

# 2023 Medicaid Statewide Provider Training

---

## Claims and Billing

# Agenda

Office of Medicaid Operations

- Housekeeping items
  - Leave of absence
  - EDI
  - Medical note, hearings & complaints guidelines
  - Claims inquiry
  - Adding TPL & coordination of benefits
  - Corrected claims
  - Claim submission options
  - Code coverage & denial reasons lookup
  - Publications
-

Housekeeping items

# Office of Inspector General

Utah Medicaid will turn providers over to the Office of Inspector General (OIG) for not abiding by the terms set forth in the Provider Agreement. Including, but not limited to: members being sent to collections or balance billed for services.

# Credit balances

- Currently, PRISM delays credit balances for a period of 14 days.
- Effective August 8th, the 14 day delay will be removed.

# Leave of Absence (LOA) Days for Members Residing in a Skilled Nursing Facility (SNF), ICD/IID, or Utah State Developmental Center (USDC)

# LOA days for members residing in a SNF, ICD/IID, or USDC

PRISM programming regarding Leave of Absence (LOA) days for Medicaid members who are residents in a Skilled Nursing Facilities (SNFs), Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IIDs), or the Utah State Development Center (USDC) has been updated as follows:

- The allowable days to receive payment for therapeutic or rehabilitative LOA days will continue to be limited to 12 days per calendar year for each member in any SNF
  - Payment for additional LOA days may be authorized through the prior authorization process
- The allowable days to receive payment for therapeutic or rehabilitative LOA days will be changed to 100 days per calendar year for each member in an ICF/IID
  - Payment for additional LOA days may be authorized through the prior authorization process
- The allowable days to receive payment for therapeutic or rehabilitative LOA days will be changed to 25 LOA days per calendar year for each member in the USDC
  - Payment for additional LOA days may be authorized through the prior authorization process

# LOA days for members residing in a SNF, ICD/IID, or USDC

When submitting a claim for LOA days providers must bill for the allowable LOA days (not to exceed 12 for SNF, 100 for ICF/IID, 25 for USDC) by using Occurrence span code 74. These allowable days will be calculated by using the residents Medicaid ID number and the provider ID number.

When billing for the additional, prior authorized, LOA days for members residing in a SNF, ICF/IID, or USDC, providers must append the following to the claim:

- Occurrence span code 74
- Revenue code 0183
- HCPCS code A9270
- The prior authorization number



# LOA days for members residing in a SNF, ICD/IID, or USDC

- When the allowable LOA days for any SNF, ICF/IID, or USDC are exhausted, more LOA days for therapeutic or rehabilitative purposes may be requested through the prior authorization (PA) process
- To request additional LOA days, providers must contact their Resident Assessment nurse by calling the main Medicaid hotline at (801) 538-6155 or 800-662-9651 then choose option 3, option 3 again, then choose the correct nurse from those mentioned

EDI

# Electronic Data Interchange (EDI)

- Provider enrolls Trading Partner Number (TPN) by completing the EDI enrollment through PRISM
  - Provider selects the clearinghouse they use
    - UHIN - Utah Health Information Network is most widely used
  - Provider selects which EDI transaction(s) they are enrolling for

# Electronic Data Interchange (EDI)

- Medicaid Trading Partner Numbers
  - HT000004-001 - Fee for Service
  - HT000004-005 - Crossovers
  - HT000004-801 - Atypical Providers

Please note:

This list of Trading Partner Numbers for Utah are never to be added to the Associate Billing Agent fields/screen. The Trading Partner Number (TPN), also known as the HT number, used in the Associate Billing screens is provided by your Clearinghouse/Billing Agent/Practice Management Support.

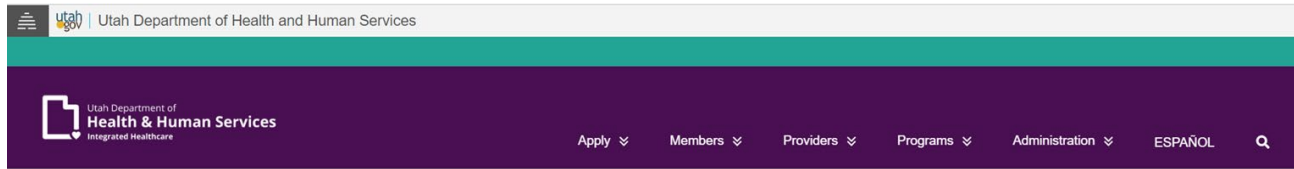
# Electronic Data Interchange (EDI)

Please note that providers who expect to exchange electronic HIPAA transactions such as the 837 (claim files) or any of the other HIPAA transaction(s) with Utah Medicaid, the following **MUST** be completed when enrolling (even if the field does not say it is mandatory):

- Mode of Claim Submission
- Associate Billing Agent
- 835/ERA Enrollment Form
- Location step for Primary Location MUST have an active Pay To address
  - May use Remittance or Correspondence address depending on your business need
    - This will **only** be utilized for paper remittances if the State of Utah, in unforeseen circumstances, is unable to create the electronic Paper RA.pdf (sent weekly to your MyInbox)

# Electronic Data Interchange (EDI)

- For eLearning training materials on how to enroll as a Medicaid provider, visit:
  - <https://medicaid.utah.gov/pe-training/>



## Provider Enrollment Training

eLearning courses giving step by step instruction on how to navigate the system are now available!

