



SOUTH CAROLINA MEDICAID WEB-BASED CLAIMS SUBMISSION TOOL

User Guide Addendum
CMS-1500

October 28, 2003
Updated April 1, 2014

CMS-1500 CLAIMS ENTRY

This document describes the correspondence between the South Carolina Medicaid Web-based Claims Submission Tool claim screens and the fields on the CMS-1500 claim form.

SCREEN 1: CMS-1500 Beneficiary Information

No	Web Tool	CMS-1500 Paper Claim	Format/ Notes
Beneficiary Information			
1	Medicaid Num.	1a	10-character alphanumeric field. This field will automatically populate if you use the Get from List link for the <i>Last Name</i> field. Otherwise, type in the Medicaid Number.
2	Date of Birth	3	This field will automatically populate if you use the Get from List link. Otherwise, type in the beneficiary's Date of Birth.
3	First Name	2	This field will automatically populate if you use the Get from List link for the <i>First Name</i> field. Otherwise, type in the beneficiary's First Name.
4	MI	2	This field will automatically populate if you use the Get from List link for the <i>Middle Initial</i> field. Otherwise, type in the beneficiary's Middle Initial.

SCREEN 1: CMS-1500 Beneficiary Information (cont.)

SOUTH CAROLINA

Please select a provider to work with:

<Select One>
Select

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

*Medicaid Num. 1

*Date of Birth 2

First Name 3

MI 4

*Last Name 5

Gender 6

Street Addr. 7

City 8

State 9

Zip Code 10

Medical Record Number 11

Patient Account 12

Go to Provider Info

No	Web Tool	CMS-1500 Paper Claim	Format/ Notes
	Beneficiary Information (cont.)		
5	Last Name	2	If the beneficiary's information has been entered into the Beneficiary List in List Management, use the Get from List link to populate the beneficiary information fields. Otherwise, type in the beneficiary's Last Name.
6	Gender	N/A	If the beneficiary's information has been entered into the Beneficiary List in List Management, use the Get from List link to populate the beneficiary information fields. Otherwise, select Gender from the Drop-down box.
7	Street Addr.	2	If the beneficiary's information has been entered into the Beneficiary List in List Management, use the Get from List link to populate the beneficiary information fields. Otherwise, type in the beneficiary's Street Address.

SCREEN 1: CMS-1500 Beneficiary Information (cont.)

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

*Medicaid Num. 	*Date of Birth 	First Name 	M 	*Last Name 	Gender Unknown ▾
Street Addr. 	City 	State SC ▾	Zip Code 		
Medical Record Number 	Patient Account 	<input type="button" value="Go to Provider Info"/>			

No	Web Tool	CMS-1500 Paper Claim	Format/ Notes
	Beneficiary Information		
8	City	2	This field will automatically populate if you use the Get from List link. Otherwise, type in the name of the beneficiary's City.
9	State	2	This field will automatically populate if you use the Get from List link. Otherwise, select the beneficiary's State from the Drop-down box.
10	Zip Code	2	This field will automatically populate if you use the Get from List link. Otherwise, type in the beneficiary's Zip Code.
11	Medical Record Number	N/A	This field will automatically populate if you use the Get from List link for the <i>Medical Record Number</i> field. Otherwise, type in the Medical Record Number.
12	Patient Account	26	9-character alphanumeric field. This field will automatically populate if you use the Get from List link for the <i>Patient Account</i> field. Otherwise, type in the Patient Account Number.

SCREEN 2: CMS-1500 Provider Information

SOUTH CAROLINA
Healthy Connections
MEDICAID

Please select a provider to work with:

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

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

*Organization or Last Name First 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 First Name

No	Web Tool	CMS-1500 Paper Claim	Format/ Notes
	Provider Information		
1	NPI/SC Prov. ID	33a/33b	10-digit field. Type in the National Provider Identifier (NPI). This field will automatically populate if you use the Get from List link for the <i>NPI/ SC Prov. ID</i> field. Otherwise, type in the Medicaid Provider ID. Note: Applicable for Typical providers only. Typical providers provide your NPI. Atypical providers should provide a 6-character alphanumeric Provider ID.
2	Taxonomy Code	33b	10-character alphanumeric field. Type in the Medicaid provider Taxonomy Code. Note: Applicable for Typical providers only. Typical providers provide your Taxonomy code. Atypical providers should omit.
3	Zip Code	33	Enter the Zip code + 4 for the billing provider.
4	Service Facility Location	32	If the provider's information has been entered into the Provider List in List Management, use the Get from List link to populate the provider information fields. Otherwise, type in the Service Facility Location.

