



Let's Talk About... National Provider Identifier

The Administrative Simplification provisions of HIPAA mandate the establishment of national uniform identifiers for providers, health plans, and employers. Effective May 23, 2007, providers who are covered entities under HIPAA may only use their own unique National Provider Identifier (NPI) to identify themselves in standard transactions where an NPI is required, such as filing electronic health care claims, eligibility inquiries, and claims status inquiries.

Covered providers who have already obtained an NPI may begin using their NPI to submit claims to South Carolina Medicaid on January 3, 2006. Providers who choose to use their NPI prior to the mandated May 23, 2007 date must also include their Taxonomy code and existing legacy number; otherwise, the claim will be rejected. (The Taxonomy code represents provider specialty. Visit www.wpc-edi.com/taxonomy to identify your Taxonomy code).

For Web Tool users, there are new fields available for all claim types (CMS-1500, UB-92, and Dental) to allow input of the NPI when entering information for claims entry and eligibility inquiries. Further information is detailed in pages 2-5 of this newsletter.

Continued in column 2.

Providers who plan to submit standard transactions via means other than the Web Tool may refer to the revised S.C. Medicaid Companion Guides for information regarding placement of the NPI. The Companion Guides are located on the SCDHHS Web site at www.dhhs.state.sc.us; click on "Electronic Data Interchange" under Programs and Services, then select "S.C. Medicaid Companion Guides."

The Application Process

On May 23, 2007, the NPI will completely replace your current South Carolina Medicaid provider ID. This all-numeric, ten-digit number is issued through the National Plan and Provider Enumeration System (NPPES) developed by the Centers for Medicare and Medicaid Services (CMS).

- You may visit <https://nppes.cms.hhs.gov> for a Web-based application.
- Paper applications may be found at the same Web site; or, you may call the Enumerator at 1-800-465-3203, or TTY at 1-800-692-2326
- With your permission, an organization may submit your application in an electronic file. For example, a professional association, or perhaps a health care provider who is your employer, could submit an electronic file containing your information and the information of other health care providers. For example, the National Council for Prescription Drug Programs (NCPDP) has announced plans to become a CMS certified Electronic File Interchange (EFI) submitter for obtaining and maintaining NPIs on behalf of pharmacies. (For more information, refer to <http://www.ncpdp.org>).

NPI Resources

For additional resources, please refer to the following Web sites:

- CMS press release about NPI
<http://www.cms.hhs.gov/media/press/release.asp?Counter=946>
- CMS NPI Web site
<http://www.cms.hhs.gov/hipaa/hipaa2/regulations/identifiers/default.asp>
- CMS NPI Viewlet
<http://www.cms.hhs.gov/medlearn/npi/npiviewlet.asp>

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Pages 2-4 illustrate NPI changes to the Web Tool for *Claims Entry*. Refer to the header above each screenshot on these pages to identify the claim type(s) to which the screenshot applies.

Main Menu>Claims Entry>CMS-1500, Dental, and UB-92

Provider Information

1. Enter your current Medicaid Provider ID.

2. Effective 1/3/06 you can begin entering your NPI in addition to your Provider ID.

3. When entering your NPI, you must also enter your Taxonomy code.

4. Choose and enter your EIN (Employee Identification Number) or choose and enter your SSN (Social Security Number).

5. Enter your Referring Provider NPI.

6. Enter your Referring Provider Taxonomy code.

Scroll down to Miscellaneous Claim Information for CMS-1500 and Dental

Miscellaneous Claim Information

7. Enter your R/A Medicaid Provider NPI.

8. Enter your R/A Provider Taxonomy code.

Continued from page 2.

Scroll down to the Add/Edit Details section.

CMS-1500 – Scroll over when filling out the detail line information.

The screenshot shows the CMS-1500 form interface. On the left is a blue navigation menu with the following items: South Carolina Medicaid, Web Based Claim Submission Tool, Main Menu, Claims Entry (Dental, CMS-1500, UB-92), List Management, Reports, Claim Submission, Claims Status, Web Submitted Claims, Eligibility, Reference Materials, and LOGOFF. The main form area contains several input fields: Charge, Units, E/F (dropdown), Rendering Provider ID, Rendering Provider NPI, Rendering Provider Taxonomy, and Emergency Ind (dropdown with 'N' selected). Red callout boxes with arrows point to the 'Rendering Provider NPI' and 'Rendering Provider Taxonomy' fields, with text: '9. Enter your Professional Rendering Provider NPI.' and '10. Enter your Professional Rendering Provider Taxonomy code.' respectively.

Dental – Scroll over when filling out the detail line information.

