



Let's Talk About...

Split Claims

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) mandated standard transactions formats. These standards include specifications for numbers of detail lines for electronic claims transactions. Detail lines on the 837 Professional (CMS-1500 claim) increased from 8 lines maximum to 50 lines; on the 837 Dental (Dental claim), detail lines increased from 15 lines maximum to 50 lines.

Currently, the South Carolina Medicaid Management Information System (MMIS) can only process, per claim transaction, 8 lines on the CMS-1500, and 15 lines on the Dental. In order to achieve compliance with HIPAA requirements by October 16, 2003, South Carolina Medicaid implemented an interim solution. When the MMIS receives an electronic claim with a detail line count greater than that which the MMIS can process at one time, it automatically splits the claim into smaller claims that can be processed.

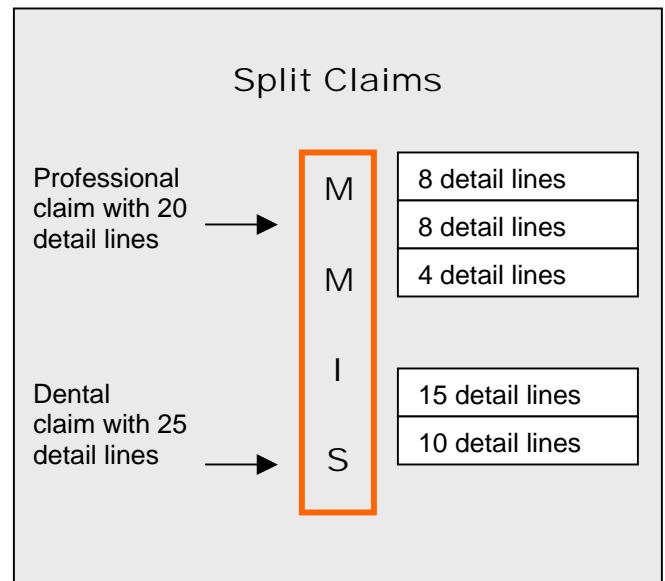
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Split Claim Example:

The example below demonstrates how a 837 Professional claim, and a 837 Dental claim, will split.

In the example of a Professional claim with 20 detail lines, the MMIS system splits the claim into 3 separate claims. The first claim consists of the first 8 detail lines, the second claim contains the next 8 detail lines, and the third claim has the remaining 4 detail lines.

The Dental claim example shows 25 detail lines submitted. This claim splits into two claims – one with 15 detail lines and one with 10 detail lines.



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Have You Heard?

What's New...



South Carolina Medicaid implemented new enhancements to the South Carolina Medicaid Web Claims Submission Tool effective February 12, 2004. The following summarizes the enhancements that were introduced to you in the February 13th issue of *Web Tool Times*:

CMS-1500, Dental, UB-92

- **Copy Function** - The detail screens and the insurance header screens include a COPY button that allows you to copy detail line and insurance information from one line to another.
- **Phone Extension** - When entering contact information for claims submission, a new field appears for you to enter your phone extension if needed.
- **Claims Received** - After you submit claims to South Carolina Medicaid, an acknowledgement message is displayed: *Thank you for submitting your claims via the Web. We have received your transmission and will process our claims in a timely manner. Below is a summary of this batch. Click on the batch number to view the details of the batch.*

CMS-1500 and UB-92

- **Date of Service** - The SCMWBCST will now auto-populate the From and Through dates of service on the CMS-1500, and the Service Date on the UB-92, to the current date. If the From date of service is changed on the CMS-1500, the Through date will automatically change to the new From date.
- **Diagnosis Code** - Decimals are not accepted in the Principal and Additional Diagnosis Code fields. If a decimal is keyed, a message will appear that reads: *"The Diagnosis Code field must only contain letters or numbers."*

CMS-1500 and Dental

- **Other Insurance** - If you key a zero dollar amount in the Other Insurance Paid Amount field, you must key a Claim Adjustment Reason Code. A warning window will appear to let you know that the Claim Adjustment Reason Code is required.

CMS-1500

DME Provider Numbers

The Referring Provider ID field will now accept less than 6 characters. The DME provider manual instructs the DME providers to enter the state license number of the referring physician in the Referring Provider ID field. Use your DME Medicaid Provider ID number in the R/A Medicaid Provider ID field.

