UTAH MEDICAID SPECIFIC DENTAL 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 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 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.

For additional information please refer to the Utah Medicaid Companion Guides http://health.utah.gov/hipaa/guides.htm.
- **Bill Type:** Use drop down arrow to identify 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.

- **Box 10. Patient Information** auto populates when using Patient Demography Repository.
- Subscriber Information auto populates when using the Patient Demography Repository.
- Box 42 is the Billing Dentist. Select from the Provider Maintenance List.

- Box 44 is 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 is the National Provider ID (NPI).
- 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.

- Box 59. 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.