

# Pharmacist Provider Training: How to File a CMS 1500 Claim

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# 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](http://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

CLAIMS COMMUNICATIONS APPEALS FRAUD CONTACT



MEMBERS

PROVIDERS

APPLY FOR MEDICAID

Enter Search Terms

SEARCH

## Healthy Connections is SC's Medicaid Program.

Healthy Connections Medicaid provides health coverage for eligible residents of South Carolina.

[Get Started »](#)

### Not looking for Medicaid?

In South Carolina, vital and immunization records, healthcare regulations and permitting, and programs like SNAP and TANF are overseen by different agencies.

[Agency Guide](#)

## Step 1: Click on Providers.

# Step 2

HOME / PROVIDERS

## Providers



Become a Medicaid  
Provider »



Log in to Medicaid Web  
Portal »



Contact a Provider  
Representative »

Can I pay fees online?

SEARCH

### PROVIDERS

- Manuals +
- Fee Schedules
- Provider Enrollment +
- Managed Care
- Revalidation
- Trainings
- Contact a Provider Representative
- Provider Appeals
- All Patient Refined Diagnosis Related Groups (APR-DRG)

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.

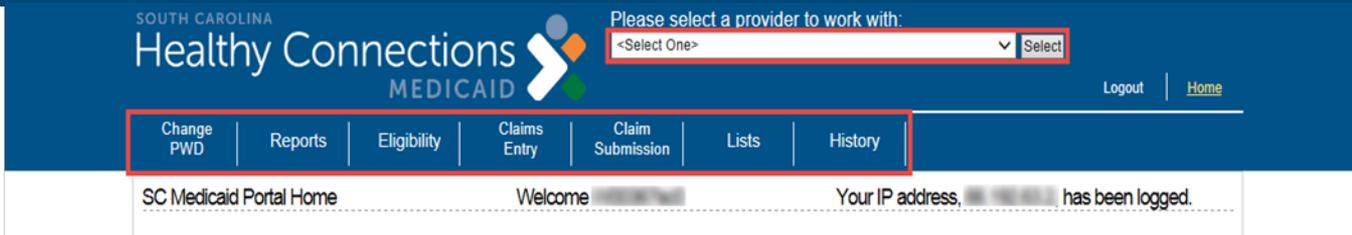
*Password Lockout Policy*

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: (888) 289-0709 Option 1, Fax: (803) 870-9021, Email: EDIG.OPS-MCAID@BCBSSC.COM

Complete User Name and Password fields.  
Click on Log-In.

# Step 4



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.

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

# Eligibility Status

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

SC Medicaid Portal Home      Welcome [redacted]      Your IP address, [redacted], 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.)

SOUTH CAROLINA  
Healthy Connections  
MEDICAID

Please select a provider to work with:  
CARE PRO HEALTH SERVICES - 1003076423 Select

Logout | Home

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

SC Medicaid Portal Home

Single Query  
Multiple Queries

st05 Your IP address, has been logged.

**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.

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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
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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 [redacted]

### Beneficiary Data

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

### Eligibility or Benefit Information

Beneficiary is:	<b>INELIGIBLE</b>	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.

# Eligibility Status

The screenshot shows the SC Medicaid Portal Home page. The browser address bar displays <https://portal.scmcaid.com/provider/home>. The page header includes the South Carolina Medicaid logo and a provider selection dropdown menu set to 'CARE PRO HEALTH SERVICES - 1003076423'. A navigation menu contains links for 'Change PWD', 'Reports', 'Eligibility', 'Claims Entry', 'Claim Submission', 'Lists', and 'History'. The 'Eligibility' link is active, and a sub-menu is open with 'Single Query' and 'Multiple Queries' options. The 'Multiple Queries' option is highlighted with a red box. Below the navigation, a message states 'Your IP address, [redacted] has been logged.' The main content area features three announcements: 1) '\*\*\*\*ALERT\*\*\*\* SCHEDULED SYSTEM MAINTENANCE' dated Wednesday, June 21, 2023, regarding the unavailability of the SC Web Submission Tool on Friday, 07/14/2023. 2) 'MEDICAID ANNUAL ELIGIBILITY REVIEWS' dated Friday, June 9, 2023, informing providers that annual reviews have restarted and providing instructions on how to update contact info and submit reviews. 3) 'PAYMENT SCHEDULE CHANGE FOR WEEK OF MAY 7-MAY 12, 2023' dated Wednesday, May 3, 2023, detailing changes to the payment schedule for the week of May 7-12, 2023, and the return to normal for the week of May 19, 2023.

