

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 required components of a CMS Form 1500:

- Beneficiary information
- Provider information
- Diagnosis codes
- Detail lines
- Place of service

Claims 101 *(cont.)*

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

Claims 101 *(cont.)*

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 only 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

Claims 101 *(cont.)*

Diagnosis Code Information

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

Required

- Primary diagnosis

Optional

- Secondary diagnosis
- Additional diagnoses

Claims 101 *(cont.)*

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

Claims 101 *(cont.)*

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

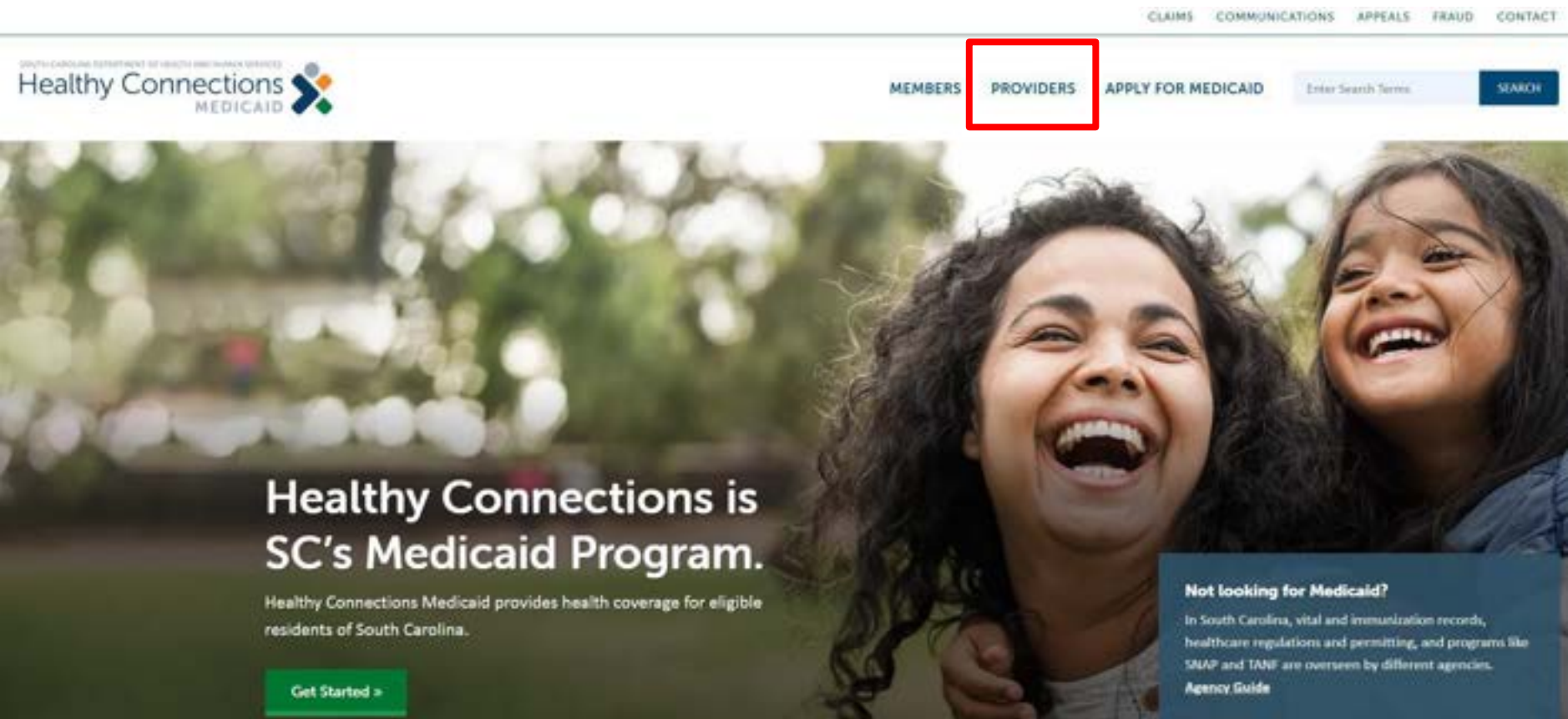
Trading Partner Agreement

- 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

The screenshot shows the top navigation bar with the logo for the South Carolina Department of Health and Human Services, Healthy Connections Medicaid. The main navigation menu includes 'MEMBERS', 'PROVIDERS', and 'APPLY FOR MEDICAID'. A search bar is located on the right. Below the navigation is a blue header with the text 'HOME / PROVIDERS' and 'Providers'. The main content area features three circular icons: 'Become a Medicaid Provider', 'Log in to Medicaid Web Portal' (highlighted with a red box), and 'Contact a Provider Representative'. To the right is a sidebar menu titled 'PROVIDERS' with various links. At the bottom, there is a search bar with the text 'Can I pay fees online?' and a 'SEARCH' button.

Click on Log-in to Medicaid Web Portal.

Step 3

User Name

Password

Show Password

Log In

SC Medicaid Portal

User IP address 167.7.227.2

We are happy to announce the availability of the South Carolina Medicaid Web Portal. This system allows you to:

- Update your password,
- Download or view payment e-remittance statements online,
- Enter and submit claims for Medicaid subscribers,
- View the Status of your claims,
- Check on the eligibility of your Medicaid subscribers.

To access the Portal, please type your user name and password above and press Enter.

Password Lockout Policy

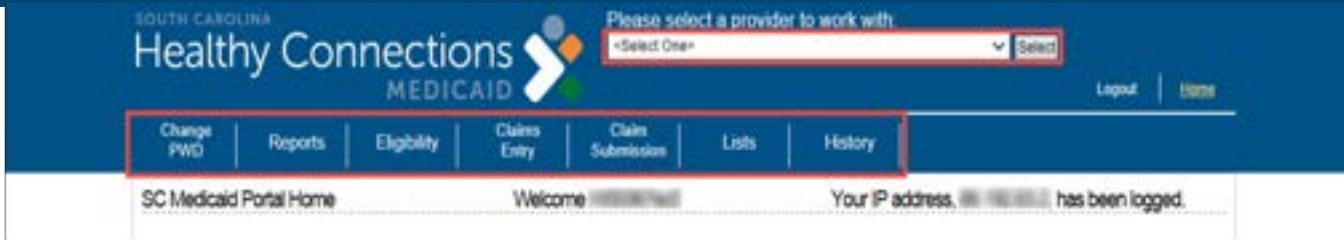
After three (3) failed login attempts the ID will be locked for 30 minutes. After the 30 minutes the ID will automatically unlock.

