

NCMMIS Submitting a Professional Claim Participant User Guide (Provider)

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CSRA



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

Document Revision History

Version	Date	Description of Changes
D1.0.1	March 19, 2013	Initial submission
D1.0.2	March 28, 2013	Second submission
D1.0.3	April 02, 2013	Third submission
V1.0	April 03, 2013	Final version
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V2.0	January 12, 2017	Final version.
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3.0 Create a Professional Claim Demonstration

3.1 CREATE A CLAIM FOR FAMILY PLANNING WAIVER SERVICE

The user accesses the Create Claim tool through the NCTracks Provider portal. The **Create Professional Claim** option is found under the Claims menu selection. The submenu is also where the user will find the Claims Status, Claims Draft Search, Create Pharmacy Claim, Pharmacy Claims Reversal, Create Institutional Claim, and Create Dental Claim options.



Exhibit 1. Create Professional Claim

Step	Action
1	Hover over the Claims menu.
2	Select Create Professional Claim . The Verify Patient screen displays.

3.2 VERIFY PATIENT

The **Verify Patient** screen displays requiring information to verify eligibility under base information, select group, and the Provider’s NPI. The system verifies eligibility for the recipient. If the recipient is not eligible, the system will return a message similar to “Patient eligibility not found with entity”. A red asterisk indicates a required field.

Basic 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 whom the logon User ID belongs.
- ❖ NPI / Atypical ID: The 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.
- ❖ Taxonomy Code: Taxonomy codes are national 10-digit alphanumeric codes that classify health care providers according to the primary services they render.
- ❖ Claim Type: The training is based on submitting a professional claim.
- ❖ Verify Button: Validates the recipient information and eligibility.

Patient Information:

- ❖ Recipient ID (RID): The user can use the patient’s 10-digit Recipient ID or SSN and Date of Birth (DOB).
- ❖ Dates of Service: The user can enter a date or select a date from the calendar pop-up menu.

Exhibit 2. Verify Patient Screen

Step	Action
1	Account Information: Verify User ID information determined by the user’s security access.
2	NPI / Atypical ID: Select the NPI / Atypical ID from the drop-down list.
3	Address: Select the Address from the drop-down list (corresponds to taxonomy codes).
4	Taxonomy Code: If necessary, select a Taxonomy Code from the drop-down list.
5	Recipient ID #: Enter RID # (10 digits). or SSN: Enter the recipient’s Social Security Number. and Date of Birth: Enter the recipient’s date of birth.
6	Date of Service: Enter a From date or use the calendar icon.

7	Date of Service: Enter a To date or use the calendar icon.
8	Click the Verify button.

3.3 PATIENT/INSURED

The **Patient/Insured** screen displays the Date of Service, Verified On date, Last Name, First Name, Middle Initial, Gender, DOB, and RID from the verification of recipient eligibility.

In the Patient Information section, the user will need to enter the patient's current address.

The screenshot shows the 'Create Professional Claim' form in the Provider Portal. The 'Patient / Insured' section is active, displaying eligibility results and patient information. The 'Address' section includes fields for Address 1, Address 2, City, State, and ZIP Code, each with a red asterisk indicating it is a required field. A 'Next' button is visible at the bottom right of the form.

Exhibit 3. Patient / Insured Screen

Step	Action
1	Address 1: Enter current Street Address . Address 2: (for Apt #)
2	City: Enter City .
3	State: Select NC from the drop-down list.
4	ZIP Code: Enter the 5- or 9-digit ZIP code .
5	Click the Next button to proceed to the Claim Information screen.

3.4 CLAIMS INFORMATION

The **Claim Information** screen allows users to enter general information about a professional claim. This screen 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. Follow the steps in this section to enter the required information.

The patient's First Name, Last Name, and Recipient ID are displayed on the top banner, below the tabs. The same information is displayed on the **Provider Information**, **Other Payers**, and **Service(s)** screens.

Exhibit 4. General Information Section

Step	Action
1	Patient Account #: Number used to identify the claim within the user's system.
2	Frequency Type: Indicates the reason for submission.
3	Provider Signature on File: (Yes or No) – Default Yes .
4	Assignment of Benefits: (Yes or No) – Default Yes .
5	Release of Information: Y-Signed Sta – Yes, Provider has a Signed Statement Permitting Release of Medical Billing Data Related to a Claim.
6	Provider Accept Assignment Code: C-Not Assigned .
7	Place of Service: 11-OFFICE .
	Special Note: Medical Record #: Is the reference number a provider uses for the claim. Original Claim Ref #: The TCN (Transaction Control Number) of an original claim. It is used to track changes to an original claim, allowing resubmission of the claim.

Below the **General Information** section, the screen displays **Additional Information** sections that are optional for processing the claim. Selecting the “Yes” option for a section expands that section. The Ambulance sections are repeated on the **Service(s)** screens, under the Additional Line Item Information options. For the initial assignment, any initial **Additional Information** on the Claims screen should be entered here on the **Claim Information** screen.

Exhibit 5. Additional Claims Information

Step	Action
8	<ul style="list-style-type: none"> Related Causes: Allows users to enter related causes information: auto accident, work accident, other accident, another party responsible, and accident date. EPSDT Referral: (N/A, Yes or No), allows users to enter EPSDT (Early and Periodic Screening, Diagnosis, and Treatment) referral information on a claim. Condition Codes: Currently, Condition; employment status, qualified clinical trial, same day transfer, home care giver available, cost outlier and pregnancy indicator. Claim Note: (Yes or No). Ambulance Transport Information: Allows the user to enter ambulance transport information for this service line. Ambulance Certification: Allows the user to enter ambulance certification information for this service line. Ambulance Pick-Up Location: Address where the patient was picked up. Ambulance Drop-Off: Address where the patient was dropped off.

Step	Action
	<ul style="list-style-type: none"> • Additional Claim Information: Special programs, service authorization exceptions, delay reason, mammogram certification number, that spans multiple days, and investigational device exception. • When indicating that the claim is being filed after the timely filing limit, one of the following delay reason codes should be used. This will eliminate the need for the paper Medicaid Resolution Inquiry form to request an override of the time limit. <ul style="list-style-type: none"> – 7 (Third Party processing delay) – When using this code, an Explanation of Benefits (EOB) must be attached to the claim. – 9 (Original claims rejected or denied due to a reason unrelated to the billing limitation rules) – When using this code, an EOB must be attached to the claim. • Additional Claim Dates: (Yes or No) allows the user to enter other dates for additional claim information such as: Onset of Current Symptoms or Illness, Accident Date, Last Menstrual Period, Admission Date, Discharge Date, Disability Begin Date, Disability End Date, Date Last Worked, Date Authorized to Return to Work, Date Last Seen, Acute Manifestation of a Chronic Condition, Last X-Ray, Hearing and Vision Prescription Date, Assumed and Relinquished Care From, Assumed and Relinquished Care To, and Initial Treatment.
9	Click the Next button to proceed to the Provider Information screen.

3.5 PROVIDER INFORMATION

The **Provider Information** screen allows the user to confirm or select a different **Billing Provider** and to update the **Rendering Physician**, **Referring Provider**, and **Service Facility**. These providers are also available for assigning on the **Service(s)** screen per **Service Line** section. For the initial assignment, the providers should be specified here on the **Provider Information** screen. This screen contains a number of collapsible / expandable sections, when the user selects **Yes** or **No**.

The user will verify that the NPI, Address, and Taxonomy are correct. In this next example, the Billing Provider will not change, but the user will assign a **Rendering Provider**.

Exhibit 6. Provider Information Screen

Step	Action
1	Billing Provider is the same as the filing Provider.
2	Address: Select the Address (if not billing address).
3	Taxonomy Code: Select the Taxonomy Code (if not correct Taxonomy Code).
4	Provider’s Federal Tax ID: Enter the Federal Tax ID .

