



JOB AID Adding an Attachment to a Claim

OVERVIEW

In order to receive proper claim reimbursement, the user may want or be required to add attachments to a claim such as Admittance Summary, Medical Records, Ambulance Trip Ticket, Certifications, Diagnosis Report, Invoice, Discharge Summary, Explanation of Benefits (EOB), physician's orders, etc. (these are examples and are not applicable to all claims). A provider can add up to 10 file attachments, not to exceed 25 MB.

Note: The preferred and recommended method of submitting additional supporting documentation is through an electronic upload within the NCTracks secure Provider portal.

Note: The X12 claims transactions accepted by NCTracks do not support the X12 275 Claims Attachment; therefore, submitting supporting documentation for X12 claims must be completed through the mail process.

This Job Aid provides instructions on how to add attachments to a claim in the NCTracks secure Provider portal and by mail.

Access Claims Function

The NCTracks Home page displays once you are logged in to the system.



Step	Action
1	Click the Providers tab.
2	Click NCTracks Secure Portal Login.





Provider Portal Login

AA | Help



Step	Action
3	Enter the User ID (NCID).
4	Enter the Password .
5	Click the Log In button.

The secure Provider portal Home screen displays. The user will mouse over the **Claims** tab in order to select the appropriate submenu option.

Provider Portal Eligibi	ity Prior Appr	Claims	Referral	Code Search	Enrollment	Administration	Payment	Trading Partne	Consent Forms
Home		Claims S	tatus						
		Claims D	raft Search						the second se
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	Announcem	Create P	harmacy Cla	im			More Annou	incements Q	uick Links
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	Stay on top of NC	Create In	stitutional Cl	aim slette	er			3	ivision of Health Service Regulation
	The best way to star	y on top o	r updates to	NCTracks is to	o subscribe to the	NCTracks Commi	unications an	d Updates	ivision of Medical Assistance
	heading "Sign Up fo	r NCTracks Communications" on the <u>Provider Communications webpage</u> . Signing up will				o will	MA (Health Check)		
	ensure that you re		zeive not only the regular newsletter, but important time-sensitive messages sent via email.			email.	DMH/DD/SAS		
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Step	Action
1	Click the Claims tab.
2	Click one of the following:
	 Create Professional Claim to enter a claim that is an electronic version of the Professional (CMS-1500/837P) Claim form.
	 Create Dental Claim to enter a claim that is an electronic version of the Dental (ADA-2006/837D) Claim form.
	• Create Institutional Claim to enter a claim that is an electronic version of the Institutional (UB-04/837I) Claim form.





CLAIMS – ATTACHMENTS TAB – PROFESSIONAL/DENTAL CLAIM

Once the user has completed all the required and necessary fields for submitting a claim, the system navigates the user to the **Attachments** tab.

The **Attachments** tab allows users to share information related to a claim that has not been captured on the **Patient / Insured**, **Claim Information**, **Provider Information**, **Other Payers**, and **Service(s)** tabs.

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atient / Insured	Claim Information	Provider Information	Other Payers Ser	vice(s) Attachmen	E			
PROFESSIONAL ATT	ACHMENT							
* Would you like	to attach files							
Ves 🔿 No	•							
Please enter up	to 10 file attachments	below not to exceed 25M	1b total.					
Please enter up	to 10 file attachments	below not to exceed 25M	1b total.					
Please enter up	to 10 file attachments	below not to exceed 25M	15 total.	ł.	* Transmission Code	Attachment Supplement		
Please enter up	to 10 file attachments	below not to exceed 25M # Attachment Type	lb total.		* Transmission Code	Attachment Supplement		
Please enter up	to 10 file attachments	Attachment Type	lb total.		* Transmission Code	Attachment Supplement		
Please enter up	to 10 file attachments	elow not to exceed 25%	1b total.		* Transmission Code	Attachment Supplement		
Please enter up – ATTACHMENTS	to 10 file attachments	below not to exceed 25M * Attachment Type	Nb total.		* Transmission Code	Attachment Supplement		

Step	Action
1	Answer the question, " Would you like to attach files? ". The following file types may be attached: MS-Word, MS-Excel, WordPerfect, MS-Write, Open Office, text, PowerPoint, Zip, PageMaker, Adobe PDF, and/or image (TIFF, JPEG, GIF, PNG).
	Note: Select Yes to expand the Attachments section. Select No to collapse the Attachments section.

