

SOUTH CAROLINA MEDICAID

Web-based Claims Submission Tool User Guide Addendum

DENTAL



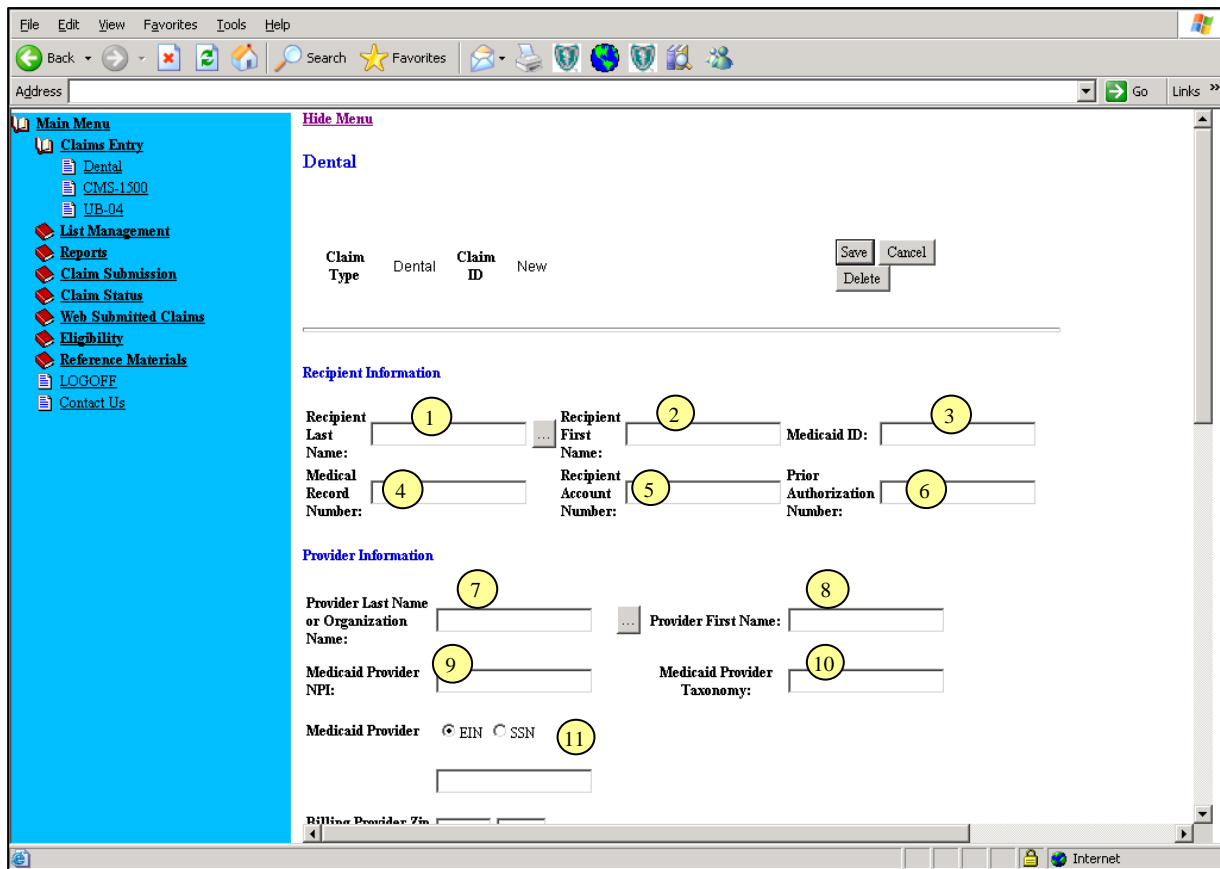
October 29, 2003

Revised March 20, 2009

DENTAL CLAIMS ENTRY

This document describes the correspondence between the South Carolina Medicaid Web-based Claims Submission Tool claim screens and the fields on the Dental claim form.

