



Web Tool Changes February '08

On the evening of February 6, 2008, South Carolina Department of Health and Human Services (SCDHHS) will implement two changes to the **UB-04 Claims Entry** section of the Web Tool.

National Drug Code (NDC) Field

Providers will be able to include National Drug Codes on Web Tool claims for drugs administered to patients during **outpatient** hospital visits. A new **NDC** field has been added to the UB-04 Add/Edit Details section to allow entry of this information.

Present On Admission Indicator (POA) Fields

Providers will have the option to enter POA indicators when filing **inpatient** claims. New **POA Indicator** fields will be added next to each diagnosis code field. Effective April 1, 2008, SCDHHS will require that each diagnosis code entered be accompanied by a valid POA indicator: Y, N, U, W, or 1 (one).

Screenshots on pages 2-5 illustrate these changes.

Continued on page 2.

Web Tool Change December '07

Effective December 1, 2007, South Carolina Department of Health and Human Services (SCDHHS) implemented a change to the **CMS-1500 Claims Entry** screen of the Web Tool to accommodate changes to the process of recording prior authorization information and PC Coordinator codes.

Prior Authorizations

Prior to December 1, providers recorded prior authorization information (when applicable) in the *Prior Authorization Number* field in the Recipient Information section. Now, this field serves a dual purpose: prior authorization as before, and physician referral numbers for Primary Care Case Management (PCCM) and Medical Homes Network (MHN) recipients. Providers must select the radio button **Authorization** in the new *Prior Authorization Qualifier* field in order to qualify data as prior authorization information. (Note: The Web Tool defaults to the **None** radio button, so it is important to select the **Authorization** radio button when entering prior authorization information).

PCCM and MHN Providers

Effective December 1, 2007, PCCM and MHN providers utilize the *Prior Authorization Number* field to indicate PC Coordinator codes. Once these providers record their referral information, they must select the **Referral** radio button in the *Prior Authorization Qualifier* field to qualify the information as related to a referral.

Screenshots on page 6 illustrate these changes.

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Web Tool Changes

UB – 04 NDC Field

Claims Entry>UB-04>Add>UB-04 Detail>UB-04 Add/Edit Details

UB-04 Add/Edit Details

Please complete the following form to create/edit UB-04 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-04 Claim ID:

Recipient Information

Last Name: Medicaid ID:

UB-04 Detail

#	Rev Code	HCPCS	Modifier1	Modifier2	Modifier3	Modifier4	Service Date	Accom
<input type="button" value="Add"/> <input type="button" value="Clear"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	12/06/2007	<input type="text"/>

When adding line detail information, scroll over to enter all line information.

save the records and return to the main edit page. Click the "Cancel"

Modifier2	Modifier3	Modifier4	Service Date	Accom Rate	Accom Days	Ancil Units	Detail Charges	Non-Covered Charge	NDC
<input type="text"/>	<input type="text"/>	<input type="text"/>	12/06/2007	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

NDC field:
Enter the 11-digit National Drug Code, if applicable, to the outpatient claim.

Web Tool Changes (continued)

UB-04 NDC Field

Claims Entry>UB-04>Add>UB-04 Detail>UB-04 Add/Edit Details

The screenshot shows the 'UB-04 Add/Edit Details' web form. On the left is a blue navigation menu with options like 'Main Menu', 'Claims Entry', 'Dental', 'CMS-1500', 'UB-04', 'List Management', 'Reports', 'Claim Submission', 'Claims Status', 'Web Submitted Claims', 'Eligibility', 'Reference Materials', 'LOGOFF', and 'Contact Us'. The main form area has a title 'UB-04 Add/Edit Details' and instructions: 'Please complete the following form to create/edit UB-04 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.' Below this are fields for 'Claim Type' (set to 'UB-04') and 'Claim ID' with 'Save' and 'Cancel' buttons. The 'Recipient Information' section includes 'Last Name' and 'Medicaid ID' fields. The 'UB-04 Detail' section features a table with columns: '#', 'Rev Code', 'Modifier3', 'Modifier4', 'Service Date', and 'Accom'. A red box highlights an error message in a 'Microsoft Internet Explorer' dialog box: 'Invalid NDC - must be a numeric 11 digit code (no hyphens or spaces)'. A red arrow points from this dialog to a text box on the right that reads: 'If you key an NDC with fewer than the required 11 digits, you will receive an error message. Click OK and correct the NDC to continue entering the claim.'

