



Portal UB-04 Submission



Portal UB-04 Claim Submission

Introduction

Submit New UB-04 Institutional Claim

- Ability to submit a Medicaid or Medicare Crossover claim
- Ability to submit
 - Inpatient
 - Outpatient
 - Long Term Care
 - Hospice
- Ability to attach up to 5 attachments

Submission List

- Will show the claims submitted in the last 30 days
 - If the user has submitted CMS-1500 claims the Submission list will show both UB-04 and the CMS-1500 claims submitted
- A Provider Admin will see all claims and their submission statuses associated with the Billing NPIs on their account.
- A Provider User will only be able to see those claims they have submitted or started



Portal UB-04 Claim Submission

Submit New UB-04 Institutional Claim

Submit New UB-04

- The claim form is broken down into specific tabs
 - Recipient & Billing
 - Occurrence
 - Diagnosis
 - Provider
 - Service Details
 - Insurance
 - Final Submission

Helpful hints as you navigate

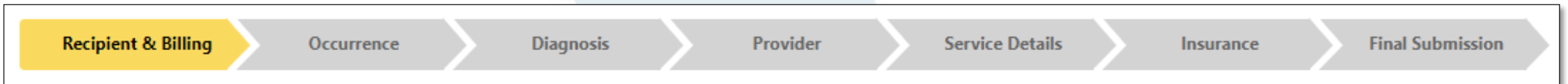
- Each tab does have mandatory fields (marked by an *****) that are required to be entered in order to move to the next tab.
- The boxes are numbered in the same manner as a Paper UB-04
- Your current Tab will be “yellow”, once next is selected that previous tab will turn to “green”
- You may use the “Previous” button or the Tabs along the top to navigate to previously finished tabs prior to submission



Portal UB-04 Claim Submission

Tabs

The screenshot shows a navigation menu with five tabs: Administration (orange), Recipient Info (blue), Reports (green), Communications (orange), and Claims (blue). The 'Claims' tab is selected, opening a dropdown menu with the following options: Status Inquiry, Submit New CMS-1500, Submit New UB-04, and Submission List. Below the navigation menu, a 'Dashboard' section is visible, featuring a calendar for October 2020. The calendar shows the days of the week: S, M, T, W, T, F, and N.



Portal UB-04 Claim Submission

Recipient and Billing

Recipient Information

- Insured's I.D. Number – SD Medicaid 9-digit number
 - Hit “Verify” and the form will fill in the Patient information
- Patient Account No.

Billing Information

- Type of Bill
 - 111-Hospital Inpatient, Admission through Discharge
 - 131-Hospital Outpatient, Admission through Discharge
 - 211-Long Term Care, Admission through Discharge
 - 811-Hospice, Non-Hospital Based
 - 821-Hospice, Hospital-Based
 - 831- Outpatient Hospital Surgical Procedures, Admission through Discharge
- Billing Zip Code (5 + 4 digits)
- Billing NPI
 - You may only submit a claim for a billing NPI that is tied to your Medicaid Portal account
- Billing Taxonomy



Portal UB-04 Claim Submission

Recipient and Billing Tab

Administration Recipient Info Reports Communications Claims

Submit New UB-04

* Denotes required field. A record can only be saved if all required fields have been completed.

This page's information will be saved when clicking the next button.

Recipient & Billing Occurrence Diagnosis Provider Service Details Insurance Final Submission

60. Insured's I.D. Number * Verify

8b. Patient Name 10. Patient's Birth Date 11. Patient's Sex

9. Patient's Address

3a. Patient Account No. * 4. Type of Bill * ▼

1. Billing Zip Code * 56. Billing NPI * 81a. Billing Taxonomy *

6. Statement Covers Period *

Cancel Next



Portal UB-04 Claim Submission

Occurrence

Admission and Discharge information

- Admission
- Discharge
- Condition
- Occurrence
- Value Codes
- Treatment Authorization (Prior Authorization)

Helpful Hints

- Please refer to the [UB-04 Claim manuals](#) for SD Medicaid specific billing information
- Required fields are dependent on type of bill (selected in Recipient and Billing tab)
- Document Control Number is for future development



Portal UB-04 Claim Submission

Occurrence Tab

* Denotes required field. A record can only be saved if all required fields have been completed.