Screen 1: Dental Main Screen



No	Web Tool	ADA 2006	Format/ Notes
Recipient Information			
1	Recipient Last Name	20	If the recipient's information has been entered into the Recipient List in List Management, use the Ellipsis button to populate the recipient information fields. Otherwise, type in the Recipient Last Name.
2	Recipient First Name	20	This field will automatically populate if you use the Ellipsis button for the <i>Recipient Last Name</i> field. Otherwise, type in the Recipient First Name.
3	Medicaid ID	23	10-character alphanumeric field. This field will automatically populate if you use the Ellipsis button for the <i>Recipient Last Name</i> field. Otherwise, type in the Medicaid ID.

Screen 1: Dental Main Screen (cont.)

No	Web Tool	ADA 2006	Format/ Notes
Recipient Information (cont.)			
4	Medical Record Number	N/A	This field will automatically populate if you use the Ellipsis button for the <i>Recipient Last Name</i> field. Otherwise, type in the Medical Record Number.
5	Recipient Account Number	N/A	9-character alphanumeric field. This field will automatically populate if you use the Ellipsis button for the <i>Recipient Last Name</i> field. Otherwise, type in the Patient Account Number.
6	Prior Authorization Number	2	7-character alphanumeric field. If the claim requires prior authorization, type in the Prior Authorization Number.
Provider Information			
7	Provider Last Name or Organization Name	48	If the provider's information has been entered into the Provider Codes List in List Management, use the Ellipsis button to populate the provider information fields. Otherwise, type in the Provider Last Name or Organization Name.

Screen 1: Dental Main Screen (cont.)

No	Web Tool	ADA 2006	Format/ Notes
	Provider Information (cont.)		
8	Provider First Name	48	This field will automatically populate if you use the Ellipsis button for the <i>Provider Last Name</i> field. Otherwise, type in the Provider First Name.
9	Medicaid Provider NPI	49	10-digit field. Type in the National Provider Identifier (NPI).
10	Medicaid Provider Taxonomy	N/A	10-character alphanumeric field. Type in the Medicaid Provider Taxonomy.

Screen 1: Dental Main Screen (cont.)

No	Web Tool	ADA 2006	Format/ Notes
	Provider Information (cont.)		
11	Medicaid Provider	51	9-digit field. Click the Radio button to select either the EIN (Employee Identification Number) or SSN (Social Security Number); type the number in the field provided.
12	Billing Provider Zip Code	48	Enter the Zip code + 4 for the billing provider.

Screen 1: Dental Main Screen (cont.)

The screenshot shows a web browser window with a menu on the left and a form titled "Miscellaneous Claim Information". The menu includes: Main Menu, Claims Entry, Dental, CMS-1500, UB-04, List Management, Reports, Claim Submission, Claims Status, Web Submitted Claims, Eligibility, Reference Materials, LOGOFF, and Contact Us. The form contains the following fields:

- EPSDT:** Radio buttons for Follow-up (13) and No.
- Emergency Indicator:** Radio buttons for Yes (15) and No.
- Release of Information:** Radio buttons for Yes (14) and No.
- Related Causes:** Checkboxes for Auto Accident (16), Employment Accident, and Other Accidental Injury.
- State of Auto Accident:** Drop-down menu (17).
- Date of Accident:** Text input field (18).
- Original CCN:** Text input field (19).
- Place of Service Facility Type Code:** Drop-down menu (20).
- Claim Submission Reason Code:** Drop-down menu (21) with "1-Original" selected.
- Rendering/Attending Information:**
 - R/A Provider First Name:** Text input field (22).
 - R/A Provider Last Name or Organization Name:** Text input field (23).
 - R/A Medicaid Provider NPI:** Text input field (24).
 - R/A Provider Taxonomy:** Text input field (25).
- Dental Insurance Detail:** Button "Add/Edit Other Insurance" (26) and text "No Other Insurance".
- Dental Detail:** Button "Add/Edit Details" (27).