3.5.1 Rendering Provider

The **Rendering Provider** section allows users to enter the information about the physician providing the medical services, if other than the Billing Provider. When the user selects “No”, the **Rendering Provider** section expands.

When choosing a provider, the user can either enter the Provider NPI number or use the **Select Favorite** feature. When the user enters the NPI number, the user must validate that provider by clicking the **Validate** button. In this example, the user will use the **Select Favorite** feature to select the Rendering Provider. The following will take the user through the steps of searching, adding, and selecting a favorite provider. The **Select Favorite** feature can also be used for selecting Diagnosis Codes and Procedure Codes.

Is the Rendering Provider the same as the Billing Provider?
 Yes **No** **1**

RENDERING PROVIDER

2 * Provider Type
 Person Non-Person Entity

* NPI: **3** Select Favorite... OR * Atypical Id:
 * Federal Tax Id: Validate

* Address: * Taxonomy Code:

Last Name: _____ First Name: _____
 Address1: _____
 Address2: _____
 City: _____ State: _____ ZIP Code: _____
 Phone: _____ Fax: _____

Exhibit 7. Rendering Provider Section

Step	Action
1	Is the Rendering Provider the same as the Billing Provider? Select No . The Rendering Provider section expands.
2	Provider Type: Select Person .
3	Click the Select Favorite button.

3.5.2 Add / Select Favorite

The **Select Favorite** option allows users to search for a provider and add the provider to the **NCTracks: Provider Favorites** list or to select a provider from the favorites list. This next Action searches for a provider and adds them to the **NCTracks: Provider Favorites** list. Select that provider by clicking their **NPI / Atypical ID** hyperlink.

Exhibit 8. NCTracks: Select Favorites

Step	Action
1	NPI / Atypical ID: Enter the NPI # .
2	Click the Search button.
3	Click the Add To Favorites link.
4	Locate the provider on the favorites list.
5	Click the NPI / Atypical hyperlink.

3.5.3 Validating Rendering Provider Selection

After using the **NCTracks: Provider Favorites** tool to select the provider, if there are multiple addresses for the provider, the user must select the appropriate provider address and Taxonomy Code.

Is the Rendering Provider the same as the Billing Provider?
 Yes No

RENDERING PROVIDER ?

* Provider Type
 Person Non-Person Entity

* NPI: or Atypical Id:

 Federal Tax Id:

1 * Address: Choose 2 * Taxonomy Code:

Last Name: First Name:
 Address1:
 Address2:
 City: State: ZIP Code:
 Phone: Fax:

REFERRING PROVIDER ?
 Would you like to add Referring Provider?
 Yes No

SERVICE FACILITY LOCATION ?
 Would you like to add Service Facility Location?
 Yes No

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Exhibit 9. Validating Rendering Provider

Step	Action
1	Address: Select the Address .
2	Taxonomy: Select the Taxonomy Code (if not correct Taxonomy Code).
3	Click the Next button to proceed to the Other Payers screen.

3.5.4 Service Facility Location

The **Service Facility Location** section allows the user to enter information about the location where the service was rendered. The user can complete the fields by using the **Select Favorite** tool or by typing in the provider's information.

Exhibit 10. Service Facility Location Section

Step	Description
1	Do you want to update Service Facility Location section? Select Yes .
2	Click the Select Favorite button.

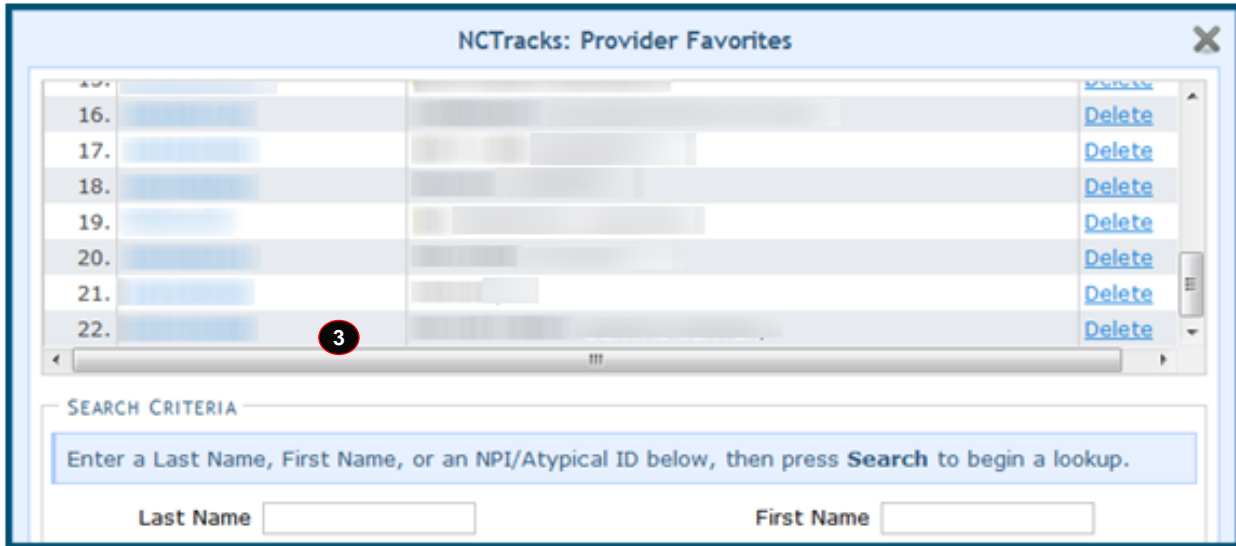


Exhibit 11. NCTracks: Provider Favorites

Step	Action
3	From the NCTracks: Provider Favorites list, locate the NPI / Atypical # hyperlink.

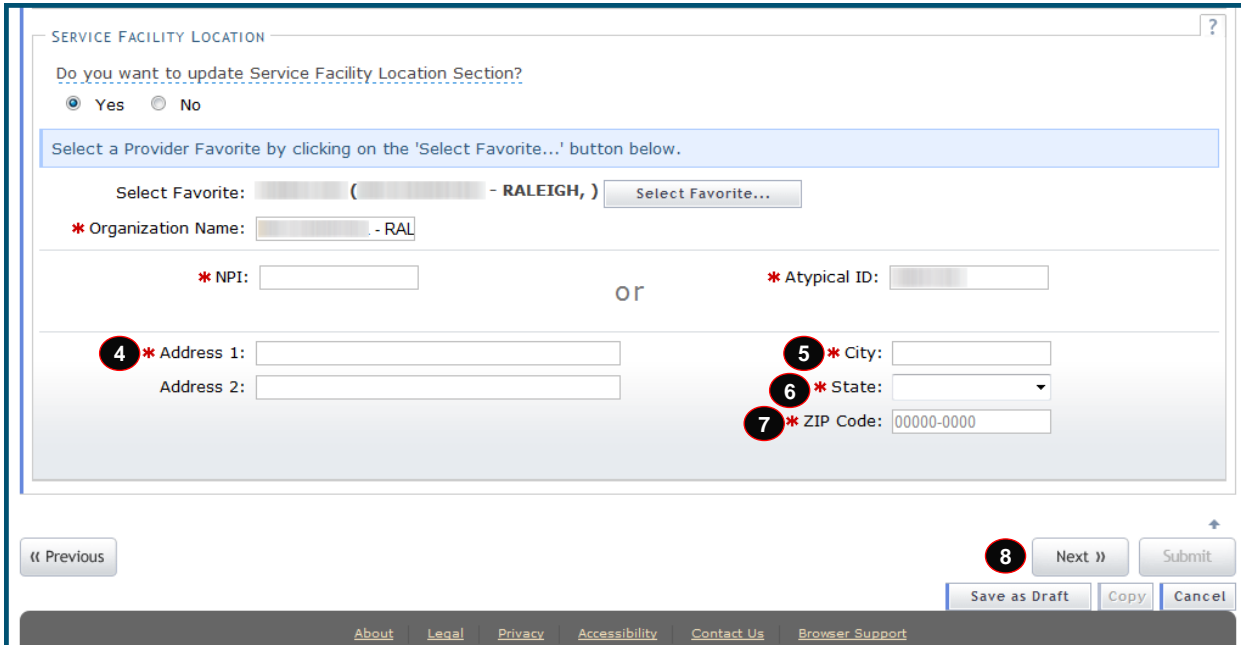


Exhibit 12. Service Facility Location Address

Step	Action
4	Address: Enter the provider's Address (City, State, and ZIP).
5	City: Enter the City .
6	State: Select NC from the drop-down list.

