SOUTH CAROLINA MEDICAID WEB-BASED CLAIMS SUBMISSION TOOL

User Guide Addendum
UB-04

November 3, 2003
Updated April 1, 2014

UB-04 CLAIMS ENTRY

This document describes the correspondence between the South Carolina Medicaid Web-based Claims Submission Tool claim screens and fields on the UB-04 claim form.

SCREEN 1: UB-04 Beneficiary Information

No	Web Tool	UB-04 Claim	Format/ Notes
	Beneficiary Information		
1	Medicaid Num.	60	10-character alphanumeric field. This field will automatically populate if you use the **Get from List** link for the beneficiary *Last Name* field. Otherwise, type in the beneficiary's Medicaid ID number.
2	Date of Birth	10	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	8	This field will automatically populate if you use the **Get from List** link for the beneficiary *First Name* field. Otherwise, type in the beneficiary's First Name.
4	MI	8	This field will automatically populate if you use the **Get from List** link for the *Beneficiary Middle Initial* field. Otherwise, type in the Middle Initial.

SCREEN 1: UB-04 Beneficiary Information (cont.)

No	Web Tool	UB-04 Claim	Format/ Notes
	Beneficiary Information		
5	Last Name	8b	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	11	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.	9	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: UB-04 Beneficiary Information (cont.)

No	Web Tool	UB-04 Claim	Format/ Notes
	Beneficiary Information		
8	City	9	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	9	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	9	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	3b	This field will automatically populate if you use the **Get from List** link for the *Medical Record Number* field. Otherwise, type in the Medical Record Number.
12	Patient Account	3a	9-character alphanumeric field. This field will automatically populate if you use the **Get from List** link for the *Patient Account* field. Otherwise, type in the Patient Account Number.

SCREEN 1: UB-04 Provider Information

No	Web Tool	UB-04 Claim	Format/ Notes
	Provider Information		
1	NPI/SC Prov. ID	56, N/A	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 *NPI/ SC Prov. ID* 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	81	10-character alphanumeric field. Type in the Medicaid Provider Taxonomy. **Note:** Applicable for Typical providers only. Typical providers provide your Taxonomy code. Atypical providers should omit.
3	Zip Code	2	Enter the Zip code + 4 for the billing provider.
4	Service Facility Location	1	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 1: UB-04 Provider Information (cont.)

No	Web Tool	UB-04 Claim	Format/ Notes
	Provider Information (cont.)		
5	Organization or Last Name	1	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	1	This field will automatically populate if you use the **Get from List** link for the *Last Name* 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. Proceed to Rendering Provider section.

SCREEN 1: UB-04 Provider Information (cont.)

No	Web Tool	UB-04 Claim	Format/ Notes
	Rendering Provider Information (cont.)		
8	NPI/SC Prov. ID	76, N/A	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 *NPI/ SC Prov. ID* 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	81	10-character alphanumeric field. Type in the Medicaid Provider Taxonomy. **Note:** Applicable for Typical providers only. Typical providers provide your Taxonomy code. Atypical providers should omit.

SCREEN 1: UB-04 Provider Information (cont.)

No	Web Tool	UB-04 Claim	Format/ Notes
	Rendering Provider Information (cont.)		
10	Zip Code	2	Enter the Zip code + 4 for the rendering provider.
11	Organization or Last Name	2	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.
12	First Name	2	This field will automatically populate if you use the **Get from List** link for the provider's *Last Name* field. Otherwise, type in the provider's First Name.

SCREEN 1: UB-04 Additional Information

No	Web Tool	UB-04 Claim	Format/ Notes
	Additional Patient Information		
1	Admission Date	12	Type in the date the patient was admitted for inpatient care or outpatient care in MM/DD/YYYY, MM-DD-YYYY, or MMDDYYYY format (with or without the slashes or dashes).
2	Admission Hour	13	Type in the hour the patient was admitted for inpatient care in HH format. When entering the hour, use the 2-digit hour in 24-hour time format (for example, 3 PM = 15).
3	Discharge Hour	16	Type in the hour the patient was discharged from inpatient care in HH format. When entering the hour, use the 2-digit hour in 24-hour time format (for example, 3 PM = 15).
4	From Date of Service	45	The field will automatically 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 the slashes or dashes).