SCREEN 2: CMS-1500 Provider Information (cont.)

SOUTH CAROLINA
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Please select a provider to work with:

<Select One>
 Select

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CMS-1500 Claim Entry

Beneficiary Info	Provider Info	Misc Info	Diagnosis Codes	Detail Lines	Other Coverage
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Billing Provider [\[Get from List\]](#)

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

*Organization or Last Name
 First Name

Billing provider and rendering provider are the same

7

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

NPI/SC Prov. ID
 Taxonomy Code
 Zip Code
 Organization or Last Name
 First Name

Go to Misc Info

No	Web Tool	CMS-1500 Paper Claim	Format/ Notes
	Provider Information (cont.)		
5	Organization or Last Name	33	If the provider's information has been entered into the Provider List in List Management, use the Get from List link to populate the provider information fields. Otherwise, type in the provider's Organization or Last Name.
6	First Name	33	This field will automatically populate if you use the Get from List link for the <i>Last Name</i> field. Otherwise, type in the provider's First Name.
7	Billing provider and rendering provider are the same	N/A	If both billing provider and rendering provider are the same, click the check box. If not, proceed to Rendering Provider section.

SCREEN 2: CMS-1500 Provider Information (cont.)

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

*NPI/SC Prov. ID 1

*Taxonomy Code 2

Zip Code 3

Service Facility Location 4

*Organization or Last Name 5

First Name 6

Billing provider and rendering provider are the same

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

NPI/SC Prov. ID 8

Taxonomy Code 9

Zip Code 10

Organization or Last Name 11

First Name 12

No	Web Tool	CMS-1500 Paper Claim	Format/ Notes
	Rendering Provider Information (cont.)		
8	NPI/SC Prov. ID	33a/33b	10-digit field. Type in the National Provider Identifier (NPI). This field will automatically populate if you use the Get from List link for the <i>NPI/ SC Prov. ID</i> field. Otherwise, type in the Medicaid Provider ID. Note: Applicable for Typical providers only. Typical providers provide your NPI. Atypical providers should provide a 6-character alphanumeric Provider ID.
9	Taxonomy Code	33b	10-character alphanumeric field. Type in the Medicaid provider Taxonomy Code. Note: Applicable for Typical providers only. Typical providers provide your Taxonomy code. Atypical providers should omit.

SCREEN 2: CMS-1500 Provider Information (cont.)

SOUTH CAROLINA
Please select a provider to work with:

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

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

*Organization or Last Name First 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 First Name

No	Web Tool	CMS-1500 Paper Claim	Format/ Notes
	Rendering Provider Information (cont.)		
10	Zip Code	33	Enter the Zip code + 4 for the rendering provider.
11	Organization Name or Last Name	33	If the provider's information has been entered into the Provider List in List Management, use the Get from List link to populate the provider information fields. Otherwise, type in the provider's Organization Name or Last Name.
12	First Name	33	This field will automatically populate if you use the Get from List link for the <i>Last Name</i> field. Otherwise, type in the provider's First Name.

SCREEN 3: CMS-1500 Miscellaneous Information

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

Initiate adjustment request 1

Original CCN 2
 Reason Code 3

Accident Info

Auto Accident? 4
 Auto Accident Date 7

Employment Accident? 5

Other Accident? 6

Other Info

MHN Referral Number 8
 Prior Authorization Number 9

No	Web Tool	CMS-1500 Paper Claim	Format/ Notes
	Miscellaneous Claim Information		
1	Initiate Adjustment Request	N/A	If the claim is an adjustment request, click the check box. Otherwise, omit.
2	Original CCN	N/A	Enter the Original Claim Control Number if the Claim Submission Reason Code is 7 (Replacement) or 8 (Void).
3	Reason Code	N/A	Click the Drop-down box and select the Claim Submission Reason Code: 1-Original, 7-Replacement, 8-Void.

