



Communications and *Updates*

April 21, 2014

General Updates

Acute Care Hospitals Can Now Bill Lower Level of Care Beds for Patients Awaiting NH Placement

NCTracks has been updated to enable Acute Care Hospitals to bill Lower Level of Care (LLOC) beds for Medicaid recipients in their facilities who are awaiting placement into a nursing home. This change is effective with date of processing April 21. Providers can bill claims with prior dates of service, within the timely filing guidelines. See the clinical coverage policy on the [NC Division of Medical Assistance website](#) for more information on billing for lower level of care.

Reminder re: Claims Reprocessing for DRG Grouper 30

NCTracks has reprocessed the relevant inpatient institutional claims filed between July 1 and November 10, 2013, which is the date when version 30 of the DRG Grouper was implemented. Affected providers will see the reprocessed claims in a separate section of the paper Remittance Advice only for the April 22 checkwrite. The EOB associated with these reprocessed claims will be 06041 - "DRG Grouper Version 30 Adjustments".

The 835 transactions will include the reprocessed claims along with other claims submitted for the checkwrite. (There is no separate 835.)

Based on the application of the grouper, the reimbursement for the reprocessed claims may change. No action is required by providers.

The schedule for reprocessing the remaining claims for DRG Grouper version 30 and version 29 will be announced shortly.

Remember to "Add" Attachments When Submitting Claims and PA via Provider Portal

One of the most common errors in submitting claims and prior approval (PA) requests via the NCTracks Provider Portal is not clicking the "Add" button for attachments. One of the basic constructs of the portal is that whenever you add something to a claim or prior approval, such as a diagnosis code or procedure code, you have to click the "Add" button after keying in the required information. Some providers have been getting to the Attachment tab when keying in a claim or prior approval request, uploading the attachment, but then not clicking the "Add" button after it is uploaded. If you click Submit on the Attachment tab without "Add"ing the attachment, the attachment is not submitted with the claim or prior approval request. This will result in delays in processing the claim or prior approval.

Update re: the New 1500 Paper Claim Form and NCTracks

The National Uniform Claim Committee (NUCC) has published a revised 1500 Paper Claim Form (version 02/12). The goal of the NUCC in changing the 1500 form was to align the 1500 with changes in the 5010 837P transaction and accommodate ICD-10 reporting needs.

Generally speaking, NCTracks only accepts electronic submission of professional claims, either through the NCTracks Provider Portal or as an 837P X12 transaction. The exceptions are only for certain adjustments, time limit overrides, and Medicare overrides.

NCTracks is not yet fully ready to accept the new 1500 paper claim form (2/12). In the interim, providers who must submit a 1500 paper claim form can use the previous version of the form (08/05).

Alternatively, a process has been developed to accept the new 1500 paper form as long as four or fewer diagnosis codes are on the claim. Please limit to four the diagnosis codes submitted on the new claim form until the system updates are completed. If more than four diagnosis codes are submitted now, the additional diagnosis codes will not be captured and the claim may not process as intended. Claims with more than four diagnosis codes should wait until NCTracks is fully ready for an automated solution. An announcement will be posted when NCTracks is able to accept the new 1500 paper claim form (2/12).

New FAQ Added for User Setup & Maintenance

A new question has been added to the [NCTracks User Setup & Maintenance FAQ page](#) on the NCTracks Provider Portal. The question specifically addresses "How to Update the Office Administrator on a Terminated Provider Record." The FAQ pages will continue to be updated regularly to help answer common questions regarding NCTracks.

Clarification re: Processing of Medicare Coordination of Benefits Agreement (COBA) claims

Providers were previously required to submit claim types 13X and 14X to NCTracks because they did not crossover automatically from Medicare. (13X and 14X are the "type of bill" associated with Medicare Part B crossover claims from hospitals.) NCTracks is now receiving claim types 13X and 14X directly from the CMS Medicare vendor GHI, so providers should no longer submit these types of claims to NCTracks. Providers who continue to submit claim types 13X and 14X to NCTracks will find them denied as duplicate claims.

Thank you,

The NCTracks Team

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