This screenshot shows the same 'UB-04 Add/Edit Details' web form. In the 'UB-04 Detail' table, the 'Rev Code' field for the first row contains '220'. A red box highlights an error message in a 'Microsoft Internet Explorer' dialog box: 'This claim is an Inpatient claim. NDC is only valid for Outpatient claims. Correct and Resubmit'. A red arrow points from this dialog to a text box on the right that reads: 'If you enter an NDC on an inpatient claim, you will receive an error message letting you know that NDCs are only valid for outpatient claims. Click OK and correct your error to continue entering the claim.'

Web Tool Changes (continued)

UB-04 POA Fields

Claims Entry>UB-04>Add>Diagnosis Codes/Present on Admission Indicator

Value Codes

Code	Amount	Code	Amount	Code	Amount	Code	Amount	Code	Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Diagnosis Codes/Present On Admission Indicator

Principal:

Additional	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Admitting: E-Code:

Procedure Codes

Diagnosis Codes/Present on Admission Indicator field:
 Enter the valid POA indicator [Y, N, U, W, or 1 (one)] for the associated diagnosis. (Required by SCDHHS effective April 1, 2008.)

Diagnosis Codes/Present On Admission Indicator

Microsoft Internet Explorer

Warning

A Present On Admission Code (POA) is required for each diagnosis entered on an Inpatient Claim. Correct and Resubmit

OK

On and after April 1, 2008, if you do not enter a POA indicator on an inpatient claim, an error message will appear letting you know that the POA is required. Click **OK** and enter the appropriate code to continue entering the claim.

UB-04

Claim Type: UB-04 Claim ID: New Save Cancel Delete

UB-04 Type: I-Inpatient

Recipient Information

Recipient Last Name: Recipient First Name: Medicaid ID Number: 4564654654

Provider Last Name or Organization Name: Medicaid Provider ID: 456789

Medicaid Provider NPI:

Medicaid Provider: EIN SSN

Billing Provider Zip Code: -

Web Tool Changes (continued)

UB-04 POA Fields

Claims Entry>UB-04>Add>Diagnosis Codes/Present on Admission Indicator

The screenshot shows the 'UB-04' form in a web browser. The 'UB-04 Type' dropdown is set to 'O-Outpatient'. An error message box is displayed over the form, stating: 'This is an OutPatient claim. A Present On Admission Code (POA) is valid for Inpatient Only. Correct and Resubmit'. The error message box has a yellow warning icon and an 'OK' button. A red box highlights the error message, and a red arrow points from a text box to the 'Present on Admission' field.

Microsoft Internet Explorer

This is an OutPatient claim.
A Present On Admission Code (POA) is valid for Inpatient Only.
Correct and Resubmit

OK

If you enter a POA indicator on an outpatient claim, an error message will appear letting you know that the POA is valid only on inpatient claims. Click **OK** and correct your error to continue entering the claim.

The screenshot shows the 'UB-04' form in a web browser. The 'UB-04 Type' dropdown is set to 'I-Inpatient'. An error message box is displayed over the form, stating: 'Valid Values For POA Indicator are Y,N,U,W and I. Correct and Resubmit'. The error message box has a yellow warning icon and an 'OK' button. A red box highlights the error message, and a red arrow points from a text box to the 'Present on Admission' field.

