# North Carolina
# Division of Medical Assistance
# Special Bulletin

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# North Carolina
# Electronic Claims Submission/Recipient Eligibility
# Web Tool Instruction Guide

## Attention:

## All Providers who utilize the NCECS Web Tool

## *Table of Contents*

# Overview of North Carolina Electronic Claims Submission/Recipient Eligibility Verification Web Tool

The North Carolina Electronic Claims Submission/Recipient Eligibility Verification Web Tool (NCECS Web) is an online application for submitting HIPAA-compliant claims to NC Division of Medical Assistance (DMA), verifying recipient eligibility, viewing and downloading PDF formatted Remittance Advice and NCCI edits results. With NCECS Web, North Carolina providers can quickly and easily send Professional (hard copy CMS-1500), Institutional (hard copy UB-04), and Dental (hard copy 2006 ADA) claims to NC DMA via the Internet. And, providers can verify a recipient's current eligibility, Medicaid program (benefit category), CCNC/CA primary care provider information, Medicare participation, transfer of asset information, and other insurance information.

How does it work? NCECS Web allows direct data entry to the MMIS+ (Medicaid Management Information System). Since the provider is, in effect, entering information directly into the MMIS+, data format is not an issue. The Web Tool is a great means to achieve HIPAA compliance and offers the following features:

- **Easy to use and learn:** The tool is basically an online electronic claim form (updated with HIPAA fields).
- **Fast and accurate:** Users develop their own lists of frequently used information (recipient information, procedure codes, diagnosis codes, etc.) The ability to select information from a reference list, rather than keying it, saves valuable time and increases accuracy when creating claims.
- **Simple, affordable technology:** No software is needed to use this application – just Internet access and a login ID and password issued by the HP Enterprise Services Electronic Commerce Services Department. Another added benefit is savings on postage costs.
- **Data is automatically archived:** At any time you may review the claims you have submitted – and, if your computer crashes, you automatically have a back-up because NCECS Web is maintained by North Carolina Medicaid.

# Operating Requirements

The NCECS Web tool requires preferably a Pentium-class computer with at least 32 Megs of RAM to run efficiently. A connection to the Internet via an Internet service provider is required to access the NCECS Web page.

The following details the requirements necessary for accessing the NCECS Web tool.

Minimum System Requirements:
> Pentium class computer
> Mouse or pointing device compatible with Microsoft
> 32 MB RAM
> Internet connection via Internet service provider
> Recommended equipment (in relation to above)
> Pentium II–class processor or better
> 64 MB RAM or more
> Broadband Internet connection (preferred)
> Microsoft Internet Explorer (Version 6.1 or higher)

# Enrollment Procedures

Providers must complete an Electronic Claims Submission (ECS) Agreement in order to submit claims on NCECSWeb or by any other electronic means.

This ECS Agreement form is separate from the initial provider enrollment process for North Carolina Medicaid. The ECS Agreement form is located on the NC Tracks Web site at http://www.nctracks.nc.gov/provider/forms/. There are group and individual versions.

The completed ECS Agreement should be returned to CSC at the following addresses:

By U.S. Mail:                                  NC DMA Provider Enrollment
                                                CSC
                                                PO Box 300020
                                                Raleigh NC 27622-8020

By FedEx, UPS, or other carrier service:          NC DMA Provider Enrollment
                                                  CSC
                                                  2610 Wycliff Road, Suite 102
                                                  Raleigh NC 27607-3073

## *Testing Requirements*

No testing is required to use the NCECS Web tool.

# *Getting Started*

Before submitting claims on NCECS Web, providers must request a login ID and password.   Once the ECS Agreement form is on file, request the ID and password by contacting HP Enterprise Services Electronic Commerce Services at 1-800-688-6696 or 919-851-8888, option 1.

Login ID and password will be mailed to the provider within 5 to 7 business days.

# *Screen and Navigation*

The NCECS Web screen is divided into three sections: The *Browser Menu*, the *Main Menu,* and the *Entry Screen*. As far as navigation goes, remember that this is a Web application, so you need only **click once** on any link or button in order to proceed to that location.
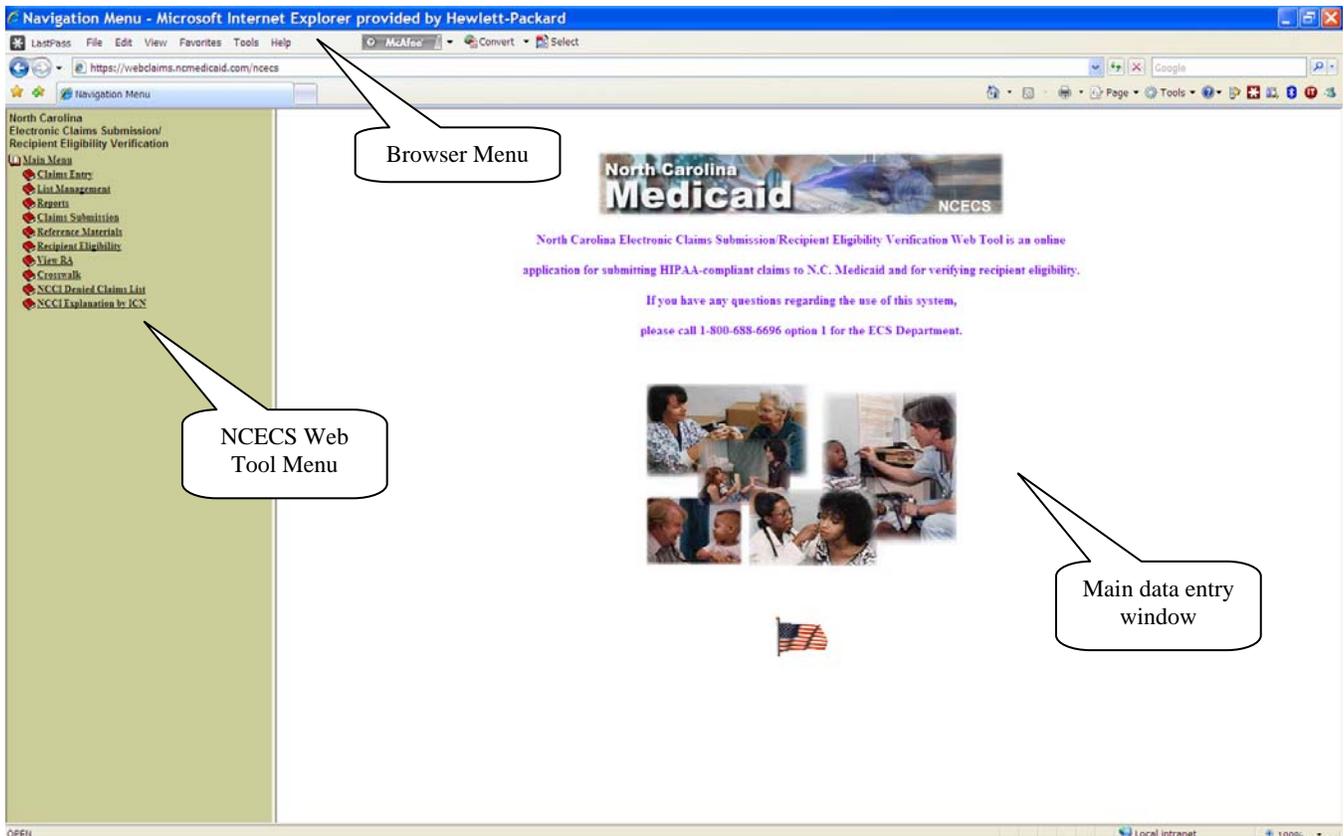
# Menus

## Browser Menu

If you are an Internet user, the Browser Menu will look familiar.    You do not need this menu for Web filing, but you do have the option to visit other Web pages, such as Favorites or your e-mail, while the application is open.

### Main Menu

The Main Menu is where you will access Web-filing functions and online reference material.

### Entry Screen

The Entry Screen is where you will actually enter the data pertaining to claims creations and submission.

# Logging In

1. Find your Web browser; go to https://webclaims.ncmedicaid.com/ncecs. The welcome screen for NCECS Web will appear.

2. Click on any item under the **Main Menu.** The log-in screen will appear.

3. In the fields, type your **Login ID** and your **Password.**

4. Click on **Submit Query.**    The welcome screen will reappear.

5. Pay special attention to the Alert Messages on the NCECS Web welcome page.    These may affect you! Alert Messages are used to communicate news and information regarding North Carolina Medicaid and the NCECS Web tool.