UB-92

Admission Source, Admission Type

When filing a UB-92, you must enter an Admission Type. A drop-down box appears for you to choose an admission type from 3, 1, 4, 9 or 2. A drop-down box is also available for Admission Source. You can select 1, 2, 3, 4, 5, 6, 7 or 9.

If the Admission Type on your claim is 4-New Born, you must select an Admission Source. With Admission Type 4, the Source can only be 1-Physician Referral, 2- Clinic Referral, 3- HMO Referral, 4- Transfer from a Hospital or 9- Information Not Available. If you use any of the other Admission Source options, the following warning will appear. *You must select a valid UB-92 Type.*

UB-92

- **Drop-Down Box** - The Admission Type, Admission Source, and Patient Status fields include the drop-down box feature that displays all available codes for each field.
- **Payer Information** - The Insurance Header automatically indicates the Insurer Name as Medicaid and populates the Carrier Code field with 619.

Eligibility-

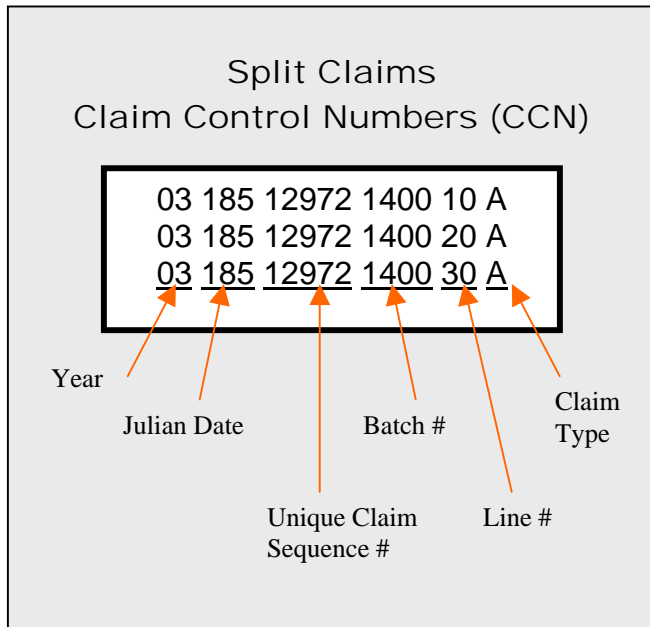
- **Ellipsis** - On the Eligibility Inquiry screen, the SC Medicaid ID field now has an ellipsis option so you can search your Recipient List from List Management.

Let's Talk About...

Split Claims - CCN

Continued from page 1.

When an electronic claim is split, each new claim created receives its own individual 17-character identifier generated by the system – the Claim Control Number (CCN). The example below is of a CMS-1500 electronic claim which has split into 3 separate claims.



Digits 1-2: the year that the Medicaid Claims Control System (MCCS) received the claim (in the example, 03=2003).

Digits 3-5: the Julian date that the MCCS received the claim. Julian date refers to day of the year; i.e., each day is numbered 1 – 365 starting with January 1.

Digits 6-10: the unique claim sequence number.

Digits 11-14: a computer-generated batch number. The 11th digit indicates how you filed the claim. If you filed the claim on paper the number is a zero, and if the claim was electronic it is a one or higher.

Digits 15-16: the line number. If the electronic claim is not split, the line number is always 00. Since paper claims are not split, their line number is always 00. In a split **Professional** claim, the first claim (first 8 lines of original claim) is indicated with a 10. The next claim in the split is designated with a 20; the next with 30, etc. **Dental** claim line numbers are in increments of 20, not 10. The first 15 lines are indicated with a 10 in the line number. The next split is designated with a 30, the next with 50, etc.

Claim Types: A-Professional (CMS-1500), Z-Hospital, B-Dental, C-Medical Transportation, D-Drug, G-Nursing Home, J-Buy-in, or U-Adjustment.