This page's information will be saved when clicking the next button.

Recipient & Billing	Occurrence	Diagnosis	Provider	Service Details	Insurance	Final Submission					
12. Admit Date	<input type="text" value="MM/DD/YYYY"/>	13. Admit Hour	<input type="text" value="Select"/>								
14. Admit Type *	<input type="text" value="1"/>	15. Admit Source	<input type="text" value="Select"/>								
16. Discharge Hour	<input type="text" value="Select"/>	17. Discharge Status	<input type="text" value="Select"/>								
Condition Codes	18. <input type="text"/>	19. <input type="text"/>	20. <input type="text"/>	21. <input type="text"/>	22. <input type="text"/>	23. <input type="text"/>	24. <input type="text"/>	25. <input type="text"/>	26. <input type="text"/>	27. <input type="text"/>	28. <input type="text"/>
Occurrence Code and Date	31a <input type="text"/>	<input type="text" value="MM/DD/YYYY"/>	31b <input type="text"/>	<input type="text" value="MM/DD/YYYY"/>	32a <input type="text"/>	<input type="text" value="MM/DD/YYYY"/>	32b <input type="text"/>	<input type="text" value="MM/DD/YYYY"/>			
	33a <input type="text"/>	<input type="text" value="MM/DD/YYYY"/>	33b <input type="text"/>	<input type="text" value="MM/DD/YYYY"/>	34a <input type="text"/>	<input type="text" value="MM/DD/YYYY"/>	34b <input type="text"/>	<input type="text" value="MM/DD/YYYY"/>			
Occurrence Code and Date Span	35a <input type="text"/>	<input type="text" value="MM/DD/YYYY"/>	<input type="text" value="MM/DD/YYYY"/>		35b <input type="text"/>	<input type="text" value="MM/DD/YYYY"/>	<input type="text" value="MM/DD/YYYY"/>	<input type="text" value="MM/DD/YYYY"/>			
	36a <input type="text"/>	<input type="text" value="MM/DD/YYYY"/>	<input type="text" value="MM/DD/YYYY"/>		36b <input type="text"/>	<input type="text" value="MM/DD/YYYY"/>	<input type="text" value="MM/DD/YYYY"/>	<input type="text" value="MM/DD/YYYY"/>			
Value Code and Amount	39a. <input type="text"/>	<input type="text"/>	39b. <input type="text"/>	<input type="text"/>	39c. <input type="text"/>	<input type="text"/>	39d. <input type="text"/>	<input type="text"/>			
	40a. <input type="text"/>	<input type="text"/>	40b. <input type="text"/>	<input type="text"/>	40c. <input type="text"/>	<input type="text"/>	40d. <input type="text"/>	<input type="text"/>			
	41a. <input type="text"/>	<input type="text"/>	41b. <input type="text"/>	<input type="text"/>	41c. <input type="text"/>	<input type="text"/>	41d. <input type="text"/>	<input type="text"/>			
63. Treatment Authorization Code	<input type="text"/>	Document Control Number	<input type="text" value="For Future Development"/>								

← Previous × Cancel → Next



Portal UB-04 Claim Submission

Diagnosis

Diagnosis Codes and Surgical Procedures

- Enter the ICD-10 diagnosis code
 - Do not enter decimal points
- If the diagnosis is Present on Admission select the box to the right of the diagnosis code
- Principal Surgical and Other Surgical Procedures may be entered if applicable

Helpful Hints

- Please refer to the [UB-04 Claim manuals](#) for SD Medicaid specific billing information
- Required fields are dependent on type of bill (selected in Recipient and Billing tab)



Portal UB-04 Claim Submission

Diagnosis Tab

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Recipient & Billing → Occurrence → **Diagnosis** → Provider → Service Details → Insurance → Final Submission