Hint: add the NCECS Web address to your Favorites list.    This will make accessing NCECS Web easier in the future.
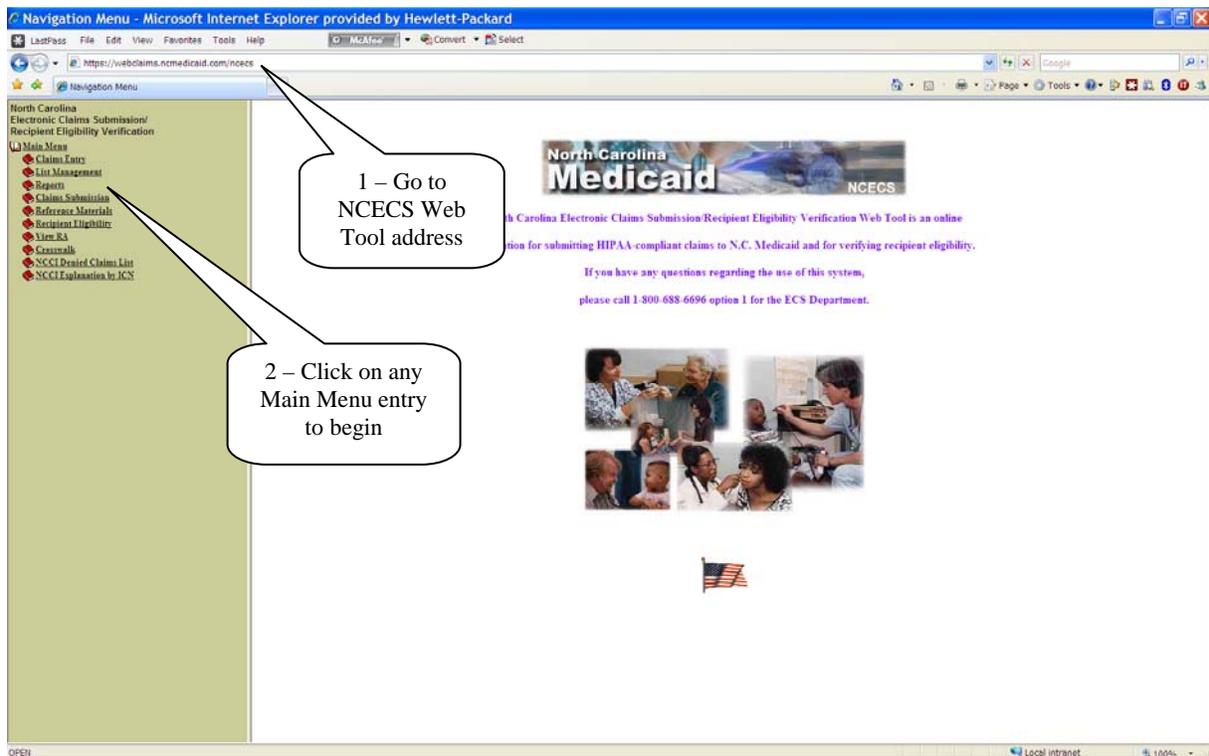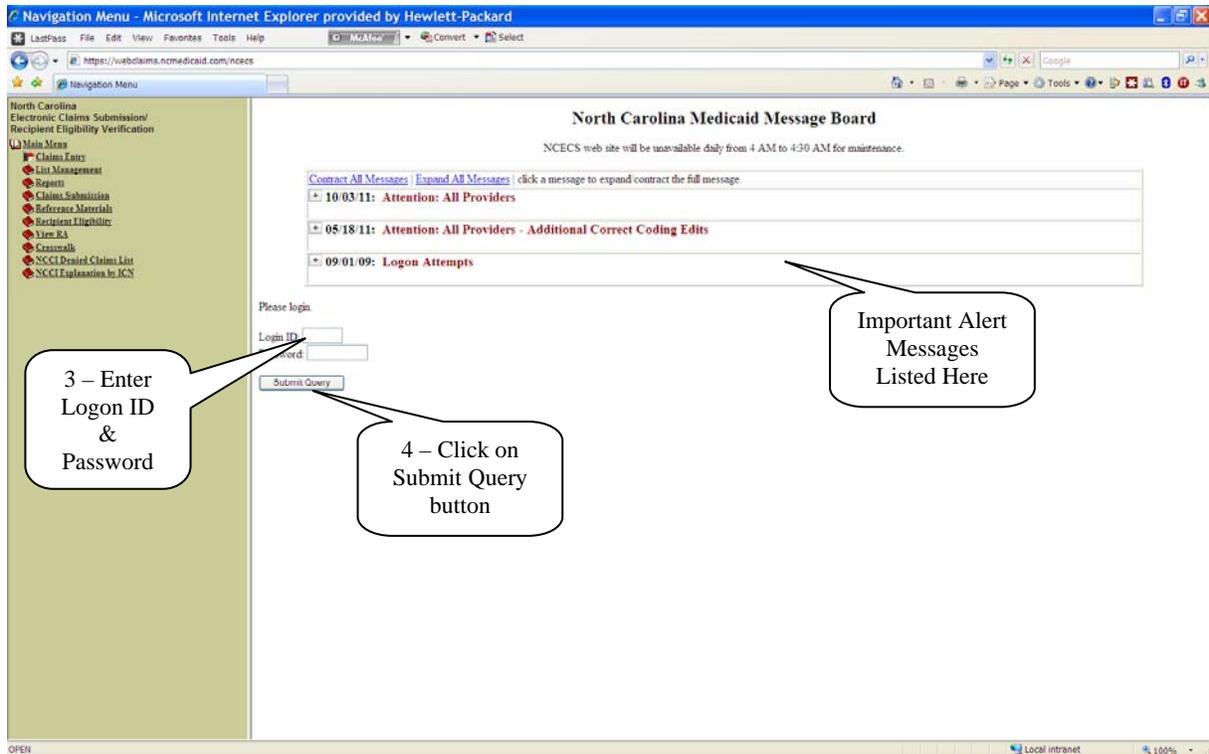
# List Management
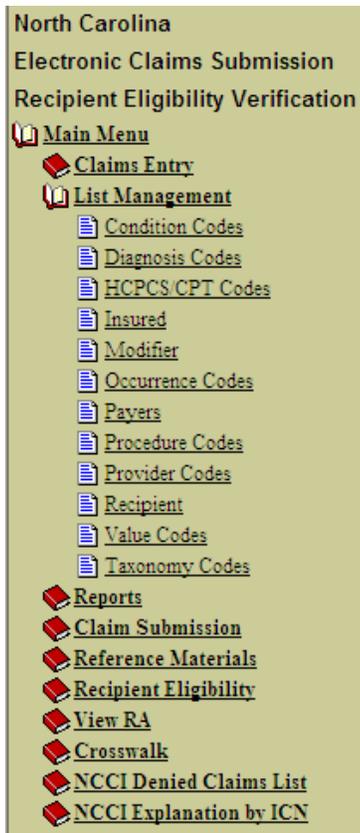


The NCECS Web tool will be most useful if you take advantage of the **List Management** function.   List Management allows you to create and modify lists of information used repeatedly when entering data on the Claims Entry Screen.   *Use of the List Management function is not required for claim entry.* However, it will make quick work of claims entry and submission.

Example: You enter patient John Doe's information into your Recipient list.   The next time John comes in for services, you can have the Web tool automatically fill in his information on the claim, leaving you to simply enter the service information.   Even better, if you have created lists for frequently used procedure and diagnosis codes, simply select from those lists rather than typing in the information on the claim.   The same applies for all the options included under List Management.

All the lists allow the user to **view**, **add,** or **edit** entries on the lists, and they use two screens for these purposes—one to view/add and another to edit.   Since these functions work the same way for all lists, detailed instructions on executing them will be covered in this handout using the Recipient list as the example.

Other List Management explanations will simply contain screen shots of the fields and refer the reader back to the Recipient List if more detailed instructions are required.

## *Recipient List*

The Recipient List is a record of patient names, Medicaid IDs, medical record numbers, and patient account numbers.   When keying a claim, you can select a patient from the list and that individual's information will automatically populate the corresponding claim fields.   Using the Recipient List will shorten the time it takes to enter a claim.   The functions you will use to add, edit, and view your Recipient List are listed below.

### *View Recipient List*

1. Choose **List Management** > **Recipient** to retrieve the *Recipient List Add/View* screen. This screen displays only the active recipients in your list and allows you to add names or edit information. Displaying only active entries is the default view of all lists under List Management.

2. To view the full list, including inactive entries, scroll down the list and click on the **Show All** button.

3. To view only active entries and return to the list default view, when in Show All mode, click on **Show Active Only** button.
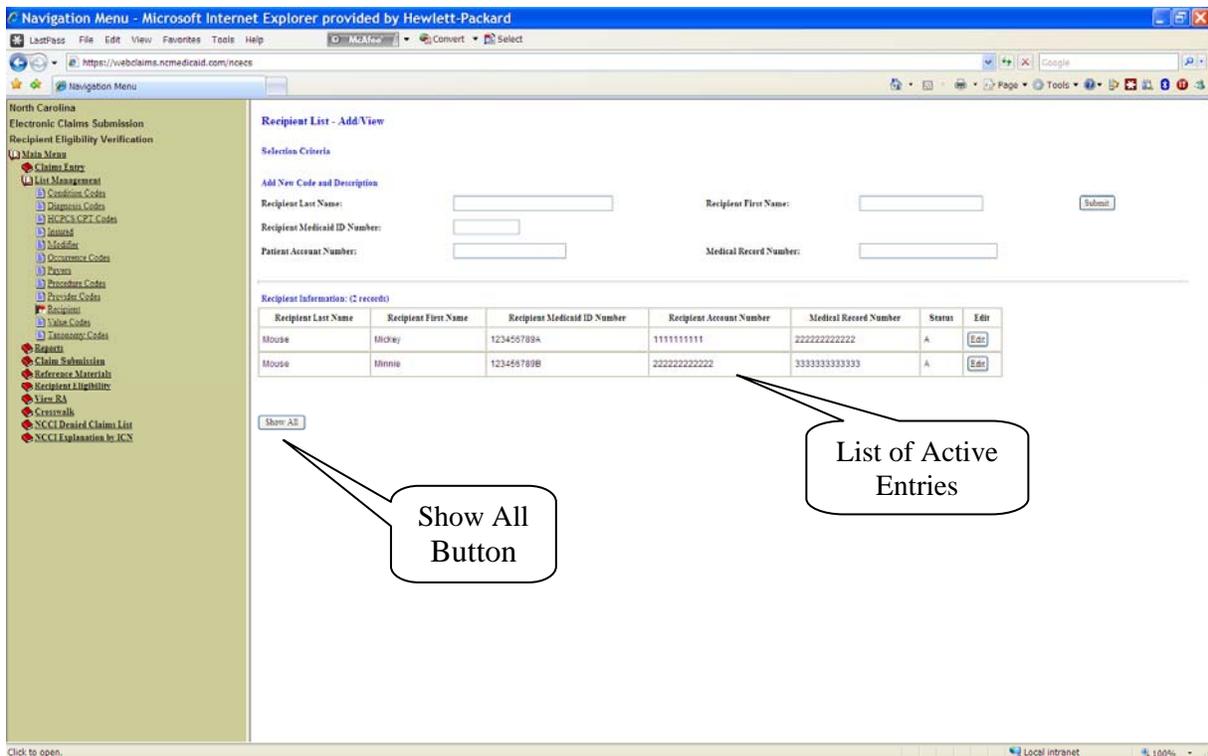
## *Add Recipient*

