



Optum Maryland Incedo Provider Portal

Billing and Claims Training

February 20, 2020

Session Agenda

Today's session will cover the following topics:

- Basic Navigation
- Claim entry and submission
- Claims payment

How to obtain information you need:

- Is this procedure a covered service
- Where do I find fee schedules
- Where are instructions on Billing
- 837 Companion Guides

Optum Maryland Call Center 1-800-888-1965

- Our Call Center is open Monday thru Friday 8am-6pm and can be reached at 1.800.888.1965. After hours and holidays will be covered by clinical night staff for crisis and emergency services
- To learn the status of a paper claim (received or processed yet) you may call the call center and they will assist you.
- For questions on Optum360 or clearinghouse set-up please contact Optum360 service/support at 877-309-4256
- **You may also login to your Incedo Provider Portal to view claim status information**

Paper Claims Submission

- For U.S. Mail (paper claims): Optum Maryland will accept paper CMS-1500 forms for practitioner/professional services or Uniform Billing (UB)-04 forms for inpatient and outpatient facility claims. The mailing address for completed claim forms, refund checks and required attachments is:
 - Optum Maryland P.O. Box 30531 Salt Lake City, UT 84130

Electronic Claims Submission, Clearinghouse

- Claims can be submitted electronically via a clearinghouse or through a batch upload process in Incedo Provider Portal
- The following applies to Providers submitting claims to Optum via a Clearinghouse:
- The Optum Payer ID is: OMDBH
- The Submitter ID is your unique Optum Provider ID assigned to your organization during registration

Basic Navigation

Topics :

- How to search for a participant
- How to view authorizations/status
- How to view claims status

Electronic Claims Submission Process - Incedo Provider Portal

- When an 837 file is uploaded into and processed successfully there is an immediate generation of the 999 response which will be available in the download section of Incedo Provider Portal
- ECP (Electronic Claims Processing) is a daily process that validates and matches the claim data submitted to data in Incedo
- Matching is done for Member, Provider, Service (Diagnosis Code etc), Treatment and COB. If a match is found the claim moves on to adjudication. If a match is not found automatically, the claim is sent to a queue to be matched manually

Electronic Claims Submission Process, continued

- If the claim is matched manually it is moved to adjudication
- If both automatic and manual matching is unsuccessful, then the claim is rejected. The Claim will need to be corrected resubmitted for processing
- The claim status will be updated after processing and can be viewed via the [access the claim status tab](#)
- **Submitters need to allow at least 24 hours for processing**

Claim Statuses

Status	Description
Received	Claim has been received but not ready for adjudication
Not adjudicated	A claim was matched in ECP or it was manually entered but it has not been adjudicated
Rejected	The claim was rejected before it made it into Incedo for adjudication
Paid	A claim was approved for payment
Approved	A claim may have one or more records and one or more of those records is approved
Denied	All claim records have been denied
Pended	A claim may have one or more records. None of the records is approved and at least one record is pended
Accepted	Claim was accepted but may not have payment associated with it (example PRP encounter claim – valid)
Voided	A claim was voided. It may not have been adjudicated or it may have had a status other than voided; however, it is now voided

Note: claims can have multiple lines with different statuses. If this is the case, 'multiple' will appear in the status. View each individual line separately to view its status

Claims Payment Process

- Optum Maryland has partnered with Payspan and will be electronically transmitting payments and remittance advice for providers
- 835 transactions are generated after check processing completes; The check process is run weekly on Tuesday for clean claims received through the prior Sunday
- Checks are printed and EFT payments issued on Thursday
- Remittance Advice's are available for viewing through Payspan
- Providers must use Payspan to view 835/remittances they will not be available for viewing in Incedo Provider Portal

Claim Submission via Incedo Provider Portal

- Claims must be submitted using the current CMS-1500 form with applicable coding including, but not limited to, ICD-10, CPT, and HCPCS coding
- The participant MA number or other participant identifier, provider's Federal Tax I.D. number, National Provider Identifier (NPI) are required
- The line items cannot span dates, one line item will need to be submitted for each day
- UB-04 claims may not be entered through Incedo Provider Portal