For support, contact the South Carolina Center
Phone: (800) 209-6709 Option 1, Fax: (803) 879-9021, Email: EDIG.OPS.MCAID@ICBSSC.COM

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.

Welcome to the South Carolina Medicaid Web Portal.

- To update your password, please click the **Change PWD** link.
- To download or view payment e-Remit statements, please click the **e-Remit** link.
- To enter a claim (professional or hospital), select the appropriate claim type from the Claim Entry menu.
- To submit a claim, click the **Claim Submission** link.
- To view a submitted claim's status, please click the **Status** link.
- To check on the eligibility for your Medicaid subscribers, please click the **Check Eligibility** link.
- To look for claims you have submitted via the Portal, select **Search Submitted Claims** from the History menu. Or, to browse claims by batch (a group of claims submitted all at once), select **CMS-1500 Submitted Batches** or **UB-04 Submitted Batches** from the History menu.

FAQ

Q: How long are the remits (or remittance advices) available on the Portal?

A: Remits are only available through the portal for the last 25 weeks. If you need a remit over 25 weeks old, please call your program representative.

Welcome to the South Carolina Medicaid Web Portal.

Web Tool Functions

- Checking eligibility
- Lists
- CMS Form 1500 claims entry
- Claim submission
- Electronic remittance advice
- Helpful information
- Contact information

Checking Eligibility Status

Eligibility Status

Change PWD | Reports | **Eligibility** | Claims Entry | Claim Submission | Lists | History

SC Medicaid Portal Home | Welcome [Name] | Your IP address, [IP] has been logged.

Announcements

MEDICAID ANNUAL ELIGIBILITY REVIEWS

Posted on Friday Jun 9, 2023
Last changed on Monday Jun 12, 2023

Did you know Medicaid annual eligibility reviews restarted?

The South Carolina Department of Health and Human Services is asking Healthy Connections Medicaid-enrolled providers to help the agency ensure members who are eligible for Medicaid remain covered.

Healthy Connections Medicaid members can now [go online to](#) update their **contact info**, check their annual eligibility **review status** and **submit their review** when it's time to renew.

Help us remind all Healthy Connections Medicaid members to submit their review when it's time to renew.

For flyers, fact sheets, FAQs and more [click here](#)

[Visit](#) for more info on annual eligibility reviews.

PAYMENT SCHEDULE CHANGE FOR WEEK OF MAY 7-MAY 12, 2023

Posted on Wednesday May 3, 2023
Last changed on Wednesday May 3, 2023

The South Carolina Department of Health and Human Services (SCDHHS) announces the following changes to the Healthy Connections Medicaid claims submission and payment schedule for the week in May 7-12, 2023 in order to accommodate the South Carolina state holiday schedule.

During the week beginning May 7, 2023 payments will run Monday, May 8, and electronic remittance advices will be available Tuesday, May 9. Payments will be dated Friday, May 12, as usual. Sunday, May 7, at 5 p.m. is the final day to submit claims for payment date Friday, May 12.

The schedule will return to normal for the payment cycle with payment date **Friday, May 19, 2023**.

Please refer any questions or concerns regarding this alert to the Provider Service Center at (888) 289-0709.

Thank you for your continued support of the South Carolina Healthy Connections Medicaid Program.

Enter announcement text here.

Click on the Eligibility function at the top.

Eligibility Status *(cont.)*

The screenshot shows the South Carolina Healthy Connections Medicaid portal. At the top, there is a navigation bar with the logo and a dropdown menu for 'Please select a provider to work with' set to 'CARE PRO HEALTH SERVICES - 1903076423'. Below the navigation bar, there are several menu items: 'Change PWD', 'Reports', 'Eligibility', 'Claims Entry', 'Claim Submission', 'Lists', and 'History'. The 'Eligibility' menu item is highlighted with a red box, and it contains two sub-items: 'Single Query' and 'Multiple Queries'. Below the navigation bar, there is a header section with 'SC Medicaid Portal Home' and a login status message: 'ast05 Your IP address, [redacted] has been logged.' The main content area contains three announcements:

- ****ALERT****SCHEDULED SYSTEM MAINTENANCE** (Posted on Wednesday Jun 21, 2023, Last changed on Wednesday Jun 21, 2023). The SC Web Submission Tool will be unavailable on Friday, 07/14/2023, from 7:00PM until 10:00PM.
- MEDICAID ANNUAL ELIGIBILITY REVIEWS** (Posted on Friday Jun 9, 2023, Last changed on Monday Jun 12, 2023). Did you know Medicaid annual eligibility reviews restarted? The South Carolina Department of Health and Human Services is asking Healthy Connections Medicaid-enrolled providers to help the agency ensure members who are eligible for Medicaid remain covered. Healthy Connections Medicaid members can now [go online](#) to update their **contact info**, check their annual eligibility **review status** and **submit their review** when it's time to renew. Help us remind all Healthy Connections Medicaid members to submit their review when it's time to renew. For flyers, fact sheets, FAQs and more [click here](#). [Visit](#) for more info on annual eligibility reviews.
- PAYMENT SCHEDULE CHANGE FOR WEEK OF MAY 7-MAY 12, 2023** (Posted on Wednesday May 3, 2023, Last changed on Wednesday May 3, 2023). The South Carolina Department of Health and Human Services (SCDHHS) announces the following changes to the Healthy Connections Medicaid claims submission and payment schedule for the week in May 7-12, 2023 in order to accommodate the South Carolina state holiday schedule. During the week beginning May 7, 2023 payments will run Monday, May 8, and electronic remittance advices will be available Tuesday, May 9. Payments will be dated Friday, May 12, as usual. Sunday, May 7, at 5 p.m. is the final day to submit claims for payment date Friday, May 12. The schedule will return to normal for the payment cycle with payment date **Friday, May 19, 2023**. Please refer any questions or concerns regarding this alert to the Provider Service Center at (888) 289-0709. Thank you for your continued support of the South Carolina Healthy Connections Medicaid Program. Enter announcement text here.