SCREEN 3: CMS-1500 Miscellaneous Information (cont.)

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Please select a provider to work with:

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Create Adjustment

Initiate adjustment request 1

Original CCN Reason Code

2 3

Accident Info

Auto Accident? 4 Auto Accident Date 7

Employment Accident? 5

Other Accident? 6

Other Info

MHN Referral Number Prior Authorization Number

8 9

No	Web Tool	CMS-1500 Paper Claim	Format/ Notes
	Miscellaneous Claim Information		
4	Auto Accident?	10a	If the service resulted from an auto accident, click the check box.
5	Employment Accident?	10b	If the service resulted from an employment accident, click the check box.
6	Other Accident?	10c	If the service resulted from an accident other than auto or employment, click the check box.
7	Auto Accident Date	N/A	If the services detailed on the claim were rendered as the result of an auto accident, type the date of the accident in MM/DD/YYYY, MM-DD-YYYY, or MMDDYYYY format (with or without slashes or dashes).

SCREEN 3: CMS-1500 Miscellaneous Information (cont.)

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Please select a provider to work with:

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Create Adjustment

Initiate adjustment request 1

Original CCN 2 Reason Code 3

Accident Info

Auto Accident? 4 Auto Accident Date 7

Employment Accident? 5

Other Accident? 6

Other Info

MHN Referral Number 8 Prior Authorization Number 9

No	Web Tool	CMS-1500 Paper Claim	Format/ Notes
	Miscellaneous Claim Information (cont.)		
8	MHN Referral Number	19	6-character alphanumeric field. If the claim requires referral, type in the MHN Referral Number. PCCM or MHLN providers: Enter referral number (PC Coordinator code) as related to a referral. Hospice providers: Enter the Hospice Code in this field.
9	Prior Authorization Number	23	7-character alphanumeric field. If the claim requires prior authorization, type in the Prior Authorization Number.

SCREEN 4: CMS-1500 Diagnosis Codes

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

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Beneficiary Info | Provider Info | Misc Info | **Diagnosis Codes** | Detail Lines | 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 Go to Detail Lines

No	Web Tool	CMS-1500 Paper Claim	Format/ Notes
	Diagnosis Codes		
1	Primary Diagnosis Code and secondary diagnosis code	N/A	5-character alphanumeric field. If the diagnosis code has been entered into the Diagnosis Codes List in List Management, use the Get from List link to populate the <i>Primary Diagnosis Code</i> field. Otherwise, type in the Principal Diagnosis Code. Note: Do not key decimals in this field.
2	Additional Diagnosis Code(s) 3 –12	21:01, 21:02, 21:03, 21:04	5-character alphanumeric field. If the diagnosis code has been entered into the Diagnosis Codes List in List Management, use the Get from List link to populate the <i>Additional Diagnosis Code(s)</i> fields. Otherwise, type in the Additional Diagnosis Code(s). Note: Do not key decimals in this field.

SCREEN 5: CMS-1500 Detail Lines

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Please select a provider to work with:

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Add/Update Service Line(s)

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

*HCPCS Code Modifier Codes *Charge *Units

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

There is no data to display.

No	Web Tool	CMS-1500 Paper Claim	Format/ Notes
	CMS-1500 Detail		
1	From Date of Service	24a	The field will default to the current date. If the "from" date of service is different from the current date, type in the initial date of service for the service performed in MM/DD/YYYY, MM-DD-YYYY, or MMDDYYYY format (with or without slashes or dashes).
2	To Date of Service	24a	This field will default to the same date as the <i>From Date of Service</i> field. If the "through" date of service is different from the date in this field, type in the "through" date in MM/DD/YYYY, MM-DD-YYYY, or MMDDYYYY format (with or without slashes or dashes).

SCREEN 5: CMS-1500 Detail Lines (cont.)

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Please select a provider to work with:

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Add/Update Service Line(s)

1 From Date of Service
2 *To Date of Service
3 Place of Service
08/01/2011

[Please Select One]

*HCPCS Code
4
5 Modifier Codes
6 *Charge
7 *Units

Emergency?
8
9 EPSDT - Family Planning
10 National Drug Code
11 Rendering Provider ID/NPI
12 Rendering Provider Taxonomy

There is no data to display.

