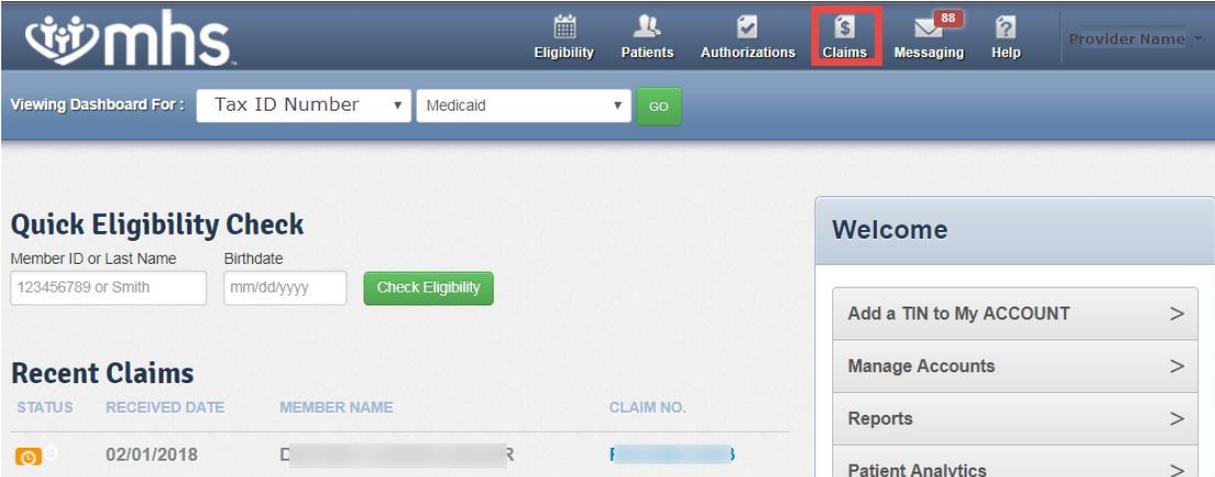


How to Submit a new CMS UB-04 Institutional Claim on the MHS Portal

Review the steps below to see the process for submitting a **CMS UB-04** claim.

1. Log into the Secure Provider Portal: <https://provider.mhsindiana.com>
2. Click the **Claims** tab on the dashboard header.



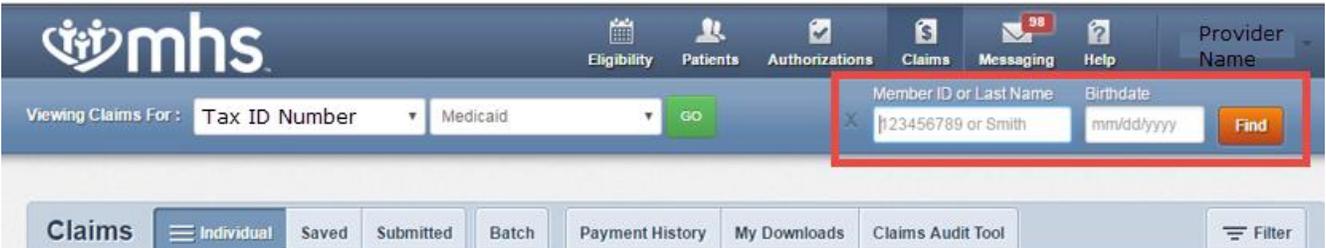
The screenshot shows the MHS portal dashboard. The 'Claims' tab in the top navigation bar is highlighted with a red box. Below the navigation bar, there are dropdown menus for 'Viewing Dashboard For' (Tax ID Number) and 'Medicaid', with a 'GO' button. The main content area is divided into two sections: 'Quick Eligibility Check' and 'Recent Claims'. The 'Quick Eligibility Check' section has input fields for 'Member ID or Last Name' (123456789 or Smith) and 'Birthdate' (mm/dd/yyyy), with a 'Check Eligibility' button. The 'Recent Claims' section shows a table with columns for STATUS, RECEIVED DATE, MEMBER NAME, and CLAIM NO. A 'Welcome' sidebar on the right contains links for 'Add a TIN to My ACCOUNT', 'Manage Accounts', 'Reports', and 'Patient Analytics'.

