

MEDICAID PORTAL CMS 1500 SUBMISSION GUIDE

MEDICAID CLAIM SUBMISSION

Claim Submission via Medicaid portal is a tool that allows the provider to submit a claim and attachments electronically to South Dakota Medicaid. This guide will outline Medicaid Portal Claim Submission variances. All SD Medicaid Billing instructions apply. Please review: <https://dss.sd.gov/medicaid/providers/billingmanuals/>

MEDICAID CLAIM SUBMISSION PERMISSIONS

A Provider Administrator can add Claim Submission and/or Claim Submission View to the appropriate Provider User staff.
Open “User Maintenance”, under the “Administration” tab.

Select the user you would like to add the permissions to.

Click “Update”, then click “Next”.

In the “Permission Available” select “Claim Submission” to allow the user to submit CMS 1500 claims and/or “Claim Submission View” which allows the user to view their submitted claims for the NPIs in their profile.

Once selected, click the arrow that is pointing to the right to move these options to the users’ “Permissions Selected” and click “Update”

The user, if logged in will need to log out and log back in to see added permissions for the portal.

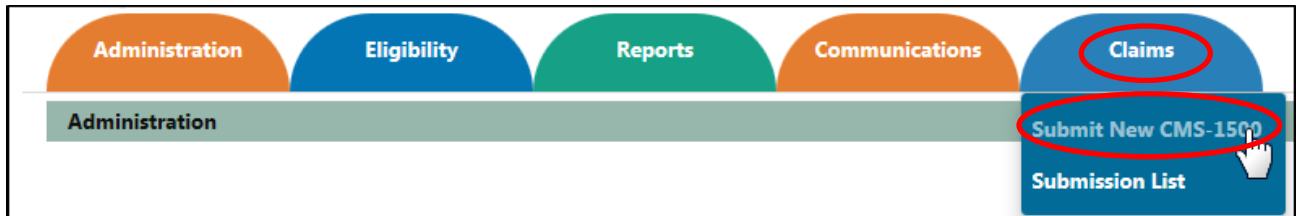
Permissions Available		Permissions Selected
<input checked="" type="checkbox"/> Select All		<input type="checkbox"/> Select All
<input checked="" type="checkbox"/> Claim Submission	→	<input type="checkbox"/> H.Home - Core Services
<input checked="" type="checkbox"/> Claim Submission View	←	<input type="checkbox"/> H.Home - RA
		<input type="checkbox"/> Negative Balance Report
		<input type="checkbox"/> PCP - Case Load
		<input type="checkbox"/> PCP - Claims Paid
		<input type="checkbox"/> PCP - RA

Once permissions are updated the user will see the Claims tab.



SUBMIT A CMS 1500 CLAIM

Under the “Claims” menu, hover over the “Claims” tab with your mouse and select “Submit New CMS 1500”.



For the online claim submission, the CMS 1500 Claim form has been split into 4 separate sections. Each section will be required to be “Saved” prior to proceeding to the following section. As a user, you can “Update” your saved section if changes are needed.

Section 1 (Recipient and Billing Provider information)

Select the” Claim Type “from the drop down. Select “Medicaid” where Medicaid is the primary payor or “Medicare Xover” (Crossover) to submit a Medicare Crossover claim.

If Medicaid is secondary to a private health insurance, select “Medicaid” as the claim type.

*Denotes a required field

Submit New CMS - 1500	
The numbering system of this submission form relates to the CMS-1500 claim form. Please refer to the billing manual found at dss.sd.gov/medicaid/providers for additional information about billing requirements.	
* Denotes required field. A record can only be saved if all required fields have been completed.	
1. SELECT CLAIM TYPE *	33. BILLING PROVIDER ZIP CODE *
1a. INSURED'S I.D. NUMBER *	33a. BILLING PROVIDER NPI *
2. PATIENT'S NAME	33b. BILLING PROVIDER TAXONOMY *
3. PATIENT'S BIRTH DATE	PATIENT'S SEX
5. PATIENT'S ADDRESS	
9. OTHER INSURED'S NAME	10. IS PATIENT'S CONDITION RELATED TO:
9a. OTHER INSURED'S POLICY OR GROUP NUMBER	a. EMPLOYMENT? <input type="radio"/> YES <input checked="" type="radio"/> NO
9d. OTHER INSURED PLAN NAME OR PROGRAM NAME	b. AUTO ACCIDENT? <input type="radio"/> YES <input checked="" type="radio"/> NO
11d. IS THERE ANOTHER HEALTH BENEFIT PLAN? *	c. OTHER ACCIDENT? <input type="radio"/> YES <input checked="" type="radio"/> NO
	<input type="button" value="Save"/>

After selecting the claim type enter the recipient's 9-digit Medicaid ID number and click "Verify."