No	Web Tool	ADA 2006	Format/ Notes
	Miscellaneous Claim Information		
13	EPSDT	1	If the services rendered on the claim are the result of an EPSDT screening and referral, select Follow-up. Otherwise, select No.
14	Release of Information	36	If the patient has authorized the release of their information, select Yes. Otherwise, select No.
15	Emergency Indicator	2	This field will automatically default to "No." Change to "Yes" if the services indicated were rendered as the result of an emergency.
16	Related Causes	45	If the services resulted from an injury, select the appropriate Checkbox : Auto Accident, Employment Accident, or Other Accidental Injury.
17	State of Auto Accident	47	If the services detailed on the claim were rendered as the result of an auto accident, click the Drop-down Box to select the state in which the accident occurred.

Screen 1: Dental Main Screen (cont.)

The screenshot displays a web browser window with a menu on the left and a form titled "Miscellaneous Claim Information". The menu includes items like "Claims Entry", "Dental", "CMS-1500", "UB-04", "List Management", "Reports", "Claim Submission", "Claims Status", "Web Submitted Claims", "Eligibility", "Reference Materials", "LOGOFF", and "Contact Us". The form contains several sections: "Miscellaneous Claim Information" with fields for EPSDT (13), Emergency Indicator (15), Release of Information (14), Related Causes (16), State of Auto Accident (17), and Date of Accident (18); "Rendering/Attending Information" with fields for R/A Provider First Name (22), R/A Provider Last Name or Organization Name (23), R/A Medicaid Provider NPI (24), and R/A Provider Taxonomy (25); "Dental Insurance Detail" with an "Add/Edit Other Insurance" button (26); and "Dental Detail" with an "Add/Edit Details" button (27). The browser's address bar is empty, and the status bar shows "Internet".

No	Web Tool	ADA 2006	Format/ Notes
	Miscellaneous Claim Information (cont.)		
18	Date of Accident	46	If the services detailed on the claim were rendered as the result of an auto accident, type the date of the accident in MM/DD/YYYY, MM-DD-YYYY, or MMDDYYYY format (with or without slashes or dashes).
19	Original CCN	N/A	Enter the Original Claim Control Number if the Claim Submission Reason Code is 7 (Replacement) or 8 (Void).
20	Place of Service Facility Type Code	38	Click the Drop-down Box and select the Place of Service Facility Type: 35- Adult Living Care Facility, 12-Home, 2-Inpatient Hospital, 11-Office, 22-Outpatient Hospital, 31-Skilled Nursing Facility.
21	Claim Submission Reason Code	N/A	Click the Drop-down Box and select the Claim Submission Reason Code: 1-Original, 7-Replace-ment, 8-Void.

Screen 1: Dental Main Screen (cont.)

The screenshot shows a web browser window with a menu on the left and a form on the right. The menu includes: Main Menu, Claims Entry, Dental, CIMS-1500, UB-04, List Management, Reports, Claim Submission, Claims Status, Web Submitted Claims, Eligibility, Reference Materials, LOGOFF, and Contact Us. The form contains the following fields and controls:

- Miscellaneous Claim Information:**
 - EPSDT: Follow-up No (13)
 - Emergency Indicator: Yes No (15)
 - Release of Information: Yes No (14)
 - Related Causes:
 - Auto Accident (16)
 - Employment Accident
 - Other Accidental Injury
 - State of Auto Accident: [Dropdown] (17)
 - Date of Accident: [Text] (18)
 - Original CCN: [Text] (19)
 - Place of Service Facility Type Code: [Dropdown] (20)
 - Claim Submission Reason Code: [Dropdown] (21)
- Rendering/Attending Information:**
 - R/A Provider First Name: [Text] (22)
 - R/A Provider Last Name or Organization Name: [Text] (23)
 - R/A Medicaid Provider NPI: [Text] (24)
 - R/A Provider Taxonomy: [Text] (25)
- Dental Insurance Detail:**
 - Add/Edit Other Insurance: [Button] (26)
 - No Other Insurance
- Dental Detail:**
 - Add/Edit Details: [Button] (27)