SCREEN 1: UB-04 Additional Information (cont.)

No	Web Tool	UB-04 Claim	Format/ Notes
	Additional Patient Information (cont.)		
5	Through Date of Service	45	This field will automatically populate with the same date as the *Date of Service From* field. If the "through" date of service is different from the current date, type in the through date in MM/DD/YYYY, MM-DD-YYYY, or MMDDYYYY format (with or without the slashes or dashes).
6	Adm. Source	15	Click the **Drop-down** box and select the Admission Source: 8-Court/Law Enforcement, 2-Clinical Referral, 7-Emergency Room, 3-HMO Referral, 9-Information Not Available, 1-Physician Referral, 4-Transfer from a hospital, 5-Born inside hospital/transfer from a Skilled Nursing Facility, 6-Born outside hospital/transfer from another Health Care Facility. **Note:** If the Admission type is equal to "4", then the admission source must be equal to "1", "2", "3", "4", "5", "6" or "9".
7	Adm. Type	14	Click the **Drop-down** box and select the Admission Type: 3-Elective, 1-Emergency, 4-New Born, 9-Unknown, 2-Urgent.
8	Patient Status	17	2-digit numeric field. Click the **Drop-down** box and select the appropriate patient status.

SCREEN 1: UB-04 Additional Information (cont.)

No	Web Tool	UB-04 Claim	Format/ Notes
	Additional Patient Information (cont.)		
9	Type of Bill	4	3-digit numeric field. Click the **Drop-down** box and select the Type of Bill being submitted. **Note:** This field is where Void and/or Replacement claims are identified.
10	Original CCN	64a-c	Enter the Original Claim Control Number if the Claim Submission Reason Code ends with 7 (Replacement) or 8 (Void).
11	Covered Days	N/A	Numeric field. Type in the number of days covered by the primary payer.
12	Non-covered Days	N/A	Numeric field. Type in the number of days that are not covered by the primary payer.
13	Coinsurance Days	N/A	Numeric field. Type in the number of Inpatient Medicare days that occurred after the 60th day, up to and including the 91st day of a single episode of illness.
14	Lifetime Reserve Days	N/A	Numeric field. Type in the number of Lifetime Reserve Days the patient has remaining.

SCREEN 1: Additional Information (cont.)

No	Web Tool	UB-04 Claim	Format/ Notes
	Additional Patient Information (cont.)		
15	MHN Referral Number	15	6-character alphanumeric field. If the claim requires referral, type in the 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.
16	Prior Authorization Number	63	7-character alphanumeric field. If the claim requires prior authorization, type in the Prior Authorization Number.

SCREEN 1: UB-04 Diagnosis Codes

No	Web Tool	UB-04 Claim	Format/ Notes
	Diagnosis Codes		
1	Primary Diagnosis Code	67	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 *Principal Diagnosis* field. Otherwise, type in the Principal Diagnosis Code. **Note:** Do not key decimals in this field.
			When filing inpatient claims, enter a Present on Admission Indicator (POA). Valid POA indicators are: 1-Exempt from POA reporting, W-Clinically undetermined, U-Insufficient documentation for diagnosis, N-Diagnosis not present, Y-Diagnosis present.
2	Admitting	69	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 Admitting Diagnosis Code fields. Otherwise, type in the admitting Diagnosis Code. **Note:** Do not key decimals in this field.

SCREEN 1: UB-04 Main Screen (cont.)

No	Web Tool	UB-04 Claim	Format/ Notes
	Diagnosis Codes (cont.)		
3	ECode	72	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 *ECode* field. If no list has been created, type in the ECode. **Note:** Do not key decimals in this field. When filing inpatient claims, enter a Present on Admission Indicator (POA). Valid POA indicators are: 1-Exempt from POA reporting, W-Clinically undetermined, U-Insufficient documentation for diagnosis, N-Diagnosis not present, Y-Diagnosis present.
4	Additional Diagnosis Code(s) 2-22	67a-q	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 *Additional Diagnosis Code(s)* fields. Otherwise, type in the Additional Diagnosis Code(s). **Note:** Do not key decimals in this field. When filing inpatient claims, enter a Present on Admission Indicator (POA). Valid POA indicators are: 1-Exempt from POA reporting, W-Clinically undetermined, U-Insufficient documentation for diagnosis, N-Diagnosis not present, Y-Diagnosis present.

