



DEPARTMENT OF SOCIAL SERVICES
 DIVISION OF MEDICAL SERVICES
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October 13, 2008

Re: Recipient Co-Payment on UB 04 Claim Form

Dear South Dakota Medical Assistance Long Term Care Provider:

Long Term Care Providers completing the UB 04 claim form for nursing home and assisted living waiver residents are reminded of a recent change to completing the form.

Effective November 1, 2008, when entering the **RECIPIENT CO-PAYMENT** the following is required or the claim will be denied.

In BOX 50 Payer Name:

LINE A --- ENTER 999 for Medicaid

LINE B --- ENTER 555 to indicate there is a CLIENT CO-PAYMENT

LINE C --- ENTER 141 to indicate Long Term Care Insurance and attach a copy of the Explanation of Benefits (EOB) to the claim.

In BOX 54 Prior Payments:

LINE A --- Leave blank

LINE B --- ENTER the amount of the CO-PAYMENT

LINE C --- ENTER the amount of Long Term Care Insurance Payment

NOTE:

If there is NO CLIENT CO-PAYMENT, DO NOT enter 555 on Line B. Leave Box 50 and 54, line B blank.

EXAMPLES:

	50 Payer Name	51 Health Plan ID	52 Rel Info	53 ASG. BEN.	54 Prior Payments	55 EST. Amount Due
A	999					
B	555				1070.00	
C						

	50 Payer Name	51 Health Plan ID	52 Rel Info	53 ASG. BEN.	54 Prior Payments	55 EST. Amount Due
A	999					
B	555				850.00	
C	141				3000.00	

	50 Payer Name	51 Health Plan ID	52 Rel Info	53 ASG. BEN.	54 Prior Payments	55 EST. Amount Due
A	999					
B						
C						

If you have any questions, please call South Dakota Medical Assistance at 605-945-5006 and press 0 for operator assistance or you can call the Telephone Service Unit at 1-800-452-7691.

Thank you,
Division of Medical Services