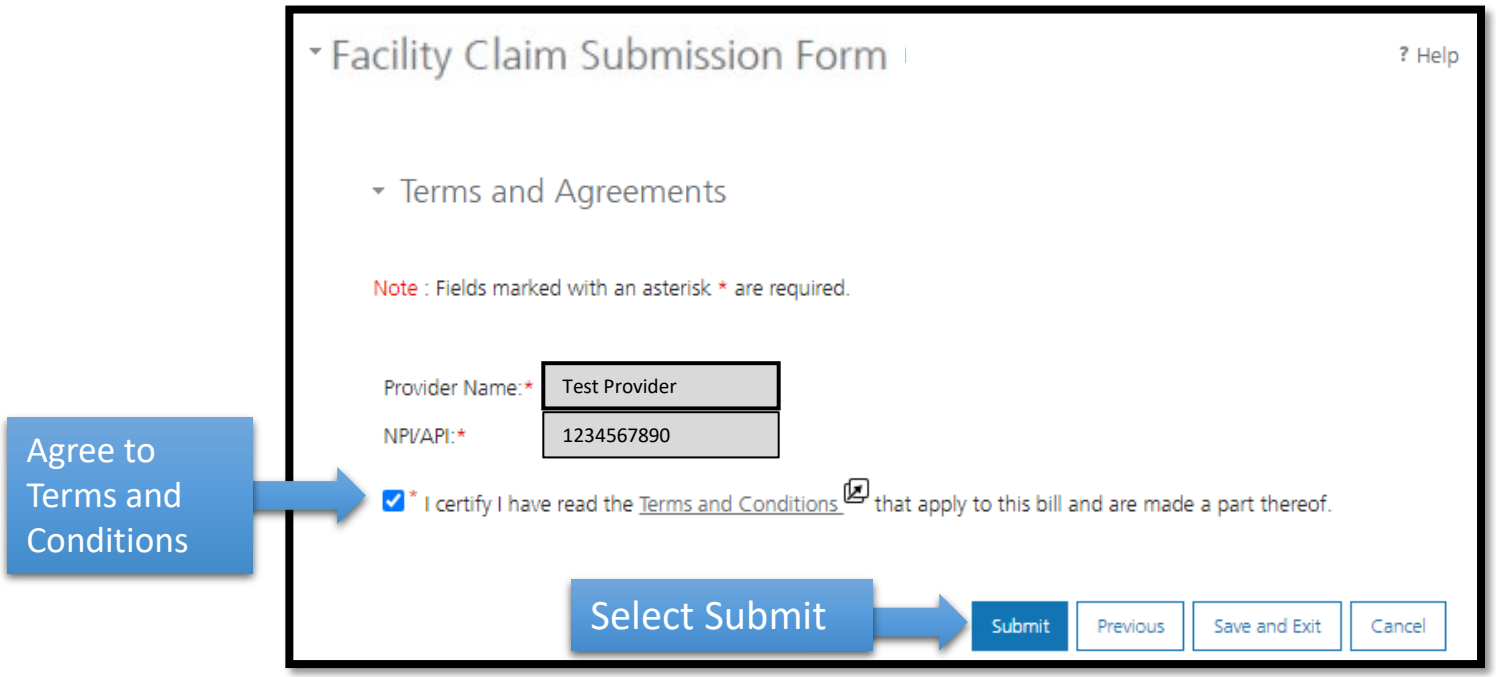




Enter optional information

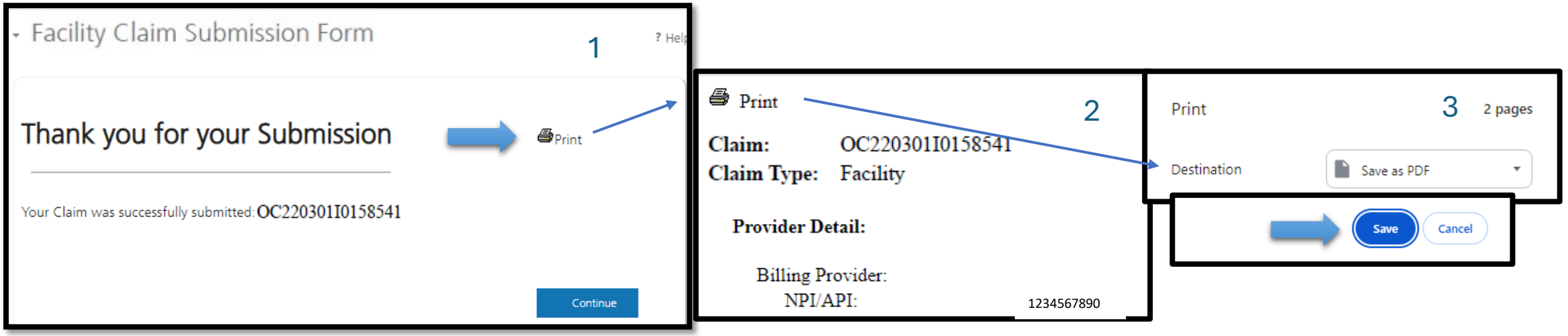
Select Save and Continue

MPATH Provider Services Portal
Single Facility Claim Submission



MPATH Provider Services Portal
Single Facility Claim Submission

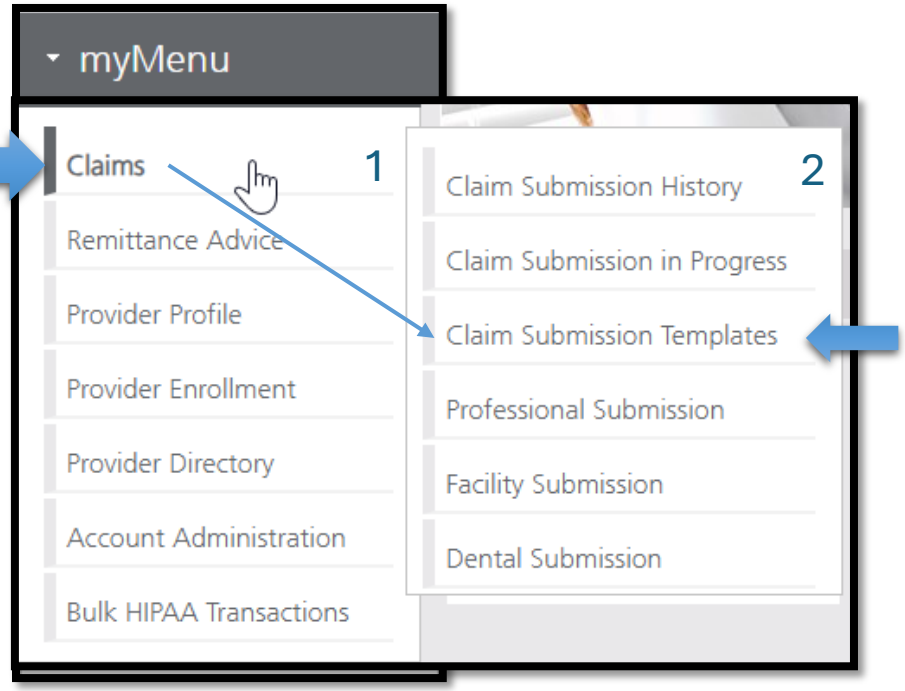
Print/Save PDF of claim submission (optional).



MPATH Provider Services Portal

Developing a (Service specific) Facility Claim Template

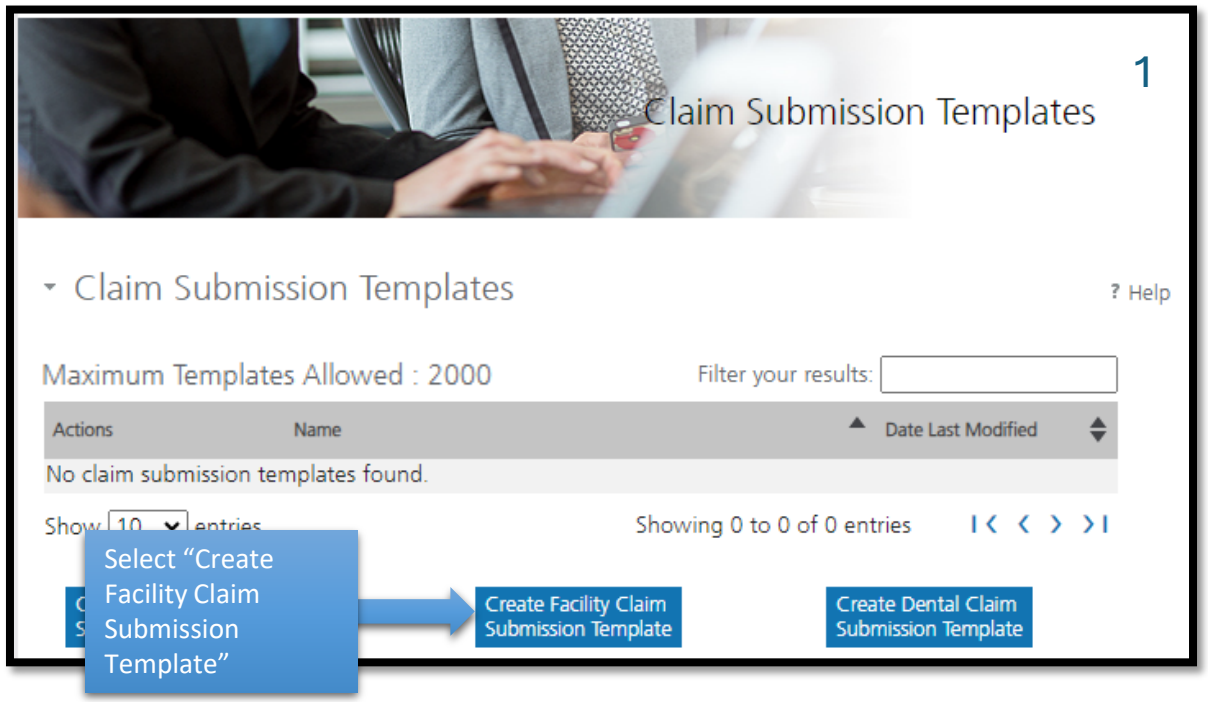
Hover the mouse over “Claims” in the myMenu section on the left navigation and select “Claim Submission Templates”

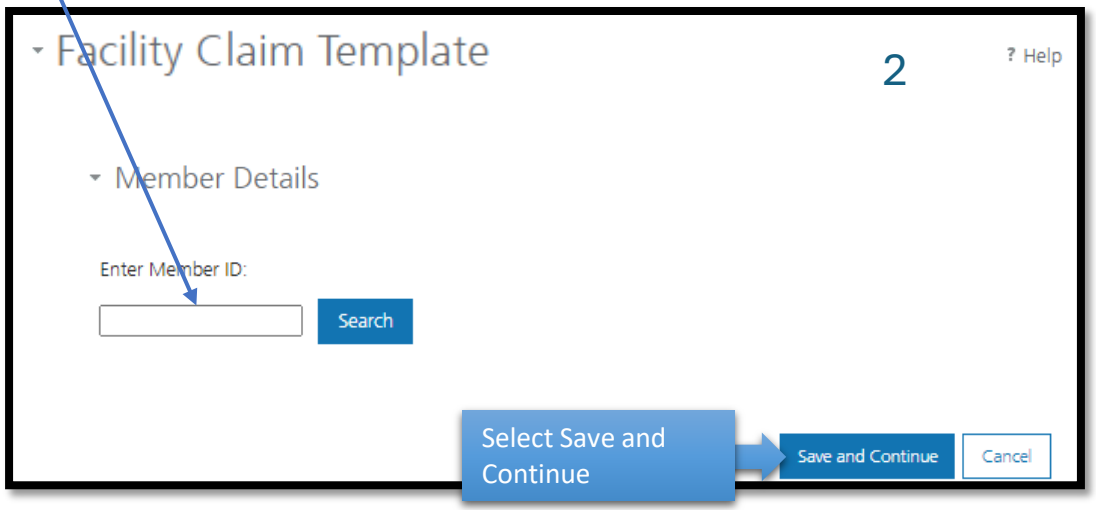


MPATH Provider Services Portal

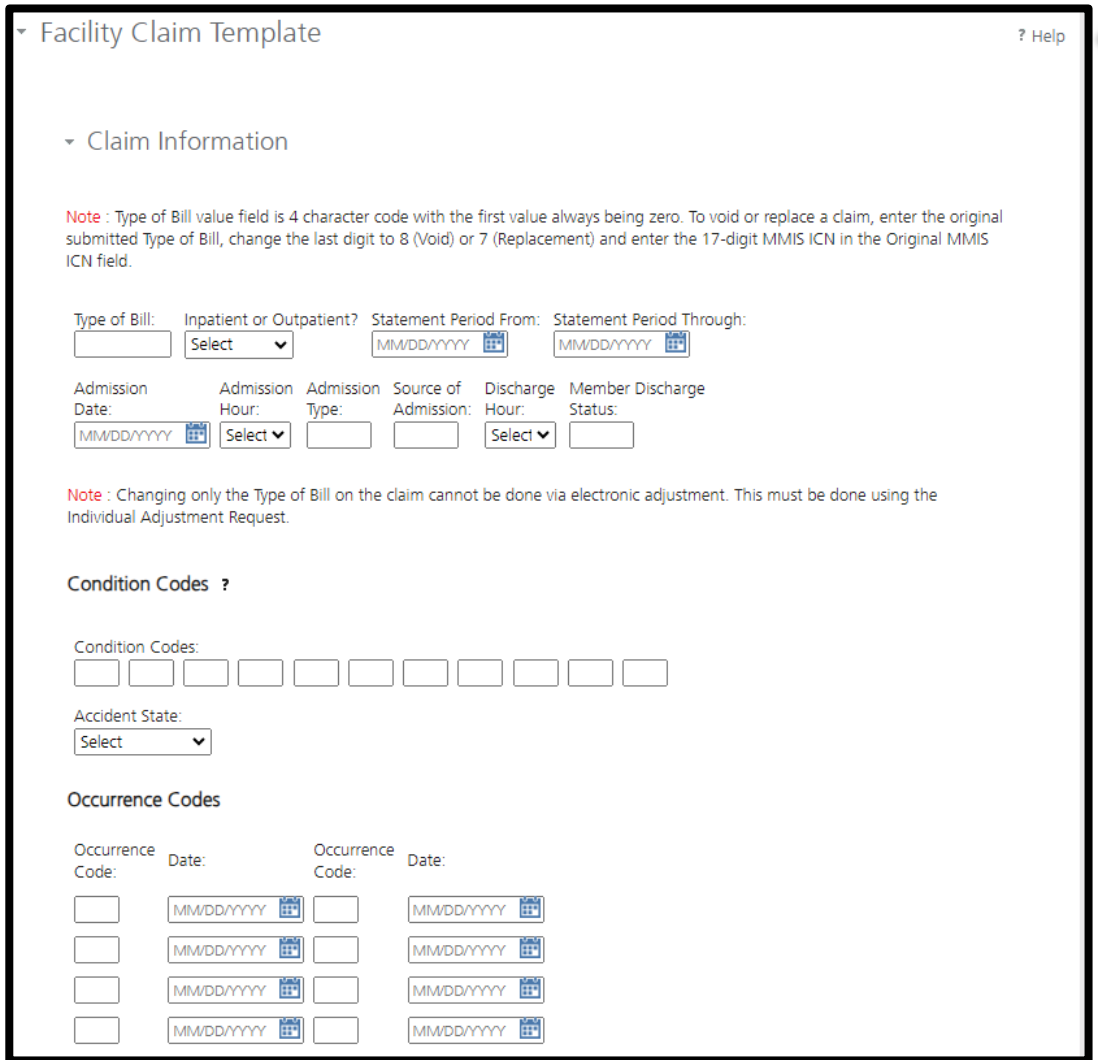
(Service specific) Facility Claim Template

To create a template, select Create Facility Claim Template. Templates may be Member or Service (without member) specific.