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

Change PWD

Reports

Eligibility

Claims Entry

Claim Submission

Lists

History

Eligibility Verification Inquiry

Welcome [redacted]

Your IP address: [redacted] has been logged.

Selection Criteria

Date of Service:

Date of Birth:

Medicaid ID:

SSN:

First Name:

MI:

Last Name:

Form filling information

The selection criteria requires the entry of one of the following three possibilities. The criteria to be used is based on the order listed with the highest priority listed first. If multiple criteria is entered, the one with the highest priority will be used.

1. Date of Service, Medicaid ID
2. Date of Service, Date of Birth, SSN
3. Date of Service, Date of Birth, Full Name

Complete all fields.
Click on Check Eligibility.

Eligibility Verification Inquiry

Change PWD

Reports

Eligibility

Claims Entry

Claim Submission

Lists

History

Eligibility Verification Inquiry: Selection Summary

Welcome [redacted]

Your IP address, [redacted] 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: 175981

Display

Display All

Select All

Clear

Back

Sel	MID	Name	DOB	Status	Gender	DOS
<input checked="" type="checkbox"/>	[redacted]	[redacted]	07/11/2016	ELIGIBLE	FEMALE	07/12/2023

Sel MID Name DOB Status Gender DOS

Display

Display All

Select All

Clear

Back

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



Eligibility Results

Eligibility Verification Results

Welcome [redacted]

Your IP address, [redacted], 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: [redacted] ID Number: [redacted]
Gender: [redacted] Birth Date: [redacted]
Address: [redacted] City/State/Zip: [redacted]

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
Coinurance:	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.

Eligibility Status

The screenshot shows the 'Healthy Connections MEDICAID' provider portal. The navigation menu includes 'Change PWD', 'Reports', 'Eligibility', 'Claims Entry', 'Claims Submission', 'Lists', and 'History'. The 'Eligibility' menu is expanded, showing 'Single Query' and 'Multiple Queries', with 'Multiple Queries' highlighted by a red box. The page content includes several announcements: a system maintenance alert for the SC Web Submission Tool on Friday, 07/14/2023; a notice about Medicaid Annual Eligibility Reviews; and a payment schedule change for the week of May 7-May 12, 2023.

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

Eligibility Verification Inquiry

Eligibility Verification Inquiry

Welcome

Your IP address, , has been log

Please enter a valid SC Medicaid ID or SSN and DOB or Name and DOB.

Selection Criteria

Date of Service:

Date of Service	Key Type	Key Value	Birth Date	Date of Service	Key Type	Key Value	Birth Date
<input type="text" value="07/12/2023"/>	Medicaid ▼	<input type="text" value="REDACTED"/>	<input type="text"/>	<input type="text" value="07/12/2023"/>	Medicaid ▼	<input type="text" value="REDACTED"/>	<input type="text"/>
<input type="text" value="07/12/2023"/>	Medicaid ▼	<input type="text" value="REDACTED"/>	<input type="text"/>	<input type="text" value="07/12/2023"/>	Medicaid ▼	<input type="text" value="REDACTED"/>	<input type="text"/>
<input type="text" value="07/12/2023"/>	Medicaid ▼	<input type="text"/>	<input type="text"/>	<input type="text" value="07/12/2023"/>	Medicaid ▼	<input type="text"/>	<input type="text"/>
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<input type="text" value="07/12/2023"/>	Medicaid ▼	<input type="text"/>	<input type="text"/>	<input type="text" value="07/12/2023"/>	Medicaid ▼	<input type="text"/>	<input type="text"/>
<input type="text" value="07/12/2023"/>	Medicaid ▼	<input type="text"/>	<input type="text"/>	<input type="text" value="07/12/2023"/>	Medicaid ▼	<input type="text"/>	<input type="text"/>
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<input type="text" value="07/12/2023"/>	Medicaid ▼	<input type="text"/>	<input type="text"/>	<input type="text" value="07/12/2023"/>	Medicaid ▼	<input type="text"/>	<input type="text"/>
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<input type="text" value="07/12/2023"/>	Medicaid ▼	<input type="text"/>	<input type="text"/>	<input type="text" value="07/12/2023"/>	Medicaid ▼	<input type="text"/>	<input type="text"/>
<input type="text" value="07/12/2023"/>	Medicaid ▼	<input type="text"/>	<input type="text"/>	<input type="text" value="07/12/2023"/>	Medicaid ▼	<input type="text"/>	<input type="text"/>

Eligibility Selection Summary

Eligibility Verification Inquiry: Selection Summary

Welcome [REDACTED]

Your IP address, [REDACTED] 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
<input type="checkbox"/>	[REDACTED]	[REDACTED]	10/07/1980	ELIGIBLE	FEMALE	07/12/2023	<input type="checkbox"/>	[REDACTED]	[REDACTED]	04/29/2009	ELIGIBLE	MALE	07/12/2023
<input type="checkbox"/>	[REDACTED]	[REDACTED]	11/29/1970	ELIGIBLE	FEMALE	07/12/2023	<input type="checkbox"/>	[REDACTED]	[REDACTED]	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

The screenshot shows the South Carolina Healthy Connections Medicaid web portal. At the top, there is a navigation bar with the logo and a dropdown menu labeled "Please select a provider to work with:". Below the navigation bar, there are several tabs: "Change PWD", "Reports", "Eligibility", "Claims Entry", "Claim Submission", "Lists", and "History". The "Lists" tab is selected, and a dropdown menu is open, showing a list of options: "Beneficiary", "Provider", "Insured", "Contact", "Condition Codes", "ICD-9 Diagnosis Codes", "ICD-10 Diagnosis Codes", "HCPCS/CPT-4 Codes", "ICD-9 Surgical Codes", "ICD-10 Surgical Codes", "Modifier Codes", "Occurrence Codes", "Value Codes", "Revenue Codes", and "Payers". The dropdown menu is highlighted with a red border. Below the dropdown menu, there is a "FAQ" section with a question and answer: "Q: Can multiple Web Tool users share the same login ID and password? A: No, each user must have his or her own login ID and Password."

