

Nursing Facility Billing
Instructions
Completing the UB04
Web Portal Claim Form

Nursing Facility Web Billing



Home

[Program](#)

[Member](#)

[Provider](#)

[Documentation](#)

[Directories](#)



Welcome

Welcome to the North Dakota MMIS Web Portal.

Provider Registration

To obtain a user id and password, Providers and Trading Partners must have an approved enrollment with North Dakota and have received their Provider or Trading Partner ID.

[Register](#)

Quick Links

- [FAQ](#)
- [Find a Healthcare Provider](#)
- [Benefits Overview](#)
- [Provider Enrollment](#)
- [Report Fraud & Abuse](#)

Sign In

Log into the system based upon your role:

- [Providers](#)
- [Members](#)
- [Internal Users](#)

o In the “Sign In” block, select “Providers”

Nursing Facility Web Billing



Home

Program ▶

Member ▶

Provider ▶

Documentation ▶

Directories ▶

Quick Links

- ▶ Enrollment
- ▶ ProviderManuals
- ▶ FAQ
- ▶ Billing Manuals
- ▶ Messages & Announcements

News

Governor's Task Force on Access to Affordable Health Insurance.

Provider

The ACS Health Enterprise Portal is a state-of-the-art electronic health care administration system that gives patients, doctors, pharmacists and other users easy, secure and efficient access to health care information.

ProviderLogin

To access secure areas of the portal, please log in by entering your User ID and Password.

* User ID:

* Password:

[Forgot User Name or Password ?](#)

Login

Reset

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- Enter your User ID and Password
- Select “Login”

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Quick Links Print | -

- Add Service Location
- Trading Partner Enrollment
- Provider Manuals
- Provider Inquiry/Update Request
- Provider Training Registration
- Provider FAQ
- Provider Resources
- Messages & Announcements

News - □

Governor's Task Force on Access to Affordable Health Insurance

Provider Message Center Print | Help - □ Delete

Status	From	Date	Subject
No Data			

0-0 of 0

If you are unable to view PDFs, please [download Adobe Reader](#).

- Select the option you want to perform
- For Claims Entry
 - Click on the “Claims” tab on the menu line

Nursing Facility Web Billing



[Home](#)

[Member](#) ▶

[Provider](#) ▶

[Claims](#) ▶

[EDI](#) ▶

[Authorizations](#) ▶

[My Account](#) ▶

Claims Main Page

Print | - | □

The menu options allow you to create, edit, delete, submit and resubmit 837 Professional, Institutional and Dental claims. They also provide you with the means of creating, saving, editing and deleting claim templates, which are partially completed claim forms containing information regularly used in various types of claims (such as a provider's address or identifying information).

Claims

- [1099 Inquiry](#)
- [Claim Status Inquiry](#)
- [Payment Inquiry](#)

Create Claims	Manage Claims	Create Templates	Manage Templates
<ul style="list-style-type: none">• Professional Claim• Institutional Claim• Dental Claim• HCBS/DD Claim• Travel/Lodging Claim• Claim from Template• Claim from Processed Claim	<ul style="list-style-type: none">• Edit / Delete Saved Claim• View Submitted Claims	<ul style="list-style-type: none">• Professional Template• Institutional Template• Dental Template• HCBS/DD Template• Travel/Lodging Template	<ul style="list-style-type: none">• View / Edit / Delete Template

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- Under the heading “Create Claims” select “Institutional Claim”

Nursing Facility Web Billing

Basic Claim Info Other Claim Info

Provider Member Basic Claim Service Line Items

? Is this a void/replacement?

Yes No

Submitter Information

Submitter ID
WHERON

- The “New Institutional Claim” screen will appear
 - Is this a void/replacement?
 - This field will default to “No.” Select “Yes” only if you are voiding or replacing a previously processed claim.
- Submitter Information
 - This section will auto-fill with your user information based on your User ID

Nursing Facility Web Billing

Provider Information

Go to [Other Claim Info](#) to enter information for other providers.