Step	Action
7	ZIP Code: Enter the 5- or 9-digit ZIP code .
8	Click the Next button to proceed to the Other Payers screen.

3.6 OTHER PAYERS

The **Other Payers** screen allows the user to enter information for third-party payers on a **Professional 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 three required fields: Other Payer Name, Date Paid, and Paid Amount.

If applicable, the user can add more than one payer by clicking the **Add** button. The **Clear** button clears the current entry information. To delete a payer, click the **Remove Service Line** button in the last column. The following exhibits display adding **All Other Payer** line item and **Editing Row #1** details. In this exercise, there are no Other Payers assigned. Selecting **No** collapses the All Other Payers section. Clicking the **Next** button advances to the **Service(s)** screen.

Exhibit 13. Other Payers Screen

Step	Action
1	Would you like to add All Other Payers? Select Yes . The All Other Payers section expands.
2	Other Payers Name: Enter BCBS – Blue Cross / Blue Shield .

Step	Action
3	Date Paid: Select a Date .
4	Paid Amount: Enter 15.00 .
5	Click Add . Editing Row #1 expands.

3.6.1 Editing Row #1

In the **Editing Row #1** section, the required fields are: Other Payer Primary ID, Paid Amount, Date Paid, Last Name, Other Insured Identifier, Payer Sequence, Relationship, Claim Filing IND, 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, the user will click the **Save Other Payer** button.

ALL OTHER PAYERS

* Other Payer Name	Other Subscriber Name	* Date Paid	* Paid Amount
1. BCBS		03/01/2013	15.00

Editing Row #1

6 Other Payer Information

* Other Payer Primary ID: Payer Claim Id Number:

* Date Paid: 03/01/2013 Other Payer Name: BCBS Other Payer Secondary ID:

* Paid Amount: \$ 15.00

7 Other Subscriber

* Last Name: First Name: Middle Initial:

* Other Insured Identifier: Other Insured Additional Identifier: Insurance Type Code:

* Payer Sequence #:

Address 1: City:

Address 2: State: Zip: 00000-0000

* Relationship: * Claim Filing Ind:

Group Name: Group Number:

8 Other Insurance Coverage Information

* Assignment of Benefits: * Release of Information:

9 Other Amounts

Remaining Patient Liability: \$ 0.00 COB Total Non-Covered Charge Amount: \$ 0.00

10 Claim Level Adjustments

Would you like to add Claim Level Adjustments?

Yes No

11 Save Other Payer Cancel Changes Clear

Previous Next Submit Save Draft Copy Cancel

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Exhibit 14. All Other Payers Editing Row #1

Step	Action
6	Other Payer Information: Allows the user to enter detail information about a third-party payer on a professional claim.
7	Other Subscriber: Allows the user to enter subscriber information for a professional claim.
8	Other Insurance Coverage Information: Allows the user to enter coverage information for a professional claim.
9	Other Amounts: Allows the user to enter third-party payer payment amount information for a professional claim.

Step	Action
10	Claim Level Adjustments: Allows the user to enter third-party payer payment amount information for a professional claim.
11	Click the Save Other Payer button. The All Other Payers section collapses.

3.6.2 Remove Other Payers

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

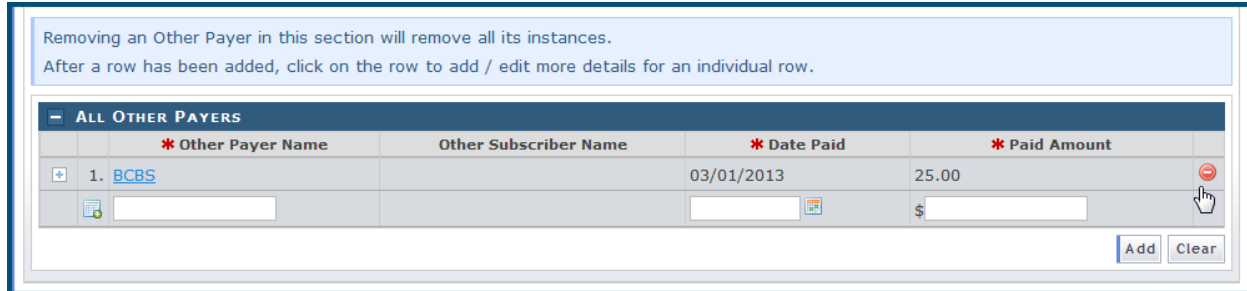


Exhibit 15. Remove Other Payers

3.7 SERVICE(S)

The **Service(s)** screen allows the user to enter Diagnosis and Service Line detail information. The **Service(s)** screen contains two collapsible/expandable sections: Diagnosis Information and Service Lines. To expand or collapse the section, the user would click anywhere along the title bar.

3.7.1 Diagnosis Information

The **Diagnosis Information** section is where the user will assign the ICD-9-CM or ICD-10-CM codes describing the principal diagnosis. The section is already expanded and on the Professional Claims entry screen, users can choose between ICD-9 or ICD-10 options. The user can enter up to eight (8) diagnosis codes and four (4) Service Line item modifiers.

The user can either enter the Diagnosis code in the code field or use the **Select Favorite** option.

Create Professional Claim

* indicates a required field

Patient / Insured * Claim Information * Provider Information * Other Payers **Service(s)** Attachments

Last Name: [REDACTED] First Name: [REDACTED] Recipient ID: [REDACTED]

At least one Diagnosis Information record is required in order to create new Service Line records.

* ICD VERSION
 ICD-10 ICD-9

DIAGNOSIS INFORMATION

1 Choose Favorite:

* Code	Description
<input type="text"/>	<input type="text"/>

After a row has been added, click on the row to add / edit more details for an individual row.

SERVICE LINES

* Date(s) of Service	* Procedure	Modifiers	* Pointers	* Amount	* Quantity	* Quantity Type	Line Item Control Number
mm/dd/yyyy to mm/dd/yyyy	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$0.00	0.00	<input type="text"/>	<input type="text"/>

Exhibit 16. Service(s) Screen

Step	Action
1	Choose Favorite: Click the Select Favorite button. The NCTracks: Code Favorites dialog box opens.