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

How to Build a List *(cont.)*

The screenshot displays the South Carolina Healthy Connections Medicaid web portal. At the top, there is a navigation bar with the following links: Change PWD, Reports, Eligibility, Claims Entry, Claim Submission, Lists, and History. A dropdown menu is open, showing a list of options for selecting a provider to work with. The options are: Beneficiary, Provider, Insured, Contact, Condition Codes, ICD-9 Diagnosis Codes, ICD-10 Diagnosis Codes, HCPCS/CPT-4 Codes, ICD-9 Surgical Codes, ICD-10 Surgical Codes (highlighted with a red box), Modifier Codes, Occurrence Codes, Value Codes, Revenue Codes, and Payers. The background of the portal shows a welcome message and a list of instructions for users.

SC Medicaid Portal Home Welcome

Welcome to the South Carolina Medicaid Web Portal.

- To update your password, please click the **Change PWD** link.
- To download or view payment e-Remit statements, please click the **e-Remit** link.
- To enter a claim (professional or hospital), select the appropriate claim type and click the **Claim Entry** link.
- To submit a claim, click the **Claim Submission** link.
- To view a submitted claim's status, please click the **Status** link.
- To check on the eligibility for your Medicaid subscribers, please click the **Eligibility** link.
- To look for claims you have submitted via the Portal, select **Search Submitted Claims** (to search for a specific claim or group of claims submitted all at once), select **CMS-1500 Submitted** (to search for CMS-1500 claims).

FAQ

Q: Can multiple Web Tool users share the same login ID and Password?

A: No, each user must have his or her own login ID and Password.

Select Diagnosis Codes to begin building a list.

CMS Form 1500 Claims Entry

Claims Entry

The screenshot shows the South Carolina Medicaid Web Portal interface. At the top, there is a navigation bar with the following items: Change PWD, Reports, Eligibility, **Claims Entry** (highlighted with a red box), Claim Submission, Lists, and History. To the right of the navigation bar, there is a dropdown menu for 'Please select a provider to work with:' and a 'Select' button. Further right are 'Logout' and 'Home' links. Below the navigation bar, the main content area displays a welcome message and a list of instructions for users. At the bottom of the main content area, there is an FAQ section with a question and answer regarding user login credentials.

SOUTH CAROLINA
Healthy Connections
MEDICAID

Please select a provider to work with:
[Dropdown Menu] [Select]

Logout | Home

Change PWD | Reports | Eligibility | **Claims Entry** | Claim Submission | Lists | History

SC Medicaid Portal Home Welcome [User Name] Your IP address, [IP Address], has been logged.

Welcome to the South Carolina Medicaid Web Portal

- To update your password, please click the **Change PWD** link.
- To download or view payment e-Remit statements, please click the **e-Remit** link.
- To enter a claim (professional or hospital), select the appropriate claim type from the Claim Entry menu.
- To submit a claim, click the **Claim Submission** link.
- To view a submitted claim's status, please click the **Status** link.
- To check on the eligibility for your Medicaid subscribers, please click the **Check Eligibility** link.
- To look for claims you have submitted via the Portal, select **Search Submitted Claims** from the History menu. Or, to browse claims by batch (a group of claims submitted all at once), select **CMS-1500 Submitted Batches** or **UB-04 Submitted Batches** from the History menu.

FAQ

Q: Can multiple Web Tool users share the same login ID and password?

A: No, each user must have his or her own login ID and Password.

Select Claims Entry.

Claims Entry (cont.)

SOUTH CAROLINA
Healthy Connections
MEDICAID

Please select a provider to work with:
Select One Select

Logout Home

Change PWD Reports Eligibility **Claims Entry** Claim Submission Lists History

SC Medicaid Portal Home

CMS-1500 (Professional) Claims
UB-04 (Hospital) Claims

**Claims Entry
CMS-1500**

Additional options are available from the Menu on the Web Tool.

TESTING REQUIREMENTS FOR ICD-10

Requirements for ICD-10
of Service and/or Date of Discharge for a claim submitted with ICD-9 code(s) must be prior to 04-01-2015.
of Service and/or Date of Discharge for a claim submitted with ICD-10 code(s) must be on or after 04-01-2015 through the
Claims with future dates will be rejected.
Record must contain only ICD-9 OR ICD-10 codes.
Record containing any combination of ICD-10 and ICD-9 diagnosis codes will be rejected.
Use a recipient from the attached list of "test" recipient records for which all personal health information (PHI) have been
of all the attached recipients are eligible for all services so we have included the payment category for each to help
a recipient may be a valid for your claim use. (Follow the link for additional ICD-10 Web Tool instructions for the list of Test

- The recipient must be eligible for the services being billed
- The provider submitting claims MUST notify SCDHHS that a file has been submitted. Please include the Batch number, the number and types of claims submitted (837p/837i), the corresponding submitter ID, and the Time of Submission. This is to be accomplished by sending an email to the SCDHHS ICD-10 Team at ICD10Contacts@scdhhs.gov.

Click [here](#) to download additional ICD-10 Web Tool testing instructions, which includes the list of "test" recipients and the web tool testing URL.

[SCDHHS ICD-10 Information](#)

USER ACCEPTANCE TESTING FOR ICD10

The ICD10 version of the Medicaid Web Portal is now available for user acceptance testing. The following link will take you there.

Please note that the ICD10 Medicaid Web Portal is only for testing and no claims submitted will be processed for payment.