To add a new recipient to the list:

1. Choose **List Management** > **Recipient** to retrieve the *Recipient List Add/View* screen. This screen displays only the *active* entries in your list.    It does allow you to add new individuals to the Recipient List.

2. Type the individual's information in the open fields.

3. Click on **Submit.**

4. Once entry has been submitted, the information will be included on the list and viewable on the bottom half of the screen.
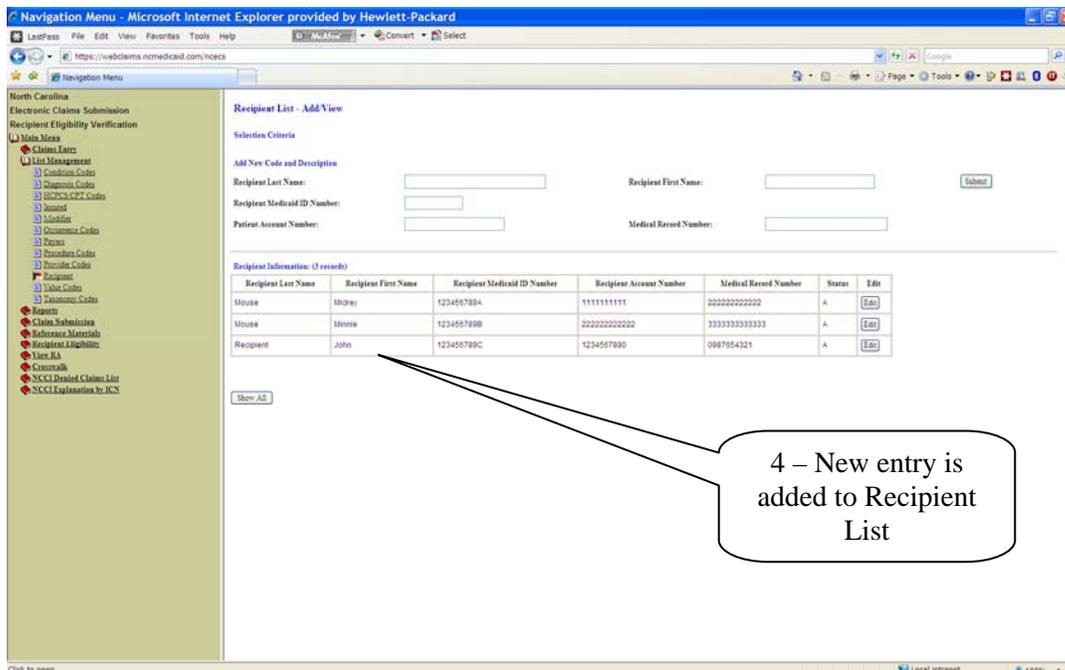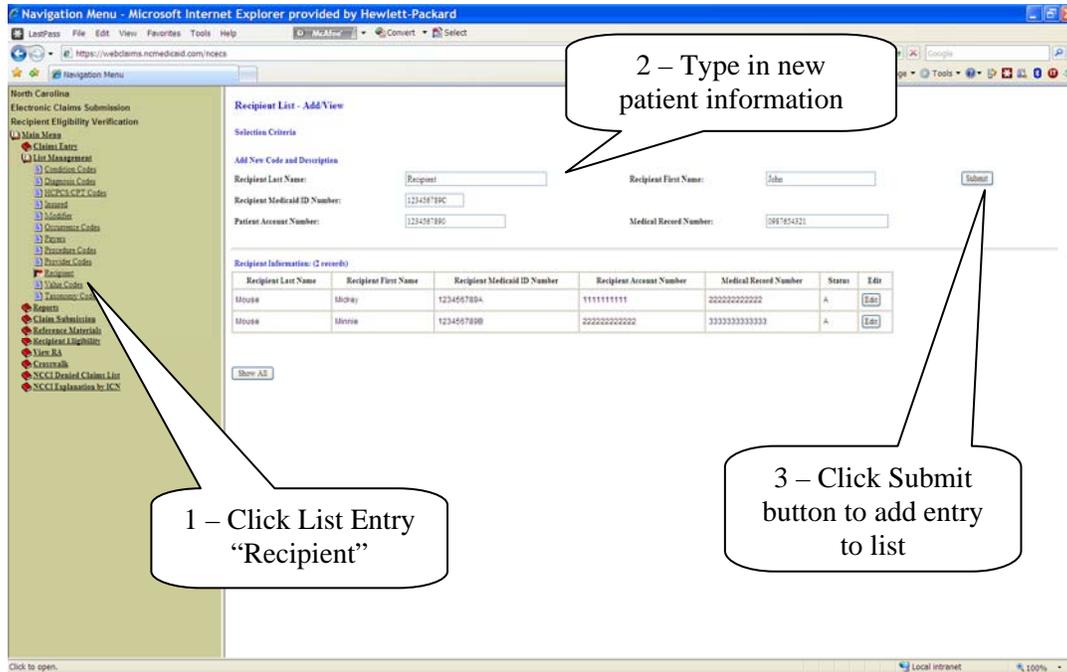
## *Edit Recipient*

1. Choose **List Management** > **Recipient** to retrieve the *Recipient List Add/View* screen.   This screen displays only the active entries in your list. It does allow you to change information for individuals in the Recipient List.
2. Click on **Edit** button to the far right of the recipient record you wish to edit. This will take you to the *Recipient Edit* screen.
3. Make your changes in the fields provided.
4. Check or clear the box marked "Active." Only patients marked "Active" will appear on your default Recipient List. Clearing the "Active" box is the only way to remove the entry from the List Add/View Screen.
5. Click **Submit.** This will save your changes and return you to the *Recipient List Add/View* screen.
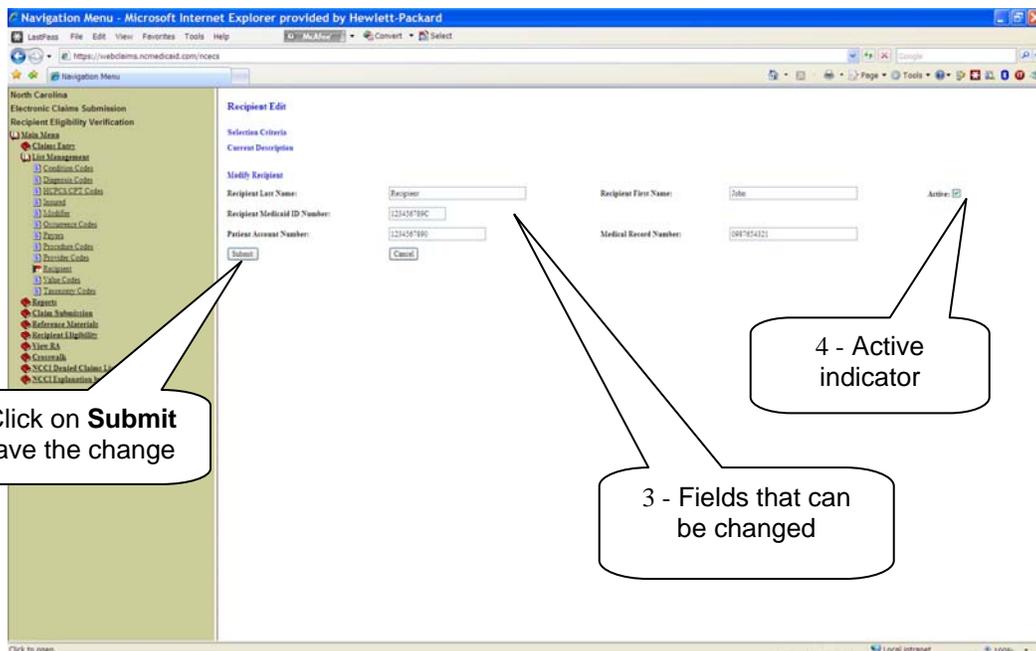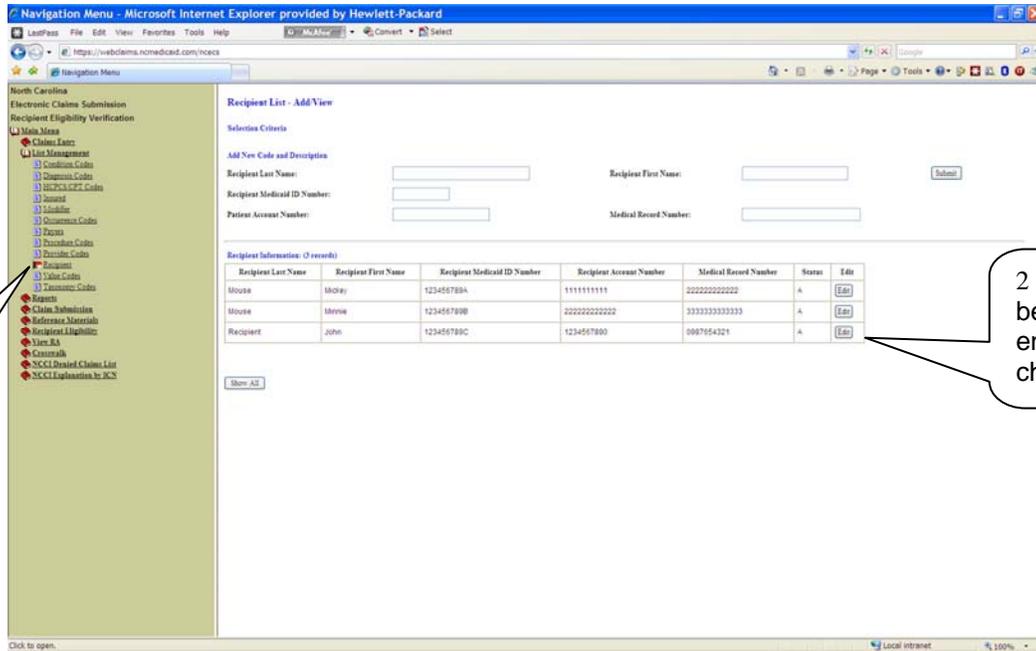
# Condition Code List