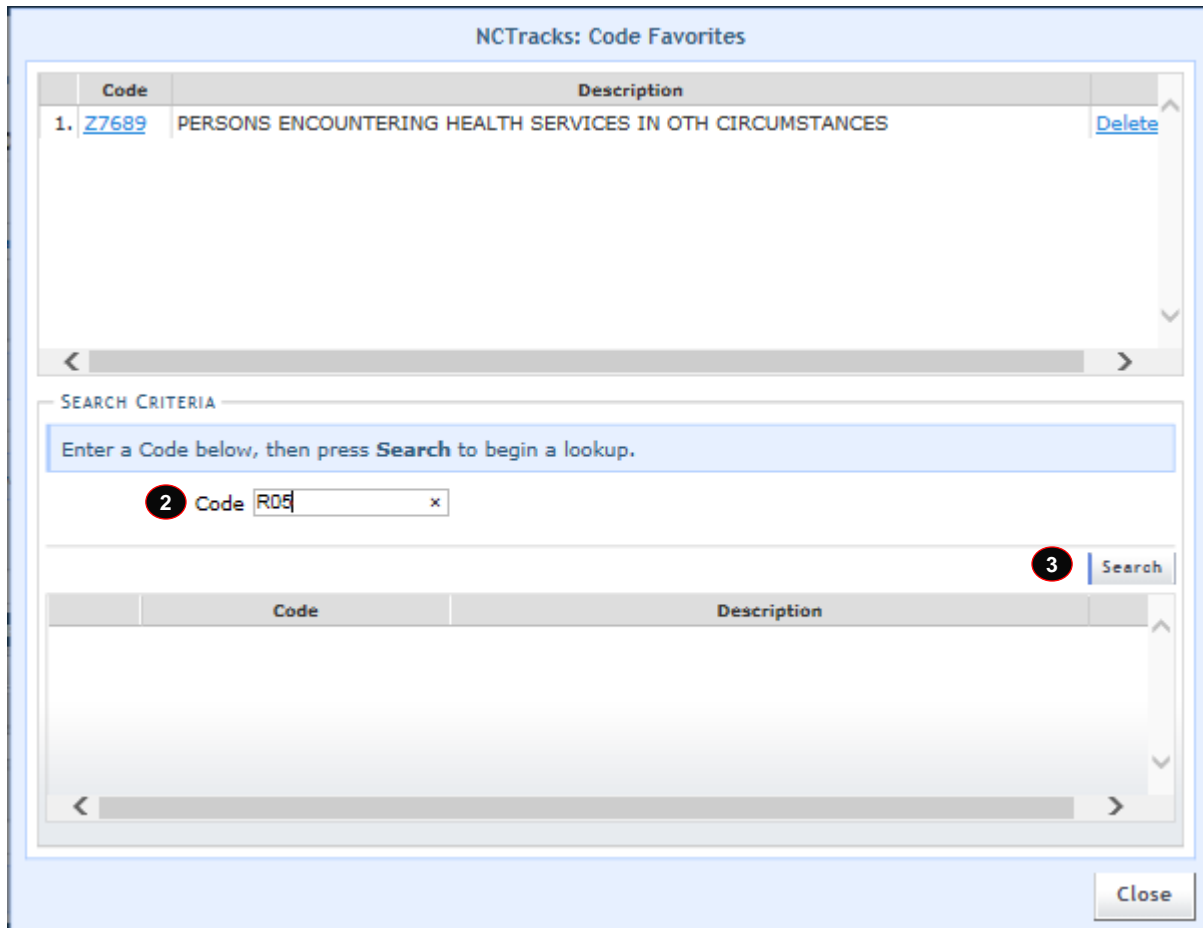


Exhibit 17. NCTracks: Code Favorites

Step	Action
2	Code: Enter R05 (code for COUGH).
3	Click the Search button. The results will populate the results section.

NOTES:

NCTracks: Code Favorites

Code	Description	
1. Z7689	PERSONS ENCOUNTERING HEALTH SERVICES IN OTH CIRCUMSTANCES	Delete

SEARCH CRITERIA

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

Code

[Search](#)

Code	Description	
1. R05	COUGH	Add To Favorites 4

[Close](#)

Exhibit 18. Add to Favorites

Step	Action
4	Click the Add To Favorites hyperlink. This adds the code to the NCTracks: Code Favorites list.

NOTES:

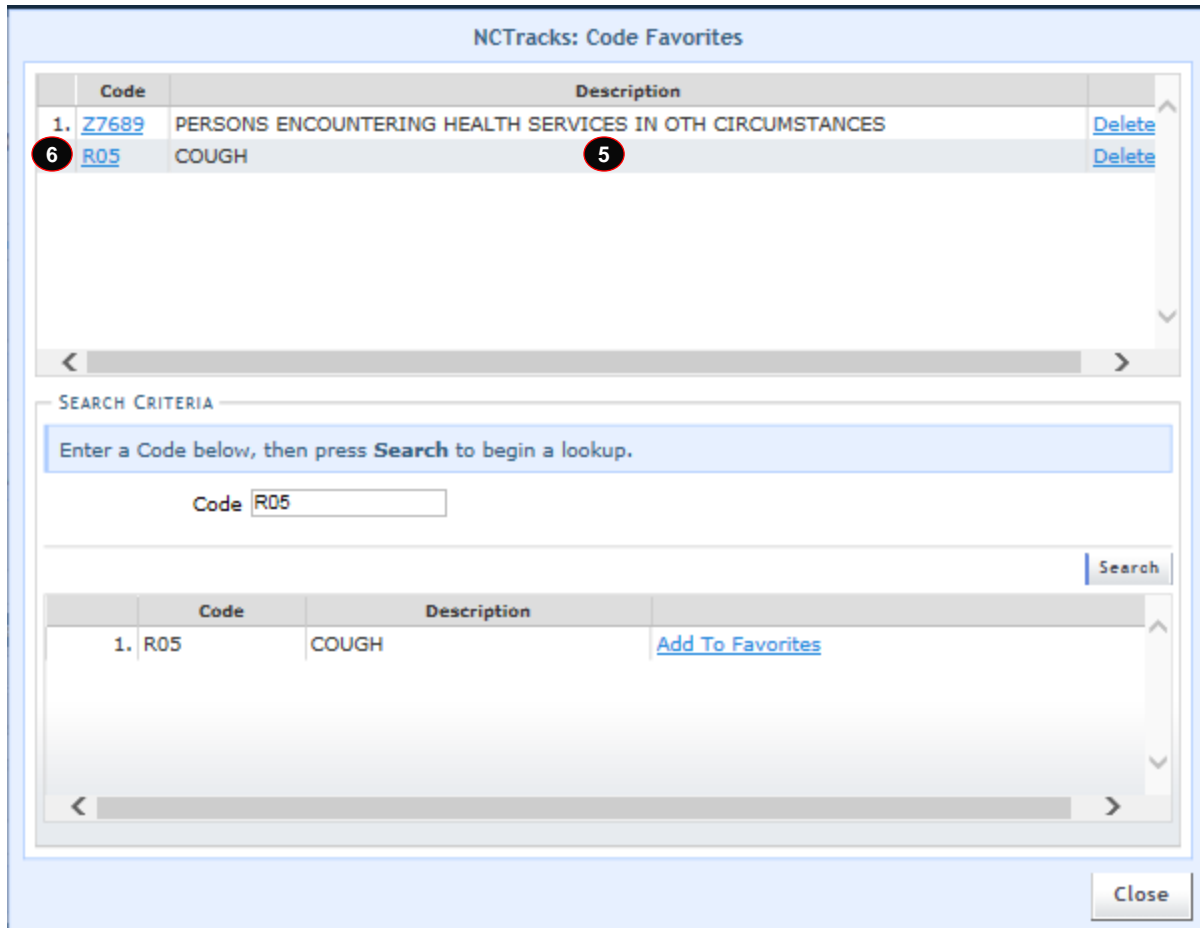


Exhibit 19. Select Diagnosis Code Hyperlink

Step	Action
5	Locate the R05 code in the NCTracks: Code Favorites list.
6	Click the R05 hyperlink. The dialog box closes and the code is entered on Line Item 1.

NOTES:

3.7.2 Service Lines

This allows the user to enter service line item details for a professional claim. The user must add Date(s) of Service, Procedure codes, Modifiers (as needed), Pointers, Amount, Quantity, and Quantity Type. On the Professional Claims entry screen, the ICD Version field on the Services tab allows the user to choose between ICD-9 and ICD-10 options.

