

Claims Training for DDSN Waiver Providers

February 8, 2022

Medicaid Basics

Agenda:

- > Claims 101
- > Claim Filing Options
- > Remittance Advice
- > Resources

Claims 101

Claims 101

Objectives

To gain an understanding of the required components of a 1500 claim for services rendered by DDSN Waiver Providers:

- > Beneficiary Information
- > Provider Information
- > Diagnosis Codes
- > Detail Lines

Claims 101

Beneficiary Information

The demographic information on the beneficiary, or patient, for whom you have provided services.

Required Data Elements

- > Medicaid Number
- > Date of Birth
- > Last Name

Recommended or Optional

- > First Name
- > Gender

Claims 101

Provider Information

The demographic information for the billing provider. Rendering provider information is not required.

Required

- > NPI
- > Taxonomy
- > Zip Code
- > Organization Name

Claims 101

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. The current version* is ICD-10 and includes over 70,000 unique codes.

Claims 101

Who assigns a diagnosis code?

Only a medical professional can diagnose a patient, which would be translated to an official ICD10 diagnosis code by either the medical professional or a certified coder on their staff.

Diagnosis codes are often found in a patient's medical records, particularly in any formal review or evaluation.

Claims 101

Diagnosis Code Information

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

Required

- > Primary Diagnosis

Optional

- > Secondary Diagnosis
- > Additional Diagnoses

Claims 101

Detail Line Information

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

Required Information

We just covered the minimum required information for claims consideration. However, a claim form has hundreds of data elements. Let's pause for questions.

HEALTH INSURANCE CLAIM FORM
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

NUCC Instruction Manual available at: www.nucc.org PLEASE PRINT OR TYPE APPROVED OMB-0938-1197 FORM 1500 (02-12)

Claim Filing Options

Claim Filing Options

Claim Filing Methods

> Paper

> Electronic

- South Carolina Medicaid Web-based Claims Submission Tool
- Clearinghouse
- Other Electronic Media

Paper Claims

Paper Claims

Claim Forms

You will need to utilize an approved paper claim form. Please note that neither SCDHHS or CMS provide paper claim forms. They can be ordered from countless office supply companies.

You cannot print your own. Claim forms are no longer keyed by individuals, they are instead scanned and translated via Optical Character Recognition systems.

These systems are highly sophisticated and calibrated to read every field on a claim form.

Paper Claims

Requirements

- Must utilize official red claim forms printed in Flint OCR Red J6983.
- Must use black or blue ink.
- Must submit via USPS Mail to:
 - Medicaid Claims Receipt
Post Office Box 1412
Columbia, SC 29202-1412

SCDHHS Web Tool

www.MedicaideLearning.com

Claim Filing Options

Web Tool Requirements

> Computer

- ISP and Internet connection
- Internet Explorer; Firefox; Safari; or Google Chrome with 128-bit encryption

> Trading Partner Agreement

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

> Compliant with HIPAA Privacy Requirements

- <https://www.hhs.gov/hipaa/index.html>

> Web Tool is available 24 hours/day, 7 days per week at no cost

Claim Filing Options

Web Tool Functions

- > Lists
- > Claims Entry
- > Claim Submission
- > History
- > Status
- > Eligibility
- > Electronic Remittance Advice



Apply for South Carolina Medicaid
Use the new online application for Healthy Connections, our program for better care, better value and better health.

Visit the Federal Marketplace
Learn if you qualify for federal assistance in purchasing health insurance at HealthCare.gov.

AGENCY COMMUNICATIONS

February 2, 2016 - 10:07am

Ambulance Services Provider Manual Update

An update to sections three and four of the Ambulance Services Provider Manual will make a clear...

February 1, 2016 - 8:49am

Meaningful Use Modifications Webinar

The South Carolina Department of Health and Human Services (SCDHHS) will host a live webinar...

January 28, 2016 - 5:12pm

Autism Spectrum Disorder Services Interim Process - Phase Two

Effective Feb. 1, 2016, the South Carolina

RESOURCES

Electronic Data Interchange (EDI)

Electronic claims are processed faster and more accurately than those received by mail. SCDHHS will provide an electronic response indicating that...

Provider Enrollment and Screening Requirements

Be licensed by the appropriate licensing body, certified by the standard-setting agency, and/or other pre-contractual approval processes established...