[Click here to go to the ICD10 Medicaid Web Portal](#)

Welcome to the South Carolina Medicaid Web Portal

Claims Entry (cont.)

CMS-1500 Pending Claims

ICD-10 Coded Claim | Enter New Claim | Copy Sel. | Delete Sel. | View Sel.

Draft (Incomplete) Claims

Claim ID	ICD	Name	Account Number	Medicaid ID	Total Chrg	Last Changed	Doc Ind	User Name
<input type="checkbox"/> 8100455	10	<no name>				2019-05-07	N	
<input type="checkbox"/> 8100480	10	Example, Emily		4444444444	95.00	2019-05-07	Y	
<input type="checkbox"/> 8100467	10	Sample, Mister		2222222222		2019-05-07	N	
<input type="checkbox"/> 8100472	10	Scorsio, Steve		3333333333	100.00	2019-05-07	N	

Completed Claims

Claim ID	ICD	Name	Account Number	Medicaid ID	Total Chrg	Last Changed	Doc Ind	User Name
<input type="checkbox"/> 8100867	10	Claims Completed		5555555555	150.00	2019-05-07	N	

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

Claims Entry *(cont.)*

SOUTH CAROLINA
Healthy Connections
MEDICAID

Please select a provider to work with: Select

Logout | Home

Change PWD | Reports | Eligibility | **Claims Entry** | Claim Submission | Lists | History

CMS-1500 Pending Claims Welcome [redacted] Your IP address, [redacted] has been logged.

ICD-10 Coded Claim ▾ **Enter New Claim** Copy Sel. Delete Sel. View Sel. Search Name

Draft (Incomplete) Claims

Claim ID	ICD	Name	Account Number	Medicaid ID	Total Chrg	Last Changed	Doc Ind	User Name
<input type="checkbox"/> 8100455	10	[redacted]				2019-05-07	N	[redacted]
<input type="checkbox"/> 8100480	10	Example, Emily		4444444444	55.00	2019-05-07	Y	[redacted]
<input type="checkbox"/> 8100467	10	Sample, Helene		2222222222		2019-05-07	N	[redacted]
<input type="checkbox"/> 8100472	10	Scenario, Steve		3333333333	100.00	2019-05-07	N	[redacted]

Completed Claims

Claim ID	ICD	Name	Account Number	Medicaid ID	Total Chrg	Last Changed	Doc Ind	User Name
<input checked="" type="checkbox"/> 8100867	10	Claim, Completed		5555555555	150.00	2019-05-07	N	[redacted]

For support, contact the South Carolina Center
Phone: (803) 289-6709 Option 1, Fax: (803) 679-9021, Email: EDIG.OPS-MCAID@BCBSSC.COM

Click Enter New Claim.

Claims Entry *(cont.)*

CMS-1500 Claim Entry - ICD 10 Welcome [redacted] Your IP address, [redacted] has been logged.

Beneficiary Info | Provider Info | Misc Info | Diagnosis Codes | Det Lines | Documents | Other Coverage

Beneficiary Information [\[Get from List\]](#)

*Medicaid Num. *Date of Birth First Name MI *Last Name Gender

Street Addr. City State Zip Code

Medical Record Number Patient Account

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**.

Claims Entry *(cont.)*

SOUTH CAROLINA

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Logout | Home

Change
PWD

Reports

Eligibility

Claims
Entry

Claim
Submission

Lists

History

CMS-1500 Claim Entry - ICD 10

Welcome [User Name]

Your IP address, [IP Address], has been logged.

Beneficiary Info | Provider Info | Misc Info | Diagnosis Codes | Det Lines | Documents | Other Coverage

Beneficiary Information [\[Get from List\]](#)

*Medicaid Num. *Date of Birth First Name MI *Last Name Gender

Street Addr. City State Zip Code

Medical Record Number Patient Account

Continue

For support, contact the South Carolina Center
Phone: (888) 265-6796, Fax: (803) 870-9021, Email: EDIG.OP5.MCAID@palmettoqba.com

Complete the fields in the Beneficiary Information section.

SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES

Healthy Connections
MEDICAID



Claims Entry *(cont.)*

SOUTH CAROLINA
Healthy Connections
MEDICAID

Logout | Home

Change PWD | Reports | Eligibility | Claims Entry | Claim Submission | Lists | History

CMS-1500 Claim Entry - ICD 9 Welcome: [redacted] Your IP address, [redacted], has been logged.

Beneficiary Info | Provider Info | Misc Info | Diagnosis Codes | Def Lines | Documents | Other Coverage

Beneficiary Information [Get from List]

*Medicaid Num. *Date of Birth Gender: UNKNOWN

Street Addr.

Medical Record Number Patient

Beneficiary Selection
Contact List

Last Name	First Name	Medicaid ID	Account Number	Medical Record Num.
LILES				
BELL				
WITHERSPOON				
JOHNSON				
ROGERS				
PETTY				

Continue

For support, contact the [redacted]
Phone: (803) 295-0716, Fax: (803) 870-5021, Email: [redacted]

Claims Entry *(cont.)*

SOUTH CAROLINA

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Logout | Home

Change PWD

Reports

Eligibility

Claims Entry

Claims Submission

Lists

History

CMS-1500 Claim Entry - ICD 10

Welcome [redacted]

Your IP address, [redacted] has been logged.

Beneficiary Info | Provider Info | Misc Info | Diagnosis Codes | Det Lines | Documents | Other Coverage

You must correct the following errors before continuing.

- The Medicaid ID number must consist of exactly 10 numeric digits.
- Date of Birth required
- Last Name required

Beneficiary Information [\[Get from List\]](#)

*Medicaid Num.	*Date of Birth	First Name	MI	*Last Name	Gender
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	UNKNOWN ▾
Street Addr.	City	State	Zip Code		
<input type="text"/>	<input type="text"/>	SC ▾	<input type="text"/>		
Medical Record Number	Patient Account				
<input type="text"/>	<input type="text"/>				

[Continue](#)

For support, contact the South Carolina Center
Phone: (800) 293-6700, Fax: (803) 870-9071, Email: EDG.DPS.MCAID@salnetlogba.com



Claims Entry (cont.)