3. Click **Create Claim**



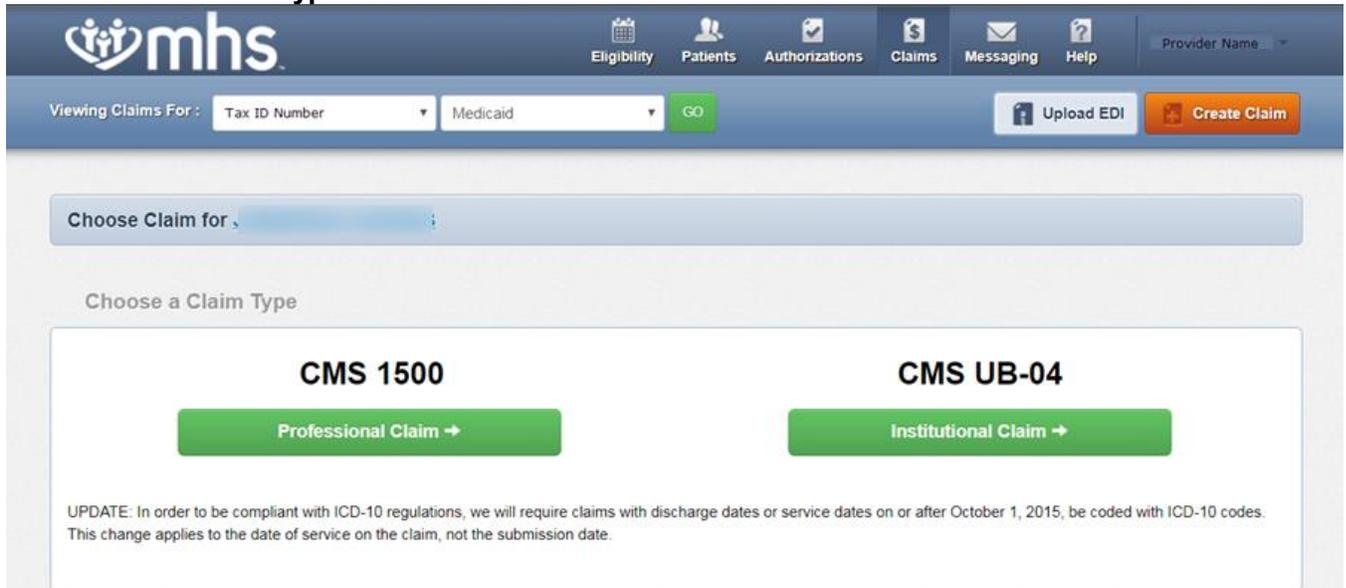
The screenshot shows the 'Claims' page in the MHS portal. The 'Claims' tab in the top navigation bar is highlighted with a red box. Below the navigation bar, there are dropdown menus for 'Viewing Claims For' (Tax ID Number) and 'Medicaid', with a 'GO' button. On the right side of the navigation bar, there is a 'Create Claim' button highlighted with a red box. Below the navigation bar, there is a 'Claims' section with a menu for 'Individual' and buttons for 'Saved', 'Submitted', 'Batch', 'Payment History', 'My Downloads', and 'Claims Audit Tool'. A 'Filter' button is also present.

4. Enter **Member ID** and **Date of Birth**. Click **Find**.



The screenshot shows the 'Claims' page in the MHS portal. The 'Claims' tab in the top navigation bar is highlighted with a red box. Below the navigation bar, there are dropdown menus for 'Viewing Claims For' (Tax ID Number) and 'Medicaid', with a 'GO' button. In the search area, there are input fields for 'Member ID or Last Name' (123456789 or Smith) and 'Birthdate' (mm/dd/yyyy), with a 'Find' button highlighted by a red box.