The following fields will auto-populate: (these fields cannot be edited)

- Patient's Name
- DOB (date of birth)
- Sex
- Address

Administration Eligibility Reports Communications Claims

Submit New CMS - 1500

The numbering system of this submission form relates to the CMS-1500 claim form. Please refer to the billing manual found at dss.sd.gov for additional information billing requirements.

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

1. SELECT CLAIM TYPE *	Medicaid	33. BILLING PROVIDER ZIP CODE *	57501-1234
1a. INSURED'S I.D. NUMBER *	000000123	33a. BILLING PROVIDER NPI *	1234567890
2. PATIENT'S NAME	DOE, JACK	33b. BILLING PROVIDER TAXONOMY *	123x12345x
3. PATIENT'S BIRTH DATE	07/01/1944	PATIENT'S SEX	M
5. PATIENT'S ADDRESS	700 GOVERNORS DR PIERRE SD 575011234		
9. OTHER INSURED'S NAME		10. IS PATIENT'S CONDITION RELATED TO:	
9a. OTHER INSURED'S POLICY OR GROUP NUMBER		a. EMPLOYMENT? <input type="radio"/> YES <input checked="" type="radio"/> NO	
9d. OTHER INSURED PLAN NAME OR PROGRAM NAME		b. AUTO ACCIDENT? <input type="radio"/> YES <input checked="" type="radio"/> NO	
11d. IS THERE ANOTHER HEALTH BENEFIT PLAN? *	<input type="radio"/> YES <input checked="" type="radio"/> NO	c. OTHER ACCIDENT? <input type="radio"/> YES <input checked="" type="radio"/> NO	

Save

Enter the required information:

- Billing Provider Zip Code
- Billing Provider NPI
- Billing Provider Taxonomy

Please enter in any Third-Party Liability (TPL) information or Condition information if applicable. If submitting a Medicare Crossover, or Medicaid as secondary after private health insurance, select "Yes" in box 11a for the TPL information." Enter the information in boxes 9, 9a, and 9d.

Once the section is complete, click "Save"; you cannot move to the next section without clicking save.

Section 2 (Referring/Ordering Provider, Notes, Diagnosis Codes, and Prior Authorization)

Referring Provider or Other source:

If an Ordering, Referring or Prescribing NPI is entered, the physician's name is required.

- Additional Claim Information is limited to 80 characters. This may be used for “Notes,” such as “broken beyond repair” for glasses or trip information for a transportation claim.
- Diagnosis codes: The application will only allow ICD – 10 diagnosis codes. Do not use decimal points when entering.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE		Dr. Jane Smith		17b. REFERRING, ORDERING, OR PRESCRIBING NPI		1234567890	
19. ADDITIONAL CLAIM INFORMATION		80 Character Limitation					
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY *		A	F809	X	*	B	
		C		D		E	
		G		H		I	
		J		K		L	
22. RESUBMISSION CODE		For Future Development		ORIGINAL REFERENCE NO		For Future Development	
23. PRIOR AUTHORIZATION NUMBER							

Save

Click the Save Button

Section 3 (Procedure information)

Enter the procedure information.

Select the appropriate drop-down information. If Emergency, EPSDT/Family Planning apply, select the appropriate drop-down option. Refer to the Provider Billing Manuals for specific instructions by provider type <https://dss.sd.gov/medicaid/providers/billingmanuals/default.aspx>

24.	1 *	2	3	4	5	6
A. FROM DOS *	5/1/2019					
TO DOS *	5/1/2019					
B. PLACE OF SERVICE *	11					
C. EMERGENCY	Select	Select	Select	Select	Select	Select
D. PROCEDURES, SERVICES, OR SUPPLIES (CPT or HCPC) *	99213					
PROCEDURE MODIFIER						
NDC						
NDC QUANTITY	0.000					
NDC UNIT OF MEASURE	Select	Select	Select	Select	Select	Select
E. DIAGNOSIS POINTER *	A	A	A	A	A	A
F. \$ CHARGES *	150.00					
\$ CONTRACTUAL (CTR)						
\$ OTHER PAID	50.00					
\$ DED/COINS	100.00					
G. DAYS OR UNITS OF SERVICE *	1					
H. EPSDT/FAMILY PLANNING	Select	Select	Select	Select	Select	Select
J. RENDERING PROVIDER NPI	1234567819					
RENDERING TAXONOMY	213E00000X					
	✓ Validate ✗	+ Add				

Charges
- minus
other paid
= the deductible

Once line 1 is complete click “Validate.” Once the initial line is validated, a second line can be added, if needed or continue with the claim.

NOTE: Medicare Xover (Crossover) will allow the submission of the Deductible/Coinsurance when determined by Medicare. When submitting a Medicare Crossover combine the payment, any contractual obligation, provider adjustment, and sequestered amount into the Other Paid portion of the claim. Only amounts designated as Medicare Deductible/Coinsurance go into the **\$ DED/COINS** area.

The amount entered in 24F (CHARGES) will be included as total charges after the entry is saved.

