

## How to Resolve the Claims Reject Edit 00431 for CAP Providers

### Overview

North Carolina operates several programs to provide home and community care as a costeffective alternative to institutionalization. This program is called the Community Alternatives Program (CAP). The programs have allowed those who otherwise would be institutionalized to remain with their family in familiar surroundings. All of these benefits accrued at a cost-saving to Medicaid in comparison with the cost of institutional care. There are four variations of the CAP program.

- Community Alternatives Program for Children (CAP/C)
- Community Alternatives Program Choice
- Community Alternatives Program for Disabled Adults (CAP/DA)
- Community Alternatives Program for Mentally Retarded/Developmentally Disabled Individuals (CAP/MR-DD)

These various programs are otherwise known as "waiver" programs because standard program requirements are waived to allow the program to operate. These waiver programs provide some services that otherwise are not covered under Medicaid.

In order to bill for CAP services on a claim, the provider's profile must specifically list the appropriate taxonomy code as well as the applicable CAP service or endorsement. If the CAP service has not been added to the provider's profile in NCTracks, the claim will reject with error code 00431 PROCEDURE CODE IS NOT COVERED BY THE ASSIGNED BSG FOR THE DATES OF SERVICE

	EDITS			
Line	Edit	Edit Description	EOB	Status Description
1	00431	PROCEDURE CODE IS NOT COVERED BY THE ASSIGNED BSG FOR THE DATES OF SERVICE	02310	2-DENY

This user guide provides step-by-step instructions for adding CAP services to the provider profile in NCTracks.

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# Logging into the Provider Portal

- 1. Navigate to <u>www.nctracks.nc.gov</u>
- 2. The following page will display. Click the **Providers** tab at the top of the page.



Figure 1: NCTracks Home

3. From the **Providers** page, click the NCTracks Secure Portal icon.



Figure 2: Providers Page

4. The following login screen will display. Enter the NCID and password and click the **Log in** button.

Provide	r Portal Login	AA   Help
The NC private	Fracks Web Portal contains information that is private and confidential. If you are not an authorized individual, this and confidential information is not intended for you. If you are not authorized to access this content, please click 'Canc	el'.
By conti coverag	nuing, you are agreeing that you are authorized to access confidential eligibility, enrollment and other health insurance e information. Please read more in our <u>Legal</u> and <u>Privacy Policy</u> pages. Your Account • All users are required to have an <u>NCID</u> to log in to secure areas. • Passwords are case-sensitive. Please ensure your Caps Lock key is off. User ID (NCID): Forgot Login Forgot Password	
	Log In Clear Cancel	

#### Figure 3: Provider Portal Login



# Accessing the Manage Change Request Application

5. The following page will display. Click the **Status and Management** button.



Figure 4: Select Status and Management

6. The Status and Management screen will display. The screen is divided into 6 sections.

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Figure 5: Status and Management Page



Status and Management Sections

- 1. **Submitted Applications**: Contains enrollment applications or change requests that have already been submitted and are currently in process.
- 2. **Saved Applications:** Contains enrollment applications or change requests that have been started but not yet submitted. Please remember that your application must be submitted to the State within 90 days of the date it was created. If not completed within 90 days, the incomplete application will be deleted.
- 3. **Re-enroll**: This section will list provider accounts associated with the user's NCID that have been terminated. The user can select the account to re-enroll, then click 'Submit'.
- 4. **Manage Change Request:** This section will list provider accounts associated with the users NCID that are active.
  - 5. **Re-verification:** This section allows the user to submit a required re-verification application for a provider enrollment account.
  - 6. **Maintain Eligibility:** This section allows the user to submit a required maintain eligibility application for a provider enrollment account.
- 7. To begin a new **Manage Change Request**, under the **Manage Change Request** Section, click the radio button next to the NPI to be changed. Next, click the **Update** button.



If the Manage Change Request section reads **No Data to Display**, it is possible that a Manage Change Request has already been created and/or submitted, but not yet approved. Check the **Submitted Applications** and **Saved Applications** sections for a Manage Change Request/Enrollment that is already in process.

MANAGE	CHANGE REQUEST				
The follo Request,	wing provider accounts then click ' <b>Update</b> '.	associated with your NCID are active. Please select the accour	it with which you would like to s	ubmit a Manage Cha	inge
RECO	RD RESULTS				
Select	NPI/Atypical ID	Name	ZIP Code	Begin Date	Status
•		DVIDER	27502-1216	05/01/2012	Active
$\circ$	1003009325	AUDIOLOGY CONSULTANTS OF SOUTHERN O	27519-6462	01/30/2013	Active
0	1003001801	THE PEANUT GALLERY	27701-3637	04/30/2012	Active
0	1003013160	ZUMBA, CARY M	27607-3073	05/07/2012	Active
					Update

Figure 6: Select Manage Change Request

Â

8. The **Organization Basic Information** screen will display. The left hand side menu will display a list of topics.

Do NOT click the menu options on the left hand side of the screen, as each page must be accessed/reviewed before the **Manage Change Request** can be submitted. Instead, to navigate to appropriate section, click the **Next** button on the bottom right corner of the screen until you reach the **Addresses** screen.

Provider Portal	Eligibility Prior Approval Claims Referral Code Search <u>Enrollment</u> Adminis
Home  Provider Enrollment  Online Provi	ider Enrollment Ap
rovider Enrollment	Organization Basic Information
VOTE: Data is not saved unless the 'Next' button is activated.	indicates a required field
Contact EVC Center	
	DENTIFYING INFORMATION
Organization Basic Information	
Terms and Conditions	
Preatth/Benetit Plan Selection	Next >>
Addresses	
Taxonomy Classification	Save Draft Cancel Enrollment
Accreditation	
Hours of Operation	
Services	O Yes ⊙ No
Agents/Managing Employees	
Facilities Information	
Method of Claim/Electronic Submission	- OWNERSHIP INFORMATION
EFT Account Information	* Business Type: CORPORATION
	* Business Type: CORPORATION

Figure 7: Organization Basic Information Page

9. On the Terms and Conditions page, to attest and accept Medicaid Terms and Agreements, click the check box and click the **Next** button.

* ATTESTATION Comments/Administrative Participation Agreement knowingly or willfully falsified, concealed or omitt	in and information contained in the documents submitted with the application/enrollment nt are true, accurate, complete, and current as of the date this attestation is signed. I have not herei ed any material fact that would constitute a false, fictitious or fraudulent statement or representation	in 1.
Previous	Please be sure to complete all	Next

### Figure 8: Attestation Statement



# Adding Services and Endorsements

10. The following screen will display. The checkmark icon in the **Select** column indicates the service location to be edited. To select a different location, click the radio button next to the applicable location. Otherwise, click the **Edit Location** button to edit the selected location.



Figure 9: Add Services and Endorsements - Select Location

11. The following **Add Services and Endorsements** page will display. To view the services that are applicable to each taxonomy, click the "plus" (+) sign next to the taxonomy classification, on each dark blue bar.

le Edit View Favorites Tools H	leip
🔓 • 👼 • 🕢 • 🗓 📋 🗷	
Provider Portal	Eligibility Prior Approval Claims Behavial Code Search <u>Encolment</u> Administration Training Partner Payment Consent Forms Training
* Harrer * Praxider Enrollment * Online Provid	ler Enrollbased Ap
Provider Enrollment	Add Services and Endorsements
NOTE: Data is not saved unless the 'Next' button is activated. Centers RVC Center	Indicates a required field     Legend
Consecution Base	+ TAXONOMY CLASSIFICATION - 251300000X - NURSING CARE
P Terms and Conditions	* TAXONOMY CLASSIFICATION - 253200000X - IN HOME SUPPORTIVE CARE
Institutionali Fina Infection	* TAXONOMY CLASSIFICATION - 332800000X - DURABLE MEDICAL EQUIPMENT & MEDICAL SUPPLIES
Samerahia, information	* TAXONOMY CLASSIFICATION - 332000000X - HONE DELIVERED HEALS
Addresses	* TAXONONY CLASSIFICATION - 333300000X - EMERGENCY RESPONSE SYSTEM COMPANIES
Tanonomy Classification	+ TAXONONY CLASSIFICATION - 385H00000X - RESPITE CARE
6M.Broiss.ant.Enteraneta	
Autrellata:	If Previous Please be sore to complete all required fields with valid control. Next, N
House See alon	
C Incise	Save Braft Cancel Enrollm

Figure 10: Add Services and Endorsements - Expand Taxonomy Classification



12. CAP service options will display for those taxonomies that apply to CAP.

- **NEW** indicates that CAP services have not yet been added to the taxonomy.
- Active indicates that the service has already been added, and is active.

Click the **Add** icon next to the status column, to add that particular service to the taxonomy.

- TAXONOMY CLASSIFICATION -	251300000X - NURSING CARE			
- Which CAP/C services do you wish to	provide for this taxonomy at this location?			
Please confirm your selections of	r update information by clicking the 🌉 to add a servic	ce, or 🥞 to remove a service.		
- CAP/C SERVICES				
Correct Status	Service Name	Begin Date	Current End Date	Endorsing LH
8 NEW RESPITE CAR	E, IN-HOME (NURSING)			-
NEW Hourty Nursie	10			-
Which Residential Treatment do you	wish to provide for this taxonomy at this location?			
Please confirm your selections of	r update information by clicking the <a>[8]</a> to add a service	ce, or 🌉 to remove a service.		
- RESIDENTIAL TREATMENT				
Corrent Stat	Service Name	Begin Date	Current End Date	Endorsing LP
ACTIVE Valid value is	unavailable for code (46).	11/01/1998		-

Figure 11: Add Services and Endorsements - Click Add

13. The following **Begin-date Info** screen will display. Select the **New Begin Date** and click the **Save** button to save the changes.

	CAP/DA SER	VICES				
3	Current Status		Service Name	Begin Date	Current End Date	Endorsing LHE
6	NEW	Non-Institutional R	espite Services			-
	Begin-date	nfo New Begin Date:	05/10/2018 × 2			
	Begin-date	nfo * New Begin Date:	00(10/2010 × 20 W 4 June 2013 + 10 W 7 W 7 5 5 5			Jave -
	Begin-date	nfo New Begin Date: Personal Care Alde	COVID/2018         x         III           W         Aune 2013         W           T         T         T         T           T         T         T         T         T           T         T         T         T         T         T			tere

Figure 12: Select Begin Date

The new begin date CANNOT be dated prior to the date of the taxonomy or physical address. For example, if you have added the taxonomy code or the physical address today. You will need to select today's date for the CAP service. If you attempt to date the service prior to the date of the Taxonomy code or the physical address/service location, you will receive the following error message





14. The following confirmation message will display.

Innext Ap							
dd Services and En	dorsements	3					AAIE
indicates a required field							Legend
			NCTracks Su	ccess			
Service h	as been saved so	ccessfully.					
a shi tina ii	and the second sec	in the second seco					
* TAXONOMY CONSSISTERAT	10N - 25130000	OX - NURSING C	ARE				
* TAXONOMY CUISSIFICAT * TAXONOMY CLASSIFICAT	10N - 25130000 10N - 25320000	OX - NURSING C	ARE UPPORTIVE CARE				
<ul> <li>TAXONOMY CLASSIFICAT</li> <li>TAXONOMY CLASSIFICAT</li> <li>TAXONOMY CLASSIFICAT</li> </ul>	ION - 25130000 ION - 2532000 ION - 3328000	OX - NURSING C IOX - IN HOME S IOX - DURABLE M	ARE UPPORTIVE CARE ICDICAL EQUIPMEN	T & MEDICAL SE	UPPLIES		
<ul> <li>TAXONOMY CLASSIFICAT</li> <li>TAXONOMY CLASSIFICAT</li> <li>TAXONOMY CLASSIFICAT</li> <li>TAXONOMY CLASSIFICAT</li> </ul>	ION - 2513000 ION - 2532000 ION - 3328000 ION - 3328000	OX - NURSING C IOX - IN HOME S IOX - DURABLE M IOX - HOME DELI	ARS UPPORTIVE CARE ICOICAL EQUIPMEN VERED MEALS	T & MEDICAL SI	UPPLIES		
<ul> <li>TAXONOMY CLASSIFICAT</li> <li>TAXONOMY CLASSIFICAT</li> <li>TAXONOMY CLASSIFICAT</li> <li>TAXONOMY CLASSIFICAT</li> <li>TAXONOMY CLASSIFICAT</li> </ul>	10N - 25130000 10N - 25320000 10N - 3328000 10N - 3320000 10N - 3333000	OX - NURSING C IOX - IN HOME S IOX - DURABLE M IOX - HOME DELL IOX - EMERGENCY	ARE UPPORTIVE CARE IEDICAL EQUIPHEN VERED MEALS 1 RESPONSE SYSTE	T & MEDICAL SU	UPPLIES		
<ul> <li>TAXONOMY CLASSIFICAT</li> </ul>	10N - 25130000 10N - 25320000 10N - 33280000 10N - 3320000 10N - 33330000 10N - 385H000	OX - NURSING C IOX - IN HOME S IOX - DURABLE M IOX - HOME DELI IOX - EMERGENCY IOX - RESPITE C	ARE UPPORTIVE CARE ICOICAL EQUIPHEN VERED MEALS 7 RESPONSE SYSTE ARE	T & MEDICAL SI	UPPLIES		
<ul> <li>TAXONOMY CLASSIFICAT</li> <li>TAXONOMY CLASSIFICAT</li> <li>TAXONOMY CLASSIFICAT</li> <li>TAXONOMY CLASSIFICAT</li> <li>TAXONOMY CLASSIFICAT</li> </ul>	TON - 25130000 TON - 2532000 TON - 3328000 TON - 3320000 TON - 38511000	OX - NURSING C IOX - IN HOME S IOX - DURABLE M IOX - HOME DELL IOX - ENERGENCY IOX - RESPITE C	ARE UPPORTIVE CARE ICCICAL EQUIPHEN VERED MEALS 7 RESPORSE SYSTE ARE	T & MEDICAL SI	UPPLIES		

Figure 14: Services Added Confirmation Message

15. Once the service has been added, you may also click the plus sign next to the **Taxonomy Classification** code. The Current Status will read **NEWLY ADDED**.

	Current Status	Service Name	Begin Date	Current End Date	Endorsing LME
5	NEWLY ADDED	Non-Institutional Respite Services			
5	NEWLY ADDED	Personal Care Aide, In-Home Aide Level III			-
6	NEWLY ADDED	Personal Care Alde, In-Home Alde Level II			-
Nea	a CAP/C service	s do you with to provide for this taxonomy at this location? wr selections or update information by clicking the ins to add a servi	ce, or 🍕 to remove a service.		
hid Yea	A CAP/C service ase confirm yo	s do you wish to provide for this taxonomy at this location? our selections or update information by clicking the into add a servi ICES	ce, or 🍯 to remove a service.		
hic) Nea	h CAP/C service ase confirm yo CAP/C SERV Corrent Status	s do you wish to provide for this taxonomy at this location? wr selections or update information by clicking the is to add a servi ccss Service Name	ce, or 🐻 to remove a service. Begin Date	Current End Date	Endorsing LHE
Plea B	AD/C service Confirm yo Corrent Status NEW	s do you wish to provide for this taxonomy at this location? wr selections or update information by clicking the 🛞 to add a servi ccss Service Name Pediatric Nurse Alde Services	ce, or 🐞 to remove a service. Begin Date	Current End Date	Endorsing LHE
Plea Plea B	A CAP/C service ase confirm yo CAP/C sceve Corrent Status NEW NEWLY ADDED	s do you wish to provide for this taxonomy at this location? Aur selections or update information by clicking the 35 to add a servi CCSS Service Name Pediatric Nurse Aide Services Personal Care	ce, or 😹 to remove a service. Regin Date	Current Kind Date	Endorsing LHE

Figure 15: Newly Added Status



# **Completing the Manage Change Request**

16. Continue to click the **Next** button through the **Manage Change Request** application until you reach the **Terms and Conditions** page.

	100	
	111	
-	_	2

The **Save Draft** button will only save your progress and will not submit the **Manage Change Request** for processing.

Pieces be too	Next »
Save Draft	Cancel Enrollment



17. The **Review Application** screen will display. On the left hand margin, verify that all application pages have a green check mark next to each page. In addition, verify the contact email address listed on the page. This can be updated on the **Basic Information** page.

To review the application in Adobe PDF format, click the **Review Application** button. If you have successfully completed all required information for your provider enrollment application and are satisfied the information is complete and accurate, Click the **Next** button to proceed to the **Attachments/Submit Electronic Application** page.

ovider Enrollment	Review Application 👜 🗛 🖽			
NOTE: Data is not saved unless the	* indicates a required field			
ontact EVC Center	ELECTRONIC SIGNATURE - EMAIL CONFIRMATION			
Organization Basic Information				
Terms and Conditions	<ul> <li>Please contirm that the email address below is correct. If you dont already have one, an Electronic Signature PIN will be sent to this address upon submitting the next page. You will need access to this email address to retrieve/reset your PIN and complete this</li> </ul>			
Health/Benefit Plan Selection	Online Application.			
Ownership Information	If the email below is incorrect, you may now navigate back to the <u>Basic Information page</u> to update it. (Remember to dick Next on th <u>Basic Information page</u> to store your change.)			
Addresses				
Taxonomy Classification				
Accreditation	REVIEW APPLICATION			
Hours of Operation	To review your application in Adobe PDF format, click 'Review Application' below. If you have successfully completed all required			
Services	information for your provider enrollment application and are satisfied the information is complete and accurate, you may proceed to the Attachments/Submit Electronic Application page by clicking 'Next'.			
Agents/Managing Employees				
Method of Claim/Electronic Submission	Review Application 🔎			
Associate Billing Agent				
	(/ Previous			
EFT Account Information	(( Previous Please the Next )			

Figure 17: Review Application



18. The **Sign and Submit Electronic Application** page will display. Enter the NCID and password, as well as the PIN number and click the **Submit Now** button.

	🔂 Welcome, CAMERON SMITH. (Log out)
CILLRACKS	I NCTracks Help
Provider Portal	Eligibility Prior Approval Claims Referral Code Search Enrolment Administration Payment Trading Partner Consent Forms
Home      Provider Enrollment      Online Provider En	reliment Ap
Provider Enrollment	Sign and Submit Electronic Application 😂 🗛 🗍 Help
NOTE: Data is not saved unless the 'Next' button is	* indicates a required field Legend 🗸
Contact EVC Center	
	If for any reason you navigate away from this page without clicking 'Submit Now', you will be required to re-enter the information and re-attach any uploaded documentation.
Organization Basic Information	ELECTRONIC SIGNATURE CONFIRMATION ?
Ierms and Conditions	Attestation: I have read and acreed to the terms and conditions of narticipation. By submitting this form. I confirm the information contained in the
Quipership Information	documents submitted with the application/enrollment documents/Administrative Participation Agreement are true, acourate, complete, and current as of the date this electronic document is submitted. I do herebx attest that an efailibilization, amission or consendenct of material fact max subject me to
Addresses	administrative, civil, or criminal liability.
Taxonomy Classification	*Login ID (NCID): *Password:
Accreditation	Forgot Login ID Forgot Password
CCNC/CA	
Physician Extender Participation	If this is your first Provider Enrollment submission, your Electronic Signature PIN has now been sent to CAMERONSMITHTRAIN@GMAIL.COM. Please
Hours of Uperation	retrieve it now to complete submission. If the email is incorrect, you may now navigate back to the Basic Information page to update it. (Remember to click Next on the Basic Information page to store your change.)
Agents/Managing Employees	<ul> <li>If there is a PIN already associated with this NCID, please use it now. If you have forgotten your PIN, you may reset it by entering you Login ID (NCID) and Password and dicking the Foract PIN' link. The PIN will be sent to your email address.</li> </ul>
Facilities Information	
Method of Claim/Bectronic Submission	Please contact the CSC EVC Center at 866-844-1113 if you have any trouble with your Electronic Signature PIN Number.
EFT Account Information	* PIN- Except PIN
Review Application	
	Please review the documents you are going to electronically sign.
	REQUIRED ATTACHMENTS ?
	807 Shackleton Rd, APEX, NC 27502-1216
	Your application indicates that you are enrolling as:
	GROUP, Multi-Specialty, None
	The following documents are required with your Provider Enrollment Application. They can be submitted electronically and/or by regular mail.
	No Required Attachments for the Taxonomy
	ELECTRONIC ATTACHMENTS ?
	Please attach no more than 10 files for a total of 25 MB or less.
	The following file types may be attached: MS-Word, MS-Excel, WordPerfect, MS-Write, Open Office, text, Power Point, Zip, PageMaker, Adobe PDF, image
	Click the printer icon, located in the right hand corner of the screen, to print a record of submitted attachments.
	No files have been uploaded.
	Browse Add
	Online Application Submission
	You may now submit your Online Application by clicking 'Submit Now' below. After submitting you will have the option to print a copy of the completed application for your records.
	You will also receive instructions to finalize the application process on the next page.
	Note: Il you click Supilite Later putton, electronic signature information and the attached files will not be saved.
	Submit New
	· · · · · · · · · · · · · · · · · · ·
	(I Previous

Figure 18: Sign and Submit



### Tips for Navigating the Mange Change Request Application

All pages must be reviewed prior to continuing. If you receive the following error, click on the pages that do not have check marks next to the section and click **Next** through those sections.



#### Figure 19 Error - Complete all Pages in the Application



Figure 20: Review Application - Incomplete Pages