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



# Eligibility Verification Inquiry

Eligibility Verification Inquiry

Welcome [REDACTED]

Your IP address, [REDACTED], 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 ▼	[REDACTED]	<input type="text"/>	<input type="text" value="07/12/2023"/>	Medicaid ▼	[REDACTED]	<input type="text"/>
<input type="text" value="07/12/2023"/>	Medicaid ▼	[REDACTED]	<input type="text"/>	<input type="text" value="07/12/2023"/>	Medicaid ▼	[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"/>
<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"/>
<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"/>
<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"/>
<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"/>
<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"/>
<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"/>
<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"/>
<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
<input type="checkbox"/>	[REDACTED]	[REDACTED]	10/07/1980	ELIGIBLE	FEMALE	07/12/2023
<input type="checkbox"/>	[REDACTED]	[REDACTED]	11/29/1970	ELIGIBLE	FEMALE	07/12/2023

Sel	MID	Name	DOB	Status	Gender	DOS
<input type="checkbox"/>	[REDACTED]	[REDACTED]	04/29/2009	ELIGIBLE	MALE	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

SOUTH CAROLINA

Healthy Connections  
MEDICAID

Please select a provider to work with:

Logout | Home

Change  
PWD

Reports

Eligibility

Claims  
Entry

Claim  
Submission

Lists

History

SC Medicaid Portal Home

Welcome

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-
  - To enter a claim (professional or hospital), select the appropriate claim
  - 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
  - To look for claims you have submitted via the Portal, select **Search S**
- group of claims submitted all at once), select **CMS-1500 Submitted**

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.

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

Payers

claims by batch (a  
menu.

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

# How to Build a List *(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 selecting a provider. Below the navigation bar, there are several menu items: Change PWD, Reports, Eligibility, Claims Entry, Claim Submission, Lists, and History. The main content area displays a welcome message and a list of instructions for users. A dropdown menu is open, showing various options for building a list, with 'ICD-10 Surgical Codes' highlighted in red. Below the dropdown, there is an FAQ section with a question and answer regarding user login IDs.

SC Medicaid Portal Home Welcome [Name] 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.
- 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 group of claims submitted all at once, select **CMS-1500 Submitted Batch**.

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.

**Beneficiary**

**Provider**

**Insured**

**Contact**

**Condition Codes**

**ICD-9 Diagnosis Codes**

**ICD-10 Diagnosis Codes**

**HCPCS/CPT-4 Codes** by batch (a)

**ICD-9 Surgical Codes**

**ICD-10 Surgical Codes**

**Modifier Codes**

**Occurrence Codes**

**Value Codes**

**Revenue Codes**

**Payers**

Select Diagnosis Codes to begin building a list.

# CMS Form 1500 Claims Entry

# Claims Entry

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 [redacted]      Your IP address, [redacted] 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.
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- 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

Testing 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.

s) 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

ot all of 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.)

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.