The screenshot shows the Dental form interface. On the left is a blue navigation menu with the following items: South Carolina Medicaid, Web Based Claim Submission Tool, Main Menu, Claims Entry (Dental, CMS-1500, UB-92), List Management, Reports, Claim Submission, Claims Status, Web Submitted Claims, Eligibility, Reference Materials, and LOGOFF. The main form area contains several input fields: Oral Cavity Designation Codes (dropdown), Tooth Number, Tooth Surface, Date of Service (12/21/2005), Rendering Provider ID, Rendering Provider NPI, and Rendering Provider Taxonomy. Red callout boxes with arrows point to the 'Rendering Provider NPI' and 'Rendering Provider Taxonomy' fields, with text: '9. Enter your Dental Rendering Provider NPI' and '10. Enter your Dental Rendering Provider Taxonomy code.' respectively.

Continued from page 3.

Scroll down to the Provider Data section for UB-92.

South Carolina Medicaid
Web Based Claim Submission Tool

Main Menu
Claims Entry
Dental
CMS-1500
UB-92

List Management
Reports
Claim Submission
Claims Status
Web Submitted Claims
Eligibility
Reference Materials
LOGOFF

Treatment Authorization Code

A:

Provider Data

R/A Provider ID:

R/A Provider Last Name or Organization Name: R/A Provider First Name:

R/A Provider NPI: R/A Taxonomy:

Remarks:

Other Insurance

Add/Edit Other Insurance
No Other Insurance Information

**Scroll down to the Add/Edit Other Insurance section for UB-92.
Fill out the Payer Information.**

South Carolina Medicaid
Web Based Claim Submission Tool

Main Menu
Claims Entry
Dental
CMS-1500
UB-92

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Reports
Claim Submission
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LOGOFF

UB Insurance Add/Edit Details

Please complete the following form to create/edit UB insurance detail items. Click the "Save" button to save the records and return to the main edit page. Click the "Cancel" button to abort the transaction.

Claim Type: UB-92 Claim ID: Save Cancel

Recipient Information

Last Name: Medicaid ID:

UB-92 Detail

Payer Information

Insurer Name	Carrier Code	Provider ID	Provider NPI	Provider Taxonomy	Release of Info	ASG
Medicaid	619	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

Add Clear

Insured Information

Last Name	First Name	Pat Rel	Resp Seq
<input type="text"/>	<input type="text"/>	18-Self	P-Primary

Page 5 illustrates the NPI changes to the Web Tool for *Eligibility*.

Eligibility > Verify one Recipient

2. Effective 1/3/06 you can begin entering your NPI in addition to your Provider ID.

1. Enter your current Medicaid Provider ID.

South Carolina Medicaid

Web Based Claim

Submission Tool

Main Menu

- Claims Entry
- List Management
- Reports
- Claim Submission
- Claims Status
- Web Submitted Claims
- Eligibility
 - Verify one Recipient
 - Verify multi Recipient
- Reference Materials
- LOGOFF

Eligibility Verification Inquiry

Please enter a SC Medicaid ID or SSN or Name and DOB and then click on the "Submit" button below to execute a search.

Selection Criteria

Date of Service:

Provider ID:

Provider NPI:

SC Medicaid ID: SSN:

Recipient First Name: Recipient Middle Initial: Recipient Last Name: Birthdate:

Eligibility > Verify multi Recipients

2. Enter your Provider NPI.

1. Enter your current Medicaid Provider ID.

South Carolina Medicaid

Web Based Claim

Submission Tool

Main Menu

- Claims Entry
- List Management
- Reports
- Claim Submission
- Claims Status
- Web Submitted Claims
- Eligibility
 - Verify one Recipient
 - Verify multi Recipient
- Reference Materials
- LOGOFF

Eligibility Verification Multi Inquiry

Please enter a Date of service, Provider ID then click on the RecipientList button to select Medicaid ID from the recipient list and then click on the 'Submit' button below to execute a search. If you do not have the list then enter Date of service, Provider ID, and Medicaid ID then click on the 'Submit' button below to execute a search or Click on the **Search By SSN** button to go to search by SSN screen.

Selection Criteria

Date of Service:

Provider ID:

Provider NPI:

SC Medicaid ID	DOS	SC Medicaid ID	DOS	SC Medicaid ID	DOS
<input type="text"/>	<input type="text" value="12222005"/>	<input type="text"/>	<input type="text" value="12222005"/>	<input type="text"/>	<input type="text" value="12222005"/>
<input type="text"/>	<input type="text" value="12222005"/>	<input type="text"/>	<input type="text" value="12222005"/>	<input type="text"/>	<input type="text" value="12222005"/>
<input type="text"/>	<input type="text" value="12222005"/>	<input type="text"/>	<input type="text" value="12222005"/>	<input type="text"/>	<input type="text" value="12222005"/>



Have You Heard?

What's New...



UB-92 Dates of Service

When keying a UB-92 (Institutional) claim, providers enter a Date of Service From and Date of Service Through in the Additional Patient Information section of the claim. Providers must also enter a Service Date in the UB-92 Details section.