File Appeals & Reschedule/Cancel Hearings Online

You can now file your appeal online and make

HEALTH DATA TRANSPARENCY

South Carolina
Health Data

Visit the agency's new health data transparency website, SCHealthData.org



Find Health Rankings for Your County

Accessing the Webtool from
www.scdhhs.gov

Home

Provider Information

MEDICAID WEB PORTAL LOGIN

- [Medicaid Web-based Claims Submission Tool Login](#)

PROVIDER ENROLLMENT INFORMATION

- Enrollment Information
- Enrollment Revalidation
- Online Enrollment Application Introduction Video (1 minute)
- Online Enrollment Application Visual Guide

PROVIDER QUICK LINKS

- [FAQs for Secure Email Users](#)
- [Production Calendar](#)
- [Online Enrollment Application](#)
- [Online Application Fee Payment](#)
- [Provider Outreach Calendar](#)
- [Provider Appeals](#)

Sign up to receive the latest news and updates.

SUBSCRIBE

LATEST PROVIDER BULLETINS

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) - Orthodontic Services

Dec 30, 2021

Changes to Third-Party Liability Policy

Dec 16, 2021

Non-Emergency Medical Transportation Provider Requirements

Dec 9, 2021

Rate Increases for Certain Incontinence Supplies and DAODAS and ASD Services

Dec 2, 2021

Prior Authorization for Transplant Services

Dec 1, 2021

Update to Coronavirus Disease 2019 (COVID-19) Vaccine Administration Coverage to include Pediatric Coverage, Updated Booster Eligibility

Nov 9, 2021

Accessing the Webtool from
www.scdhhs.gov

User Name Password Show Password



SC Medicaid Portal Home

User IP address

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,
- Enter and submit claims for Medicaid services,
- View the Status of your claims,
- Check on the eligibility of your Medicaid services.



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

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.
- 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.



Please select a provider to work with:
<Select One> Select

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

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

No Provider Selected
Select one using the drop-down menu above to enter new claims or change claims not yet submitted.

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

Functions

- > **Lists**
- > **Claims Entry**
- > **Claim Submission**
- > **History**
- > **Status**
- > **Eligibility**
- > **Electronic Remittance Advice (e-Remit)**

Lists

List Types

CMS-1500 Lists:

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

<Select One> Select

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

SC Medicaid Portal Home Welcome

Welcome to the South Carolina Medicaid Web Portal.

- To update your password, click the [Change PWD](#) link.
- To download a list of claims, click the [Download Claims](#) link.
- To enter a new claim, click the [New Claim](#) link.
- To submit a claim, click the [Submit Claim](#) link.
- To view a claim, click the [View Claim](#) link.
- To check on a claim, click the [Check Claim](#) link.
- To look for claims you have submitted through the Portal, select [Search Submitted](#) (to search for a group of claims submitted all at once), select [CMS-1500 Submitted](#) (to search for individual claims).



- 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**

has been logged

browse claims by batch (a
e 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 One> Select

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

SC Medicaid Portal Welcome [User Name] has been logged out

We

- To update your profile information, click the **Change PWD** link.
- To download or print claim statements, please click the **Download** 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 **Eligibility** link.
- To look for claims you have submitted via the Portal, select **Search** (to search for a single claim), select **Batch Search** (to browse claims by batch (a group of claims submitted all at once), select **CMS-1500 Submitted** (to view claims submitted via CMS-1500).



- 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

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 List Management Welcome [REDACTED] Your IP address, [REDACTED] has been logged.

*Medicaid ID: *Date Of Birth: Gender: Active:

*First Name: MI: *Last Name:

Address: City: State: Zip Code:

Account Number: Record Number:

Created By: [REDACTED] Date Added: 11/09/2015

Add Beneficiary Information

Press one of the Show or Add buttons below.

View your current Beneficiary List.

No.	First Name	MI	Last Name	Medicaid ID	Account Number	Re	Created	Date Added	Edit	Delete
1	AULONA		[REDACTED]	[REDACTED]			[REDACTED]	2011-07	Edit	Delete
2	JOAN		[REDACTED]	[REDACTED]			[REDACTED]	2011-03	Edit	Delete
3	LINDA		[REDACTED]	[REDACTED]			[REDACTED]	2011-05	Edit	Delete
4	LORI		[REDACTED]	[REDACTED]		Active	[REDACTED]	2011-01	Edit	Delete
5	SHONDA		[REDACTED]	[REDACTED]		Active	[REDACTED]	2011-02	Edit	Delete
6	HAROLD		[REDACTED]	[REDACTED]		Active	[REDACTED]	2011-01	Edit	Delete

[Change PWD](#)

[Reports](#)

[Eligibility](#)

[Claims Entry](#)

[Claim Submission](#)

[Lists](#)

[History](#)

Beneficiary List Management

Welcome **XXXXXXXXXX**

Your IP address, **XX.XX.XX.XX** has been logged.