5. Choose a Claim Type -CMS UB-04



The screenshot shows the MHS Claims portal interface. At the top, there is a navigation bar with the MHS logo and several menu items: Eligibility, Patients, Authorizations, Claims, Messaging, and Help. A 'Provider Name' dropdown is also visible. Below the navigation bar, there is a search area for 'Viewing Claims For' with dropdown menus for 'Tax ID Number' and 'Medicaid', and a 'GO' button. To the right of the search area are buttons for 'Upload EDI' and 'Create Claim'. The main content area is titled 'Choose Claim for' and contains a section for 'Choose a Claim Type'. This section has two columns: 'CMS 1500' with a 'Professional Claim' button, and 'CMS UB-04' with an 'Institutional Claim' button. Below these buttons, there is an update notice: 'UPDATE: In order to be compliant with ICD-10 regulations, we will require claims with discharge dates or service dates on or after October 1, 2015, be coded with ICD-10 codes. This change applies to the date of service on the claim, not the submission date.'

*The following steps are relation to a UB-04 Claim.

6. In **General** section, enter the following required fields: **Patient Control #**, **Type of Bill**, **Statement Dates**, **Type**, **Source**, **Status** and **Hour** then click **Next**.

Institutional Claim for [] Your Progress []

THIS SECTION:
General Enter Information for the Admission and Condition Codes

* Required field

Next →

Patient Control #* [1] 3.a

Medical Record # [XXXXXXXXXXXX] 3.b

Type Of Bill* [137] 4.

Statement Dates* From [12/06/2017] To [12/06/2017] 6.
**Changing the statement dates from ICD 9 effective dates to ICD 10 effective dates or vice versa, may invalidate current diagnosis codes.

Prior Payments [] 54.

Prior Authorization Number [] 63.

Admission

Time Date [12/06/2017] Hour [00] 12-13.

Type* [9 - INFORMATION NOT AVAILABL] 14.

Source* [1 - Physician Referral (or Newborn Normal Delivery)] 15.

Discharge

Status* [01 - Discharged to home or self-care.] 17.

Hour* [00] 16.

Next →

7. In the **Provider Details** section, enter information from the following sections: **Billing Provider**, **Pay-to Provider** and **Attending Provider**.

Institutional Claim for L S
Your Progress 

THIS SECTION

Provider Details

Basic information about the patient's status and condition.

← Back
Next →

* Required field

Billing Provider

NPI* 56.

Taxonomy 57.

Selected Provider

Pay-to Provider

NPI*

Taxonomy

IRS/Tax ID Number*

Pay-To Name*

2.

Address*

City*

State*

Zip*

Attending Provider

NPI*

Taxonomy*

First Name*

Last Name*

76.

IRS/Tax ID Number*

8. In the **Service Line** section, enter the following required fields: **Revenue Code, Service Date, Service Units and Charge Amount**

Institutional Claim for E Your Progress 

THIS SECTION:
Service Lines Enter maximum of 97 service lines.

← Back Next →

Total: \$361.00
Non-Covered : \$0.00

* Required field Delete Save / Update

Now Viewing Line 1: 324 / \$361.00

+ New Service Line

PROCEDURE / CHARGES

1: 324 / \$361.00

Revenue Code*	<input type="text" value="324"/> Lookup	42.
	DX X-RAY/CHEST /LOBECTOMY OF LUNG	
HCPCS / Rate / HIPPS Code	<input type="text" value="71020"/>	44.
NDC	<input type="text"/>	Guide
Modifiers	<input type="text" value="XX"/> Add Please enter the modifier and click the Add button.	
Service Date*	<input type="text" value="04/24/2017"/>	45.
Service Units*	<input type="text" value="1"/>	46.
Charge Amount*	<input type="text" value="361.00"/>	47.
Non-Charge Amount	<input type="text" value="XXXXX.XX"/>	48.

Delete Save / Update

← Back Next →

9. In the **Additional Insurance** section, enter additional insurance details, if applicable.

Institutional Claim for **E** **E** Your Progress 

THIS SECTION:
Additional Insurance Enter additional insurance details.

You may skip this section if there is no additional insurance. [Next →](#)

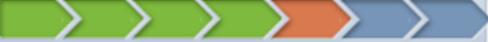
Primary Insurance

Notice: If the Member has more than one primary insurance (Medicaid would be the 3rd payer), the claim cannot be submitted through the Web.

