



# Portal updates Summer 2020

July 2020

## UB-04 Claim submission on the Medicaid Portal

- Currently internally testing
- Expected implementation is Fall 2020
- Features of UB-04 Claim submission
  - Ability to add attachments
  - Faster processing time

# UB-04 Submission – Recipient and Billing info



Submit New UB-04

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



60. Insured's I.D. Number *	<input type="text" value="12345678901234567890"/> Verify				
8b. Patient Name	<input type="text" value="JONES, PAUL, ROBERT E."/>	10. Patient's Birth Date	<input type="text" value="1980/01/01"/>	11. Patient's Sex	<input type="text" value="M"/>
9. Patient's Address	<input type="text" value="12345 MAIN STREET, SUITE 100, SIOUX FALLS, SD 57105"/>				
3a. Patient Account No. *	<input type="text" value="LL_test"/>	4. Type of Bill *	<input type="text" value="111"/>		
1. Billing Zip Code *	<input type="text" value="57105"/>	56. Billing NPI *	<input type="text" value="1234567890"/>	81a. Billing Taxonomy *	<input type="text" value="282N00000X"/>
6. Statement Covers Period *	<input type="text" value="05/01/2020"/>	<input type="text" value="05/06/2020"/>			

# Occurrence information

Submit New UB-04

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<b>12. Admit Date *</b>	<input type="text" value="05/01/2020"/>	<b>13. Admit Hour</b>	<input type="text" value="17"/>									
<b>14. Admit Priority Type *</b>	<input type="text" value="2"/>	<b>15. Admit Source *</b>	<input type="text" value="1"/>									
<b>16. Discharge Hour</b>	<input type="text" value="14"/>	<b>17. Discharge Status *</b>	<input type="text" value="1"/>									
<b>Condition Codes</b>	<b>18.</b>	<b>19.</b>	<b>20.</b>	<b>21.</b>	<b>22.</b>	<b>23.</b>	<b>24.</b>	<b>25.</b>	<b>26.</b>	<b>27.</b>	<b>28.</b>	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<b>Occurrence Code and Date</b>	<b>31a</b>	<input type="text" value="11"/>	<input type="text" value="04/01/2020"/>	<b>31b</b>	<input type="text"/>	<input type="text" value="MM/DD/YYYY"/>	<b>32a</b>	<input type="text"/>	<input type="text" value="MM/DD/YYYY"/>	<b>32b</b>	<input type="text"/>	<input type="text" value="MM/DD/YYYY"/>
	<b>33a</b>	<input type="text"/>	<input type="text" value="MM/DD/YYYY"/>	<b>33b</b>	<input type="text"/>	<input type="text" value="MM/DD/YYYY"/>	<b>34a</b>	<input type="text"/>	<input type="text" value="MM/DD/YYYY"/>	<b>34b</b>	<input type="text"/>	<input type="text" value="MM/DD/YYYY"/>
<b>Occurrence Code and Date Span</b>	<b>35a</b>	<input type="text"/>	<input type="text" value="MM/DD/YYYY"/>	<input type="text" value="MM/DD/YYYY"/>	<b>35b</b>	<input type="text"/>	<input type="text" value="MM/DD/YYYY"/>	<input type="text" value="MM/DD/YYYY"/>	<b>35b</b>	<input type="text"/>	<input type="text" value="MM/DD/YYYY"/>	<input type="text" value="MM/DD/YYYY"/>
	<b>36a</b>	<input type="text"/>	<input type="text" value="MM/DD/YYYY"/>	<input type="text" value="MM/DD/YYYY"/>	<b>36b</b>	<input type="text"/>	<input type="text" value="MM/DD/YYYY"/>	<input type="text" value="MM/DD/YYYY"/>	<b>36b</b>	<input type="text"/>	<input type="text" value="MM/DD/YYYY"/>	<input type="text" value="MM/DD/YYYY"/>
<b>Value Code and Amount</b>	<b>39a.</b>	<input type="text"/>	<input type="text"/>	<b>39b.</b>	<input type="text"/>	<input type="text"/>	<b>39c.</b>	<input type="text"/>	<input type="text"/>	<b>39d.</b>	<input type="text"/>	<input type="text"/>
	<b>40a.</b>	<input type="text"/>	<input type="text"/>	<b>40b.</b>	<input type="text"/>	<input type="text"/>	<b>40c.</b>	<input type="text"/>	<input type="text"/>	<b>40d.</b>	<input type="text"/>	<input type="text"/>
	<b>41a.</b>	<input type="text"/>	<input type="text"/>	<b>41b.</b>	<input type="text"/>	<input type="text"/>	<b>41c.</b>	<input type="text"/>	<input type="text"/>	<b>41d.</b>	<input type="text"/>	<input type="text"/>
<b>63. Treatment Authorization Code</b>	<input type="text"/>			<b>Document Control Number</b>	<input type="text" value="For Future Development"/>							

# Diagnosis Information

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Check the box if Present on Admission

67. Principal Diagnosis and Present On Admission \*

 

69. Admitting Diagnosis

Other Diagnosis and Present on Admission

A.	B.	C.	D.	E.
<input type="text" value="E871"/> <input checked="" type="checkbox"/>	<input type="text" value="d6859"/> <input checked="" type="checkbox"/>	<input type="text" value="f3130"/> <input checked="" type="checkbox"/>	<input type="text" value="k766"/> <input checked="" type="checkbox"/>	<input type="text" value="k7011"/> <input checked="" type="checkbox"/>
<input type="text"/> <input type="checkbox"/>	<input type="text"/> <input type="checkbox"/>	<input type="text"/> <input type="checkbox"/>	<input type="text"/> <input type="checkbox"/>	<input type="text"/> <input type="checkbox"/>
<input type="text"/> <input type="checkbox"/>	<input type="text"/> <input type="checkbox"/>	<input type="text"/> <input type="checkbox"/>	<input type="text"/> <input type="checkbox"/>	<input type="text"/> <input type="checkbox"/>
<input type="text"/> <input type="checkbox"/>	<input type="text"/> <input type="checkbox"/>	<input type="text"/> <input type="checkbox"/>	<input type="text"/> <input type="checkbox"/>	<input type="text"/> <input type="checkbox"/>

74. Principal Surgical Procedure and Date

 

Other Surgical Procedure and Date

A.	B.
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

MM/DD/YYYY MM/DD/YYYY

← Previous    X Cancel    → Next

# Provider information

Submit New UB-04

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

Recipient & Billing

Occurrence

Diagnosis

Provider

Service Details

Insurance

Final Submission

76. Attending Provider NPI\*

Attending Provider Taxonomy

77. Operating Provider NPI

Operating Provider Taxonomy

78. Other Provider NPI

Other Provider Taxonomy

Qualifier

Select



79. Other Provider NPI

Other Provider Taxonomy

Qualifier

Select



Referring Provider Available

YES  NO

Referring Provider NPI

Referring Provider Taxonomy

← Previous

× Cancel

→ Next

# Revenue Line information



Submit New UB-04

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Recipient & Billing	Occurrence	Diagnosis	Provider	Service Details	Insurance	Final Submission
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
4	0300		6				General	\$300.00	\$0.00	<input type="button" value="Update"/> <input type="button" value="Delete"/>
3	0258		12				IV solutions	\$929.32	\$0.00	<input type="button" value="Update"/> <input type="button" value="Delete"/>
2	0250		165				General	\$7,638.35	\$0.00	<input type="button" value="Update"/> <input type="button" value="Delete"/>
1	0206		5				Intermediate—ICU	\$18,875.00	\$0.00	<input type="button" value="Update"/> <input type="button" value="Delete"/>

# Insurance and Medicaid information



Submit New UB-04

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29. Accident State

50. Payer \*

60. Insured's Unique ID

62. Insured Group Number

59. Patient Relation

54. Prior Payment Amount

58. Insured's Name

61. Group Name

65. Employer Name

55. Estimated Amount Due

[+ Add](#) [Reset](#)

Payer Details								
Payer	Prior Payment	Estimated Amount	Insured Unique ID	Insured's Name	Group Number	Group Name	Patient Relation	Employer Delete Name
Medicaid		\$38,273.67						

<< < 1 > >> Go to page: 1 Row count: 5 Showing 1-1 of 1

[← Previous](#) [× Cancel](#) [→ Next](#)



# Review and Attachments

Submit New UB-04

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Total Charges

38273.67

Revenue Line Count

14

80. Remark

**Add Attachments:**

Up to 2 attachments with a max of 10 mb each can be uploaded with the following formats: PDF, JPEG and GIF.

+ Add Attachment

1	test pdf.pdf	100 KB	Delete
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← Previous   × Cancel   ✓ Submit

# IHS to 1500 transition



- Beginning January 1, 2021 South Dakota Medicaid will be transitioning IHS on to the CMS 1500 claim form for their professional and ancillary charges.
- This change will provide reporting, such as Well Child visits and immunizations, along with valuable information used for State and Federal reporting. This will also provide data to help facilitate future program needs.

## Ancillary Charges

- Any physician ancillary charges that occur during an inpatient encounter may be billed to receive the fee for service reimbursement for the physician
- Charges must follow standard guidelines such as prior authorization and service limits
- Charges must be billed with the appropriate place of service (21 Inpatient)

## Professional Services

- Services will still be reimbursed at the encounter rate.
  - Services that will transition to a CMS 1500 claim form include:
    - Clinic services (510 Rev code)
    - Vision services (500 Rev code)
    - Mental Health Services (513 Rev code)
    - Ambulatory Surgery Center Services (490 Rev code)
    - EPSDT (519 Rev code)
    - Public Health Nursing Services (551 Rev Code)

# IHS to 1500 transition



Outpatient and Inpatient hospital services performed in a hospital will still be required to be billed on the UB04 form.

# IHS to 1500 transition



## Enrollment changes

- Professional services
  - IHS clinics will require a separate enrollment from IHS outpatient facilities
- Ancillary charges
  - The individual physician must be enrolled with the associated IHS provider billing NPI in the South Dakota Medicaid system