



Special Edition

**Claim-level Adjustments
Effective November 22nd**

As previewed in the August issue of the Web Tool Times, South Carolina Department of Health and Human Services (SCDHHS) has implemented changes to allow providers to submit claim-level adjustments to Medicaid claims that are in paid status.

Effective November 22, 2004, these changes affect the adjustment process for providers billing Professional and Dental claims in legacy electronic format, and providers billing Professional, Dental and Transportation claims using paper forms.

The adjustments process has **not** changed for certain providers:

- Optional State Supplementation, Nursing Home, and Integrated Personal Care providers, and Managed Care Organizations
- Providers who use a UB-92 form
- Providers who currently submit claims electronically in HIPAA-compliant format, including via the South Carolina Medicaid Web-based Claims Submission Tool

However, there are changes to the 835 Health Care Payment/Advice and the paper remittance advice; they are more detailed and claim-specific.

Remittance Advices

Providers will see changes to the 835 Health Care Payment/Advice and the paper remittance advice (RA).

835 Healthcare Payment/Advice (Electronic Remit)

- Claim-level adjustments are reported 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

Adjustment claims are sorted into three categories for purposes of reporting on the paper remittance advice (RA). 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 are reported together with other paid claims. If the Void claim and the Replacement claim do not process in the same payment cycle, the Void is reported on one RA and the Replacement claim is reported on a separate RA with other paid claims. The Void is always reported first.
- Void Only claim adjustments are reported on a separate page.
- Gross-level adjustments are reported on the last page.

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Paper RA Samples (continued)

Void Only Adjustment (Nursing Home Claim)

PROVIDER ID.		DEPT OF HEALTH AND HUMAN SERVICES		CLAIM ADJUSTMENTS		PAYMENT DATE		PAGE		
A80999		SOUTH CAROLINA MEDICAID PROGRAM				03/26/2004		2		
PROVIDERS OWN REF. NUMBER	CLAIM REFERENCE NUMBER	SERVICE DATE (MMDDYY)	PROC. CODE	AMOUNT BILLED	TITLE 19 PAYMENT (MEDI CAID)	RECIPIENT ID. NUMBER	RECIPIENT NAME (LAST NAME I I)	ORG. F M O CHECK DATE	ORIGINAL CCM	
TQQ271999	0409991089000400U	01 012104	A0425	513.00	197.71	9991112347	LARK	D 022804	0404711253670431G	
		02 012104	A0424	60.00	32.00					
TQQ271999	0409991089000401U	01 012104	A0425	513.00	160.71	9991112347	LARK	D 022804	0404711253670431G	
		02 012104	A0424	60.00	32.00					
TQQ271999	0409991089000402U	01 012104	A0425	513.00	197.71	9991112347	LARK	D 022804	0404711253670431G	
		02 012104	A0424	60.00	32.00					
TOTALS		2		1539.00	592.13					
DEBIT BALANCE PRIOR TO THIS REMITTANCE				MEDICAID TOTAL		CERTIFIED AMT		FEDERAL RELIEF		TO BE REFUNDED IN THE FUTURE
0.00				0.00		0.00		0.00		0.00
YOUR CURRENT DEBIT BALANCE				ADJUSTMENTS		MAXIMUS AMT		PROVIDER NAME AND ADDRESS		
592.13				0.00				MOOD MED CTR PO BOX 100000 AMYTOWN SC 29399		

Void Only "U" claim.

Gross-level Adjustment

PROVIDER ID.		DEPT OF HEALTH AND HUMAN SERVICES		ADJUSTMENTS		PAYMENT DATE		PAGE		
A88888		SOUTH CAROLINA MEDICAID PROGRAM				03/26/2004		3		
PROVIDERS OWN REF. NUMBER	CLAIM REFERENCE NUMBER	SERVICE DATE (MMDDYY)	PROC / DRUG CODE	RECIPIENT ID. NUMBER	RECIPIENT NAME (LAST NAME I I)	ORIG. F M O CHECK DATE	ORIGINAL PAYMENT	ACTION	DEBIT / CREDIT AMOUNT	EXCESS / REFUND
TPL 2	0408600003700000U	-						DEBIT	-2389.05	
TPL 4	0408600004700000U	-						DEBIT	-1949.90	
TPL 5	0408600005700000U	-						DEBIT	-477.25	
TPL 6	0408600006700000U	-						DEBIT	-477.25	
PAGE TOTAL:									5293.45	0.00
DEBIT BALANCE PRIOR TO THIS REMITTANCE				MEDICAID TOTAL		CERTIFIED AMT		FEDERAL RELIEF		TO BE REFUNDED IN THE FUTURE
0.00				0.00		0.00		0.00		0.00
YOUR CURRENT DEBIT BALANCE				ADJUSTMENTS		MAXIMUS AMT		PROVIDER NAME AND ADDRESS		
5293.45				0.00		0.00		MOOD MED CTR PO BOX 100000 ADDRESS SC 20000		

Gross-level adjustments

Claim-level Adjustments Edit Codes

Some edit codes that existed prior to November 22nd apply to the new claim-level adjustments process. Also, there are five new edit codes now in effect.

Existing Edit Codes

- **534** - Provider number does not match
 - The Provider number on the adjustment (Void/Replacement) does not match the provider number on original claim to be voided.
 - If providers receive this error, verify that the correct provider number was submitted on the adjustment (Void/Replacement).
 - If the provider number is incorrect, submit a new adjustment (Void/Replacement) with the correct provider number.
 - If the provider number is correct on the adjustment (Void/Replacement), verify the Claim Control Number of original claim.
 - If the Claim Control Number is incorrect, submit a new adjustment (Void/Replacement) with the correct CCN.
- **575** - Claim not found on Medicaid's active history data base (Claim number and Recipient I.D. must match)
 - The claim number and/or recipient I.D. on the adjustment (Void/Replacement) does not match the number on the original claim to be voided.
 - If providers receive this edit, verify that the correct Claim Control Number and/or recipient I.D. were submitted on the adjustment (Void/Replacement).
 - If the number is incorrect, submit a new adjustment (Void/Replacement) with the correct number.
 - If the claim number and recipient I.D. are correct on the adjustment (Void/Replacement), contact your DHHS representative.
- **867** - Duplicate Adjustment (Original claim already voided)
 - The Claim Control Number on the adjustment (Void/Replacement) was previously voided.
 - If the CCN is incorrect, submit a new adjustment (Void/Replacement) with corrected information.
 - If the CCN is correct, no further action is needed.

New Edit Codes

- **561** - Retro Medicare: Debit Request in Process
 - The recipient was eligible for Medicare at the date of service.
 - South Carolina Department of Health and Human Services (SCDHHS) has identified the need for an adjustment and has already debited the provider's account or is scheduled to adjust in the near future.
 - No further action is required from the provider to debit the primary claim. A new claim with the Medicare payment may be submitted to determine whether or not Medicaid will make a payment toward the Medicare cost sharing.
- **562** - Retro Health: Debit Request in Process
 - The recipient was covered by other insurance carrier at the date of service.
 - DHHS has identified the need for an adjustment (In-patient/Out-patient Institutional, Nursing Home and Ambulance Medical Transportation).
 - A debit adjustment will occur if SCDHHS does not receive a refund check or if Medicaid Insurance Verification Services (MIVS) does not receive appropriate other health insurance information.
- **563** - Pay & Chase: Debit Request in Process
 - SC Medicaid paid claim due to type of care.
 - DHHS has identified the need for an adjustment (In-patient/Out-patient Institutional, Nursing Home and Ambulance Medical Transportation).
 - A debit adjustment will occur if SCDHHS does not receive a refund check or if MIVS does not receive appropriate information.
- **568** - Corresponding adjustment (Void) is suspended or denied
 - The Replacement claim cannot process until the adjustment (Void) claim has been resolved.
 - If the adjustment (Void) claim has rejected, verify that the information submitted on the adjustment (Void) request was correct.
 - If the information was correct, contact your program representative.
 - If the information was not correct, resubmit the Void and Replacement.
- **569** - Adjustment claim cannot be voided or replaced
 - A "U" claim cannot be adjusted.

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 classes 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!

December 10, 2004

9:00am – 12:00pm 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 new “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.

CARCs and RARCs

Claim Adjustment Reason Codes (CARCs) and **Remittance Advice Remark Codes (RARCs)** have been updated to correspond with the new edit codes implemented with claim-level adjustments.

The edit codes 561, 562, and 563 correspond to the same CARC and RARC.

- Edit code 561 (Retro Medicare: Debit request in process)
- Edit code 562 (Retro Health: Debit request in process)
- Edit code 563 (Pay & Chase: Debit request in process)
 - **CARC – 63** Correction to a prior claim
 - **RARC – N185** Do not resubmit this claim/service
- Edit code 568 (Corresponding adjustment is suspended or denied)
 - **CARC – 107** Claim/service denied because the related or qualifying claim/service was not previously paid or identified on this claim.
 - **RARC – N142** The original claim was denied. Resubmit a new claim, not a replacement claim.
- Edit code 569 (Adjustment claim cannot be voided or replaced)
 - **CARC – 125** Payment adjusted due to a submission/billing error(s). Additional information is supplied using the remittance advice remarks codes whenever appropriate.
 - **RARC – N185** Do not resubmit this claim/service.

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
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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.