



Let's Talk About...

Co-Payments and Emergency Indicators

South Carolina Department of Health and Human Services (SCDHHS) issued a bulletin on March 3, 2004 to South Carolina Medicaid providers regarding Co-Payments and Emergency Indicators. Effective for dates of service on and after **March 31, 2004**, South Carolina Medicaid will require providers to collect a co-payment from beneficiaries for the cost of their care.

The bulletin defined specific beneficiaries and certain services that are excluded. **Pursuant to federal regulations, children under the age of 19, institutionalized individuals, home-based and community-based waiver individuals, individuals receiving hospice care, family planning services, pregnancy-related services, and emergency services are excluded from co-payments.**

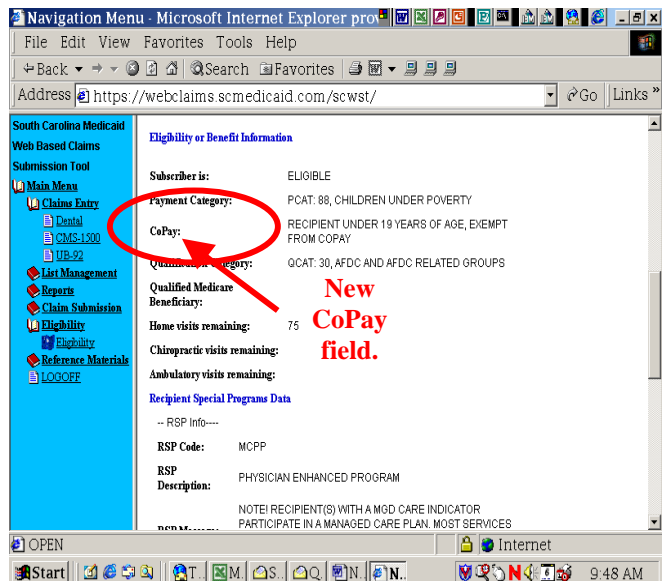
Providers cannot deny services if a beneficiary is unable to pay the co-payment at the time the service is rendered, but the beneficiary is still responsible for the co-payment.

Co-payment Eligibility

Effective March 31, 2004, eligibility verification systems indicate when the beneficiary is exempt from co-pay. A new field has been added to the Eligibility screen on the South Carolina Medicaid Web-based Claims Submission Tool (SCMWBCST).

Once you have submitted the recipient information on the Eligibility screen, scroll down to the *Eligibility or Benefit Information* section. The new *CoPay* field will appear under *Payment Category*.

If the field is blank, co-payments do apply for the beneficiary. If *Exempt* appears in the field, the beneficiary is not responsible for a co-payment.



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Have You Heard?

What's New...



CMS-1500, Dental, and UB-92 – Adjustments Voids and Replacements

So, you want to adjust a claim using the SCMWBCST? Well, first you need to make sure that the claim has been adjudicated and that you have received the remittance advice for that claim. Next, determine what type of adjustment you need to submit – a Replacement claim, or a Void claim. If a claim has been filed in error, and payment received, a **Void** alerts DHHS that the claim was in error; the amount paid will be deducted from your next remittance advice. Submitting a **Replacement** claim automatically voids the original claim, and processes the replacement claim.

To adjust **Dental** and **CMS-1500** (Professional) claims using the Web Tool, enter the original CCN located on the remittance advice on the header screen; then, change the Claim Submission Reason Code from the default setting of 1-Original to 7-Replacement, or 8-Void.

To adjust **UB-92** (Institutional) claims using the Web Tool, select the applicable category, Replacement or Void, from the *Type of Bill (Facility Type/Frequency)* field located on the header screen. Then, scroll down to the *Other Insurance Add/Edit* field and click the button. Once you are on the *Other Insurance* screen, enter the claim control number (CCN) from your remittance advice in the *Payer Original CCN* field.

