



Claim-level Adjustments

In the November 23, 2004 issue of the Web Tool Times, claim-level adjustments were discussed in detail. The Web Tool Times notified the provider community that the process of submitting adjustments via the South Carolina Medicaid Web-based Claims Submission Tool (SCMWBCST) was not changing. It outlined the new claim-level Remittance Advice reporting layout, and it highlighted new edit codes as well as changes to some existing edit codes.

In this first issue for 2005, we will recap the history of adjustments, review the claim-level adjustment process and summarize the Web Tool adjustment procedures.

Adjustments History

Prior to HIPAA

- Providers could request gross-level adjustments only.
- Provider-initiated adjustments were limited to UB-92 claims – paper or electronic.
- All other providers requested payment corrections through SCDHHS – the providers' control of adjustments was limited.

HIPAA – Effective October 16, 2003

- The pre-HIPAA adjustment process was still in effect.
- Specific provider types could initiate Void or Void/Replacement adjustments via the:
 - HIPAA compliant electronic 837 transaction
 - SCMWBCST

Adjustments History (continued)

Claim-level Adjustments - Effective November 22, 2004

- Providers are now able to request gross-level and claim-level adjustments.
- Providers can now initiate their own claim-level adjustments.
- Claim-level adjustments can be submitted electronically or hard copy.
- Remittance Advices include detail-level explanations of adjustments.

Adjustments Process

Prior to HIPAA, Institutional (UB-92) providers were able to request their own payment adjustments. Then, with the introduction of HIPAA, the ability for providers to control the correction of payments was expanded. Since SCDHHS implemented changes to allow providers to submit claim-level adjustments to Medicaid claims, the adjustment process is more comprehensive.

Web Tool submitters have been able to submit claim-level adjustments since October 2003. The process for SCMWBCST submitters did not change significantly November 22. However, the 835 Health Care Remittance Advice now includes detail-level (claim-level) information.

Providers who use the Web Tool to submit claims continue to follow the same steps for adjustments as before. A review of the adjustment process for Web Tool users follows on page 2.

Adjustments Process (continued)

CMS-1500 and Dental

- Using your Login ID and Password, sign on to the Web site as if you were going to build a list in List Management or check Eligibility for a Medicaid recipient.
- From the Main Menu under Claims Entry, choose CMS-1500 or Dental.
- Click Add as if you were adding new claim information.
- You will need the 17-digit claim number of the original **paid** claim that you need to Void or Void and Replace. Key that number in the Original CCN field in the Miscellaneous Claim Information section. (Note: If the Original CCN field is blank, the Web Tool will give you a warning message if you try to Save the adjustment claim.)
- In that same section, use the drop-down arrow to choose a Claim Submission Reason Code.
 - 7 = Replacement. The system will automatically Void (erase) the original paid claim that you entered in the Original CCN field and Replace it with the new information you will enter.
 - 8 = Void. The system will Void (erase) the original paid claim that you entered in the Original CCN field.
- If you are submitting a Replacement (Reason Code 7), scroll down to the Detail section and click Add/Edit Details. Add a line of detail for each line that appeared on the original paid claim, and include the revised information.

For example, your original claim had three lines. Lines one and three were correct; however, line two displayed one unit instead of 10 units.

- Add the detail information for line one.
- Add the detail information for line two, revising the Units to 10.
- Add the detail information for line three.
- Save your claim information.

Continued in next column.

Paid Claims Only!

Remember! You can only submit adjustments to PAID claims. If your claim has rejected (has not paid) and you have received an Edit Correction Form, your procedures do not change. Adjustments can process on PAID claims only!

UB-92

- To submit a UB-92 adjustment, sign on to the Web Tool.
- From the Main Menu under Claims Entry, choose UB-92.
- In the Additional Patient Information section, choose a Type of Bill (Bill Frequency) code.
 - Code ending in 7 = Replacement. Remember to scroll down to Add/Edit Details to add your line detail information. See previous information on CMS-1500 and Dental.
 - Code ending in 8 = Void Only.
- To enter the 17-digit claim number of the original **paid** claim that you need to adjust, scroll down to the Other Insurance section and click on Add/Edit Other Insurance.
- Enter the claim number in Payer Original CCN.

SCMWBCST Adjustment Steps

See pages 3-7 for steps and screen shots on submitting adjustments via the SCNWBCST.