Carrier Type	Select... <input type="button" value="v"/>	50
Policy Number	XXXXXXXX	60
Amount Allowed	XXXX.XX	
Deductible	XXXX.XX	
Copay	XXXX.XX	
Co-Insurance	XXXX.XX	
Amount Paid	XXXX.XX	
Denial Reasons	Select... <input type="button" value="v"/> Amount XXXX.XX Add Denied Reason	

[← Back](#) [Next →](#)

10. In the **Diagnosis Codes** section, enter the following required fields: **ICD Version Indicator** and **Principal Diagnosis Code**. All other fields are not required.

Institutional Claim for **E**
Your Progress 

THIS SECTION:
Diagnosis Codes Enter all relevant diagnosis codes.

*** Required field**

← Back
Next →

ICD Version Indicator* ICD 10 Please note that for the claim statement dates entered, valid ICD-10 codes only are accepted.

Principal Diagnosis Code* POA Indicator

Diagnosis Codes (67A-Q) POA Indicator

R911-SOLITARY PULMONARY NODULE Remove X

Patient Reason for Visit

R05-COUGH Remove X

External Cause of Injury Code (ECI)

Prospective Payment Code

Condition Codes

Occurrence Codes and Span Codes

11-ONSET OF SYMPTOMS/ILLNESS 04/24/2017 Remove X

A1-BIRTH DATE-INSURED A 09/23/1999 Remove X

Value Code Amount

Procedure Codes Procedure Date

← Back
Next →



11. Upload any **Attachments** where applicable. If none, click **Next**.

Institutional Claim for E Your Progress 

THIS SECTION:
Attachments Add attachments to the claim (5MB limit). Supported types are .jpg, .tif, .pdf and .tiff

← BackIf there are no attachments, click Next.Next →

Attachments

*Do NOT send password protected files. You must click ATTACH for each file being submitted.

File*

Browse...

Attachment Type*
Select Type...
▼

Attach

There are no attached files.

← BackIf there are no attachments, click Next.Next →

12. **Review** all claim information and click **Edit**, if needed.
13. If no Edits are needed, click **Submit**.

Institutional Claim for E
Your Progress

THIS SECTION
Review and Submit Please review your claim before submitting.

Almost done!

You can go back to review your claim or submit now.

Submit →

Claim ID: XXXXXXXXXX

General Info [Edit](#)

Patient Control #: XXXXXXXXXX
 Medical Record #:
 Type Of Bill: **131**
 Statement From Date: **04/24/2017**
 Statement To Date: **04/24/2017**
 Prior Payments:
 Prior Authorization Number:
 Admission Date: **04/24/2017**
 Admission Hour: **00**
 Admission Type: **3**
 Admission Source: **1**
 Discharge Status: **01**
 Discharge Hour: **00**

Provider Details [Edit](#)

Provider Type	NPI	Taxonomy	Name	Tax ID	Address (1)	Address (2)	City	State	Zip	
Billing Provider	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	E	IN	471303725
PayTo Provider	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	E	IN	471303725

Provider Type	NPI	Taxonomy	First Name	Last Name	IRS/Tax ID Num	Organization
Attending Provider	XXXXXXXXXX					
Rendering Provider						
Operating Provider						
Other Operating Provider						
Other Provider						

Service Lines [Edit](#)

Line	Revenue Code	HCPCS/Rate/HIPPS	Modifiers	NDC	Date	Units	Charge amount	Non-Charge Amount
1	324	71020			04/24/2017	1	\$361.00	

Primary Insurance [Edit](#)

- COB Carrier Type:
- COB Policy Number:
- COB Amount Allowed:
- COB Deductible:
- COB Co-Pay:
- COB Co-Insurance:
- COB Amount Paid:

Diagnosis Codes [Edit](#)

Principal Diagnosis Code : **R05**
 Principal POA Indicator :
 Diagnosis Codes (87A-Q)(0) : **R911**
 Diagnosis POA Indicator(0) :
 Patient Reason for Visit Code(0) : **R05**
 External Cause of Injury Code (ECI) :
 Prospective Payment Code :

Attachments [Edit](#)

← Back

Submit →



1-877-647-4848 | TTY/TDD: 1-800-743-3333 | mhsindiana.com
 Allwell from MHS | Ambetter from MHS | Healthy Indiana Plan (HIP) | Hoosier Care Connect | Hoosier Healthwise