▶ Introduction and Overviews to PRISM for Providers

▶ Enrolling as a New Provider

▶ Managing the Information of a Provider

# Electronic Data Interchange (EDI)

## PRISM Companion Guides

The following guides are applicable to the PRISM system. Click [here](#) for more information on PRISM go-live.

- Fee For Service Specific Transactions
  - [837D -FFS Health Care Claim: Dental](#)
  - [837I - FFS Health Care Claim: Institutional](#)
  - [837P- FFS Health Care Claim: Professional](#)
  - [835 – FFS Health Care Claim Payment/Advice](#)
  - [278 – Health Care Eligibility Benefit Inquiry & Response](#)
- Managed Care Specific Transactions
  - [837D -Encounter Health Care Claim: Dental](#)
  - [837I - Encounter Health Care Claim: Institutional](#)
  - [837P- Encounter Health Care Claim: Professional](#)
  - [820 –Payroll Deducted and Other Group Premium Payment](#)
  - [834 –Benefit Enrollment and Maintenance](#)
- Other EDI Transactions
  - [270/271 – Health Care Eligibility Benefit Inquiry & Response](#)
  - [276/277 – Health Care Claim Status Request & Response](#)

<https://medicaid.utah.gov/hipaa/providers/#companion-guides>

Medical note, hearings  
and complaints  
guidelines



# Record keeping

Providers are required to maintain accurate clinical records and are subject to audits in which findings could result in the recoupment of payment from the provider. It is the provider's responsibility to maintain accurate clinical records, including:

- Progress notes applicable to the date of service
- Each individual's plan of care, maintained and updated
- Document specific tasks performed on date of service
- Document services billed (number of units billed should support units documented)
- Record of physician's order
- Submit record keeping documentation, as requested by the department or under the direction of an audit

Refer to [Section I: General Information, Chapter 4](https://medicaid.utah.gov/Documents/pdfs/SECTION1.pdf), on the Utah Medicaid website  
<https://medicaid.utah.gov/Documents/pdfs/SECTION1.pdf>

# Documentation submissions

Documentation required for consent forms, manual review, Emergency Only Program, provider preventable conditions and timely filing must be faxed to the correct fax number. If it is not sent to the correct fax number, the documentation will be discarded with no notification. Medicaid staff are not able to move documentation from one queue to another.

The Fax Coversheet, located in the Document Management Portal, must be filled out accurately and completely. The Fax Coversheet needs to be included in the fax submission.

Please refer to the Document Management Portal Quick Reference Guide for Providers for instructions on how to access the Fax Coversheet at:

<https://medicaid.utah.gov/wp-content/uploads/2023/04/DMPquickReferenceGuideProviders.pdf>

# Documentation submission limits

## Direct Uploads:

- 30 MB per submission
- 3 submissions per claim (90 MB's total)

## Faxes:

- 40 page limit has been removed

# Fax numbers

Please note that primary EOB's are no longer accepted or necessary to submit.

Ensure that the TPL is reported correctly on your claim submission.

**Consent Forms: 801-237-0745**

**Manual Review: 801-536-0463**

**Emergency Only Program (EOP):  
801-536-0475**

**PPC & Timely Filing: 801-536-0974**

# Medical note guidelines

When submitting documentation for Manual Review, Emergency Services Program for Non-Citizens, Sterilization Consent Forms, Timely Filing, Provider Preventable Conditions, etc:

- Submit ONLY the minimum necessary documentation for review of the requested claim/episode of care

Please note that for the Emergency Services Program for Non-Citizens, documentation is held for 60 days from the date of service to gather episode of care claims. This was not enforced prior to April 3, 2023.

# Appeals vs. Reviews

## Appeals:

- Grievances
- Fair Hearing Requests
- Appeals of Adverse Benefit Determinations

## Reviews:

- Documentation requests for manual review of claims
  - Manual review of CPT codes, modifiers, error codes
  - Emergency Services Program for Non-Citizens

# Grievances, appeals, and hearings

States are required to have a fair hearing system that complies with the provisions of 42 CFR 431, Subpart E. The Department's administrative hearing procedures are described in Utah Administrative Code R410-14.

- A provider can request a hearing to challenge an action. An **action** is defined as:
  - A denial, termination, suspension, or reduction of medical assistance for a recipient
  - A reduction, denial or revocation of reimbursement for services for a provider
  - A denial or termination of eligibility for participation as a provider
  - A determination by skilled nursing facilities and nursing facilities to transfer or discharge residents
  - An adverse determination, meaning a determination made that the individual does not require the level of services provided by a nursing facility or that the individual does not require specialized services
  - An adverse benefit determination made by an MCE (see next slide)

The purpose of the fair hearing will be to determine whether the action taken was in accordance with Medicaid policy. Requests for a hearing, other than those challenging an adverse benefit determination made by an MCE, must be filed within **30 calendar days** of the date the Department sent the provider notice of its intended action. A Request for Hearing Forms can be found on the Department's website.