*All enrolled servicing providers must be listed on the claim form. The servicing provider's NPI and the servicing provider's taxonomy must be entered in box 24J.

24.	1 *	2	3	4	5	6
A. FROM DOS *	5/1/2019					
TO DOS *	5/1/2019					
B. PLACE OF SERVICE *	11					
C. EMERGENCY	Select	Select	Select	Select	Select	Select
D. PROCEDURES, SERVICES, OR SUPPLIES (CPT or HCPC) *	99213					
PROCEDURE MODIFIER						
NDC						
NDC QUANTITY	0.000					
NDC UNIT OF MEASURE	Select	Select	Select	Select	Select	Select
E. DIAGNOSIS POINTER *	A	A	A	A	A	A
F. \$ CHARGES *	150.00					
\$ CONTRACTUAL (CTR)						
\$ OTHER PAID	0.00					
\$ DED/COINS	100.00					
G. DAYS OR UNITS OF SERVICE *	1					
H. EPSDT/FAMILY PLANNING	Select	Select	Select	Select	Select	Select
J. RENDERING PROVIDER NPI	1234567819					
RENDERING TAXONOMY	213E00000X					
	Update					
						Save

Only 6 lines can be submitted. Enter any applicable information if you are entering a third-party liability (TPL) or Medicare Xover (Crossover) claim.

Click the "Save" Button

Section 4 (Billing Totals, Servicing Zip, Patient Account)

Includes Boxes 25-32

Enter the Patient Account number if applicable.

25. FEDERAL TAX I.D.		26. PATIENT'S ACCOUNT NO.	
28. \$ TOTAL CHARGE *	150.00	29. \$ TOTAL AMOUNT PAID	
32. SERVICE FACILITY LOCATION ZIP CODE *	57123-1234		
		Save	
Up to 2 attachments with a max of 10 mb each can be uploaded with the following formats. PDF, JPEG and GIF.			
+ Add Attachment			
		Cancel Submit	

Click the "Save" Button

ATTACHMENTS

2 attachments in PDF, JPEG and/or GIF formats can be added to the claim. The attachments can include primary EOBs, notes, invoices, or documentation supporting the claim. Each attachment can be a max of 10 MB.

Review the attachments. If you cannot clearly read the attachment, please delete, and upload documentation that is clear. If SD Medicaid is unable to clearly read the documents, claims may deny for illegible documentation.

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	SAMPLE.jpeg	16 KB
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✕ Cancel

✓ Submit

SUBMISSION

All sections must be "Saved" to submit a claim

After clicking "Submit" there will be an affirmation box to "OK". This affirmation takes place of the "Signature Box" on a paper claim.

I declare and affirm under the penalties of perjury that any claim submitted will be examined by me, and to the best of my knowledge and belief, will be in all things true and correct.

OK

Cancel

Click "OK" r a claim number is generated. If you do not receive the following message with a claim reference number, your claim has not been submitted.

Message from webpage

!

Claim saved successfully. Claim reference number:
20192250500010

OK

The claim reference number will show in the Submission List.

ADDITIONAL NOTES

Changes

Before submitting a claim if you need to make a change click the “Update” button. This will allow you to make changes in that section.

When making updates in section 3, each line can be updated individually. After making any update, the line will need validated.

Once complete click “Save.”


24.	1 *	2	3	4	5	6
A. FROM DOS *	3/27/2019	3/27/2019				
TO DOS *	3/27/2019	3/27/2019				
B. PLACE OF SERVICE *	12	12				
C. EMERGENCY	Select	Select	Select	Select	Select	Select
D. PROCEDURES, SERVICES, OR SUPPLIES (CPT or HCPC) *	I1970	I2275				
PROCEDURE MODIFIER	lt rt	lt rt				
NDC						
NDC QUANTITY						
NDC UNIT OF MEASURE	Select	Select	Select	Select	Select	Select
E. DIAGNOSIS POINTER *	A	A	A	A	A	A
F. \$ CHARGES *	1594.94	317.84				
\$ CONTRACTUAL (CTR)						
\$ OTHER PAID						
G. DAYS OR UNITS OF SERVICE *	1	1				
H. EPSDT/FAMILY PLANNING	Select	Select	Select	Select	Select	Select
J. RENDERING PROVIDER NPI						
RENDERING TAXONOMY	335E00000X	335E00000X				
	Update	Update	Add			Update

NOTIFICATIONS


Required Attachments

A claim submitted more than six months from the date of service, has third-party liability (TPL), or in the case of a Future Date Medicare Crossover; requires an attachment to be submitted.



25. FEDERAL TAX I.D.		26. PATIENT'S ACCOUNT NO.	
28. \$ TOTAL CHARGE *	150.00	29. \$ TOTAL AMOUNT PAID	15.00
32. SERVICE FACILITY LOCATION ZIP CODE *	57501		

 Update

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

 Add Attachment

Attachment is required when Total Amount Paid entered

 Cancel  Submit

SUBMISSION LIST

The Submission List shows the **last 30 days** of claims that have been saved and submitted. As a “Provider Administrator,” you can see all the claims saved and submitted for the billing NPIs associated with your account.