No	Web Tool	CMS-1500 Paper Claim	Format/ Notes
	CMS-1500 Detail (cont.)		
3	Place of Service	24b	Click the Drop-down box to select the appropriate choice for the <i>Place of Service</i> field, for example: 11 – Office, 03 – School, 12 – Home, 49 – Independent Clinic, 65 – End Stage Renal Disease Treatment Facility.
4	HCPCS Code	24d	5-character alphanumeric field. If the HCPCS code has been entered into the HCPCS Codes List in List Management, use the Get from List link to populate this field. Otherwise, type in the HCPCS Code.

SCREEN 5: CMS-1500 Detail Lines (cont.)

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Add/Update Service Line(s)

1 From Date of Service

2 Date of Service

3 Place of Service

*HCPCS Code [\[Get from List\]](#)

Modifier Codes [\[Get from List\]](#)

*Charge 6

*Units 7

Emergency?

EPSDT - Family Planning

National Drug Code

Rendering Provider ID/NPI

Rendering Provider Taxonomy

There is no data to display.

No	Web Tool	CMS-1500 Paper Claim	Format/ Notes
	CMS-1500 Detail (cont.)		
5	Modifier Codes	24d	2-character alphanumeric field. If the modifier code has been entered into the Modifier List in List Management, use the Get from List link to populate this field. Otherwise, type in the Modifier.
6	Charge	24f	Type in the Charge for the service(s) rendered. Enter a decimal between the dollars and cents, for example: 30.47.
7	Units	24g	Type in the number of Days (visits) or Units for the service(s) rendered.

SCREEN 5: CMS-1500 Detail Lines (cont.)

SOUTH CAROLINA
Healthy Connections
MEDICAID
Please select a provider to work with:
<Select One>

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Beneficiary Info | Provider Info | Misc Info | Diagnosis Codes | **Detail Lines** | Other Coverage

Add/Update Service Line(s)

1 From Date of Service
2 *To Date of Service
3 Place of Service

4 *HCPCS Code [\[Get from List\]](#)
5 Modifier Codes
6 *Charge
7 *Units

8 Emergency?
9 EPSDT - Family Planning
10 National Drug Code
11 Rendering Provider ID/NPI
12 Rendering Provider Taxonomy

There is no data to display.

No	Web Tool	CMS-1500 Paper Claim	Format/ Notes
	CMS-1500 Detail (cont.)		
8	Emergency? Check Box	24c	If services were a result of an emergency, click the check box. Otherwise, omit.
9	EPSDT- Family Planning	24h	EPSDT/Family Planning Services. Click on the Drop-down Box and select the appropriate letter: E if the services are the result of an EPSDT screening referral; F if the services are Family Planning Services.
10	National Drug Code	24a	Enter the 11-digit National Drug Code.

SCREEN 5: CMS-1500 Detail Lines (cont.)

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Please select a provider to work with:

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Add/Update Service Line(s)

*From Date of Service 08/01/2011

*To Date of Service

Place of Service [Please Select One]

*HCPCS Code [\[Get from List\]](#)

Modifier Codes [\[Get from List\]](#)

*Charge

*Units

Emergency?

EPSDT - Family Planning

National Drug Code

Rendering Provider ID/NPI

Rendering Provider Taxonomy

There is no data to display.

No	Web Tool	CMS-1500 Paper Claim	Format/ Notes
	CMS-1500 Detail (cont.)		
11	Rendering Provider ID/NPI	24j	Atypical providers should enter the rendering provider's 6-character alphanumeric ID number. Typical providers should enter the rendering provider's 10-digit NPI. The tool will automatically apply the rendering provider's ID number or NPI to each detail line. If the ID number or NPI on the detail line differs from the ID number or NPI on the header, type the ID number or NPI in the Rendering Provider ID/NPI field. You may also use the Get from List link to populate this field from the Provider List in List Management.

SCREEN 5: CMS-1500 Detail Lines (cont.)

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Please select a provider to work with:

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Add/Update Service Line(s)

① From Date of Service
② *To Date of Service
③ Place of Service

*HCPCS Code [\[Get from List\]](#) ④
Modifier Codes [\[Get from List\]](#) ⑤
*Charge ⑥
*Units ⑦

Emergency? ⑧
EPSDT - Family Planning
National Drug Code
Rendering Provider ID/NPI
Rendering Provider Taxonomy

⑨

There is no data to display.