● Medicaid ID:	<input type="text" value="1234567890"/>	● Date Of Birth:	<input type="text" value="07/26/2000"/>	Gender:	<input type="text" value="Unknown"/>	Active:	<input checked="" type="checkbox"/>
● First Name:	<input type="text" value="George"/>	MI:	<input type="text"/>	● Last Name:	<input type="text" value="Carver"/>		
Address:	<input type="text"/>	City:	<input type="text"/>	State:	<input type="text" value="SC"/>	Zip Code:	<input type="text"/>
Account Number:	<input type="text"/>	Record Number:	<input type="text"/>				
Created By:	UATest12		Date Added:				
<input type="button" value="Add"/> <input type="button" value="Clear"/>							

Press one of the Show

Click ADD to add name to your list.

Beneficiary List Management Welcome [redacted] Your IP address, [redacted] has been logged.

*Medicaid ID: *Date Of Birth: Gender: Active:

*First Name: MI: *Last Name:

Address: City: State: Zip Code:

Account Number: Record Number:

Created By: [redacted] Date Added:

Press one of the Show or Add buttons below.



No.	First Name	MI	Last Name	Medicaid ID	Account Number	Record Number	Status	User Created	Date Added	Edit	Delete
1	AULONA		[redacted]	[redacted]			Active	[redacted]	201 -07	Edit	Delete
2	JOAN		[redacted]	[redacted]			Active	[redacted]	201 -03	Edit	Delete
3	LORI		[redacted]	[redacted]			Active	[redacted]	201 -01	Edit	Delete
4	SHONDA		[redacted]	[redacted]			Active	[redacted]	201 -02	Edit	Delete
5	LINDA		[redacted]	[redacted]			Active	[redacted]	201 -05	Edit	Delete
6	HAROLD		[redacted]	[redacted]			Active	[redacted]	201 -01	Edit	Delete

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

Beneficiary List Management Welcome [redacted] Your IP address, [redacted] has been logged.

*Medicaid ID: *Date Of Birth: Gender: Active:

*First Name: MI: *Last Name:

Address: City: State: Zip Code:

Account Number: Record Number:

Created By: [redacted] Date Added:

Press one of the Show or Add buttons below.

-
-
-



No.	First Name	MI	Last Name	Medicaid ID	Account Number	Date Added	Edit	Delete
1	AULONA		[redacted]	[redacted]			<input type="button" value="Edit"/>	<input type="button" value="Delete"/>
2	JOAN		[redacted]	[redacted]		201 -03	<input type="button" value="Edit"/>	<input type="button" value="Delete"/>
3	LORI		[redacted]	[redacted]		201 -01	<input type="button" value="Edit"/>	<input type="button" value="Delete"/>
4	SHONDA		[redacted]	[redacted]	Active	201 -02	<input type="button" value="Edit"/>	<input type="button" value="Delete"/>
5	LINDA		[redacted]	[redacted]	Active	201 -05	<input type="button" value="Edit"/>	<input type="button" value="Delete"/>
6	HAROLD		[redacted]	[redacted]	Active	201 -01	<input type="button" value="Edit"/>	<input type="button" value="Delete"/>

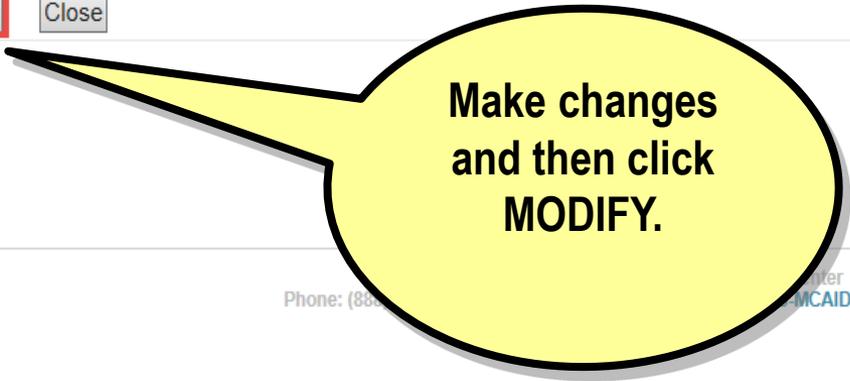
- Change PWD
- Reports
- Eligibility
- Claims Entry
- Claim Submission
- Lists
- History

Beneficiary List Management

Welcome [Redacted]

Your IP address, [Redacted] has been logged.

