

UTAH MEDICAID SPECIFIC INSTITUTIONAL 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 or HT000004-005 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 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>.

The screenshot shows the UHInt 2.5 software interface. On the left is a sidebar with a red 'Production (Butch)' button and a menu with 'Preferences', 'Submission', 'Queries', 'Files', and 'Reports'. The main window has a blue header 'UHInt 2.5' and a menu bar 'File Tools View Help'. Below the header are tabs for 'Medicaid', 'Institutional', and 'Dental'. The 'Institutional' tab is active. The form contains various input fields and dropdown menus. Callouts with arrows point to specific fields: 'Select the Payer TPN' points to the 'Payer' dropdown; 'Select the Provider from the Provider Maintenance List' points to the 'Provider' dropdown; 'Billing - Taxonomy Code if more than one contract matches to the NPI' points to the 'Taxonomy' dropdown; and 'Bill Type ending with a 7 or 8, must also fill out Box 37.' points to the 'Bill Type' dropdown. The form is divided into several sections: 'Billing Information' (1. Billing Provider, 2. Specialty, 3. Billing - Taxonomy Code, 4. Bill Type), 'Patient Information' (12. Patient Name, 13. Patient Address), 'Admission' (14. Birth Date, 15. Sex, 17. Date, 18. Hr, 19. Type, 20. Src), 'Medical Record' (21. D HR, 22. STAT, 23. Medical Record No.), and 'Condition Codes' (24-30). A 'NOT USED' box is labeled 31.

- Patient Information auto populates when using Patient Demography Repository.

UHInt 2.5

File Tools View Help

Preferences
Submission
Queries
Files
Reports

Production (Butch)

Monitor Professional Institutional Denial

32. Occurrence Code Date (mmdd) 33. Occurrence Code Date (mmdd) 34. Occurrence Code Date (mmdd) 35. Occurrence Code Date (mmdd) 36. Occurrence Span Code From Through Date 37. Original Payer Assigned Claim# A

38. Responsible Party Last Name Suffix First Name Middle Initial Address City State Zip UT

39. Value Codes Code Amount 40. Value Codes Code Amount 41. Value Codes Code Amount

Enter Total charges for Dates of Service. No comma, enter decimal for cents.

Add	42 Rev Co	43 Product / Service ID	44 HCPCS / Rate	45 Serv Date (mmddccyy)	46 *Serv Units	46B *Unit Type	47 *Total Charges	48 Non-covere Charges	Pwk
Del									P

- **Box 37.** If Bill Type is a Replacement or Cancel of a Prior Claim enter the TCN of the Original Medicaid Paid Claim in Box 37 that is being replaced or cancelled. Enter all 17 digits with no hyphens or spaces.
- **Box 42.** Click ADD for additional lines. For each line enter a Date of Service in the Date Field. Total Charges field cannot have a comma but can have a decimal.
- **Box 42.** 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.

UHInt 2.5

File Tools View Help

Monitor **EIN - Tax** Institutional Dental

50. Payer

51. * Provider No.
 Electronic ID Number

52. * Rel Info
 Medicare? ☒
 53. * ASG BEN

54. Prior Payments

55. Est Amount Due

56

57. Signature on File?
☒ Yes ☐ No **DUE FROM PATIENT**

58. Insured's Name
 * Last Name Suffix
 First Name Middle Initial

59. * Patient's Relationship
 Self

60. * Member ID
 MEDICAID ID NUMBER

61. Group Name

62. Insurance Group No

63. Treatment Authorization Codes
 P&C

64. * Claim Filing
 Medicaid

65. Employer Name

66. Employer Location

Production (Butch)

- **Box 51 is the Tax ID, 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 63. Select Prior Authorization Number. Enter Prior Authorization Number or Long Term Care Facilities Form 10A - Preadmission Number.**

UHINt 2.5

File Tools View Help

Monitor Professional **Institutional** Dental

Preferences
 Submissions
 Queries
 Files
 Reports

Production (Butch)

Diag Codes
 67. PRIN Diag Code 68. Code 69. Code 70. Code 71. Code 76. ADM Diag Code
 Required

72. Code 73. Code 74. Code 75. Code

77. E-Code 78.

79. P.C.
 Code

80. Principal Procedure
 Date (mmddccyy)
 Code

81. Other Procedure
 Date (mmddccyy)
 Code

Other Procedure
 Date (mmddccyy)
 Code

82. Attending PHYS ID
 Last Name Suffix
 First Name Middle Initial
 ID

83. Surgeon
 Last Name Suffix
 First Name Middle Initial
 ID

84. Remarks

83B. Other Physician
 Last Name Suffix
 First Name Middle Initial
 ID

Download Status

Print Fill Test Data Clear All Submit

- Box 67 Diagnosis codes do not enter a decimal.
- Click Submit when finished to send the claim.
- Watch for Window that indicates that transmission was completed.