**The Condition Code List is used in the Institutional (hard copy UB-04) claim type.**

You may build a Condition Code List from those codes you use most often and use it to quickly populate the Condition Code fields (Code and Code Description) on the Institutional (hard copy UB-04) electronic claim form.
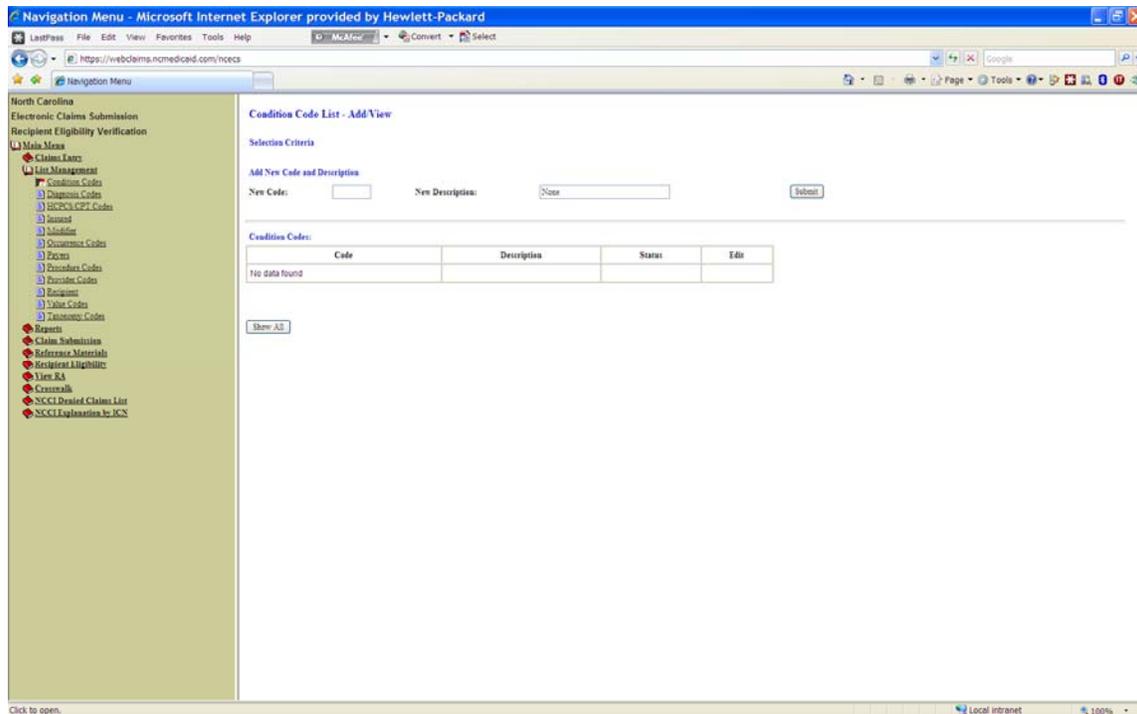


## View Condition Code List

1. Choose **List Management > Condition Codes** to retrieve the Condition Code List Add/View screen. This screen displays the active codes you have entered and also allows you to add new ones to the list or edit existing codes.

2. To view all condition codes, including inactive codes, scroll down the list and click the **Show All** button.

## Add Condition Code

1. Choose **List Management** > **Condition Codes** to retrieve the *Condition Code List Add/View* screen. This screen displays the active codes you have entered and also allows you to add new ones to the list.

2. Type the code information in the blank fields at the top of the screen.

3. Click **Submit.**

## Edit Condition Code

1. Choose **List Management** > **Condition Codes** to retrieve the *Condition Code List Add/View* screen. This screen displays the active codes you have entered and also allows you to edit existing entries.

2. Locate the code you wish to edit, and click the **Edit** button on the far right. This will take you to the *Condition Code Edit* screen.

3. Make changes in the fields provided by clearing the "Active" button.   The entry will be marked from the default list.

4. Click **Submit.**   This will save changes to the list and return you to the *Condition Code List Add/View* screen.

# Diagnosis Code List

**The Diagnosis Code List is used in the Institutional (hard copy UB-04) and Professional (hard copy CMS-1500) claim types.**

You may build a Diagnosis Code List from those codes you use most often and use it to quickly populate the Diagnosis Code fields (Code and Code Description) on the Institutional (hard copy UB-04) and Professional (hard copy CMS-1500) electronic claim forms.
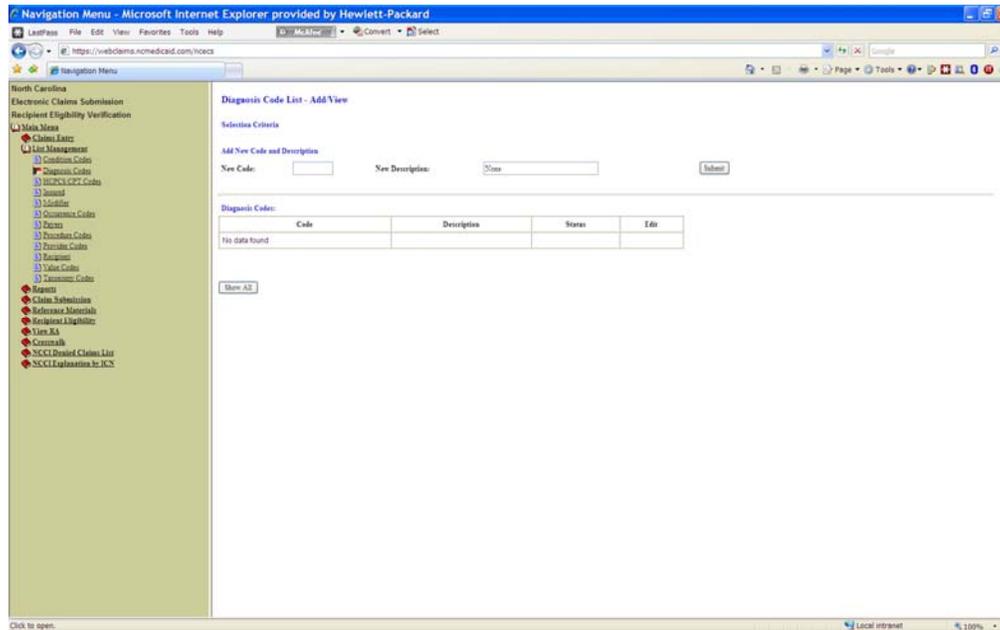
## View Diagnosis Code List

1. Choose **List Management** > **Diagnosis Codes** to retrieve the *Diagnosis Code List Add/View* screen. This screen displays the active codes you have entered and also allows you to add new ones to the list and edit existing codes.

2. To view all Diagnosis codes, including inactive codes, scroll down the list and click the **Show All** button.

## Add Diagnosis Code

1. Choose **List Management > Diagnosis Codes** to retrieve the Diagnosis Code List Add/View screen. This screen displays the active codes you have entered and also allows you to add new ones to the list.

2. Type the code information in the blank fields at the top of the screen.

3. Click **Submit**.

## Edit Diagnosis Code

1. Choose **List Management** > **Diagnosis Codes** to retrieve the *Diagnosis Code List Add/View* screen. This screen displays the active codes you have entered and also allows you to edit existing entries.

2. Locate the code you wish to edit, and click the **Edit** button on the far right. This will take you to the *Diagnosis Code Edit* screen.

3. Make changes in the fields provided by clearing the "Active" button.   The entry will be marked from the default list.