SCREEN 1: UB-04 Condition Codes

No	Web Tool	UB-04 Claim	Format/ Notes
	Condition Codes		
1	Condition Code(s) 1 - 24	18 – 28	2-character alphanumeric field. If the condition code has been entered into the Condition Codes List in List Management, use the **Get from List** link to populate the *Condition Codes* fields that may affect payer processing. Otherwise, type in the Condition Code(s).

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SCREEN 1: UB-04 Occurrence Codes and Occurrence Span Codes

No	Web Tool	UB-04 Claim	Format/ Notes
	Occurrence Span Codes		
1	Code 1-24	31a-b through 34a-b	2-character alphanumeric field. If the occurrence code has been entered into the Occurrence Codes List in List Management, use the **Get from List** link to populate the *Occurrence Codes* fields that may affect the processing of the claim. Otherwise, type in the Occurrence Code(s).
2	From Date	35a, 35b	Type in the begin date of the associated occurrence code MM/DD/YYYY, MM-DD-YYYY, or MMDDYYYY format (with or without the slashes or dashes).
3	To Date (Span Only)	35a, 35b	Type in the through date of the associated occurrence code in MM/DD/YYYY, MM-DD-YYYY, or MMDDYYYY format (with or without the slashes or dashes). This field is to be used only with occurrence span codes.

SCREEN 1: UB-04 Value Codes

No	Web Tool	UB-04 Claim	Format/ Notes
	Value Codes		
1	Code 1-24	39a-d through 41a-d	2-character alphanumeric field. If the value code has been entered into the Value Codes List in List Management, use the **Get from List** link to populate the *Value Code(s)* fields that may affect the processing of the claim. Otherwise, type in the Value Code(s).
2	Amount	39a-d through 41a-d	Numeric field. Type in the dollar amounts of the value codes entered.

SCREEN 1: UB-04 ICD9 Codes

No	Web Tool	UB-04 Claim	Format/ Notes
	ICD9 Codes (cont.)		
1	Principal ICD9 Code	74	6-character alphanumeric field. If the procedure code has been entered into the Procedure Codes List in List Management, use the **Get from List** link to populate the *Principal ICD9 Code* field. Otherwise, type in the Principal ICD9 Code.
2	Date	74	Type in the date that the procedure was performed in MM/DD/YYYY, MM-DD-YYYY, or MMDDYYYY format (with or without the slashes or dashes).
3	Additional ICD9 Code(s) 1-24	74a-e	6-character alphanumeric field. If the procedure code has been entered into the Procedure Codes List in List Management, use the **Get from List** link to populate *Additional ICD9 Code(s)* fields. Otherwise, type in the other Additional ICD9 Code(s).
4	Date	74a-e	Type in the date that the other procedures were performed in MM/DD/YYYY, MM-DD-YYYY, or MMDDYYYY format (with or without the slashes or dashes).

SCREEN 1: UB-04 Detail Lines

No	Web Tool	UB-04 Claim	Format/ Notes
	Detail lines (cont.)		
1	Revenue Code	42	4-digit numeric field. If the revenue code has been entered into the Revenue Codes List in List Management, use the **Get From List** link to populate the *Revenue Code* field. Otherwise, type in the Revenue Code.
2	Date of Service	45	This field will automatically default to the current date. If the service date is different from the current date, type in the date of service for the procedure in MM/DD/YYYY, MM-DD-YYYY, or MMDDYYYY format (with or without the slashes or dashes).
3	HCPCS Code	44	5-character alphanumeric field. If the HCPCS code has been entered into the HCPCS/CPT Codes List in List Management, use the **Get from List** link to populate the *HCPCS Code* field. Otherwise, type in the HCPCS Code.

SCREEN 1: UB-04 Detail Lines (cont.)