# Grievances, appeals, and hearings

MCEs are required by federal regulations to have a Grievance and Appeals System.

**Appeals of Adverse Benefit Determinations:** An appeal is a review by an MCE of an adverse benefit determination (ABD). ABDs include, but are not limited to MCE's denying payment in whole or part, denying or limiting authorization of a requested service, etc.

- If an MCE makes an ABD, the MCE must send notice of the ABD explaining how to request an appeal of the ABD. An appeal request must be filed with the MCE within 60 calendar days from the date on the notice of the ABD.
- If the MCE's appeal decision is adverse, a State Fair Hearing with the Medicaid agency may be requested. A hearing must be requested within 120 calendar days from the date of the MCE's notice of ABD resolution.

**Grievances:** A grievance is an expression of dissatisfaction about any matter other than an ABD. Grievances may include, but are not limited to the quality of care or services provided by the MCE, rudeness of MCE providers or employees, failure to respect Medicaid member's rights, etc.

- Grievances may be filed with the MCE at any time.
- MCEs must address the grievance within 90 calendar days from the date the MCE receives the grievance.



# Requesting a fair hearing

The screenshot shows the Utah Medicaid website. The browser address bar is [medicaid.utah.gov](https://medicaid.utah.gov). The navigation bar includes links for Apply, Members, Providers, Programs, Administration, and ESPAÑOL. A dropdown menu is open under 'Providers', listing: Providers Home, PRISM Info, PRISM Portal Access, Become a Medicaid Provider, Claims, Coverage and Reimbursement, Managed Care, Medicaid Pharmacy Program, Patient Eligibility Verification, Presumptive Eligibility Portal Access, Prior Authorization, **Provider Resources and Information**, and Provider Training. The main content area features a banner for Medicaid members and three service categories: Members, Health Care Providers, and PRISM.

The screenshot shows the 'Provider Resources and Information' page on the Utah Medicaid website. The navigation bar is the same as in the previous screenshot. The main heading is 'Provider Resources and Information'. Under the 'Manuals' section, the following links are listed: Medicaid Information Bulletins (MIBs), **Forms**, Contact Information for Providers, Utah Administrative Rule R414-23 - Provider Enrollment, Guide to Medical Interpretive Services, and Qualifying Clinical Trials and Medicaid FAQs.

# Requesting a fair hearing

Utah Department of Health and Human Services

Utah Department of Health & Human Services  
Integrated Healthcare

Apply ▾ Members ▾ Providers ▾ Programs ▾ Administration ▾ ESPAÑOL 🔍

## Forms for Providers

The forms are updated on a bimonthly basis when necessary. They have been alphabetized for your convenience. If you have questions, call Medicaid Information at (801) 538-6155 or 1-800-662-9651. Comments about the forms may be directed to [medicaidops@utah.gov](mailto:medicaidops@utah.gov)

- [Provider Form Directory](#)

For examples on properly filling out paper claim forms, click [here](#).

Utah Department of Health and Human Services

Utah Department of Health & Human Services  
Integrated Healthcare

Apply ▾ Members ▾ Providers ▾ Programs ▾ Administration ▾ ESPAÑOL 🔍

## Utah Medicaid Forms

The forms below are updated on a bimonthly basis when necessary. They have been alphabetized for your convenience. If you have questions, contact the [webmaster](#) or call Medicaid Information at (801) 538-6155 or 1-800-662-9651.

If you are a Medicaid member, you can access literature, forms, and other publications at the Utah Medical Benefits website; click [here](#).

**Adobe Acrobat Reader DC**

If you have comments or questions, need hard copies or archived official Medicaid materials, please email [MedicaidOps@utah.gov](mailto:MedicaidOps@utah.gov).

<a href="#">Genetic Testing Additional Info.pdf</a>	GENETIC TESTING ADDITIONAL INFO PDF File	75,334	Jan 30 2023 12:40 PM
<a href="#">HearingRequest2020.pdf</a>	HEARINGREQUEST2020 PDF File	213,878	Mar 31 2023 9:03 AM
<a href="#">HearingRequestSpanish2019.pdf</a>	HEARINGREQUESTSPANISH2019 PDF File	187,128	Sep 21 2022 8:35 AM

# Requesting a fair hearing

If you have comments or questions, need hard copies or archived official Medicaid materials, please email [MedicaidOps@utah.gov](mailto:MedicaidOps@utah.gov).

**FORM TO REQUEST A STATE FAIR HEARING**

Are you asking for a State fair hearing because of a decision made by the Medicaid agency or by a managed care plan?

\*Check one:  Medicaid Agency  Managed Care Plan - Name of Plan: Free For Service  
(A managed care plan can be a Medicaid physical health plan, Medicaid prequal mental health plan, Medicaid dental plan, CHIP dental plan, or CHIP physical and mental health plan.)

**This form must be submitted by the deadlines shown on the next page.**

Please enclose a copy of the Medicaid Agency's denial notice or the Managed Care Plan's notice of its appeal decision or we cannot proceed with this hearing request.