Billing Provider

Note: Healthcare Providers are required to submit National Provider ID.

Medicaid Provider ID National Provider ID Taxonomy Code *Tax ID Location Number

Additional Billing Provider Information

Currency Code

*Org/Last Name

*Address 1 *City State Zip and Extension Country Subdivision Code

Address 2

Contact Information

? Is the Billing Provider Address also the Pay-To Address?
 Yes No

Attending Provider

Rendering Provider

Nursing Facility Web Billing

Provider Information

Go to [Other Claim Info](#) to enter information for other providers.

Billing Provider

Note: Healthcare Providers are required to submit National Provider ID.

Medicaid Provider ID

National Provider ID

Taxonomy Code

*Tax ID

Location Number

- Billing Provider
 - REQUIRED
 - Medicaid Provider ID and National Provider ID will auto-fill based on your User ID
 - Enter the Nursing Facility Taxonomy Code 314000000X
 - Enter your Tax ID
 - Enter the Location Number BI (Billing)

Nursing Facility Web Billing

Additional Billing Provider Information

Currency Code

*Org/Last Name

*Address 1

*City

State

Zip and Extension

Country

Subdivision Code

Address 2

- Additional Billing Provider Information
 - REQUIRED
 - Enter your facility name, address, city, state, and zip code

Nursing Facility Web Billing

? Is the Billing Provider Address also the Pay-To Address?

Yes No

Pay-To Address

*Address 1	*City	State	Zip	and	Extension	Country	Subdivision Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>

Address 2

- Is the Billing Provider also the Pay-To Address?
 - Will default to “Yes”
 - If Pay-To Address is different, select “No”
 - Complete the Pay-To Address section with the facility name, address, city, state, and zip code

Nursing Facility Web Billing

The screenshot shows a web form for 'Attending Provider' information. The form is set against a light blue background. At the top left, there is a tab labeled 'Attending Provider'. Below this, there are four input fields arranged horizontally. Each field has a label above it and a white rectangular input box below it. The labels and their corresponding input boxes are: 'Medicaid Provider ID', 'National Provider ID', 'Taxonomy Code', and 'Location Code'.

- Attending Provider
 - REQUIRED
 - Enter the Attending Provider's Medicaid Provider ID
 - Enter the Attending Provider's NPI
 - Enter the Attending Provider's Taxonomy Code
 - Enter the Location Code AT (Attending)

Nursing Facility Web Billing

Member Information

*Member ID *Last Name First Name MI Suffix *Date of Birth *Gender SSN

Property Casualty Number

○ Member Information

- REQUIRED
- Enter the member's 9-digit ID number
- Enter the member's last name
- Enter the member's first name
- Enter the member's date of birth
 - Use format: MM/DD/YYYY
- Enter the member's gender
 - F = Female
 - M = Male

Nursing Facility Web Billing

[Member Address](#)

*Address 1

*City

State

Zip and

Extension

Country

Subdivision Code

Address 2

- Member Address
 - REQUIRED
 - Enter the member's address, city, state, and zip code

Nursing Facility Web Billing

+ Subscriber Information

Other Insurance Information

? *Does the member have other insurance?

Yes No

+ Subscriber Information

Other Insurance Information

? *Does the member have other insurance?

Yes No

Note: Please go to the [Other Claim Info Tab](#) in the Coordination of Benefits Section.

- Other Insurance Information
 - REQUIRED
 - Does the member have other insurance?
 - Select “Yes” or “No”
 - If you select “Yes” you must complete the Other Claim Info tab with the Other Insurance information

Nursing Facility Web Billing

Claim Information

Go to [Other Claim Info](#) to include the following claim level information:
Specialized Services, Misc. Claim, Service Facility, Coordination of Benefits and Adjustments.

Claim Data

*Statement From Date



*Statement To Date



*Total Claim Charge Amount

\$

*Patient Account#

*Type of Bill

First 2 Type of Bill digits.