*Medicaid ID:	[Redacted]	*Date Of Birth:	[Redacted]	Gender:	[Redacted] v	Active:	<input checked="" type="checkbox"/>
*First Name:	[Redacted]	MI:	[Redacted]	*Last Name:	[Redacted]		
Address:	[Redacted]	City:	[Redacted]	State:	[Redacted] v	Zip Code:	[Redacted]
Account Number:	[Redacted]	Record Number:	[Redacted]				
Created By:	[Redacted]	Date Added:	07-20-2012	Modified By:		Date Modified:	
<input type="button" value="Modify"/>	<input type="button" value="Close"/>						



Beneficiary List Management

Welcome [REDACTED]

Your IP address, [REDACTED] has been logged.

*Medicaid ID: *Date Of Birth: Gender: Active:

*First Name: MI: *Last Name:

Address: City: State: Zip Code:

Account Number: Record Number:

Created By: [REDACTED] Date Added: 11/09/2015



Press one of the Show or Add buttons below.

No.	First Name	MI	Last Name	Medicaid ID	Account Number	Record Number	Status	User Created	Date Added	Edit	Delete
1	LINDA		[REDACTED]	[REDACTED]			Active	[REDACTED]	2011-05	<input type="button" value="Edit"/>	<input type="button" value="Delete"/>
2	AULONA	[REDACTED]	[REDACTED]	[REDACTED]			Active	[REDACTED]	2011-07	<input type="button" value="Edit"/>	<input type="button" value="Delete"/>
3	JOAN		[REDACTED]	[REDACTED]			Active	[REDACTED]	2011-03	<input type="button" value="Edit"/>	<input type="button" value="Delete"/>
4	HAROLD		[REDACTED]	[REDACTED]			Active	[REDACTED]	2011-01	<input type="button" value="Edit"/>	<input type="button" value="Delete"/>
5	LORI		[REDACTED]	[REDACTED]			Active	[REDACTED]	2011-01	<input type="button" value="Edit"/>	<input type="button" value="Delete"/>
6	SHONDA		[REDACTED]	[REDACTED]			Active	[REDACTED]	2011-02	<input type="button" value="Edit"/>	<input type="button" value="Delete"/>

Beneficiary List Management

Welcome [blurred]

Your IP address, [blurred] has been logged.

*Medicaid ID: *Date Of Birth: Gender: Active:

*First Name: MI: *Last Name:

Address: City: State: Zip Code:

Account Number: Record Number:

Created By: [blurred] Date Added: 11/09/2015

Message from webpage

Another user may have added this list entry. Are you sure you wish to delete it?

Press one of the Show or Add buttons

No.	First Name	MI	Last Name	Medicaid ID	Account Number	Record Number	Status	User Created	Date Added	Edit	Delete
1	LINDA		[blurred]	[blurred]			Active	[blurred]	201 -05	Edit	Delete
2	AULONA	[blurred]	[blurred]	[blurred]			Active	[blurred]	201 -07	Edit	Delete
3	JOAN		[blurred]	[blurred]			Active	[blurred]	201 -03	Edit	Delete
4	HAROLD		[blurred]	[blurred]			Active	[blurred]	201 -01	Edit	Delete
5	LORI		[blurred]	[blurred]			Active	[blurred]	201 -01	Edit	Delete
6	SHONDA		[blurred]	[blurred]			Active	[blurred]	201 -02	Edit	Delete

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

SC Medicaid Portal Home Welcome [User Name]

- 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

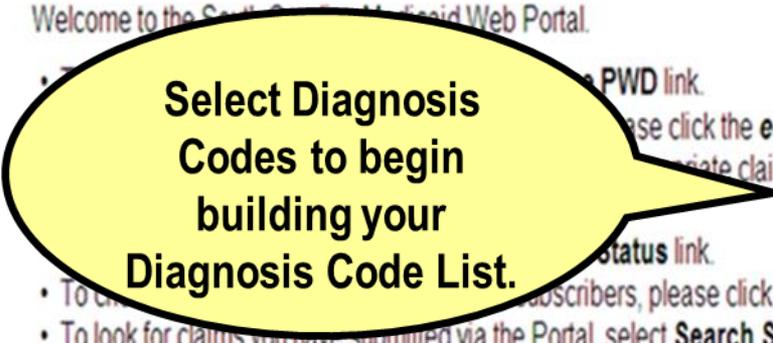
Welcome to the South Carolina Medicaid Web Portal.