If waiting for a decision about this hearing request could endanger the member's life, health, or ability to attain, maintain, or regain maximum function, call Administrative Hearings (801-538-6576) to request an expedited hearing.

\*1. Name of person requesting hearing: Petitioner Name Phone #: \_\_\_\_\_

\*Street Address: 123 S 456 N

Email Address: name@email.com Fax #: \_\_\_\_\_

\*2 Member's name: \_\_\_\_\_ \*Medicaid ID #: \_\_\_\_\_ Date of birth: \_\_\_\_\_

3. Provider's name: \_\_\_\_\_ Provider's NPI: \_\_\_\_\_

4. Reason for hearing request: \_\_\_\_\_

5. Service(s) or procedure code(s): \_\_\_\_\_ Date(s) of service(s): \_\_\_\_\_

Providers: Submit any medical records that support your position, otherwise hearing may be delayed.

You may represent yourself or have another person represent you. If an attorney represents you, the attorney must file a Notice of Appearance to the address below. \*Will an attorney represent you?  Yes  No

Name of representative or attorney: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\*Signature of person requesting hearing: \_\_\_\_\_ Date: \_\_\_\_\_

Name and address of additional person(s) you would like to be notified of your hearing request: \_\_\_\_\_

All asterisked (\*) items above must be completed to proceed with this hearing request.

**SEND THIS FORM TO:**

<b>Via U.S. Post Office</b> Office of Administrative Hearings Division of Integrated Healthcare PO Box 143105 Salt Lake City, UT 84114-3105	<b>Via UPS or FedEx</b> Office of Administrative Hearings Division of Integrated Health Care 195 North 1950 West Salt Lake City, UT 84116	<b>Email or Fax</b> Email: <a href="mailto:utmedicaidhearings@utah.gov">utmedicaidhearings@utah.gov</a> Fax: 801-536-0143
---	---	---

**Administrative Hearings Telephone #: 801-538-6576**

All asterisked (\*) items above must be completed to proceed with this hearing request.

**SEND THIS FORM TO:**

**Via U.S. Post Office**  
Office of Administrative Hearings  
Division of Integrated Healthcare  
PO Box 143105  
Salt Lake City, UT 84114-3105

**Via UPS or FedEx**  
Office of Administrative Hearings  
Division of Integrated Health Care  
195 North 1950 West  
Salt Lake City, UT 84116

**Email or Fax**  
Email: [utmedicaidhearings@utah.gov](mailto:utmedicaidhearings@utah.gov)  
Fax: 801-536-0143

**Administrative Hearings Telephone #: 801-538-6576**

This form can be filled out online and saved to your computer. Please complete all of the fields marked with an asterisk symbol (\*) and include all required documentation.

For hearing updates, you can contact the hearings office or send an email requesting an update.

# Requesting a fair hearing

## Deadlines for Submitting the Form to Request a State Fair Hearing

### Box 1

If you checked **Medicaid Agency** at the top of the Form to Request a State Fair Hearing, you must send the form **within 30 days** from the date the Medicaid Agency sent a denial notice.

If you checked **Managed Care Plan (Plan)** at the top of the Request a State Fair Hearing, you must send the form **no later than 120 calendar days** from the date of the Plan's notice of its appeal decision.

### Box 2

**The deadlines in this box only apply if the member wants services continued during the State fair hearing.**

If the member is getting service(s) related to this hearing request, does the member want the service(s) continued during the hearing? Yes  No  If "no" follow the instructions in Box 1 above. If "yes" follow the instructions below:

If you checked **Medicaid Agency** at the top of the Form to Request a State Fair Hearing, then the following deadline applies:

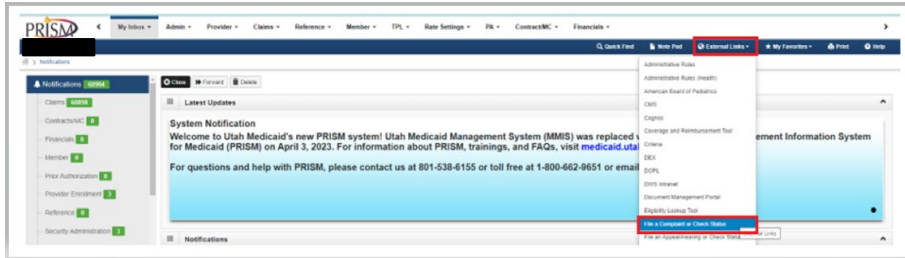
- The form **and** the member's signed request to have services continued must be sent **within 10 calendar days** of the date the Medicaid Agency's notice was sent. If the hearing decision is the same as the Medicaid Agency's decision, the member may have to pay for the services.

If you checked **Managed Care Plan (Plan)** at the top of the Form to Request a State Fair Hearing, then the following deadline applies:

- The form **and** the member's signed request to have services continued must be sent **within 10 calendar days** after the Plan sent the notice of its appeal decision. If the hearing decision is the same as the Plan's decision, the member may have to pay for the services.