*Claim Frequency Code

Last Type of Bill digits; automatically populated on resubmission.

*Patient Status

Admission Type

Admission Source

Admission Date / Hour:Minute

 hh ; mm

Discharge Hour:Minute

 hh ; mm

*Medicare Assignment Code

*Benefits Assignment Certification

*Release of Information Code

Nursing Facility Web Billing

Claim Data

*Statement From Date



*Statement To Date



*Total Claim Charge Amount

\$

*Patient Account#

*Type of Bill

First 2 Type of Bill digits.



*Claim Frequency Code

Last Type of Bill digits; automatically populated on resubmission.

- Claim Information - Bill for only one (1) month at a time
 - REQUIRED
 - Statement From Date
 - Use format: MM/DD/YYYY
 - Statement To Date
 - Use format: MM/DD/YYYY
 - Total Claim Charge Amount
 - Enter the total amount billed

Nursing Facility Web Billing

Claim Data

*Statement From Date <input type="text"/> 	*Statement To Date <input type="text"/> 	*Total Claim Charge Amount \$ <input type="text"/>
*Patient Account# <input type="text"/>	*Type of Bill <input type="text"/> ▼ <small>First 2 Type of Bill digits.</small>	*Claim Frequency Code <input type="text"/> ▼ <small>Last Type of Bill digits; automatically populated on resubmission.</small>

- Claim Information (continued)
 - REQUIRED
 - Patient Account #
 - Enter the internal patient account number
 - Type of Bill
 - Select 21 for Nursing Facility
 - Claim Frequency Code
 - Select the last digit 1-8 for the specific bill type
 - See “Bill Type List” pages 37-39

Nursing Facility Web Billing

*Patient Status Admission Type Admission Source

Admission Date / Hour:Minute Discharge Hour:Minute

hh : mm hh : mm

- Claim Information (continued)
 - REQUIRED
 - Patient Status
 - Select the appropriate status from the dropdown menu
 - Admission Type
 - Select the appropriate type from the dropdown menu
 - Admission Date/Hour:Minute
 - Use date format: MM/DD/YYYY
 - Use military format: HH:MM
 - Example: 4:15pm = HH:MM = 16:15
 - SITUATIONAL – Discharge Hour:Minute
 - If patient is other than “Still a Patient” you must enter the hour:minute patient was discharged
 - Use military format: HH:MM
 - Example: 4:15pm = HH:MM = 16:15

Nursing Facility Web Billing

*Medicare Assignment Code ▼

*Benefits Assignment Certification ▼

*Release of Information Code ▼

- Claim Information (continued)
 - REQUIRED
 - Medicare Assignment Code
 - Select the appropriate code from the dropdown menu
 - Benefits Assignment Certification
 - Select the appropriate response from the dropdown menu
 - Release of Information Code
 - Select the appropriate code from the dropdown menu

Nursing Facility Web Billing

The screenshot displays a web interface for managing value information. At the top, there is a blue header with the text "Value Information" and a minus sign icon. Below this is a table with a blue header row containing "Value Code" and "Value Amount". The table body is currently empty, showing "No Data". To the right of the table is an "Add Value" button. Below the table is a "New Value" section with a "Save | Reset | Cancel" button. This section contains two input fields: "*Value Code" and "*Value Amount" with a dollar sign symbol.

- Value Information
 - REQUIRED
 - Click on the “+” next to the heading
 - Enter the value code 80
 - 80 = Covered Days
 - Value Code 80 should equal the sum of the revenue code units
 - Enter the value amount
 - Value amount should be entered as a dollar amount
 - Example: 30 days = 30.00
 - SAVE value
 - Click on “Save” at the top right of the section

Nursing Facility Web Billing

The screenshot shows a web form titled "Diagnosis Information". It includes a "Version #" field with a radio button selected for "ICD-09". Below this are three input fields: "*Principal Diagnosis Code", "Principal Diagnosis POA Code" (a dropdown menu), and "Admitting Diagnosis Code".