No	Web Tool	ADA 2006	Format/ Notes
	Miscellaneous Claim Information (cont.)		
22	R/A Provider First Name	53	This field will automatically populate if you use the Ellipsis button for the <i>R/A Provider Last Name</i> field. Otherwise, type in the R/A Provider First Name.
23	R/A Provider Last Name or Organization Name	53	If the R/A provider information has been entered into the Provider Codes List in List Management, use the Ellipsis button to populate the R/A provider information fields. Otherwise, type in the R/A Provider Last Name.
24	R/A Medicaid Provider NPI	54	10-digit field. Type in the R/A Medicaid Provider NPI.
25	R/A Provider Taxonomy	56A	10-character field. Type in the R/A Provider Taxonomy.

Screen 1: Dental Main Screen (cont.)

The screenshot shows a web browser window with a menu on the left and a main content area. The menu includes: Main Menu, Claims Entry, Dental, CIMS-1500, UB-04, List Management, Reports, Claim Submission, Claims Status, Web Submitted Claims, Eligibility, Reference Materials, LOGOFF, and Contact Us. The main content area is titled 'Miscellaneous Claim Information' and contains the following fields and sections:

- EPSDT:** Radio buttons for 'Follow-up' (13) and 'No'.
- Emergency Indicator:** Radio buttons for 'Yes' (15) and 'No'.
- Release of Information:** Radio buttons for 'Yes' (14) and 'No'.
- Related Causes:** Checkboxes for 'Auto Accident' (16), 'Employment Accident', and 'Other Accidental Injury'. Includes a dropdown for 'State of Auto Accident' (17) and a text field for 'Date of Accident' (18).
- Original CCN:** Text field (19).
- Place of Service Facility Type Code:** Dropdown menu (20).
- Claim Submission Reason Code:** Dropdown menu (21) with '1-Original' selected.
- Rendering/Attending Information:** Text fields for 'R/A Provider First Name' (22), 'R/A Provider Last Name or Organization Name' (23), 'R/A Medicaid Provider NPI' (24), and 'R/A Provider Taxonomy' (25).
- Dental Insurance Detail:** Button 'Add/Edit Other Insurance' (26) and text 'No Other Insurance'.
- Dental Detail:** Button 'Add/Edit Details' (27).