**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	55.00	2019-05-07	Y	
<input type="checkbox"/> 8100467	10	Sample, Mister		2222222222		2019-05-07	N	
<input type="checkbox"/> 8100472	10	Scenario, 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	Claim, Completed		5555555555	150.00	2019-05-07	N	

For support, contact the South Carolina Center  
 Phone: (888) 289-0709 Option 1, Fax: (803) 870-9021, Email: [EDIG.OPS-MCAID@BCBSSC.COM](mailto:EDIG.OPS-MCAID@BCBSSC.COM)

**CMS-1500 Pending Claims**

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:  
[Dropdown Menu] 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.   [Text Box]   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	<no name>				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, Mister		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 type="checkbox"/> 8100867	10	Claim, Completed		5555555555	150.00	2019-05-07	N	[Redacted]

For support, contact the South Carolina Center  
Phone: (888) 289-0709 Option 1, Fax: (803) 870-9021, Email: [EDIG.OPS-MCAID@BCBSSC.COM](mailto: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.)*

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

## 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) 289-0709, Fax: (803) 870-9021, Email: [EDIG.OPS-MCAID@palmettogba.com](mailto:EDIG.OPS-MCAID@palmettogba.com)

Complete the fields in the Beneficiary Information section.

# Claims Entry (cont.)

CMS-1500 Claim Entry - ICD 9

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

Street Addr.

Medical Record Number Patie

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

Gender  
UNKNOWN

Continue

Select a  
Medicaid ID to  
populate the  
fields.

For support, contact the So  
Phone: (888) 289-0709, Fax: (803) 870-9021, Email:

# Claims Entry *(cont.)*

SOUTH CAROLINA

Healthy Connections  
MEDICAID



Logout | Home

Change PWD

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Claims Entry

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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"/>				

For support, contact the South Carolina Center  
Phone: (888) 289-0709, Fax: (803) 870-9021, Email: [EDIG.OPS-MCAID@palmettogba.com](mailto:EDIG.OPS-MCAID@palmettogba.com)

SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES

Healthy Connections  
MEDICAID



# 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

### 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

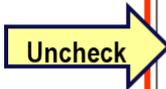
### Rendering Provider [\[Get from List\]](#)

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

\*Organization or Last Name

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

Continue



For support, contact the South Carolina Center  
Phone: (888) 289-0709, Fax: (803) 870-9021, Email: EDIG.OPS-MCAID@palmettogba.com

# 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

### 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

[Select One]

### Other Info

MHN Referral Number

Prior Authorization Number

Continue

For support, contact the South Carolina Center  
Phone: (888) 289-0709, Fax: (803) 870-9021, Email: EDIG.OPS-MCAID@palmettogba.com

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

# Claims Entry *(cont.)*

SOUTH CAROLINA



Logout | Home

Change PWD

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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

Clear

Continue

For support, contact the South Carolina Center  
Phone: (888) 289-0709, Fax: (803) 870-9021, Email: [EDIG.OPS-MCAID@palmettogba.com](mailto:EDIG.OPS-MCAID@palmettogba.com)

## Enter Diagnosis Codes.

SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES



# Claims Entry (cont.)

Enter Detail Line Information.

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

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] v

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

Emergency?       EPSDT - Family Planning: v      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

Select Place of Service as 01 – Pharmacy.

For support, contact the South Carolina Center  
Phone: (888) 289-0709, Fax: (803) 870-9021, Email: EDIG.OPS-MCAID@palmettogba.com



# Claims Entry *(cont.)*

SOUTH CAROLINA



Logout | Home

Change PWD

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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:

Select Type and Description

There is no data to display.

For support, contact the South Carolina Center  
Phone: (888) 289-0709, Fax: (803) 870-9021, Email: [EDIG.OPS-MCAID@palmettogba.com](mailto:EDIG.OPS-MCAID@palmettogba.com)

## No documents are required.

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# 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

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

\*Insured Last Name      Insured First Name      \*Relation to Insured (RI)  
[REDACTED]      [REDACTED]      [Please Select One] ▼

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

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

Denial?

Denial Reason Code (DRC)  
[Please Select One]

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

< [REDACTED] >  
Save      Clear

There is no data to display.

Copy Sel. Records      Delete Sel. 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 elements: the South Carolina Medicaid logo, a dropdown menu for provider selection, and links for Logout and Home. Below the navigation bar is a menu with several options: Change PWD, Reports, Eligibility, Claims Entry, Claim Submission (highlighted with a red box), Lists, and History. The main content area displays a welcome message and a list of instructions for using the portal. Below the instructions 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 Claim Submission.