For further information about Void and Replacement claims, please refer to the December 2, 2003 edition of the Web Tool Times. You can download this and other editions of our monthly newsletter from the SC Medicaid HIPAA Web site, www.scdhshshipaa.org.

Important Reminder!!

South Carolina Medicaid program areas often receive questions from providers regarding adjustments showing on their remittance advice with submitter code **HIP837**. This code indicates that the adjustment resulted from a **provider-initiated Void claim or Replacement claim**.

CMS-1500 and Dental Detail Lines

The Health Insurance Portability and Accountability Act (HIPAA) set the standard for the number of detail lines each claim type can contain. The CMS-1500 (Professional) claim and the Dental claim can hold up to 50 detail lines while the UB-92 (Institutional) claim can hold up to 999 lines.

When the South Carolina Medicaid Web-based Claims Submission Tool (SCMWBCST) was implemented on October 16, 2003, users could actually enter an unlimited number of detail lines. On October 31, 2003, the tool was updated to allow users to enter a maximum of 50 detail lines on the CMS-1500 and Dental claim types.

Any claims entered on the SCMWBCST prior to October 31st with more than 50 detail lines still remain on the system. If you use the COPY feature from History to copy a claim created prior to October 31st with more than 50 lines, the MMIS system cannot accept your claim submission. When copying claims, check the number of detail lines first. If your CMS-1500 or Dental copied claim contains more than 50 lines, you must adjust the claim and submit only up to 50 lines.

Plases also note that claims with more than 8 lines of detail will be split. For more information about split claims, please refer to the March edition of the Web Tool Times.

Let's Talk About...

Emergency Indicators

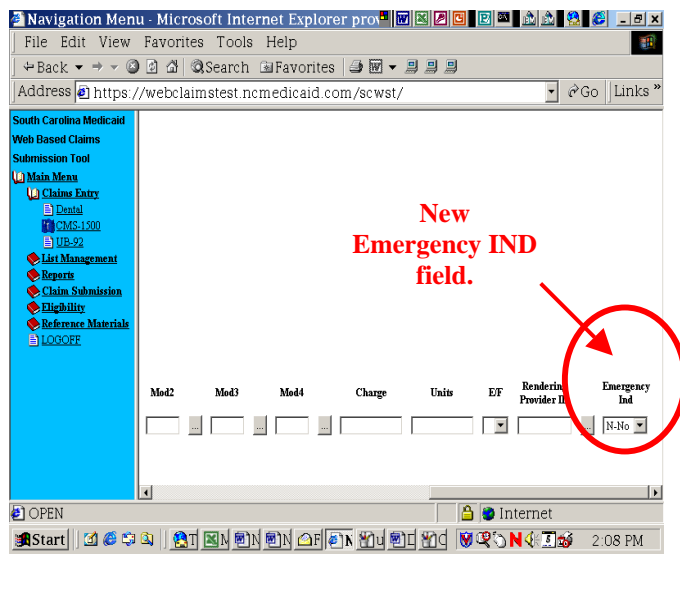
Continued from page 1.

As mentioned on page 1, federal regulations state that *emergency services* are excluded from co-payments. If services have been rendered on an emergency basis, providers must indicate this when filing claims using the South Carolina Medicaid Web-based Claims Submission Tool (SCMWBCST).

CMS-1500

Providers report an emergency service on the CMS-1500 at the line level.