As a “Provider User,” you will only have access to claims you have worked on.

If a claim has not been submitted, you will have the option to “Update” the claim or “Delete” the claim. Once the claim is submitted the user may “View” the claim in the Medicaid portal. Another option is for the user to download and/or print the submitted claim with the PDF icon.

Once a claim is “Submitted”, it cannot be deleted or edited.

If you need to change/update a claim, you will need to follow the steps to “Adjust” or “Void” the claim.

Claim Submission List

Search results are within last 30 days. A Billing NPI is required for the search.

Billing NPI *

Select One
1234567890 ☐
1555566667 ☐

Servicing NPI

☐ Select All

Status Information:

In Process - Claim has not been submitted by the provider.

Submitted - Claim has been sent to SD Medicaid.

Rejected - Claim was rejected electronically by SD Medicaid, please resubmit a new claim.

Accepted - Claim is currently being processed by SD Medicaid.

Claim Ref #	Billing NPI	Servicing NPI	Recip ID	Patient Account #	Submitter ID	Status	Action
+ 20192200500010	1234567890	1223344555	123000123	123123123123	Jackson.McJohn@provider.com	Accepted	<input type="button" value="View"/>
+ 20192250500020	1234567890	1223344555	231000123	123123123123	Jane.Doe@provider.com	Accepted	<input type="button" value="View"/>
+ 20192250500010	1555566667	1333455577	555111555		Jackson.McJohn@provider.com	Submitted	<input type="button" value="View"/>
+ 20192260500010	1555566667	1333455577	123000312	1234567789	Jane.Doe@provider.com	Rejected	<input type="button" value="View"/>
	1555566667	1333455577	222115555		Jane.Doe@provider.com	In Process	<input type="button" value="Update"/>
	1234567890	1223344555	311200123	123123123123	Jackson.McJohn@provider.com	In Process	<input type="button" value="Update"/>

<< < 1 > >> Go to page: Row count:
Showing 1-6 of 6

Print PDF Option

STATUS INFORMATION

In Process

"In process" is a claim that has not been submitted to SD Medicaid. A claim in this status can be updated or deleted. Section 1 must be saved for the claim to appear on this list.

Submitted

"Submitted" is a completed claim and has been submitted to SD Medicaid. Note, if the claim is submitted after 4:00pm CST, it will not be picked up by our system until after 7:30am CST the next business day. A claim in this status can only be viewed.

Accepted

"Accepted" is a claim that has been accepted by SD Medicaid and will be processed. A claim in this status can only be viewed.

NOTE: Claims submitted via the Medicaid Portal are considered electronic claims. If you have an electronic data interchange (EDI) provider, and you submit a claim on the Medicaid portal the claim will show on your 835.

Rejected

"Rejected" is a claim that was not accepted by SD Medicaid. This may happen if there is a server issue or other web related issue. A claim in this status can only be viewed. **A brand-new claim will need to be submitted.**

SUBMISSION LIST MISC. INFO

Locked

Locked indicates the claim is being worked on. Hover over the padlock or click update, the email of the person working on the claim will show. The record cannot be viewed until the person exits the claim, or in the case, they have walked away from their computer, 24 hours later.

Search Options

When using search, a Billing NPI is required.

Claim Specific Details

By clicking the "+" you can see claim specific details on the claim.

Claim Ref #	Billing NPI	Servicing NPI	Recip ID	Patient Account #	Submitter ID	Status	Action		
+	20192260500030	1234567890	1555566667	231000123	ABC123	Jackson.McJohn@provider.com	Accepted	View	
+	20192250500020	1234567890	1555566667	123000123	ABC123	Jackson.McJohn@provider.com	Accepted	View	
-	20192320500010	1234567890	1555566666	123000123	test123	Jane.Doe@provider.com	Accepted	View	
From DOS		To DOS		Proc Code		Billed Charges			
05/30/2019		05/30/2019		T4524		\$150.00			

Update "In Process"

If a claim is in an "In Process" status, the user can complete the claim or delete the claim. If the claim is deleted, the claim cannot longer be accessed.

PDF Icon

Medicaid Portal users can save or print a PDF version of the claim for their records. You can open or save the PDF by clicking on the PDF icon. The document name defaults to the claim number associated with the claim.

If there are attachments submitted with the claim, the file name of the attachment is available on the PDF.

Attachments	CMS 1500 Submission5_4_2020.pdf
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This image is for record keeping only and is not a valid claim form.
If a claim is "Rejected" only the "View" option will be available.

MEDICAID PORTAL CMS 1500 VOID GUIDE

Only claims submitted through the Medicaid Portal can have a void completed. Only those with Administrative Permissions can complete a void through the Medicaid portal. If you need Administrative Permissions, you will need to have your current administrator give you access.