MPATH Provider Services Portal
(Service specific) Facility Claim Template

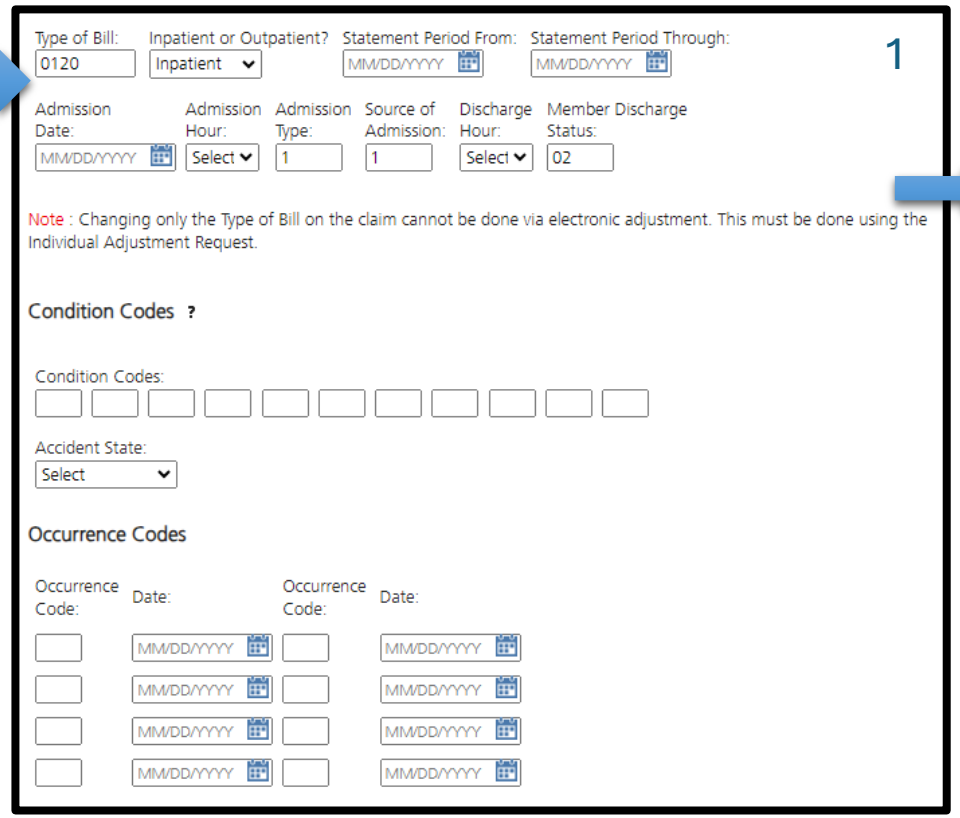


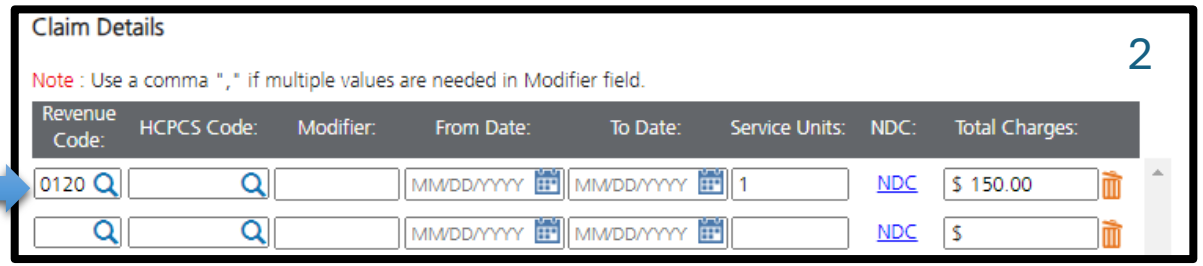
Click the "?Help" link on any page for more information

MPATH Provider Services Portal
(Service specific) Facility Claim Template

Dynamic data (Date of Service, Diagnosis) is entered when submitting the template.

Enter static data for the template

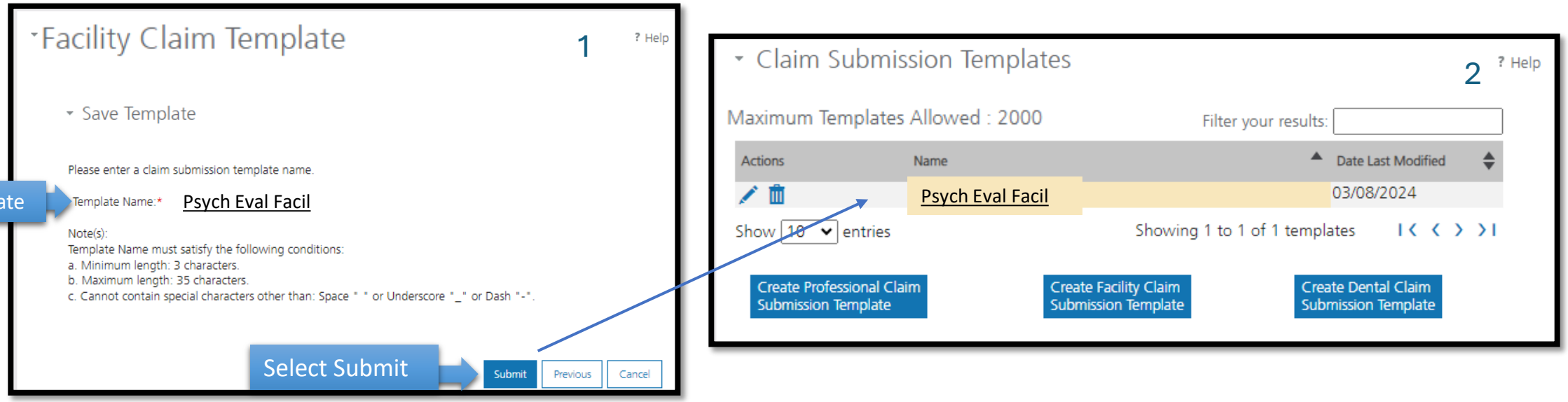




Select Save and Continue

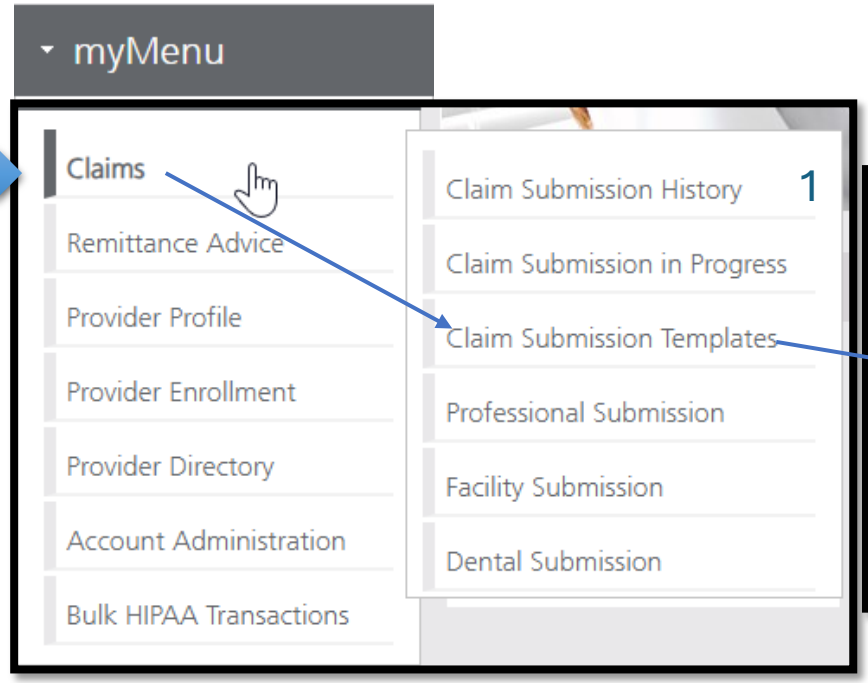
MPATH Provider Services Portal
(Service specific) Facility Claim Template

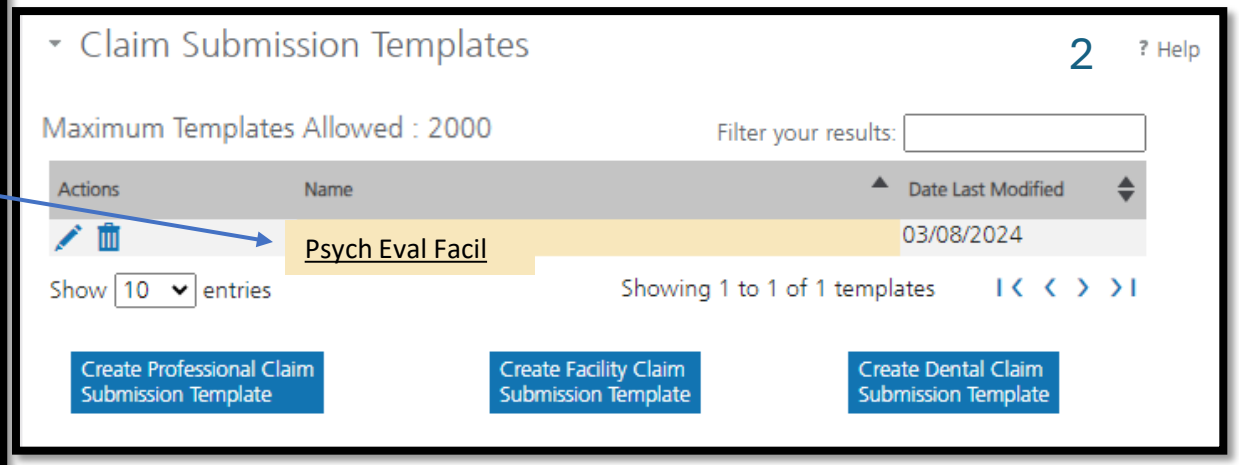
Save Template, naming service specific template for quick reference



MPATH Provider Services Portal
(Service specific) Facility Claim Template

Hover the mouse over “Claims” in the myMenu section on the left navigation and select “Claim Submission Templates” to access saved Templates



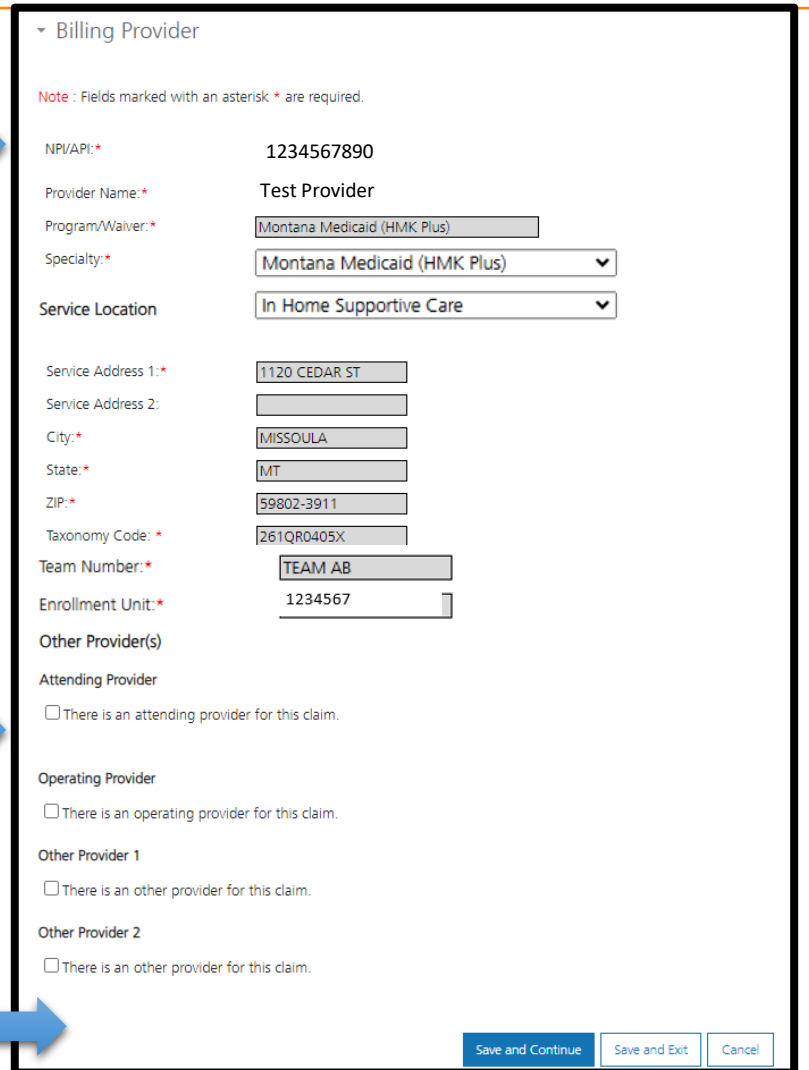


MPATH Provider Services Portal
(Service specific) Facility Claim Template

Select your provider NPI. All other associated demographics will be automatically populated.

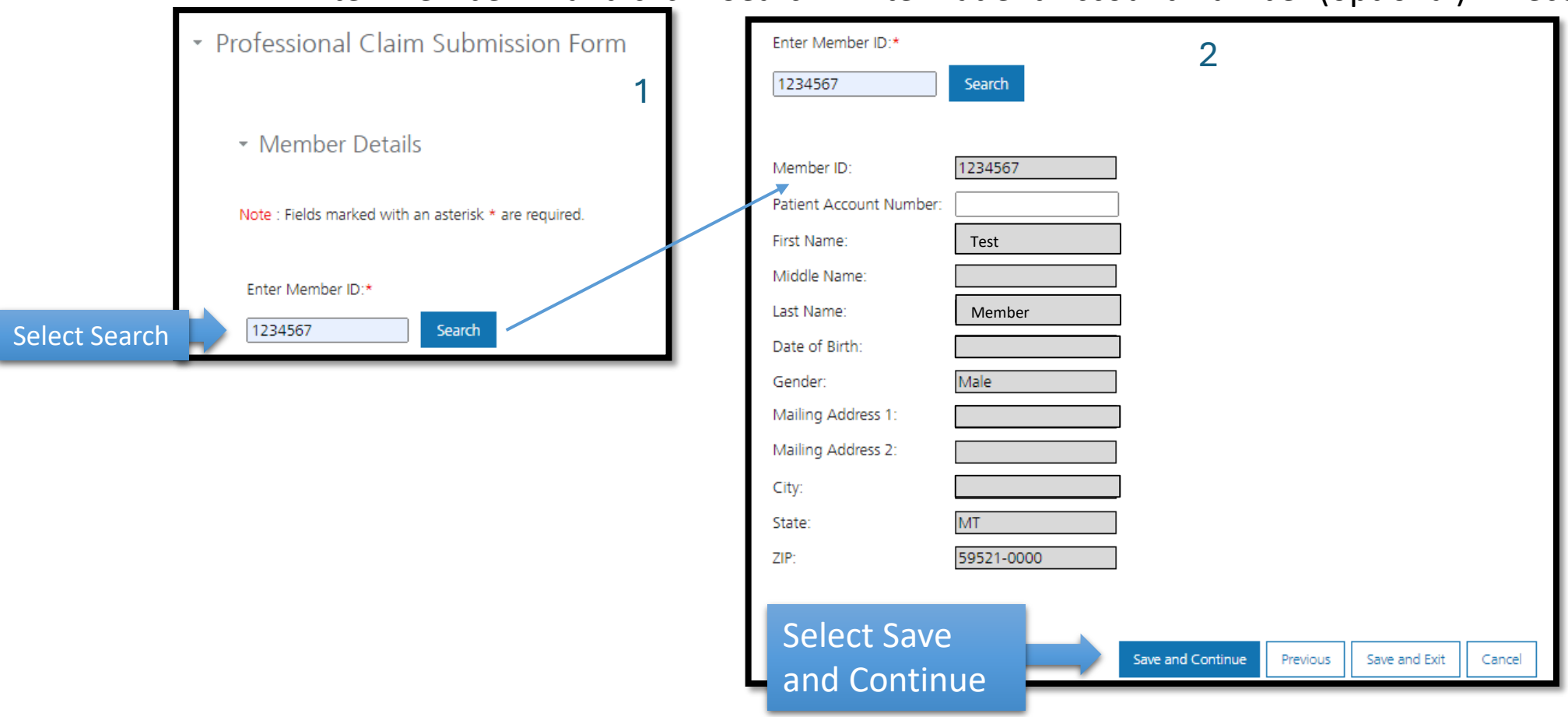
Enter other optional provider data as needed.