○ Diagnosis Information

- REQUIRED
- Click on the “+” next to the heading
- Version #
 - 09 – Ninth Revision (ICD-9-CM)
 - 10 – Tenth Revision (ICD-10-CM)
- Principal Diagnosis Code
 - Enter the diagnosis code for the member’s primary condition
 - ICD-9 codes for date(s) of service prior to September 30, 2015
 - ICD-10 codes for date(s) of service on or after October 1, 2015

Nursing Facility Web Billing

Basic Line Item Information

Total Claim Charge Amount: \$0.00

Add Service Line Item

Line #	Rev Code	Proc Code	Modifiers				Service Dates		Unit Qualifier	Units	Line Item Charge Amount \$	Non-covered Charges \$
			1	2	3	4	Begin	End				
No Data												

New Line Item

Save | Save & Add Other SvcInfo/TPL | Reset | Cancel

Service Date Begin <input type="text"/>	Service Date End <input type="text"/>	*Revenue Code <input type="text"/>	Procedure Code <input type="text"/>	Modifiers 1. <input type="text"/> 2. <input type="text"/> 3. <input type="text"/> 4. <input type="text"/>
*Unit Qualifier <input type="text"/>	*Service Units <input type="text"/>	*Line Item Charge Amount \$ <input type="text"/>	Non-Covered Line Charges \$ <input type="text"/>	Procedure Description <input type="text"/>

+ Additional Service Line Information

? Is there additional line-specific information/TPL to be entered?

Yes No

Nursing Facility Web Billing

New Line Item

[Save](#) | [Save & Add Other SvcInfo/TPL](#) | [Reset](#)

Service Date Begin <input type="text"/>	Service Date End <input type="text"/>	*Revenue Code <input type="text"/>	Procedure Code <input type="text"/>	Modifiers 1. <input type="text"/> 2. <input type="text"/> 3. <input type="text"/> 4. <input type="text"/>
*Unit Qualifier <input type="text"/>	*Service Units <input type="text"/>	*Line Item Charge Amount \$ <input type="text"/>	Non-Covered Line Charges \$ <input type="text"/>	Procedure Description <input type="text"/>

○ Basic Line Item Information

- REQUIRED
- New Line Item
 - Service Date Begin
 - Use format: MM/DD/YYYY
 - Service Date End
 - Use format: MM/DD/YYYY
- Revenue Code
 - Must be 4 digits
 - 0110 – Private room and board
 - 0120 – Semi-Private room and board
 - 0160 – Medicare full benefit days
 - 0169 – Medicare co-insurance days
 - 0182 – Medicare non-covered days
 - 0183 – Therapeutic/home leave days
 - 0185 – Hospital leave days

Nursing Facility Web Billing

New Line Item

[Save](#) | [Save & Add Other SvcInfo/TPL](#) | [Reset](#)

Service Date Begin <input type="text"/>	Service Date End <input type="text"/>	*Revenue Code <input type="text"/>	Procedure Code <input type="text"/>	Modifiers 1. <input type="text"/> 2. <input type="text"/> 3. <input type="text"/> 4. <input type="text"/>
*Unit Qualifier <input type="text"/>	*Service Units <input type="text"/>	*Line Item Charge Amount \$ <input type="text"/>	Non-Covered Line Charges \$ <input type="text"/>	Procedure Description <input type="text"/>

- Basic Line Item Information (continued)
 - REQUIRED
 - Unit Qualifier
 - Select DAYS as the appropriate unit from the dropdown menu
 - Service Units
 - Enter the number of units (Days) for the revenue code
 - The number of units (Days) billed must include the day of discharge or death
 - A separate line must be submitted beginning with the start date of a new MDS classification period whether or not the classification changed
 - Line Item Charge Amount
 - Enter the total charges for the line item
 - SAVE LINE ITEM – small SAVE at the top right of the New Line Item Section
 - If there is more than one line item to be billed, select “Add Service Line Item” and follow the above instructions
 - Enter each line item separately and SAVE each line item before entering a new line item

