Pharmacist Provider Training:
How to File a CMS 1500 Claim

Medicaid Claim Basics

Agenda

- Overview
  - ➢ Procedure codes
  - ➢ Diagnosis codes
  - ➢ Fee schedule
- Claims 101
- Web Tool features
  - ➢ Claim filing options
  - ➢ Accessing the Web Tool
  - ➢ Web Tool functions

Overview

Overview

- Effective Oct. 1, 2023, the South Carolina Medicaid State Plan will be updated to allow South Carolina-enrolled pharmacists to bill for hormonal contraceptive services in accordance with the Pharmacy Access Act.
  - ➢ Pharmacists may bill for Medicaid members enrolled in both fee-for-service Medicaid and in a managed care plan. A pharmacist must enroll as a provider at Medicaid and each managed care plan is to bill to that corresponding plan.
  - ➢ This includes members enrolled in the full-benefit Medicaid program and those enrolled in the Family Planning limited benefit program.
  - ➢ Pharmacies will only be reimbursed for the specific procedure and diagnosis codes listed on the following slides.

Overview: Procedure Codes

Procedure Code	Item Description
99202	New Patient Office Visit 20 minutes
99203	New Patient Office Visit 30-44 minutes
99211	Evaluation and Management of Established Patients 5 minutes or less
99212	Evaluation and Management of Established Patients 10-19 minutes
99213	Evaluation and Management of Established Patients 20-29 minutes
99214	Evaluation and Management of Established Patients 30-39 minutes
96372	Injection of Drug/Substance Under Skin or Into Muscle
81025*	Urine Pregnancy Test

Note: All codes need to be billed with the modifier of FP.
*** The pharmacy must have a clinical laboratory improvement amendment (CLIA)
waiver to bill for procedure code 81025.**

- Effective October 1, 2023, pharmacists and pharmacies who are enrolled as providers will be able to bill for these procedure codes.

Overview: Diagnosis Codes

Diagnosis Code	Item Description
Z30.011	Oral Contraceptive – Initial Rx
Z30.41	Oral Contraceptive – Repeat Rx
Z30.015	Contraceptive Ring – Initial Rx
Z30.44	Contraceptive Ring – Repeat Rx
Z30.016	Contraceptive Patch – Initial Rx
Z30.45	Contraceptive Patch – Repeat Rx
Z30.013	Depo Shot – Initial Rx
Z30.42	Depo Shot – Repeat Rx
Z30.09	General Counseling

Overview: Fee Schedule

- The current Base Physician Fee Schedule is located on the [Fee Schedules](#) page on the SCDHHS website, under the Physician Fee Schedule section.

- These services will be reimbursed in parity with nurse practitioners and physician assistants at 80% of physician rates.

- When a pharmacist provides these services, they are responsible for retaining all the documentation required by the Board of Pharmacy. The pharmacy must retain documentation of services billed as required by Medicaid and/or an MCO.

- Pharmacies will be reimbursed for these services.

Claims 101

Claims 101

Objective

To gain an understanding of the <u>required</u> components of a CMS Form 1500:

- Beneficiary information

- Provider information

- Diagnosis codes

- Detail lines

- Place of service

Beneficiary Information

The demographic information on the beneficiary for whom you have provided services

Required Data Elements

- Medicaid ID number
- Date of birth
- Last name

Recommended or Optional

- First name
- Gender

Provider Information

The demographic information for the rendering and billing provider.

Required

- National provider identifier (NPI)
- Taxonomy
- Zip code

Claims 101 *(cont.)*

Diagnosis Code

In health care, diagnosis codes are used as a tool to group and identify diseases, disorders, symptoms, poisonings, adverse effects of drugs and chemicals, injuries and other reasons for patient encounters.

The standards are created by the World Health Organization and have been adopted by the Centers for Medicare and Medicaid Services (CMS).

Claims 101 *(cont.)*

A pharmacist can <u>only</u> use the specific diagnosis codes listed below.