4. Click **Submit.**   This will save changes to the list and return you to the *Diagnosis Code List Add/View* screen.

# HCPCS/CPT Codes

**The HCPCS/CPT Code List is used in the Institutional (hard copy UB-04) and Professional (hard copy CMS-1500) claim types.**

You may build a HCPCS/CPT Code List from those codes you use most often and use it to quickly populate the HCPCS/CPT Code fields (Code and Code Description) on the Institutional (hard copy UB-04) and Professional (hard copy CMS-1500) electronic claim forms.
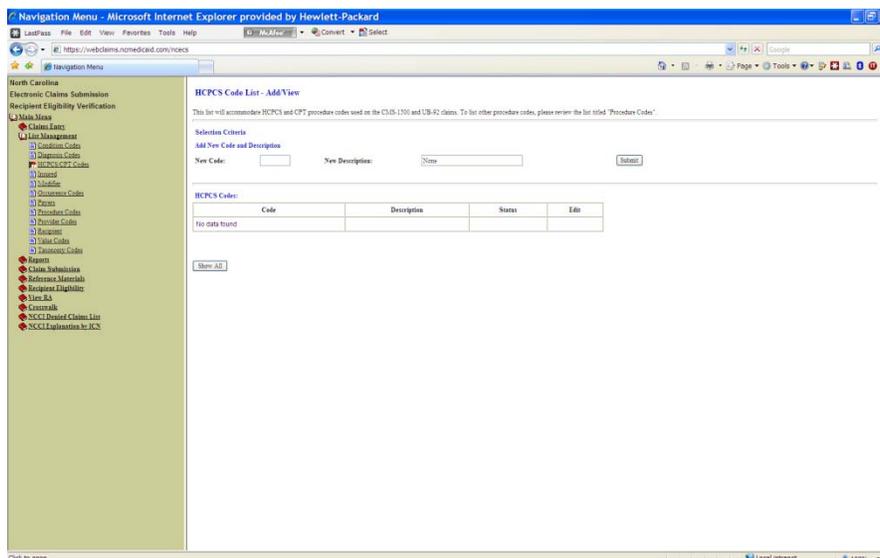


## View HCPCS/CPT Code List

1. Choose **List Management** > **HCPCS/CPT Codes** to retrieve the *HCPCS/CPT Code List Add/View* screen. This screen displays the active codes you have entered and also allows you to add new ones to the list and edit existing codes.
2. To view all HCPCS/CPT codes, including inactive codes, scroll down the list and click the **Show All** button.

## Add HCPCS/CPT Code

1. Choose **List Management** > **HCPCS/CPT Codes** to retrieve the *HCPCS/CPT Code List Add/View* screen. This screen displays the active codes you have entered and also allows you to add new ones to the list.
2. Type the code information in the blank fields at the top of the screen.

3. Click **Submit.**

## Edit HCPCS/CPT Code

1. Choose **List Management** > **HCPCS/CPT Codes** to retrieve the *HCPCS/CPT Code List Add/View* screen. This screen displays the active codes you have entered and also allows you to edit existing entries.
2. Locate the code you wish to edit, and click the **Edit** button on the far right. This will take you to the *HCPCS/CPT Code Edit* screen.
3. Make changes in the fields provided by clearing the "Active" button.   The entry will be marked from the default list.
4. Click **Submit.**   This will save changes to the list and return you to the *HCPCS/CPT Code List Add/View* screen.

# Insured

**The Insured List is used in the Institutional (hard copy UB-04) claim type.**

You may build an Insured List from those codes you use most often and use it to quickly populate the Insured fields on the Institutional (hard copy UB-04) electronic claim form.   The fields to complete for an Insured entry are Last Name (policy holder), First Name (policy holder), Patient Relation, ID Number, Other Insurance Responsibility Sequence, Other Insurance Claim Filing Indicator, Other Insured Member ID, and Other Insurer Name.
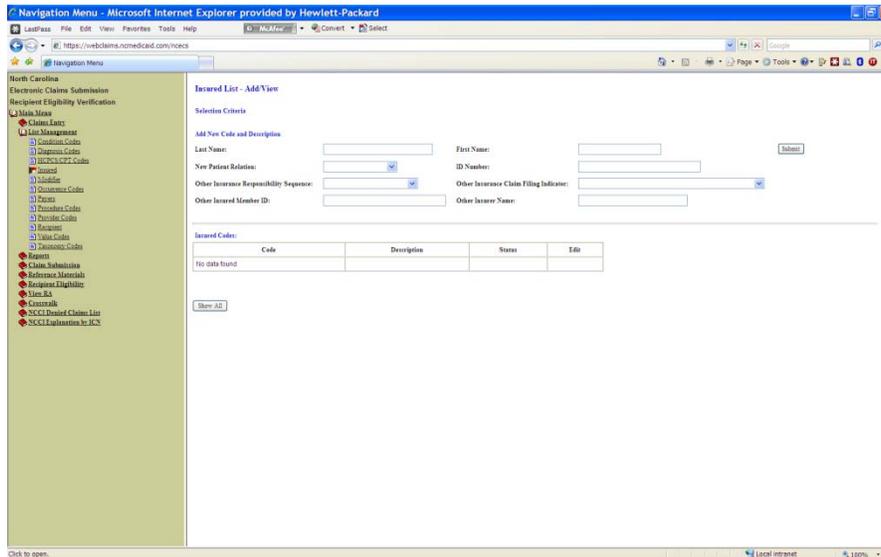


## View Insured List

1.  Choose **List Management** > **Insured** to retrieve the *Insured List Add/View* screen.   This screen displays the active codes you have entered and also allows you to add new ones to the list and edit existing codes.

2.  To view all Insured entries, including inactive codes, scroll down the list and click the **Show All** button.

## Add Insured

1.  Choose **List Management** > **Insured** to retrieve the *Insured List Add/View* screen.   This screen displays the active codes you have entered and also allows you to add new ones to the list.

2.  Type the code information in the blank fields at the top of the screen.

3.  Click **Submit**.

## Edit Insured

1.  Choose **List Management** > **Insured** to retrieve the *Insured List Add/View* screen.   This screen displays the active codes you have entered and also allows you to edit existing entries.

2.  Locate the code you wish to edit, and click the **Edit** button on the far right. This will take you to the *Insured Edit* screen.

3.  Make changes in the fields provided by clearing the "Active" button.   The entry will be marked from the default list.

4.  Click **Submit.**   This will save changes to the list and return you to the *Insured List Add/View* screen.

# Modifier

**The Modifier Code List is used in the Professional (hard copy CMS-1500) claim type.**

You may build a Modifier Code List from those codes you use most often and use it to quickly populate the Modifier Code fields (Code and Code Description) on the Professional (hard copy CMS-1500) electronic claim form.
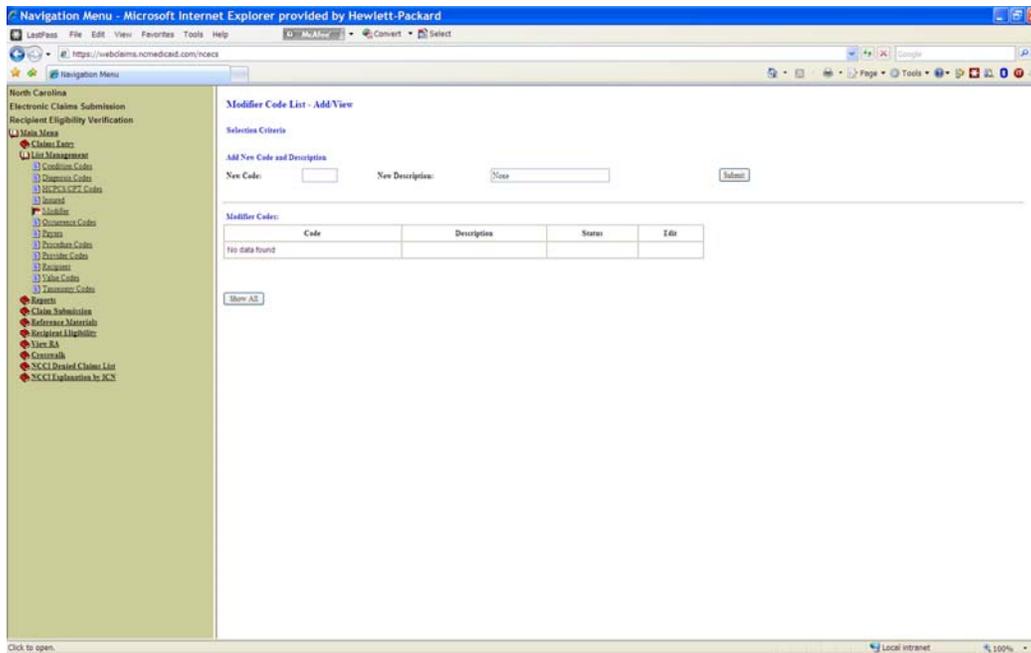


## *View Modifier Code List*

1. Choose **List Management** > **Modifier Codes** to retrieve the *Modifier Code List Add/View* screen. This screen displays the active codes you have entered and also allows you to add new ones to the list and edit existing codes.

2. To view all Modifier codes, including inactive codes, scroll down the list and click the **Show All** button.

## *Add Modifier Code*

1. Choose **List Management** > **Modifier Codes** to retrieve the *Modifier Code List Add/View* screen. This screen displays the active codes you have entered and also allows you to add new ones to the list.

