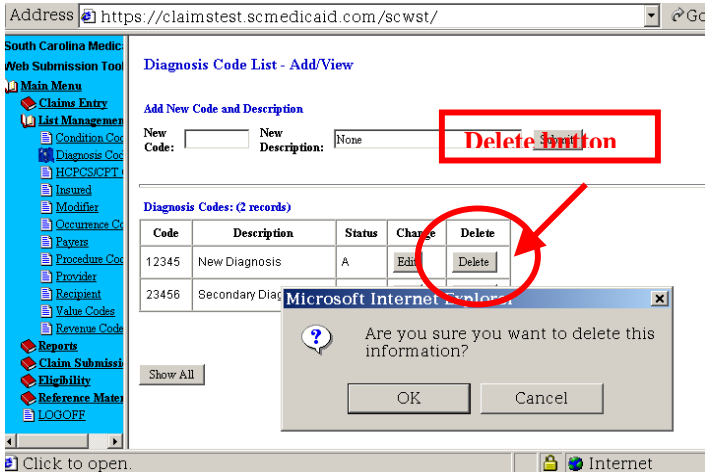


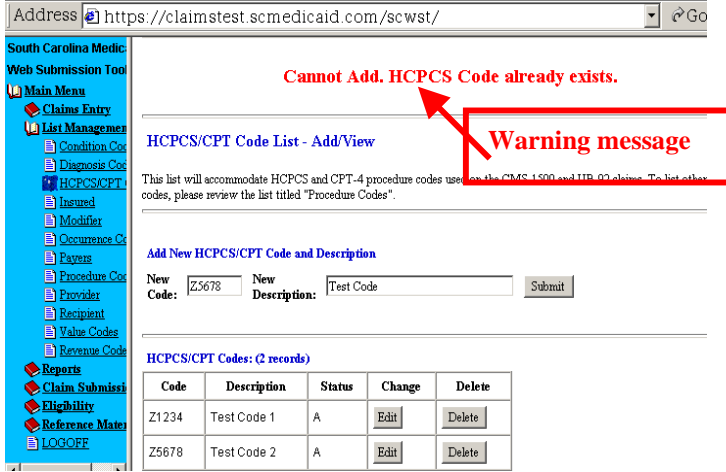


List Management

Delete Function: Currently you can add information, edit existing information and even make information inactive in all of your List Management options. Effective May 6, you are now able to delete information from List Management! Locate the row with the error you wish to remove; click the *Delete* button, located next to the *Edit* button. Once you select the *Delete* button, a message window will appear asking: *Are you sure you want to delete this information?* Click OK, and the item will no longer appear in your list.

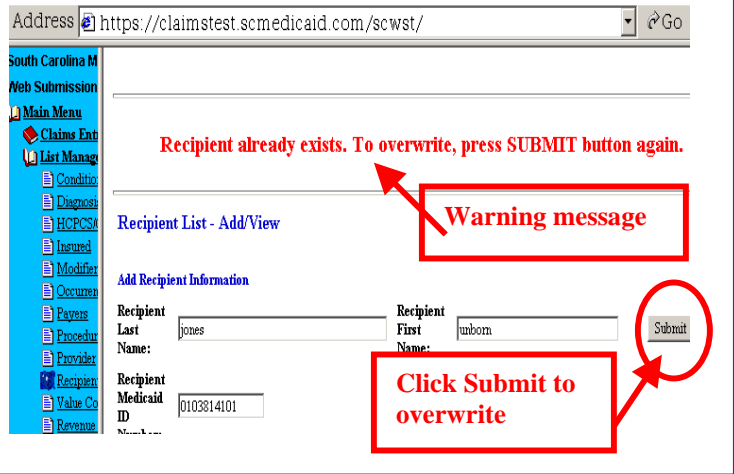


Blocking of Duplicate Entries: The SCMWBCST has been enhanced to detect and block storage of duplicate entries in your lists. Should you attempt to save information that is already in one of your lists, the Web Tool will warn you that the information already exists. The warning message will remain until you move on to your next Web Tool activity.



Recipient List

Overwrite Function: Have you ever tried to add a recipient to your Recipient List, only to have the Web Tool inform you that the recipient is already on the list? Have you ever wanted to overlay the information that was already there? The new enhancement for Recipient List Management gives you the capability to overwrite current recipient information. Should the Web Tool give a message that the Recipient already exists, click *Submit* again if you wish to overwrite the old information with the new. The warning message will remain until you move on to your next Web Tool activity.



