

Healthy Connections *Visual*

MEDICAID BASICS BOOK



➤ Resources

An illustrated companion to the interactive courses at: [MedicaidLearning.com](https://www.MedicaidLearning.com).

Updated September 2022

Contents

Provider Manuals	3
Obtaining a Provider Manual	4
Provider Manual Navigation	4
Updates	5
Adobe Reader	5
SCDHHS Web site	6
Online Learning	7
Bulletins	8
Provider Workshops.....	9
Obtaining a National Provider Identifier (NPI).....	10

Provider Manuals

Each provider specialty has its own manual. Some content is common to all manuals; other content is program-specific.

Document	Explanation
Provider Administrative and Billing Manual	<ul style="list-style-type: none"> • Used by all provider types • Standard policy and practices for all policy program areas • Record / Documentation requirements • Reimbursement • Anti-fraud provisions, program integrity & utilization information • Provider exclusions / suspensions • Claim filing policies • Billing procedures
Provider Specific Provider Manuals	<ul style="list-style-type: none"> • Program-specific policies: provider qualifications; and staff, documentation, beneficiary, and billing requirements • Includes Procedure Code section which lists (in most manuals) codes that require prior authorization and who they require prior authorization from
Forms	<ul style="list-style-type: none"> • Located with each provider specific Provider Manual • Includes all forms for each provider type
Copayment Schedule	<ul style="list-style-type: none"> • Located with each provider specific Provider Manual • Provides all services that could require a copayment and the maximum possible amount
Appendix 1: Edit Codes, CARCs/RARCs, and Resolutions	<ul style="list-style-type: none"> • Located with each provider specific Provider Manual • Provides all edit codes and how to correct them
Appendix 2: Carrier Codes	<ul style="list-style-type: none"> • Located with each provider specific Provider Manual • Provides the character code to key on claims instead of the name of each possible primary insurances' name
Third Party Liability Supplement	<ul style="list-style-type: none"> • Located with each provider specific Provider Manual • Provides additional information to correctly file third-party liability claims • Provides third-party liability policies
Managed Care Supplement	<ul style="list-style-type: none"> • Located with each provider specific Provider Manual • Provides managed care policies and information

Obtaining a Provider Manual

Provider manuals are available electronically at <https://www.scdhhs.gov/provider-manual-list>

Electronic

Free

Download from the SCDHHS Web site

Provider Manual Navigation

The screenshot displays the 'Physicians Provider Manual' website. On the left is a search interface with a text input field, a search button, and checkboxes for search options: 'Whole words only', 'Case-Sensitive', 'Include Bookmarks', and 'Include Comments'. A callout bubble points to the search bar with the text: 'Search for a particular word. (Press Ctrl-F for the search screen.)'. The main content area shows the title 'Physicians Provider Manual' and 'Manual Updated 09/01/11'. Below this is a black header for 'SECTION 5 ADMINISTRATIVE SERVICES'. Underneath is a 'TABLE OF CONTENTS' with the following items and page numbers:

GENERAL INFORMATION	1
ADMINISTRATION.....	1
CORRESPONDENCE AND INQUIRIES.....	1
PROCUREMENT OF FORMS	3
REPRODUCIBLE NEGATIVES.....	3
SOFTWARE.....	3
HARD COPY CLAIM FORMS.....	3
PRIVATE VENDORS.....	3
FAX REQUESTS.....	4
WEB ADDRESS.....	4

A callout bubble points to the 'REPRODUCIBLE NEGATIVES' entry with the text: 'Click the page for the topic you wish to view.'

Updates

Change Control Record (CCR) documents all changes made to each manual.

Date of change

- Check the SCDHHS Web site monthly for minor or non-policy changes made on the 1st of every month.
- Any policy changes are announced by bulletin.

Physician Provider Manual			
CHANGE CONTROL RECORD			
Date	Section	Page(s)	Change
12-01-11	2	70 85	<ul style="list-style-type: none">• Updated Prescription policy• Added Alcohol and Drug Testing policy to reflect Medicaid Bulletin dated November 3, 2011
12-01-11	4	12 18	<ul style="list-style-type: none">• Deleted codes 22551 and 22552• Added codes 22551 and 22552
11-10-11	2	36	Deleted reference to Q0091 in first paragraph

Changes documented on the CCR since the “birth” of the manual.

Adobe Reader

Adobe Reader

- Used to view PDF files: manuals, bulletins, forms
- **Free** - already installed on most computers
- Available at: www.adobe.com

SCDHHS Web site



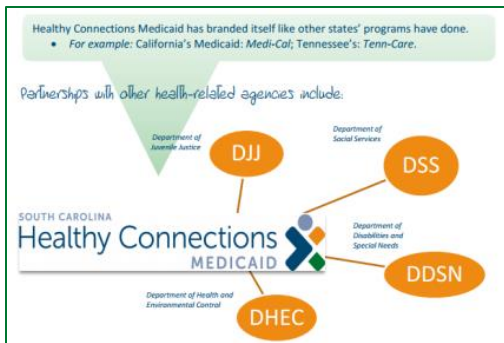
www.SCDHHS.gov

Medicaid information · Provider manuals · Managed Care information · Fee schedules and crosswalks (new procedure codes that are HIPAA compliant) · Edit codes and carrier codes · Electronic filing resources: Trading Partner Agreements, Companion Guides (used to help providers transfer software to meet HIPAA compliance regulations)

Online Learning

Locate provider training and resources at MedicaidLearning.com.