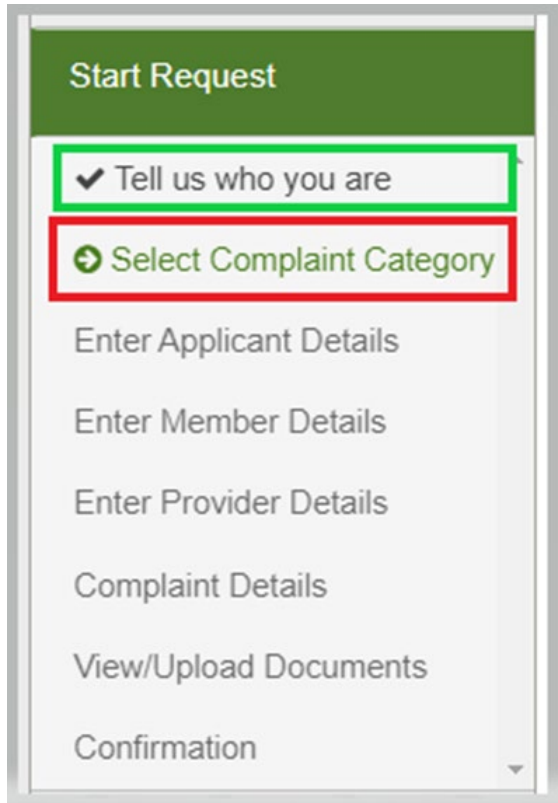
# New complaints process

To file a complaint, click on 'External Links'  
Scroll down and click on 'File A Complaint' or  
'Check Status'

A screenshot of the 'Tell us who you are' form in the PRISM system. The form is titled 'Tell us who you are' and includes a 'Start Request' button. The 'Requestor' section has four radio button options: 'DOH User on behalf of Member', 'DOH User on behalf of Provider', 'DOH User on behalf of Representative who is representing a Member', and 'DOH User on behalf of Representative who is representing a Provider'. The fourth option is selected and highlighted with a red box. Below this, there are input fields for 'First Name' (containing 'ABC') and 'Last Name' (containing 'DEFG'). There is also a 'Phone Number' field (containing '(801) 765-4321') and a 'Relationship' dropdown menu (set to 'Office Staff'). A 'Next' button is located at the bottom right of the form. The PRISM logo and Utah Department of Health Medicaid logo are visible at the top.

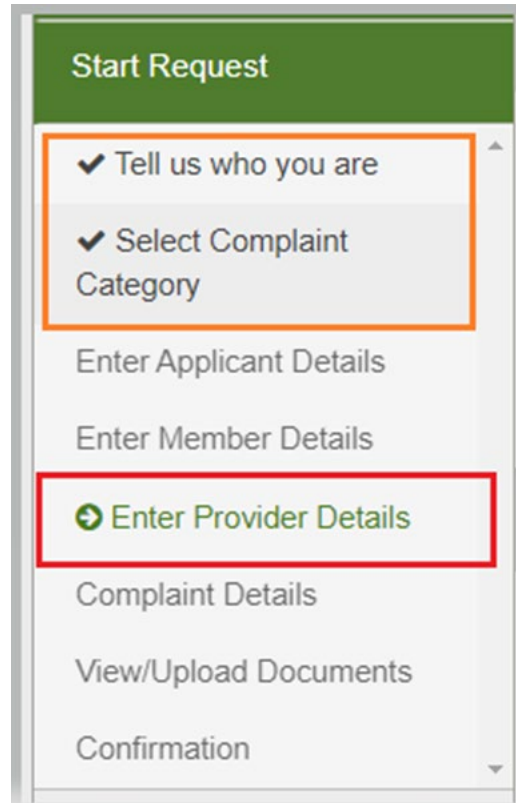
Click 'Start Request,' then click 'Requestor' and enter the Name of Contact and Phone Number. Choose the drop down arrow for Relationship, select the appropriate option and then click 'Next.'

# New complaints process



The screenshot shows a 'Start Request' form with a green header. The first step, 'Tell us who you are', is highlighted with a green border. The second step, 'Select Complaint Category', is highlighted with a red border. Below these are the following steps: 'Enter Applicant Details', 'Enter Member Details', 'Enter Provider Details', 'Complaint Details', 'View/Upload Documents', and 'Confirmation'.

- Click on 'Select Complaint Category' and choose the appropriate option from the drop down menu
- Click 'Next'



The screenshot shows the 'Start Request' form at a later stage. The first two steps, 'Tell us who you are' and 'Select Complaint Category', are highlighted with an orange border. The third step, 'Enter Provider Details', is highlighted with a red border. The remaining steps are 'Enter Applicant Details', 'Enter Member Details', 'Complaint Details', 'View/Upload Documents', and 'Confirmation'.