Remittance Advices

Electronic 835 Healthcare Payment/Advice: Claim-level adjustments report with detailed information. Claim-level adjustments and gross-level adjustments are reported separately, with claim-level adjustments reported first. The Void “U” claim, and Replacement claim (if applicable), are reported with the Claim Control Number of the original claim.

Paper Remittance Advice (RA): Adjustment claims are sorted into three categories for purposes of reporting. The Claim Control Number of the original claim is reported with the claim-level Void and/or Replacement.

- If a Void claim and a Replacement claim process in the same payment cycle, they will be reported together with other paid claims. If the Void claim and the Replacement claim do not process in the same payment cycle, the Void will be reported on one RA and the Replacement claim will be reported on a separate RA with other paid claims. The Void will always be reported first.
- Void Only claim adjustments will be reported on a separate page.
- Gross-level adjustments will be reported on the last page.

Submitting Adjustments via the SCMWBCST

South Carolina Medicaid
Web Based Claims
Submission Tool

Main Menu
Claims Entry
Reports
Claims Submission
Eligibility
Reference Materials
LOGOFF

We are happy to announce the availability of the new South Carolina Medicaid Web-based Claims Submission Tool.

This system uses the browser interface and lets you submit claims from a browser window.

Enhancements to the South Carolina Medicaid Web-based Claims Submission Tool now available!

See the latest issue of the *Web Tool Times* for more information. For a copy of the newsletter, click here [Web Tool Times](#)

1. From the Web site, click any option from the Main Menu.

South Carolina Medicaid
Web Based Claims
Submission Tool

Main Menu
Claims Entry
List Management
Reports
Claims Submission
Eligibility
Reference Materials
LOGOFF

Please login.

Login ID:

Password:

2. Key in your Login ID and Password and click Submit Query.

UB-92 Adjustments

Note: Steps 1-4 for UB-92 adjustments are the same as those described for CMS-1500/Dental adjustments.

South Carolina Medicaid
Web Based Claim
Submission Tool

Main Menu
Claims Entry
Dental
CMS-1500
UB-92
List Management
Reports
Claim Submission
Eligibility
Reference Materials
LOGOFF

Additional Patient Information

Admission Date: Admission Hour: Admission Type: Admission Source:

Discharge Hour: Date of Service From: 10/11/2004 Date of Service Through: 10/11/2004 Patient Status:

Covered Days: Non-Covered Days: Co-Insurance Days: Lifetime Reserve Days:

Type of Bill (Facility Type/Frequency):
 117-Inpatient hospital, replacement claim (DRG charges)
 111-Inpatient hospital, admit through discharge claim
 117-Inpatient hospital, replacement claim (DRG charges)
 118-Inpatient hospital, void/cancel claim
 131-Outpatient hospital, admit through discharge claim
 141-Outpatient hospital, referenced diagnostic services, admit through discharge claim
 147-Outpatient hospital, referenced diagnostic services, replacement claim
 148-Outpatient hospital, referenced diagnostic services, void/cancel claim
 137-Outpatient hospital, replacement claim
 138-Outpatient hospital, void/cancel claim

Condition Codes

1 6

7 12

13 14 15 16 17 18 23 24

5. In the Type of Bill (Facility Type Frequency) field, enter the appropriate code.
 Note: Codes ending in 7 are for Void/Replacements.
 Codes ending in 8 are for Void Only.

South Carolina Medicaid
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Submission Tool

Main Menu
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Treatment Authorization Codes

A:

B:

C:

Provider Data

R/A Provider ID:

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

Remarks:

Other Insurance

Add/Edit Other Insurance

No Other Insurance Information

UB-92 Detail

Add/Edit Details

No UB-92 Detail Information

6. Scroll down to the Other Insurance section. Click Add/Edit Other Insurance.

UB-92 Adjustments (continued)

[Add/Edit Details](#)
 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

UB-92 Claim ID:

Medicaid ID:

Payer Information
 Insurer Name: Carrier Code: Provider ID: Release of Info: ASG: Prior Payment: Estimate Amount Due: **Payer Original CCN**: Insurer Claim Paid Date:

Insured Information
 Last Name: First Name: Pat Rel: Resp Seq: Claim Filing Ind: Insurer Member ID:

7. In the Payer Original CCN, key the 17-digit number of the original paid claim that you want to adjust.



Submitting a Replacement Adjustment

If you are submitting a Replacement, you must enter your line information after you enter the claim number of the original paid claim (applies to CMS-1500, Dental and UB-92).