Nursing Facility Web Billing

Submit Claim

Save Claim

Reset

Cancel

- When all information is entered on the claim , click “SAVE CLAIM” at bottom right
- If no errors appear at the top left and the system state “Successfully Saved”, click “SUBMIT CLAIM”

Nursing Facility Web Billing

Bill Type List

- 1 Admit through Discharge Claim
This code is to be used when a member is admitted and discharged in the same month. Member CANNOT be in the “Still a Patient” status.
- 2 Interim – First Claim
This code is used for the first claim and the Discharge Status (fld17) as “Still a Patient.”
- 3 Interim – Continuing Claim
This code is used for the second and any ongoing months that have a Discharge Status (fld17) as “Still a Patient”.
- 4 Interim – Last Claim
This code is used for the Final claim billed for the member.

Nursing Facility Web Billing

- 7 Replacement of Prior Claim

A claim replacement may be submitted to modify a previously processed claim. Timely filing limits apply. To submit a claim replacement, complete the claim form fields below:

Field 4: Use 7 as the last digit in the Type of Bill Code

Field 64: Enter the claim's Transaction Control Number (TCN) or Internal Control Number (ICN)

If replacing a claim processed in the ND Health Enterprise MMIS, enter the 17-digit TCN for the previously processed claim.

If replacing a claim processed in the ND Legacy MMIS insert the century code in the 3rd and 4th positions of the ICN. Enter the 15-digit ICN for the previously processed claim.

Example:

Legacy ICN: 2015153141010

Replaced Legacy ICN: 202015153141010

Nursing Facility Web Billing

- 8 Void/Cancel of Prior Claim

Voiding a claim reverses a previously processed Medicaid claim. Timely filing limits apply. To submit a claim void, complete the claim form fields below:

Field 4: Use 8 as the last digit in the Type of Bill Code

Field 64: Enter the claim's Transaction Control Number (TCN) or Internal Control Number (ICN)

If voiding a claim processed in the ND Health Enterprise MMIS, enter the 17-digit TCN for the previously processed claim.

If voiding a claim processed in the ND Legacy MMIS insert the century code in the 3rd and 4th positions of the ICN. Enter the 15-digit ICN for the previously processed claim.

Example:

Legacy ICN: 2015153141020

Replaced Legacy ICN: 202015153141020

**Nursing Facility Billing
Instructions
Completing the UBO4 Paper
Claim Form**

Nursing Facility Paper Billing

1 North Dakota Basic Care													2		3a PAT. CNTL. # 1234			4 TYPE OF BILL 0212	
address													b. MED. REC. #						
City, State and Zip													5 FED. TAX NO. 45-1234567			6 STATEMENT COVERS PERIOD FROM 010116 THROUGH 013116		7	
8 PATIENT NAME a Doe, Jane P						9 PATIENT ADDRESS a						c		d		e			
10 BIRTHDATE 12021917		11 SEX f	12 DATE 010116		13 HR 3	14 TYPE 1	15 SRC	16 DHR	17 STAT 30	18 19 20 21 22 23 24 25 26 27 28 29 ACDT STATE 30									
31 OCCURRENCE DATE		32 OCCURRENCE DATE		33 OCCURRENCE DATE		34 OCCURRENCE DATE		35 OCCURRENCE SPAN FROM THROUGH		36 OCCURRENCE SPAN FROM THROUGH		37							

- Billing Provider Name and Address
- Patient Control Number
- Type of Bill
- Federal Tax Number
- Statement Cover From and Through Period
- Patient Name
- Patient Date of Birth
- Sex of Patient
- Admission Date
- Admission Type
- Admission Source
- Patient Discharge Status