Claims are allowed to be voided within 30 days of submission through the Medicaid portal. Claims over 30 days old are not allowed to be voided through the Medicaid portal. You are not able to void an adjusted claim through the Medicaid portal.

MEDICAID PORTAL CMS 1500 VOID

Begin by selecting the Submission List under the Claims tab.

PORTAL

User Guide | FAQ | DSS

Administration Resident Reporting Recipient Info Reports Communications **Claims** Clinical Reviews

Claim Submission List

Search results are within last 31 days. A Billing NPI is required for the search.

Claim Ref # Recip ID Patient Account #

From DOS To DOS Proc Code

☐ HCFA ☐ UB Type of Submiss Claim Status

Status Information:

- In Process** - Claim has not been submitted by the provider.
- Submitted** - Claim has been sent to SD Medicaid.
- Rejected** - Claim was rejected electronically by SD Medicaid, please resubmit a new claim.
- Accepted** - Claim is currently being processed by SD Medicaid.
- Void** - Claim has been voided. Once the void is completed, it cannot be adjusted.
- Adj** - Claim has been adjusted and cannot be adjusted again.

Note: **Adjustments and Voids can only be completed after a claim has been paid**

Billing NPI

Select One

- ☐ 03060146
- ☐ 03145392
- ☐ 033273818
- ☐ 053388793
- ☐ 104330620

Select All

Search Reset

Claim Ref #	Billing NPI	Recip ID	Patient Account #	Submitter ID	Status	Action	Adjust/Void
+							Adjust/Void
+							Adjust/Void
+	20233170500010	012345678	000123456	DSS.CLAIMSPECIALISTS@state.sd.us	Accepted	View	Adjust/Void
+	20233170500000	012345678	000123456	DSS.CLAIMSPECIALISTS@state.sd.us	Accepted	View	Adjust/Void

<< < 1 > >> Go to page: 1 Row count: 10 Showing 1-4 of 4

Locate the claim you are looking for and click the Adjust/Void button.

Adjust/Void

*** Please select one of the following.**

☐ Adjust Claim

☐ Void Claim

Choose "Void Claim" click "Submit."

Claim submitted successfully.

OK

Click "OK"

The claim has successfully been voided. When you refresh the listing, the claim will show as Void/Submitted.

Portal

Administration Resident Reporting Recipient Info Reports Communications Claims Clinical Reviews

Claim Submission List

Search results are within last 31 days. A Billing NPI is required for the search.

Claim Ref #

Recip ID

Patient Account #

From DOS

To DOS

Proc Code

☐ HCFA ☐ UB

Type of Submiss

Claim Status

Billing NPI

Servicing NPI

Billing NPI

Servicing NPI

Select One

Select All

1003060146

1003145392

1033273010

105338L...

110433C

Status Information:

In Process - Claim has not been submitted by the provider.

Submitted - Claim has been sent to SD Medicaid.

Rejected - Claim was rejected electronically by SD Medicaid, please resubmit a new claim.

Accepted - Claim is currently being processed by SD Medicaid.

Void - Claim has been voided. Once the void is completed, it cannot be adjusted.

Adj - Claim has been adjusted and cannot be adjusted again.

Note: **Adjustments and Voids can only be completed after a claim has been paid**

Search

Reset

Claim Ref #	Billing NPI	Recip ID	Patient Account #	Submitter ID	Status	Action	Adjust/Void
20233170500010	012345678	0123456789		DSS.CLAIMSPECIALISTS@state.sd.us	Void/Submitted	View	

MEDICAID PORTAL CMS 1500 ADJUSTMENT GUIDE

Only claims submitted through the Medicaid portal can have an adjust completed. Only those with Administrative Permissions can complete a adjust through the Medicaid portal. If you need Administrative Permissions, you will need to have your current administrator give you access.

Claims are only allowed to be adjusted/voided within 30 days of submission through the Medicaid portal.

- Claims over 30 days old are not allowed to be adjusted/voided through the Medicaid portal.
- A claim can only be adjusted one time on the Medicaid portal.
- You are not able to void an adjusted claim through the Medicaid portal.
- Once a claim is voided no further changes are allowed.

MEDICAID PORTAL CMS 1500 ADJUST

Begin by selecting the Submission List under the Claims tab.