Microsoft Internet Explorer

Valid Values For POA Indicator are Y,N,U,W and I.
Correct and Resubmit

OK

Valid POA indicators are Y, N, U, W, and I (one). If you enter an invalid indicator, an error message will appear. Click **OK** and correct the indicator to continue entering the claim.

Web Tool Changes (continued)

Prior Authorizations

Claims Entry>CMS-1500>Add>Recipient Information

Old Screen

CMS-1500

Claim Type: CMS-1500 Claim ID: New [Save] [Cancel] [Delete]

Recipient Information

Recipient Last Name: [] Recipient First Name: [] Medicaid ID: []

Medical Record Number: [] Recipient Account Number: []

Prior Authorization Number: []

Provider Information

Provider Last Name or Organization Name: []

Medicaid Provider ID: []

Medicaid Provider NPI: [] Medicaid Provider Taxonomy: []

Medicaid Provider: EIN SSN

Billing Provider Zip Code: [] - []

*Prior Authorization Number field:
Prior to December 1, 2007, only used to record prior authorization information (when applicable).*

New Screen

CMS-1500

Claim Type: CMS-1500 Claim ID: New [Save] [Cancel] [Delete]

Recipient Information

Recipient Last Name: [] Recipient First Name: [] Medicaid ID: []

Medical Record Number: [] Recipient Account Number: []

Prior Authorization Number: []

Prior Authorization Qualifier: Authorization Referral None

Provider Information

Provider Last Name or Organization Name: [] Provider First Name: []

*Prior Authorization Number field:
Effective December 1, 2007 – a dual-use field: 1) Providers filing with prior authorization information enter the prior authorization code. 2) PCCM and MHN providers enter the PC Coordinator code.*

*Prior Authorization Qualifier field:
Effective December 1, 2007, providers filing with prior authorization information select the radio button Authorization in the new Prior Authorization Qualifier field in order to qualify date as prior authorization information.*

*Prior Authorization Qualifier field:
Effective December 1, 2007, PCCM and MHN providers select the Referral radio button in the Prior Authorization qualifier field to qualify the information as related to a referral.*



Copy Feature

Copy a Line

When entering multiple lines of information, use the Copy feature to copy and paste each line as you key. This allows you to enter multi-line claims more quickly on the Web Tool. Remember to review each new, copied line and change the information as needed.

Copy a Claim

Submitted claims remain in the Reports section of the Web Tool three months from the date of submission. If you need to add a new claim similar to one you have already submitted, open the Reports section and find the claim. You can copy the entire batch of claims or just one claim in the batch. Return to Claims Entry Information and click **Edit** to enter the new information.

National Provider Identifier – Warning Edit Codes

On September 27, 2007, SCDHHS released a bulletin explaining new warning messages and edit codes related to the National Provider Identifier (NPI).

In November, remittance advices began reflecting the following warning edit codes preceded by an asterisk (“*”). Claims with these warning edits will not reject; providers do not need to resubmit these types of paid claims. It is important, however, that providers correct the NPI-related billing issues causing these warning edit codes prior to the end of the contingency period (no later than May 23, 2008).

WARNING EDIT CODE	CARC/RARC	EDIT CODE MEANING
578	16 / N94	Missing taxonomy code
579	16 / N94	Invalid taxonomy code
580	16 / N77	NPI on claim not found on provider file
581	16 / N77	Invalid NPI
582	16 / N94	Taxonomy on claim has not been registered with provider enrollment for the NPI used on the claim
583	16 / N77	Unable to crosswalk
692	16 / N77	Provider is using NPI only for at least one primary provider (billing or rendering) and legacy Medicaid number only for at least one other primary provider.
943	16 / N77	Typical provider, no NPI on claim.

Web Tool Word Search Answers Below

Complete the puzzle on page 8 first!