- Click on 'Enter Provider Details' and enter all required information (\*)
- Be sure to enter the PROVIDER NPI even though there is not an asterisk (\*)
- Click 'Next'

# New complaints process

Complaint Details

Please Explain in detail the reason for your Complaint

PLEASE EXPLAIN IN DETAIL THE REASON FOR YOUR COMPLAINT  
PLEASE INCLUDE ALL SUPPORTING DETAILS, CLAIM NUMBERS, MEMBER ID, DATE OF SERVICE, UPLOAD SUPPORTING DOCUMENTS AND ADDITIONAL INFORMATION THAT WILL BE HELPFUL FOR RESEARCH. |

Name of Health Plan

Name of Health Plan

Claim #	Service/Diagnosis Code	Code Qualifier	Start Date of Service	End Date of Service	Action
No details found. Please click Add Claim button to add claim details					
Add Claim					

Member ID	First Name	Last Name	Member DOB	Member Address	Action
No details found. Please click Add Member button to add other member details					
Add Member					

Prior Auth #	Service Type	Service/Diagnosis Code	Code Qualifier	Service Start Date	Action
No details found. Please click Add PA button to add prior authorization details					
Add PA					

Provider Facility Name	Provider Facility NPI	Provider Facility ID	Action
No details found. Please click Add Provider button to add other provider details			
Add Provider			

Complaint Request Recorded By:  
Reyes, Tiffany

Next

- In Complaint Details, please explain in detail the reason for your complaint and add:
  - Claim information
  - Member ID, name, and DOB
  - Prior authorization information (if applicable)
  - Provider details
  - Upload supporting documentation
- Once all information has been added, click 'Submit'
- When all required information is completed, you will see a check mark next to each category
- A confirmation page will be displayed with a Tracking ID
- Please retain the Tracking ID for your records

# New complaints process

To check the status of your complaint:

- Enter the required information and click 'Search'
- You will see that your request has been submitted, needs additional information or is completed
- You can also edit your request

The screenshot shows the Utah Department of Health Medicaid portal. The page title is 'Check Status'. Below the title, there is a message: 'Here you can check the status of a request you submitted. Please click on Tracking ID displayed below to view the status of your request that was submitted.' The form contains several input fields: 'Requestor' (a dropdown menu showing 'DOH User on behalf of Representative who is'), 'Last Name' (text input), 'Provider ID' (text input), 'Provider NPI' (text input with a redacted value), 'Date of Birth' (text input with format MM/DD/YYYY), 'Created Date' (text input showing 06/26/2023), and 'Member ID' (text input). A 'Search' button is located below the form. Below the search button is a 'List of Requests' table. The table has columns: Tracking ID, Provider Name, Member Name, Category, Last Worked, Case ID, Status, and Action. The table contains one row with the following data: Tracking ID: C/20230626, Provider Name: STATE WIDE PROVIDER TRAINING, Member Name: [REDACTED], Category: Medical/Pharmacy Claims - Fee For Service, Last Worked: 06/26/2023, Case ID: CSM-CS-CO-48, Status: Submitted, and Action: [Edit icon]. The 'Check Status' button in the top left and the 'Requestor' dropdown, 'Provider NPI' field, and the 'Submitted' status in the table are highlighted with red boxes.

UTAH DEPARTMENT OF HEALTH  
MEDICAID

Hello [REDACTED] Close Save Withdraw Logout

Check Status

Start New Request

Here you can check the status of a request you submitted.  
Please click on Tracking ID displayed below to view the status of your request that was submitted.

Requestor  
DOH User on behalf of Representative who is

Last Name  
Last Name

Provider ID  
Provider ID

Provider NPI  
[REDACTED]

Date of Birth  
MM/DD/YYYY

Created Date  
06/26/2023

Member ID  
Member ID

Search

List of Requests

Tracking ID	Provider Name	Member Name	Category	Last Worked	Case ID	Status	Action
C/20230626	STATE WIDE PROVIDER TRAINING	[REDACTED]	Medical/Pharmacy Claims - Fee For Service	06/26/2023	CSM-CS-CO-48	Submitted	[Edit icon]

Showing 1 - 1 out of 1

Copyrights © 2019 UTAH Department of Health



# Claims inquiry

# Claims inquiry

Claims inquiry supports transactions that allow providers to view details of selected claims.

- <https://prism.health.utah.gov/>
- Enrolled providers can access PRISM to view online claims, however, only the claims they have submitted, or which have been submitted on their behalf can be viewed
- To inquire on a claim, on the Claims menu, under INQUIRE CLAIMS, click '**Inquire Claims-Provider**'
- The search pages in PRISM have several **Filter By** drop-downs and corresponding search fields
  - For example, you can search by the TCN (Transaction Control Number), Beneficiary ID/Recipient ID(both options are the same), Patient Account Number(the number the provider used on the claim), Billing Provider NPI, and From/To Dates
- You can save your filter combinations for later use
  - Save only the dropdown options and leave the criteria boxes empty
  - Enter your search option dropdowns and click the **Save Filters** button
  - Name your filter and add an optional description
  - When you return to this search page, the new filter will appear in the **My Filters** drop-down
  - Selecting a filter will pre-populate search option dropdowns that you might use frequently in your business area
- PRISM has a 'wild card' option for fields that are unknown or can vary, like the rendering provider NPI
  - **The 'wild card' key is the, %, percent key**
  - Please be aware the 'wild card' key % does not work for a few search criteria like date spans or beneficiary ID numbers, for example

# Provider eLearnings

[https://medicaid.utah.gov/  
prism-provider-training/](https://medicaid.utah.gov/prism-provider-training/)