Check the box if Present on Admission

66. Principal Diagnosis and Present On Admission *	<input type="checkbox"/>	69. Admitting Diagnosis	<input type="text"/>			
Other Diagnosis and Present on Admission	A.	B.	C.	D.	E.	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
70. Patient Reason Diagnosis	<input type="text"/>	<input type="text"/>	<input type="text"/>	71. PPS Code	<input type="text"/>	
72. ECI	<input type="text"/>	<input type="text"/>	<input type="text"/>	73. Reserved	For Future Developme	
74. Principal Surgical Procedure and Date	<input type="text"/>	MM/DD/YYYY <input type="text"/>				
Other Surgical Procedure and Date	A.		B.			
	<input type="text"/>	MM/DD/YYYY <input type="text"/>	<input type="text"/>	MM/DD/YYYY <input type="text"/>		
	<input type="text"/>	MM/DD/YYYY <input type="text"/>	<input type="text"/>	MM/DD/YYYY <input type="text"/>		
	<input type="text"/>	MM/DD/YYYY <input type="text"/>				

← Previous ✕ Cancel → Next



Portal UB-04 Claim Submission

Provider

Provider Information

- This area is for the Attending, Operating, Rendering or Referring provider
- When entering Other Provider 78/79 please choose the appropriate qualifier
 - ZZ-Other Operating
 - 82-Rendering Provider
- If there is a referral for the recipient choose “Yes” and enter the referring providers NPI

Helpful Hints

- No taxonomy codes are needed

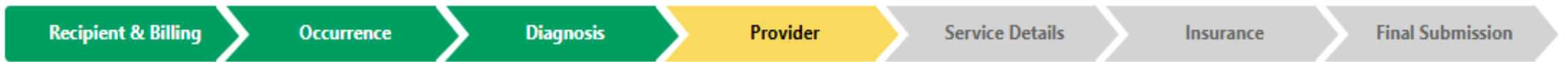


Portal UB-04 Claim Submission

Provider Tab

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76. Attending Provider NPI*

77. Operating Provider NPI

78. Other Provider NPI

Qualifier

79. Other Provider NPI

Qualifier

Referring Provider Available YES NO

Referring Provider NPI



Portal UB-04 Claim Submission

Service Details

Claim Line Data

- Revenue Code
- Service Date
- Service Units/Days
- HCPC
- Modifiers
- NDC information
- Line charges

Helpful Hints

- Click the “+Add” button after each Rev Code
- Once a Rev line is entered you may
 - Update – to correct
 - Delete – to remove (trash icon)
- Revenue lines are limited to 250
- NDC follows standard 11-digit NDC codes without hyphens
- Quantity follows 0.000 format
 - Make sure to enter three digits after the decimal
- Non-Covered charges are not required

Portal UB-04 Claim Submission

Service Details Tab

* Denotes required field. A record can only be saved if all required fields have been completed.

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42. Rev Code *	<input type="text"/>	45. Service Date	<input type="text" value="MM/DD/YYYY"/>	46. Service Units/Days *	<input type="text"/>
44. HCPC	<input type="text"/>	Modifier	<input type="text"/>		
NDC	<input type="text"/>	NDC Quantity	<input type="text"/>	NDC Unit of Measure	<input type="text" value="Select"/>
43. Rev Desc	<input type="text"/>	47. Charges *	<input type="text"/>	48. Non-Covered Charges	<input type="text"/>

Revenue Line Details										
Rev Line	Rev Code	Service Date	Units /Days	HCPCS	Modifier	NDC	Description	Charges	Non-Covered	Action
No data available!										