Select Save and Continue



MPATH Provider Services Portal
(Service specific) Facility Claim Template

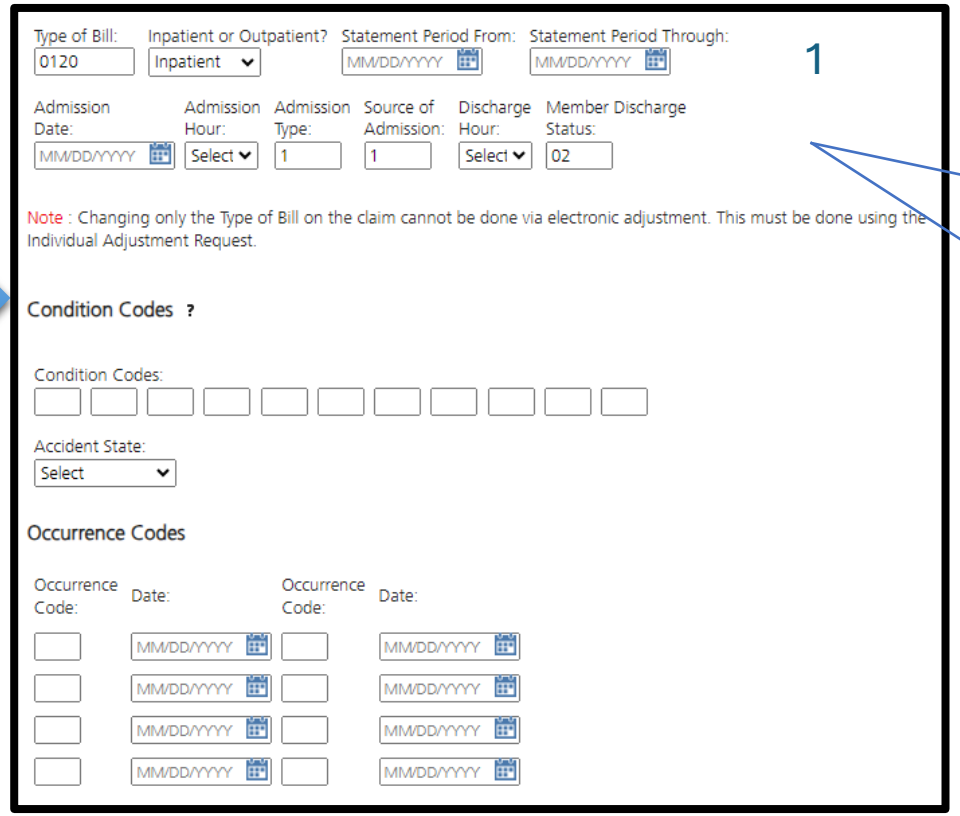
Enter Member ID and click “Search” Enter Patient Account Number (optional) if necessary.

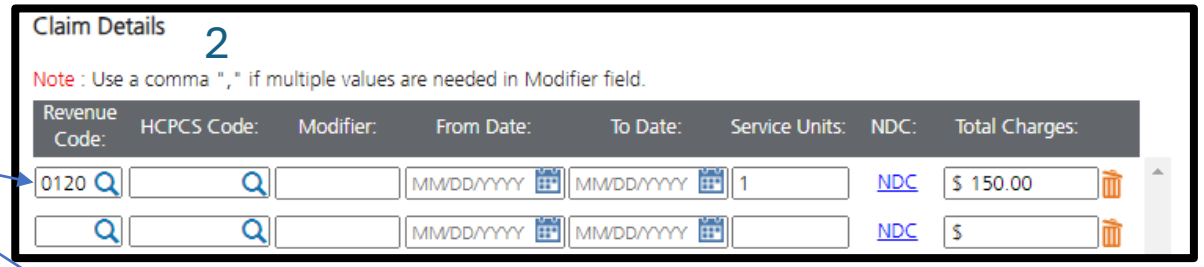


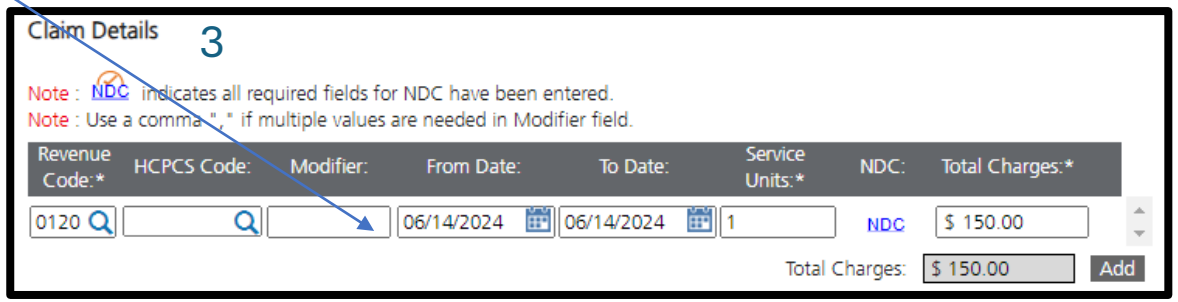
MPATH Provider Services Portal
(Service specific) Facility Claim Template

Template retains the static data entered allowing for dynamic data entry.

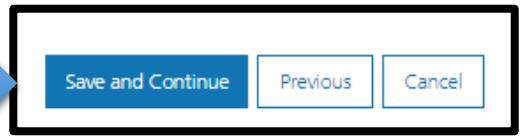
Hover over any "?" to see a quick list of common values



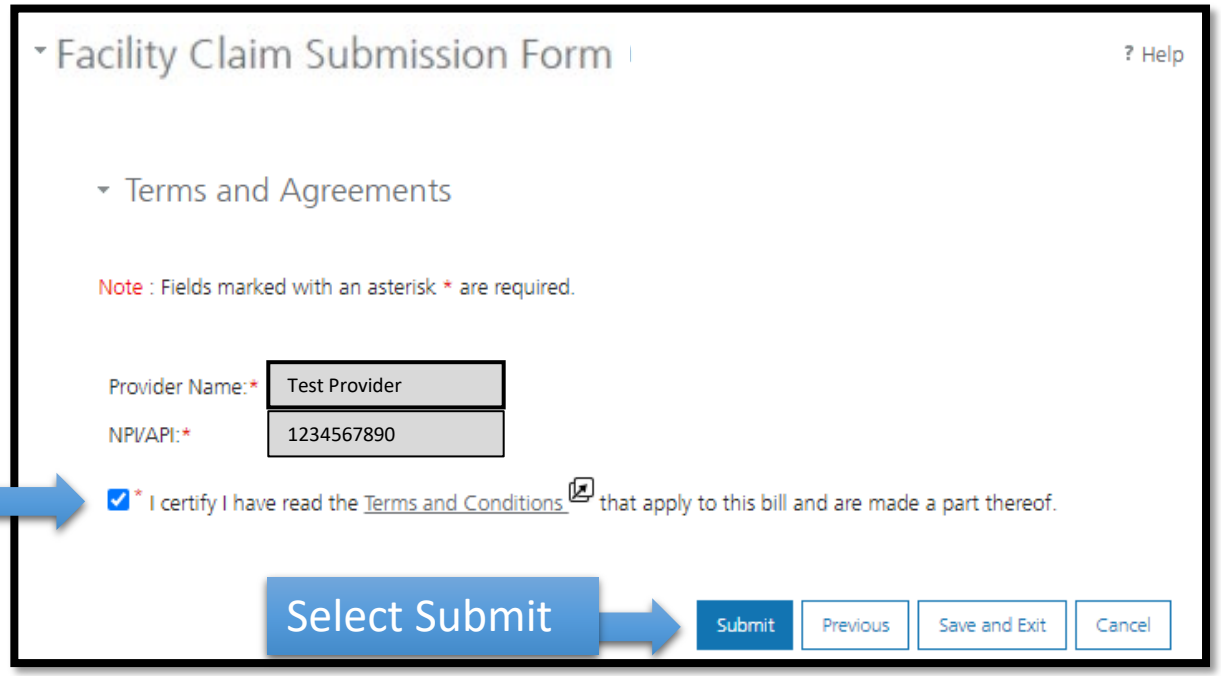




Select Save and Continue



MPATH Provider Services Portal
(Service specific) Facility Claim Template

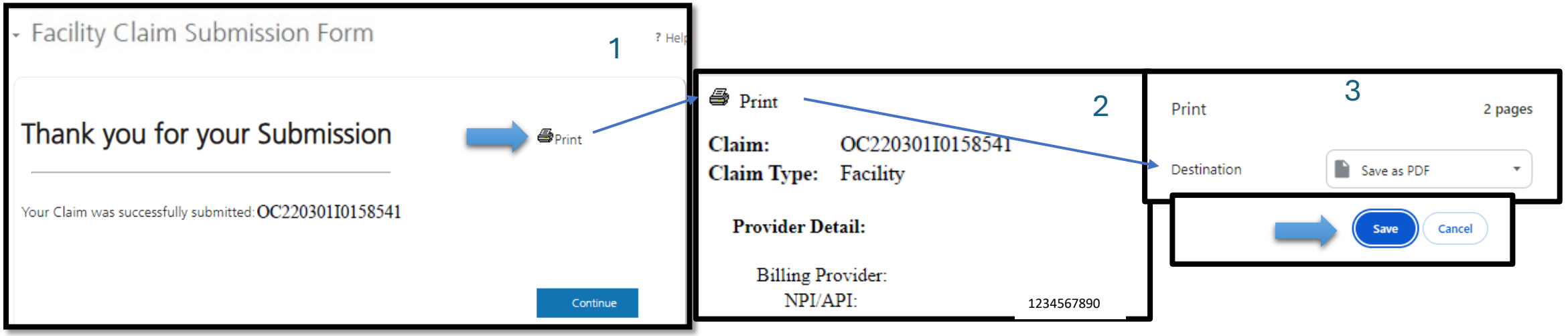


Agree to Terms and Conditions

Select Submit

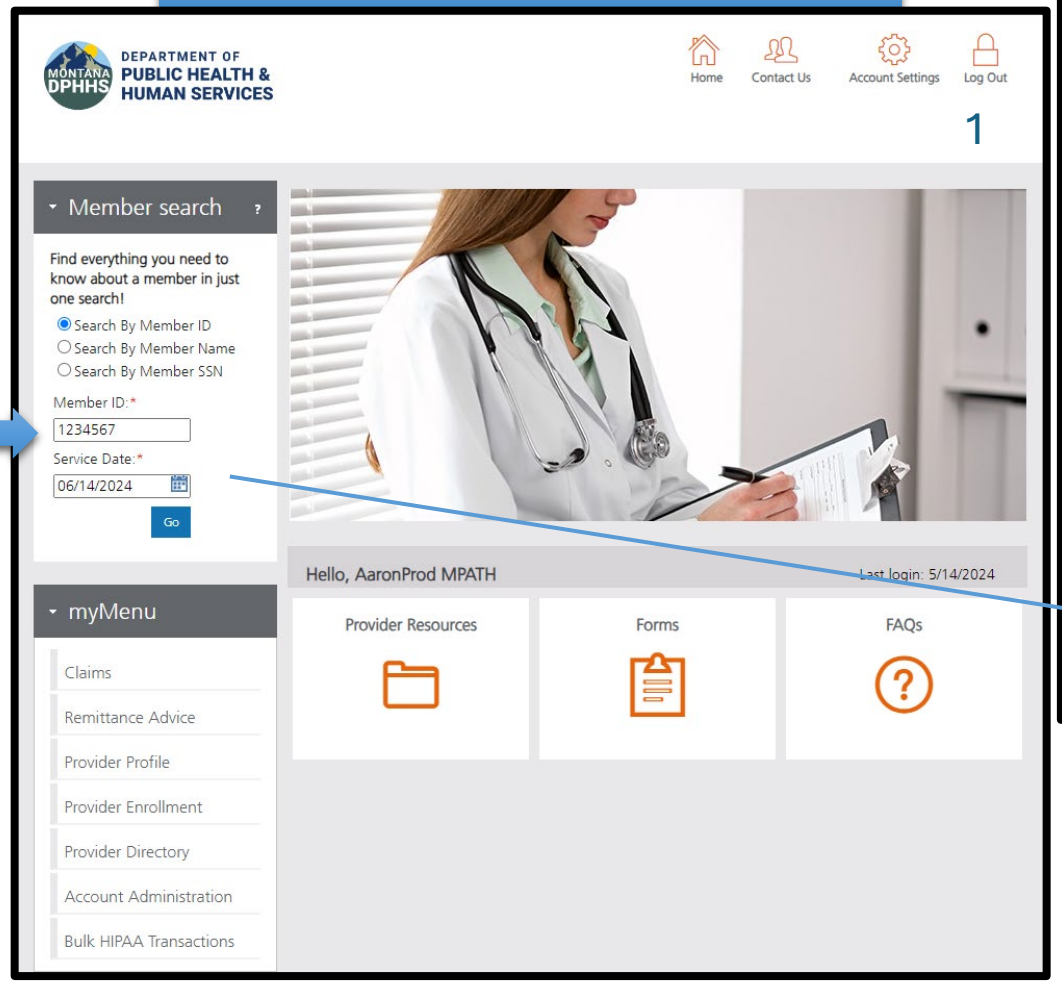
MPATH Provider Services Portal
(Service specific) Facility Claim Template

Print/Save PDF of claim submission (optional).

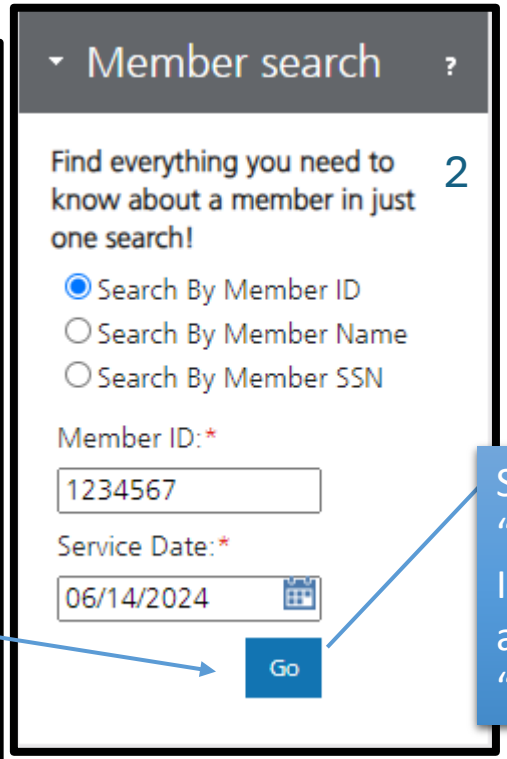


MPATH Provider Services Portal
Claim status

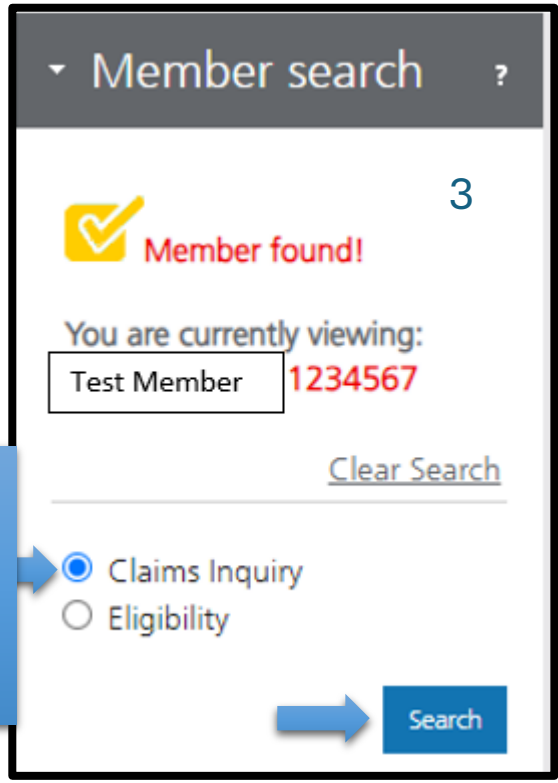
Provider Services Portal Home Page



Enter Member ID (Card#/SSN) and click "Go"