South Carolina Medicaid Web Based Claims Submission Tool
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[Claims Entry](#)
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 [CMS-1500](#)
 [UB-92](#)
[List Management](#)
[Reports](#)
[Claim Submission](#)
[Eligibility](#)
[Reference Materials](#)
[LOGOFF](#)

Original CCN:

Place of Service Facility Type Code: Claim Submission Reason Code:

Rendering/Attending Information
 R/A Provider First Name: R/A Provider Last Name or Organization Name:
 R/A Medicaid Provider ID:

Dental Insurance Detail

 No Other Insurance

1. Click Add/Edit Details



Submitting a Replacement (continued)

Address <https://webclaimstest.ncmedicaid.com/scwst/>

South Carolina Medicaid Web Based Claims Submission Tool

- Main Menu
 - Claims Entry
 - Dental
 - CMS-1500
 - UB-92
 - List Management
 - Reports
 - Claim Submission
 - Eligibility
 - Reference Materials
 - LOGOFF

Dental Add/Edit Details

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

Claim Type: DENTAL Claim ID:

Recipient Information

Last Name: _____ First Name: _____ Medicaid ID: _____

Dental Detail

#	ADA Procedure	Detail Charge	Place of Service	Procedure Unit	Oral C
<input type="button" value="Add"/> <input type="button" value="Clear"/>	<input type="text"/>	<input type="text"/>	11-Office	<input type="text"/>	<input type="text"/>

2. Add a line of detail for each line that appeared on the original paid claim, and include the revised information.

Web Tool Workshops

South Carolina Medicaid continues to offer 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.scdhhshipaa.org, or call the toll-free number for South Carolina Medicaid HIPAA Provider Outreach at 1-888-289-0709.

The following class will be held at the Blue Cross and Blue Shield of South Carolina Percival Road location – 4101 Percival Road. Information about the adjustments-related changes to the 835 Healthcare Payment/Advice will be included. Sign up for a Web Tool training class today!

January 14, 2005

1:00pm – 4:30pm CMS-1500/UB-92

February 15, 2005

9:00am – 12pm Dental

1:00pm – 4:30pm CMS-1500/UB-92

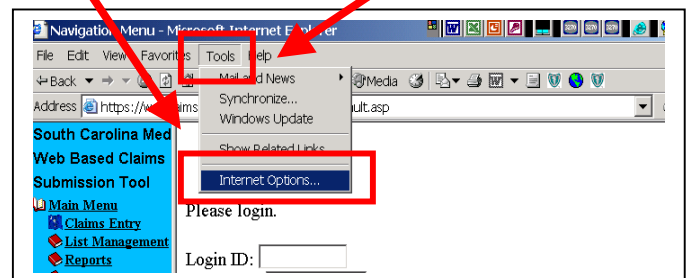
Comprehensive Edit Codes Listing Now Available on Web Site

Visit www.scdhhshipaa.org to download or view the “Edit Codes, CARCs & RARCs, and Resolutions” resource document. On the home page, click on the New! National Codes Icon; then, select either the Word or PDF version.

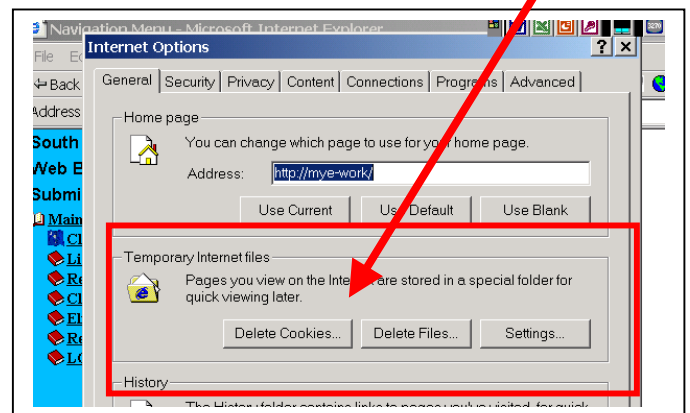
Are You Looping?

Have you been trying to log in to the SCMWBCST, only to find that you are continuously taken back to the log in screen? If so, you are *looping*. You can perform these easy steps to resolve the problem.

1. With your Internet Explorer browser open, select Tools.
2. Then, select Options.



3. In the Temporary Internet Files section, click Delete Cookies and click Delete Files.



4. Reboot your computer and log in to the SCMWBCST.

Contact Us -

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

South Carolina Medicaid HIPAA 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.scdhhshipaa.org

You may contact us via e-mail at:

Info@scdhhshipaa.org

SCMWBCST 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 email us at Info@scdhhshipaa.org.