<https://medicaid.utah.gov/prism-provider-training/>

---

## Provider eLearnings by Process and Steps

This section of eLearnings is organized in a sequential step by step arrangement

▶ **Prior Authorizations** *\*new\**

▶ **Claims and Encounters** *\*new\**

▶ **Waiver and Assistant Service Programs** *\*new\**

▶ **Eligibility Lookup Tool and Medicaid Member Card Training**

▶ **Introduction and Overviews to PRISM for Providers**

▶ **Enrolling as a New Provider**

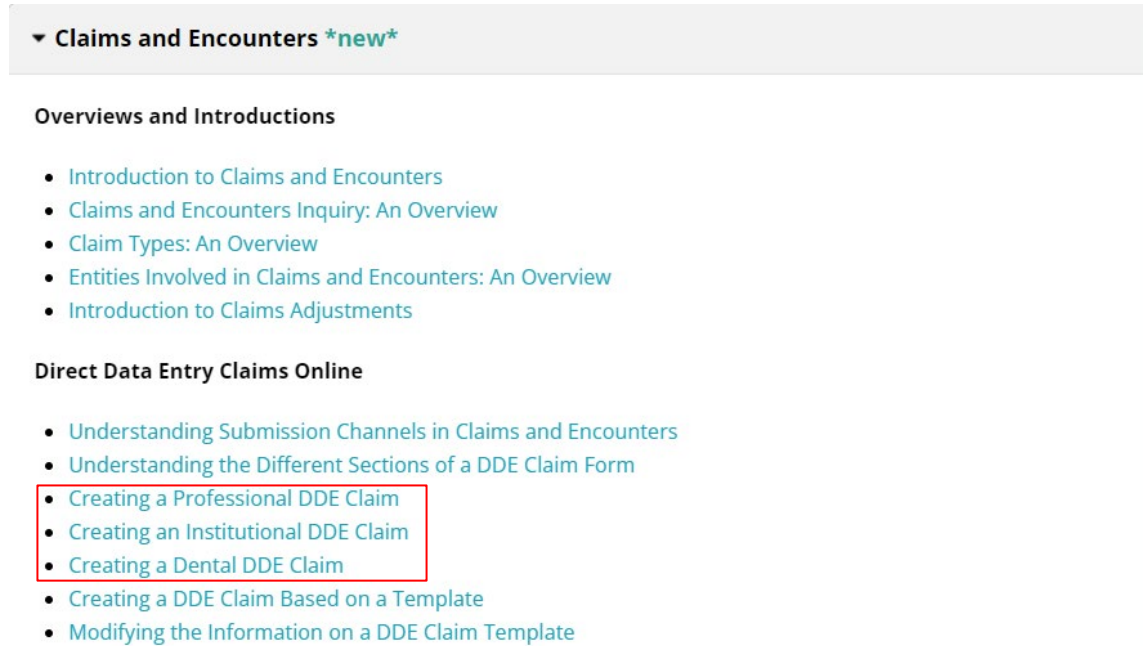
▶ **Managing the Information of a Provider**

---

# Adding Third Party Liability & Coordination of Benefits

# Adding a Third Party Liability to a PRISM claim

- A step-by-step instructional video is found at <https://medicaid.utah.gov/prism-provider-training/>
- Please choose the type of claim that will be directly entered in to PRISM: Professional, Institutional or Dental



The screenshot shows a web application interface with a grey header bar containing a dropdown arrow and the text "Claims and Encounters \*new\*". Below the header, there are two main sections: "Overviews and Introductions" and "Direct Data Entry Claims Online". Each section contains a list of blue links. The link "Creating a Professional DDE Claim" is highlighted with a red rectangular box.

▼ **Claims and Encounters** \*new\*

**Overviews and Introductions**

- [Introduction to Claims and Encounters](#)
- [Claims and Encounters Inquiry: An Overview](#)
- [Claim Types: An Overview](#)
- [Entities Involved in Claims and Encounters: An Overview](#)
- [Introduction to Claims Adjustments](#)

**Direct Data Entry Claims Online**

- [Understanding Submission Channels in Claims and Encounters](#)
- [Understanding the Different Sections of a DDE Claim Form](#)
- [Creating a Professional DDE Claim](#)
- [Creating an Institutional DDE Claim](#)
- [Creating a Dental DDE Claim](#)
- [Creating a DDE Claim Based on a Template](#)
- [Modifying the Information on a DDE Claim Template](#)

# Adding TPL at the header level

- The header TPL information below is required
- Please note the Total COB paid amount

Home >

Close Submit Claim Save as Template Reset

**Other Subscriber Information**

Payer Responsibility Code:	<input type="text" value="P-Primary"/> *	Remittance Date:	<input type="text" value="01"/> <input type="text" value="04"/> <input type="text" value="2020"/>
Payer ID Number:	<input type="text" value="165192827"/> *	Subscriber Member ID:	<input type="text"/>
Subscriber Last Name:	<input type="text" value="Bacon"/>	First Name:	<input type="text" value="Chris"/> MI: <input type="text"/> Suffix: <input type="text"/>
Insured's Group or Policy Number:	<input type="text" value="898685901"/> *	Beneficiary's Relationship:	<input type="text" value="01-Spouse"/>
Claim Filing Indicator:	<input type="text" value="09-Self-pay"/> *	Total COB Payer Paid Amount:	<input type="text" value="\$0.00"/> * <a href="#">Add Another</a>

# Adding TPL at the line level

- The line TPL information below is required
- All of the line TPL amounts must equal the COB amount at the header level TPL



Close Basic Claim Form Reset

To save the information, Click 'Basic Claim Form' button.