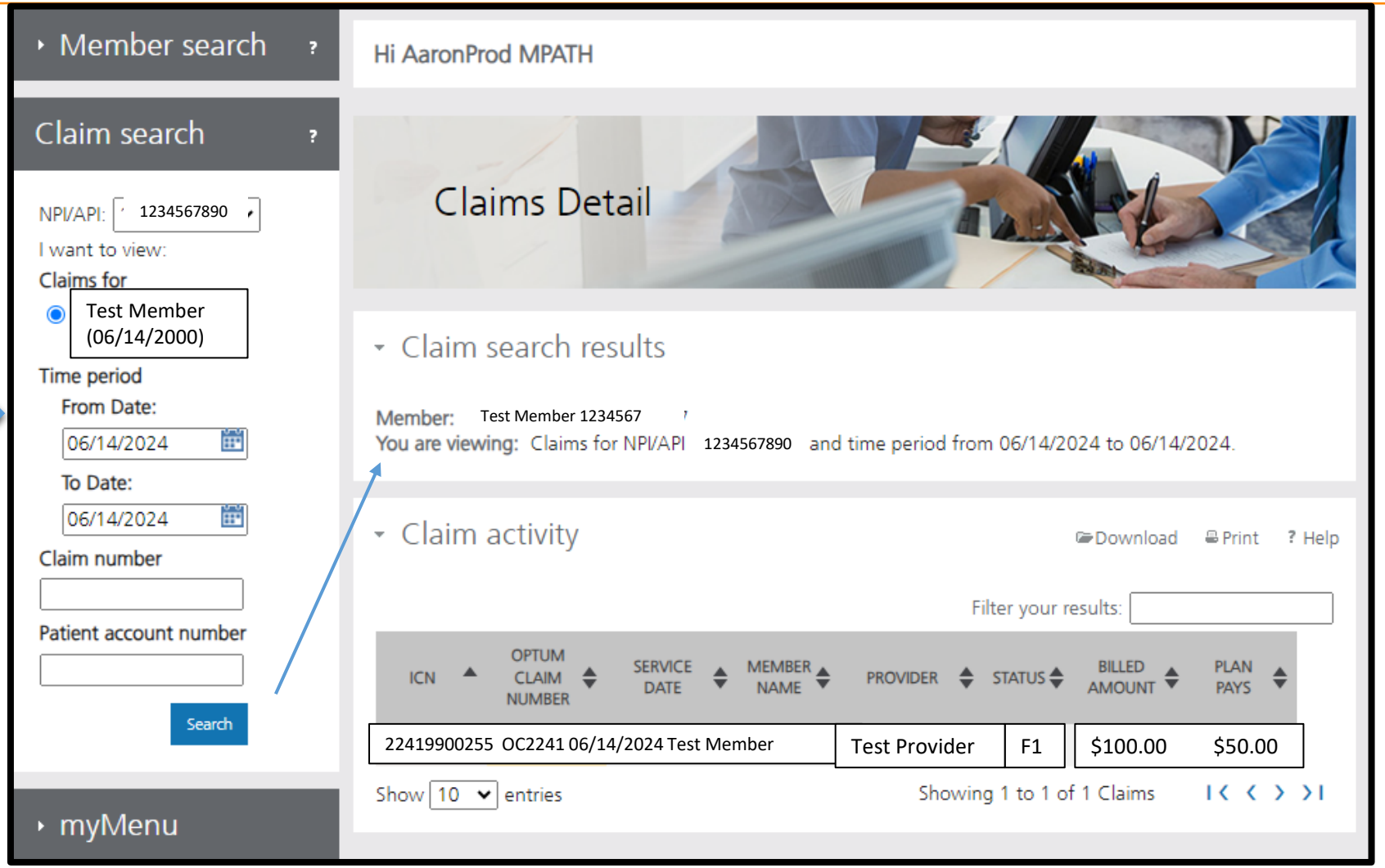


Select "Claims Inquiry" and click "Search"



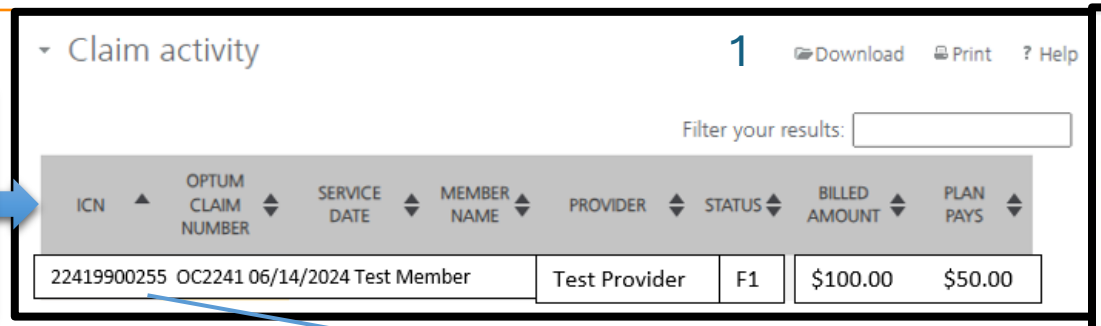
MPATH Provider Services Portal
Claim status

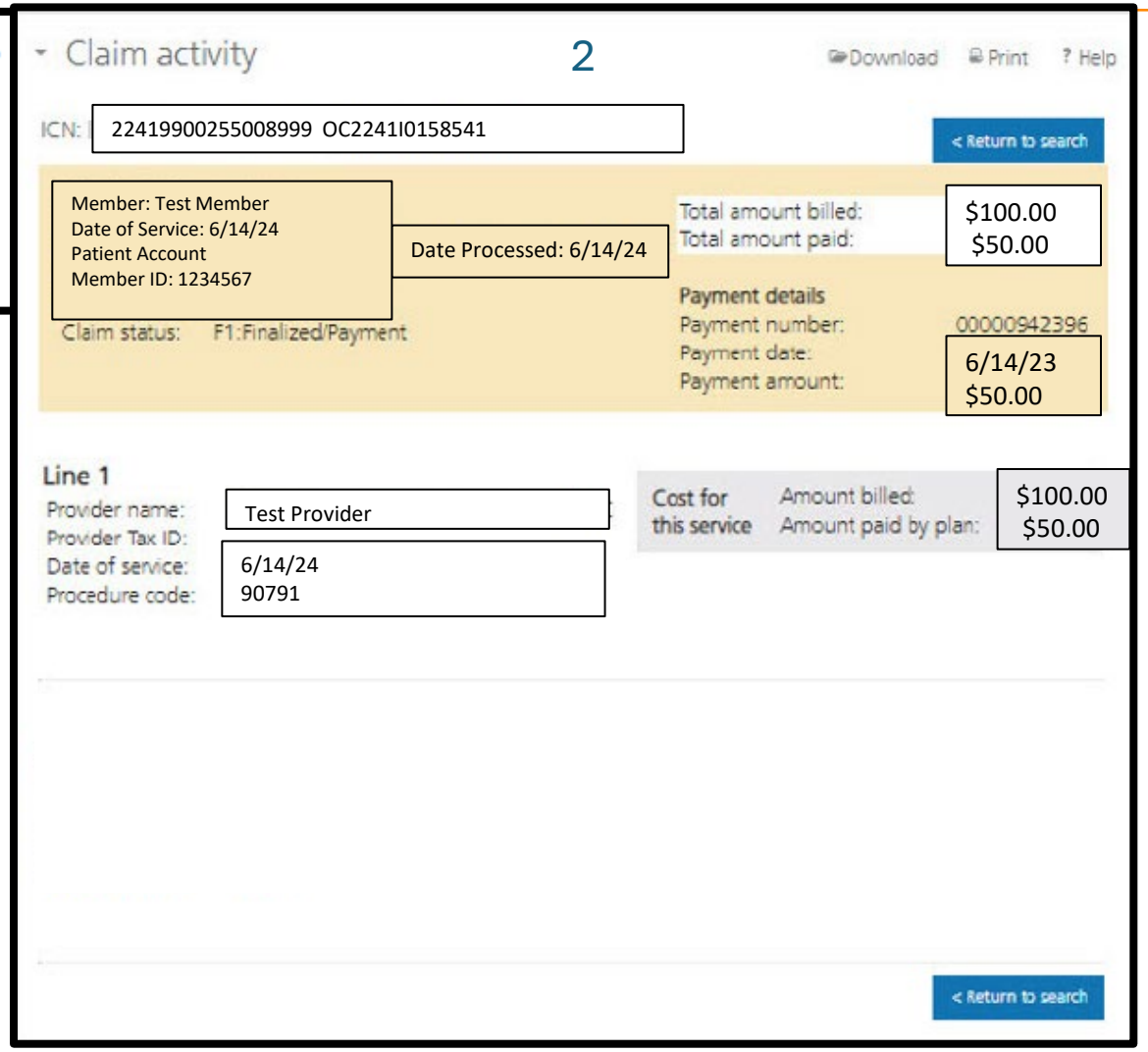
Select/Enter Search criteria as necessary



MPATH Provider Services Portal
Claim status

Select ICN to view detail

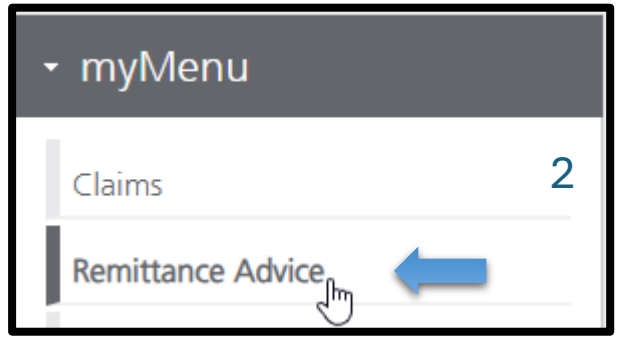




MPATH Provider Services Portal Remittance Advice

Provider Services Portal Home Page

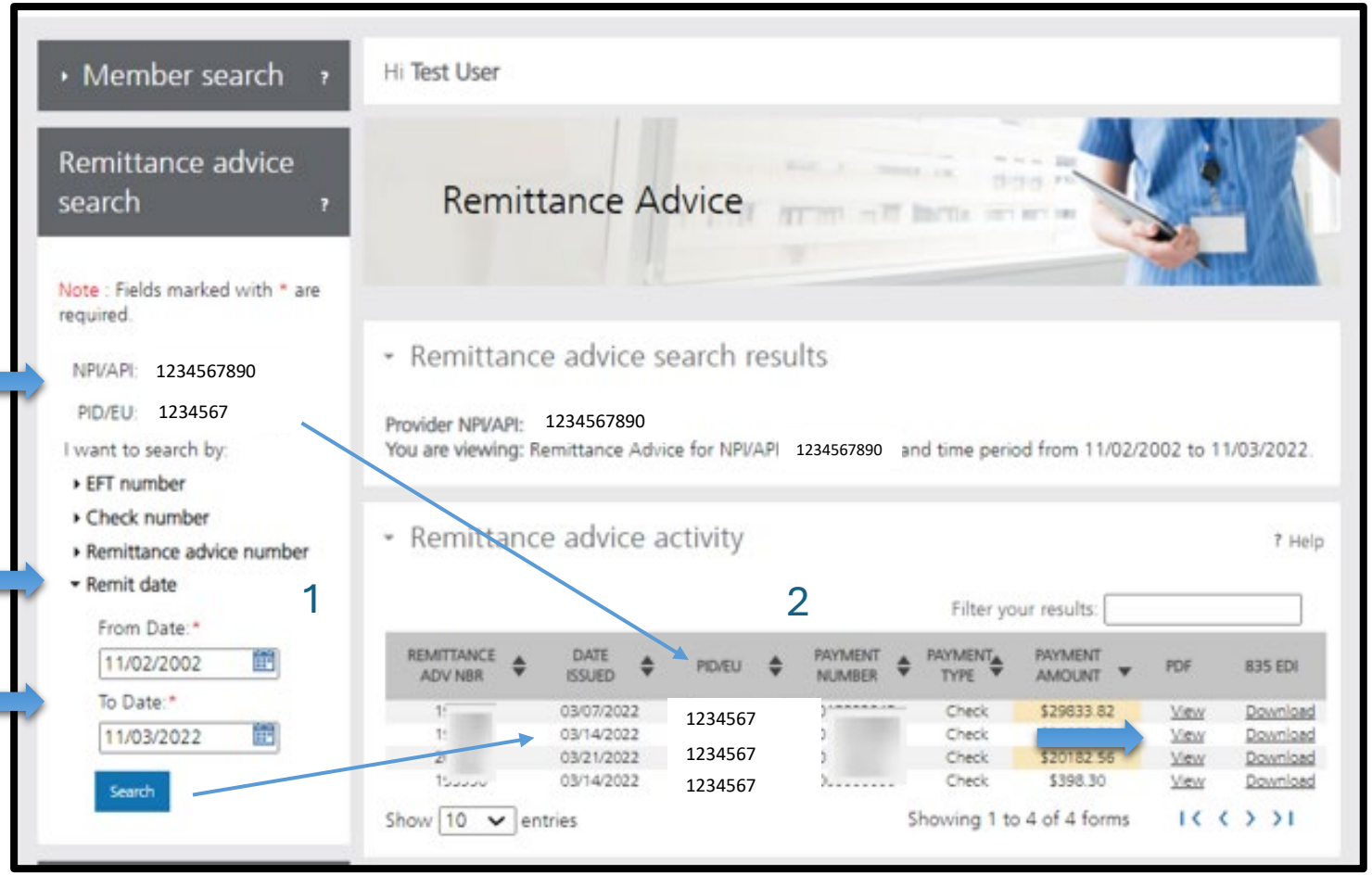
Select “Remittance Advice” in the myMenu section on the left navigation.



MPATH Provider Services Portal
Remittance Advice Retrieval

Select NPI and PID/EU (if necessary). Select Remit Date and select from/to date. Click Search.

Click “View” under the PDF header.



MPATH Provider Services Portal
Electronic Adjustment (void/replace)

Electronic Adjustment (void or void/replace) either voids a claim entirely or reverses and replaces a PAID claim.

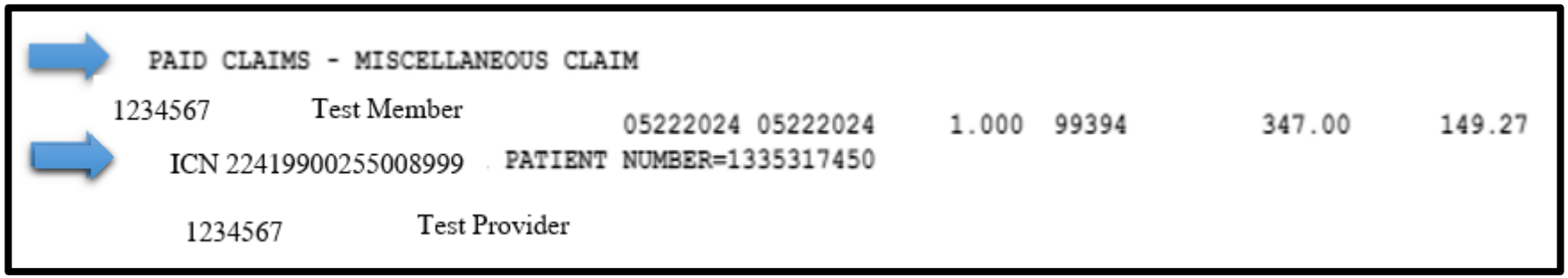
The Adjustment is “as the claim should be” not only what is changed. What is sent is the entire new claim. Always include previous required information (Prior Authorization number, Paperwork Attachments, COB) to avoid denial.

The following claims cannot be adjusted electronically:

- Claims over 12 months from paid date (use paper form)
- Claims that have already been adjusted (use the ICN of the adjusted claim instead)
- Claims that are over lines (Split or Overflow claims)
- Financial adjustments (aka gross adjustment)
- Denied or in-process (suspended) claims

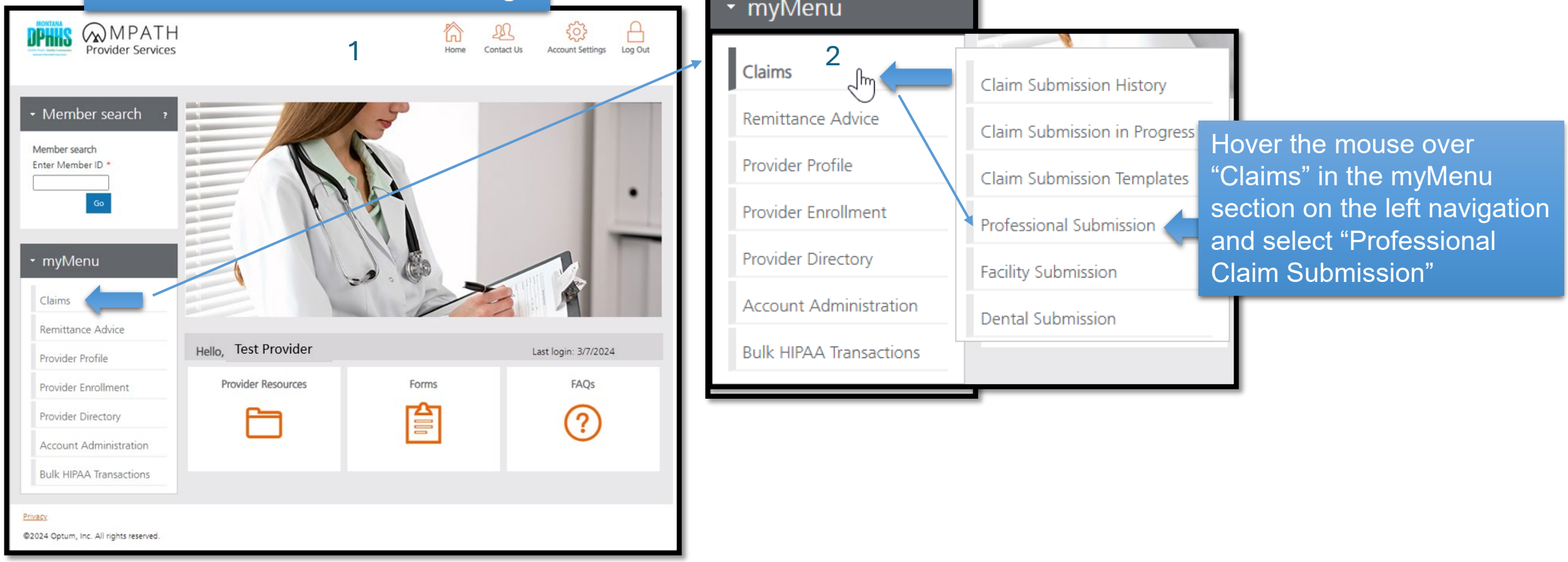
MPATH Provider Services Portal Electronic Adjustment (void/replace)

Only PAID (even paid at $0) can be adjusted. Only the 17-digit MMIS ICN from the remittance advice is valid for Adjustments – any other value (Optum claim#, Member ID, Account Number) will electronically reject as “not found.”



MPATH Provider Services Portal Professional Claim Electronic Adjustment (void/replace)

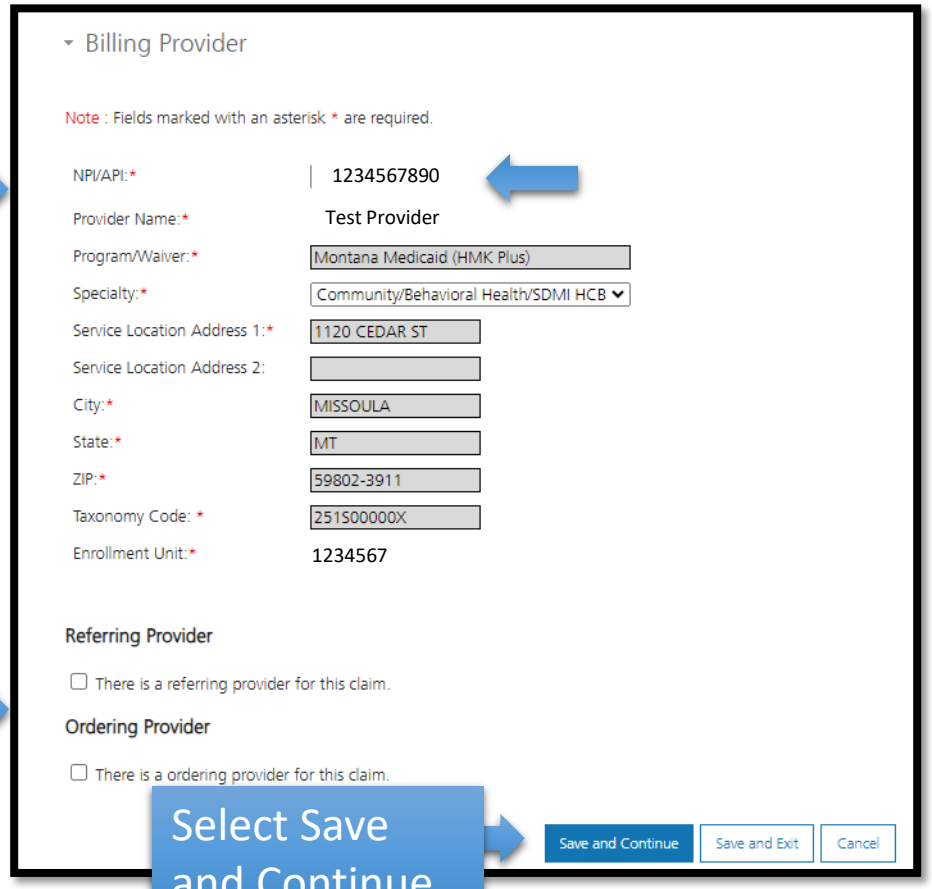
Provider Services Portal Home Page



MPATH Provider Services Portal Professional Claim Electronic Adjustment (void/replace)

Select your provider NPI, all other associated demographics will be automatically populated.

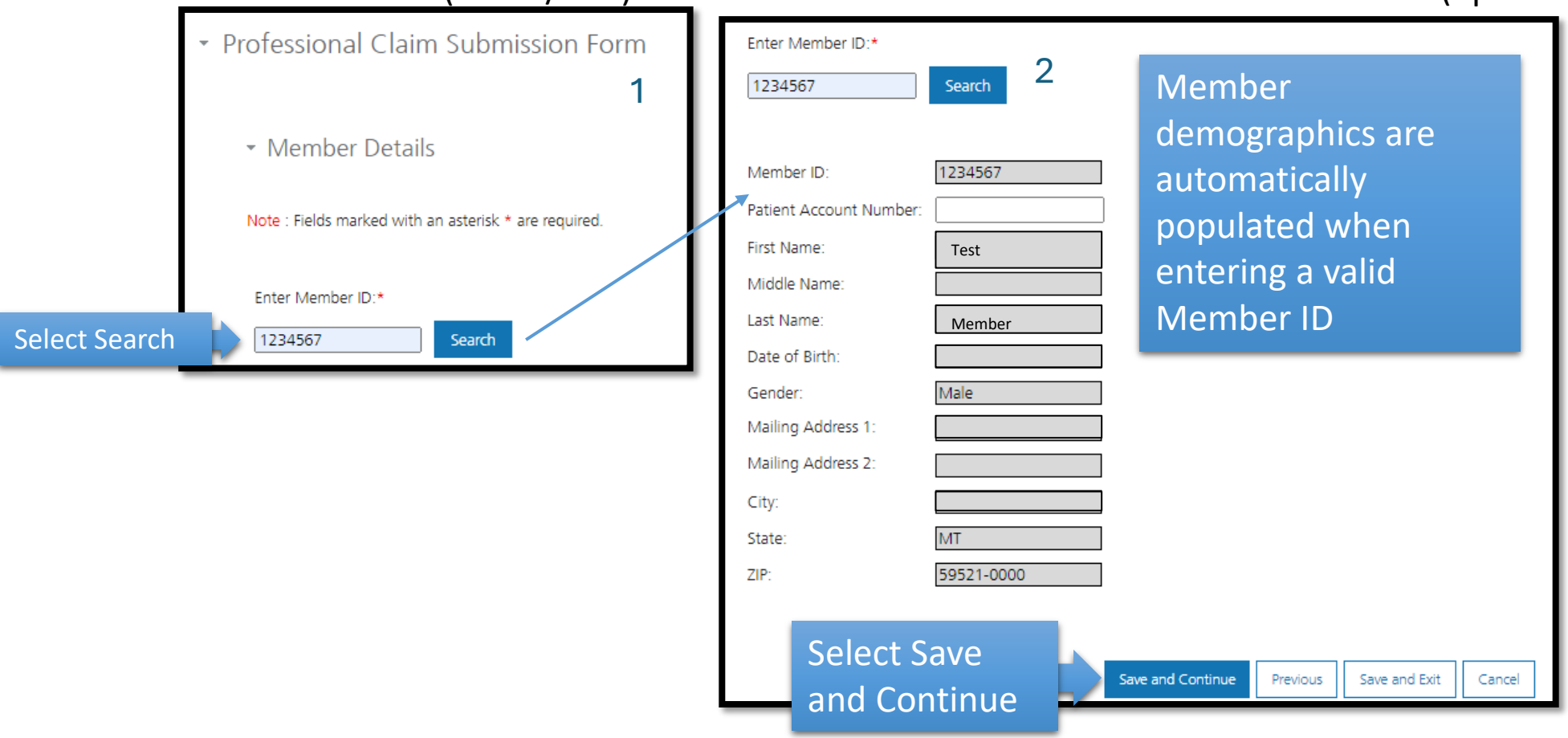
Enter other optional provider data as needed.



Select Save and Continue

MPATH Provider Services Portal Professional Claim Electronic Adjustment (void/replace)

Enter Member ID (Card#/SSN) and click “Search” - Enter Patient Account Number (optional) as desired.



MPATH Provider Services Portal Professional Claim Electronic Adjustment (void/replace)

Click the "?Help" link on any page for more information

Enter at least one Diagnosis Code

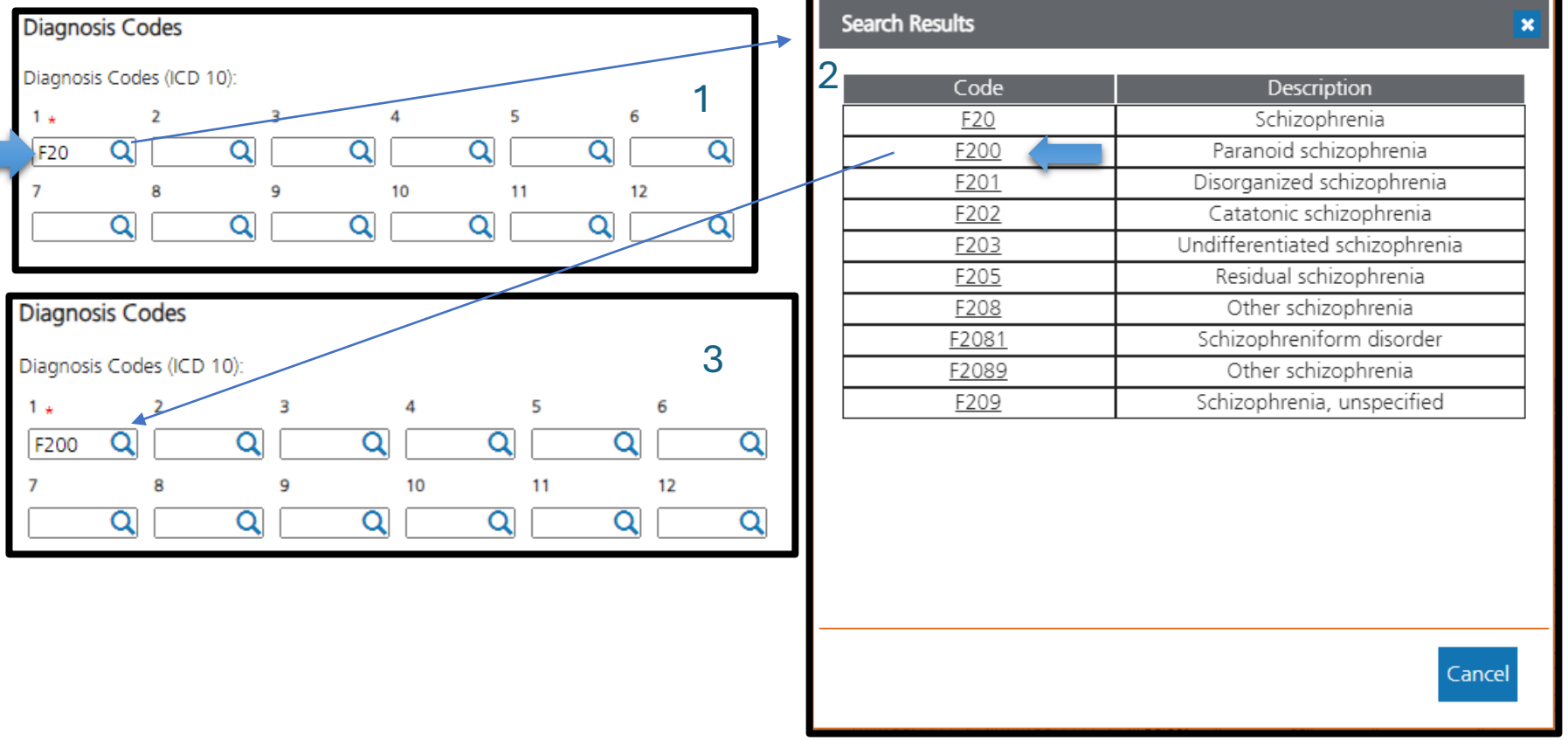
Enter required fields: Service Date(s), Place of Service Code, Diagnosis Pointer(s), Charges, and Units .

MPATH Provider Services Portal Professional Claim

Electronic Adjustment (void/replace)

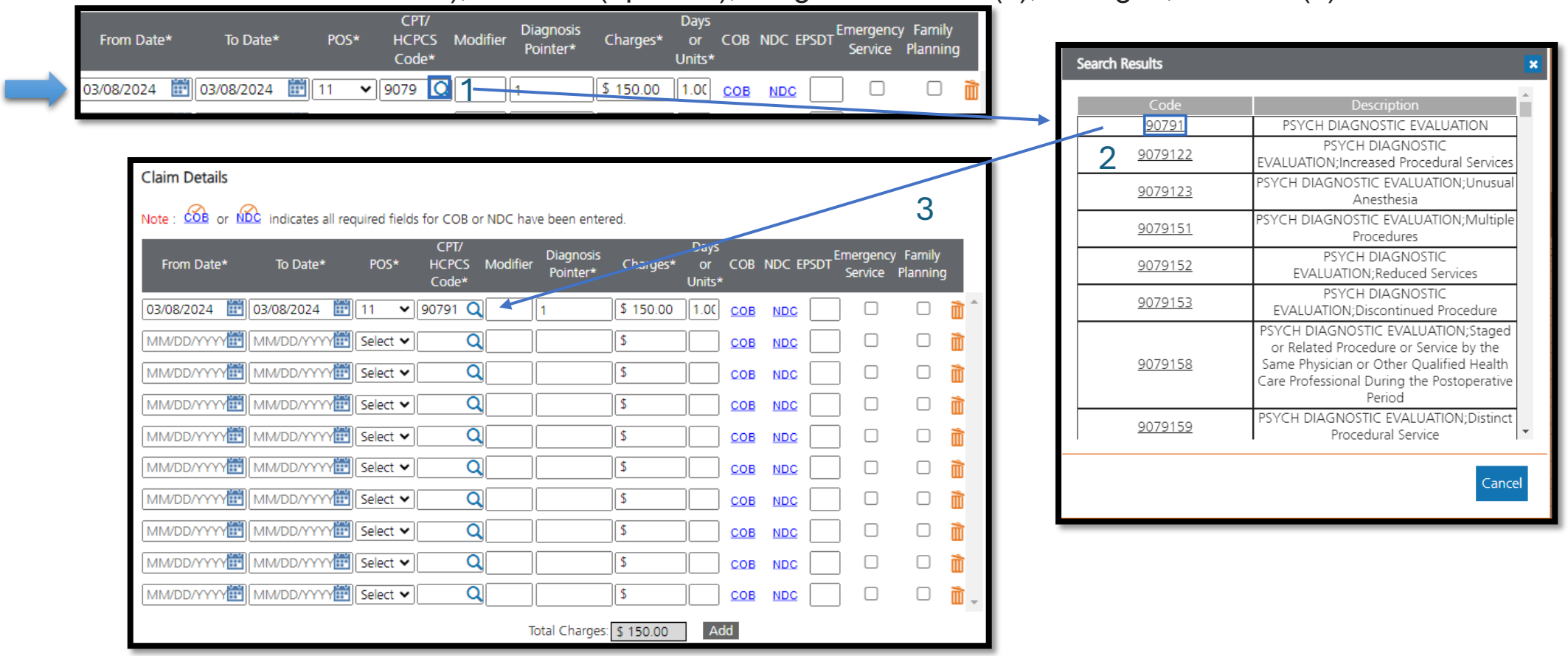
Enter the Diagnosis Code. The magnifying glass will allow users to search for the specific Diagnosis Code if unknown.

Enter at least first three (3) characters of a Diagnosis to search code list.



MPATH Provider Services Portal Professional Claim Electronic Adjustment (void/replace)

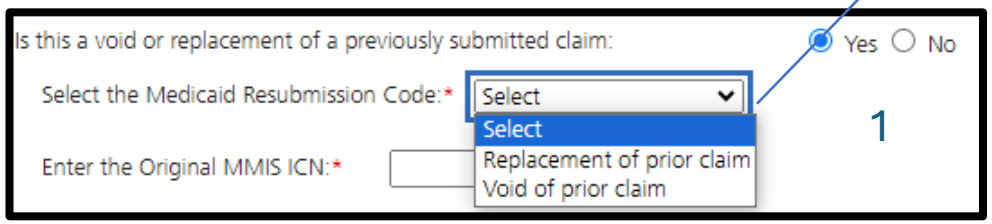
Enter Date of Service, select Place of Service, CPT/HCPCS (Enter at least first three (3) characters of a CPT/HCPCS to search code list), Modifier (optional), Diagnosis Pointer(s), Charges, and Unit(s).

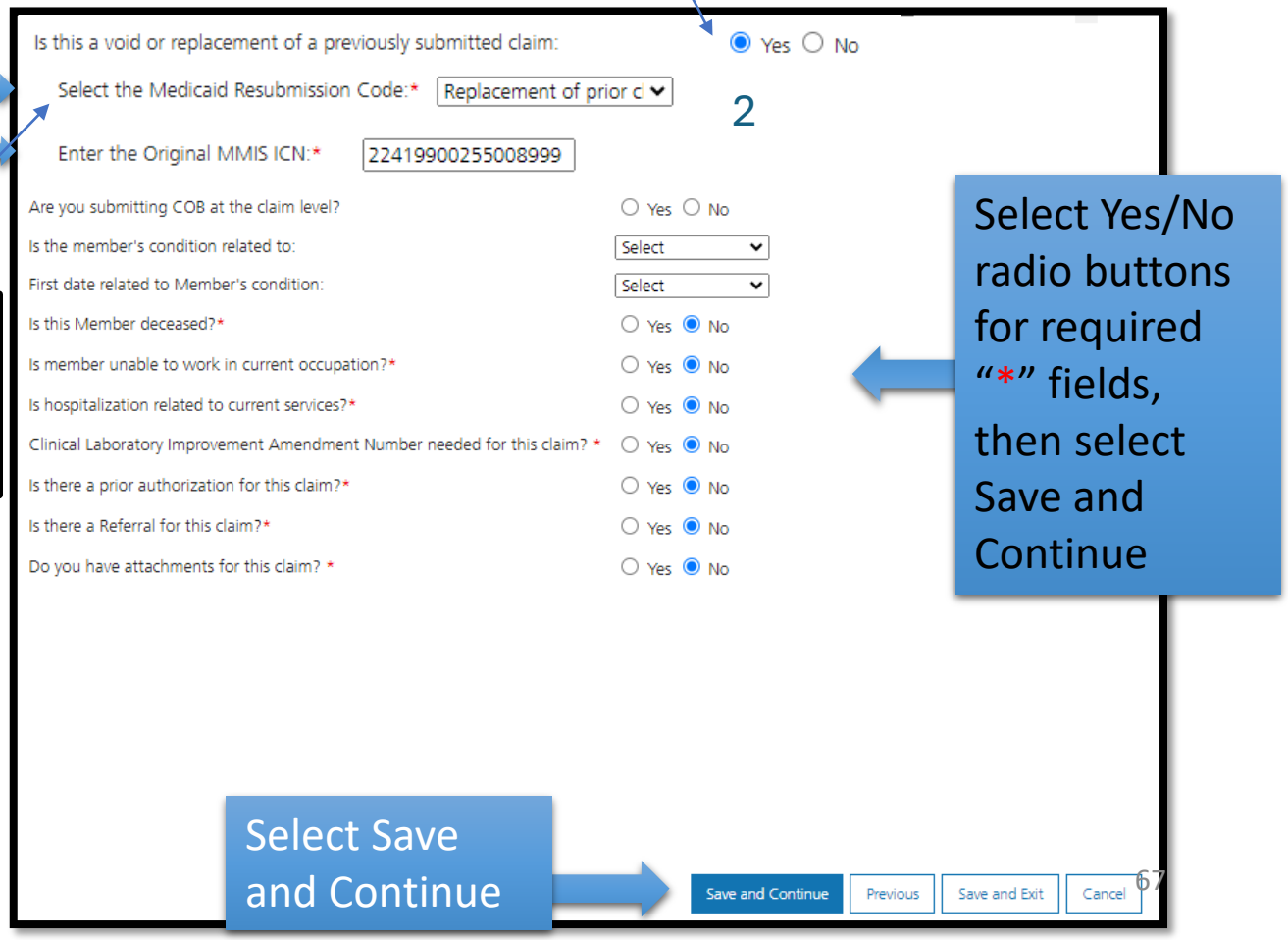


MPATH Provider Services Portal Professional Claim Electronic Adjustment (void/replace)

Click Yes on “Is this a void or replacement of a previously submitted claim?” radio button

Click Yes on “Is this a void or replacement of a previously submitted claim?” radio button. Select submission code . Enter the 17-digit MMIS ICN

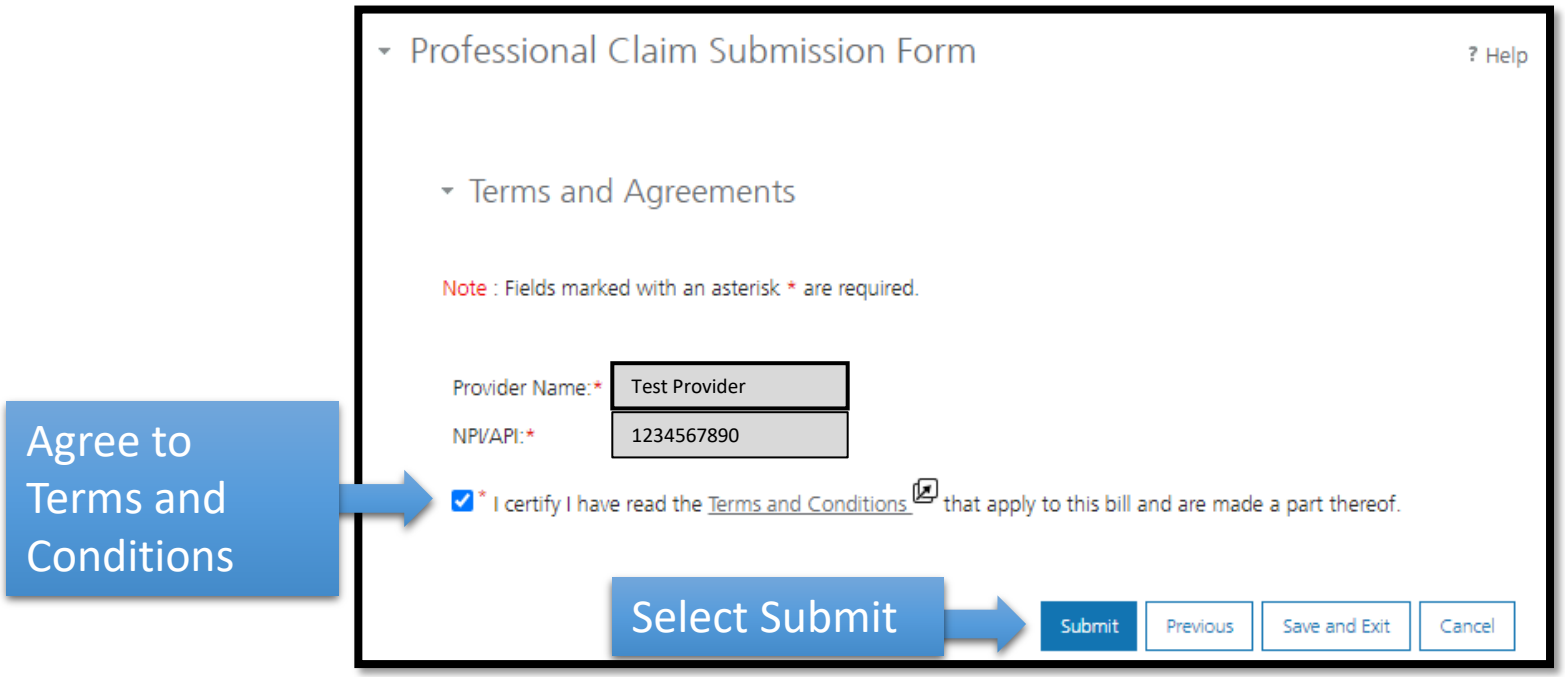




Select Yes/No radio buttons for required “*” fields, then select Save and Continue

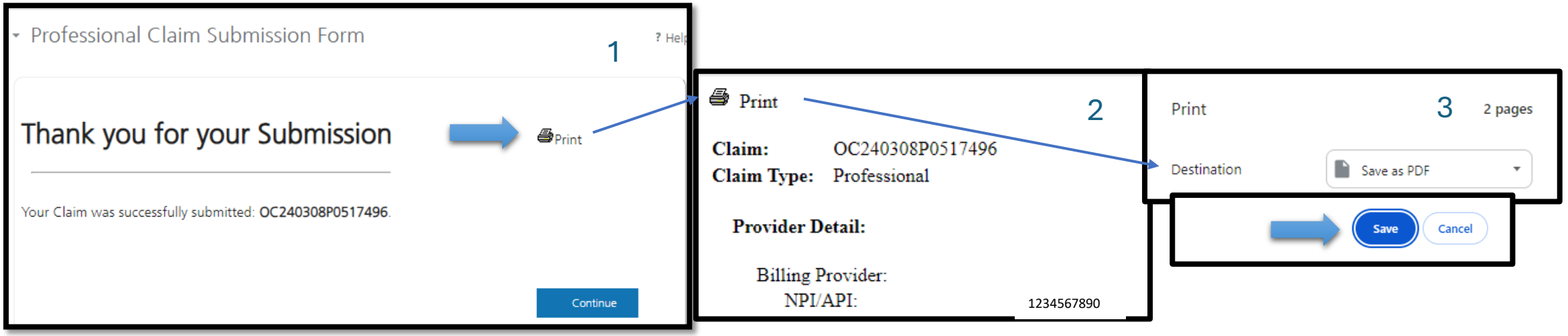
Select Save and Continue

MPATH Provider Services Portal Professional Claim Electronic Adjustment (void/replace)



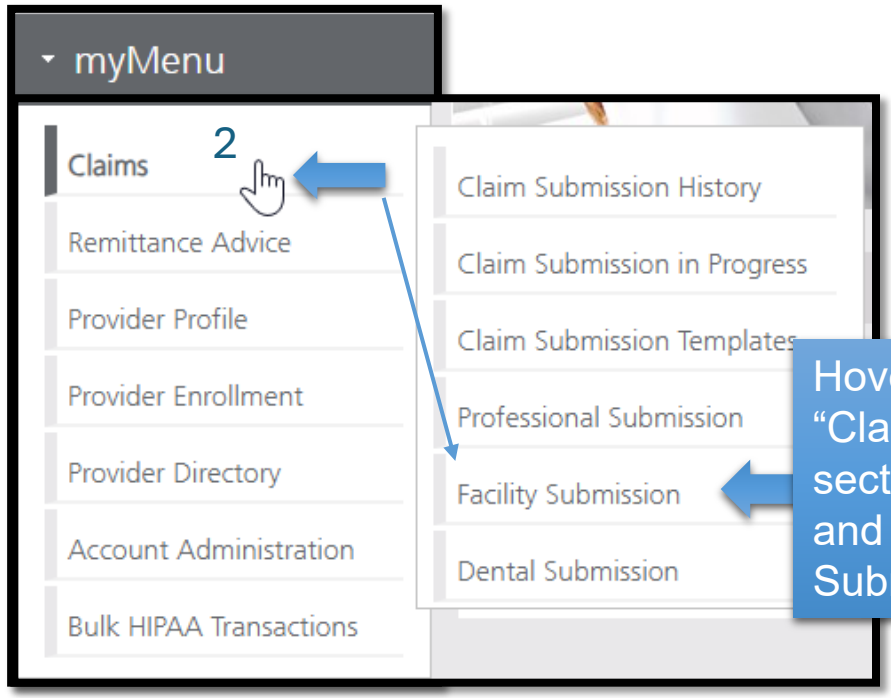
MPATH Provider Services Portal Professional Claim Electronic Adjustment (void/replace)

Print/Save PDF of claim submission (optional).



MPATH Provider Services Portal Facility Claim Electronic Adjustment (void/replace)

Provider Services Portal Home Page



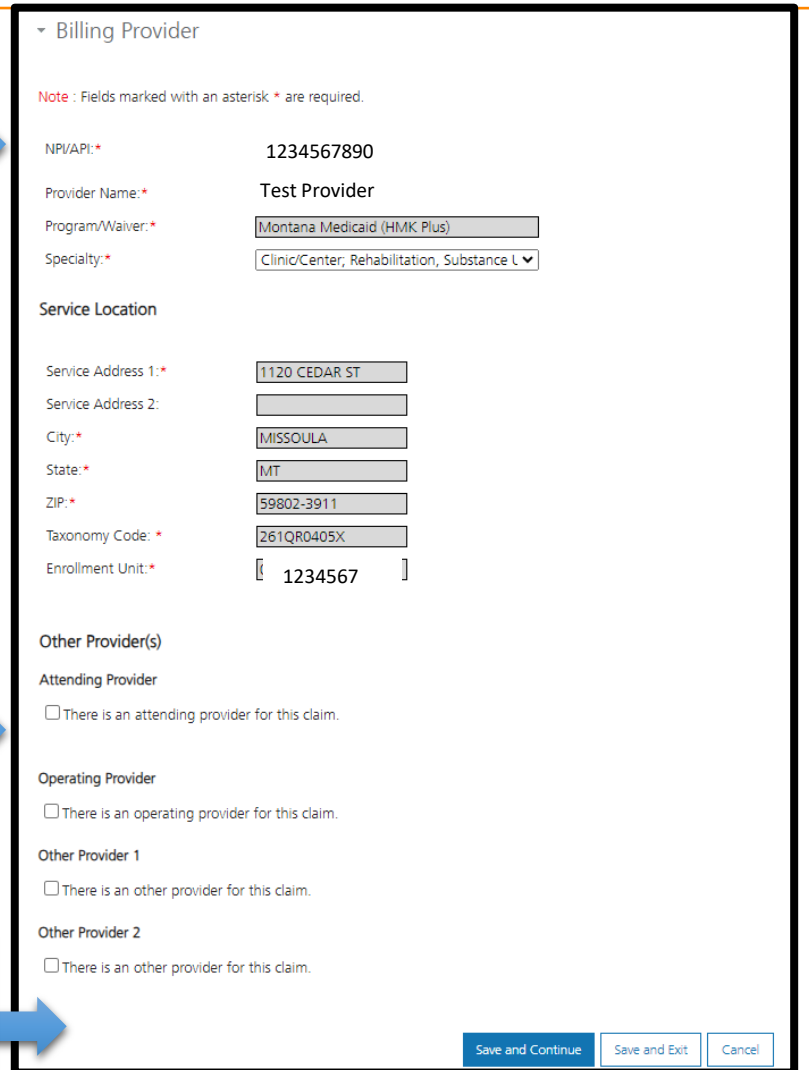
Hover the mouse over "Claims" in the myMenu section on the left navigation and select "Facility Claim Submission"

MPATH Provider Services Portal Facility Claim Electronic Adjustment (void/replace)

Select your provider NPI, all other associated demographics will be automatically populated.

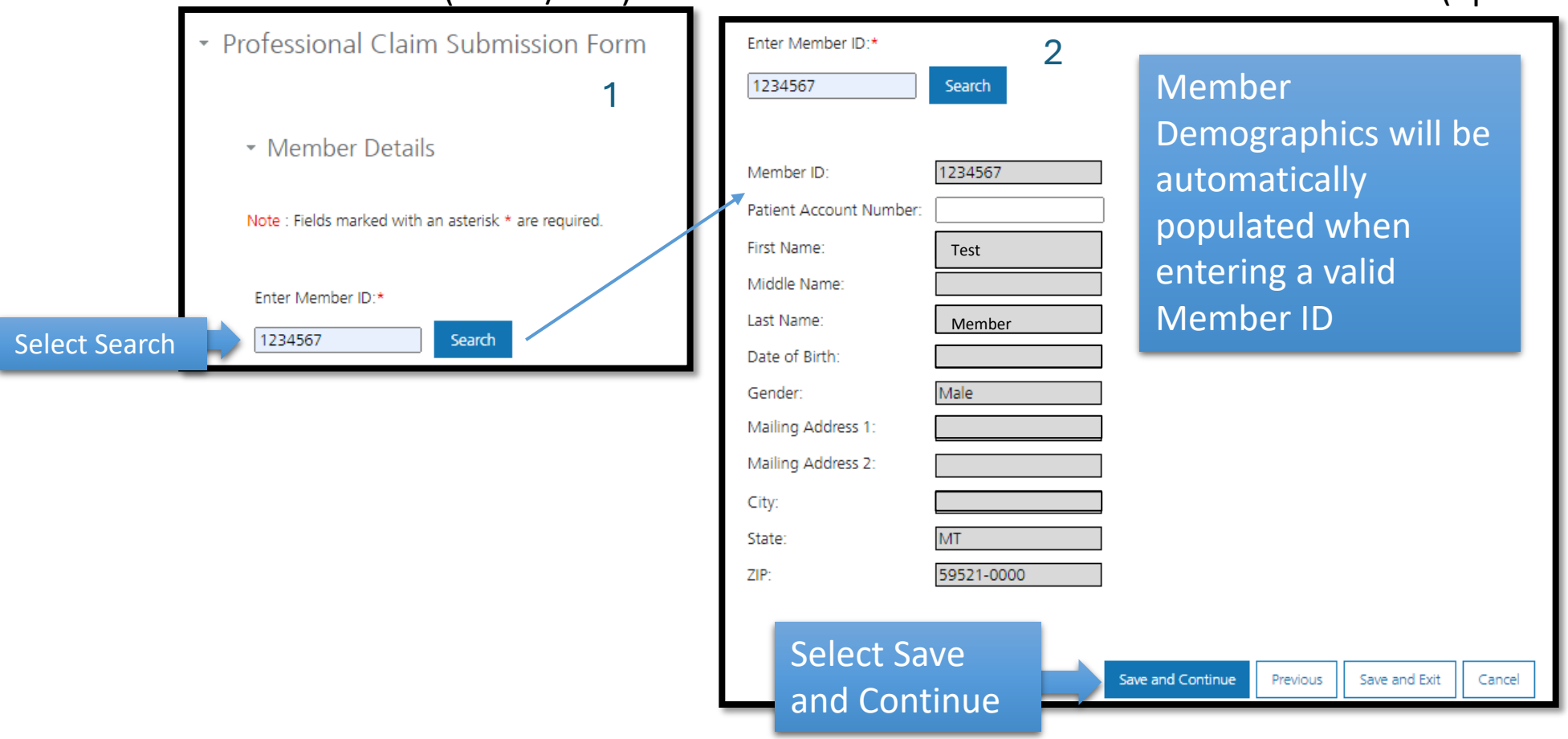
Enter other optional provider data as needed.