The screenshot displays the Medicaid Portal CMS 1500 Submission Guide interface. The top navigation bar includes tabs for Administration, Resident Reporting, Recipient Info, Reports, Communications, Claims, and Clinical Reviews. The Claims tab is selected and highlighted with a red box. A dropdown menu is open under the Claims tab, showing options: Status Inquiry, Submit New CMS-1500, Submit New UB-04, and Submission List. The Submission List option is highlighted with a red box. Below the navigation bar, the main content area shows a search results section with filters for Claim Ref #, Recip ID, Patient Account #, Billing NPI, and Claim Status. A table of search results is displayed below the filters, showing columns for Claim Ref #, Billing NPI, Recip ID, Patient Account #, Submitter ID, Status, and Action. The table contains two rows of data, both with a status of 'Accepted'. The first row has Claim Ref # 20233170500010, Billing NPI 0123456789, Recip ID 000123456, and Submitter ID DSS.CLAIMSPECIALISTS@st. The second row has Claim Ref # 20233170500000, Billing NPI 0123456789, Recip ID 000123456, and Submitter ID DSS.CLAIMSPECIALISTS@st. The Action column for both rows contains a 'View' button and an 'Adjust/Void' button. The 'Adjust/Void' button is highlighted with a red box. The bottom of the page shows a pagination bar with 'Go to page: 1' and 'Now count: 10'.

Claim Ref #	Billing NPI	Recip ID	Patient Account #	Submitter ID	Status	Action
20233170500010	0123456789	000123456		DSS.CLAIMSPECIALISTS@st	Accepted	View Adjust/Void
20233170500000	0123456789	000123456		DSS.CLAIMSPECIALISTS@st	Accepted	View Adjust/Void

Locate the claim you are looking for and click the Adjust/Void button.

Administration **Resident Reporting** **Recipient Info** **Reports** **Communications** **Claims** **Clinical Reviews**

Claim Submission List

Search results are within last 31 days. A Billing NPI is required for the search.

Claim Ref # Recip ID Patient Account # Billing NPI * Servicing NPI

From DOS To DOS Proc Code

☐ HCFA ☐ UB Type of Submiss Claim Status

Status Information:
In Process - Claim has not been submitted by the provider.
Submitted - Claim has been sent to SD Medicaid.
Rejected - Claim was rejected electronically by SD Medicaid, please resubmit a new claim.
Accepted - Claim is currently being processed by SD Medicaid.
Void - Claim has been voided. Once the void is completed, it cannot be adjusted.
Adj - Claim has been adjusted and cannot be adjusted again.
 Note: **Adjustments and Voids can only be completed after a claim has been paid**

Search **Reset**

Claim Ref #	Billing NPI	Recip ID	Patient Account #	Submitter ID	Status	Action	Adjust/Void
+	20233170500000	012345678	012345678	DSS.CLAIMSPECIALISTS@state.sd.us	Accepted		

<< < 1 > >> Go to page: 1 Row count: 10 Showing 1-4 of 4

Locate the claim you are wanting to adjust and click the Adjust/Void button.

Adjust/Void

* Please select one of the following.

☐ Adjust Claim


☐ Void Claim

Submit **Exit**

Choose "Adjust Claim" click "Submit."

The original claim will open; there are no edit options for boxes 1-23.

You are logged in as Provider Admin



[User Guide](#) | [FAQ](#) | [DSS](#)

Administration
Resident Reporting
Recipient Info
Reports
Communications
Claims
Clinical Reviews

Submit New CMS - 1500
Click here for Claims submission instructions

The numbering system for this form relates to the CMS-1500 claim form. Please refer to the billing manual found at dss.sd.gov/medicaid/providers for additional information on claim submissions.

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

<p>1. SELECT CLAIM TYPE * Medicaid ▼</p> <p>1a. INSURED'S I.D. NUMBER * 000000009 Verify</p> <p>2. PATIENT'S NAME Mickey Mouse</p> <p>3. PATIENT'S BIRTH DATE 10/11/2002</p> <p>5. PATIENT'S ADDRESS 1234 Clubhouse Dr. Pierre, SD 57501</p>	<p>33. BILLING PROVIDER ZIP CODE * 57042</p> <p>33a. BILLING PROVIDER NPI * 0123456789</p> <p>33b. BILLING PROVIDER TAXONOMY * 123N00000X</p> <p>PATIENT'S SEX M</p>
--	--

<p>9. OTHER INSURED'S NAME <input type="text"/></p> <p>9a. OTHER INSURED'S POLICY OR GROUP NUMBER <input type="text"/></p> <p>9d. OTHER INSURED PLAN NAME OR PROGRAM NAME <input type="text"/></p> <p>11d. IS THERE ANOTHER HEALTH BENEFIT PLAN? * <input type="radio"/> YES <input checked="" type="radio"/> NO</p>	<p>10. IS PATIENT'S CONDITION RELATED TO:</p> <p>a. EMPLOYMENT? <input type="radio"/> YES <input checked="" type="radio"/> NO</p> <p>b. AUTO ACCIDENT? <input type="radio"/> YES <input checked="" type="radio"/> NO</p> <p>c. OTHER ACCIDENT? <input type="radio"/> YES <input checked="" type="radio"/> NO</p>
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<p>17. NAME OF REFERRING PROVIDER OR OTHER SOURCE Minnie Mouse</p>	<p>17b. REFERRING, ORDERING, OR PRESCRIBING NPI 1265402838</p>
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If any information located in boxes 1-23 is incorrect you will need to void the claim and enter a new one.