VOID Claims

Prior to the May 6th enhancements you were required to enter all of the detail line information for claims being voided. **Now, you no longer have to enter the detail line information when voiding a claim.**

Remember, CMS-1500 and Dental Void claims must be keyed with a Claim Submission Reason code of 08. UB-92 Void claims must have a Type of Bill code of 118, 138 or 148.

CMS-1500/Dental

Claim Submission Reason Code:

Code:

UB-92

Type of Bill (Facility Type/Frequency):

Condition Codes:

1

7

13

Enhancements to... UB-92 Claims Entry

The following fields in the **UB Insurance Add/Edit Details** section of the UB-92 claim have been modified:

1. Carrier Code
2. Release of Information
3. ASG (Assignment of Benefits)
4. Insured Member ID
5. Prior Payment

The Carrier Code, Release of Information, and ASG fields appear when you first open **UB Insurance Add/Edit Details**.

The screenshot shows the 'UB-92 Detail' section of the form. Three red boxes with arrows point to the 'Carrier Code' field (containing '619'), the 'Release of Info' field (containing 'Y'), and the 'ASG' field (containing 'Y').

1. **CARRIER CODE** - **Carrier Code is now a required field.** The Carrier Code automatically defaults to 619 for Medicaid. Should another insurance company apply, key the Carrier Code information assigned to that company. The Carrier Codes can be found in your Program Manual; they are also available for download from the South Carolina Medicaid HIPAA Web site: <http://www.scdhhshipaa.org>.

2. **RELEASE OF INFORMATION** – **Release of Information** signifies whether you have received permission from the recipient to release any patient information for purposes of filing the claim. **This field now automatically defaults to “Y” for Yes.** If you do not have permission from the recipient for the release of information, key an “N” for No.

3. **ASG (ASSIGNMENT OF BENEFITS)** – **ASG** indicates whether the recipient has given you permission to file their insurance and accept payment for services rendered. **This field defaults to “Y” for Yes.** If the recipient has not given you permission to file insurance and accept payment, enter an “N” for No.

To view the Insured Member ID and Prior Payment fields, use your scroll bar to move to the second half of the **UB Insurance Add/Edit Details** screen.

The screenshot shows the second half of the form. A red box highlights the 'Insurer Member ID' field. Another red box highlights the 'Prior Payment' field. A red arrow points to the scroll bar at the bottom of the form.

4. **INSURER MEMBER ID** – **This field is now a required field** – it indicates the identification number for the recipient for this insurance carrier.
5. **PRIOR PAYMENT** – **Prior Payment** indicates the amount of payment you have previously received from another insurance carrier for this service. If the entire amount was denied by another insurer (other than Medicaid 619), or the prior payment of another insurer (other than Medicaid 619) was \$0.00, you are required to enter Occurrence Code 24 on the header of the claim explaining the denial reason. If you try to save the claim without Occurrence Code 24 when the Prior Payment is \$0.00, a warning window will appear to let you know that Occurrence Code 24 is required.

Web Tool Workshops

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

May 28, 2004:
9:00am – 12:00pm Dental
1:00pm – 4:30pm CMS-1500/ UB-92

These workshops will include of the new SCMWBBCST enhancements. Enroll today to attend!

UPDATED USER GUIDE ON LINE!
Visit our Web site to find the new, updated Web Tool User Guide and CMS-1500 and Dental Addenda. They include all new enhancements!

Coming in June!

More enhancements to the South Carolina Medicaid Web-based Claims Submission Tool will be released in June 2004.

We will highlight those enhancements in June's issue of the Web Tool Times!

Frequently Asked Questions

Can I view and print all the claims I submit via the Web Tool?

Yes! A new enhancement to the South Carolina Medicaid Web-based Claims Submission Tool allows you to View All from the Claim Results window. Once you access View All, you have access to a **Print** button to print all claims in the selected batch. A page break is inserted at the end of each detail line in order to print claims separately. Claims may have multiple pages depending on the amount of detail on each claim.

Why do I have to scroll back to the top of the claim form to save it?

Effective May 6, 2004, you no longer have to scroll back to the top of the form to save it. The Save, Cancel and Delete buttons have been relocated to the bottom of the form.

Why do I have to key the Place of Service twice when I submit a Web Tool claim?

With the new enhancements, this may no longer be an issue! On CMS-1500 and Dental claims, the Place of Service field appears on the header of the claim in the Miscellaneous Claim Information section, and on the line of the claim in Add/Edit Details. **Now, the Place of Service that you key on the header will automatically populate the Place of Service field on the line.** You still have the option to change the Place of Service as necessary in the line details section of the claim.

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.