

Web Tool Times



Up-to-date information about the South Carolina Medicaid Web-based Claims Submission Tool

Volume 1, Issue 3

February 13, 2004

Let's Talk About...

Provider Numbers

The South Carolina Medicaid Web-based Claims Submission Tool includes fields in which to enter Provider Numbers: three fields on the CMS-1500 and Dental claim types, and two fields on the UB-92. Keying your group number and/or individual number in the wrong fields will result in a 911 edit (a 911 edit means 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). To avoid receiving this edit, you must key your group number and individual provider number in the correct fields.

CMS-1500 and Dental

1) In the header of the claim, under Provider Information, key your group number in the **Medicaid Provider ID** field. The SCMWBCST 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) A provider number is required in the header in the Miscellaneous Claims Information section. If you have an individual provider number, key it into the R/A Provider ID field. If you do not have an individual provider number, key your SC Medicaid Group Provider ID in this field. *Continued on page 3*

Web Tool Enhancements

Effective February 12, 2004, South Carolina Medicaid implemented many new enhancements to the South Carolina Medicaid Web-based Claims Submission Tool.

Default and Autopopulate – DOS

One of the new additions to the tool affects the From Date of Service and Through Date of Service fields on the CMS-1500, the Service Date field on the UB-92, and the Date of Service field on the Dental claim form. The SCMWBCST now automatically **defaults** the date of service field(s) with the current date. To change the defaulted current date to a different date, simply highlight the field and key the new date in the date of service field. If you only need to alter the month or the day, backspace over the two-digit month or day and key over the defaulted information.

On the CMS-1500 claim form, the tool also **autopopulates** the Through Date of Service field to match the information you key in the From Date. This saves key strokes if the Through Date of Service is the same day as the From Date of Service day.

If you are submitting multiple lines of detail and you click ADD for an additional line, the tool will again default the From and Through Dates as the current date. If, however, you use the new COPY feature to copy the line you previously entered (see article of page 4), the tool will keep the same From and To Date (and all other fields of information) that you entered on the line you copied.

Remember, this is just one new enhancement of the SCMWBCST. Keep reading to find out more!

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Have You Heard?

What's New...



CMS-1500, Dental, UB-92 - MM/DD/YYYY Date of Service

The Dates of Service on web claims must be entered in the MM/DD/YYYY format. For example, if the DOS is December 9, 2003, you must submit **12/09/2003**. If you enter **12/9/2003**, a message window will appear after you click ADD on the line detail to warn you that the date format should be MM/DD/YYYY. The SCMWBCST will not SAVE your claim with an incorrect From or Through Date of Service.

CMS-1500 and UB-92- 02/29/2004-Specific Local Medical Procedure Codes

On October 15, 2003, the South Carolina Department of Health and Human Services advised South Carolina Medicaid providers of the contingency to continue the use of various local medical procedure codes for dates of service through December 31, 2003. The contingency was extended for claims with dates of service through February 29, 2004.

A SC Medicaid bulletin will soon be published with information about revised code crosswalks for medical procedure codes and their use. For dates of service on or after March 1, 2004, providers must file claims using these revised crosswalks. Remember, you can always view the most current code crosswalks on the South Carolina Medicaid HIPAA Web site located at www.scdhhshipaa.org.

CMS-1500 and Dental- Claim Adjustment Reason Code Enhancement

To submit a claim that includes Third Party Liability, use the Add/Edit Other Insurance section on the Web Tool. If you enter zero in the Other Insurance Paid Amount field, you must also enter a Claim Adjustment Reason. A warning window will appear to let you know that the code is required if the other insurance paid amount is zero. Use the drop-down box to select the appropriate code: 1- Applies to Deductible, 33- No Dependent Coverage, 96- Non-Covered Services, 26- Prior to Policy Effective Date.

UB-92

Insurance Carrier Code 619 - Enhancement

When you submit a SCMWBCST UB-92 claim, you must include other insurance information in the Payer Information section. A new enhancement of the Web Tool automatically indicates the **Insurer Name** as Medicaid and automatically populates the **Carrier Code** field with 619.