Choose from a variety of learning tools...




Menu

CARRIER

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

<input type="checkbox"/> PICA	1. MEDICARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> TRICARE <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN <input type="checkbox"/> FECA <input type="checkbox"/> FECA <input type="checkbox"/> OTHER <input type="checkbox"/>	1a. INSURED'S I.D. NUMBER (For Program in Item 1)	PICA <input type="checkbox"/>
(Medicare#) <input type="checkbox"/> (Medicaid#) <input type="checkbox"/> (ID#/DoD#) <input type="checkbox"/> (Member ID#) <input type="checkbox"/> (ID#) <input type="checkbox"/> (ID#) <input type="checkbox"/>	3. PATIENT'S BIRTH DATE MM <input type="text"/> DD <input type="text"/> YY <input type="text"/> SEX M <input type="checkbox"/> F <input type="checkbox"/>	4. INSURED'S NAME (Last Name, First Name, Middle Initial)	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)			

Bulletins

SOUTH CAROLINA
Healthy Connections
MEDICAID 

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December 3, 2013
MB# 13-061

MEDICAID BULLETIN

All

TO: All Providers

SUBJECT: Discontinuation of Edit Correction Forms (ECFs)

The South Carolina Department of Health and Human Services is improving provider communications regarding the status of claims submitted to SC Medicaid. Effective **January 3, 2014**, providers will no longer receive Edit Correction Forms (ECFs) for rejected claims. Additionally, effective **April 1, 2014**, SC Medicaid will no longer accept provider corrected ECFs. Providers will be required to submit a new claim form to resolve billing edits. This change will allow SC Medicaid to keep providers informed of the status of each claim.

Bulletins

- Used by SCDHHS to inform providers of policy changes
- Issued as necessary
- Available by automatic e-mail notification upon request
- To subscribe, go to bulletin.scdhhs.gov
- Otherwise, visit the scdhhs.gov website to view bulletins that have been issued

Provider Workshops

SCDHHS offers free workshops for providers that you'll be notified about if you've subscribed to receive bulletins.

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FREE WORKSHOPS: January-March 2015

FREE WORKSHOPS:

Medicaid Basics (click to register)
Jan. 13 • Feb. 10 • March 10 — 10 a.m.-4 p.m., Columbia
March 5 — 10 a.m.- 4 p.m., Charleston
Discover the South Carolina Healthy Connections Medicaid Program. This course provides overviews on general policies and topics such as: eligibility, claim filing options, the remittance package, Third Party Liability (TPL) and claim-level adjustments.

KEPRO Quality Improvement Training (click to register)
Jan. 20 — 9 a.m.-Noon, Greenville Jan. 21 — 9 a.m.-Noon, Florence
Jan. 22 — 9 a.m.-Noon, Charleston Jan. 23 — 9 a.m.-Noon, Columbia
Held in conjunction with Keystone Peer Review Organization (KEPRO), this annual quality improvement training includes requirements, updates and a review of the process and procedures for prior authorization.

Comprehensive Web Tool (click to register)
Jan. 21 • Feb. 18 • March 18 — 10 a.m.-3 p.m., Columbia
Explore all the available features on the South Carolina Healthy Connections Medicaid Web-based Claims Submission Tool. This class navigates claim entry and submission as well as how to check eligibility, claim status and e-remits in the online tool.

Overview of Third Party Liability (click to register)
Jan. 27 • Feb. 26 • March 26 — 10 a.m.-3 p.m., Columbia
Examine Third Party Liability (TPL) reporting responsibilities, refund process, claim adjudication, edit resolution and other resource information.

Overview of Claim-level Adjustments (click to register)
Jan. 29 — 10 a.m.-12:30 p.m., Columbia
Learn the detail-level process that gives professional providers the capability of submitting claim-level adjustments directly to South Carolina Healthy Connections Medicaid.

To register for a workshop, visit MedicaidLearning.com or call 1 (888) 289-0709 and select option 1.

Resources and training content are also available online at MedicaidLearning.com. For KEPRO Prior Authorization online training, visit scdhhs.kepro.com/content/training.aspx?t=GEN.

Better Care. Better Value. Better Health.

Obtaining a National Provider Identifier (NPI)



- Web: <https://nppes.cms.hhs.gov>
- Toll-free number
 - (800)465-3203 or (800)692-2326 (TTY)
- Email: customerservice@npienumerator.com
- Mailing address
 - NPI Enumerator
 - PO Box 6059
 - Fargo, ND 58108-6059