SOUTH CAROLINA
Healthy Connections
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Logout | Home

Change PWD | Reports | Eligibility | Claims Entry | Claim Submission | Lists | History

CMS-1500 Claim Entry - ICD 10 Welcome [User Name] Your IP address, [IP Address], has been logged.

Beneficiary Info | Provider Info | Misc Info | Diagnosis Codes | Det Lines | Documents | Other Coverage

Billing Provider [Get from List]

*NPI/SC Prov. ID *Taxonomy Code *Zip Code Service Facility Location

*Organization or Last Name

Billing provider and rendering provider are the same

Rendering Provider [Get from List]

*NPI/SC Prov. ID *Taxonomy Code *Zip Code

*Organization or Last Name

For support, contact the South Carolina Center
Phone: (800) 285-6706, Fax: (803) 870-9021, Email: EDG.OP5-MCAID@palmettohsa.com

Uncheck

- Billing Provider is the Pharmacy.
- **Uncheck** the box next to "Billing provider and rendering provider are the same."
- Rendering Provider is the Pharmacist.

Claims Entry (cont.)

SOUTH CAROLINA
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Logout | Home

Change PWD | Reports | Eligibility | Claims Entry | Claim Submission | Lists | History

CMS-1500 Claim Entry - ICD 10 Welcome [username] Your IP address, [IP address], has been logged.

Beneficiary Info | Provider Info | Misc Info | Diagnosis Codes | Det Lines | Documents | Other Coverage

Create Adjustment

Initiate adjustment request

Original CCN: Reason Code:

Accident Info

Auto Accident? Auto Accident Date:

Employment Accident?

Other Accident?

EPSDT Referral Needed? EPSDT Ref. Type:

Other Info

MHN Referral Number: Prior Authorization Number:

For support, contact the South Carolina Center
Phone: (800) 289-0799, Fax: (803) 673-9021, Email: EDG-DPS-MCAD@palmettohsa.com

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

Claims Entry *(cont.)*

SOUTH CAROLINA
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Logout | Home

Change PWD | Reports | Eligibility | **Claims Entry** | Claim Submission | Lists | History

CMS-1500 Claim Entry - ICD 10 Welcome [redacted] Your IP address, [redacted] has been logged.

Beneficiary Info | Provider Info | Misc Info | **Diagnosis Codes** | Det Lines | Documents | Other Coverage

Primary Diagnosis Code [Get from List](#) **Secondary Diagnosis Code** [Get from List](#)

1 2

Additional Diagnosis Code(s) [Get from List](#)

3 4 5 6 7 8 9
10 11 12

For support, contact the South Carolina Center
Phone: (800) 269-6700, Fax: (803) 870-9071, Email: EDIG.OPS-MCAID@palmettohs.com

Enter Diagnosis Codes.

Claims Entry (cont.)

SOUTH CAROLINA
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MEDICAID

Change PWD | Reports | Eligibility | Claims Entry | Claim Submission | Lists

CMS-1500 Claim Entry - ICD 10 Welcome [User Name]

Beneficiary Info | Provider Info | Misc Info | Diagnosis Codes | Det Lines | Documents | Coverage

Add/Update Service Line(s)

*From Date of Service 02/03/2016 x	*To Date of Service 02/03/2016	*Place of Service [Please Select One]
*HCPCS Code [Get from List]	Modifier Codes [Get from List]	*Charge
Emergency? <input type="checkbox"/>	EPSDT - Family Planning	National Drug Code
Rendering Provider ID/NPI	Rendering Provider Taxonomy	

Save Clear

There is no data to display.
Copy Sel. Lines Delete Sel. Lines

Continue

Claim Detail Information
Modifier Code - FP

Select Place of Service as 01 – Pharmacy.

Modifier Code = FP Family Planning

Claims Entry (cont.)

SOUTH CAROLINA
Healthy Connections
MEDICAID

Logout | Home

Change PWD | Reports | Eligibility | **Claims Entry** | Claim Submission | Lists | History

CMS-1500 Claim Entry - ICD 10 Welcome [User Name] Your IP address, [IP Address], has been logged.

Beneficiary Info | Provider Info | Misc Info | **Diagnosis Codes** | Det Lines | Documents | Other Coverage

Add/Update Service Line(s)

*From Date of Service: 02/03/2016 *To Date of Service: 02/03/2016 *Place of Service: [Please Select One]

*HCPCS Code: [Get from List] Modifier Codes: [Get from List] *Charge: [] *Units: []

Emergency?: EPSDT - Family Planning: [] National Drug Code: [] Rendering Provider ID/NPI: [] Rendering Provider Taxonomy: []

Save Clear

Dates Of Service	PM/5v	HCPCS	Mod. Codes	Charge	Units	Emer. E/F	HDC	Rnd. Prov ID/Taxy
02/03/2016-02/03/2016	99	12345		1.00	1.000	N		

Copy Set Lines Delete Set Lines

Continue

For support, contact the South Carolina Center
Phone: (800) 200-0700, Fax: (803) 870-9021, Email: EDIGOPS-MCAID@palmettohealth.com

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

Claims Entry *(cont.)*

SOUTH CAROLINA
Healthy Connections
MEDICAID

Logout | Home

Change PWD | Reports | Eligibility | Claims Entry | Claim Submission | Lists | History

CMS-1500 Claim Entry - ICD 10 Welcome [redacted] Your IP address, [redacted] has been logged.

Beneficiary Info | Provider Info | Misc Info | Diagnosis Codes | Det Lines | Documents | Other Coverage

Add/Edit Documents

Claim ID: [redacted] Provider ID: [redacted] MID: 1234567890 User id: [redacted]

File:

Description:

Document Type:

There is no data to display.

For support, contact the South Carolina Center
Phone: (800) 209-0700, Fax: (803) 870-9021, Email: EDIG.OP5-MCAID@palmettohs.com

No documents are required.