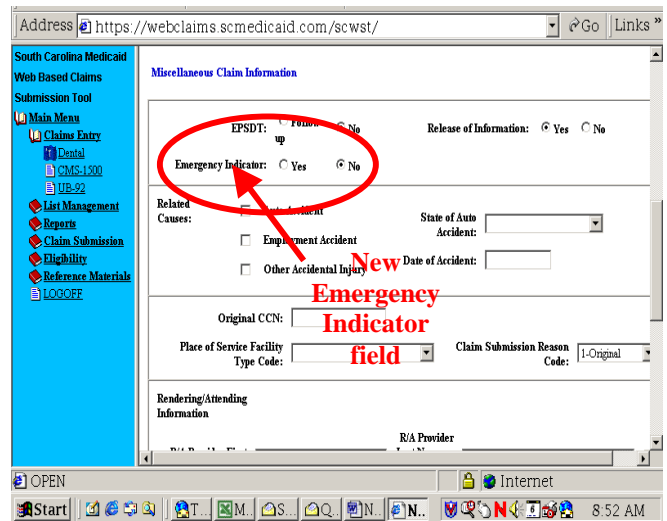
Choose *Claims Entry* from the Main Menu, then choose *CMS-1500*. From the *CMS-1500 Results* screen, choose *ADD*. Scroll down to, and select, the *Add/Edit Details* section. The new *Emergency IND* field appears on the line. This field is a Drop-down box that defaults to N-No. If the service has been rendered on an emergency basis on or after March31, 2004, key Y for Yes or choose Y-Yes from the Drop-down box.



Dental

Providers report an emergency service at the header level on a Dental Web Tool claim.

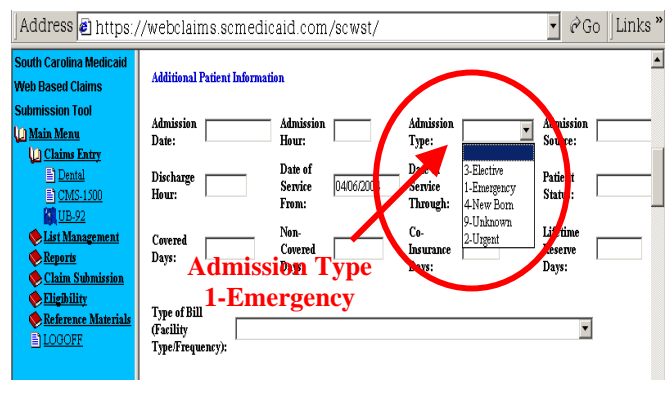
From the Main Menu, choose *Claims Entry*, then choose *Dental*; the *Dental Results* screen will appear. Choose *ADD*. The new *Emergency Indicator* field appears on the header of the Dental claim in the *Miscellaneous Claim Information* section. On the Dental form, this field is a radio button that defaults to No. If the services were rendered as the result of an emergency, click the Yes radio button.



UB-92

Emergency Indicator is not a new field on the UB-92 Web Tool claim.

In *Claims Entry* for the UB-92 at the header level, use the *Additional Patient Information* section to identify an emergency service. Choose (or key) 1-Emergency from the Drop-down box in the *Admission Type* field.



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.

April 23, 2004

9:00am – 12:00pm Dental

1:00pm – 4:30pm CMS-1500/ UB-92

May 28, 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!

More Web Tool Enhancements Coming In May!

South Carolina Medicaid will implement new enhancements to the South Carolina Medicaid Web-based Claims Submission Tool in May 2004. Look for information on the enhancements in the May edition of the Web Tool Times!

Frequently Asked Questions

Why does the Web Tool time out?

The Web Tool was designed to time out after a certain period of down time for your protection and privacy. If you sign on to the Web Tool, and then leave it idle for a period of 20 minutes or longer, it will time out. Once you return to the Web Tool and re-enter your login and password, it will return you to your last active screen.

Do I put the Group Number, or the Individual Number, in the Provider Information Section of the Web Tool?

In the header of the claim in the *Provider Information* section, use 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. The February 13, 2004 edition of the Web Tool Times outlines Provider Number usage in detail. Please visit www.scdhhshipaa.org to access past issues of the Web Tool Times.

Can we do alpha sorts on the Claims Report Menu and Claims Entry Menu?

The information on these screens displays the latest claim entered at the top of each column. To search alphabetically by last name in *Claims Reports* and *Claims Entry*, use the Control + F feature. Simply press Control and F; a window will appear. Type in the last name you need to find and click *Find Next*; any names that match your search will appear. Once you have completed your search, click *Cancel* to close the search window. The list will then display your search selection.

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.

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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.