

UTAH MEDICAID SPECIFIC PROFESSIONAL TEMPLATE

UHINt 2.5 Tool

All EDI must pass through the Utah Health Information Network (UHIN), an independent, not-for-profit, value added network serving all payers in Utah. Contact UHIN at www.uhin.org or call 801-466-7705.

Telephone Number for Medicaid EDI customer support is 801-538-6155 or 800-662-9651 menu 3, menu 5. Hours of operation are Monday through Wednesday (7 am to 12 noon and 1 pm to 6 pm) and Thursday (11 am to 12 noon and 1 to 6 pm). Closed on Fridays.

UHINt 2.5 is an internet based product offered by UHIN that can be used to interface between a medical billing system and UHINet (UHIN's internet portal). It can also be used to directly type in claims, eligibility inquires, etc. This is not a Medicaid product. The user guide is on the internet https://www.uhinet.com/uhint/install/UHINt_2.5_User_Guide.pdf. For help installing, security, or any technical question contact UHIN.

Submitter Maintenance and Provider Maintenance will need to be set up to submit claims. Providers submitting to HT000004-001 or HT000004-005 need to be set up with NPI and (EIN) Tax ID. Atypical providers submitting to HT000004-801 need to be set up with Medicaid Provider Number and Tax ID (EIN).

Required fields by the UHINt tool are in **Red**. There are some Utah Medicaid specific fields in addition to those that will need to be filled out to process the claim.

Transmit claims for all Medicaid programs (Non-Traditional Medicaid, Primary Care Network, Select Access, Baby Your Baby, etc.) to Medicaid Fee-For-Service (FFS), HT000004-001. If a commercial plan is primary submit TPL (Third Party Information).

Transmit claims that have Medicare Coordination of Benefits to the Medicare/Medicaid Crossover Trading Partner Number HT000004-005.

If Medicaid denies a Medicaid FFS claim for TPL information then fax the primary EOB to ORS (801) 536-8513. If Medicaid denies a Medicare/Medicaid Crossover claim then fax the EOMB to Medicaid (801) 536-0481. Be sure to send the Medicaid TCN of the denied claim as a reference number.

For additional information please refer to the Utah Medicaid Companion Guides <http://health.utah.gov/hipaa/guides.htm>.

Original claim unless doing a Replacement or Cancel of a previously paid claim. Box 22 is required if not Original Claim.

Select the Payer TPN

UHINT File Tools

monitor Professional Institutional Dental

Preferences
 Submission
 Queries
 Files
 Reports

Bill Type: Original Claim * Payer:

Billing Form Option
 Regular Ambulance Home Health Oxygen Spinal Manip Vision COB P&C Pwk(0)

1. * Claim Source
 MEDICAID

1a. * Insured's ID Number

Patient Information
 2. * Last Name Suffix * First Name MI
 5. * Address 3. * Birthdate (mmddccyy) * Sex
 * City * State * Zip 6. Patient's Relationship to Insured
 UT Self

Insured's Information
 4. Last Name Suffix First Name
 MI
 7. Address
 City State Zip
 11. Policy Group or FECA Number

Other Insured's Information
 9. Last Name Suffix First Name
 MI
 Address
 City State Zip
 a. Policy or Group Number
 Member ID Number
 Patient Member ID Number
 Other Patient Member ID Number
 b. Date of Birth (mmddccyy) Sex
 Patient's Relationship to Other Insured
 d. Other Insurance Payer Name
 Insurance Type
 Payer ID Number
 Source

10. Is Patient's Condition Related To:
 a. Employment? (current or previous)
 Yes No
 b. Another Party Responsible?
 Yes No
 c. Accident?
 Auto Other Accident
 No

10d. Patient Identifier
 Patient ID

a. Date of Birth (mmddccyy) Sex
 c. Insurance Plan Name or Program Name
 Additional Note

Production (Butch)

- Patient Information auto populates when using Patient Demography Repository.
- If Bill Type is a Replacement or Cancel of a Prior Claim enter the TCN of the Original Medicaid Paid Claim in Box 22. Enter all 17 digits with no hyphens or spaces.