Corrections to Split Claims

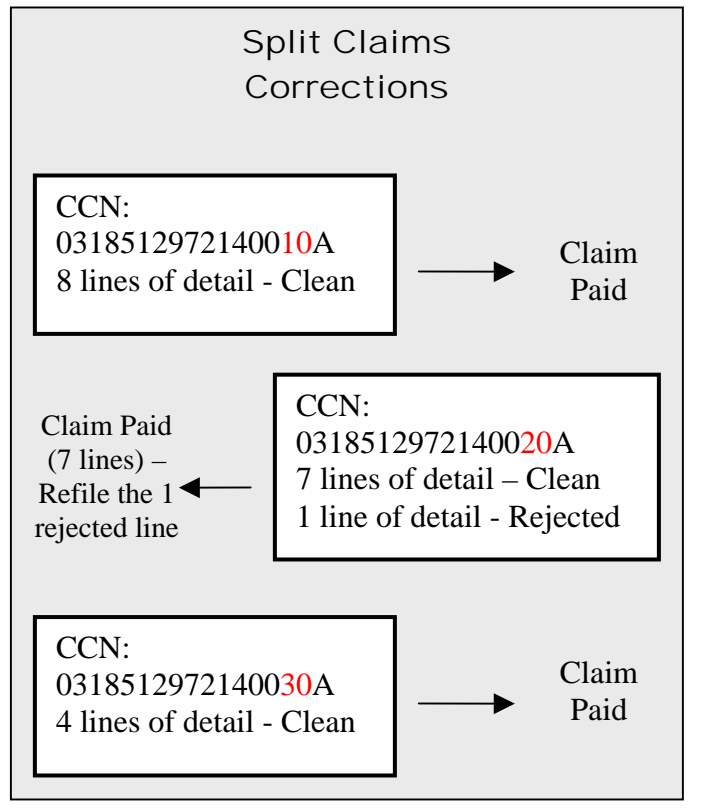
Until now, split claims requiring correction or additional documentation were handled differently than non-split claims. Split claims would not suspend for review; instead, the entire split claim would reject. In order to correct the individual line(s) that rejected, you would have to refile the entire split claim.

Now, effective March 9, 2004, split claims process like non-split claims.

As in the Claim Control Numbers example, the illustration below shows an electronic Professional claim with 20 detail lines that the MMIS split into 3 separate claims for processing.

The first and third split claims were clean and were paid. However, one detail line on the second split claim (CCN 0318512972140020A) was rejected. Before, you would have refiled this entire second claim. Now, **effective March 9, 2004**, the clean lines will pay. In the example below, you need only refile one line.

If an **entire** split claim rejects, you can now make your changes on your white Edit Correction Form (ECF) – exactly the way you do for a non-split claim.



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.

March 19, 2004

9:00am – 12:00pm Dental

1:00pm – 4:30pm CMS-1500/ UB-92

April 23, 2004

9:00am – 12:00pm Dental

1:00pm – 4:30pm CMS-1500/ UB-92

All of our workshops include information on all of the new enhancements. Enroll today to attend a workshop!

Updated Resources On-line

Visit our Web site to find the updated South Carolina Medicaid Web-based Claims Submission Tool User Guide. The CMS-1500, UB-92, and the Dental Addenda have also been revised and are available on-line. The User Guide and Addenda include all of the new enhancements.

Frequently Asked Questions

How many Trading Partner Agreements do we need to complete?

South Carolina Medicaid is requiring that a Trading Partner Agreement (TPA) be completed for each Medicaid Provider Identification Number. If you have both a group number and an individual number, you will need to complete a TPA for each number. Remember: each time a new Medicaid ID is affiliated with your office, you will need to complete an additional TPA for that new I.D.

What is the cut off time for claims to be entered?

There is no cut off time for claims to be entered. The South Carolina Medicaid Web-Based Claims Submission Tool is available for claims entry 24 hours a day, 7 days a week, with the exception of occasional site maintenance. Claims submitted mid-afternoon on the day prior to the payment cycle typically appear in the same week's remittance advice package. Official state holidays may cause the payment cycle to vary.

Can I go through a clearinghouse and also use the South Carolina Medicaid Web-Based Claims Submission Tool?

Yes, you may choose to use a combination of filing options instead of just one. For example, you may choose to send your claims through a clearinghouse, and use the Web Tool to check eligibility. Or, you might have a claim that needs extra documentation requiring you to send it hardcopy; meanwhile, you might choose to send other claims via the Web Tool.

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.