- To change your password, click the [Change PWD link](#).
- To search for claims you have submitted, please click the [Search Submitted Claims 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** (to search for individual claims), and click the [Search link](#).
- To view the status of your claims, click the [Claims Status link](#).
- To view the status of your claims, click the [Claims Status link](#).
- To view the status of your claims, click the [Claims Status link](#).

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.



ICD-10 Diagnosis Code List Management

Welcome [redacted]

Your IP address, [redacted] has been logged.

*ICD-10 Diagnosis Code:

*New Description:

Add Clear

Code	Description	Status	User Created		
1111111	Pretend	A	[redacted]	Edit	Delete
1234567	Test 1	A	[redacted]	Edit	Delete
7654321	Sample 2	A	[redacted]	Edit	Delete

Add Code then click ADD

[Show All](#)

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

This concludes the section on Lists. Before we discuss claims entry, let's pause for any questions.

1500 Claims Entry

- 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.

**Claims Entry
CMS-1500**

Additional options are available from the Menu on the Web Tool

TESTING REQUIREMENTS FOR ICD-10

Requirements for ICD-10
Service and/or Date of Discharge for a claim submitted with ICD-9 code(s) must be prior to 04-01-2015.
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 end of the calendar year. Claims with future dates will be rejected.
Claims must contain only ICD-9 OR ICD-10 codes.
Claims containing any combination of ICD-10 and ICD-9 diagnosis codes will be rejected.
Recipients on the attached list of "test" recipient records for which all personal health information (PHI) have been removed.

Not all of the attached recipients are eligible for all services so we have included the payment category for each to help determine if 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 recipients)

- 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](#)

Change PWD

Reports

Eligibility

Claims Entry

Claim Submission

Lists

History

CMS-1500 Pending Claims

Welcome [blurred]

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

ICD-10 Coded Claim

CMS-1500 Pending Claims

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	[blurred]
<input type="checkbox"/> 8100480	10	Example, Emily		4444444444	55.00	2019-05-07	Y	[blurred]
<input type="checkbox"/> 8100467	10	Sample, Mister		2222222222		2019-05-07	N	[blurred]
<input type="checkbox"/> 8100472	10	Scenario, Steve		3333333333	100.00	2019-05-07	N	[blurred]

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	[blurred]

For support, contact the South Carolina Center for Information Technology, Fax: (803) 870-9021, Email: EDIG.OPS@scdhhs.gov

Purged the 1st of every month based on the date Last Changed.



Select

Change PWD

Reports

Eligibility

Claims Entry

Claim Submission

Click Enter New Claim.

CMS-1500 Pending Claims

Welcome

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

<input type="checkbox"/>	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

<input type="checkbox"/>	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

CMS-1500 Claim Entry - ICD 10

Welcome [User Name]

Your IP address

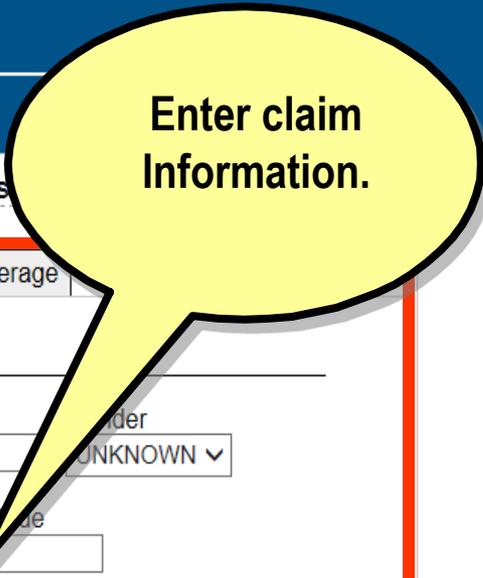
Beneficiary Info | Provider Info | Misc Info | Diagnosis Codes | Det Lines | Documents | Other Coverage

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



- CMS-1500 Claim Information**
- Beneficiary Information
 - Provider Information
 - Miscellaneous Information
 - Diagnosis Codes
 - Detail Lines
 - Documents
 - Other Coverage

For support, contact
Phone: (888) 289-0709, Fax: (803) 870-9



Change PWD

Reports

Eligibility

Claims Entry

Claim Submission

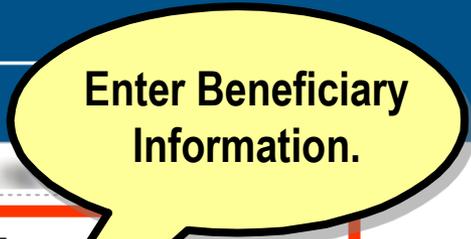
Lists

History

CMS-1500 Claim Entry - ICD 10

Welcome [User Name]

Your IP address, [IP Address]



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



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 | Det Lines | Documents | Other Coverage

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

*Medicaid Num. *Date of Birth

Street Addr.