2. Type the code information in the blank fields at the top of the screen.

3. Click **Submit**.

## *Edit Modifier Code*

1. Choose **List Management** > **Modifier Codes** to retrieve the *Modifier Code List Add/View* screen. This screen displays the active codes you have entered and also allows you to edit existing entries.

2. Locate the code you wish to edit, and click the **Edit** button on the far right. This will take you to the *Modifier Code Edit* screen.

3. Make changes in the fields provided by clearing the "Active" button. The entry will be marked from the default list.

4. Click **Submit**. This will save changes to the list and return you to the Modifier Code *List Add/View screen.*

## Occurrence Codes

**The Occurrence Code List is used in the Institutional (hard copy UB-04) claim type.**

You may build an Occurrence Code List from those codes you use most often and use it to quickly populate the Occurrence Code fields (Code and Code Description) on the Institutional (hard copy UB-04) electronic claim form.
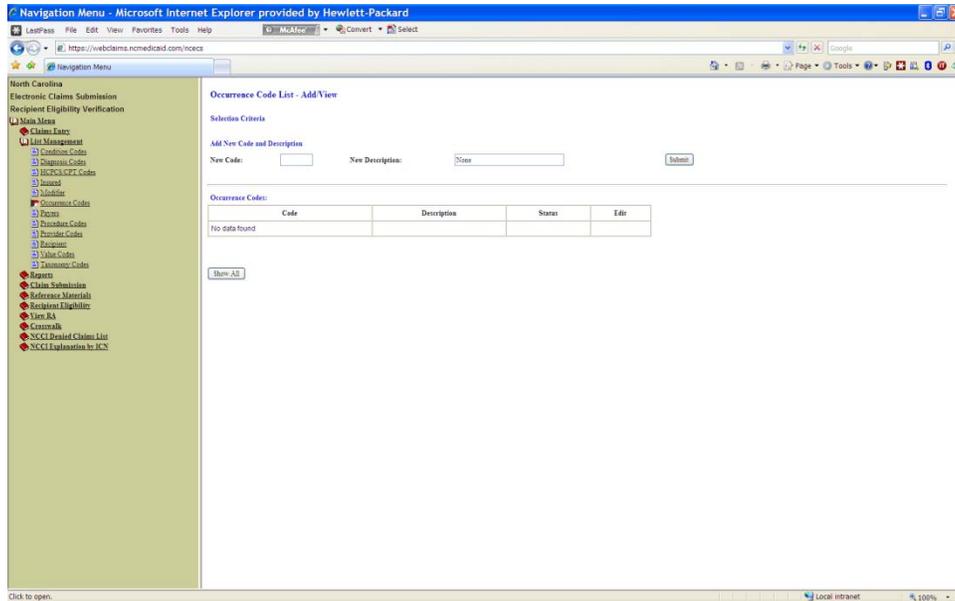


### View Occurrence Code List

1. Choose **List Management** > **Occurrence Codes** to retrieve the *Occurrence Code List Add/View* screen. This screen displays the active codes you have entered and also allows you to add new ones to the list and edit existing codes.

2. To view all Occurrence codes, including inactive codes, scroll down the list and click the **Show All** button.

### Add Occurrence Code

1. Choose **List Management** > **Occurrence Codes** to retrieve the *Occurrence Code List Add/View* screen. This screen displays the active codes you have entered and also allows you to add new ones to the list.

2. Type the code information in the blank fields at the top of the screen.

3. Click **Submit.**

### Edit Occurrence Code

1   Choose **List Management** > **Occurrence Codes** to retrieve the *Occurrence Code List Add/View* screen. This screen displays the active codes you have entered and also allows you to edit existing entries.

2   Locate the code you wish to edit, and click the **Edit** button on the far right. This will take you to the *Occurrence Code Edit* screen.

3   Make changes in the fields provided by clearing the "Active" button.   The entry will be marked from the default list.

*4*   Click **Submit**.   This will save changes to the list and return you to the Occurrence Code   *List Add/View screen.*

## *Payers*

**The Payer Code List is used in the Institutional (hard copy UB-04) claim type.**

You may build a Payer Code List from those codes you use most often and use it to quickly populate the Payer Code fields (Payer, Class Code, Carrier Code, and ID Number) on the Institutional (hard copy UB-04) electronic claim form.
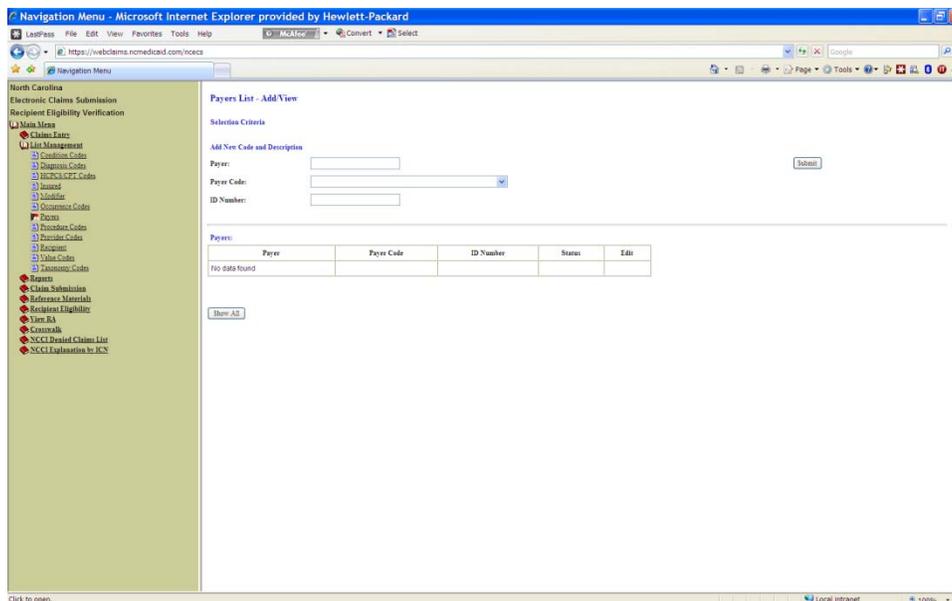


### *View Payer Code List*

1. Choose **List Management** > **Payer Codes** to retrieve the *Payer Code List Add/View* screen.   This screen displays the active codes you have entered and also allows you to add new ones to the list and edit existing codes.

2. To view all Payer codes, including inactive codes, scroll down the list and click the **Show All** button.

### *Add Payer Code*

1. Choose **List Management** > **Payer Codes** to retrieve the *Payer Code List Add/View* screen.   This screen displays the active codes you have entered and also allows you to add new ones to the list.

2. Type the code information in the blank fields at the top of the screen.

3. Click **Submit.**

### *Edit Payer Code*

1. Choose **List Management** > **Payer Codes** to retrieve the *Payer Code List Add/View* screen.   This screen displays the active codes you have entered and also allows you to edit existing entries.

2. Locate the code you wish to edit, and click the **Edit** button on the far right. This will take you to the *Payer Code Edit* screen.

3. Make changes in the fields provided by clearing the "Active" button.    The entry will be marked from the default list.

4. Click **Submit**.    This will save changes to the list and return you to the *Payer Code List Add/View screen.*

# *Procedure Codes*

**The Procedure Code List is used in the Institutional (hard copy UB-04) and Dental (hard copy 2006 ADA) claim types**

You may build a Procedure Code List from those codes you use most often and use it to quickly populate the Procedure Code fields (Code and Code description) on the Institutional (hard copy UB-04) and Dental (hard copy 2006 ADA) electronic claim forms.
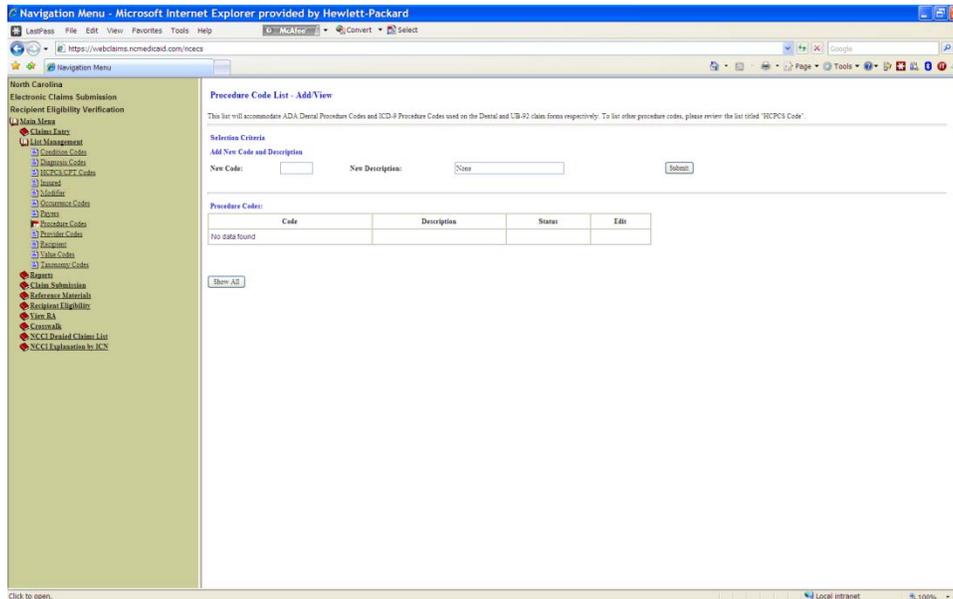


## *View Procedure Code List*

1. Choose **List Management** > **Procedure Codes** to retrieve the *Procedure Code List Add/View* screen. This screen displays the active codes you have entered and also allows you to add new ones to the list and edit existing codes.