General Submission Guidelines continued

- There is a limit of 20 lines per claim if additional lines are needed, add those to a new claim record
- On all outpatient laboratory claims whether submitted electronically or on paper, the referring provider's NPI must be included
- The Incedo Provider Portal will have the ability to enter single claims or upload a file. The one exception is drug code claims that require the NDC code. These must be submitted electronically or via paper

Claim Submission via Incedo Provider Portal

- Allowable HCPCS and CPT codes are found on the Optum Maryland Web Site <https://maryland.optum.com>
- Multiple units of the same service code/modifier on the same day must be submitted on ONE claim line
- Certain provider types require that a Rendering provider must be referenced on the claim. At the time of implementation, those Provider Types (PT) include: Mental Health Groups (PT 27), Physician Groups (PT 20), FQHC (PT 34) and ABA (PT AB)

Claim Submission via Incedo Provider Portal

- The SR Authorization# that was assigned during authorization entry should be used when submitting your claim
- There is currently no void function for Providers within the Portal. If a claim is entered in error, and it needs to be voided, contact the call center at 1-800-866-1965 and they will submit a request on your behalf, to our claims department to void the claim.
- You are able to review claim history or summary of individual claims by using the claim status

Claims Adjustments or Corrections

- Providers can request a claim adjustment using one of the following methods:
- To electronically submit corrected claims, please refer to the 837 Companion Guide at <https://maryland.optum.com>
- To submit corrected claims on paper, write “CORRECTED CLAIM” at the top of the CMS-1500 or UB-04 form. Please include the original Optum Maryland claim number on the corrected claim

Incedo Provider Portal Demonstration

Claim Status

Reviewing Claims Status - Examples

Claim Number	Member	Claim Status	Date Received	Total Charge \$	Total Approved \$	Treat Date	Batch Number
[Redacted]	[Redacted]	Paid	12/20/2019	\$394.92	\$148.07	01/08/2019	0

Line Item Control #	Service Dates	Service	Procedure/Modifiers	Service Status	Charge \$	Approved \$	Units
1	01/21/2020 - 01/21/2020	MH - OP-OPS-A - 90853	90853	Denied	\$44.04	\$0.00	1
Exception Insurance Terminated							

 Professional Claim

 Portal 1500 Claim

Reviewing Claims Status continued

				Approved	01/23/2020	\$103.39	\$103.39	07/18/2019	0
				Multiple	01/23/2020	\$147.91	\$91.02	01/16/2020	0
				Approved	01/23/2020	\$44.04	\$44.04	12/31/2019	0

				Multiple	01/23/2020	\$147.91	\$91.02	01/16/2020	0
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Line Item Control #	Service Dates	Service	Procedure/Modifiers	Service Status	Charge \$	Approved \$	Units
	01/16/2020 - 01/16/2020	MH - OP-OPS-NoA - H0032	H0032	Approved	\$91.02	\$91.02	1
	01/16/2020 - 01/16/2020	MH - OP-OPS-A - 90832	90832	Denied	\$56.89	\$0.00	1

Reviewing Claims Status - PRP example

Claim Number	Member	Claim Status	Date Received	Total Charge \$	Total Approved \$	Treat Date	Batch Number
[Redacted]	[Redacted]	Denied	02/13/2020	\$1.00	\$0.00	01/04/2019	0
Line Item Control #	Service Dates	Service	Procedure/Modifiers	Service Status	Charge \$	Approved \$	Units
1	01/25/2020 - 01/25/2020	MH - OP-OPS-NoA - H2016	H2016	Accepted	\$1.00	\$0.00	1
Exception							
[Redacted]	[Redacted]	Approved	02/13/2020	\$485.39	\$485.39	12/31/2019	0
Line Item Control #	Service Dates	Service	Procedure/Modifiers	Service Status	Charge \$	Approved \$	Units
1	01/31/2020 - 01/31/2020	MH - PsychRehab - H2018	H2018 - U2	Approved	\$485.39	\$485.39	1

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