Select Save and Continue



MPATH Provider Services Portal Facility Claim Electronic Adjustment (void/replace)

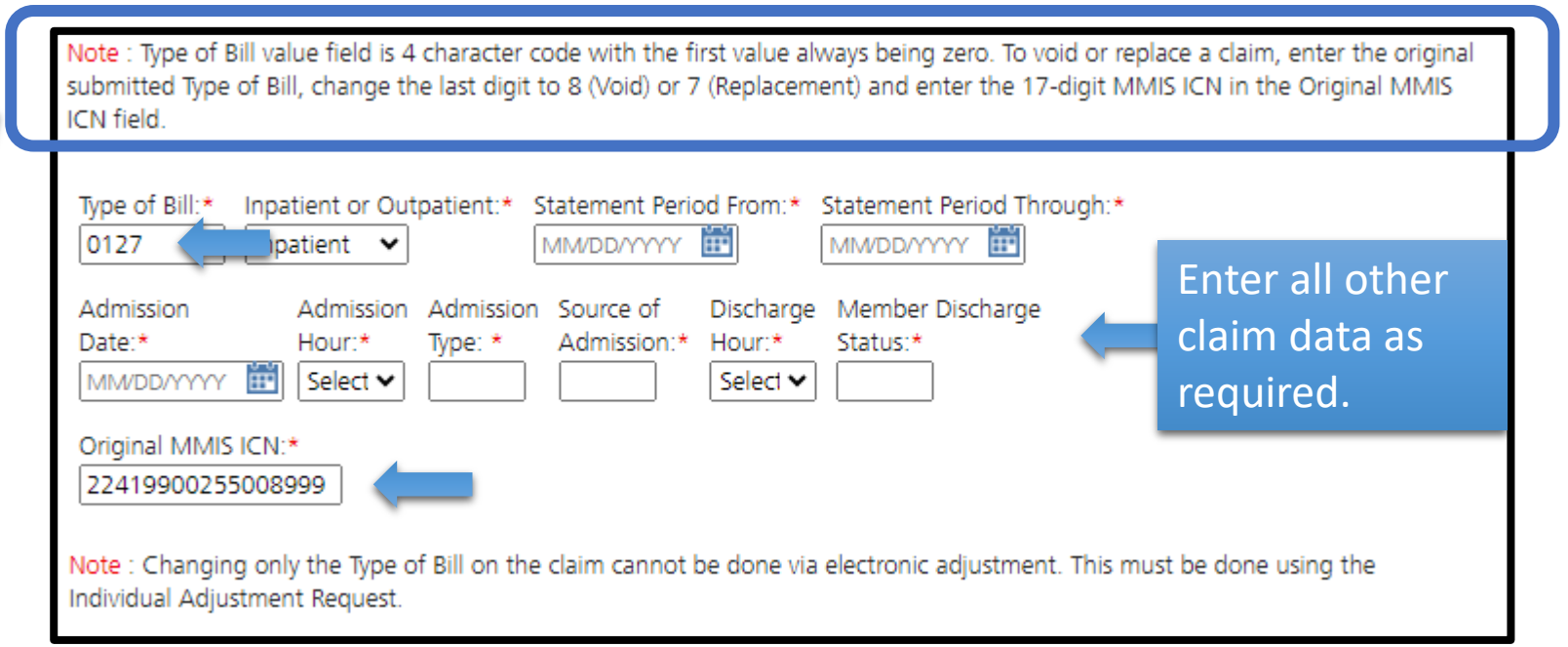
Enter Member ID (Card#/SSN) and click “Search” - Enter Patient Account Number (optional) as desired.



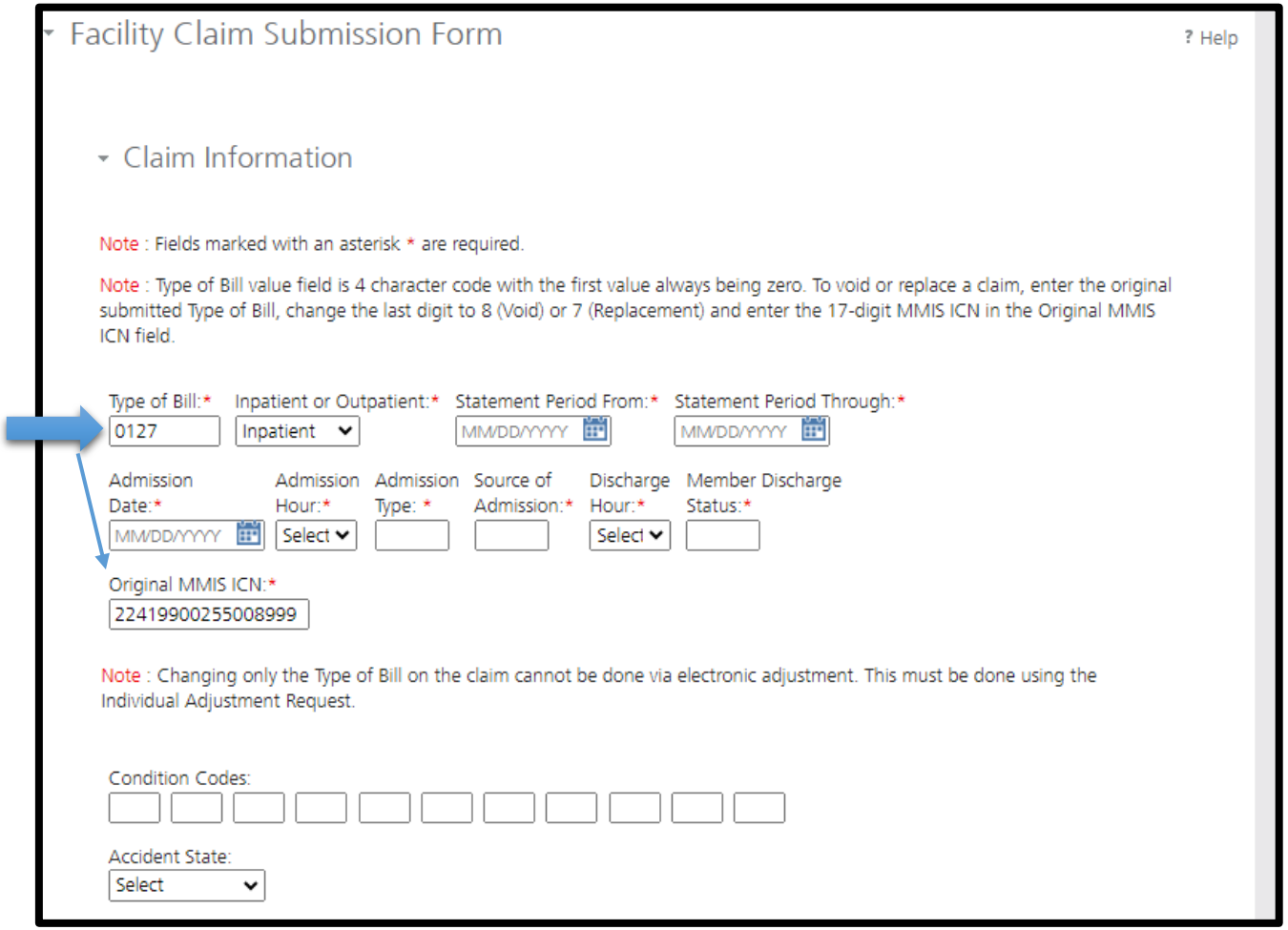
MPATH Provider Services Portal Facility Claim Electronic Adjustment (void/replace)

Change the last digit of the originally submitted Type of Bill to 8 for Void and enter the 17-digit MMIS ICN.

Change the last digit of the originally submitted Type of Bill to 7 for Void /Replace and enter the 17-digit MMIS ICN.



MPATH Provider Services Portal Facility Claim Electronic Adjustment (void/replace)



Click the ?Help link on any page for more information

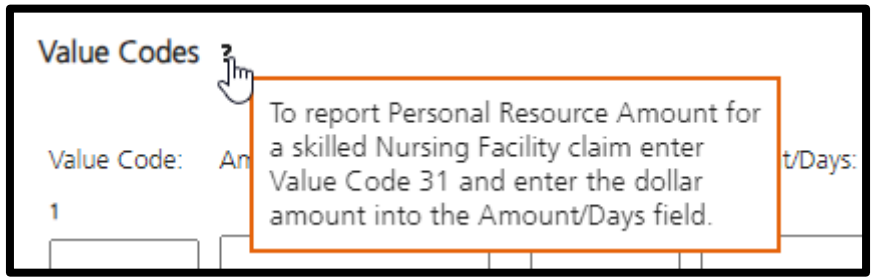
Enter required fields: Type of Bill, Inpatient/Outpatient, From/Through Date(s), Admit Type/Source/Status

Other fields may be required based on selections

MPATH Provider Services Portal Facility Claim Electronic Adjustment (void/replace)

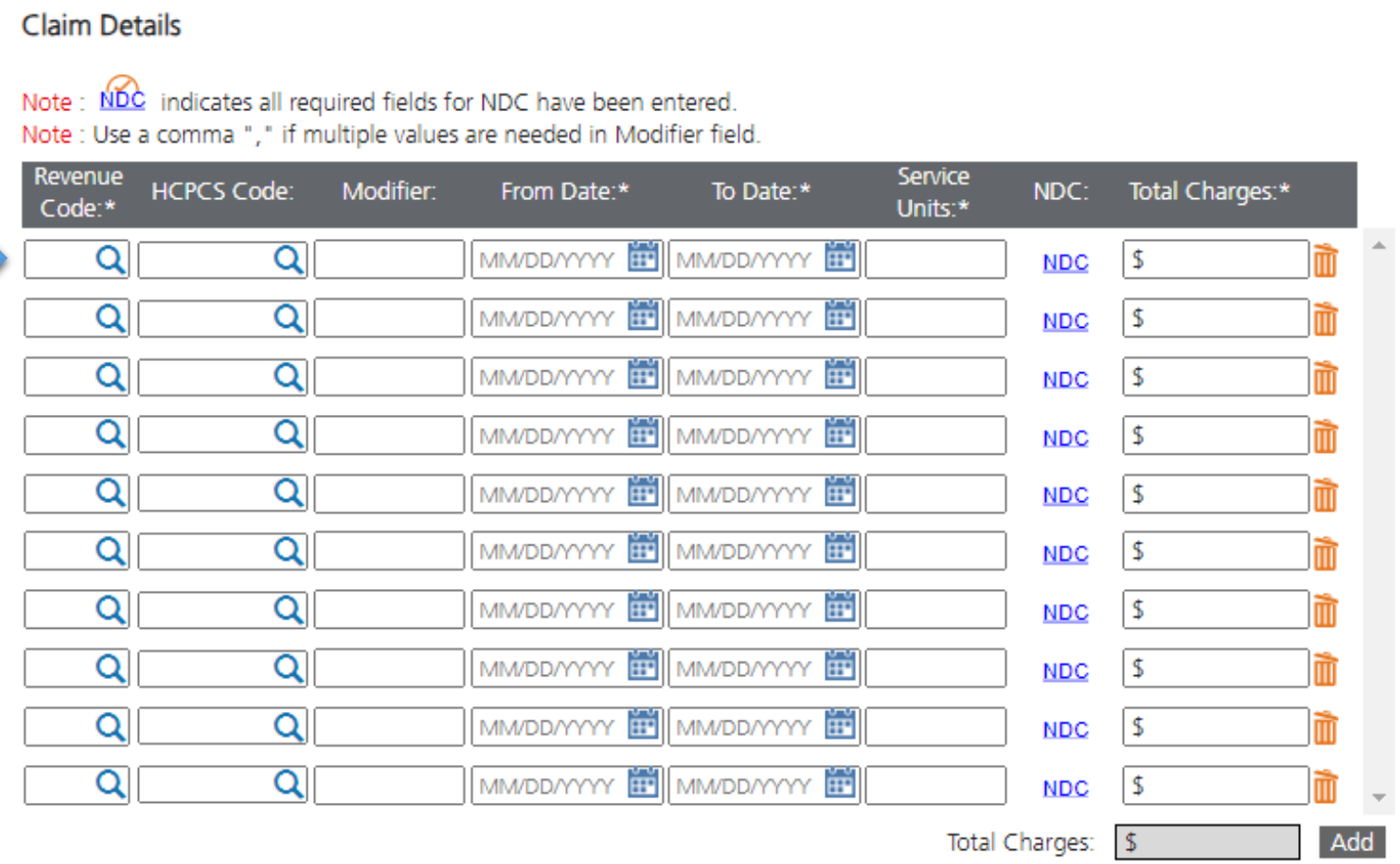
Hover over any "?" to see a quick list of common values

Enter optional fields as necessary: Occurrence Codes, Occurrence Span codes, Value Codes.



MPATH Provider Services Portal Facility Claim Electronic Adjustment (void/replace)

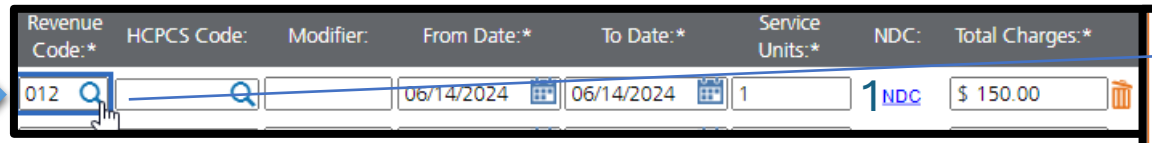
Enter Revenue Code, Optional HCPCS Code, Optional Modifier, Date(s) of Service, Units, and Charges

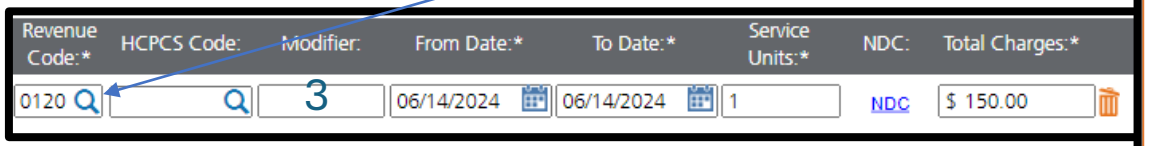


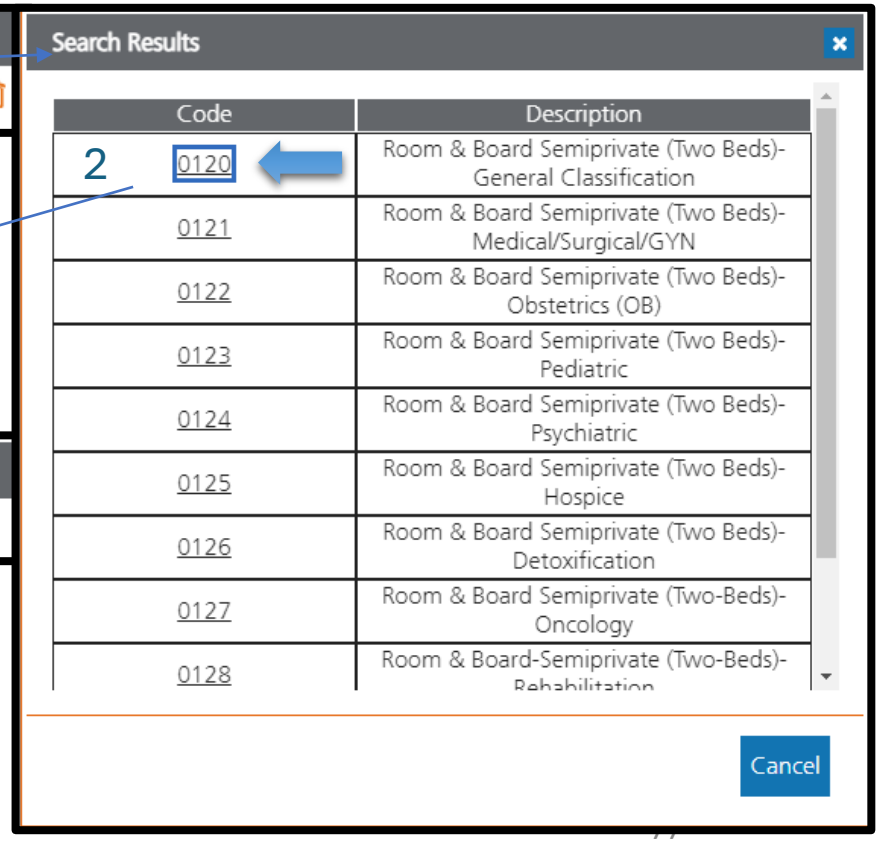
MPATH Provider Services Portal Facility Claim Electronic Adjustment (void/replace)

Enter the Revenue Code. The magnifying glass will allow users to search for the specific Revenue Code if unknown.