2. To view all Procedure codes, including inactive codes, scroll down the list and click the **Show All** button.

## *Add Procedure Code*

1. Choose **List Management** > **Procedure Codes** to retrieve the *Procedure Code List Add/View* screen. This screen displays the active codes you have entered and also allows you to add new ones to the list.

2. Type the code information in the blank fields at the top of the screen.

3. Click Submit.

## *Edit Procedure Code*

1. Choose **List Management** > **Procedure Codes** to retrieve the *Procedure Code List Add/View* screen. This screen displays the active codes you have entered and also allows you to edit existing entries.

2. Locate the code you wish to edit, and click the **Edit** button on the far right. This will take you to the *Procedure Code Edit* screen.

3. Make changes in the fields provided by clearing the "Active" button.   The entry will be marked from the default list.

4. Click **Submit**.   This will save changes to the list and return you to the *Procedure Code List Add/View screen.*

## *Provider Codes*

**The Provider Code List is used in the Institutional (hard copy UB-04), Professional (hard copy CMS-1500), and Dental (hard copy 2006 ADA) claim types.**

You may build a Provider Code List from those codes you use most often and use it to quickly populate the Provider Code fields (Provider Last Name or Organization Name, Provider First Name, National Provider ID, and Medicaid Provider Number) on the Institutional (hard copy UB-04), Professional (hard copy CMS-1500), and Dental (hard copy 2006 ADA) electronic claim forms.



### *View Provider Code List*

1. Choose **List Management** > **Provider Codes** to retrieve the *Provider Code List Add/View* screen. This screen displays the active codes you have entered and also allows you to add new ones to the list and edit existing codes.

2. To view all Provider codes, including inactive codes, scroll down the list and click the **Show All** button.

### *Add Provider Code*

1. Choose **List Management** > **Provider Codes** to retrieve the *Provider Code List Add/View* screen. This screen displays the active codes you have entered and also allows you to add new ones to the list.

2. Type the code information in the blank fields at the top of the screen.

3. Click **Submit**.

### *Edit Provider Code*

1. Choose **List Management** > **Provider Codes** to retrieve the *Provider Code List Add/View* screen. This screen displays the active codes you have entered and also allows you to edit existing entries.

2. Locate the code you wish to edit, and click the **Edit** button on the far right. This will take you to the *Provider Code Edit* screen.

3. Make changes in the fields provided by clearing the "Active" button.   The entry will be marked from the default list.

4. Click **Submit**.   This will save changes to the list and return you to the *Provider Code List Add/View screen.*

## *Value Codes*

**The Value Code List is used in the Institutional (hard copy UB-04) claim type.**

You may build a Value Code List from those codes you use most often and use it to quickly populate the Value Code fields (Code and Code description) on the Institutional (hard copy UB-04) electronic claim form.



### *View Value Code List*

1.  Choose **List Management** > **Value Codes** to retrieve the *Value Code List Add/View* screen.   This screen displays the active codes you have entered and also allows you to add new ones to the list and edit existing codes.

2.  To view all Value codes, including inactive codes, scroll down the list and click the **Show All** button.

### *Add Value Code*

1.  Choose **List Management > Value Codes** to retrieve the *Value Code List Add/View* screen.   This screen displays the active codes you have entered and also allows you to add new ones to the list.

2.  Type the code information in the blank fields at the top of the screen.

3.  Click **Submit**.

### *Edit Value Code*

1.  Choose **List Management** > **Value Codes** to retrieve the *Value Code List Add/View* screen.   This screen displays the active codes you have entered and also allows you to edit existing entries.

2.  Locate the code you wish to edit, and click the **Edit** button on the far right. This will take you to the *Value Code Edit* screen.

3.  Make changes in the fields provided by clearing the "Active" button.   The entry will be marked from the default list.

4.  Click **Submit**.   This will save changes to the list and return you to the *Value Code List Add/View screen.*

# Claim Entry

Now that you have built your customized lists, you can quickly key in your claims.    In this section, you will learn how to add, edit, delete, and copy claims, as well as how to view the history of claims previously submitted.

The Institutional (hard copy UB-04) electronic claim form is the same claim form used currently and you will complete it as you always have.    Using an online form, however, offers some additional advantages that facilitate the task of keying claims.

Let's get acquainted with some features you will encounter on the Claims Entry screens:
- Ellipses
- Drop-Down Menus
- Explanatory Pop-ups
- Add/Edit Buttons

## Ellipses

Whenever you encounter a button with three dots in it, one of your lists is available for reference and population of the field.    In the illustration below, there is a Recipient List for the user to use in the population of the recipient information.



## Drop-Down Menus

These are available wherever you see a black arrow next to the field.    Just click the arrow for the list of values you can use to populate the field.    Drop-down lists are used when there are pre-established values that can be used in the field.    In this example, you see a drop-down selection for Place of Service/Facility Code.

## Explanatory Pop-Ups

For added clarification on a field entry, hover your cursor over the bolded field title (not the field itself), and a box will appear explaining the field and related data requirements.   In the example below, the Explanatory Pop-up provides information regarding the Medicaid ID Number field.

Note: This feature will not work with some "Pop-up" blocker packs.



Explanatory Pop-Up for the "Medicaid ID" field

## Add/Edit Button

Clicking on one of these buttons calls up another screen where you can key additional information pertaining to the claim, such as service and insurance information.



Add/Edit: Click to add information regarding insurance and service information

# Institutional (Hard Copy UB-04) Claim

## Add a Claim

1. From the Main Menu, choose **Claim Entry** > **Institutional** (hard copy UB-04). Notice there are several function buttons offering different options: **Add, Edit, Copy, View, History, Delete,** and **View All.**

2. Click the **Add** button to open a blank Institutional (hard copy UB-04) electronic claim form.

3. Type your data in the blank fields as you would any other claim. If you have created lists, you may access them by clicking the ellipses next to the fields, or, if you see a down arrow key, click and use any applicable drop-down menus.



3 - Enter claim information

All Zip Code fields now require Zip + 4

(New Field) "Billing Street Zip Code" is required

⭐ Billing Pay-To ZIP is required when the Accounting Address is different from the Street Address.
⭐ Service Facility ZIP is required when services are provided by the Provider, billing this claim, when the
⭐ Service Location is different than the Billing Address.



Continue claim information Entry

Present On Admission Field (if applicable to claim type)

E Code count increased from 1 to 12

Continue claim information entry



Carolina Access Number goes here

Click here to enter insurance information. See step 4.

Click here to enter service detail information. See step 5.

4.  Add insurance details by clicking on the Insurance **Add/Edit Details** button under the *Institutional* (hard copy UB-04) *Insurance Detail* heading.

    a.  Type the data into the fields
    b.  Click the **Clear** button to clear out information if entered incorrectly.
        If information is entered correctly, Click the Add button to add information onto screen (very important – or information will be lost)
    c.  Click the **Edit** button to change information on the insurance detail line.
    d.  Click the **Copy** button to duplicate the insurance detail line.
    e.  Click **Delete** to erase the insurance detail line.
    f.  Click the **Save** button to save the insurance information on the claim.   This will return you to the main Institutional (hard copy UB-04) electronic claim form.



4 - Complete Insurance Information if Applicable

5.  Add claim details by clicking on the Add/Edit Details button under the Institutional (hard copy UB-04) Details heading.   The Institutional (hard copy UB-04) Add/Edit screen will appear.

    a.  Type the data in the fields as instructed by DMA billing policy.

    b.  Click the **Clear** button if the information has been entered incorrectly.

    c.  Click the **Add** button to add the information to the screen (this is important – or you will lose information).

        If the information is entered correctly, Click the Add button to add information onto screen (very important – or information will be lost)

    d.  Click the **Edit** button to change information on the insurance detail line.

    e.  Click the **Copy** button to duplicate the insurance detail line.

    f.  Click **Delete** to erase the insurance detail line.

    g.  Click the **Save** button. This will return you to the main Institutional (hard copy UB-04) electronic claim form.
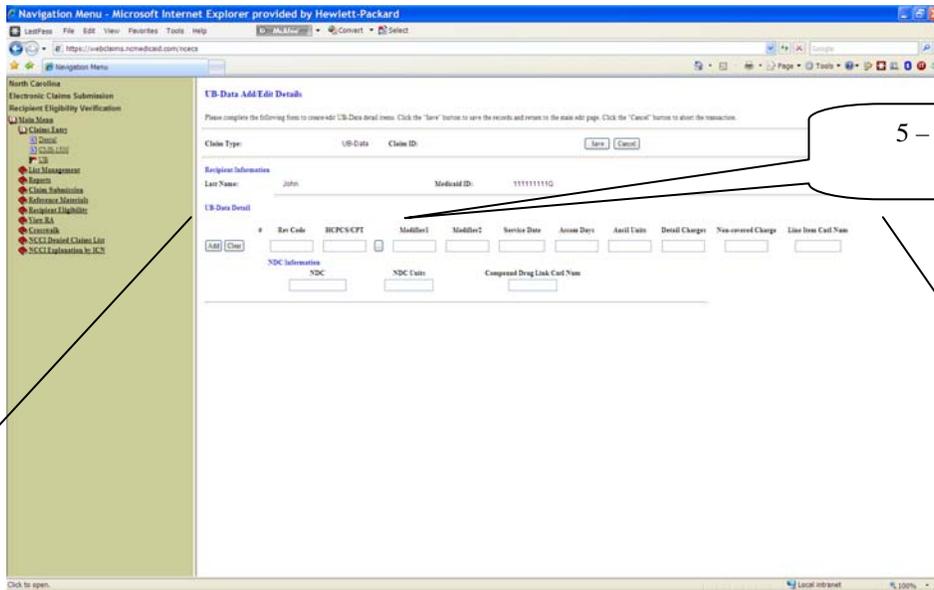
5 – Enter Service Detail Information

**UB-Data Detail**

| # | Rev Code | HCPCS/CPT | Modifier1 | Modifier2 | Service Date | Accom Days | Ancil Units | Detail Charges | Non-covered Charge | Line Item Cntl Num |
|---|----------|-----------|-----------|-----------|--------------|------------|-------------|----------------|--------------------|--------------------|
| Add  Clear | | | | | | | | | | |

**NDC Information**

| NDC | NDC Units | Compound Drug Link Cntl Num |
|-----|-----------|------------------------------|
| | | |

(New Field)
Compound Drug Link Control Number

See "Appendix B. NDC Billing" for details on this field

6.  After you have entered information to complete the claim, click the **Save** button to save the entire claim, including any insurance and detail information.

