UTAH MEDICAID SPECIFIC DENTAL COB 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 pm 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 inquiries, 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 need to be set up with NPI and (EIN) Tax ID. 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 Primary Insurance paid $0.00 or denied the claim, send the claim electronically. When you receive the denial from Medicaid, send the Primary Insurance EOB to the Office of Recovery Services at fax number 801-536-8513.

For additional information please refer to the Utah Medicaid Companion Guides http://health.utah.gov/hipaa/guides.htm.
- **Bill Type**: Use drop-down list to select the bill type. If a Replacement or Cancel of a Prior PAID Claim enter the TCN of the Original Medicaid Paid Claim to be replaced/cancelled in the Original Ref# box. Enter all 17 digits with no hyphens or spaces.

- **Option**: Select the radio button COB if the patient is covered by another plan and reporting Coordination of Benefit information.

- **Dental Pre-Treatment Estimate option is currently not available.**

- **Type the Prior Authorization Number if applicable.**

- **Relationship to Subscriber**: Select the radio button that indicates self.

- **Box 10. Patient Information auto populates when using Patient Demography Repository.**

- **Box 16 is the Patients Medicaid ID number or SSN number.**
- Subscriber Information auto populates when using Patient Demography Repository.
- Payer Responsibility Sequence: select Primary from the drop-down list.
- Box 31: Select the radio button Dental.
- Box 36 Responsibility Sequence: select Primary from the drop-down list.
Patient Responsibility must be reported at both Claim Level and Line Level. Report Write-off Amounts as reported by other Payer.

The tool requires Line Level information. Claim level payment information can be reported on the first line. No other line level information needs to be submitted as Medicaid will pay based on claim level information. The claim will pay at the claim level. Patient Responsibility is what Medicaid reviews to pay the provider.
- Box 42 Billing Dentist: select the Billing Dentist from the drop-down list.

- Box 44 Provider ID#: select Electronic Identification Number from the drop-down list. Type the Tax ID or SSN no hyphen or spaces. The identification number must match the NPI. For more information, please contact Provider Enrollment at 800-662-9651 or 801-538-6155 option 3 option 4.

- Box 45 Dentist SSN/TIN: select National Provider ID (NPI) from the drop-down list. Type the NPI Number of the Dentist.
- Service Date: Enter the first Date of Service as the Claim Service Date. The date is returned on the 277FE.

- Box 59. Click ADD for additional lines. For each line enter a Date of Service in the Date Field. Procedure Codes are the approved ADA codes. Fee is the money amount billed. This field cannot have a comma but can have a decimal for cents.

- Note: 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.
Click Submit when finished to send the claim.

Watch for Window that indicates that transmission was completed.