Exhibit 20. Service Lines Section

Step	Action
1	Date(s) of Service: Select a From date and To date that are the same.
2	Procedure: Enter 99215 HCPCS procedure code for Office Visit, Established Patient Severe. Physician TIME APPROX 40 MIN.
3	Modifiers: Enter FP . Because this a Medicaid Family Planning Waiver service claim, a modifier is required. Although modifier is not a required field, the FP modifier is required when billing for family planning services and procedures.
4	Pointers: 1 – Allows the user to associate the line item with the Diagnosis Code entered above.
5	Amount: Enter the appropriate amount that is being billed. For example, the user can enter 25.00.
6	Quantity: Enter 1 .
7	Quantity Type: Select UN-UNIT from the drop-down list.
8	Click the Add button to add the line item. The Editing Row #1 section expands.

3.7.3 Editing Row

When the user adds a line item, the **Editing Row #1** section expands. The user can edit such information as Procedure Code, Quantity, Service Date, Modifiers, Pointers, Amount, Place of Service, Drug Information, Test Results, All Other Payers, Miscellaneous Dates, Ambulance Transport Information, Rendering Provider, Referring Provider, and Service Facility. It is important to note that these choices are **Per Line Item**, which may be different from the information that was entered on the **Claims Information** and **Provider Information** screens.

Exhibit 21. Editing Row #1 Section

Step	Action
1	Would you like to add Additional Line Item Information?: Select Yes . The Additional Line Information section expands.

2 Additional Line Item Information
 Would you like to add Additional Line Item Information?
 Yes No

Drug Information
 Would you like to add Drug Information?
 Yes No

Test Results
 Would you like to add Test Results?
 Yes No

Miscellaneous Dates
 Would you like to add Miscellaneous Dates?
 Yes No

Obstetric Additional Units
 Would you like to add Obstetric Additional Units?
 Yes No

Ambulance Transport Information
 Would you like to add Ambulance Transport Information?
 Yes No

Ambulance Certification
 Would you like to add Ambulance Certification?
 Yes No

Ambulance Pick-up Location Information
 Would you like to add Ambulance Pick-up Location Information?
 Yes No

Ambulance Drop-off Location Information
 Would you like to add Ambulance Drop-off Location Information?
 Yes No

Rendering Provider
 Would you like to add Rendering Provider?
 Yes No

Referring Provider
 Would you like to add Referring Provider?
 Yes No

Service Facility Location
 Would you like to add Service Facility Location?
 Yes No

Ordering Provider
 Would you like to add Ordering Provider?
 Yes No

Line Item Adjudication Information
 Would you like to add Line Item Adjudication Information?
 Yes No

3 Save Service Line Cancel Changes Clear

« Previous Next » Submit
 Save Draft Copy Cancel

Exhibit 22. Additional Line Item Information

Step	Action
2	<p>Additional Information:</p> <ul style="list-style-type: none"> • Drug Information: Allows the user to enter drug information for this service line. • Test Results: Allows the user to enter test results for this service line. • Other Payer Details: Allows the user to enter service line detail regarding third-party reimbursement the claim. • Miscellaneous Dates: Allows the user to enter additional dates for this service line. • Obstetric Additional Units: Obstetric Anesthesia Additional Units. • Ambulance Transport Information: Allows the user to enter ambulance transport information for this service line. • Ambulance Certification: Allows the user to enter ambulance certification information for this service line.

Step	Action
	<ul style="list-style-type: none"> Ambulance Pick-Up Location: Address where the patient was picked up. Ambulance Drop-Off: Address where the patient was dropped off. Rendering Provider: Allows the user to enter rendering provider information. Referring Provider: Allows the user to enter referring provider information. Service Facility: Allows the user to enter service facility location information. Ordering Provider: Allows the user to enter ordering provider information on the service line. Line Item Adjudication Information <p>Note: If the user elects to enter the referring and/or ordering provider’s NPI on a claim for dates of service on or after November 1, 2016, they must enter the individual NPI and not a group/organizational NPI.</p>
3	Click the Save Service Line button. The Editing Row section closes.

The screenshot displays the 'DIAGNOSIS INFORMATION' section with a table containing one row: 1. V2503 ENCOUNTER FOR E/M CONTRACEPTIVE COUNSELI. Below this is the 'SERVICE LINES' section with a table containing one row: 1. 02/19/2013-02/19/2013, 99215, 1, 25.00, 1, UN-UNIT. At the bottom right, a red circle with the number 4 highlights the 'Next' button.

Exhibit 23. Service Line #1 Added

Step	Action
4	Click the Next button to continue to the Attachments screen.

3.8 ATTACHMENTS

The user may want to add attachments to the claim such as Admittance Summary, Certifications, Diagnosis Report, Discharge Summary, EOB, physician’s orders, etc. (these are examples and are not applicable to all claims).

Only one file can be uploaded at a time. A maximum of nine (9) files can be uploaded per application. A file cannot be more than 25 MB.

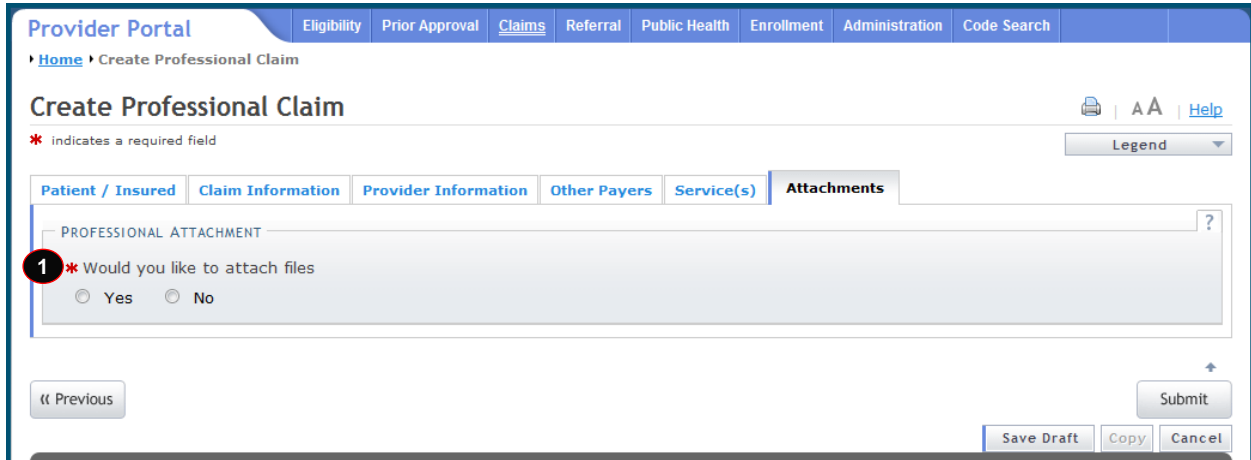


Exhibit 24. Attachments Screen

Step	Action
1	Would you like to attach files? Select Yes . The Attachments section expands.