Medical Record Number Patie

Gender

UNKNOWN v

Continue

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

Select a Medicaid ID to populate the fields.

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

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

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](#)

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

Billing Provider [[Get from List](#)]

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

[Redacted input fields]

*Organization or Last Name

[Redacted input field]

Billing provider and rendering provider are the same

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

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

[Redacted input fields]

*Organization or Last Name

[Redacted input field]

Continue



Change PWD

Reports

Eligibility

Claims Entry

Claim Submission

Lists

Home

Enter Miscellaneous Information.

CMS-1500 Claim Entry - ICD 10

Welcome

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

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

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

CMS-1500 Claim Entry - ICD 10

Welcome [User Name]

You are logged in as [User Name]

Beneficiary Info	Provider Info	Misc Info	Diagnosis Codes	Det Lines	Documents
------------------	---------------	-----------	-----------------	-----------	-----------

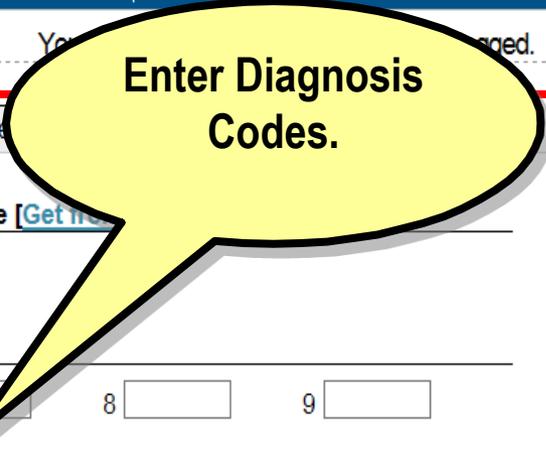
Primary Diagnosis Code [\[Get from List\]](#) **Secondary Diagnosis Code** [\[Get from List\]](#)

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

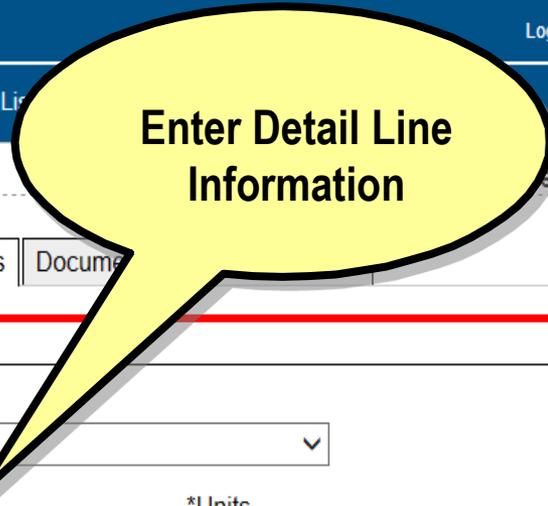


CMS-1500 Claim Entry - ICD 10

Welcome [User Name]

[User Name] logged.

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



Add/Update Service Line(s)

*From Date of Service x *To Date of Service *Place of Service

*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

There is no data to display.

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

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

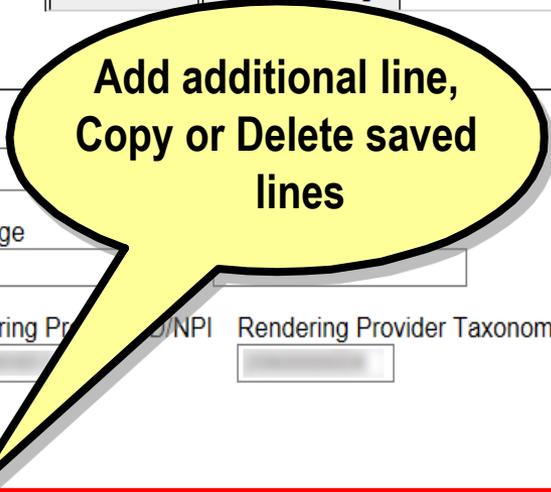
- Beneficiary Info
- Provider Info
- Misc Info
- Diagnosis Codes
- Det Lines
- Documents
- Other Coverage