For inpatient UB-92 claims providers may have several dates of service or a range of dates (this is not required on a hard copy claim). Since there is only one field to enter a date in the Details section, enter the *start of care* date in the Service Date field.

South Carolina Medicaid
Web Based Claim Submission Tool

Main Menu
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Additional Patient Information

Admission Date: [] Admission Hour: [] Admission Type: [] Admission Source: []
 Discharge Date: [] Discharge Hour: [] Date of Service From: [] Date of Service Through: [] Patient Status: []
 Covered Days: [] Covered Days: [] Insurance Days: [] Lifetime Reserve Days: []

Type of Bill (Facility Type/Frequency): []

South Carolina Medicaid
Web Based Claim Submission Tool

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the records and return to the

Modifier3: [] Modifier: [] Service Date: [] Accom Rate: [] Accom Days: [] Ancil Units: [] Detail Charges: [] Non-Covered Charge: []

National Provider Identifier Fields

Covered providers who have already obtained an NPI may begin using their NPI to submit claims to South Carolina Medicaid on January 3, 2006.

When keying your NPI into the Web Tool, you must be careful to use the correct fields. Keying your group number and/or individual number into the wrong fields will result in a 911 edit. The 911 edit indicates that the pay-to-provider is a group, and the provider whose number shows on the line item is not a member of the pay-to-provider's billing group.

Required Fields for Medicaid Provider ID: CMS-1500 and Dental

- 1) In the Provider Information section: Key your group number into the Medicaid Provider ID field. The Web Tool specifies this required field for the pay-to or group provider identification number – the six-digit Medicaid Provider ID issued for Medicaid billing purposes.
- 2) In the Miscellaneous Claims Information section: A provider ID is required in the header. If you have an individual provider ID, key it into the R/A Provider ID field. If you do not have an individual provider ID, key your SC Medicaid Group Provider ID in this field.
- 3) In the Line Detail section: Enter your provider ID in the line detail section – Add/Edit Details. If you have entered the Rendering/Attending Provider ID on the header, the Web Tool will automatically apply the ID to each detail line in the Rendering Provider ID field, although the ID will not actually be displayed on the line. Please note: If the individual provider ID for the detail line is different from the ID on the header, you must enter the individual provider ID in the Rendering Provider ID field.

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Web Tool Workshops

2006 Workshops Have Been Scheduled through April!

South Carolina Medicaid is offering Web Tool workshops in Columbia, South Carolina for providers who have not yet had the chance to attend or who would like a refresher course.

Please register online at www.scm Medicaid Provider Outreach or call the toll-free number for South Carolina Medicaid Provider Outreach at 1-888-289-0709.

January 17, 2006

Tuesday

10:00am – 3:30pm (Lunch on your own)

February 13, 2006

Monday

10:00am – 3:30pm (Lunch on your own)

March 23, 2006

Thursday

10:00am – 3:30pm (Lunch on your own)

April 13, 2006

Thursday

10:00am – 3:30pm (Lunch on your own)

All of the above workshops will be held at:
Blue Cross and Blue Shield of SC
4101 Percival Road
Columbia, SC 29223

Enroll today to attend a workshop!

Frequently Asked Questions

1. Can I automatically add a recipient's information into List Management from Claims Entry?

There is not a feature available on the Web Tool that allows you to add recipients to List Management from Claims Entry. You must manually enter the information in List Management.

2. In the Recipient List in List Management, does the Delete button delete any claims related to that recipient?

No. If you press *Delete* in the column next to a recipient's name in List Management, the recipient's information will only be deleted from that list. Claims related to the recipient will remain on the system.

3. Is there a maximum number of recipients or codes that can be added in List Management?

No. List Management holds an unlimited amount of codes and/or recipient information.

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Required Fields for Medicaid Provider ID: UB-92

On the UB-92 claim, you are required to key your provider ID in two places on the header:

- 1) There is no line provider ID field on the Web Tool for UB-92. Key your group provider ID in the **Medicaid Provider ID** field, just as you would for other claim types.
- 2) If you have an individual provider ID, enter it in the **R/A Provider ID** field in the Provider Data section. If you do not have an individual provider ID, re-enter your group ID in the R/A Provider ID field.

Contact Us -

Please notify us if there are any changes in your address, telephone number, or e-mail address. Be sure to include your SC Medicaid Provider ID.

South Carolina Medicaid Provider Outreach
P.O. Box 17
Columbia, SC 29202
Phone Number: 1-888-289-0709
Fax Number: 803-264-9630

Visit our Web site at:

www.scm Medicaid Provider Outreach

You may contact us via e-mail at:

edig.ops-mcaid@palmettogba.com

The Web Tool is a free online Web-based application offered by South Carolina Medicaid for claims submission and eligibility requests. For help with Web claims, please call 1-888-289-0709 or e-mail us at edig.ops-mcaid@palmettogba.com.