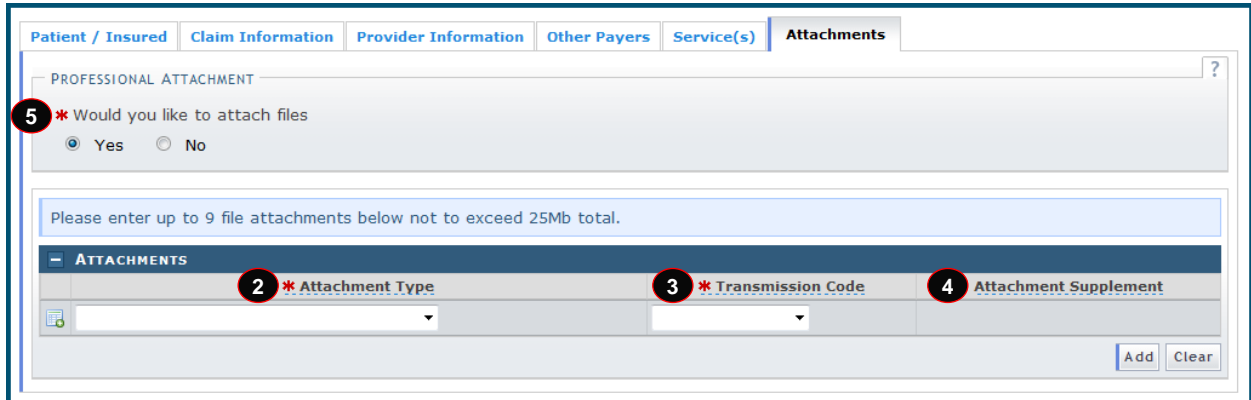


Exhibit 25. Attachment Options

After selecting the Attachment Type, use Transmission Codes to represent the method of delivery: Electronic, Email, File Transfer, Mail, and On Request.

Step	Action
2	Select the attachment type from the Attachment Type drop-down list.
3	<p>Select the method of attachment from the Attachment Transmission Code drop-down list. The available Transmission Code options are:</p> <ul style="list-style-type: none"> Mail – The application provides a mailing address to mail the attachment. An EOB can be mailed with a Claim Attachment Cover sheet in order to process a Time Limit Override request claim. On the Claim Attachment Cover sheet, the Attachment Control Number (ACN) will display. The ACN is important as it helps to ensure that the documents are attached to the correct claim. If you choose to mail additional supporting documentation for a Time Limit Override request claim, the claim will pend until the documents are received. Note: Documents must be received/attached within 30 days or the claim will deny. Electronic – The application provides an Upload File button to allow the user to locate and add the attachment to the claim. When a file is uploaded, the ACN will be appended to the document. The ACN will ensure the documents are attached to the correct claim. The most common formats are PDF, JPEG, or PNG. ON-REQ – This indicates additional documentation is available on request at the provider’s site.
4	<p>Attachment Supplement: Depending on the Transmission Code selected, this field will populate to allow the user to either (1) browse for any electronic documents that the user wants to electronically attach, or (2) be provided with the mailing address if there are documents that need to be mailed.</p> <p>Note: In order for a claim to pass a Timely Filing Override, an EOB must be attached to the claim.</p>
5	Would you like to attach files? Select No (to collapse the Attachments section).

3.9 SAVE AS DRAFT

At any time during the claim entry process, the user can save a claim for completion at a later date. It is a good practice to save a claim before submitting the claim — if the claim is denied, the user can retrieve the data, make the corrections, and resubmit the claim. The claim is saved by using the **Save Draft** button located at the bottom of the screen.

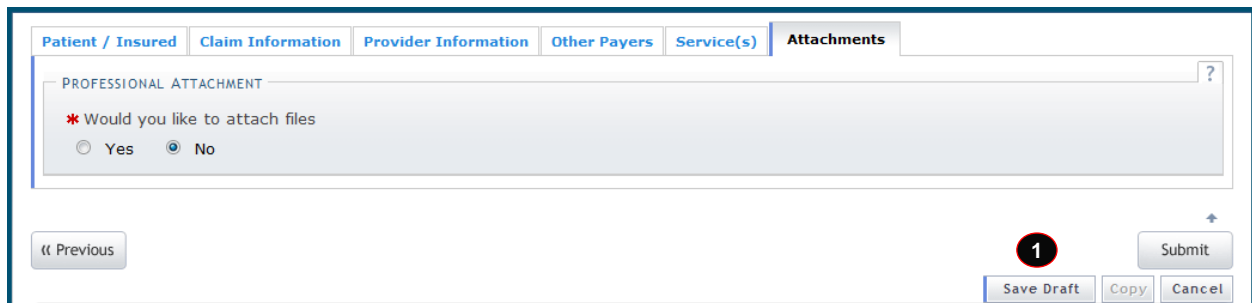


Exhibit 26. Save As Draft

Step	Action
1	Click the Save Draft button to open the Draft Name window.

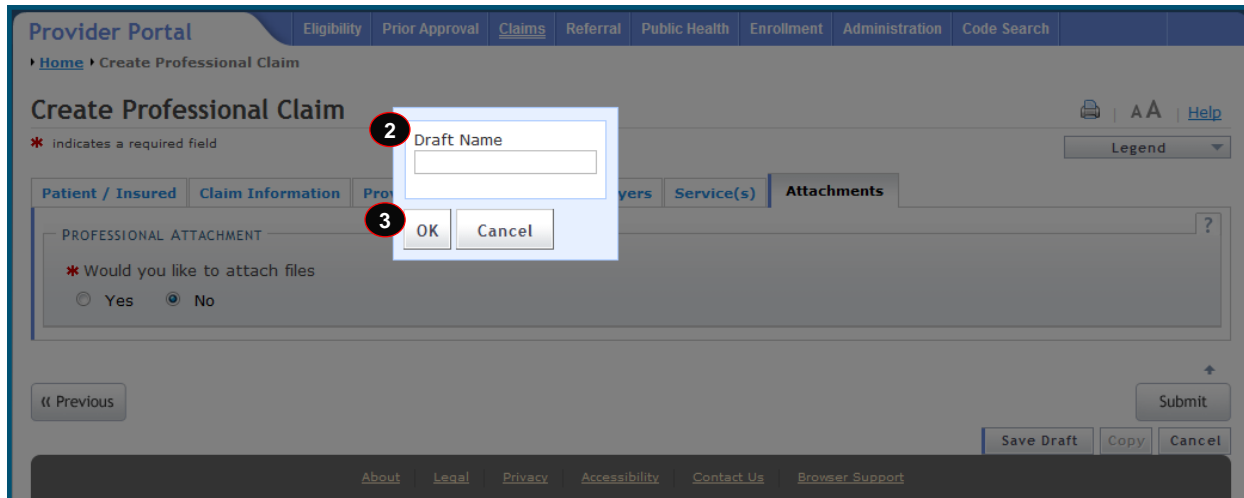


Exhibit 27. Draft Name

Step	Action
2	Enter a Name in the Draft Name field.
3	Click OK .

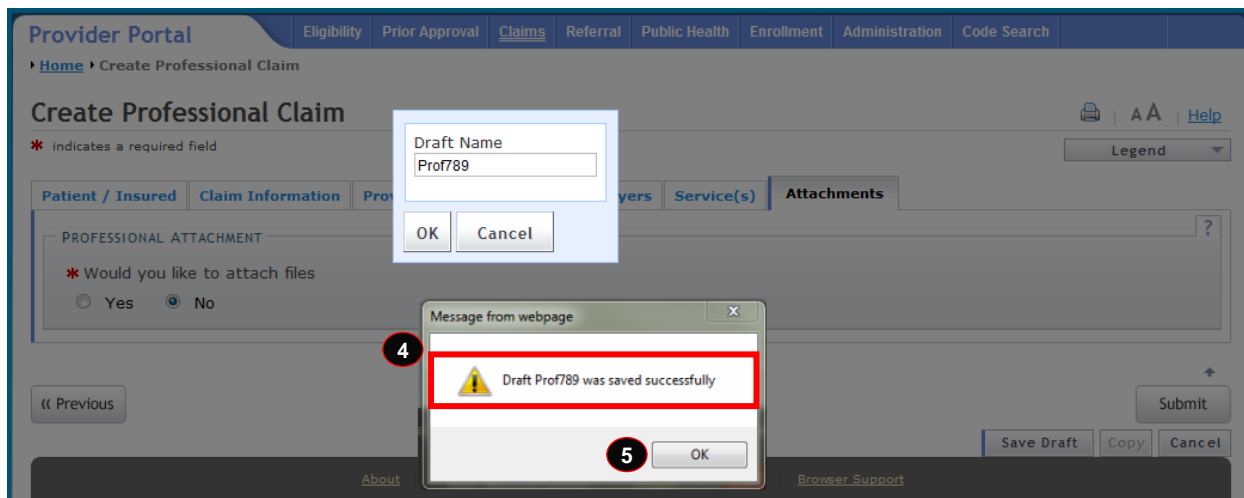


Exhibit 28. Draft Successfully Saved

Step	Action
4	Notice Message from webpage dialog box: Draft <name> was saved successfully.
5	Click the OK button.