F L N A X U C C L W A L S T R R Q R
 F L O C M R P B F T Z P Y X O M E D
 T D I C C Z H Q Z B Z V S T B U J J
 L M T R Q V O G G K C E A L E R V I
 O D A E R K S W S A Q N G H C Z S Q
 U F Z N K O J B Y K I U U E U R M L
 T F I Z A A T R F D H N E E J N T Y
 P Y R P H G W A R N I N G E D I T S
 A E O V C I E O C C I I D D R O V V
 T N H Q Y T O D E I N M M L O E V H
 I U T S Y C W H C P D R Z L S G Y P
 E P U V C R E R A A I N H N F A N A
 N O A P W O N T F M R C I R U D N U
 T N R C M M I V D R J E H P S X T E
 Q Q O L F E C S G V J X X K G M S U
 X I I W N E I V P V B L H H I D H L
 X P R T R E I F I L A U Q N C X X V
 U I P M A U Y D Q H Q P S A W Z V Z

Note: Effective March 1, 2008, edit code 943 will become an active edit; it will no longer be a warning edit. Claims will reject for typical providers who file without an NPI.

Visit the SCDHHS Web site, www.scdhhs.gov, to review the NPI Contingency Plan bulletins dated April 23, September 17, and December 20, 2007.

Web Tool WORKSHOPS



Workshops Scheduled through April 2008!

South Carolina Medicaid continues to offer free Web Tool workshops in Columbia, South Carolina, for all providers.

Please register by calling the toll-free number for South Carolina Medicaid Provider Outreach, 1-888-289-0709, or register online at www.scm Medicaidprovider.org.

February 6, 2008

Wednesday

10:00am – 4:00pm (Lunch on your own)

Location: Greenville Technical College
506 South Pleasantburg Drive
Greenville, SC 29606

February 28, 2008

Thursday

10:00am – 4:00pm (Lunch on your own)

Location: BlueCross BlueShield
17 Technology Circle (Farrow Rd.)
Columbia, SC 29203

March 20, 2008

Thursday

10:00am – 4:00pm (Lunch on your own)

Location: BlueCross BlueShield
17 Technology Circle (Farrow Rd.)
Columbia, SC 29203

April 17, 2008

Thursday

10:00am – 4:00pm (Lunch on your own)

Location: BlueCross BlueShield
17 Technology Circle (Farrow Rd.)
Columbia, SC 29203

Web Tool Word Search Inside This Issue

F L N A X U C C L W A L S T R R Q R
 F L O C M R P B F T Z P Y X O M E D
 T D I C C Z H Q Z B Z V S T B U J J
 L M T R Q V O G G K C E A L E R V I
 O D A E R K S W S A Q N G H C Z S Q
 U F Z N K O J B Y K I U U E U R M L
 T F I Z A A T R F D H N E E J N T Y
 P Y R P H G W A R N I N G E D I T S
 A E O V C I E O C O I I D D R O V V
 T N H Q Y T O D E I N M M L O E V H
 I U T S Y C W H C P D R Z L S G Y P
 E P U V C R E R A A I N H N F A N A
 N O A P W O N T F M R C I R U D N U
 T N R C M M I V D R J E H P S X T E
 Q Q O L F E C S G V J X X K G M S U
 X I I W N E I V P V B L H H I D H L
 X P R T R E I F I L A U Q N C X X V
 U I P M A U Y D Q H Q P S A W Z V Z

INDICATOR
 INPATIENT
 MANAGED CARE
 OUTPATIENT
 PC COORDINATOR
 PRIOR AUTHORIZATION
 QUALIFIER
 WARNING EDITS

Contact Us

South Carolina Medicaid Provider Outreach
P.O. Box 17
Columbia, SC 29202

Visit our Web site at: www.scm Medicaidprovider.org

Please send address or telephone number changes in writing to Provider Enrollment, PO Box 8809, Columbia, SC 29202-8809.

Contact our EDI Support Center with email changes at 1-888-289-0709, fax to 1-803-870-9021, or via email 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.