24.	1 *	2	3	4	5	6
A. FROM DOS *	10/10/2023					
TO DOS *	10/13/2023					
B. PLACE OF SERVICE *	09					
C. EMERGENCY	Select ▼	Select ▼	Select ▼	Select ▼	Select ▼	Select ▼
D. PROCEDURES, SERVICES, OR SUPPLIES (CPT or HCPC) *	N3080					
PROCEDURE MODIFIER	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
NDC	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
NDC QUANTITY	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
NDC UNIT OF MEASURE	Select ▼	Select ▼	Select ▼	Select ▼	Select ▼	Select ▼
E. DIAGNOSIS POINTER *	A ▼	A ▼	A ▼	A ▼	A ▼	A ▼
F. \$ CHARGES *	1800.00					
\$ CONTRACTUAL (CTR)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
\$ OTHER PAID	0.00	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
\$ DED/COINS	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
G. DAYS OR UNITS OF SERVICE *	2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
H. EPSDT/FAMILY PLANNING	Select ▼	Select ▼	Select ▼	Select ▼	Select ▼	Select ▼
J. RENDERING PROVIDER NPI	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
RENDERING TAXONOMY	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Update					
						Update

Go to the blue update option and click on the update button under 24J Colum 1.

This will enable the update option and the save option. Click” Update”.

The areas you can edit will open as shown below. The only edit options on the CMS 1500 for an adjustment are the charges and the days or units of service. All other areas will stay grayed out. If any of the gray areas need updated, void the claim, and start a new one.

24.	1 *	2	3	4	5	6
A. FROM DOS *	10/10/2023					
TO DOS *	10/13/2023					
B. PLACE OF SERVICE *	09					
C. EMERGENCY	Select ▼	Select ▼	Select ▼	Select ▼	Select ▼	Select ▼
D. PROCEDURES, SERVICES, OR SUPPLIES (CPT or HCPC) *	N3080					
PROCEDURE MODIFIER	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
NDC	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
NDC QUANTITY	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
NDC UNIT OF MEASURE	Select ▼	Select ▼	Select ▼	Select ▼	Select ▼	Select ▼
E. DIAGNOSIS POINTER *	A ▼	A ▼	A ▼	A ▼	A ▼	A ▼
F. \$ CHARGES *	1800.00					
\$ CONTRACTUAL (CTR)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
\$ OTHER PAID	0.00	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
\$ DED/COINS	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
G. DAYS OR UNITS OF SERVICE *	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
H. EPSDT/FAMILY PLANNING	Select ▼	Select ▼	Select ▼	Select ▼	Select ▼	Select ▼
J. RENDERING PROVIDER NPI	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
RENDERING TAXONOMY	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Validate					

After making the changes click “Validate”

24.	1 *	2	3	4	5	6
A. FROM DOS *	10/10/2023					
TO DOS *	10/13/2023					
B. PLACE OF SERVICE *	09					
C. EMERGENCY	Select ▼	Select ▼	Select ▼	Select ▼	Select ▼	Select ▼
D. PROCEDURES, SERVICES, OR SUPPLIES (CPT or HCPC) *	N3080					
PROCEDURE MODIFIER	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
NDC	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
NDC QUANTITY	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
NDC UNIT OF MEASURE	Select ▼	Select ▼	Select ▼	Select ▼	Select ▼	Select ▼
E. DIAGNOSIS POINTER *	A ▼	A ▼	A ▼	A ▼	A ▼	A ▼
F. \$ CHARGES *	1800.00					
\$ CONTRACTUAL (CTR)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
\$ OTHER PAID	0.00	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
\$ DED/COINS	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
G. DAYS OR UNITS OF SERVICE *	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
H. EPSDT/FAMILY PLANNING	Select ▼	Select ▼	Select ▼	Select ▼	Select ▼	Select ▼
J. RENDERING PROVIDER NPI	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
RENDERING TAXONOMY	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Update					Save

The update was made on your screen. Click “Save”

24.	1 *	2	3	4	5	6
A. FROM DOS *	10/10/2023					
TO DOS *	10/13/2023					
B. PLACE OF SERVICE *	09					
C. EMERGENCY	Select ▼	Select ▼	Select ▼	Select ▼	Select ▼	Select ▼
D. PROCEDURES, SERVICES, OR SUPPLIES (CPT or HCPC) *	N3080					
PROCEDURE MODIFIER	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
NDC	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
NDC QUANTITY	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
NDC UNIT OF MEASURE	Select ▼	Select ▼	Select ▼	Select ▼	Select ▼	Select ▼
E. DIAGNOSIS POINTER *	A ▼	A ▼	A ▼	A ▼	A ▼	A ▼
F. \$ CHARGES *	1800.00					
\$ CONTRACTUAL (CTR)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
\$ OTHER PAID	0.00	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
\$ DED/COINS	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
G. DAYS OR UNITS OF SERVICE *	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
H. EPSDT/FAMILY PLANNING	Select ▼	Select ▼	Select ▼	Select ▼	Select ▼	Select ▼
J. RENDERING PROVIDER NPI	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
RENDERING TAXONOMY	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Update					Update

This indicates (all sections grayed out) your update was made and saved in the system.
Continue to move to the next section and check if edits are needed.