Add/Update Service Line(s)

*From Date of Service: *To Date of Service: *Place of Service:

*HCPCS Code: [\[Get from List\]](#) Modifier Codes: *Charge:

Emergency? EPSDT - Family Planning: National Drug Code: Rendering Provider NPI: Rendering Provider Taxonomy:



	Dates Of Service	Pl/Sv	HCPCS	Mod. Codes	Charge	Units	Emer	E/F	NDC	Rnd. Prov ID/Taxy.
<input type="checkbox"/> Edit	02/03/2016-02/03/2016	99	12345		1.00	1.000	N			



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.

Change
PWD

Reports

Eligibility

Claims
Entry

Claim
Submission

Lists

History

CLAIMS ENTRY: CMS-1500

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)

*Carrier Code Policy Number Paid Amount Paid Date

*Filing Ind. (FI)

Denial?

Denial Reason Code (DRC)

*Deductible *Coinsurance *Copayment *Non-contracted Amount

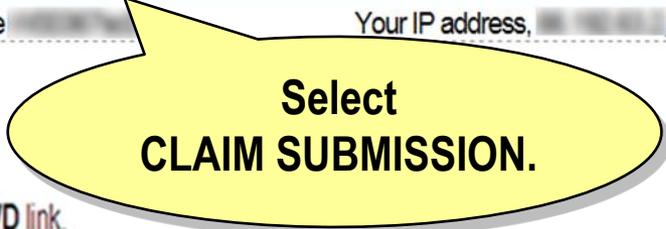
<



There is no data to display.

Claim Submission

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

Change PWD

Reports

Eligibility

Claims Entry

Claim Submission

Lists

History

Claim Submission

Welcome [User Name]

Contact Information

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

*Address:

*City:

*State:

*Zip:

*Area Code:

*Phone:

Extension:

Type Contact Information or select from Lists.

- 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

Claim Submission Welcome **XXXXXXXXXX** Your IP address, **XX.XX.XX.XX** has been logged.

Contact Information

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

*Address:

*City: *State: *Zip:

*Area Code:

*Phone:

Select the claim type.

Click to Submit all CMS-1500 claims in the batch.

Claim Submission Information (2 records)

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

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?

Claim Submission

Welcome [redacted]

Your IP address, [redacted] has been logged.

Thank you for submitting your claims via the web. We have received your transmission and will process your claims in a timely manner. Below is the summary of the batch.

The claim(s) selected for submission have been processed.

The following are your Claim Submission results:

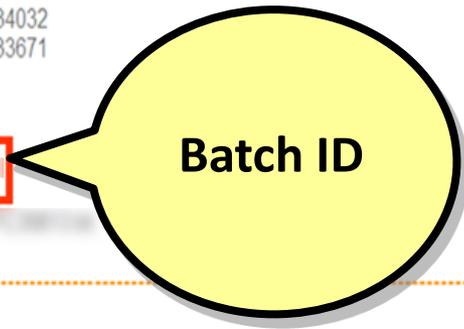
You have selected the following claims for submission:

Claim #: 1 ClaimID: 334032

Claim #: 2 ClaimID: 333671

Batch Number [redacted]

Batch Filename: [redacted]



This concludes the section on WebTool claims entry and submissions Before we discuss the remittance advice, let's pause for any questions.

Electronic Remittance Advice

e-Remit
Status

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

Announcements

*****PLEASE READ BEFORE ENTERING CLAIMS*******

AFTER SELECTING CLAIMS ENTRY AND BEFORE SELECTING ENTER NEW CLAIMS YOU MUST FIRST SELECT THE CLAIM TYPE ICD9 OR ICD10 FROM THE DROP DOWN

The web portal will contain an indicator that the provider will need to check indicating if he/she is submitting a claim with ICD-9 or ICD-10 codes. An error message will appear if the provider selects an indicator that does not match with the codes entered. For example, if the provider selects the ICD-10 Indicator, but enters ICD-9 codes, then the error message will appear.



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

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

Change PWD

Reports

Eligibility

Claims Entry

Claim Submission

Lists

History

Payment Remittances

Welcome **W3337PwD**

Your IP address, **10.60.205.9**, has been logged.