The screenshot shows the 'Professional' tab of the UHInt 2.5 software. The form is divided into several sections:

- 12. Patient or Authorized Person's Signature:** Includes a signature field and a dropdown menu for 'Release of Information - Destination Payer' with the option 'Provider has Signed Statement' selected.
- 13. Insured's or Authorized Person's Signature:** Includes a signature field and a dropdown menu for 'Benefits Assignment' with 'Yes' selected. A callout box 'Must select one' points to this dropdown. A list of options is shown: 'Signed signature on file for block 12 and 13', 'Signed HCFA 1500 form on file', 'Signed signature on file for block 13', 'Signature generated by Provider', and 'Signed signature for block 12'.
- 14. Date of Current:** A date field with a callout box 'Claim Service Date' pointing to it.
- 16. Date Patient Unable to Work in Current Occupation:** Fields for 'From' and 'To' dates.
- 17. Referring Physician or Other Source:** Includes a 'Provider List' dropdown and fields for 'Last Name', 'Suffix', 'First Name', and 'MI'.
- 17a. Referring Physician ID Number:** A dropdown menu for 'ID Number' and a 'Secondary ID' field.
- 18. Hospitalization Dates Related to Current Services:** Fields for 'From' and 'To' dates.
- 19. Reserved for:** A dropdown menu with a callout box 'Digits only- no decimal' pointing to it.
- 21. Diagnosis or Nature of Illness or Injury:** A grid of 7 numbered boxes for diagnosis codes.
- 22. Original Ref No:** A text field with a callout box 'If billing replacement claim enter the TCN of the original paid claim' pointing to it.
- 23. Prior Authorization Number:** Fields for 'Prior Auth', 'Referral', and 'CLIA'.
- 24. Charges Table:** A table with columns for 'Add', 'Date of Service: From', 'Date of Service: To', 'POS', 'CPT/HCPCS', 'NDC', 'Mod 1-4', 'DX Code Pointer 1-8', '\$ Charges', 'Days or Units', 'Unit Type', 'Family Plan', 'EMG', 'COB', 'Local Host', and 'PWK'. A callout box 'Change Place of Service if different than Office' points to the 'POS' column. Another callout box 'Enter Total charges for Dates of Service. No comma, enter decimal for cents.' points to the '\$ Charges' column. The first row contains the values 'Del', '11', '1', 'N', and 'P'.

- **Box 14.** Enter the first Date of Service for the claim. Returned on the 277FE as Claim Service Date.
- **Box 24.** Click ADD for additional lines. For each line enter a Date of Service in the Date Field. Charges field cannot have a comma but can have a decimal.
- **Box 24.** Do not delete a line located in the middle of charges. Type over the line to correct the information. Only the last line can be deleted, otherwise it causes an error at Medicaid. The claim is rejected.

- **Box 25 is the National Provider ID (NPI), unless an Atypical provider. Atypical providers must enter the Tax ID no hyphen or spaces**
- **Box 31 needs to be filled out if Box 33 is a group or provider needs to submit the taxonomy code. Must set up a Rendering Provider in Provider Maintenance. If no rendering provider then create one by using the same information as the billing provider using only one word in first and last name fields. (Recommend using the taxonomy code as the Unique identifier for Rendering Provider set up when Billing and Rendering Provider are the same.)**
- **Box 32 is not needed.**
- **Box 33 is the Billing Provider. Select from the Provider Maintenance List.**
- **Box 33 Payer Assigned Provider ID select the (EIN) enter the Tax ID, no hyphen or spaces. Atypical Providers select Medicaid Provider Number and enter the 12 digit Medicaid Payment Contract Number.**
- **Click Submit when finished to send the claim.**
- **Watch for Window that indicates that transmission was completed.**