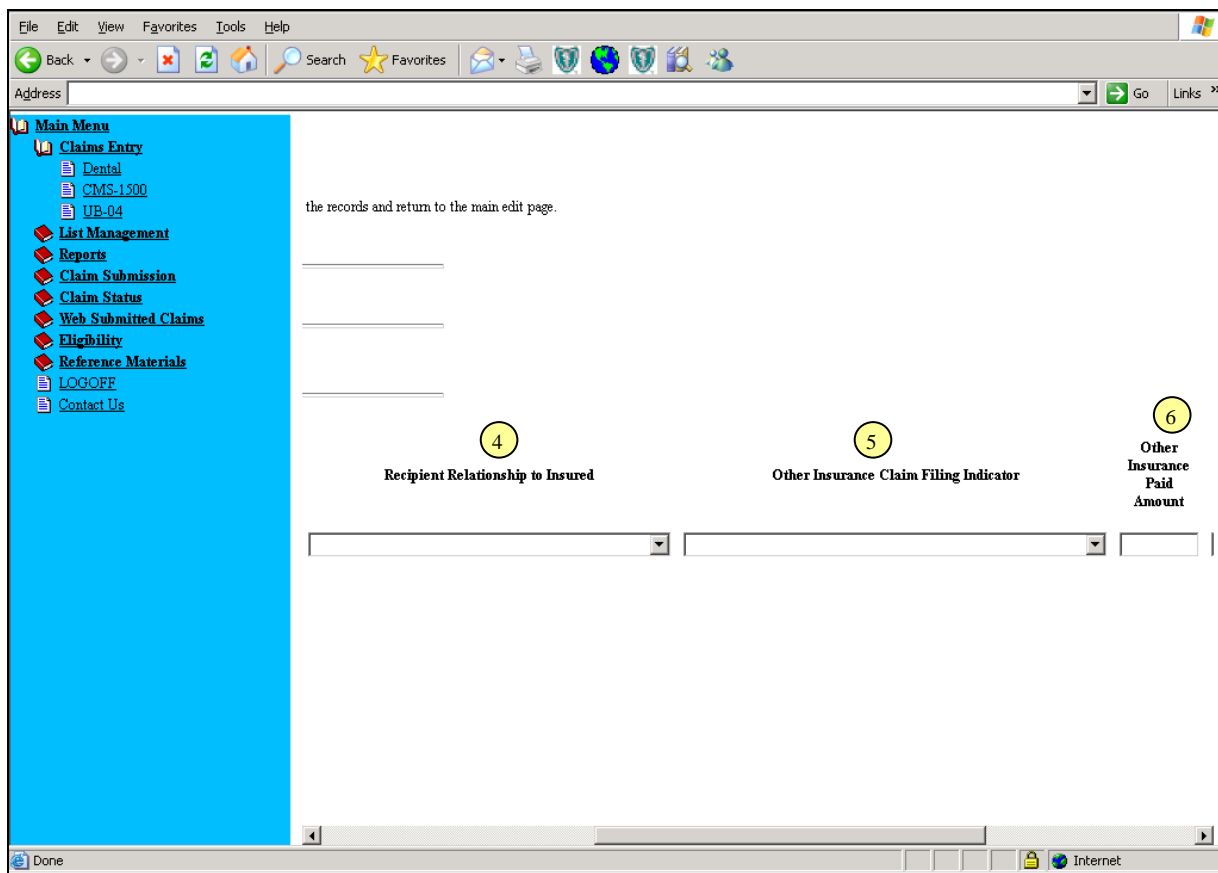
No	Web Tool	ADA 2006	Format/ Notes
26	Dental Insurance Detail		Add/Edit Other Insurance opens a new screen (referenced as <i>Screen 2</i> in this document).
27	Dental Detail		Add/Edit Details opens a new screen (referenced as <i>Screen 3</i> in this document).

Screen 2: Dental Insurance Add/Edit Details

No	Web Tool	ADA 2006	Format/Notes
	Dental Insurance Detail		
1	Other Insured Last Name	5	If the other insured's name has been entered into the Insured List in List Management, use the Ellipsis button to populate the <i>Other Insured Last Name</i> field. Otherwise, type in the Other Insured Last Name.
2	Other Insured First Name	5	This field will automatically populate if you use the Ellipsis button for the <i>Other Insured Last Name</i> field. Otherwise, type in the Other Insured First Name.
3	Other Insurance Responsibility Sequence	N/A	Click the Drop-down Box and select the appropriate choice for the <i>Other Insurance Responsibility</i> field: P-Primary, S-Secondary, T-Tertiary.

Scroll to the right to display the remaining fields. The screen shot appears on the next page.

Screen 2: Dental Insurance Add/Edit Details (cont.)



No	Web Tool	ADA 2006	Format/Notes
	Dental Insurance Detail (cont.)		
4	Recipient Relationship to Insured	18	Click the Drop-down Box and select the appropriate choice for the <i>Recipient Relationship to Insured</i> field: 10-Child, 76-Dependent, 20-Employee, 22-Handicapped Dependent, 18-Self, 29-Significant Other, 01-Spouse, 21-Unknown.
5	Other Insurance Claim Filing Indicator	N/A	Click the Drop-down Box and select the appropriate choice for the <i>Other Insurance Claim Filing Indicator</i> field: BL-Blue Cross, CH-Champus, CI-Commercial Insurance Co, 17-Dental Maintenance Organization, DS-Disability, etc.
6	Other Insurance Paid Amount	11 or 12	Type in the total amount received. This amount must be \$0.00 or greater. If the amount is \$0.00, a Claim Adjustment Reason must be entered. (See number 11 on the following page.)