No	Web Tool	CMS-1500 Paper Claim	Format/ Notes
	CMS-1500 Detail (cont.)		
12	Rendering Provider Taxonomy	24j	10-character field. Type in the Rendering Provider Taxonomy. Note: Applicable for Typical providers only. Typical providers provide your Taxonomy code. Atypical providers should omit.

SCREEN 6: CMS-1500 Other Coverage

SOUTH CAROLINA
Healthy Connections
MEDICAID
Please select a provider to work with:
<Select One>
Logout | [Home](#)

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

CMS-1500 Claim Entry

Beneficiary Info | Provider Info | Misc Info | Diagnosis Codes | Detail Lines | Other Coverage

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

*Insured Last Name 1 Insured First Name 2 *Relation to Insured (RI) 3

*Carrier Code 4 *Policy Number 5 *Paid Amount 6 Paid Date 7 *Filing Ind. (FI) 8

Denial? 9 Denial Reason Code (DRC) 10

*Deductible 11 *Coinsurance 12 *Copayment 13 *Non-contracted Amount 14

There is no data to display.

No	Web Tool	CMS-1500 Paper Claim	Format/ Notes
	CMS 1500 Insurance Detail		
1	Insured Last Name	4, 9	If the other insured's name has been entered into the Insured List in List Management, use the Get from List Link to populate the <i>Other Insured Last Name</i> field. Otherwise, type in the Other Insured Last Name.
2	Insured First Name	4, 9	This field will automatically populate if you use the Get from List Link for the <i>Other Insured First Name</i> field. Otherwise, type in the Other Insured First Name.
3	Relation to Insured (RI)	6	Click the Drop-down box and select the appropriate choice for the <i>Relation to Insured</i> field: 10 - Foster Child, 76 - Dependent, 20 - Employee, 22 - Handicapped Dependent, 18 - Self, 29 - Significant Other, 01 - Spouse, 21 - Unknown.
4	Carrier Code	N/A	3-character alphanumeric field. Type in the Carrier Code for the other insurance company.

SCREEN 6: CMS-1500 Other Coverage (cont.)

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

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

<input type="text" value="*Insured Last Name (1)"/>	<input type="text" value="Insured First Name (2)"/>	<input type="text" value="*Relation to Insured (RI) (3) [Please Select One]"/>
<input type="text" value="*Carrier Code (4)"/>	<input type="text" value="*Policy Number (5)"/>	<input type="text" value="*Paid Amou (6) 0.00"/>
	<input type="text" value="Paid Date (7)"/>	<input type="text" value="*Filing Ind. (FI) (8) [Please Select One]"/>
<input type="checkbox" value="Denial? (9)"/>	<input type="text" value="Denial Reason Code (DRC) (10) [Please Select One]"/>	
<input type="text" value="*Deductible (11) 0.00"/>	<input type="text" value="*Coinsuranc (12) 0.00"/>	<input type="text" value="*Copayment (13) 0.00"/>
	<input type="text" value="*Non-contracted Amour (14) 0.00"/>	

There is no data to display.

No	Web Tool	CMS-1500 Paper Claim	Format/ Notes
	CMS-1500 Insurance Detail (cont.)		
5	Policy Number	11, 9a	25-character alphanumeric field. Type in the Policy Number of the other insurance plan.
6	Paid Amount	11b, 9c	Type in the total amount received. This amount must be \$0.00 or greater. If the amount is \$0.00, a Denial Reason Code must be selected. (See number 10 on the next page.)
7	Paid Date	N/A	Type in the date the other insurance company paid or denied the claim in MM/DD/YYYY, MM-DD-YYYY, or MMDDYYYY format (with or without slashes or dashes).

SCREEN 6: CMS-1500 Other Coverage (cont.)

SOUTH CAROLINA

Please select a provider to work with:

<Select One>Select

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

*Insured Last Name 1

Insured First Name 2

*Relation to Insured (RI) 3

[Please Select One]

*Carrier Code 4

*Policy Number 5

*Paid Amou 0.00 6

Paid Date 7

*Filing Ind. (FI) 8

[Please Select One]

Denial? 9 Denial Reason Code (DRC) 10

[Please Select One]

*Deductible 0.00 11

*Coinsurance 0.00 12

*Copayment 0.00 13

*Non-contracted Amount 0.00 14

Save Coverage Record

There is no data to display.

