



## National Provider Identifier

Apply for your NPI today!

## Updated Screens

The January 12, 2006, and April 14, 2006 issues of the Web Tool Times explained that providers who are covered entities under HIPAA must begin using their own unique **National Provider Identifier** no later than May 23, 2007.

To ensure a smooth transition, South Carolina Medicaid providers have already begun using their NPI in conjunction with their Taxonomy code and existing legacy number when filing claims electronically, including via the Web Tool.

By May 23, 2007, providers will also be required to use their NPI information for claim status and eligibility inquiries. You may begin using your NPI now when checking eligibility via the Web Tool. The Claim Status – Search screen will be updated in the near future.

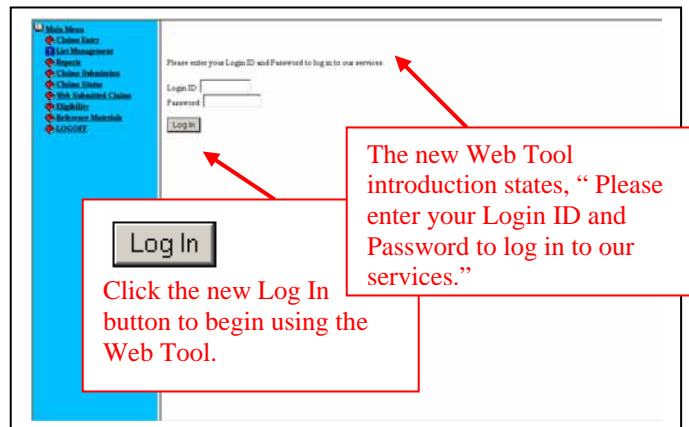
NPI resources may be found at the following Web sites:

- <http://new.cms.hhs.gov/NationalProvIdentStand/>
- <http://www.cms.hhs.gov/apps/npi/npiviewlet.asp>
- <http://www.dhhs.state.sc.us/dhhsnew/index.asp>

Three screens on the South Carolina Medicaid Web-based Claims Submission Tool were updated effective mid-August.

The Login screen introduces the user to a new sign-in screen; and the Submit Query button, used to execute the login, now has a new action name - Log In.

### Web Tool Login Screen



Changes were also made to List Management. The Submit button that was used when adding to a list has been changed to an Add button. Similarly, the Submit button used in the Edit feature has a new action name, Modify.

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## Main Menu>List Management>Choose a list option

In List Management, the Submit button has changed to an Add button.

**Condition Code List - Add/View**

This list will accommodate Condition Codes used on UB-92 claim forms.

**Add New Condition Code and Description**

New Code:  New Description:

**View Condition Codes: (3 records)**

Code	Description	Status	Change	Delete
1	new test	A	<input type="button" value="Edit"/>	<input type="button" value="Delete"/>
2	new 2	A	<input type="button" value="Edit"/>	<input type="button" value="Delete"/>
20	new Code Test 2	A	<input type="button" value="Edit"/>	<input type="button" value="Delete"/>

Click the new Add button to add information to any list in List Management.

## Main Menu>List Management>Choose a list option>Edit

In List Management, the Submit button used when editing an item has changed to a Modify button.

**Condition Code Edit**

**Current Description**

Num: 1 Code: 1 Current Description: new test

**Modify Description**

New Description:  Active:

Click the new Modify button to edit any list in List Management.



## Have You Heard?

# What's New...



### ***Group Provider Number vs. Individual Provider Number***

On the Web Tool, there are three fields on the CMS-1500 and Dental claim types and two fields on the UB-92 in which you must enter your provider number.

If you key your group number and/or individual number in the wrong fields, you may receive a 911 edit. A 911 edit states 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 Web Tool 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.

3) The third field in which to enter a provider number is located 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 that ID 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.

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### ***New Page in the Remittance Advice***

The Remittance Advice now includes a new page between the address page and the first page of claims for any provider who has a National Provider Identifier (NPI) and who has communicated that information to SC Medicaid.

Once a provider reports their NPI number to SC Medicaid, it is associated with their existing Medicaid Provider ID and will print out on any Remittance Advices.

### ***Going Electronic – RAs and EFTs***

Did you know that you can receive your SC Medicaid Remittance Advices and/or payment electronically?

#### **Remittance Advices (RA)**

To initiate receiving electronic RAs, you must complete a Trading Partner Enrollment form. Visit the South Carolina Department of Health and Human Services Web site ([www.scdhhs.gov](http://www.scdhhs.gov)); click on Electronic Data Interchange (EDI) and then on Forms. For more information, call the SC Medicaid EDI Support Center at 1-888-289-0709.

#### **Electronic Funds Transfer**

If you are interested in receiving your South Carolina Medicaid claim payment electronically instead of through a hard copy check, you can request electronic funds transfer. The Electronic Funds Transfer (EFT) Agreement form can be found in Section 5 of most SC Medicaid provider manuals. You can also download the form. Go to [www.scdhhs.gov](http://www.scdhhs.gov), click on Electronic Data Interchange (EDI), and go to Forms. Click on the Electronic Funds Transfer (EFT) Agreement link to download the form.

# Let's Talk About...

## CCNs and Adjustments



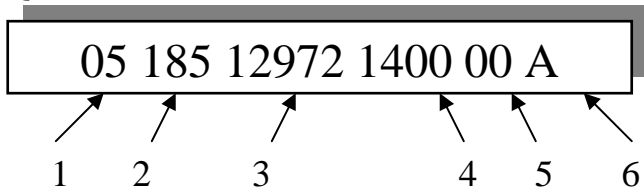
When filing claim level adjustments via the Web Tool, **providers must include the correct original claim control number (CCN) of the claim that needs to be adjusted.** If a CCN is not entered correctly, the adjustment claim will receive an edit code.

Here are some other important facts about CCNs and filing adjustments via the Web Tool:

- You cannot void a rejected claim. The CCN that you enter to be adjusted cannot be for a rejected claim. You can only adjust *paid* claims.
- You cannot void an adjustment claim. The CCN that you enter to be adjusted cannot be for an adjustment claim. (CCN for an adjustment claim ends U.)
- You cannot void a claim that is no longer on Medicaid's active history claim file. Claims remain on the active history claim file for 15-18 months.
- You cannot void a claim without an original valid CCN. You must include the original CCN to be voided. The number to be voided must be a valid number. (CCNs are 17 digits long.)

## Claim Control Number Quiz

Q: What is the date of this claim?



- 1 – 05 = date identifier, year
- 2 – 185 = date identifier, Julian Date (day of the year)
- 3 – 12972 = unique claim sequence number
- 4 – 1400 = batch number; if an electronic claim, 1<sup>st</sup> digit will be 1 or greater; if a paper claim, 1<sup>st</sup> digit will be zero.
- 5 – 00 split claim indicator; 00-non-split claim; 10, 20, 30 = electronic split CMS-1500; 10,30,50 = electronic split Dental
- 6 – A = claim type; A- CMS-1500 Professional, B- Dental, Z- UB-92 Institutional, U- Adjustment

A: July 4, 2005

## Adjustment Edit Codes

### Edit 534 - Provider number does not match.

Provider number on the adjustment does not match provider number on original claim to be voided.

- Verify that the correct provider number was submitted on the Form 130.
- If the provider number is incorrect, submit a new Form 130 with the correct provider number.
- If the provider number is correct on the Form 130, verify the Claim Control Number of the original claim.
- If the CCN incorrect, submit a new Form 130 with the correct CCN.

### Edit 575 - Claim not found on Medicaid's active history database (claim number and recipient ID must match).

Claim number and/or recipient ID on Form 130 does not match number(s) on original claim to be voided.

- Verify that the correct CCN and/or recipient ID were submitted on the Form 130.
- If the information is incorrect, submit a new Form 130 with the correct number(s).
- If the CCN and recipient ID are correct on the Form 130, contact your DHHS representative.

### Edit 867 - Duplicate Adjustment (Original claim already voided).

Claim Control Number on the Form 130 was previously voided.

- If the CCN is incorrect, submit a new Form 130 with corrected information.
- If the CCN is correct, no further action is needed.

### Edit 568 – Corresponding adjustment (Void) is suspended or denied.

A Replacement claim will suspend or deny when the Void claim fails to process.

- Determine if the Void “U” claim processed incorrectly.
- If the Void “U” claim processed incorrectly, resubmit a corrected Form 130 with a Replacement claim.

### Edit 569 – Adjustment claim cannot be voided or replaced.

A Form 130 cannot be submitted to void a “U” claim.

# Web Tool Workshops

## Workshops Scheduled through October 2006!

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 by calling the toll-free number for South Carolina Medicaid Provider Outreach at 1-888-289-0709; or register online at [www.scmehcaidprovider.org](http://www.scmehcaidprovider.org).

### September 14, 2006

Thursday

10:00am – 4:00pm (Lunch on your own)

### October 12, 2006

Tuesday

10:00am – 4:00pm (Lunch on your own)

All of the above workshops will be held at:  
BlueCross BlueShield of SC  
4101 Percival Road  
Columbia, SC 29223

Enroll today to attend a workshop!

# Frequently Asked Questions

## 1. Can corrections to a claim be made on the Web Tool?

The hard copy Edit Correction Form process is the only way to correct an edit on a claim. However, if you need to adjust a claim for which you have received payment, you can initiate a claim-level adjustment via the Web Tool. (For more information, visit [www.scmehcaidprovider.org](http://www.scmehcaidprovider.org) and click on the Web Tool Times icon; refer to the January 11, 2005 issue.

## 2. Can I find a copy of my Edit Correction Form (ECF) on the Web Tool?

No. ECFs are only available on hard copy. To request a copy of an ECF, contact your SCDHHS program area representative.

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## Group Provider Number vs. Individual Provider Number

### 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.

## Contact Us -

Please notify us if there are any changes in your address, telephone number, or e-mail address. Be sure to include your SC Medicaid Provider ID.

South Carolina Medicaid Provider Outreach  
P.O. Box 17  
Columbia, SC 29202  
Phone Number: 1-888-289-0709

**Fax Number: 803-870-9021**

**New Fax #**

Visit our Web site at:

[www.scmehcaidprovider.org](http://www.scmehcaidprovider.org)

You may contact us via e-mail at:

[edig.ops-mcaid@palmettogba.com](mailto:edig.ops-mcaid@palmettogba.com)

The Web Tool 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 e-mail us at [edig.ops-mcaid@palmettogba.com](mailto:edig.ops-mcaid@palmettogba.com).