Claims Entry *(cont.)*

SOUTH CAROLINA
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Logout | Home

Change PWD | Reports | Eligibility | **Claims Entry** | Claim Submission | Lists | History

CMS-1500 Claim Entry - ICD 10 Welcome [redacted] Your IP address, [redacted] has been logged.

Beneficiary Info | Provider Info | Misc Info | Diagnosis Codes | Det Lines | Documents | Other Coverage

Add/Edit Other Insurance Coverage Information [\[Get from List\]](#)

*Insured Last Name Insured First Name *Relation to Insured (RI)
[] [] [Please Select One] v

*Carrier Code Policy Number Paid Amount Paid Date
[] [] 0.00 []

*Filing Ind. (FI)
[Please Select One] v

Denial?

Denial Reason Code (DRC)
[Please Select One]

*Deductible *Coinsurance *Copayment *Non-contracted Amount
0.00 0.00 0.00 0.00

< >

Save Clear

There is no data to display

Copy Set. Records Delete Set. Records

Finish Claim

Click Finish Claim.

Claim Submission

Claim Submission

The screenshot shows the South Carolina Medicaid Web Portal interface. At the top, there is a navigation bar with the following links: Change PWD, Reports, Eligibility, Claims Entry, Claim Submission (highlighted with a red box), Lists, and History. To the right of the navigation bar, there is a dropdown menu for selecting a provider to work with, and links for Logout and Home. Below the navigation bar, the page content includes a welcome message, a list of instructions for using the portal, and a FAQ section. The FAQ section contains a question and answer regarding user login credentials.

SOUTH CAROLINA
Healthy Connections
MEDICAID

Please select a provider to work with: Select

Logout | Home

Change PWD | Reports | Eligibility | Claims Entry | **Claim Submission** | Lists | History

SC Medicaid Portal Home | Welcome [username] | Your IP address, [IP address], has been logged.

Welcome to the South Carolina Medicaid Web Portal.

- To update your password, please click the **Change PWD** link.
- To download or view payment e-Remit statements, please click the **e-Remit** link.
- To enter a claim (professional or hospital), select the appropriate claim type from the Claim Entry menu.
- To submit a claim, click the **Claim Submission** link.
- To view a submitted claim's status, please click the **Status** link.
- To check on the eligibility for your Medicaid subscribers, please click the **Check Eligibility** link.
- To look for claims you have submitted via the Portal, select **Search Submitted Claims** from the History menu. Or, to browse claims by batch (a group of claims submitted all at once), select **CMS-1500 Submitted Batches** or **UB-04 Submitted Batches** from the History menu.

FAQ

Q: Can multiple Web Tool users share the same login ID and password?

A: No, each user must have his or her own login ID and Password.

Select Claim Submission.

Claim Submission (cont.)

SOUTH CAROLINA
Healthy Connections
MEDICAID

Please select a provider to work with:

Logout | Home

Change PWD | Reports | Eligibility | Claims Entry | **Claim Submission** | Lists | History

Claim Submission Welcome [User] Your IP address: [IP] has been logged.

Contact Information

*Name: [\[Get from List\]](#)

*Address:

*City: *State: *Zip:

*Area Code:

*Phone: Extension:

Form filling information

- Required fields are denoted by *.
- A Claim Type selection is required.
- Enter digits only for the Area Code (i.e. 803) for the area code, and 1231234 for the local part).
- The Phone Number may be entered as either 1231234 or formatted as 123-1344
- The Phone Extension is optional but may contain up to 6 digits.

Claim Submission Information (2 records)

Select Claim Type	Claim Type	Number Of Claims	Total Of Claims
<input type="radio"/>	CMS 1500	4	\$1,257.00
<input type="radio"/>	UB-04	2	\$200.00

For support, contact the South Carolina Center
Phone: (803) 253-6795, Fax: (803) 870-8021, Email: ETXGLOPS.MCAID@palmettohsa.com

Complete Contact Information section or select from lists.

Claim Submission *(cont.)*

SOUTH CAROLINA
Healthy Connections
MEDICAID

Please select a provider to work with:

Logout | Home

Change PWD | Reports | Eligibility | Claims Entry | **Claim Submission** | Lists | History

Claim Submission Welcome [Name] Your IP address [IP] has been logged.

Contact Information

*Name: [\[Get from List\]](#)

*Address:

*City: *State: *Zip:

*Area Code:

*Phone: Extension:

Form filling information

- Required fields are denoted by *.
- A Claim Type selection is required.
- Enter digits only for the Area Code (i.e. 803) for the area code, and 1231234 for the local part!
- The Phone Number may be entered as either 1231234 or formatted as 123-1344.
- The Phone Extension is optional but may contain up to 6 digits.

Claim Submission Information (2 records)

Select Claim Type	Claim Type	Number Of Claims	Total Of Claims
<input type="radio"/>		0	0
<input checked="" type="radio"/>	CMS 1500	4	\$1,257.00
<input type="radio"/>	UB-04	2	\$200.00

Select the Claim Type.

Click Submit for all CMS 150 claims in the batch.

For support, contact the South Carolina Center
Phone: (803) 293-6700, Fax: (803) 570-9021, Email: EDG.OPS.MCAD@palmettohs.com

Claim Submission *(cont.)*

SOUTH CAROLINA
Healthy Connections
MEDICAID

Please select a provider to work with:
[Dropdown Menu] [Select]

Logout | Home

Change PWD | Reports | Eligibility | Claims Entry | Claim Submission | Lists | History

Claim Submission | Welcome [User Name] | Your IP address, [IP Address] has been logged.

You have selected 2 claim(s) totaling 1078.00 and the balance due totaling 1078.00.
Do you want to submit these claims?

For support, contact the South Carolina Center
Phone: (800) 289-0700, Fax: (803) 870-0021, Email: EDIO.OPS-MCAD@palmettogba.com

To submit,
select
Confirm and
Submit
Claims.

If not ready
to submit,
click Cancel.