NCTracks provides three transmission types to deliver attachments. The user must select the appropriate **Attachment Type** and **Transmission Code** for each attachment. Under the **Attachment Supplement** column, the application displays additional information for the selected transmission code.

The **Submit** button used to submit the claim is located on the **Attachments** tab. The user must navigate to the **Attachments** tab to submit the claim.

Please enter up to 7 file attachments below not to exceed 24Mb	total.	
- Attachments		
Attachment Type	2 * Transmission Code	3 * Attachment Supplement
OZ-SUPP-DATAC	ON-REQ	
OZ-SUPP-DATAC	MAIL	PO Box 30968 Raleigh, NC. 27622
OZ-SUPP-DATAC	ELECTRONIC 💌	Upload File 4
		5 Add Clear
« Previous		6 Submit





Step	Action
1	Attachment Type: Select the type of attachment that will accompany the claim from the drop-down list.
2	Transmission Code: Select the delivery mode from the drop-down list:
	 ON-REQ: Allows the user to advise the reviewer that additional supporting documentation is available on request at the provider site.
	 MAIL: Allows the user to submit additional supporting documentation via United States Postal Service.
	Note: The claims cover sheet must be printed from the hyperlink when submitting additional supporting documentation via U.S. mail.
	 ELECTRONIC: Allows the user to submit additional supporting documentation by uploading file(s) to NCTracks.
3	Attachment Supplement: Displays the appropriate mailing address to submit specific additional supporting documentation when the Mail delivery method is selected. Displays the specific file name of the additional supporting documentation being attached when the Electronic delivery method is selected.
4	Click the Upload File button to search for and select a file to append to the claim. Note : This button is available when Electronic is selected as the Transmission Code .
5	Click the Add button (a paper clip icon appears to the left of appended attachments).
6	Click the Submit button.

CLAIMS – ATTACHMENTS TAB – INSTITUTIONAL CLAIM

Once the user has completed all the required and necessary fields for submitting a claim, the system navigates the user to the **Attachments** tab.

The **Attachments** tab allows users to share information related to a claim that has not been captured on the **Patient / Insured**, **Claim Information**, **Provider Information**, **Diagnosis / Procedure**, **Other Payers**, and **Service(s)** tabs.

Γ	Create Institutional Claim							
	* indicates a required fie	eld						Legend 🔻
	Patient / Insured	Claim Information	Provider Information	Diagnosis / Procedure	Other Payers	Service(s)	Attachments	
	-CLAIMS ATTACHMEN	IT						?
	K Do you want to add attachments to this claim? Ves No Please enter up to 10 file attachments below not to exceed 25Mb total.							
L			* Attachment Typ	pe			* Transmission Code	Attachment Supplement
	8						•	
								Add Clear
	(Previous							Submit Save as Draft Copy Cancel





Step	Action
1	Answer the question, " Do you want to add attachments to this claim? ". The following file types may be attached: MS-Word, MS-Excel, WordPerfect, MS-Write, Open Office, text, PowerPoint, Zip, PageMaker, Adobe PDF, and/or image (TIFF, JPEG, GIF, PNG).
	Note: Select Yes to expand the Attachments section. Select No to collapse the Attachments section.

NCTracks provides three transmission types to deliver attachments. The user must select the appropriate **Attachment Type** and **Transmission Code** for each attachment. Under the **Attachment Supplement** column, the application displays additional information for the selected transmission code.

The **Submit** button used to submit the claim is located on the **Attachments** tab. The user must navigate to the **Attachments** tab to submit the claim.

Attachment Type	2 * Transmission Code	3 * Attachment Supplement
OZ-SUPP-DATAC	ON-REQ	
OZ-SUPP-DATAC	MAIL	PO Box 30968 Raleigh, NC. 27622
OZ-SUPP-DATAC	ELECTRONIC	Upload File 4
		5 Add

Step	Action
1	Attachment Type: Select the type of attachment that will accompany the claim from the drop-down list.
2	Transmission Code: Select the delivery mode from the drop-down list:
	 ON-REQ: Allows the user to advise the reviewer that additional supporting documentation is available on request at the provider site.
	 MAIL: Allows the user to submit additional supporting documentation via United States Postal Service.
	Note : The claims cover sheet must be used when submitting additional supporting documentation via U.S. mail. The Cover Sheet hyperlink is located on the Claim Status Details screen.
	 ELECTRONIC: Allows the user to submit supporting additional documentation by uploading file(s) to NCTracks.
3	Attachment Supplement: Displays the appropriate mailing address to submit specific additional supporting documentation when the Mail delivery method is selected. Displays the specific file name of the additional supporting documentation being attached when the Electronic delivery method is selected.