Copy Sel. Records
Delete Sel. Records

Finish Claim

No	Web Tool	CMS-1500 Paper Claim	Format/ Notes
	CMS-1500 Insurance Detail (cont.)		
8	Filing Indicator	N/A	Click the Drop-down box and select the appropriate choice for the <i>Filing Indicator</i> field, for example: BL – Blue Cross Blue Shield, CH – Champus, CI – Commercial Insurance Co, 17 – Dental Maintenance Organization, DS – Disability.
9	Denial? Checkbox	10d	Select the check box if other carrier(s) denied payment. If the box is selected, the Deductible (12), Coinsurance (13), and Copayment (14) fields will be grayed out and can't be entered. If no denial, no selection is needed.
10	Denial Reason Code (DRC)	N/A	Click the Drop-down box and select the appropriate Denial Reason Code, For example: 10- Diagnosis inconsistent with patient's gender, 110-Billing date predates service date. Note: If the Denial Checkbox (see field 9) is not selected, no Denial Reason Code can be selected.

SCREEN 6: CMS-1500 Other Coverage (cont.)

No	Web Tool	CMS-1500 Paper Claim	Format/ Notes
	CMS-1500 Insurance Detail (cont.)		
11	Deductible	30	Type in the Beneficiary's deductible amount.
12	Coinsurance	30	Type in the Beneficiary's coinsurance amount.
13	Copayment	30	Type in the Beneficiary's copayment for the service(s) received.
14	Non-contracted Amount	30	Type in the Non-contracted amount. (The amount that is considered "not covered" or "not allowed" by the other insurance carrier.

Document Change History

Date of Change	Description of Change
09/18/13	Added new screenshot to shot primary and secondary DC as well as eleven additional code spaces
06/03/2012	Added new header to reflect reports feature
03/06/2012	Added screens to reflect Non-contracted Amount field.
01/06/2012	Entire document updated to reflect Web Tool header change.
8/24/2011	Entire document updated to reflect Web Tool Redesign.
7/5/2011	Pages 1-21: Updated to reflect new WebTool screen shots, field names and locations.
6/16/11	Pages 10-13: Updated to reflect insurance information; Denial, Deductible, Coinsurance, and Copayment
03/20/09	Pages 1-4, 10, 14: Updated screen shots to reflect Hide Menu option.
03/20/09	Page 2: Updated Format/Notes for field No 6. Deleted Prior Authorization Qualifier information. Added Referral Number information.
03/20/09	Page 7: Updated Format/Notes for No 22.
03/20/09	Page 12: Updated Format/Notes for No 9.
03/20/09	Page 14: Updated Format/Notes for No 1 and 2.
05/24/08	Updated all screenshots and edited all Medicaid Provider ID, National Provider Identifier (NPI) and Provider Taxonomy descriptions to reflect the change in billing requirements due to the end of the Contingency period.
12/01/07	Pages 1-4: Updated screenshots and descriptions due to the addition of the Prior Authorization Qualifier field in the Beneficiary Information section of the CMS-1500 main screen.
05/25/07	Pages 1-5: Updated screenshots and descriptions to illustrate the addition of the Billing Provider Zip Code field.
05/25/07	Screen shots have been revised to reflect the addition of the UB-04 Claims Entry option to the menu bar.
03/08/07	Pages 17-19: Updated screenshots and descriptions to illustrate the deletion of the NDC Units and NDC Measurement fields.
01/01/07	Pages 6-9: Updated screenshots to show the new Service Facility Location Zip field. Screenshots on pages 17 and 18 were also changed to reflect the new NDC fields with descriptions where applicable. Updated all CMS-1500 Paper Claim field numbers to reflect the changes to the revised CMS-1500 claim form.
11/01/06	Updated all screenshots to show the new Contact option added to the Main Menu and the Internet browser and task bar. Screenshots also reflect the new National Provider Identifier (NPI) fields with descriptions where applicable.
10/01/05	Complete revision to incorporate all previous changes.