Claim Submission

Contact Information - Enhancement

After you key in and SAVE all of your claim information, you must submit the claims you want to send to be processed. When you use Claim Submission from the Main Menu of the web tool, you will receive the Contact Information screen. You must enter a name, address and phone number. With the new enhancements, you now have the option of including a phone extension of up to 5-digits.

CMS-1500 and UB-92

Diagnosis Codes - Enhancement

The Principal and Additional Diagnosis Code fields can hold up to 5 characters. Although a decimal would use one of the character spaces, you were allowed to key a decimal. To ensure that your claims processed correctly and with the right diagnosis code, we warned not to use a decimal in the fields. Now, with the new enhancements, if you key a decimal in the Principal or Additional Diagnosis Code fields, you will receive the following warning:

The Diagnosis Code field must only contain letters or numbers.

The warning will appear after you try to SAVE your claim information. You cannot SAVE the claim until you correct the diagnosis code. **Do not key decimals in the diagnosis code fields.**

Let's Talk About...

Provider Numbers

Continued from page 1.

CMS-1500 and Dental

3) The third field in which to enter a provider number is 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 number to each detail line in the **Rendering Provider ID** field, although the number will not actually be displayed on the line. Please note: If the individual provider number for the detail line is different than the ID number on the header, you must enter the individual provider number in the Rendering Provider ID field.

UB-92

On the UB-92 claim, you are required to key provider numbers in two places on the header.

1) A line provider number is not a field on the web tool for UB-92. Similar to the other claim types, key your six-digit group provider number in the **Medicaid Provider ID** field.

2) If you have an individual provider number, enter it in the **R/A Provider ID** field in the Provider Data section. If you do not have an individual provider number, re-enter your group number in the R/A Provider ID field.

Claims Received - Enhancement

After you submit a SCMWBCST batch of claims, a Batch ID number appears with a notification that the batch has been submitted. You can then click on the batch number to see claim detail information.

The new claims received acknowledgement statement will now let you know that we have actually received your submission. *“Thank you for submitting your claims via the web. We have received your transmission and will process your claims in a timely manner. Below is the summary of the batch. Click on the batch to view the details.”*

The acknowledgement will still include the new Batch ID number, and you can still click on the number for claim details.

Eligibility Ellipsis - Enhancement

The South Carolina Medicaid Web-based Claims Submission Tool is equipped with a List Management function. You can build lists for diagnosis codes, HCPCS codes, modifiers, recipients and more! You have already had the option of using ellipsis buttons to choose a code from your individualized lists when billing a claim.

Now, the SCMWBCST has an ellipsis option on the Eligibility Verification Inquiry screen!

To search for a recipient's Medicaid eligibility, you can enter a SC Medicaid ID number, or SSN, or name and date of birth. With the new eligibility ellipsis enhancement, you can use the ellipsis button in the **SC Medicaid ID** field to search your Recipient List to check eligibility for your Medicaid patients.

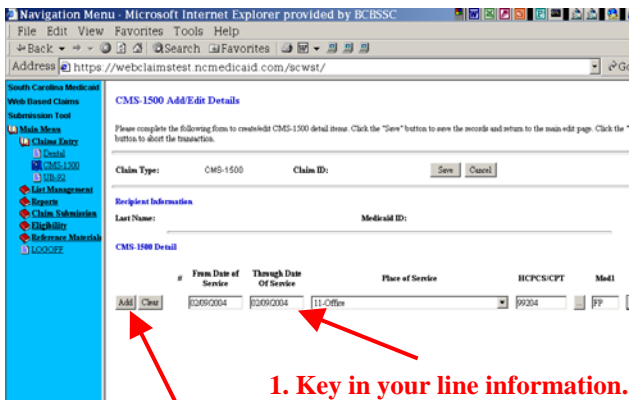
First, you must build your Recipient List in List Management. Then, when you are using Eligibility, click on the ellipsis button in the SC Medicaid ID field. The recipient list box will appear. Click on the recipient in question. The number will automatically plug into the field on the Eligibility screen.

Copy Function

CMS-1500, UB-92, Dental

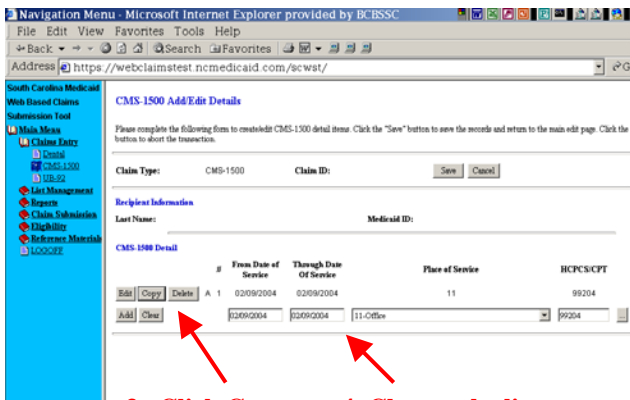
When you submit multiple line claims, you may have information on the first line that is the same for all of the lines on a claim. For example, the Place of Service and Units are the same for all lines of a 5-line claim. The Copy function was useful in copying an entire claim. You could then go into the copied claim and change information as needed. This has not changed - you can still use the Copy function to copy entire claims.

The new enhancement now allows you to copy an entire **line** in the Add/Edit Details and in the Add/Edit Insurance Details sections. Enter your line information as you normally do. The Copy button will not appear until after you Add your line. Then, click the Copy button and change any of the information on the line that is different.



1. Key in your line information.

2. Click Add




3. Click Copy

4. Change the line information as needed.

Drop-Down Boxes

UB-92

When the SCMWBCST was first released, we introduced drop-down boxes on some fields to make claims entry quicker and easier. We included drop-down boxes on fields that require certain coding information. For example, the Type of Bill field requires only valid codes like 111, 138, 141. All of the valid Type of Bill codes are

listed in the box. Click on the drop-down box  and a window will appear displaying all available codes for that field. Then, you can click on the code. It automatically populates the field for you.

In our enhancements, we have added three new drop-down boxes to the UB-92 claim form.

Additional Patient Information

Admission Type: 

Admission Source: 

Patient Status: 

Other Insurance Paid Amount

CMS-1500 and Dental

The Other Insurance Paid Amount field will no longer accept negative amounts.

The MMIS system will not process a negative (-) character. The Other Insurance Paid Amount field must be zero dollars or greater. If you key a dollar amount greater than zero, the Claim Adjustment Reason code field is not required. If, however, you enter zero in the Other Insurance Paid Amount field, you are required to fill in a Claim Adjustment Reason code. You can choose from the drop down box:

- 1 – Applies to Deductible
- 33 – No Dependent Coverage
- 96 – Non-Covered Services
- 26 – Prior to policy Effective Date

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.

February 20, 2004

9:00am - 12:00pm Dental

1:00pm - 4:30pm CMS 1500/ UB-92

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 beginning February 20th will include information on all of the new enhancements.

Enroll today to attend a workshop!

Updated User Guide on Line

Visit our Web site to find the new, updated Web Tool User Guide. It includes all new enhancements!

Frequently Asked Questions

How do I copy from a batch and edit to resubmit?

The steps to copy a batch are as follows:

- 1) Select Reports from the Main Menu. Select Claim Type submitted Batches.
- 2) Select the batch you wish to copy by clicking on the radio button located to the left of the Batch ID number.
- 3) Click on the copy button located in the center of your browser window above the page divider.

Once you have completed the steps to copy a batch, the South Carolina Web-Based Claims Submission Tool will move all the claims held within the batch to the Claim Type Results screen. You can edit the information by doing the following:

- 1) Select the claim you wish to edit by clicking on the radio button next to the recipient's last name.
- 2) Click on the edit button located in the center of your browser window above the page divider.

Once you have completed the above steps you will be able to update your claim information and resubmit this claim.

Where do I obtain the original Claim Control Number?

You can obtain the original Claim Control Number from the upper right-hand corner of the remittance advice. The original Claim Control Number is only required if you are transmitting a void or a replacement claim. Voids or replacements can only be submitted for paid claims.

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.