Remittances for: (1952626517)

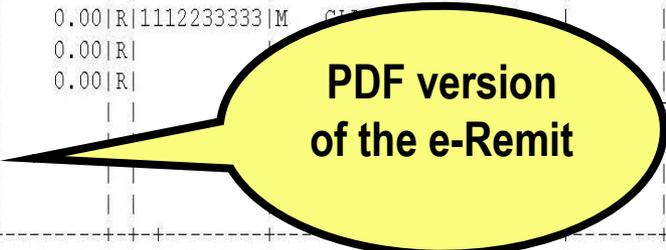
05-10-2019	12-14-2018	07-20-2018	02-23-2018	09-22-2017	04-28-2017	12-09-2016	07-22-2016
05-03-2019	12-07-2018	07-13-2018	02-16-2018	09-15-2017	04-21-2017	12-02-2016	07-15-2016
04-26-2019	11-30-2018	07-06-2018	02-02-2018	09-08-2017	04-14-2017	11-25-2016	07-08-2016
04-19-2019	11-23-2018	06-29-2018	01-26-2018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

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

Select the Open button to view your e-Remit.

PROVIDER ID. DEPT OF HEALTH AND HUMAN SERVICES PROFESSIONAL SERVICES PAYMENT DATE PAGE
 +-----+ +-----+ +-----+ +-----+
 | AB00080000 | REMITTANCE ADVICE | 02/14/2014 | | 1 |
 +-----+ SOUTH CAROLINA MEDICAID PROGRAM +-----+ +-----+

PROVIDERS OWN REF. NUMBER	CLAIM REFERENCE NUMBER	SERVICE RENDERED DATE(S) MMDDYY	AMOUNT BILLED	TITLE 19 PAYMENT MEDICAID	RECIPIENT ID. NUMBER	RECIPIENT NAME F M I I LAST NAME	M O D	TLE. 18 ALLOWED CHARGES	COPAY AMT	TITLE 18 PAYMENT
ABB1AA	1403004803012700A 01	101713 71010	27.00 27.00	6.72 6.72	P1112233333	M CLARK				
ABB2AA	1403004804012700A 01	101713 74176	259.00 259.00	0.00 0.00	S1112233333	M CLARK				
ABB3AA	1403004805012700A 01 02	071913 A5120 071913 A4927	24.00 12.00 12.00	0.00 0.00 0.00	R1112233333	M CLARK				
TOTALS		3	310.00							



FOR AN EXPLANATION OF THE ERROR CODES LISTED ON THIS FORM REFER TO: "MEDICAID PROVIDER MANUAL".

IF YOU STILL HAVE QUESTIONS PHONE THE D.H.H.S. NUMBER SPECIFIED FOR INQUIRY OF CLAIMS IN THAT MANUAL.

CERT. PG TOT	MEDICAID PG TOT	STATUS CODES:	PROVIDER NAME AND ADDRESS
\$0.00	\$286.46	P = PAYMENT MADE	ABC HEALTH PROVIDER
CERTIFIED AMT	MEDICAID TOTAL	S = IN PROCESS	PO BOX 000000
	0.00	E = ENCOUNTER	FLORENCE SC 00000
	CHECK TOTAL		
		CHECK NUMBER	

Web Tool Questions?

Clearinghouse

Claim Filing Options

Clearinghouse

- > Intermediary between providers and Medicaid
- > Must be able to send and receive HIPAA-compliant transactions to Medicaid.

Claim Filing Options

Clearinghouse

- > As a provider you are free to choose any certified clearinghouse.
- > You can find more information on Clearinghouse services at:
<https://www.scdhhs.gov/resource/electronic-data-interchange-edi>
- > Please note the list of vendors is not exhaustive.

Claim Filing Options

Therap

- > SCDHHS is aware that DDSN has an existing contract with Therap to provide case management and billing services for providers.
- > SCDHHS cannot recommend or endorse any particular Clearinghouse or Case Management System.
- > SCDHHS is working with Therap to make this transition as smooth as possible for Providers who may choose to utilize them, just as we would for any other vendor who requests assistance.

Other Electronic Media

Claim Filing Options

Other Electronic Media

- > Created internally or purchased
- > HIPAA-compliant
- > Submission methods
 - File Transfer Protocol (FTP)
 - Tapes, diskettes, CDs, zip files

Resources

> SC Medicaid Online Training

– [MedicaideLearning.com](https://www.medicaidlearning.com)

- Web Tool User Guide
- CMS-1500 Addendum
- Quick Reference Guide
- Online Training Sessions

> SC Medicaid Provider Service Center/ EDI

– 1-888-289-0709

- Choose option '1'

Thank You