Click “Save” located under boxes 25-32. The only option to edit is box 28. In this example the price was correct, but the units were incorrect. No changes were made to box 28. Click “Save” and “Submit”.

25. FEDERAL TAX I.D.	<input type="text"/>	26. PATIENT'S ACCOUNT NO.	<input type="text"/>
28. \$ TOTAL CHARGE *	<input type="text" value="1800.00"/>	29. \$ TOTAL AMOUNT PAID	<input type="text"/>
32. SERVICE FACILITY LOCATION ZIP CODE *	<input type="text" value="57042"/>		

Save

SubmitCancel

Included is an example of how to file a TPL (Third Party Liability Claim) –

24.	1 *	2	3	4	5	6
A. FROM DOS *	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TO DOS *	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
B. PLACE OF SERVICE *	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
C. EMERGENCY	Select ▼	Select ▼	Select ▼	Select ▼	Select ▼	Select ▼
D. PROCEDURES, SERVICES, OR SUPPLIES (CPT or HCPC) *	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
PROCEDURE MODIFIER	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
NDC	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
NDC QUANTITY	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
NDC UNIT OF MEASURE	Select ▼	Select ▼	Select ▼	Select ▼	Select ▼	Select ▼
E. DIAGNOSIS POINTER *	A ▼	A ▼	A ▼	A ▼	A ▼	A ▼
F. \$ CHARGES *	TOTAL AMOUNT FOR SINGLE CLAIM LINE					
\$ CONTRACTUAL (CTR) <small>Enter amount of the Network Savings, required Provider Adjustment</small>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
\$ OTHER PAID	TOTAL OF THE AMOUNT PAID BY THIRD PARTY LIABILITY PLAN					
\$ DED/COINS	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
G. DAYS OR UNITS OF SERVICE *	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
H. EPSDT/FAMILY PLANNING	Select ▼	Select ▼	Select ▼	Select ▼	Select ▼	Select ▼
J. RENDERING PROVIDER NPI	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
RENDERING TAXONOMY	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="button" value="✓ Validate"/>	<input type="button" value="✗"/>				

**THIRD PARTY LIABILITY CLAIM
EXAMPLE**

**BLOCK 29: Sum of
payment(s) for all claim
lines; do not include the
CTR.**

After clicking submit; the declaration screen will pop up. You must click ok to affirm the information. Click “OK”

dssappstest.appssd.sd.gov says

I declare and affirm under the penalties of perjury that any claim submitted will be examined by me, and to the best of my knowledge and belief, will be in all things true and correct.

After clicking and affirming the information you will receive the following message. The claim has not been submitted successfully without receiving the message below.

dssappstest.appssd.sd.gov says

Claim submitted successfully.

QUICK ANSWERS

1. Why are not all fields required for claims submission?

Online claims submission is not for a specific provider but for multiple providers. Required information varies based on services provided or on the restrictions of the provider enrollment. Please follow the same requirements that are required on a paper claim submission. <https://dss.sd.gov/medicaid/providers/billingmanuals/>

2. Can I scan in a claim and have it auto-populate fields?

No. All claim information will be entered manually.

3. Can I edit auto-populated information?

This is currently not available.

4. Am I allowed to see what others in my department have been working on for the provider's NPI?

The Provider Administrator is the only user who can see the provider's online claims submission history. A Medicaid Portal User is limited to their individual log in with the combination of billing and servicing provider's NPI assignments.

5. Can I correct a claim once I have clicked the submit button?

Yes, a claim can be adjusted one time after the initial submission. Find the claim on the claims submission listing and follow the steps in the guide on how to complete a claim adjustment.

6. Can I save a claim and come back to it later?

Yes, although a “saved” non-submitted claim will only be on the user’s claim submission list for a maximum of 30 days.

7. I have a rejected claim, now what?

Please re-enter and submit a new claim. If the claim is again rejected, please contact DSSonlineportal@state.sd.us. Please provide a screen shot of the rejected claim.

8. Can I use the PDF of my claim to send as a paper claim?

No, the PDF is for your records only and is not a valid claim form for submission.

9. Can I use adjust a claim more than one time?

No, the Medicaid portal allows for one claim adjustment.

10. Can I update a voided claim?

No, once a claim is voided it can no longer be used.

11. How long can I view a claim submitted on the Medicaid portal?

A claim can be viewed in the submission listing for 30 days; however, if you have the claim reference # you are able to search and view the claim for 6 months.