Diagnosis Code	Item Description
Z30.011	Oral Contraceptive – Initial Rx
Z30.41	Oral Contraceptive – Repeat Rx
Z30.015	Contraceptive Ring – Initial Rx
Z30.44	Contraceptive Ring – Repeat Rx
Z30.016	Contraceptive Patch – Initial Rx
Z30.45	Contraceptive Patch – Repeat Rx
Z30.013	Depo Shot – Initial Rx
Z30.42	Depo Shot – Repeat Rx
Z30.09	General Counseling

Diagnosis Code Information

All claims are required to have at least one diagnosis code.

Required

- Primary diagnosis

Optional

- Secondary diagnosis
- Additional diagnoses

Detail Line Information

This is also referred to as services or procedures. The detail lines of a claim specify the treatment provided to the beneficiary.

Required

- Date of service
- Place of service
- Procedure code
- Modifier
- Charge
- Number of units

Place of Service

Claims must be filed with the place of service of
that correlates with the procedure code.

When submitting these claims, the place of service should be
01 - Pharmacy.

SCDHHS Web Tool Features

www.MedicaideLearning.com

Web Tool Features: Claim Filing Options

Web Tool

- Available 24 hours a day, seven days per week at no cost

Trading Partner Agreement

- All users must have an individual login ID and password
- Individuals cannot share login/password information

Some pharmacies may have vendors which will file their claims.

A paper claim can also be filed.

How to Access the Web Tool on SCDHHS.GOV
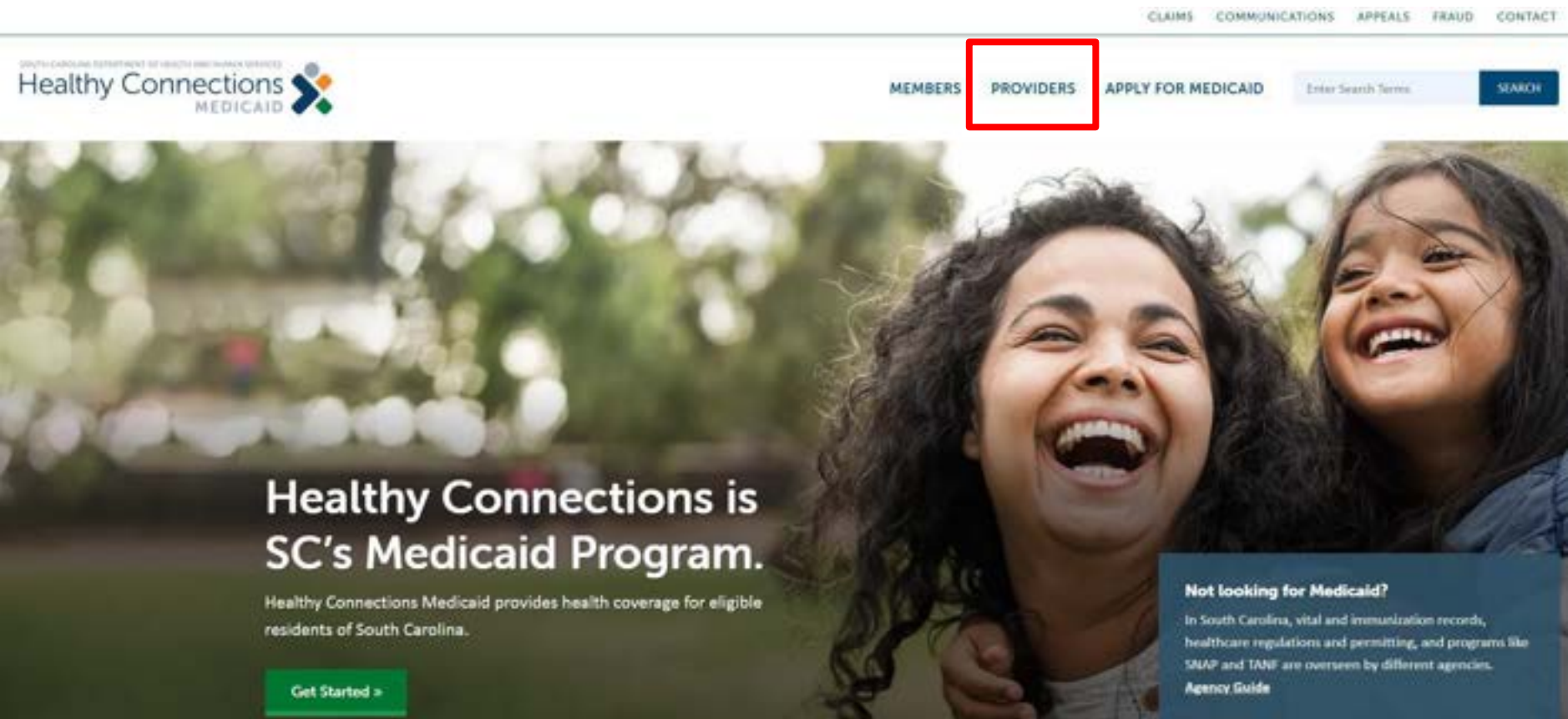
Step 1: Click on Providers.