3.10 CLAIMS DRAFT SEARCH

In order to finish the claim previously saved as a draft, the user needs to first find the entry. The Claim Search allows users to find and manage draft claims within NCTracks. The menu path is: **Claims > Claims Draft Search**.

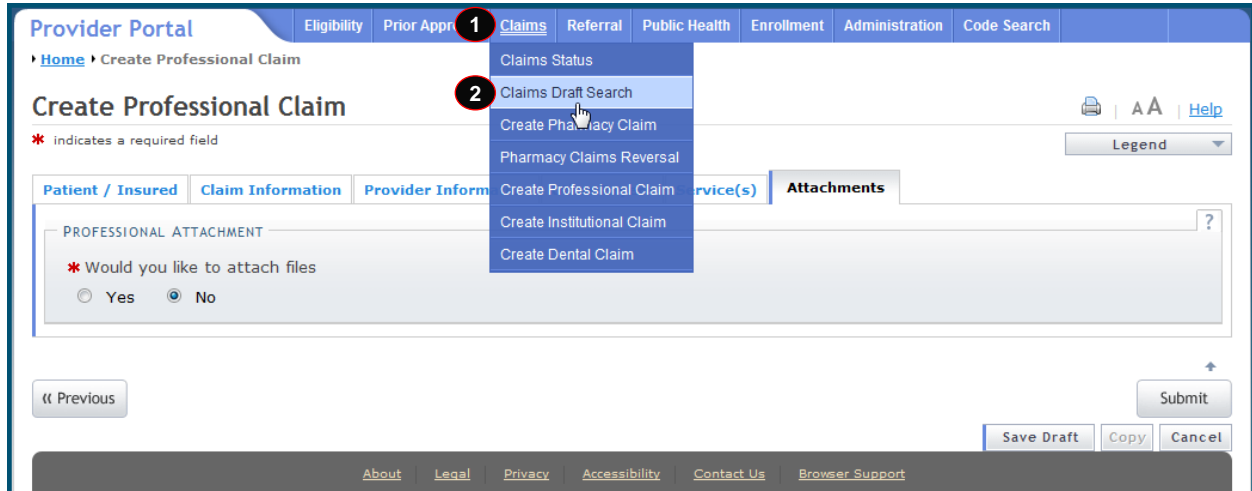


Exhibit 29. Claims Draft Search

Step	Action
1	Hover over the Claims menu.
2	Select Claims Draft Search .

3.10.1 Search Options

On the **Search Options** screen, the user must complete three steps:

1. Verify the Account Information: User, Group, and NPI/Atypical ID.
2. Enter the search options to limit the number of claims returned: Created Within days, Recipient Last Name, Patient Account #, Recipient ID, Rendering Provider, Claim Type, Date(s) of Service. The user can also choose to show either My Claims (only the claims that the user entered) or All Viewable Claims (the user’s claims and others in a group with which the user is associated).
3. Initiate the search.

NOTES:

Exhibit 30. Claims Draft Criteria

Step	Action
3	Account Information: Verify the Account Information is correct.
4	NPI / Atypical ID: Select the NPI number from the drop-down list.
5	Created Within: Enter a value, for example, 25 (number of days since created).
6	Click the Search button.

3.10.2 Search Results

The results are displayed 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.

Exhibit 31. Claims Draft Search Results

Step	Action
7	Click the Recipient ID hyperlink.

3.11 SUBMIT CLAIM AND STATUS DETAILS

Note that the **Submit** button is grayed out and is not active. The user can navigate through each tab by selecting the **Next** buttons or click on any of the tab headers to review the information entered. The **Submit** option becomes available once the **Attachments** tab is active.

Exhibit 32. Patient / Insured Screen

Step	Action
1	Click the Attachments tab.

3.11.1 Submit Claim

The **Submit** button is now active. If the user clicks the **Submit** button and any errors are found, NCTracks will display an **Error Summary** message and will take the user to the corresponding tab. Fix the errors and click **Submit** again to resubmit the claim.

Exhibit 33. Submit

Step	Action
2	Click the Submit button. An Error Summary message displays.

Error Summary

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

- [Attachment Tab: Please confirm attachment request](#)

Exhibit 34. Submit / Error Summary

Exhibit 35. Submit Claim

Step	Action
3	Would you like to attach files? Select No .
4	Click the Submit button.

3.11.2 Claim Status Details

When the user submits the claim, the **Claim Status Details** screen displays. The screen contains four sections: Patient, Billing Provider, Primary Status, and Lines (Line Items).

Exhibit 36. Claim Status Details Screen

Section	Description
1	Patient ID Information: Name, DOB, Recipient ID, Gender.
2	Billing Provider: Organization/Individual Name and NPI/Atypical ID number.
3	Primary Status: Payer Claim ID, Account #, Amounts, Claim Status Date, Claim Amount, Paid Amount, Claim Date of Service, Check Date & Number, Adjudication Date, Payment Method Category Code, Category Code Description, Status Code, and Status Code Description.
4	Lines: Status, Status Description, Procedure Code, Charge Amount, Paid Amount, Quantity, Status Date, Other Status 1, and Other Status 2.

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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 claim record for resubmission as a new claim. It is a two-step process: (1) search the status of the claim; and (2) 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 researching a claim status for a professional claim.

The **Claim Status** screen 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.