Portal UB-04 Claim Submission

Service Details Tab

Revenue Line Details

Rev Line	Rev Code	Service Date	Units /Days	HCPCS	Modifier	NDC	Description	Charges	Non-Covered	Action
7	0636	05/03/2020	4	j2405		23155054841	Drugs requiring detailed coding	\$83.81	\$0.00	
6	0636	05/03/2020	2	J1885		63323016201	Drugs requiring detailed coding	\$78.64	\$0.00	
5	0636	05/03/2020	1	j1200		00641037625	Drugs requiring detailed coding	\$80.00	\$0.00	
4	0450	05/03/2020	2	96375			General	\$336.00	\$0.00	
3	0450	05/03/2020	1	96374			General	\$310.00	\$0.00	
2	0450	05/03/2020	1	99284	25		General	\$1,006.00	\$0.00	
1	0260	05/03/2020	1	96361			General	\$84.00	\$0.00	

Previous

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Portal UB-04 Claim Submission

Insurance

Primary Payor Information

- Private Health Insurance (PHI)
 - Third-party Liability
- Medicare
 - Medicare and Medicare Advantage Plans are considered Medicare
- Long Term Care Cost Share (Cost Share)
- Medicaid
 - Required for all claim submissions
 - This amount is what the provider is expecting for payment from South Dakota Medicaid if known

Helpful Hints

- If there is more than one type of payor please combine the payor information under one entry
- Click "+Add" after each payor entry
- An entry may be edited or removed

Portal UB-04 Claim Submission

Insurance Tab

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29. Accident State

50. Payer*

53. Assignment of Benefits Certification Ind

60. Insured's Unique ID

62. Insured Group Number

59. Patient Relation

51. Health Plan ID

54. Prior Payment Amount

58. Insured's Name

61. Group Name

65. Employer Name

52. Release Info Certification Indicator

55. Estimated Amount Due

Payer Details

Payer	Prior Payment	Estimated Amount	Insured Unique ID	Insured's Name	Group Number	Group Name	Patient Relation	Employer Delete Name
<< < 1 > >>	Go to page:	1	Row count:	5	Showing 1-1 of 1			



Portal UB-04 Claim Submission

Insurance Tab

Recipient & Billing
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29. Accident State

50. Payer *

53. Assignment of Benefits Certification Ind

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62. Insured Group Number

59. Patient Relation

51. Health Plan ID

54. Prior Payment Amount

58. Insured's Name

61. Group Name

65. Employer Name

52. Release Info Certification Indicator

55. Estimated Amount Due

Payer Details

Payer	Prior Payment	Estimated Amount	Insured Unique ID	Insured's Name	Group Number	Group Name	Patient Relation	Employer Name	Delete
Medicaid		\$1,978.53							



Portal UB-04 Claim Submission

Final Submission

Review of information

- Total Charges
 - This is a total of the charges entered into the Service Details Tab
- Revenue Line Count
 - This is the total number of Revenue lines entered into the Service Details Tab
- Attachments
 - Up to 5 attachments can be added
 - PDF, JPEG, or GIF format

Helpful Hints

- If a claim is past timely filing (6 months), has TPL or Medicare indicated an attachment is required
- You may go back by clicking any tab once in that tab, you will need to click “Next” through each tab to continue
- After you click “Submit” and accept the declaration you will receive your claim number



Portal UB-04 Claim Submission

Final Submission

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Total Charges

Revenue Line Count

80. Remark

Add Attachments:

Up to 5 attachments with a max of 10 mb each can be uploaded with the following formats: PDF, JPEG and GIF.

Portal UB-04 Claim Submission

Submission List

Submission List

- Show you the last 30 days of claims saved and submitted
- Provider Admin will see all claims associated with the billing NPIs tied to the account
- Provider User will only see claims that they have started or submitted
- If the claim has not been submitted options “Update” or “Delete” are available
- Once submitted you may “view” the claim

Helpful Hints

- The PDF for UB-04 submitted claims will be available in the future
- Status information
 - In Process – Partial entered claim, not submitted
 - Submitted – Completed claim and has been submitted
 - If a claim is entered after 4:30 pm CST it will not be picked up until after 7:30 am the next business day
 - Accepted – Claim has been accepted by SD Medicaid and will be processed
 - Rejected – the claim was not accepted and there may be an issue.
 - A brand-new claim will need to be entered





Thank You

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