



## Welcome to the Web Tool Times!

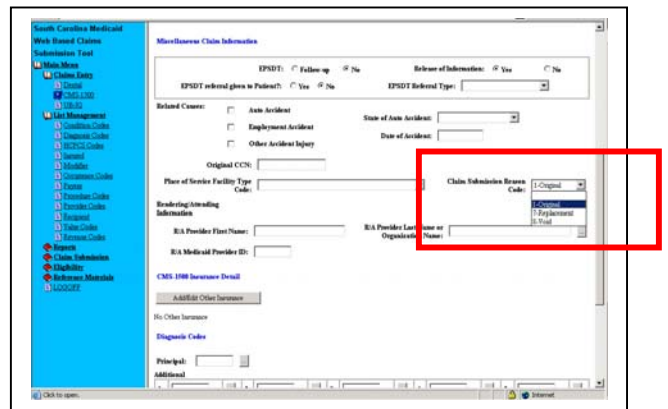
The Web Tool Times is a newsletter from South Carolina Department of Health and Human Services (SCDHHS) which provides you with the latest information about the South Carolina Medicaid Web-based Claims Submission Tool (SCMWBCST). The newsletter focuses on specific topics that we feel may need clarification, and also includes information about revisions and enhancements to the Web Tool as they are developed.

In each issue, the Let's Talk About.... column focuses in detail on a particular aspect of the use of the Web Tool. Have You Heard presents valuable facts that you should know, and What's New... announces revisions and enhancements as they occur. Lastly, Frequently Asked Questions provides you the opportunity to learn from questions that other Web Tool users are asking.

Help us to serve you better! If you have suggestions about topics that you would like to see addressed in future publications of the newsletter, please send them to us via e-mail. In your email subject field, indicate "ATT: Web Tool Times".

We look forward to helping you get the most out of the SCMWBCST.

## Let's Talk About... Void and Replacement Claims



Claims have been received recently that have been incorrectly submitted as replacement claims. The following information clarifies when to submit replacement claims and void claims, and the use of the Edit Correction Form (ECF).

### Replacement Claims:

Providers may submit a replacement claim to change information on a claim which has been filed, processed, and for which payment has been received (e.g., a claim was submitted for 1 unit of service, instead of 10 units of service). Submitting a replacement claim automatically voids the original claim and processes the replacement claim. The same recipient and provider numbers that were on the original claim must be reflected on the replacement claim. The Claim Control Number (CCN) must be referenced as well. Please note: replacement claims should not be submitted for denied claims or for rejected individual lines.

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**Have You Heard?**

# What's New...



## ***UB-92 Claims Entry - Admission Hour***

When entering the Admission Hour and Discharge Hour, use the 2-digit hour in military time (24-hour time) format; for example, 3pm = 15.

## ***UB-92 - Modifiers***

Although Modifier Code List appears as a List Management option, it does not populate any fields on the UB-92 claim. The UB-92 claim type does not include a modifier field.

## ***CMS-1500 and Dental - Third Party Liability***

If the third party liability is \$0.00, you must enter a denial reason in the Claims Adjustment Reason field. Use the drop-down box to choose from the four denial reason options.

## ***CMS-1500 and Dental - Provider Data Fields***

If you enter the Rendering/Attending Provider ID on the header, the tool will automatically apply the Rendering/Attending Provider ID to each detail line. Please note: although the number will not *display* on the line, it is automatically *applied* to the line.

If the ID number for the detail line is different than the ID number on the header, you may enter the new ID number directly on the detail line as needed.

## ***Eligibility***

After you log in with your User ID and Password and choose Eligibility, you must enter the Provider ID number to execute an eligibility search.

## ***The Insured List is now functional.***

In October 2003, an email alert announced that the Insured List was not populating the designated fields in claims entry for CMS-1500, Dental and UB-92 claim types. That same alert advised that providers could continue to build the Insured List for future use.

We are pleased to announce that the Insured List is now functional for populating fields in the Web Tool.

## ***The South Carolina Medicaid Web-based Claims Submission Tool User Guide and Claims Addenda are now on the South Carolina Medicaid HIPAA Web site.***

The SCMWBCST User Guide and Addenda are provided to assist you in becoming familiar with using the Web Tool to submit claims and check eligibility. The SCMWBCST User Guide gives important basic information on how to use the Web Tool, while the CMS-1500, Dental and UB-92 Addenda describe specific information about each field for each claim type.

## 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.scdhshipaa.org](http://www.scdhshipaa.org) or call the toll-free number for South Carolina Medicaid HIPAA Provider Outreach at 1-888-289-0709.

### January 16, 2003

9:00am - 12:00pm Dental

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

### February 20, 2003

9:00am - 12:00pm Dental

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

## Frequently Asked Questions

In future issues, look for answers to FAQs from providers currently using the Web Tool.

## Void and Replacement Claims

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To submit a CMS-1500 or Dental replacement claim, select "7" from the Claim Submission Reason Code drop-down box on the claims entry screen. And, enter the original claim control number in the Original CCN field. To submit a UB-92 replacement claim, select the "Type of Bill" (Facility Type/Frequency) code from the drop-down box on the claims entry screen. Then, in Other Insurance Add/Edit, enter the original CCN in the Payer Original CCN field.

### Void Claims:

Providers may submit a void claim if a claim has been filed and payment has been received in error (*e.g.*, a claim for John Doe was processed but he was not actually treated). Filing a void claim with the original Claim Control Number (CCN) alerts DHHS that the claim payment was in error. The amount paid will then be deducted from your next remittance advice. To void a previously paid CMS-1500 or Dental claim, select "8" from the Claim Submission Reason Code drop-down box on the claims entry screen. Enter the original CCN received on the remittance advice in the box above the Claim Submission Reason Code drop-down box. To void a previously paid UB-92 claim, select the "Type of Bill" (Facility Type/Frequency) code from the drop-down box on the claims entry screen. Then, in Other Insurance Add/Edit, enter the original CCN in the Payer Original CCN field.

### Edit Correction Forms (ECF):

Procedures for completing the Edit Correction Form (ECF) have not changed. Providers may continue to complete ECFs for claims that are entirely denied, or may choose to submit a new claim. Submit a new claim via the Web Tool by selecting "Option 1" in the Claim Submission Reason Code box on the claims entry screen; follow the procedures for claims entry and claims submission.

## NEED HELP?

Our address at South Carolina Medicaid is:

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Columbia, SC 29202

Phone Number: 1-888-289-0709

Fax Number: 803-264-9630

Visit our Web site at:

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

You may contact us via e-mail at:

[Info@scdhshipaa.org](mailto:Info@scdhshipaa.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 888-289-0709, or email us at [Info@scdhshipaa.org](mailto:Info@scdhshipaa.org).