Scroll to the right to display the remaining fields. The screen shot appears on the next page.

Screen 3: Dental Insurance Add/Edit Details (cont.)

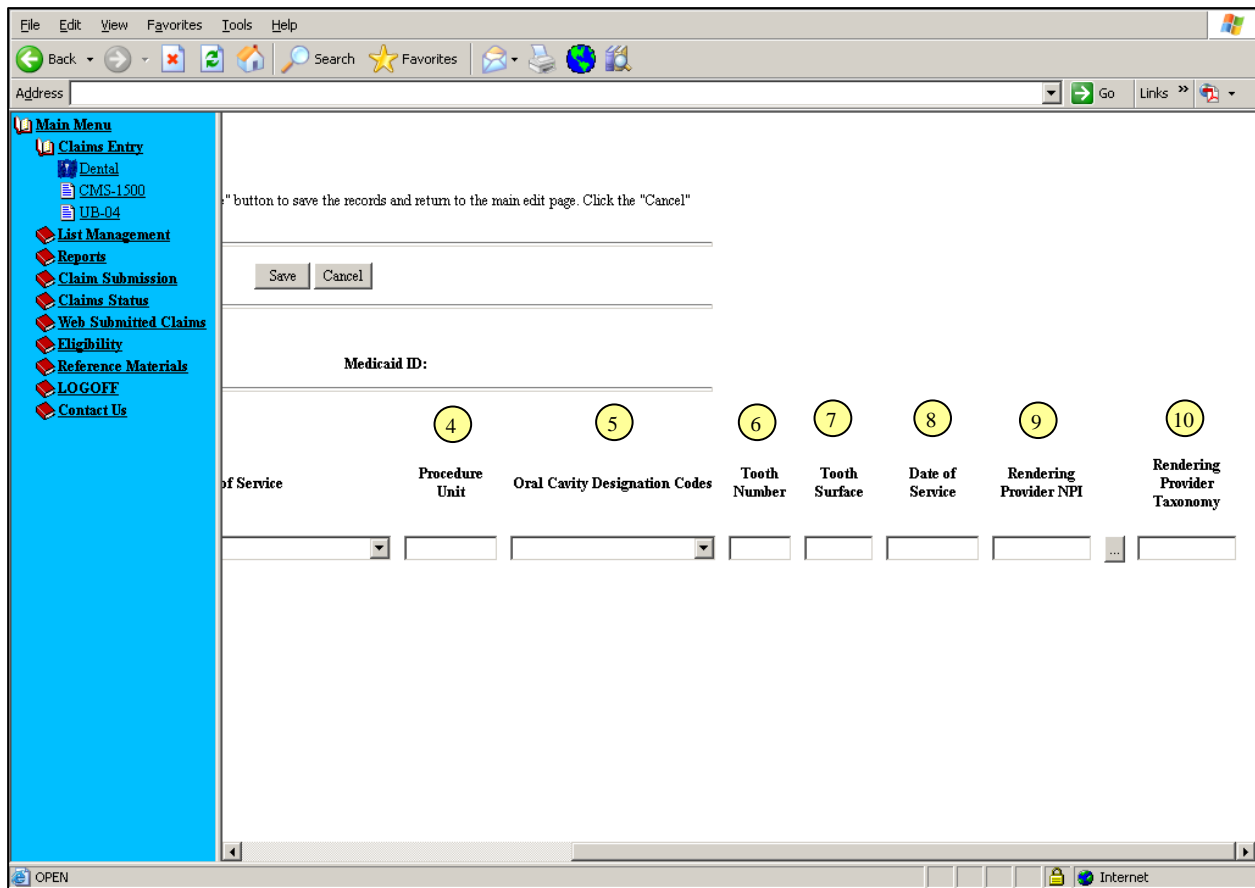
No	Web Tool	ADA 2006	Format/Notes
	Dental Insurance Detail (cont.)		
7	Policy Number	8 or 15	25-character alphanumeric field. Type in the Policy Number.
8	Carrier Code	9 or 16	3-character alphanumeric field. Type in the Carrier Code number of the other insurance company.
9	Other Insurer Claim Paid/Denied Date	N/A	Type in the date the other insurance company paid/denied the claim in MM/DD/YYYY, MM-DD-YYYY, or MMDDYYYY format (with or without slashes or dashes).
10	Claim Adjustment Reason	N/A	Click the Drop-down Box and select the appropriate Claim Adjustment Reason: 1-Applies to Deductible, 33-No Dependent Coverage, 96-Non-covered Services, 26-Prior to Policy Effective Date.

Screen 3: Dental Add/Edit Details

No	Web Tool	ADA 2006	Format/Notes
	Dental Detail		
1	ADA Procedure	29	If the procedure code has been entered into the Procedure Codes List in List Management, use the Ellipsis button to populate the ADA Procedure. Otherwise, type in the ADA Procedure Code.
2	Detail Charge	31	Type in the charge for the procedure.
3	Place of Service	38	This field will automatically default to the place of service entered on the Main Screen. If the place of service is different from the default, click the Drop-down Box and select the appropriate choice for the <i>Place of Service</i> field: 35-Adult Living Care Facility, 12-Home, 21-Inpatient Hospital, 11-Office, 22-Outpatient Hospital, 31-Skilled Nursing Facility.
4	Procedure Unit	N/A	Type the number of units for the procedure.

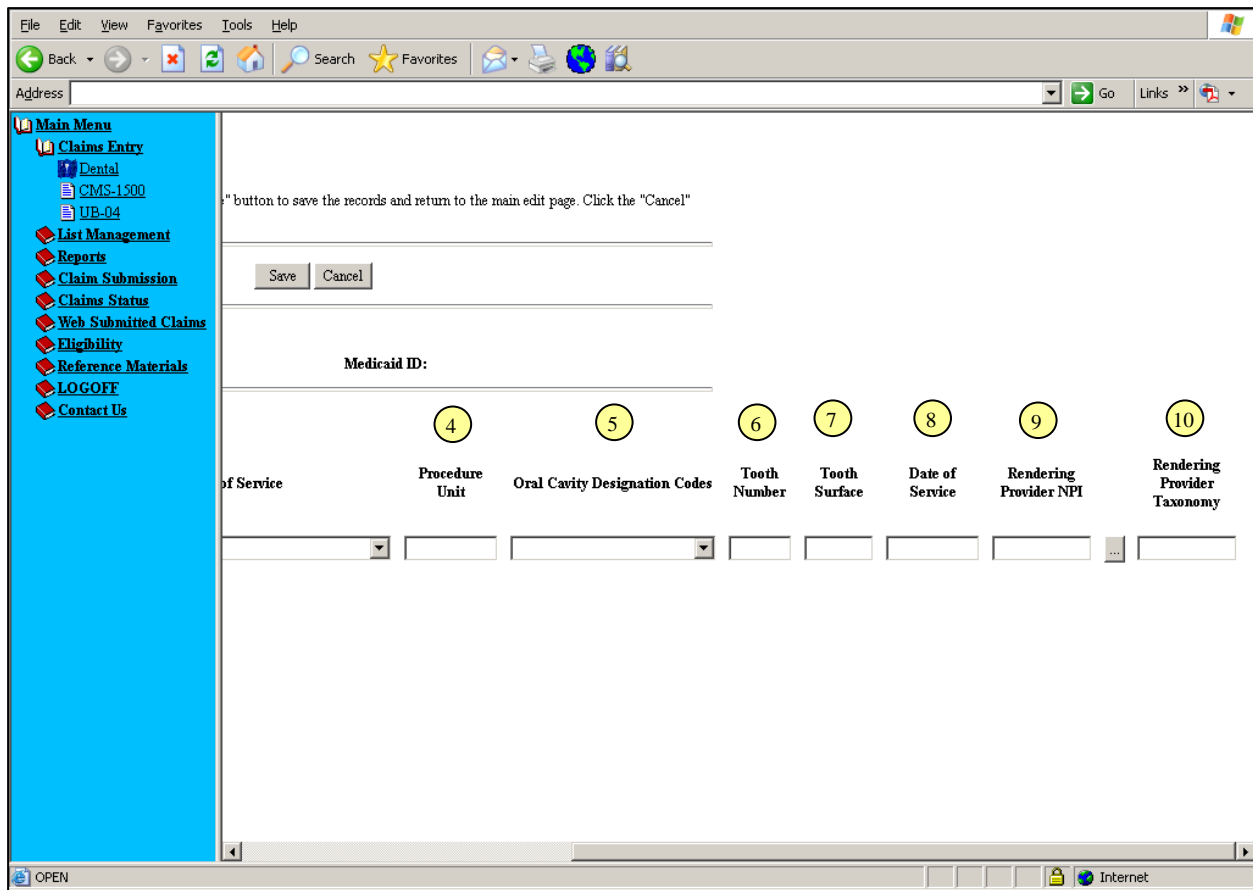
Scroll to the right to display the remaining fields. The screen shot appears on the next page.

Screen 3: Dental Add/Edit Details (cont.)



No	Web Tool	ADA 2006	Format/Notes
	Dental Detail (cont.)		
5	Oral Cavity Designation Codes	25	Click the Drop-down Box and select the appropriate choice for the <i>Oral Cavity Designation Codes</i> field.
6	Tooth Number	27	2-character alphanumeric field. Valid codes: 1- 32, A-T. Code indicates Tooth Number or quadrant on which procedures were performed.
7	Tooth Surface	28	5-character alphanumeric field. Valid alpha codes are: M, D, L, B, F, O, I. Code indicates the Tooth Surface where procedures were performed.
8	Date of Service	24	This field will automatically default to the current date. If the service date is different from the current date, type in the date that the services were performed in MM/DD/YYYY, MM-DD-YYYY, or MMDDYYYY format (with or without slashes or dashes).

Screen 3: Dental Add/Edit Details (cont.)



No	Web Tool	ADA 2006	Format/Notes
	Dental Detail (cont.)		
9	Rendering Provider NPI	54	10-digit field. Type in the Rendering Provider NPI.
10	Rendering Provider Taxonomy	56A	10-character field. Type in the Rendering Provider Taxonomy.

DOCUMENT CHANGE HISTORY

Date of Change	Description of Change
03/20/09	Pages 1-3, 9, 12: Updated screen shots to reflect Hide Menu option.
03/20/09	Page 6: Updated Format/Notes for No 18.
03/20/09	Page 11: Updated Format/Notes for No 9.
03/20/09	Page 13: Updated Format/Notes for No 8.
05/24/08	Updated all screenshots and removed descriptions to reflect the deletion of the Medicaid Provider ID field due to the end of the Contingency period.
05/25/07	Updated the addendum screenshots and descriptions to reflect changes, including new fields, resulting from implementation of the ADA 2006.
11/01/06	Updated all screenshots to show the new Contact option added to the Main Menu and the Internet browser and task bar. Screenshots also reflect the new National Provider Identifier (NPI) fields with descriptions where applicable.
10/01/05	Complete revision to incorporate all previous changes.