Nursing Facility Paper Billing

38				39 VALUE CODES AMOUNT		40 VALUE CODES AMOUNT		41 VALUE CODES AMOUNT	
				a	80	31	00		
				b					
				c					
				d					
42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49		
1	0110 In-house		010116	10	2000 00		1		
2	0185 Hospital Leave		011116	4	600 00		2		
3	0160 Medicare Full		011516	5	1000 00		3		
4	0182 Medicare non-covered		012016	2	300 00		4		
5	0110 In-house		012216	10	2000 00		5		
6							6		

- Value Code
- Value Amount
- Revenue Code
- Description of Service
- Service Date
- Service Units
- Total Charges

Nursing Facility Paper Billing

38				39 VALUE CODES AMOUNT		40 VALUE CODES AMOUNT		41 VALUE CODES AMOUNT	
				a 80	31: 00				
				b					
				c					
				d					
42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49		
1	0110 In-house		010116	10	2000 00		1		
2	0185 Hospital Leave		011116	4	600 00		2		
3	0160 Medicare Full		011516	5	1000 00		3		
4	0182 Medicare non-covered		012016	2	300 00		4		
5	0110 In-house		012216	10	2000 00		5		
6							6		

Example: January 2016, admitted on 1/1/16, still a patient, bill type 0212

0110 – DOS 01/01/16 for 10 days

0185 – DOS 01/11/16 for 4 days

0160 – DOS 01/15/16 for 5 days

0182 – DOS 01/20/16 for 2 days

0110 – DOS 01/22/16 for 10 days

- Covered days for the 80 value code would be 31.00 for Value Amount
- Need to bill in date of service order

Nursing Facility Paper Billing

PAGE 1 OF 1		CREATION DATE		04112016		TOTALS		5900 00	
50 PAYER NAME		51 HEALTH PLAN ID		52 REL INFO	53 ASG BEN.	54 PRIOR PAYMENTS		55 EST. AMOUNT DUE	
A Medicaid								5900 00	
B								57 OTHER	
C								PRV ID	
58 INSURED'S NAME		59 P.REL	60 INSURED'S UNIQUE ID		61 GROUP NAME		62 INSURANCE GROUP NO.		
A Doe, Jane P			000123456						
B									
C									
63 TREATMENT AUTHORIZATION CODES			64 DOCUMENT CONTROL NUMBER			65 EMPLOYER NAME			
A									
B									
C									

- Page ___ of ___
- Creation Date
- Totals
- NPI Number
- Payer Name
- Est. Amount Due
- Insured's Name
- Insured's Unique Id

Nursing Facility Paper Billing

66 DX	G309										68		
69 ADMIT DX	G309		70 PATIENT REASON DX	G309		b	c	71 PPS CODE	72 ECI	a	b	c	73
74 PRINCIPAL PROCEDURE CODE DATE			a. OTHER PROCEDURE CODE DATE		b. OTHER PROCEDURE CODE DATE		75		76 ATTENDING NPI 123456789		QUAL	207Q0000X	
									LAST Doc		FIRST John		
c. OTHER PROCEDURE CODE DATE			d. OTHER PROCEDURE CODE DATE		e. OTHER PROCEDURE CODE DATE				77 OPERATING NPI		QUAL		
									LAST		FIRST		
80 REMARKS			81CC a		B3 [314000000X]				78 OTHER NPI		QUAL		
			b						LAST		FIRST		
			c						79 OTHER NPI		QUAL		
			d						LAST		FIRST		

UB-04 CMS-1450

APPROVED OMB NO. 0938-0997

NUBC National Uniform Billing Committee

THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.

- Diagnosis Indicator – ICD 9 = 9 and ICD10 = 0
- Diagnosis Code
- Admit Diagnosis Code
- Patient Reason Diagnosis
- Attending NPI Number
- Attending Physician Taxonomy Code
- Attending Last Name
- Attending First Name
- Provider Code Qualifier
- Provider Taxonomy