Does the Beneficiary have insurance other than Medicaid?  Yes  No

## OTHER INSURANCE INFORMATION

### 1. Service Line Other Payer Information

Primary Payer Responsibility:  \* Amount Paid:  \* Remittance Date:

1.Reason Code:  Amount:  Adjustment Quantity:  [Add Another Reason Code](#)

2.Reason Code:  Amount:  Adjustment Quantity:



# Coordination of Benefits

## Instructions for electronic claims

- Before submitting a claim to Medicaid, a provider must submit and secure payment from all other liable parties such as Medicare Part A and B
  - For more information, refer to the Medicaid General Information Section 1, Chapter 11
- Claims denied from Medicare as non-covered services should be submitted to Medicaid Fee for Service, not to the crossover mailbox



# Coordination of Benefits

- Medicaid is the payer of last resort
- Reimbursement for crossover claims or other TPL will be limited to the Medicaid fee schedule for all types of service, including FQHC and Indian Health Services
  - HT000004-001 Medicaid Fee for Service electronic mailbox
  - HT000004-005 Utah Medicaid Crossovers (NOT when Medicare denies as non-covered) electronic mailbox
    - EOB's may be attached to your claim in PRISM but are not accepted by fax any longer

Corrected claims

# Corrected claims

- Providers should submit their own corrections to claims less than 3-years-old by submitting a Adjust/Void in PRISM
  - Paid claims that need to be corrected or adjusted:
    - Use the Adjust/Void feature to submit corrected or adjusted claims
  - Denied claims that need to be corrected or adjusted:
    - Submit a new claim

# Claim submission options

# Available claim submission options

---

- Claims can be submitted through your preferred Clearing House
  - This is no longer limited to UHIN
- Claims can be electronically submitted by the Provider's office with HIPAA compliance X12 capability
- Claims can be entered directly into PRISM through Direct Data Entry (DDE)
  - Please refer to the eLearnings at <https://medicaid.utah.gov/prism-provider-training/>
  - Batch submissions are not available for Direct Data Entry

# Code coverage and denial reason code lookup

# PRISM Coverage and Reimbursement Lookup Tool

- The Coverage and Reimbursement Lookup Tool has remained on the Medicaid website: <https://medicaid.utah.gov/>
- It has been updated to accommodate PRISM
- Please continue to use this Lookup Tool for code reimbursement and coverage information

<https://health.utah.gov/stplan/lookup/CoverageLookup.php>

# Denial, CARC, RARC codes list

- Denial Codes, Claim Adjustment Reason Code (CARC) and Remittance Advice Remark Code (RARC) are found on the Medicaid website:  
<https://medicaid.utah.gov>.
- Use the claims option in the Provider dropdown at the top
- Select the 'Claim Denial Codes List (CARC\_RARC)' option
- This will open the Claims Denial Code List
- **Direct link:** <https://medicaid.utah.gov/Documents/pdfs/ClaimDenialCodes.pdf>







# Publications

# Utah Medicaid Official Publications

Medicaid Provider Manuals














[https://medicaid.utah.gov/utah-medicaid-official-publications/  
Provider Manuals](https://medicaid.utah.gov/utah-medicaid-official-publications/ProviderManuals)






Filename
 All Providers General Attachments
 All Providers General Information Section I
 Archives
 Autism Spectrum Disorder Services
 Dental, Oral Maxillofacial, And Orthodontia
 EPSDT (Formerly Child Health Evaluation And Care (CHEC))
 Home And Community-Based Waiver Services
 Home Health Services
 Hospice
 Hospital
 Housing Related Services
 Indian Health Services
 Long Term Care
 Medical Supplies And Durable Medical Equipment
 Medical Transportation
 Personal Care
 Pharmacy
 Physical Therapy And Occupational Therapy
 Physician Services
 Podiatric Services
 Rehabilitative Mental Health And Substance Use Disorder Services
 Rural Health Clinic And FQHC
 School-Based Skills Development
 Speech, Language, And Audiology
 Targeted Case Management
 Vision Care Services
 index.php

# Utah Medicaid Official Publications

Medicaid Information  
Bulletins

<https://medicaid.utah.gov/utah-medicaid-official-publications/>  
Medicaid Information Bulletins

Filename
 2012
 2013
 2014
 2015
 2016
 2017
 2018
 2019
 2020
 2021
 2022
 2023
 index.php

Filename
 January2023-MIB.pdf
 March2023-MIB.pdf
 May2023-MIB.pdf
 Special Interim MIB
 index.php

# Contact us

Emilie Stahl: [estahl@utah.gov](mailto:estahl@utah.gov)

Amber Gourley: [agourley@utah.gov](mailto:agourley@utah.gov)

Justin Olesen: [jolesen@utah.gov](mailto:jolesen@utah.gov)