# Claim Submission (cont.)

SOUTH CAROLINA

Healthy Connections  
MEDICAID



Please select a provider to work with:

 Select

Logout | Home

Change PWD

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Claim Submission

Welcome [User Name]

Your IP address, [IP Address] 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.

Submit Edit Cancel

## 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: (888) 289-0709, Fax: (803) 870-9021, Email: [EDIG.OPS-MCAID@palmettogba.com](mailto:EDIG.OPS-MCAID@palmettogba.com)

Complete Contact Information section or select from lists.



# Claim Submission (cont.)

SOUTH CAROLINA

Healthy Connections  
MEDICAID

Please select a provider to work with:

 Select

Logout | Home

Change  
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Claim Submission

Welcome [redacted]

Your IP address, [redacted] 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.

Submit Edit Cancel

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: (888) 289-0709, Fax: (803) 870-9021, Email: EDIG.OPS-MCAID@palmettogba.com

Select the  
Claim Type.

Click Submit  
for all CMS  
150 claims  
in the batch.

SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES

Healthy Connections  
MEDICAID

# Claim Submission *(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

Claim Submission

Welcome [REDACTED]

Your IP address, [REDACTED] 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?

Confirm and Submit Claims

Cancel

To submit,  
select  
Confirm and  
Submit  
Claims.

If not ready  
to submit,  
click Cancel.

For support, contact the South Carolina Center  
Phone: (888) 289-0709, Fax: (803) 870-9021, Email: [EDIG.OPS-MCAID@palmettogba.com](mailto:EDIG.OPS-MCAID@palmettogba.com)

SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES

Healthy Connections  
MEDICAID



# 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    [input]    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:  
[Dropdown menu] [Select]

Logout | Home

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

Payment Remittances Welcome [User Name] Your IP address, [IP Address] has been logged.

Remittances for: (1952626517)

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

Do you want to open or save REMIT [REDACTED] pdf from portal.scmicaid.com?

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**Select the e-Remit you wish to view/print/download from the list.**

**Select the Open button to view your e-Remit.**

# Electronic Remittance Advice (cont.)



Please select a provider to work with:

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PROVIDER ID.	PROFESSIONAL SERVICES										PAYMENT DATE	PAGE
AB00080000	DEPT OF HEALTH AND HUMAN SERVICES										02/14/2014	1
	REMITTANCE ADVICE											
	SOUTH CAROLINA MEDICAID PROGRAM											
PROVIDERS	CLAIM	SERVICE RENDERED	AMOUNT	TITLE 19	RECIPIENT	RECIPIENT NAME	M	TLB. 18	COPAY	TITLE		
OWN REF.	REFERENCE	DATE(S)	BILLED	PAYMENT	ID.	F M	O	ALLOWED	AMT	18		
NUMBER	NUMBER	PY IND	MDDYY	PROC.	MEDICAID	S	NUMBER	I I LAST NAME	D	CHARGES	PAYMENT	
ABB1AA	1403004803012700A		27.00	6.72	P	1112233333	M	CLARK				
	01	101713	71010	27.00	6.72	P			026	0.00	0.00	
ABB2AA	1403004804012700A		259.00	0.00	S	1112233333	M	CLARK				
	01	101713	74176	259.00	0.00	S			026	0.00	0.00	
ABB3AA	1403004805012700A		24.00	0.00	R	1112233333	M	CLARK			0.00	
	01	071913	A5120	12.00	0.00	R			000		0.00	
	02	071913	A4927	12.00	0.00	R			000		0.00	
Edits: L00 946 L02 852 08/30/13												
TOTALS			3	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	\$286.46	P = PAYMENT MADE	ABC HEALTH PROVIDER						
					R = REJECTED	PO BOX 000000						
					S = IN PROCESS	FLORENCE SC 00000						
IF YOU STILL HAVE QUESTIONS			CERTIFIED AMT	MEDICAID TOTAL	E = ENCOUNTER							

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