Step	Action
4	Click the Upload File button to search for and select a file to append to the claim. Note : This button is available when Electronic is selected as the Transmission Code .
5	Click the Add button (a paper clip icon appears to the left of appended attachments).
6	Click the Submit button.

CLAIMS ATTACHMENT – BATCH SUBMISSION

The user may need to submit additional supporting documentation to a claim submitted within a batch. The user must include the Claim Attachment Cover Sheet.

Note: The X12 claims transactions accepted by NCTracks do not support the X12 275 Claims Attachment; therefore, submitting supporting documentation for X12 claims must be completed through the mail process.

The Claim Attachment Cover Sheet assists in expediting the processing of the claim because it identifies the specific claim that the additional supporting documentation should accompany.



Step	Action
1	Click the Providers tab.
2	Click Cover Sheet for Claim Attachments.





A pop-up dialog box appears, allowing the user to open, save, or cancel the Cover Sheet for Claim Attachments file.

Selecting **Open** allows the user to open the file in order to view or print it. If the user would like to save a copy of the file to a desired location on their computer, the user must select **Save As** from the **Save** drop-down list. In order to close the pop-up dialog box, the user must select **Cancel**.

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ctiti	Do you want to open or save Cover_Sheet_for_Claim_Attachments_final_rev_kp_051016.docx (124 KB) from nctracks.nc.gov?		×
ders		Open Save	▼ Cancel

Once the Cover Sheet for Claim Attachments file is open, the user must complete all fields listed on the cover sheet.



North Carolina Medicaid Management Information System (NCMMIS)



CSRA

Claim Attachment Cover Sheet

IN ORDER TO EXPEDITE THE PROCESSING OF YOUR CLAIM, PLEASE COMPLETE AND RETURN THIS COVER SHEET WITH YOUR ATTACHMENT

Attachment Control Number should be unique and match exactly the Attachment Control Number submitted on the claim. Please use format CCYYMMDDXXXXXXX999. CCYYMMDD=Claim Submission Date, XXXXXXXX=Recipient ID, 999=unique sequence number

1	Attachment Control Number: (ACN)		Mail attachment to this address:
2	Attachment Type: *		CSRA P.O. Box 30968 Raleigh, NC 27622-0968
3	NPI:		
4	Atypical Provider ID: (if applicable)		
5	Recipient ID:		
6	Date of Claim Submission: (MMDDYY)		
	* The Attachment T AS, B2, B3, B4	ype above must match the value subm 4, CT, DA, DG, DS, EB, MT, NN, OB, C	nitted on the claim. Valid values follow: DZ, PN, PO, PZ, RB, RR, RT, or 77
	Attachment Sticke (CSC USE ONLY)	r.	
	CSRA P.O. Box 30965 R p + 1.800.688.6696 WWW	ialeigh, NC 27522 v.ndtracks.nc.gov	





Step	Action		
1	Attachment Control #: Enter the Attachment Control Number (ACN) submitted on the claim.		
	Note: The ACN should be unique and match exactly to the ACN submitted on the claim.		
2	Attachment Type: The attachment type code on the cover sheet must match the attachment type code submitted on the claim. Valid values are: AS – Admission Summary B2 – Prescription B3 – Physician Order B4 – Referral Form CT – Certification DA – Dental Models DG – Diagnostic Report DS – Discharge Summary EB – Explanation of Benefits (or Coordination of Benefits) MT – Models NN – Nursing Notes OZ – Support Data for Claim PN – Physical Therapy Notes PO – Prosthetics or Orthotic Certification PZ – Support Data for Claim PR – Rediology Films RR – Radiology Reports RT – Report of Tests and Analysis Report		
3	NPI: Displays the billing provider's National Provider Identifier.		
4	Atypical Provider ID (if applicable): Displays the Atypical Provider identifying number.		
5	Recipient ID: Displays the recipient identification number.		
6	Date of Claim Submission (MMDDYY): Displays the month, day, and year the claim was submitted.		