No	Web Tool	UB-04 Claim	Format/ Notes
	Detail lines (cont.)		
4	Modifier Codes	44	2-digit fields. If the modifier has been entered into the Modifiers List in List Management, use the **Get From List** link to populate the *Modifier Codes* field(s). Otherwise, type in the Modifier Codes.
5	Charge	47	Numeric field. Type in the amount charged for the services rendered. Enter a decimal between the dollars and cents, for example: 30.47.
6	Noncovered Charge	48	Numeric field. Type in the amount that is not covered for the services rendered. Enter a decimal between the dollars and cents, for example: 30.47.
7	Ancillary Units	46	Numeric field. Type in the number of Ancillary Units for the services rendered.
8	Accom Days	45	Numeric field. Type in the number of Accommodation Days that apply for the services rendered.
9	National Drug Code	43	Numeric field: Type in the 11-digit National Drug Code (NDC), if applicable, to the outpatient claim.

SCREEN 2: UB-04 Other Coverage

No	Web Tool	UB-04 Claim	Format/ Notes
	Other Coverage Information		
1	Insured Last Name	58	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 *Insured Last Name* field. Otherwise, type in the Insured Last Name.
2	Insured First Name	58	This field will automatically populate if you use the **Get from List** link for the *Insured Last Name* field. Otherwise, type in the Insured First Name.
3	Relation to Insured (RI)	59	Click the **Drop-down** box and select the appropriate choice for the *Relation to Insured (RI)* field: 10 - Foster Child, 76 – Dependent, 20 – Employee, 22 – Handicapped Dependent, 18 – Self, 29 – Significant Other, 01 – Spouse, 21 - Unknown.
4	Carrier Code	50	3-character alphanumeric field. Type in the Carrier Code of the insurance company.

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SCREEN 2: UB-04 Other Coverage (cont.)

No	Web Tool	UB-04 Claim	Format/ Notes
	Other Coverage Information		
5	Policy Number	65	25-character alphanumeric field. Type in the member Policy Number for the other insurance plan.
6	Paid Amount	54	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 entered. (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).
8	Filing Indicator (FI)	N/A	Click the **Drop-down** box and select the appropriate choice for the *Filing Indicator (FI)* field, for example: BL – Blue Cross, CH – Champus, CI – Commercial Insurance Co, 17- Dental Maintenance Organization, DS – Disability.

SCREEN 2: UB-04 Other Coverage (cont.)

No	Web Tool	UB-04 Claim	Format/ Notes
	Other Coverage Information		
9	Denial? Checkbox	32	Select the check box if other carrier(s) denied payment. 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.
11	Deductible		Type in the beneficiary's deductible amount.
12	Coinsurance		Type in the beneficiary's coinsurance amount.
13	Copayment		Type in the beneficiary's copayment for the service(s) received.
14	Non-contracted Amount		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
06/03/2013	Added new header showing 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.
08/24/2011	Entire document updated to reflect Web Tool Redesign.
08/082011	Pages 1-23: Updated screen shots to reflect new WebTool screens.
03/20/09	Pages 1-4, 16, 18, 20, 22-23: Updated screen shots to reflect Hide Menu option.
03/20/09	Page 5: Updated Format/Notes for No 13. Page 6: Updated Format/Notes for No 18-19. Page 8: Updated Format/Notes for No 29. Page 9: Updated Format/Notes for No 31-32. Page 13: Updated Format/Notes for No 40, 42. Page 17: Updated Format/Notes for No 8. Page 24: Updated Format/Notes for No 7.
05/24/08	Updated all screenshots and removed descriptions to reflect the deletion of the Medicaid Provider ID field due to the end of the Contingency period.
02/06/08	Page 24: Updated screenshot and included a new description to reflect the addition of the NDC field.
02/06/08	Pages 11-13: Updated all screenshots and descriptions to reflect the addition of the Present on Admission Indicator required with diagnosis codes on inpatient UB-04 claims.
08/28/07	Pages 16-21: Updated all UB Insurance Add/Edit Details screens to reflect the addition of the Claim Adjustment Reason Code/Amounts fields effective 08/26/07.
05/25/07	Updated the addendum screenshots and descriptions to reflect changes, including new field placements, resulting from implementation of the UB-04.
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.
11/01/06	Page 14:Updated text to reflect the deletion of Treatment Authorization Codes B and C
10/01/05	Complete revision to incorporate all previous changes