Enter at least first three (3) characters of a Revenue Code to search code list.



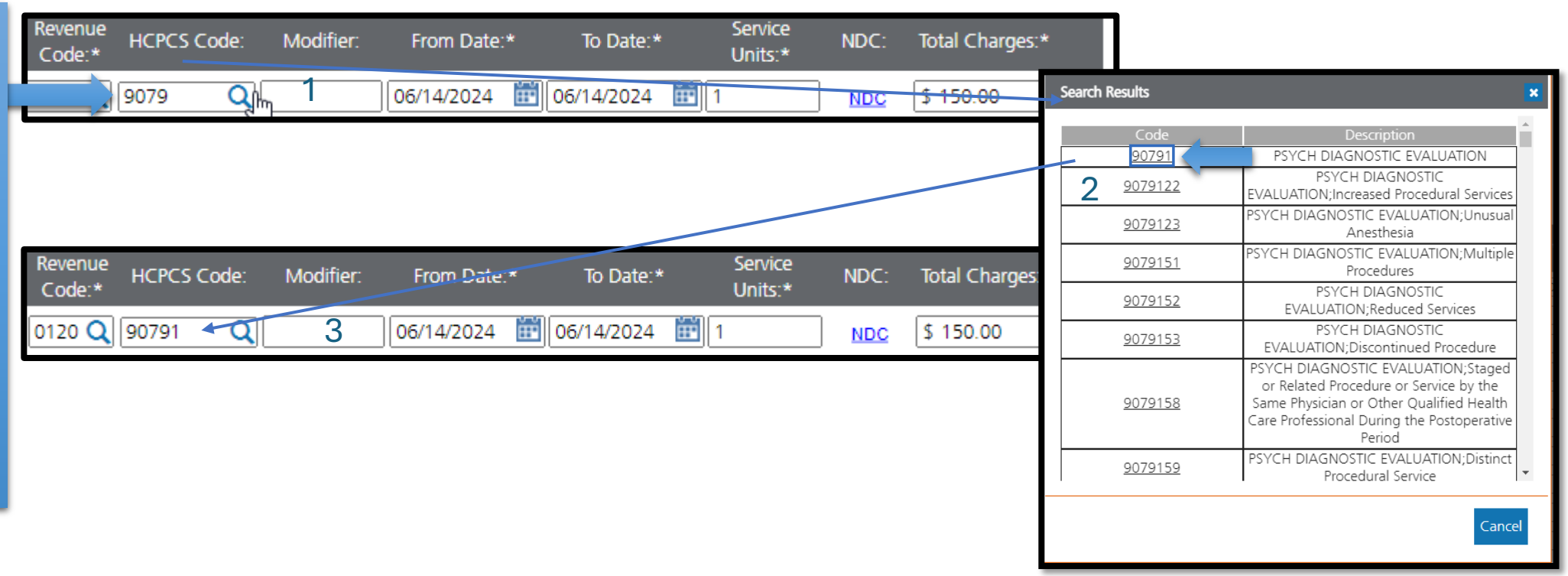




MPATH Provider Services Portal Facility Claim Electronic Adjustment (void/replace)

Enter the optional HCPCS Code. The magnifying glass will allow users to search for the specific HCPCS Code if unknown.

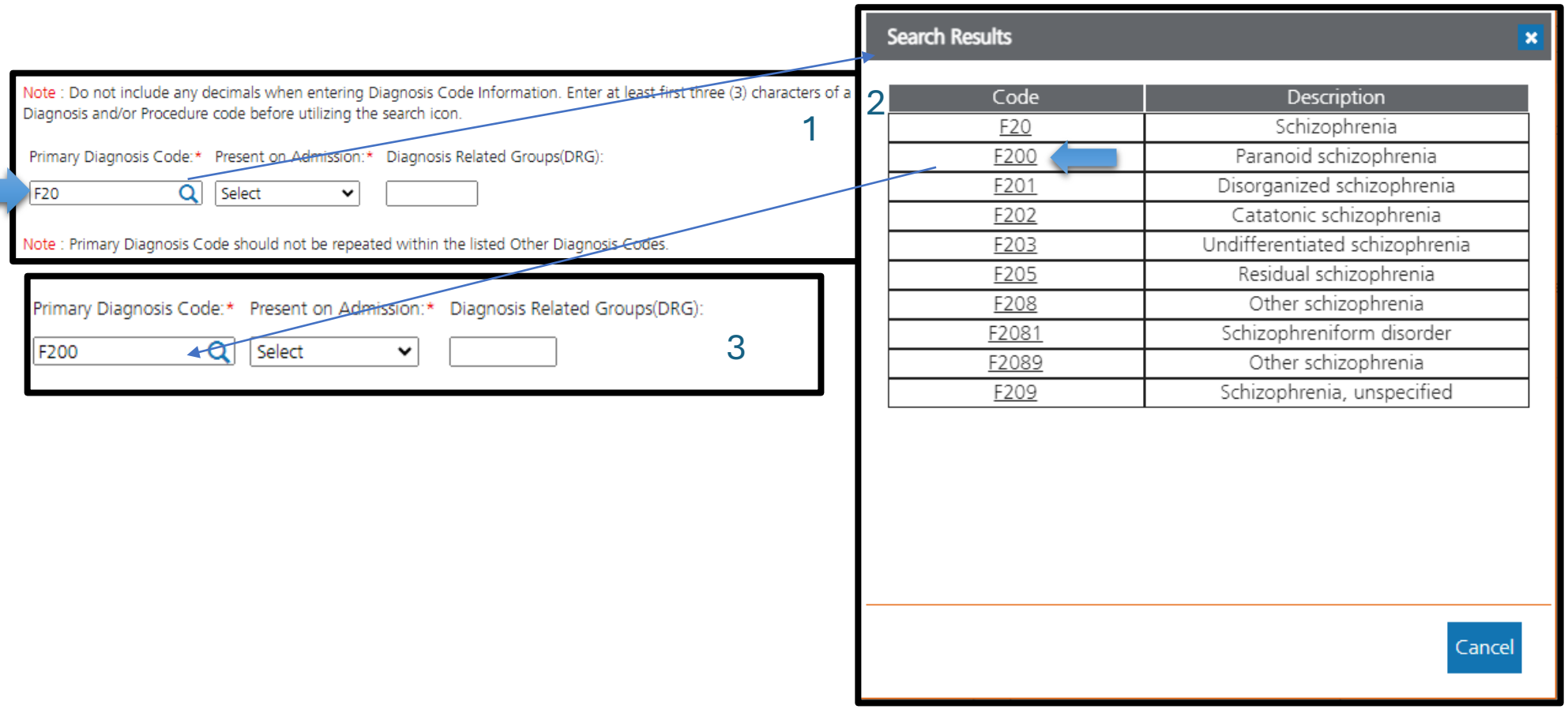
Enter at least first three (3) characters of a HCPCS to search code list.



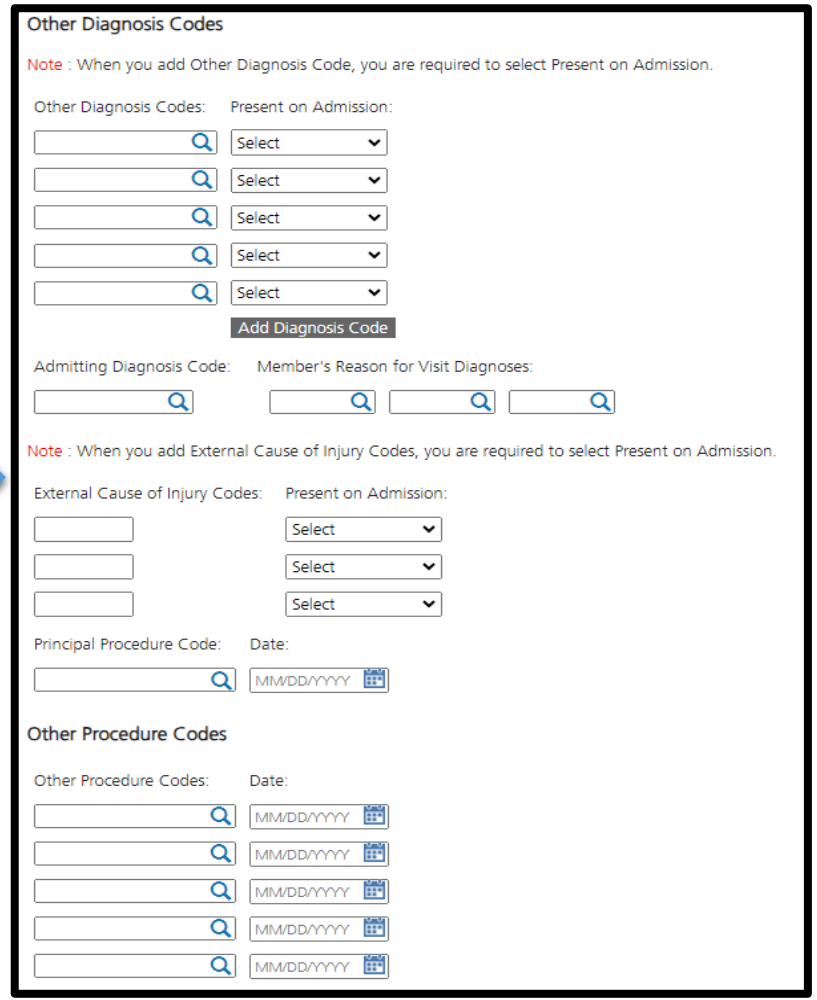
MPATH Provider Services Portal Facility Claim Electronic Adjustment (void/replace)

Enter the Diagnosis Code. The magnifying glass will allow users to search for the specific Diagnosis Code if unknown.

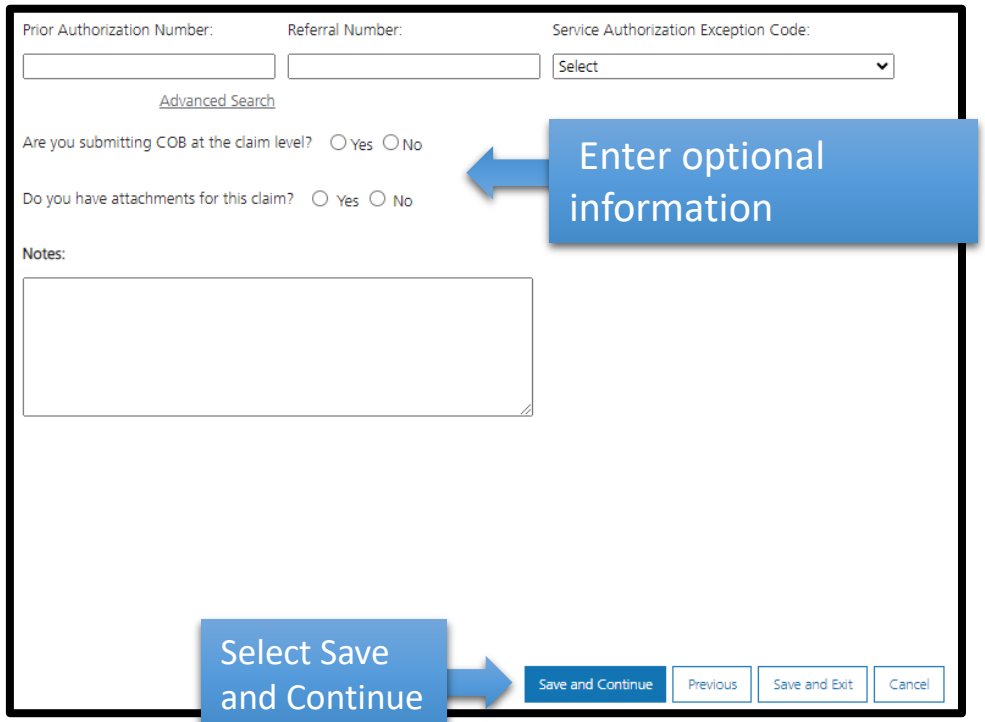
Enter at least first three (3) characters of a Diagnosis to search code list.



MPATH Provider Services Portal Facility Claim Electronic Adjustment (void/replace)



Enter optional information



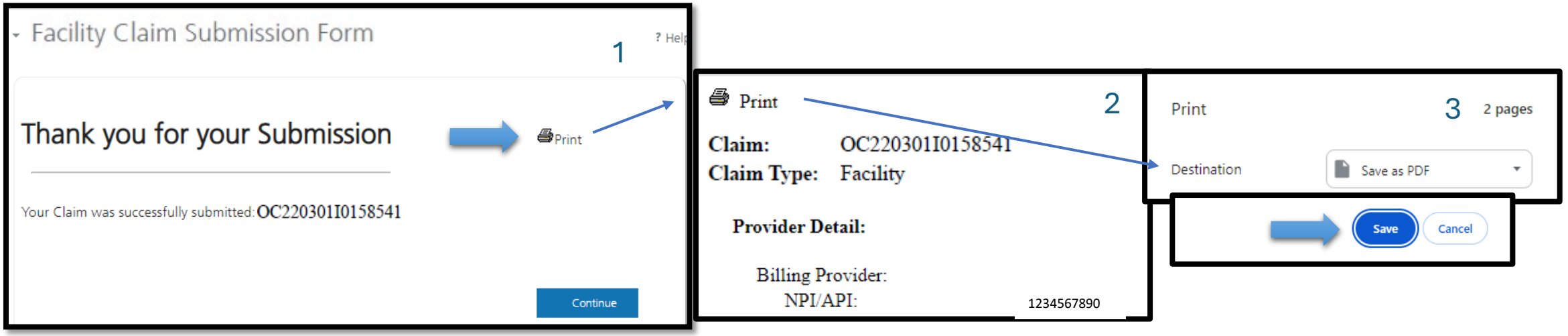
Enter optional information

Select Save and Continue

MPATH Provider Services Portal Facility Claim Electronic Adjustment (void/replace)

MPATH Provider Services Portal Facility Claim Electronic Adjustment (void/replace)

Print/Save PDF of claim submission (optional).



Provider Relations Contact Information

Provider Relations Call Center:

(800) 624-3958

Monday through Friday 8am to 5pm MST

General, Claims, TPL, and EDI questions:

MTPRHelpdesk@conduent.com

Enrollment Questions and documents:

MTEnrollment@conduent.com

Note: Conduent helpdesks cannot accept secured emails, please do not include HIPAA/PHI/PII.

Provider Relations Contact Information

MPATH Provider Services Helpdesk

MTEnrollment@conduent.com

When emailing the Helpdesk, please provide the following so we can research & submit a help ticket to our Tech Team.

GovID:
Name:
Email registered:
NPI attempting/registered:
Phone number:
A screen shot of the error: