

MPATH Provider Services Billing 101 – Team Number Selection

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

Sign In

Optum GovID or Email Address

testprovider@test.com



Password

.....



[Forgot Optum GovID?](#)

[Forgot Password?](#)

Continue

or

Create Optum GovID

Manage My Optum GovID

[Help Center](#)

MPATH Provider Services Portal Single Professional Claim Submission

Provider Services Portal Home Page

DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

Home Contact Us Account Settings Log Out

Member search ?

Find everything you need to know about a member in just one search!

Search By Member ID
 Search By Member Name
 Search By Member SSN

Member ID:*

Service Date:*

Go

Hello, Test User Last login: 5/14/2024

Provider Resources Forms FAQs

myMenu

- Claims
- Remittance Advice
- Provider Profile
- Provider Enrollment
- Provider Directory
- Account Administration
- Bulk HIPAA Transactions

myMenu

- Claims
- Remittance Advice
- Provider Profile
- Provider Enrollment
- Provider Directory
- Account Administration
- Bulk HIPAA Transactions

- Claim Submission History
- Claim Submission in Progress
- Claim Submission Templates
- Professional Submission
- Facility Submission
- Dental Submission

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

1

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.

▼ Billing Provider

Note : Fields marked with an asterisk * are required.

NPI/API: *

Select NPI/API ▼

- 1234567890
- 1111111111
- 2222222222
- 3333333333

MPATH Provider Services Portal

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

Billing Provider

Note : Fields marked with an asterisk * are required.

NPI/API:* 1234567890

Provider Name:* Test Provider

Program/Waiver:*

1 → Select Program/Waiver

- Select Program/Waiver
- Severe Disabling Mental Illness Waiver (SDMI)
- Big Sky Waiver

Program/Waiver:* Severe Disabling Mental Illness Waiver (SDMI)

Specialty:* 2 → Select Specialty

- Select Specialty
- Assisted Living Facility
- Community/Behavioral Health/HCBS Waiver

3 → Assisted Living Facility

4 → Severe Disabling Mental Illness Waiver (SDMI)

Assisted Living Facility

NPI/API:* 1234567890

Provider Name:* Test Provider

Program/Waiver:* 4 → Severe Disabling Mental Illness Waiver (SDMI)

Specialty:* Assisted Living Facility

Service Location Address 1:* 123 1st St

Service Location Address 2:

City:* Billings

State:* MT

ZIP:* 59102-3320

Taxonomy Code:* 310400000X

Team Number:* TEAM S1

Enrollment Unit:* 1111111

Taxonomy Team# PID/EU

MPATH Provider Services Portal

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

The image shows a screenshot of the MPATH Provider Services Portal with a form for claim submission. The form is divided into two main sections: 'Billing Provider' and 'Program/Waiver/Service Location'. Annotations 1, 2, 3, and 4 highlight specific fields and their dropdown menus. A callout box labeled 'Taxonomy Team# PID/EU' points to the 'Specialty' dropdown menu in the second section.

Billing Provider Section:

- Note:** Fields marked with an asterisk * are required.
- NPI/API:*** 1234567890
- Provider Name:*** Test Provider
- Program/Waiver:*** Select Program/Waiver (dropdown menu)

Program/Waiver/Service Location Section:

- Program/Waiver:*** Severe Disabling Mental Illness Waiver (SDMI) (dropdown menu)
- Specialty:*** Select Specialty (dropdown menu)
- NPI/API:*** 1234567890
- Provider Name:*** Test Provider
- Program/Waiver:*** Severe Disabling Mental Illness Waiver (SDMI) (dropdown menu)
- Specialty:*** Community/Behavioral Health/HCBS Waiver (dropdown menu)
- Service Location Address 1:*** 123 1st St
- Service Location Address 2:**
- City:*** Billings
- State:*** MT
- ZIP:*** 59102-3320
- Taxonomy Code:*** 251S00000X
- Team Number:*** TEAM S1
- Enrollment Unit:*** 2222222

Annotations:

- 1:** Points to the 'Program/Waiver' dropdown menu in the Billing Provider section.
- 2:** Points to the 'Program/Waiver' dropdown menu in the Program/Waiver/Service Location section.
- 3:** Points to the 'Specialty' dropdown menu in the Program/Waiver/Service Location section.
- 4:** Points to the 'Specialty' dropdown menu in the Program/Waiver/Service Location section.

Callout Box: Taxonomy Team# PID/EU (points to the 'Specialty' dropdown menu in the Program/Waiver/Service Location section).

MPATH Provider Services Portal

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

Billing Provider

Note : Fields marked with an asterisk * are required.

NPI/API:* 1234567890

Provider Name:* Test Provider

Program/Waiver:*

1 → Select Program/Waiver

- Select Program/Waiver
- Severe Disabling Mental Illness Waiver (SDMI)
- Big Sky Waiver

Program/Waiver:* Big Sky Waiver

Specialty:*

2 → Select Specialty

- Select Specialty
- Assisted Living Facility
- Community/Behavioral Health/HCBS Waiver

3 → Assisted Living Facility

4 → Assisted Living Facility

Program/Waiver:* Big Sky Waiver

Specialty:* Assisted Living Facility

NPI/API:* 1234567890

Provider Name:* Test Provider

Program/Waiver:* Big Sky Waiver

Specialty:* Assisted Living Facility

Service Location Address 1:* 123 1st St

Service Location Address 2:

City:* Billings

State:* MT

ZIP:* 59102-3320

Taxonomy Code: * 310400000X

Team Number:* TEAM B1

Enrollment Unit:* 1111111

Taxonomy Team# PID/EU

MPATH Provider Services Portal

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

The image shows a screenshot of the MPATH Provider Services Portal with a form for claim submission. The form is divided into several sections, with annotations 1 through 4 highlighting specific areas. A callout box labeled 'Taxonomy Team# PID/EU' points to the 'Specialty' dropdown menu.

Annotation 1: Points to the 'Program/Waiver' dropdown menu in the 'Billing Provider' section. The dropdown is open, showing options: 'Select Program/Waiver', 'Severe Disabling Mental Illness Waiver (SDMI)', and 'Big Sky Waiver'.

Annotation 2: Points to the 'Specialty' dropdown menu in the 'Billing Provider' section. The dropdown is open, showing options: 'Select Specialty', 'Assisted Living Facility', and 'Community/Behavioral Health/HCBS Waiver'.

Annotation 3: Points to the 'Specialty' dropdown menu in the 'Program/Waiver' section. The dropdown is open, showing options: 'Select Specialty', 'Assisted Living Facility', and 'Community/Behavioral Health/HCBS Waiver'.

Annotation 4: Points to the 'Specialty' dropdown menu in the 'Program/Waiver' section. The dropdown is open, showing options: 'Select Specialty', 'Assisted Living Facility', and 'Community/Behavioral Health/HCBS Waiver'.

Callout Box: A blue box labeled 'Taxonomy Team# PID/EU' points to the 'Specialty' dropdown menu in the 'Program/Waiver' section.

Form Fields:

- Billing Provider:**
 - Note: Fields marked with an asterisk * are required.
 - NPI/API: * 1234567890
 - Provider Name: * Test Provider
 - Program/Waiver: * [Select Program/Waiver]
- Program/Waiver:**
 - Program/Waiver: * Big Sky Waiver
 - Specialty: * [Select Specialty]
 - NPI/API: * 1234567890
 - Provider Name: * Test Provider
 - Program/Waiver: * Big Sky Waiver
 - Specialty: * Community/Behavioral Health/HCBS Waiver
 - Service Location Address 1: * 123 1st St
 - Service Location Address 2: []
 - City: * Billings
 - State: * MT
 - ZIP: * 59102-3320
 - Taxonomy Code: * 251500000X
 - Team Number: * TEAM B1
 - Enrollment Unit: * 2222222

MPATH Provider Services Portal

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

Billing Provider

Note: Fields marked with an asterisk * are required.

NPI/API:* 1234567890

Provider Name:* Test Provider

Program/Waiver:* Select Program/Waiver

1 → Severe Disabling Mental Illness Waiver (SDMI)
Big Sky Waiver
Montana Medicaid (HMK Plus)

2 → Select Specialty
Select Specialty
In Home Supportive Care
Nursing Care

3 → In Home Supportive Care

4 → Select Address

Program/Waiver:* Montana Medicaid (HMK Plus)

Specialty:* In Home Supportive Care

NPI/API:* 1234567890

Provider Name:* Test Provider

Program/Waiver:* Montana Medicaid (HMK Plus)

Specialty:* In Home Supportive Care

Service Location Address 1:* 123 1st St

Service Location Address 2: APT A

City:* Billings

State:* MT

ZIP:* 59102-3200

Taxonomy Code: * 253Z00000X

Team Number: * TEAM AB

Enrollment Unit:* 1234567

Taxonomy Team# PID/EU → Enrollment Unit: