



a General Dynamics Information Technology, Inc. company

# NCMMIS Submitting a Pharmacy Claim Participant User Guide (Providers)

**PREPARED FOR:**

North Carolina Department of  
Health and Human Services

DHHS MES VMU

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**SUBMITTED BY:**

CSRA



NC DEPARTMENT OF  
HEALTH AND  
HUMAN SERVICES

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**ATTENTION - THIS TRAINING IS INTENDED FOR COVERED ENTITIES  
AND BUSINESS ASSOCIATES WHO ARE CONSIDERED TO BE  
STAKEHOLDERS OF THE NCTRACKS APPLICATION.**

## Document Revision History

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## 1.0 Welcome

### 1.1 COURSE OVERVIEW

Welcome to provider training on submitting pharmacy claims. The NCTracks Provider Portal uses the provider's NCID username and password to allow access to a secure online environment for submitting claims. This course focuses on how to submit a pharmacy claim.

### 1.2 NCTRACKS OVERVIEW

- NCTracks provides a secure-access, browser-based application for providers to enter claims transactions.
- Returns an immediate status notification of the claim onscreen.
- Improves the accuracy, timeliness, and availability of information through an easy-to-use point-and-click interface.

### 1.3 COURSE OBJECTIVES

After completing this course, authorized users will be able to do the following:

- Submit a pharmacy claim
- Save a draft claim
- Use Claims Draft Search
- View results of a claim submission

### 1.4 PREREQUISITES

- Life Cycle of a Claim (e-Learning/Computer Based Training [CBT])

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## 2.0 Create a Pharmacy Claim

### 2.1 INTRODUCTION

The NCTracks interactive claim submission system supplies a secure-access, browser-based application for providers to enter claims transactions. This claims system is an electronic version of the Pharmacy Claims Form. Claims are submitted in real time, which means the user receives an immediate status notification of the claim.

### 2.2 OBJECTIVES

The training takes the user through the process of entering a pharmacy prescription drug claim using the NCTracks web portal. The NCTracks system adjudicates the claim based on the Payer, NPI/Taxonomy, and Benefit Plan.

Pharmacy prescription drug claims are classified as either Standard or Compound. Standard pharmacy drug claims are for submission of a single drug ingredient. Compound pharmacy drug claims are for submission of multiple drug ingredients on the same claim. This training demonstrates how to submit both Standard and Compound claim types.

Each section has a graphic illustration followed by numbered **steps**. The numbers on the image correspond with the numbers in the **steps**.

### 2.3 HELP SYSTEM

The major forms of help in the NCTracks system are as follows (refer to Addendum A):

- Navigational breadcrumbs
- System-Level Help – Indicated by the “NCTracks Help” link on each page
- Page-Level Help – Indicated by the “Help” link above the Legend
- Legend
- Data/Section Group Help – Indicated by a question mark (?)
- Hover-over or Tooltip Help on form elements

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## 3.0 Create a Pharmacy Claim Demonstration

### 3.1 CREATE A CLAIM FOR TREATMENT OF GERD (GASTROESOPHAGEAL REFLUX DISEASE)

The Claims tool is accessed through the NCTracks Provider Portal. The **Create Pharmacy Claim** option is found under the **Claims** menu. The menu also contains **Claims Status**, **Claims Draft Search**, **Pharmacy Claims Reversal**, **Create Professional Claim**, **Create Institutional Claim**, **Create Dental Claim**, and **Medication History** options.



**Exhibit 1. Create Pharmacy Claim Menu Option**

Step	Action
1	Hover over the <b>Claims</b> menu.
2	Select <b>Create Pharmacy Claim</b> . The <b>Verify Patient</b> page displays.

### 3.2 VERIFY PATIENT

The **Verify Patient** page displays required information to verify eligibility under **Base Information**, select a Group, and select the provider's NPI. The system then verifies eligibility for the recipient. If the recipient is not eligible, the system returns a message similar to "Patient eligibility not found with entity". A red asterisk indicates a required field.

#### Base Information:

- Account Information: The Group or Individual Provider name from the provider enrollment process.
- Group: The user-defined group associated with the user's ID logged into NCTracks. Identifies the Security group to which the login ID belongs.
- NPI / Atypical ID: The Pharmacy National Provider Identifier or the unique identifier (for providers who perform atypical services only and do not have an NPI) associated with the login ID.
- Address: The physical address of the provider.
- Claim Type: The training is based on submitting a pharmacy claim.
- Verify Button: Validates the recipient information and eligibility.

### Patient Information:

- Recipient ID (RID): The user can enter the patient's 10-digit Recipient ID or Social Security Number (SSN) and Date of Birth (DOB).
- Dates of Service: The user can enter a date or select a date using the calendar icon.

**Exhibit 2. Verify Patient Page**

Step	Action (Refer to <a href="#">Addendum B</a> for data sheet)
1	Account Information: Verify User ID information determined by the user's security access.
2	Group: Identifies the Security group to which the login User ID belongs.
3	NPI / Atypical ID: Select the Pharmacy Provider <b>NPI / Atypical ID</b> from the drop-down menu.
4	Recipient ID #: Enter the <b>Recipient ID #</b> (10-digit) or SSN and Date of Birth (DOB).
5	Date of Service: Enter a <b>From</b> date or use the calendar icon to select a date.
6	Date of Service: Enter a <b>To</b> date or use the calendar icon to select a date.
7	Select the <b>Verify</b> button.

### 3.3 RECIPIENT / INSURED

The majority of the recipient information is auto-populated after the user verifies on the previous page. There are no required fields on the **Recipient / Insured** page. The address fields are optional.

**Provider Portal** | Eligibility | Prior Approval | Claims | Referral | Public Health | Enrollment | Administration | Code Search

Home > Create Pharmacy Claim

### Create Pharmacy Claim

\* indicates a required field

Legend

**Recipient / Insured** | Claim Information | Prescriber Information | Other Payers

**RECIPIENT INFORMATION**

Last Name: [ ] First Name: [ ] Middle Initial: T

Date Of Birth: 9/23/2008 Gender: FEMALE Pregnancy Indicator: [ ]

Recipient ID: [ ] Relationship: Self Recipient Residence: [ ]

Address 1: [ ] City: [ ]

Address 2: [ ] State: [ ]

ZIP Code: 00000-0000

1 Next » Submit

Save As Draft Copy Cancel

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**Exhibit 3. Recipient / Insured Page**

Step	Action
1	Select the <b>Next</b> button to proceed to the <b>Claim Information</b> page.

### 3.4 CLAIM INFORMATION

The **Claim Information** page allows users to enter general information about a pharmacy claim. On the **Claim Information** page for pharmacy claims, the **ICD Version** field allows users to select either ICD-9 or ICD-10 for diagnosis information. This page contains a number of collapsible/expandable sections. Normal default behavior displays the sections collapsed. Sections expand or collapse when the user selects Yes or No for entering information for those sections. Use the following steps to enter the required information.

Create Pharmacy Claim

★ indicates a required field

Legend

Recipient / Insured Claim Information Prescriber Information Other Payers

GENERAL INFORMATION

Claim Owner:  Claim Source: DDE

1 ★ Submission Reason:  2 ★ Place of Service:

3 ★ ICD VERSION

★ ICD-10 ☐ ICD-9 ☐

PRESCRIPTION INFORMATION

Pharmacy NPI:

4 ★ Prescription #: 1321321 5 1-BILLING

PA Number:

6 ★ Date Prescribed: 7/25/2013

7 ★ Days Supply:

8 ★ Dispense As Written:

9 ★ Fill Number:

Diagnosis Codes:

Unit Dose:

Submission Clarification:

PA Type Code:

10 ★ Rx Origin Code:

Other Coverage Code:

PRODUCT INFORMATION

11 ★ Product / Service ID:

12 ★ Quantity Dispensed: 0.000

Compound Code:

Level of Service:

PRICING INFORMATION

★ UAC Charge: \$ 0.00

13 Patient Paid Amount: \$ 0.00

14 ★ Gross Amount Due: \$ 0.00

Ingredient Cost: \$ 0.00

Exhibit 4. Claim Information Page

Step	Action
1	Submission Reason: <b>B1 – Original Billing</b>
2	Place of Service: <b>01-PHARMACY</b>
3	ICD Version: Select <b>ICD-10</b> or <b>ICD-9</b>
4	Prescription #: <b>1321321</b> – The number assigned to the prescription by the pharmacist
5	Prescription Billing: <b>1-BILLING</b>
6	Date Prescribed: Enter <b>Date</b> of Prescription
7	Days Supply: Enter <b>30</b>
8	Dispense As Written: Select <b>1-PRESCRIBER</b> – Substitution not allowed by prescriber.
9	Fill Number: Select <b>00-ORIGINAL</b>
10	Rx Origin Code: Select <b>2-TELEPHONE</b> – How the prescription was placed.
11	Product / Service ID: Enter <b>00186502082</b> – NEXIUM 20 MG CAPASTZ
12	Quantity Dispensed: Enter <b>30</b>
13	Pricing Information: UAC Charge: Enter <b>225</b> – Usual and customary charge
14	Gross Amount Due: Enter <b>225</b> – Includes the dispensing fee

### 3.5 PRESCRIBER INFORMATION

The **Prescriber Information** page allows the user to enter prescriber information. The user can either enter the Prescriber NPI or use the **Select Favorite** option. This feature allows the user to search for a prescriber by name or NPI number. Selecting a prescriber using the **Select Favorite** feature automatically populates the information for this section. This exercise takes the user through the process of using the **Select Favorite** option.

The screenshot displays the 'Create Pharmacy Claim' interface within the 'Provider Portal'. The 'Prescriber Information' tab is active. Under the 'FAVORITES' section, a blue box contains the instruction 'Select a Provider Favorite by clicking on the 'Select Favorite...' button below.' The 'Select Favorite...' button is circled in red with a '1' next to it. Below this, the 'ENTER PRESCRIBER' section contains three input fields: 'NPI' (with a red asterisk indicating it's required), 'Last Name/Facility', and 'Phone'. At the bottom of the form, there are buttons for 'Previous', 'Next', 'Submit', 'Save As Draft', 'Copy', and 'Cancel'. The footer includes links for 'About', 'Legal', 'Privacy', 'Accessibility', 'Contact Us', and 'Browser Support'.

**Exhibit 5. Prescriber Information Page**

Step	Action
1	Select the <b>Select Favorite</b> button.

**NCTracks: Provider Favorites**

	NPI/Atypical ID	Description	
1.		, BRUCE	<a href="#">Delete</a>
2.		, VIRGINIA	<a href="#">Delete</a>
3.		, VIRGINIA	<a href="#">Delete</a>
4.		THE CITY PHARMACY	<a href="#">Delete</a>
5.		PHARMACY,	<a href="#">Delete</a>
6.		PHARMACY #	<a href="#">Delete</a>
7.		RX SOLUTIONS INC DBA,	<a href="#">Delete</a>

SEARCH CRITERIA

Enter a Last Name, First Name, or an NPI/Atypical ID below, then press **Search** to begin a lookup.

Last Name  First Name

**2** NPI/Atypical ID

**3**

	NPI/Atypical ID	Description
--	-----------------	-------------

**Exhibit 6. NCTracks Provide Favorites Page**

Step	Action
2	NPI / Atypical ID: Enter the <b>Prescriber's NPI#</b> .
3	Select the <b>Search</b> button.

**NCTracks: Provider Favorites**

	NPI/Atypical ID	Description	
1.		, BRUCE	<a href="#">Delete</a>
2.		, VIRGINIA	<a href="#">Delete</a>
3.		, VIRGINIA	<a href="#">Delete</a>
4.		THE CITY PHARMACY	<a href="#">Delete</a>
5.		PHARMACY,	<a href="#">Delete</a>
6.		PHARMACY #	<a href="#">Delete</a>
7.		RX SOLUTIONS INC DBA,	<a href="#">Delete</a>

SEARCH CRITERIA

Enter a Last Name, First Name, or an NPI/Atypical ID below, then press **Search** to begin a lookup.

Last Name  First Name

NPI/Atypical ID

	NPI/Atypical ID	Description	
1.		PHARMACY,	<a href="#">Add To Favorites</a>
2.		PHARMACY,	<a href="#">Add To Favorites</a>
3.		PHARMACY, INC.,	<a href="#">Add To Favorites</a>

**4**

**Exhibit 7. Add To Favorites**

Step	Action
4	Select the <b>Add To Favorites</b> hyperlink.

NCTracks: Provider Favorites

	NPI/Atypical ID	Description	
1.		, BRUCE	<a href="#">Delete</a>
2.		, VIRGINIA	<a href="#">Delete</a>
3.		, VIRGINIA	<a href="#">Delete</a>
4.		THE CITY PHARMACY	<a href="#">Delete</a>
5.		PHARMACY,	<a href="#">Delete</a>
6.		PHARMACY #	<a href="#">Delete</a>
7.		RX SOLUTIONS INC DBA,	<a href="#">Delete</a>

SEARCH CRITERIA

Enter a Last Name, First Name, or an NPI/Atypical ID below, then press **Search** to begin a lookup.

Last Name  Pharmacy First Name

NPI/Atypical ID

	NPI/Atypical ID	Description	
1.		PHARMACY,	<a href="#">Add To Favorites</a>
2.		PHARMACY,	<a href="#">Add To Favorites</a>
3.		PHARMACY, INC.,	<a href="#">Add To Favorites</a>

Exhibit 8. Select Provider Favorite

Step	Action
5	Locate and select the provider's <b>NPI</b> hyperlink. Prescriber information populates the page.

Recipient / Insured Claim Information **Prescriber Information** Other Payers

FAVORITES

Select a Provider Favorite by clicking on the 'Select Favorite...' button below.

Provider:  (  PHARMACY, )

ENTER PRESCRIBER

\* NPI:

Last Name/Facility:  PHARMA

Phone: (000) 000-0000

« Previous **6** Next »

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Exhibit 9. Prescriber Information Page

Step	Action
6	Select the <b>Next</b> button to navigate to the <b>Other Payers</b> page.

### 3.6 OTHER PAYERS

The **Other Payers** page allows the user to enter information for third-party payers on a pharmacy claim. When Yes is selected, the **All Other Payers** section expands. If third-party insurance policies are in effect, payments made by those policies will need to be reflected here. The **All Other Payers** section has the following required fields: **Name**, **Coverage Type**, **ID Qualifier**, **ID #**, and **Date Paid**.

If applicable, the user can add more than one payer by selecting the **Add** button. The **Clear** button clears the current entry information. To delete a payer, select the **Remove Service Line** button in the last column of the line item. In this exercise, there are no other payers assigned. Selecting No collapses the **All Other Payers** section.

Exhibit 10. Other Payers Page

Step	Action
1	Do you want to add Other Payers?: Select <b>Yes</b> . The <b>All Other Payers</b> section expands.

Exhibit 11. All Other Payers

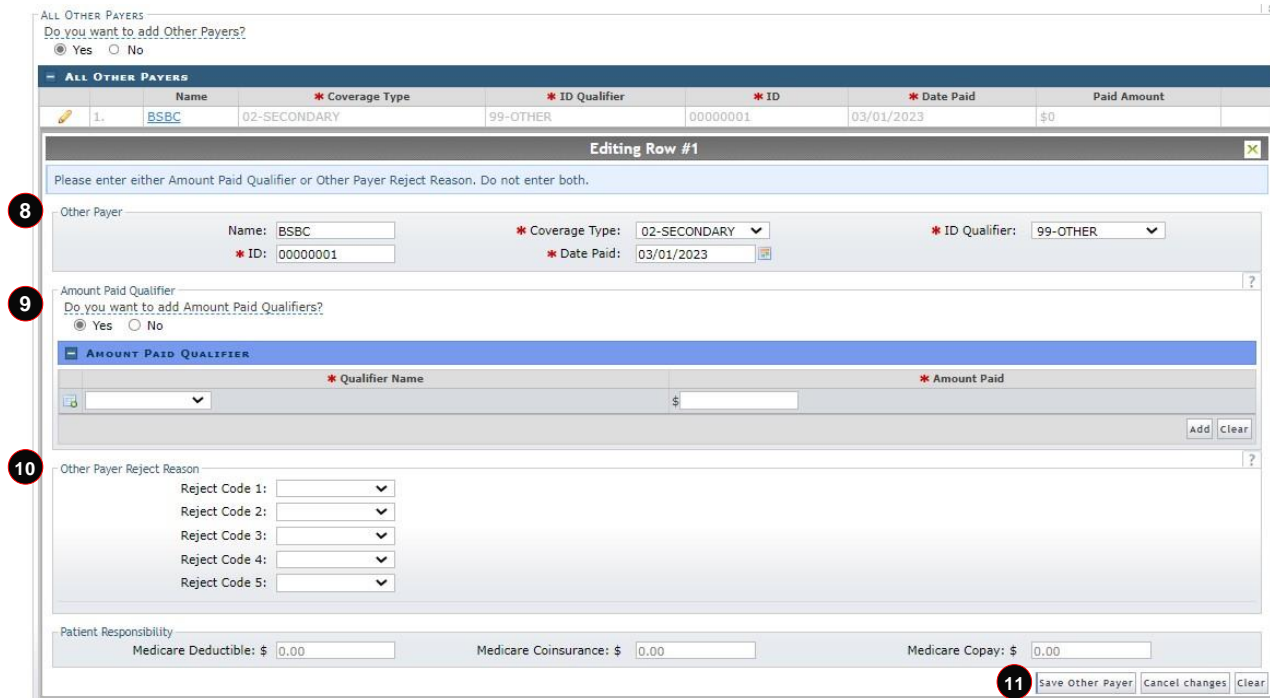
Step	Action
2	Name: Enter <b>Medicare</b> .
3	Coverage Type: Select <b>02-SECONDARY</b> from the drop-down menu. This code identifies the coverage pay hierarchy of the other payer.
4	ID Qualifier: Select <b>1C MEDICARE</b> from the drop-down menu. This code specifies the identification type of the other payer.
5	ID: Enter <b>00000001</b> . The identification number assigned to the payer that matches the ID Qualifier.



Step	Action
6	Enter Date Paid.
7	Select the <b>Add</b> button. Editing Row #1 expands.

### 3.6.1 Editing Row #1

In the **Editing Row #1** section, the required fields are **Coverage Type**, **ID Qualifier**, and **ID**. The **Amount Paid Qualifier** section allows the user to enter information about the amount paid by Other Payers for this claim. To save the changes, select the **Save Other Payer** button.



**Exhibit 12. All Other Payers Editing Row #1**

Step	Action
8	Other Payer: Allows the user to enter detail information about a third-party payer on a professional claim.
9	Amount Paid Qualifier: Allows the user to enter information about the amount paid by Other Payers for this claim; selecting <b>Yes</b> opens this section to add information. <b>Note:</b> Amount Paid Qualifier information must not be added if the <b>Other Payer Reject Reason</b> section is completed (see the following step).
10	Other Payer Reject Reason: This section is used to enter information about the rejection reason from the Other Payer.
11	Select the <b>Save Other Payer</b> button. The <b>All Other Payers</b> section collapses.

### 3.6.2 Remove Other Payer

There may be occasions where the user will need to remove a payer from the list. Select the **Remove Other Payer** icon at the payer line item row.

Exhibit 13. Remove Other Payer

Step	Action
12	Select the <b>Remove Other Payer</b> icon on the right side of the row.

Exhibit 14. Delete Row

Step	Action
13	Select the <b>OK</b> button. The payer is now removed from the line item row.

Exhibit 15. Other Payers

Step	Action
14	Do you want to add Other Payers?: Select <b>No</b> ; the <b>All Other Payers</b> section collapses. <b>Note:</b> If the user selects <b>Yes</b> again, the system retains the previously entered data.

### 3.7 SAVE AS DRAFT

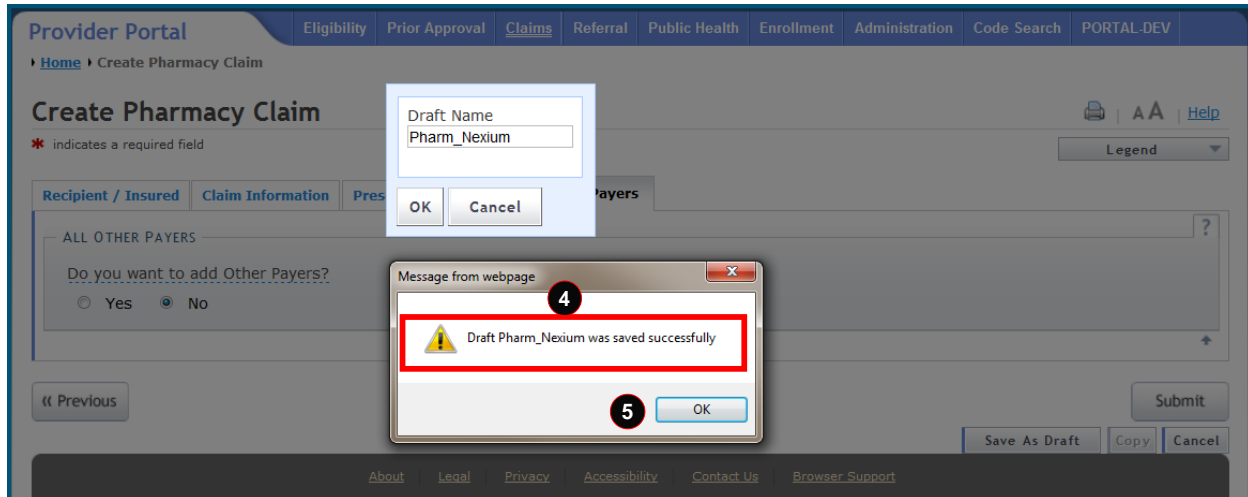
At any time during the claim entry process, the user can save the claim for completion at a later date. To save a claim, use the **Save As Draft** button located at the bottom of the page.

Exhibit 16. Save As Draft

Step	Action
1	Select the <b>Save As Draft</b> button to open the <b>Draft Name</b> window.

Exhibit 17. Draft Name

Step	Action
2	Enter a <b>Name</b> in the Draft Name field.
3	Select the <b>OK</b> button.

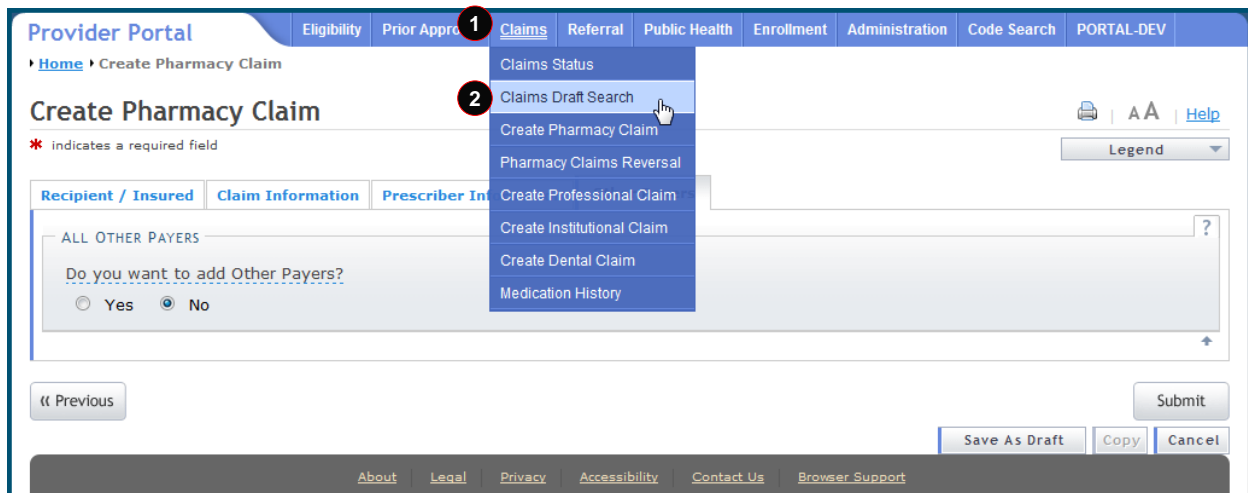


**Exhibit 18. Draft Saved Successfully**

Step	Action
4	Note the 'Message from webpage' window: Draft <name> was saved successfully.
5	Select the <b>OK</b> button.

### 3.8 CLAIMS DRAFT SEARCH

In order to finish the claim previously saved as a draft, the user must first find the entry. The Claims Draft Search allows users to find and manage draft claims within NCTracks.



**Exhibit 19. Claims Draft Search Menu Option**

Step	Action
1	Hover over the <b>Claims</b> menu.
2	Select <b>Claims Draft Search</b> .

### 3.8.1 Search Process

The Claims Draft Search is a three-step process:

- The first step is to verify the Account Information: User, Group, and NPI/Atypical ID.
- The second step is to enter the Search Options: Created Within days, Recipient Last Name, Patient Account #, Recipient ID, Rendering Provider, Claim Type, or Date(s) of Service. The user can choose to show either 'My Claims' or 'All Viewable Claims'.
- The last step is to initiate the search.

**Provider Portal** | Eligibility | Prior Approval | **Claims** | Referral | Code Search | Enrollment | Administration | Payment | Trading Partner | Consent Forms

Home > Claims Draft Search

**Claims Draft Search**

\* indicates a required field

**BASE INFORMATION**

3 \* Account Information: Providertraining

\* Group: Choose

4 \* NPI / Atypical ID: [dropdown]

**SEARCH OPTIONS**

Created Within: [ ] days 5

Patient Account #: [ ]

Rendering Provider: [ ]

Claim Type: [dropdown]

Date of Service From: mm/dd/yyyy to mm/dd/yyyy

Show: ☒ My Claims

Recipient Last Name: [ ]

Recipient ID: [ ]

Draft Name: [ ]

6 Search Reset

**SEARCH RESULTS**

Recipient ID	Draft Name	Last Name	Acct Number	Billing Provider	Rendering Provider	Claim Type	DOS From	DOS To
--------------	------------	-----------	-------------	------------------	--------------------	------------	----------	--------

**Exhibit 20. Claims Draft Search Criteria**

Step	Action
3	Account Information: Verify the user's <b>Account Information</b> is correct.
4	NPI / Atypical ID: Select the <b>NPI number</b> from the drop-down menu.
5	Created Within: Enter the search options, i.e., <b>(25)</b> number of days since created.
6	Select the <b>Search</b> button.

### 3.8.2 Search Results

The results display in the **Search Results** section, showing the Recipient ID, Draft Name, Last Name, Acct Number, Billing Provider, Rendering Provider, Claim Type, DOS From, and DOS To.

Locate the Draft Name. Select the hyperlinked value in the Recipient ID column to view the contents of that claim.

**SEARCH RESULTS**

Recipient ID	Draft Name	Last Name	Acct Number	Billing Provider	Rendering Provider	Claim Type	DOS From	DOS To
7	Pharm_Nexium		123456789			Pharmacy	03/11/2013	03/11/2013

1 results (displaying page 1 of 1)

first prev 1 next last

**Exhibit 21. Search Results**

Step	Action
7	Select the <b>Recipient ID</b> hyperlink. The claim displays.

### 3.9 SUBMIT CLAIM AND STATUS DETAILS

Note that the **Submit** button is grayed out and is not active. The user can navigate through the tabs by selecting the **Next** buttons or select any of the tab headers to review the information entered. The **Submit** option becomes available when the **Other Payers** page is active. Navigate to the **Other Payers** tab.

The screenshot shows the 'Create Pharmacy Claim' form in the Provider Portal. The 'Recipient / Insured' tab is selected, and a red circle with the number '1' is placed over the 'Other Payers' tab. The form contains various input fields for recipient information. At the bottom right, the 'Next' and 'Submit' buttons are highlighted with a red rectangular box. The 'Submit' button is currently grayed out.

Exhibit 22. Next and Submit Buttons

Step	Action
1	Select the <b>Other Payers</b> tab. The <b>Other Payers</b> page displays.

#### 3.9.1 Submit Claim

The **Submit** button is now active. If the user selects the **Submit** button and any errors are found, NCTracks displays an Error Summary message and navigates the user to the corresponding tab. The user must fix the errors and select **Submit** again to resubmit the claim.

The Pharmacy Claims entry page has an **ICD-10 Version** field on the **Claim Information** tab. This field allows the user to select either ICD-9 or ICD-10 for diagnosis information.

**Provider Portal** | Eligibility | Prior Approval | Claims | Referral | Public Health | Enrollment | Administration | Code Search | PORTAL-DEV

Home > Create Pharmacy Claim

## Create Pharmacy Claim

\* indicates a required field

Legend

Recipient / Insured | **Claim Information \*** | Prescriber Information | Other Payers

ALL OTHER PAYERS

Do you want to add Other Payers?

☐ Yes ☒ No

Save As Draft | Copy | **Submit** | Cancel

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**Exhibit 23. Submit Claim**

Step	Action
1	Select the <b>Submit</b> button. An Error Summary message displays.

**Provider Portal** | Home > Create Pharmacy Claim

## Create Pharmacy Claim

\* indicates a required field

Legend

Recipient / Insured | **Claim Information \*** | Prescriber Information | Other Payers

**Error Summary**

Please fix the following errors before you proceed. If applicable, the error message is linked to an associated field.

- Claim Information tab: Rx Origin Code is required.

GENERAL INFORMATION

Claim Owner: [ ] Claim Source: DDE

Submission Reason: B1 - Original Bill Place of Service: 10-UNASSIGNED

ICD VERSION

ICD-10 ICD-9

PRESCRIPTION INFORMATION

Pharmacy NPI: [ ] Prescription #: 1213123 1-BILLING

Date Dispensed: 3/1/2014 Date Prescribed: 01/01/2015

Dispense As Written: 3-PHARMACIST

Diagnosis Codes: 123 12333 1233

Submission Clarification: [ ] [ ] [ ]

Rx Origin Code: [ ]

PA Number: [ ] Dispensing Status: [ ]

Days Supply: 4 Fill Number: 07-7TH REFILL

Unit Dose: [ ] PA Type Code: [ ]

Other Coverage Code: [ ]

PRODUCT INFORMATION

Product / Service ID: 12323 Quantity Dispensed: 4

Compound Code: 1-NOT COMPOUND Level of Service: [ ]

PRICING INFORMATION

UAC Charge: \$ 3.00 Gross Amount Due: \$ 3.00

Patient Paid Amount: \$ 0.00 Ingredient Cost: \$ 0.00

Management Fee: \$ 0.00 Dispensing Fee: \$ 0.00

Incentive Fee: \$ 0.00 Basis Of Cost Determination: [ ]

COMPOUND DRUG INGREDIENTS

Do you want to add Compound Drug Ingredients?

☐ Yes ☒ No

DUR/PPS CODE

Do you want to add DUR/PPS Code?

☐ Yes ☒ No

Save As Draft | Copy | **Submit** | Cancel

**Exhibit 24. Error Summary**

Step	Action
2	RX Origin Code: Select <b>2-TELEPHONE</b> from the drop-down menu.
3	Select the <b>Other Payers</b> tab.

### 3.9.2 Claim Status Details

When the user submits the claim, the claim status details display on the **Pharmacy Claim Response** page. The page has two sections: **Claim Information** and **Response Information**.

Exhibit 25. Pharmacy Claim Response

Section	Description
1	Claim Information – Transaction Code, Pharmacy NPI, Prescription #, Date Of Service, and Amount Paid
2	Response Information – Transaction Response and Additional Message Information

### 3.10 CLAIM REVERSAL

Pharmacy Claims Reversal is used to reverse claims previously entered in NCTracks. To reverse a claim, the user will need to know the claim Pharmacy's NPI number, Prescription Number, NDC, and Date Dispensed.

Exhibit 26. Pharmacy Claims Reversal Menu Option



Step	Action
1	Hover over the <b>Claims</b> menu.
2	Select <b>Pharmacy Claims Reversal</b> . The <b>Create Pharmacy Reversal</b> page displays.

**Exhibit 27. Create Pharmacy Reversal Page**

Step	Action
1	NPI / Atypical ID: Select Pharmacy <b>NPI #</b>
2	Prescription #: <b>123456789</b>
3	National Drug Code: <b>00186502082</b> – NEXIUM 20 MG CAPASTZ
4	Date Dispersed: <b>3/11/2013</b>
5	Select the <b>Submit</b> button.

**Exhibit 28. Pharmacy Claim Response – Reversal**

Section	Description
6	Claim Information – Transaction Code, Pharmacy NPI, Prescription #, Date Of Service, and Amount Paid
7	Response Information – Transaction Response, Reject Count, Additional Message Information, Reject Code, Reject Code Description

## 4.0 Claim Status and Claim Copy Demonstration

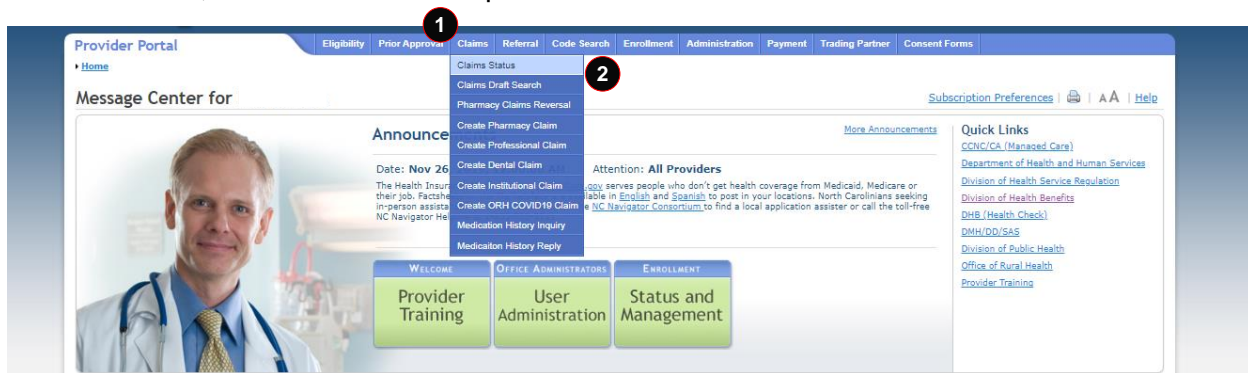
### 4.1 RESUBMIT A CLAIM

This demonstration shows the process for researching a Claim Status and copying a claims record for resubmitting a claim. It is a two-step process:

- Search the status of the claim.
- Copy the claim details to a new claim allowing for the resubmission of the claim.

This claims process is the same for all claim types. The illustrations in this section show a status for a pharmacy claim.

The **Claim Status** page is used to search for the status of a submitted claim. In the NCTracks Provider Portal, the **Claims Status** option is located under the **Claims** menu.



**Exhibit 29. Claims Status Menu Option**

Step	Action
1	Hover over the <b>Claims</b> menu.
2	Select <b>Claims Status</b> . The <b>Claim Status Request</b> page displays.

### 4.2 CLAIM STATUS REQUEST

The **Claim Status Request** page has three sections: **Base Information**, **Claim Search**, and **Claims** (results). The required fields are **Dates of Service** (From and To) and **Recipient ID**. Using as many fields (criteria) as possible for the search will return a quicker and more accurate response. All required fields are denoted by a red asterisk.

**Provider Portal** | Eligibility | Prior Approval | **Claims** | Referral | Code Search | Enrollment | Administration | Payment | Trading Partner | Consent Forms

Home > Claim Status Request

### Claim Status Request

\* Indicates a required field

Legend

**BASE INFORMATION**

\* Account Information:

\* Group:

\* NPI / Atypical ID:

**CLAIM SEARCH**

To aid in your search, please enter the following information as completely as possible.

3 \* Date of Service From:  to \*  4

TCN:

Patient Account #:

5 \* Recipient ID:

Claim Billed Amount:

6 Search Clear

**CLAIMS**

TCN	Recipient ID	Recipient Name	Dates of Service	Status Date	Category Code Desc	Status Code Desc
-----	--------------	----------------	------------------	-------------	--------------------	------------------

**Exhibit 30. Claim Status Request**

Step	Action
3	Date of Service: Enter the Claim's <b>From</b> Date of Service or use the calendar icon to select a date.
4	Date of Service: Enter the Claim's <b>To</b> Date of Service or use the calendar icon to select a date.
5	Recipient ID: Enter the <b>Recipient ID</b> number.
6	Select the <b>Search</b> button. The Claim Status Request search results display.

**Provider Portal** | Eligibility | Prior Approval | **Claims** | Referral | Code Search | Enrollment | Administration | Payment | Trading Partner | Consent Forms

Home > Claim Status Request

### Claim Status Request

\* Indicates a required field

Legend

**BASE INFORMATION**

\* Account Information: ProviderTraining

\* Group: ProviderTrainin

\* NPI / Atypical ID:

**CLAIM SEARCH**

To aid in your search, please enter the following information as completely as possible.

\* Date of Service From: 03/01/2023 to \* 03/03/2023

TCN:

Patient Account #:

\* Recipient ID:

Claim Billed Amount: 0.00

Search Clear

**CLAIMS**

TCN	Recipient ID	Recipient Name	Dates of Service	Status Date	Category Code Desc	Status Code Desc
7			03/01/2023 - 03/03/2023	03/24/2023	D0 - DATA SEARCH UNSUCCESSFUL - THE PAYER IS UNABLE TO RETURN STATUS ON THE REQUESTED CLAIM(S) BASED ON THE SUBMITTED SEARCH CRITERIA.	35 - Claim/encounter not found.

1 results (displaying page 1 of 1)

first prev 1 next last

**Exhibit 31. Claim Status Request Result**

Step	Action
7	Select the TCN hyperlink #1308501402580000. The <b>Claim Status Details</b> page displays. The next step is to load the original claim.

**Provider Portal** | Eligibility | Prior Approval | **Claims** | Referral | Code Search | Enrollment | Administration | Trading Partner | Payment | Consent Forms

Home > Claim Status Request > Claim Status Details-13085014...

### Claim Status Details-

\* Indicates a required field

**PATIENT**

Name: [REDACTED]  
Recipient ID: [REDACTED]

**BILLING PROVIDER**

Provider Name: [REDACTED] EASTERN CAROLINA NPI: [REDACTED]

**PRIMARY STATUS**

Payer Claim ID: **8** Account #: [REDACTED] Claim Status Date: [REDACTED]  
 Charge Amount: [REDACTED] Paid Amount: [REDACTED] Claim Date of Service: [REDACTED]  
 Check Date: [REDACTED] Check #: [REDACTED] Adjudication Date: [REDACTED]  
 Payment Method: [REDACTED] Prescription Number: [REDACTED]  
 Category Code: [REDACTED] Category Code Desc: [REDACTED]  
 Status Code: [REDACTED] Status Code Desc: [REDACTED]

**LINES**

Status	Status Description	Procedure Code	Charge Amount	Paid Amount	Quantity	Status Date	Other Status 1	Other Status 2
1 26	Entity not found.	31536	\$2,700.00	\$0.00	1.000	03/27/2013		

1 results (displaying 1-1)

first 1 last

**Exhibit 32. Claim Status Details**

Step	Action
8	Payer Claim ID: Select the <b>Payer Claim ID</b> hyperlink. The original claim details display. The user can view the claim line item information: Status, Status Description, Procedure Code, Charge Amount, Paid Amount, Quantity, Status Date, Other Status 1, and Other Status 2.

### 4.3 COPY

The claim displays as read-only on all pages. Notice that the data fields are grayed out. To make changes and resubmit the claim, the claim must be copied to a new claim. In fact, the only action is to copy the claim.

Exhibit 33. Claim Copy

Step	Action
9	Select the <b>Copy</b> button.

## 5.0 Next Steps

You have submitted a pharmacy claim using data from [Addendum D.1](#). The next step is to create a claim for Compound Drug Ingredients using the data from [Addendum D.2](#). After completing the Compound Drug Ingredient claim, create a Drug Utilization Review/Prospective Payment System (DUR/PPS) Code Override – High Dose claim using the data from [Addendum D.3](#).

**This Page Intentionally Left Blank**

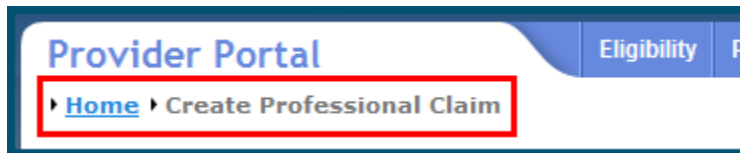


## Addendum A. Help System

The major forms of help in the NCMMIS NCTracks system are as follows:

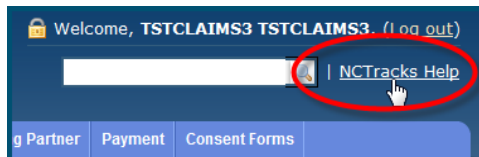
- Navigational breadcrumbs
- System-Level Help – Indicated by the “NCTracks Help” link on each page
- Page-Level Help – Indicated by the “Help” link above the Legend
- Legend
- Data/Section Group Help – Indicated by a question mark (?)
- Hover-over or Tooltip Help on form elements

### Navigational Breadcrumb



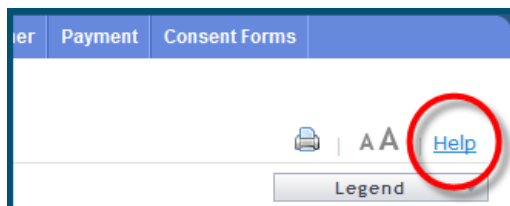
A breadcrumb trail is a navigational tool that shows the path of pages that the user has visited from the home page. This breadcrumb consists of links so the user can return to specific pages on this path.

### System-Level Help



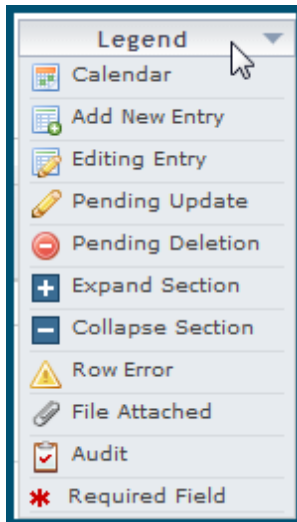
The System-Level Help link opens a new window with the complete table of contents for a given user's account privileges. The System-Level Help link, “NCTracks Help”, will display at the top right of any secure portal page or web application form page that contains Page-Level and/or Data/Section Group Help.

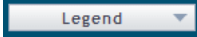
### Page-Level Help



Page-Level Help opens a modal window with all of the Data/Section Group help topics for the current page. The Page-Level Help link displays across from the page title of any web application form page.

## Form Legend



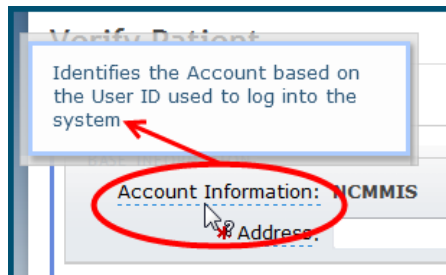
A legend of all helpful icons is presented on pages as needed to explain the relevant meanings. This helps the user become familiar with any new icon representations in context with the form or page as it is used. Move the mouse over the Legend icon  to open the list.

## Data / Section Group Help

A screenshot of a form titled 'PATIENT INFORMATION'. It contains fields for '\* Recipient ID:', '\* SSN:', '\* Date of Birth:', and '\* Date of Service'. The '\* Date of Birth:' field is highlighted with a red box and a red circle containing a question mark. The '\* Date of Service' field has sub-fields for '\* From:' and '\* To:'. At the bottom right, there are 'Verify' and 'Clear' buttons.

Data/Section Group Help targets the same modal window as Page-Level help, but also targets specific form information associated with the Help link that the user selected. Data/Section Group Help displays as a question mark (?).

## Tooltip Help



Tooltip help is available via a popup box that appears slightly above the page element when a user hovers the cursor over the element. Text with an available tooltip has a dashed underline.

## Addendum B. Compound Drug Ingredients

The **Compound Drug Ingredients** section is used to enter specific information about any/all of the ingredients included in the preparation of a compound drug being billed on the claim. Selecting Yes expands this section to add information about the compound drug; if No is selected, all entries in this section are ignored. In this example, the user will add two drug ingredients to make a compound drug.

**Exhibit 34. Compound Drug Ingredients Section**

Step	Action
1	Do you want to add Compound Drug Ingredients?: Select <b>Yes</b> . The <b>Compound Drug Ingredients</b> section expands.
2	Select the <b>Code Search</b> button.

Code	Description	Action
1.	CAPTOPRIL 100 MGTABWST1	Dele
2.	NEXIUM 20 MG CAPASTZ	Dele
3.	ROOM & BOARD-PRIVATE-GEN CLASS	Dele
4.	HC ACETATE 0.5 % CRMAMER	Dele
5.	SPEECH/LANGUAGE DISORDER	Dele
6.	CEREBRAL PALSY NOS	Dele
7.	PARAPLEGIA NOS	Dele

SEARCH CRITERIA

Enter a Code below, then press **Search** to begin a lookup.

Code

**Search**

Code	Description
------	-------------

Close

Exhibit 35. NCTracks: Code Favorites

Step	Action
3	Code: Enter <b>00168031315</b> for CICLOPIROX 0.77% CRMFOUG.
4	Select the <b>Search</b> button.

NCTracks: Code Favorites

	Code	Description	
1.		CAPTOPRIL 100 MGTABWST1	<a href="#">Dele</a>
2.		NEXIUM 20 MG CAPASTZ	<a href="#">Dele</a>
3.		ROOM & BOARD-PRIVATE-GEN CLASS	<a href="#">Dele</a>
4.		HC ACETATE 0.5 % CRMAMER	<a href="#">Dele</a>
5.		SPEECH/LANGUAGE DISORDER	<a href="#">Dele</a>
6.		CEREBRAL PALSY NOS	<a href="#">Dele</a>
7.		PARAPLEGIA NOS	<a href="#">Dele</a>

SEARCH CRITERIA

Enter a Code below, then press **Search** to begin a lookup.

Code

	Code	Description	
1.	00168031315	CICLOPIROX 0.77% CRMFOUG	<a href="#">Add To Favorites</a>

**5**

Exhibit 36. Add To Favorites

Step	Action
5	Select the <b>Add To Favorites</b> hyperlink.

NCTracks: Code Favorites

Code	Description	
1.	CAPTOPRIL 100 MGTABWST1	<a href="#">Dele</a>
2.	CICLOPIROX 0.77% CRMFOUG <b>6</b>	<a href="#">Dele</a>
3.	NEXIUM 20 MG CAPASTZ	<a href="#">Dele</a>
4.	ROOM & BOARD-PRIVATE-GEN CLASS	<a href="#">Dele</a>
5.	HC ACETATE 0.5 % CRMAMER	<a href="#">Dele</a>
6.	SPEECH/LANGUAGE DISORDER	<a href="#">Dele</a>
7.	CEREBRAL PALSY NOS	<a href="#">Dele</a>

SEARCH CRITERIA

Enter a Code below, then press **Search** to begin a lookup.

Code

**Search**

Code	Description	
1. 00168031315	CICLOPIROX 0.77% CRMFOUG	<a href="#">Add To Favorites</a>

**Close**

Exhibit 37. Product Code Selection

Step	Action
6	Locate and select the <b>Product Code #00168031315</b> hyperlink.

COMPOUND DRUG INGREDIENTS

Do you want to add Compound Drug Ingredients?

☒ Yes ☐ No

**COMPOUND DRUG INGREDIENTS**

<b>7</b> * Product ID	<b>8</b> * Quantity	<b>9</b> * Drug Cost	
<input type="text" value="00168031315"/>	<input type="text" value="0.000"/>	<input type="text" value="0.00"/>	<b>10</b> <a href="#">Add</a> <a href="#">Clear</a>

Exhibit 38. Compound Drug Ingredients Section

Step	Action
7	Product ID: Select <b>03-NDC</b> – National Drug Code
8	Quantity: Enter <b>20</b>
9	Drug Cost: Enter <b>50.00</b>

Step	Action
10	Select the <b>Add</b> button.

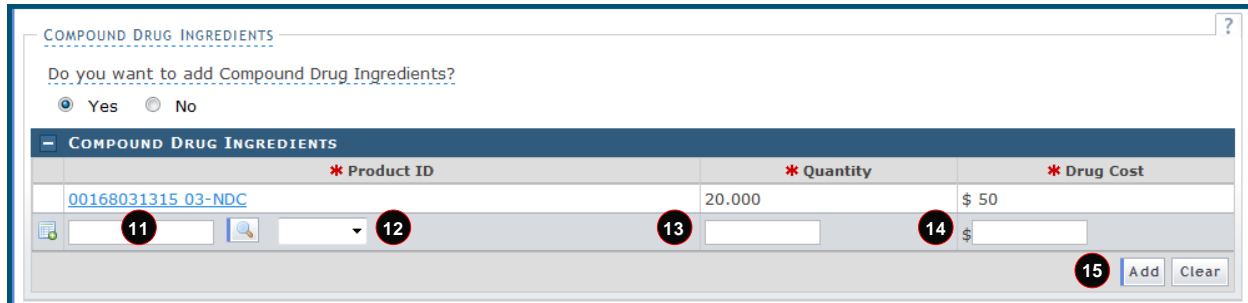


Exhibit 39. Add Compound Drug #1

Step	Action
11	Product ID: Enter <b>24385019003</b> for HC ACETATE 0.5% CRMAMER
12	Product ID: Select <b>03-NDC</b> – National Drug Code
13	Quantity: Enter <b>20</b>
14	Drug Cost: Enter <b>50</b>
15	Select the <b>Add</b> button.

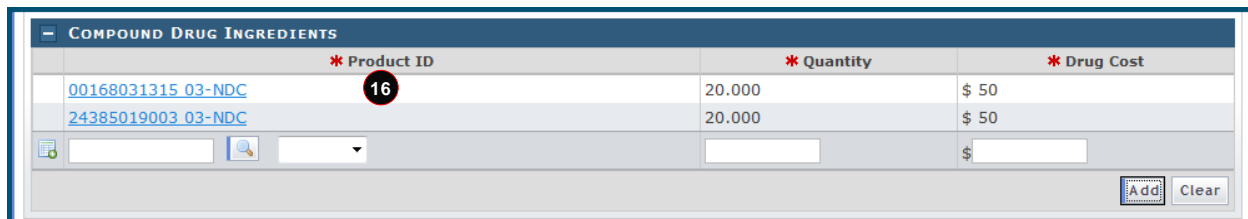


Exhibit 40. Compound Drug

Step	Action
16	To edit a Product ID, click anywhere along the <b>Product ID</b> row.

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## Addendum C. DUR/PPS Code

The **DUR/PPS Code** section is used to enter specific information about drug utilization, drug evaluations, and other information contributing to a DUR that prompts pharmacist professional service. The DUR/PPS information may be sent with the initial claim submission or alternatively sent after a DUR/PPS rejection from NCTracks. Selecting Yes opens this section to add DUR/PPS information; if No is selected, all entries in this section are ignored. (The Addendum D.3 exercise takes the user through the process of entering a DUR/PPS Code Override.)

Exhibit 41. DUR/PPS Code Section

Step	Action
1	Reason: Select <b>HD-HIGH DOSE</b> – High dosage utilization conflict detected from the drop-down menu.
2	Service: Select <b>M0-PRESC CNSL</b> – Prescriber Consulted from the drop-down menu.
3	Result: Select <b>1B-FILL AS IS</b> – Fill prescription as is from the drop-down menu.
4	Select the <b>Add</b> button to submit the DUR/PPS information entered.

Exhibit 42. DUR/PPS Code – Add

Step	Action
5	Do you want to add DUR/PPS Code?: Select <b>No</b> . The <b>DUR/PPS Code</b> section closes.

DUR/PPS CODE

Do you want to add DUR/PPS Code?

☐ Yes
 ☒ No

« Previous

Next »

Submit

Save As Draft

Copy

Cancel

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**Exhibit 43. DUR/PPS – No**

## Addendum D. Claim-Specific Information

### D.1 CLAIM NEXIUM

Claim-specific information for this exercise is listed in the following table. Use defaults or create information for all other fields.

Data
NPI/Atypical ID: Select the Pharmacy Provider <b>NPI</b>
Recipient ID: Enter the <b>Recipient ID</b>
Dates of Service: Use the same date of service for the From and To dates
<b>Recipient/Insured (Only of Changing Address)</b>
Address 1: <b>Recipient Address 1</b>
City: <b>Recipient City</b>
State: <b>NC</b>
Zip Code: <b>27606</b>
<b>Claim Information</b>
Submission Reason: <b>B1 – Original Billing</b>
Place of Service: <b>01-PHARMACY</b>
<b>Prescription Information</b>
Prescription ID: <b>123456789</b>
Date Prescribed: same as the <b>From</b> date
Days Supply: <b>30</b>
Dispense As Written: <b>1-PRESCRIBER</b> – substitution not allowed by subscriber
Fill Number: <b>00-ORIGINAL</b> – not refills
Rx Origin Code: <b>2-TELEPHONE</b>
<b>Product Information</b>
Product / Service ID: <b>00186502082</b> – NEXIUM 20 MG CAPASTZ
<b>Pricing Information</b>
Quantity Dispensed: <b>30</b>
Pricing Information – UAC Charge: <b>\$225.00</b> ; Gross Amount Due: \$225.00
<b>Prescriber Information</b>
Use the <b>Select Favorite</b> option to select a Prescriber.
<b>Other Payers</b>
Do you want to Add Other Payers? <b>No</b>
Select the Submit button. NCTracks displays a Claim Status Details page with a status of Paid, Denied, or Pending. The system provides a code and code description for denied and pending claims. For denied claims, it produces a Reject Code and Reject Code Description.

## D.2 COMPOUND DRUG INGREDIENTS

Claim-specific information for this exercise is listed in the following table. Use defaults or create information for all other fields.

Data
NPI/Atypical ID: Select the Pharmacy Provider <b>NPI</b>
Recipient ID: Enter the <b>Recipient ID</b>
Dates of Service: Use the same date of service for the From and To dates
<b>Recipient/Insured (Only of Changing Address)</b>
Address 1: <b>Recipient Address 1</b>
City: <b>Recipient City</b>
State: <b>NC</b>
Zip Code: <b>27606</b>
<b>Claim Information</b>
Submission Reason: <b>B1 – Original Billing</b>
Place of Service: <b>01-PHARMACY</b>
<b>Prescription Information</b>
Prescription #: <b>987654321, 1-BILLING</b>
Date Prescribed: (ensure the date prescribed is before the Date Dispensed)
Days Supply: <b>20</b>
Dispense As Written: <b>1-PRESCRIBER</b> – substitution not allowed by subscriber
Fill Number: <b>00-ORIGINAL</b>
Rx Origin Code: <b>2-TELEPHONE</b>
<b>Product Information</b>
Product / Service ID: <b>0</b>
Compound Code: <b>2-Compound</b>
<b>Pricing Information</b>
UAC Charge: <b>\$75</b> ; Gross Amount Due: <b>\$100</b>
<b>Compound Drug Ingredients</b>
Do you want to add Compound Drug Ingredients? <b>Yes</b>
First NDC – Product/Service ID: Enter <b>00168031315</b> , Select <b>03-NDC</b> from the drop-down menu
Quantity: <b>20</b>
Drug Cost: <b>\$50</b>
Second NDC – Product/Service ID: Enter <b>24385019003</b> , Select <b>03-NDC</b> from the drop-down menu
Quantity: <b>20</b>

Data
Drug Cost: <b>\$50</b>
<b>Prescriber Information</b>
Use the <b>Select Favorite</b> option to select a Prescriber.
<b>Other Payers</b>
Do you want to add Other Payers? <b>No</b>
Select the Submit button. NCTracks displays a Claim Status Details page with a status of Paid, Denied, or Pending. The system provides a code and code description for denied and pending claims. For denied claims, it produces a Reject Code and Reject Code Description.

### D.3 DUR/PPS OVERRIDE – HIGH DOSE

Claim-specific information for this exercise is listed in the following table. Use defaults or create information for all other fields.

Data
NPI/Atypical ID: Select the Pharmacy Provider <b>NPI</b>
Recipient ID: Enter the <b>Recipient ID</b>
Dates of Service: Use the same date of service for the From and To dates
<b>Recipient/Insured (Only of Changing Address)</b>
Address 1: <b>Recipient Address 1</b>
City: <b>Recipient City</b>
State: <b>NC</b>
Zip Code: <b>27606</b>
<b>Claim Information</b>
Submission Reason: <b>B1 – Original Billing</b>
Place of Service: <b>01-PHARMACY</b>
<b>Prescription Information</b>
Prescription #: <b>12121212121, 1-BILLING</b>
Date Prescribed: (ensure the date prescribed is before the Date Dispensed)
Days Supply: <b>30</b>
Dispense As Written: <b>1-PRESCRIBER</b> – substitution not allowed by subscriber
Fill Number: <b>00-ORIGINAL</b>
Submission Clarification: <b>01-OVERRIDE</b> (Other Override – Supply Override)
Rx Origin Code: <b>2-TELEPHONE</b>
<b>Product Information</b>
Product / Service ID: <b>00143117401</b> – CAPTOPRIL 100 MGTABTEVA

Data
Select <b>03-NDC</b> from the drop-down
Quantity Dispensed: <b>180</b>
<b>Pricing Information</b>
UAC Charge: <b>\$100</b> ; Gross Amount Due: <b>\$50</b>
<b>DUR/PPS Code</b>
Do you want to add DUR/PPS Code? Select <b>Yes</b>
Reason Code: <b>HD-High Dose</b>
Service Code: <b>M0-PRESC CNSL</b> – Prescriber Consulted
Result Code: <b>1B-FILL AS IS</b> – Fill prescription as prescribed
<b>Prescriber Information</b>
Use the <b>Select Favorite</b> option to select a Prescriber.
<b>Other Payers</b>
Do you want to add Other Payers? <b>No</b>
Select the Submit button. NCTracks displays a Claim Status Details page with a status of Paid, Denied, or Pending. The system provides a code and code description for denied and pending claims. For denied claims, it produces a Reject Code and Reject Code Description.