Step 2

Click on Log-in to Medicaid Web Portal.

Step 3

Complete User Name and Password fields.

Click on Log-In.

Step 4
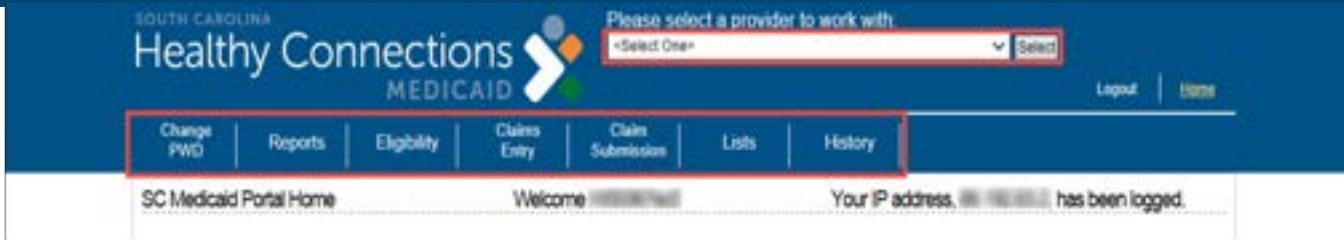
Choose a provider from the drop-down selections.

A provider must be selected before any of the functions can be selected.

Web Tool Functions

- Checking eligibility

- Lists

- CMS Form 1500 claims entry

- Claim submission

- Electronic remittance advice

- Helpful information

- Contact information

Checking Eligibility Status

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Eligibility Status

Click on the Eligibility function at the top.

There are the following two options to choose from:

- Single query (eligibility for one recipient at a time is checked)
- Multi query (eligibility for multiple recipients at a time is checked)

Eligibility Verification Inquiry: Single Query

Complete all fields.
Click on Check Eligibility.

Eligibility Verification Inquiry

Based on the date of service (DOS) entered, the status will show.

Eligibility Results

Eligibility Verification Results   Welcome   Your IP address, , has been logged.

A total of 1 responses are displayed.

Selection Criteria for response 1

Add Beneficiary   Back   Add All Beneficiaries   Print Response   Print All

Date Of Service: 07/13/2023   Provider ID: 1003076423   SC Medicaid

Beneficiary Data

Name:	ID Number:
Gender:	Birth Date:
Address:	City/State/Zip:

Eligibility or Benefit Information

Beneficiary is:	INELIGIBLE	Qualified Medicare Beneficiary:	N/A
Payment Category:	N/A	Home visits remaining:	N/A
CoPay Exempt:	NO	Ambulatory visits remaining:	N/A
Deductible:	$0.00	Chiropractic visits remaining:	N/A
Coinsurance:	0.0%	Mental Health services remaining:	N/A
Limited Benefit:	N/A	Rehabilitative services remaining:	N/A
Qual. Category:	N/A		

Beneficiary Special Programs Data

Description: N/A
Message: N/A

TPL - Third Party Liability

Medicare A: N/A   Medicare B: N/A   Medicare ID: N/A

Clicking on the SC Medicaid field will display further information.

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Eligibility Status

Select Multiple Queries to check more than one eligibility status at a time.

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Eligibility Verification Inquiry

Click on Beneficiary List, select the appropriate beneficiaries, and click on Populate.

OR

Enter multiple Medicaid numbers.

Eligibility Verification Inquiry

Eligibility Selection Summary

Eligibility Verification Inquiry: Selection Summary   Welcome   Your IP address,   has been logged.

There are several ways to view individual or multiple query details. Individual details may be displayed by clicking on the hyperlink within the Medicaid ID box or by clicking on one of the checkboxes and then click the 'Display' button. Multiple details may be selected by clicking multiple checkboxes and then click the 'Display' Button or to see all details, click the 'Display All' button.

Selection Criteria

Date of Service: 07/12/2023 Provider ID: 1538144910   [Display] [Display All] [Select All] [Clear] [Back]

Sel	MID	Name	DOB	Status	Gender	DOS	Sel	MID	Name	DOB	Status	Gender	DOS
☐			10/07/1980	ELIGIBLE	FEMALE	07/12/2023	☐			04/29/2009	ELIGIBLE	MALE	07/12/2023
☐			11/29/1970	ELIGIBLE	FEMALE	07/12/2023	☐			10/22/2000	ELIGIBLE	FEMALE	07/12/2023

[Display] [Display All] [Select All] [Clear] [Back]

Lists

List Types

CMS-1500 Lists:

- Beneficiary
- Provider
- Insured
- Contact
- ICD-10 Diagnosis Codes
- HCPCS/CPT-4 Codes
- ICD-10 Surgical Codes
- Modifier Codes

How to Build a List

Choose from the drop-down menu to begin building a list.

How to Build a List *(cont.)*

Select Diagnosis Codes to begin building a list.

CMS Form 1500 Claims Entry

Claims Entry

Select Claims Entry.

Claims Entry *(cont.)*

Claims Entry *(cont.)*

Completed claims are purged the first of every month based on the date of the Last Changed field.

Claims Entry *(cont.)*

Click Enter New Claim.

Claims Entry *(cont.)*

Enter the following CMS-1500 Claim Information:

- Beneficiary information
- Provider information
- Miscellaneous information
- Diagnosis codes
- Detail lines
- Documents
- Other coverage

Remember

The **billing** provider is the **pharmacy**.

The **rendering** provider is the **pharmacist**.

Complete the fields in the Beneficiary Information section.

Select a Medicaid ID to populate the fields.

Claims Entry *(cont.)*

Claims Entry *(cont.)*

Claims Entry *(cont.)*

Accident Info and Other Info are not needed for these claims.

Claims Entry *(cont.)*

Enter Diagnosis Codes.

Claims Entry *(cont.)*

Modifier Code = FP Family Planning

Claims Entry *(cont.)*

Add additional lines or select Copy Set Lines or Delete Set Lines.

Claims Entry *(cont.)*

No documents are required.

Claims Entry *(cont.)*

Click Finish Claim.

Claim Submission

Claim Submission

Select Claim Submission.

Claim Submission *(cont.)*

Complete Contact Information section or select from lists.

Claim Submission *(cont.)*

Select the Claim Type.

Click Submit for all CMS 150 claims in the batch.

Claim Submission *(cont.)*

To submit, select Confirm and Submit Claims.

If not ready to submit, click Cancel.

Electronic Remittance Advice

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Electronic Admittance Advice

Select the Reports tab.

Electronic Remittance Advice *(cont.)*

Electronic Remittance Advice *(cont.)*

PDF version of the e-Remit.

If you have any questions about claims resolution, call our provider support center at 1-888-289-0709.

Helpful Information

Physicians Services Manual: [Physicians Services Provider Manual](#)

Link to Online Web Tool Tutorial:

[Learning Resources: The Web Tool](#)

Link to Web Tool

[SC Medicaid Portal](#)

SC Board of Pharmacy – Frequently Asked Questions on the Pharmacy Access Protocol

[SCLLR](#)

Contact Information

- Provider Service Center (claims resolution center):
  - ➢ 1-888-289-0709, option 4

- Provider Enrollment Website
  - ➢ https://www.scdhhs.gov/providers/become-provider

Thank You