Electronic Remittance Advice

Electronic Admittance Advice

Change PWD | **Reports** | Eligibility | Claims Entry | Claim Submission | Lists | History

CMS-1500 Pending Claims Welcome [redacted] Your IP address, [redacted] has been logged.

ICD-10 Coded Claim ▾ Enter New Claim Search Name

Provider 1003076423 has no professional claims yet to be submitted to SC Medicaid

- Visit the "History" page(s) to view already submitted claims, or
- Enter a new claim

Select the Reports tab.

Electronic Remittance Advice (cont.)

South Carolina Healthy Connections MEDICAID

Please select a provider to work with:

Logout | Home

Change PWD | Reports | Eligibility | Claims Entry | Claim Submission | Lists | History

Payment Remittances | Welcome [username] | Your IP address, [IP], has been logged.

Remittances for: (1952626517)

06-10-2019	12-14-2018	07-20-2018	02-23-2018	09-22-2017	04-28-2017	12-09-2016	07-22-2016
05-03-2019	12-07-2018	07-13-2018	02-16-2018	09-15-2017	04-21-2017	12-02-2016	07-15-2016
04-26-2019	11-30-2018	07-06-2018	02-02-2018	09-08-2017	04-14-2017	11-25-2016	07-08-2016
04-19-2019	11-23-2018	06-29-2018	01-26-2018	09-01-2017	04-07-2017	11-18-2016	07-01-2016
04-12-2019	11-16-2018	06-22-2018	01-19-2018	08-25-2017	03-31-2017	11-11-2016	06-24-2016
04-05-2019	11-09-2018	06-15-2018	01-12-2018	08-18-2017	03-24-2017	11-04-2016	06-17-2016
03-29-2019	11-02-2018	06-08-2018	12-29-2017	08-04-2017	03-17-2017	10-28-2016	06-10-2016
03-22-2019	10-26-2018	05-31-2018	12-22-2017	07-28-2017	03-10-2017	10-21-2016	06-03-2016
03-15-2019	10-19-2018	05-24-2018	12-15-2017	07-21-2017	03-03-2017	10-14-2016	05-27-2016
03-08-2019	10-12-2018	05-18-2018	12-08-2017	07-14-2017	02-24-2017	10-07-2016	05-20-2016
03-01-2019	10-05-2018	05-11-2018	12-01-2017	07-07-2017	02-17-2017	09-30-2016	05-13-2016
02-22-2019	09-28-2018	04-27-2018	11-24-2017	06-30-2017	02-10-2017	09-23-2016	05-06-2016
02-15-2019	09-21-2018	04-20-2018	11-17-2017	06-23-2017	02-03-2017	09-16-2016	04-30-2016
02-08-2019	09-14-2018	04-13-2018	11-10-2017	06-16-2017	01-27-2017	09-09-2016	04-23-2016
01-25-2019	09-07-2018	04-06-2018	11-03-2017	06-09-2017	01-20-2017	09-02-2016	04-16-2016
01-18-2019	08-31-2018	03-30-2018	10-27-2017	06-02-2017	01-13-2017	08-26-2016	04-09-2016
01-11-2019	08-24-2018	03-23-2018	10-20-2017	05-26-2017	01-06-2017	08-19-2016	04-02-2016
01-04-2019	08-17-2018	03-16-2018	10-13-2017	05-19-2017	12-30-2016	08-12-2016	03-26-2016
12-28-2018	08-03-2018	03-09-2018	10-06-2017	05-12-2017	12-23-2016	08-05-2016	03-19-2016
12-21-2018	07-27-2018	03-02-2018	09-29-2017	05-05-2017	12-16-2016	07-29-2016	03-12-2016

Do you want to open or save REMIT [filename].pdf from portalscmcdicaid.com?

Electronic Remittance Advice (cont.)

Please select a provider to work with: [Logout](#) | [Home](#) | [Contact](#)

South Carolina Health & Human Services

Change PWD mit

PROVIDER ID.	DEPT OF HEALTH AND HUMAN SERVICES	PROFESSIONAL SERVICES	PAYMENT DATE	PAGE						
AS00080000		REMITTANCE ADVICE	02/14/2014	1						
SOUTH CAROLINA MEDICAID PROGRAM										
PROVIDERS	CLAIM	SERVICE RENDERED	AMOUNT	TITLE 19(S)	RECIPIENT	RECIPIENT NAME	IN	TLR. 18	COFAY	TITLE
OWN REF.	REFERENCE	DATE(S)	BILLED	PAYMENT(T)	ID.	IF M	O	ALLOWED	AMT	19
NUMBER	NUMBER	PT IND(MDDYY)	PROC.	(MEDICAID(S)	NUMBER	I I LAST NAME	D	CHARGES	(PAYMENT)	
IAB81AA	1403004803012700A			27.00	6.72	P1111233333	M	CLARK		
	01	101713	171010	27.00	6.72	P			0.00	0.00
IABR2AA	1403004804012700A			259.00	0.00	S1111233333	M	CLARK		
	01	101713	174176	259.00	0.00	S			0.00	0.00
IAB83AA	1403004805012700A			24.00	0.00	R1111233333	M	CLARK		
	01	071913	1A5120	12.00	0.00	R			0.00	0.00
	02	071913	1A4927	12.00	0.00	R			0.00	0.00
TOTALS:				310.00					0.00	0.00
				\$6.72						
FOR AN EXPLANATION OF THE ERROR CODES LISTED ON THIS FORM REFER TO: "MEDICAID PROVIDER MANUAL".		CERT. PG TOT	MEDICAID PG TOT	STATUS CODES:		PROVIDER NAME AND ADDRESS				
		\$0.00	\$286.44	F = PAYMENT WAIVE	ABC HEALTH PROVIDER					
		CERTIFIED AMT	MEDICAID TOTAL	B = REJECTED	PO BOX 000000					
				S = IN PROCESS	FLORENCE SC 00000					
				E = ENCOUNTER						
IF YOU STILL HAVE QUESTIONS:										

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