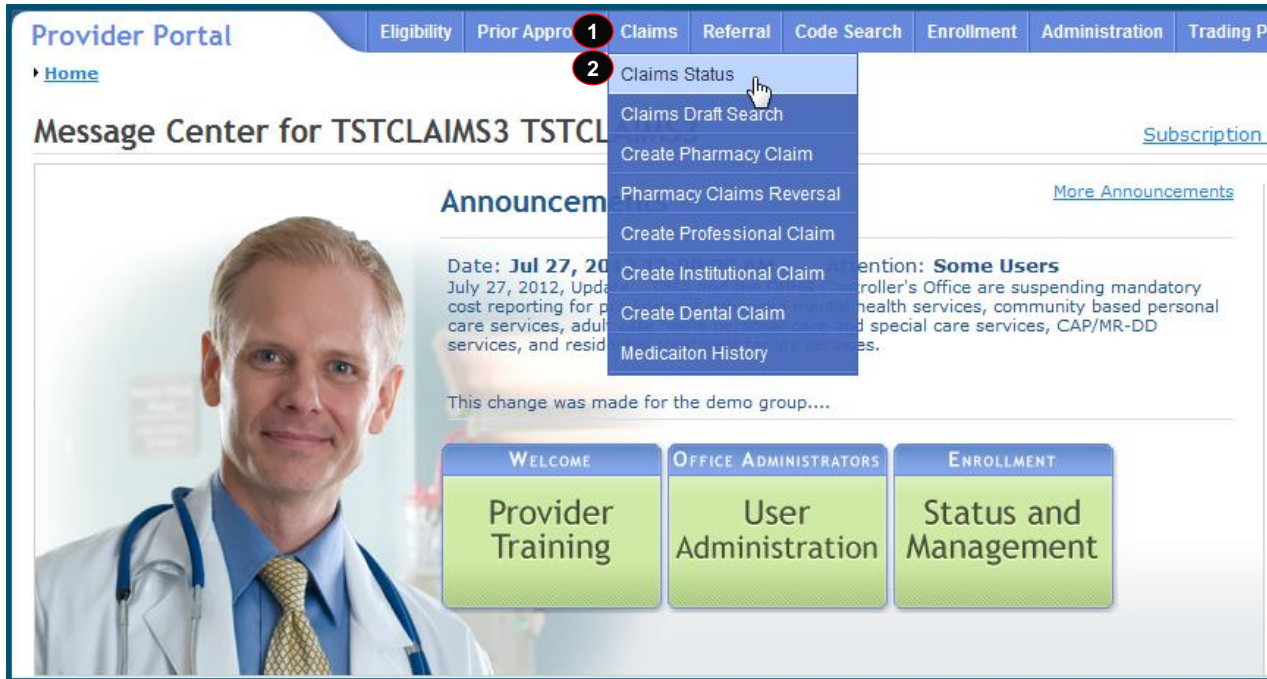


Exhibit 42. Claim Status

Step	Action
1	Hover over the Claims menu.
2	Select Claim Status . The Claim Status Request screen displays.

4.2 CLAIM STATUS REQUEST

The **Claim Status Request** screen has three sections: **Base Information**, **Claim Search**, and **Claims (Results)**. The required fields (denoted by a red asterisk) are Dates of Service (From and To) and Recipient ID. Specifying more search fields will return a quicker and more accurate response.

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

Home > Claim Status Request

Claim Status Request

* indicates a required field

Legend

BASE INFORMATION

Account Information: **NCMMIS** Group: **Rex Hospital** * NPI / Atypical ID: Choose

CLAIM SEARCH

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

3 * Date of Service From: mm/dd/yyyy to * 4 mm/dd/yyyy 5 * Recipient ID: 6 Search Clear

TCN: Claim Billed Amount: Medical Record #: Patient Account #:

CLAIMS

TCN	Recipient ID	Recipient Name	Dates of Service	Status Date	Category Code Desc	Status Code Desc
first prev next last						

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

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

Home > Claim Status Request

Claim Status Request

* indicates a required field

Legend

BASE INFORMATION

Account Information: **NCMMIS** Group: * NPI / Atypical ID:

CLAIM SEARCH

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

* Date of Service From: to * * Recipient ID:

TCN: Claim Billed Amount:

Patient Account #: Medical Record #:

Search Clear

CLAIMS

TCN	Recipient ID	Recipient Name	Dates of Service	Status Date	Category Code Desc	Status Code Desc
7			02/25/2013 - 02/25/2013	03/27/2013	F2 - FINALIZED/DENIAL-THE CLAIM/LINE HAS BEEN DENIED.	585 - Denied Charge or Non-covered Charge

1 results (displaying page 1 of 1) first prev 1 next last

Exhibit 43. Claim Status Request Search Results

Step	Action
7	Click the TCN hyperlink. The Claim Status Details screen displays. The next step will be to load the original claim.

Exhibit 44. Claim Status Details

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

4.3 COPY

The claim displays as read-only on all screens. 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 available action is to copy the claim.

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

Home > Create Professional Claim

Create Professional Claim

* indicates a required field

Legend

Patient / Insured | Claim Information | Provider Information | Other Payers | Service(s) | Attachments

ELIGIBILITY RESULT

Date of Service: 02/25/2013 Verified On: 03/26/2013

PATIENT INFORMATION

Last Name: [REDACTED] First Name: MELVIN Middle Initial: R
 Subscriber Gender Code: Male Date of Birth: 12/19/1957 Recipient ID: [REDACTED]

Pregnancy Indicator: NO

Date of Death: mm/dd/yyyy

* Address 1: [REDACTED] * City: Raleigh
 Address 2: [REDACTED] * State: NC
 * ZIP Code: 27606

9 + Copy

About | Legal | Privacy | Accessibility | Contact Us | Browser Support

Exhibit 45. Claim Copy

Step	Action
9	Click the Copy button.

4.4 NEXT STEPS

You have submitted a professional claim for a **Family Planning Waiver** service. The next step is to create a Health Check Screening claim using the data from [Section B.2, Health Check Screening](#).

After completing the **Health Check Screening** claim, create a recipient CAPMR (Community Alternatives Program Mentally Retarded) claim using the data from [Section B.3, Sickle Cell – Outpatient](#).

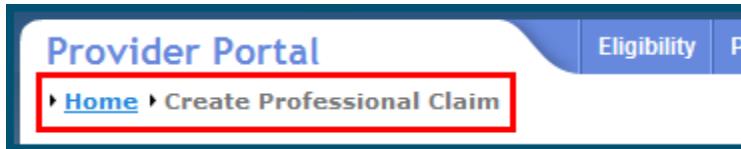
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Addendum A. Help System

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

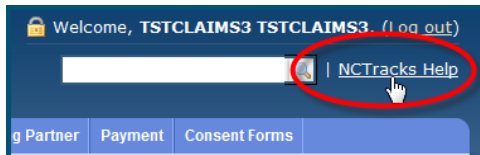
- ❖ Navigational breadcrumbs
- ❖ System-Level Help – Indicated by the “NCTracks Help” link on each screen
- ❖ Screen-Level Help – Indicated by the “Help” link above the Legend
- ❖ Legend
- ❖ Data/Section Group Help – Indicated by a question mark (?)
- ❖ Hover-over or Tooltip Help on form elements

Navigational Breadcrumb



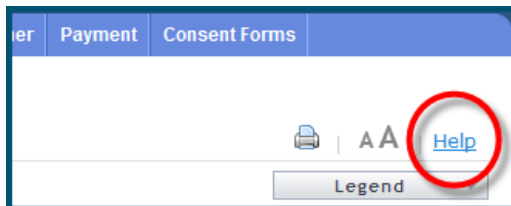
A breadcrumb trail is a navigational tool that shows the path of screens that the user has visited from the home screen. This breadcrumb consists of links so the user can return to specific screens on this path.

System-Level Help



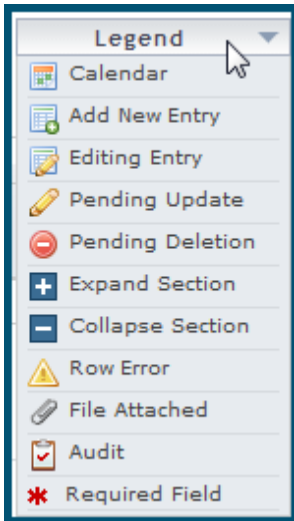
The System-Level Help link opens a new window with the complete table of contents for a given user’s account privileges. The System-Level Help link, “NCTracks Help”, will display at the top right of any secure portal screen or web application form screen that contains Screen-Level and/or Data/Section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


Screen-Level Help



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

Form Legend



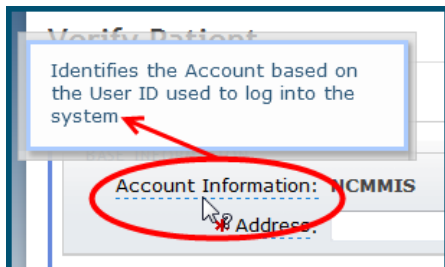
A legend of all helpful icons is presented on screens as needed to explain the relevant meanings. This helps the user become familiar with any new icon representations in context with the form or screen as it is used. Move the mouse over the Legend icon  to open the list.

Data / Section Group Help



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

Tooltip Help



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

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