## *Edit a Claim*

To edit a claim:

1.  From the Main Menu, click on **Claims Entry** > **Institutional** (hard copy UB-04).   All claims previously entered for that type will be listed.

2.  Click the radio button next to the claim you wish to edit.

3.  Click the **Edit** button. The claim will appear, as it does when adding a claim, and you can make the desired changes.

4.  Click the **Save** button in order to save the changes.
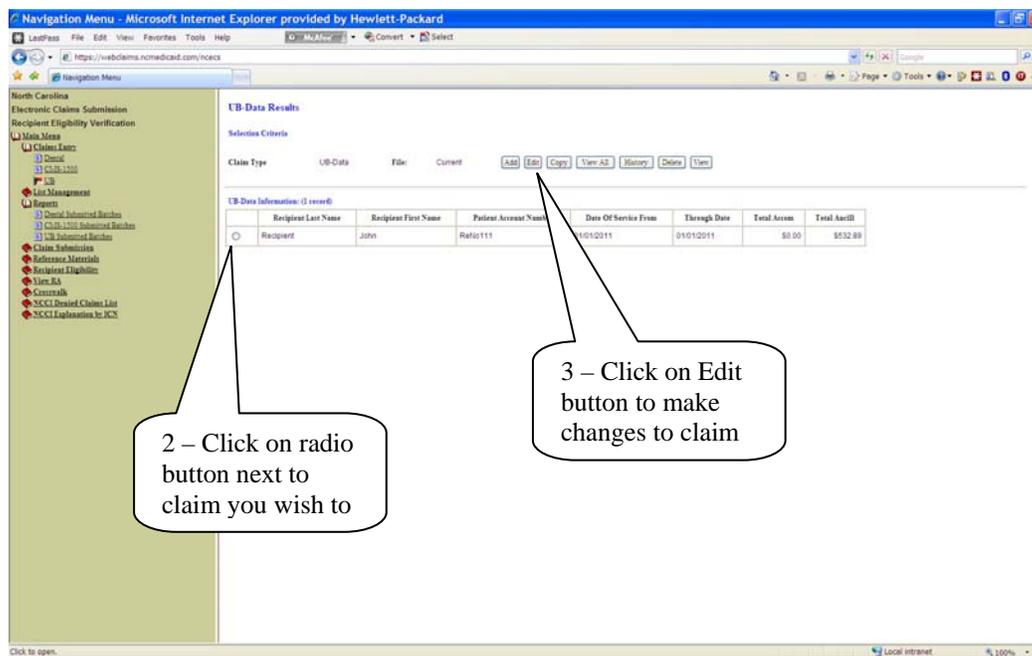


## *Copy a Claim*

This option is useful if you bill the same services for different patients.   You may enter a claim for patient #1, copy, and then edit the copied claim changing patient #1 information to that of patient #2.

1.  From the list of claims on the *Institutional* (hard copy UB-04) *Results* screen, click the radio button next to the claim to be copied.

2.  Choose the **Copy** button. Note: once copied, the claim will appear as a duplicate claim on the list.

3.  Copied claim can then be edited.

## *View a Claim*

This option allows you to view the claim, but does not allow you to edit the claim.   You are able to print hard copies of the electronic claim from this option.

1.  From the list of claims on the *Institutional* (hard copy UB-04) *Results* screen, click the radio button next to the claim you wish to view.

2.  Click the **View** button. The claim will be displayed on your screen.

3.  Click the **Print** button to print a hard copy of the electronic claim.

## View History

This option will allow you to access the claims previously submitted on the tool.   Link directly to the Reports Main Menu option.

1.  From the list of claims on the *Institutional* (hard copy UB-04) *Results* screen, click the radio button next to the claim you wish to view.

2.  Click the **History** button. A list of all Institutional (hard copy UB-04) batches submitted under the login ID will be displayed.


## Delete a Claim

Use this option to delete claims entered in error.

1.  From the list of claims on the *Institutional* (hard copy UB-04) *Results* screen, click the radio button next to the claim you wish to delete.

2.  Click the **Delete** button.

3.  Confirm the claim deletion.


Note: The back button on the browser window will not re-create a deleted claim. Once claim deletion is confirmed, the claim has been deleted from the NCECSWeb database.

## View All Claims

This option allows you to view all un-submitted claims saved under Claim Entry, but does not allow you to edit the claims.   You are able to print hard copies of the electronic claims from this option.

1.  Click the **View All** button.   A list of all un-submitted claims will be displayed.

2.  Click on the **Print** button to print an electronic copy of all claims. July 2007 33

# Professional (Hard Copy CMS-1500) Claim

## Add a Claim

1. From the Main Menu, choose **Claim Entry** > **Professional** (hard copy CMS-1500).   Notice there are several function buttons offering different options: **Add, Edit, Copy, View, History, Delete, and View All.**

2. Click the **Add** button to open a blank Professional (hard copy CMS-1500) electronic claim form.
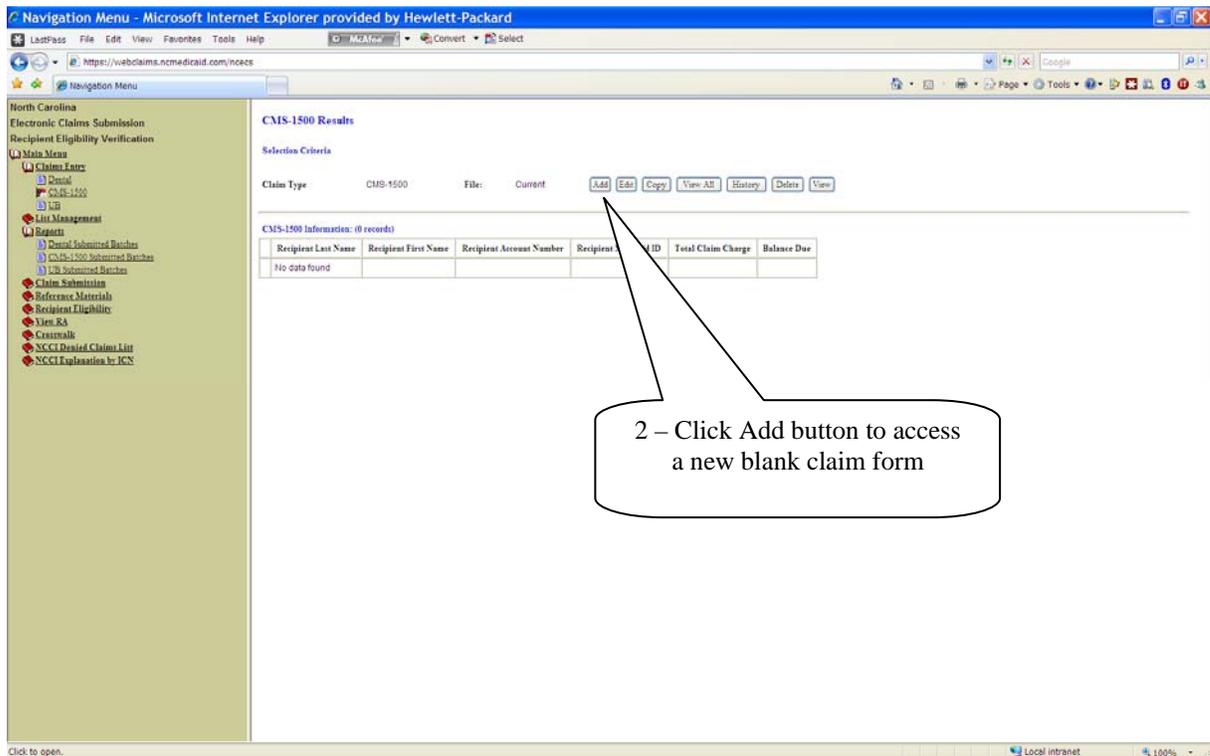


2 – Click Add button to access a new blank claim form

3.  Type your data in the blank fields as you would any other claim.   If you have created lists, you may access them by clicking the ellipses next to the fields, or, if you see the down arrow key, click and use any applicable drop-down menus.



3 - Enter claim information

(New Field) "Billing Street Zip Code" is required

All Zip Code fields now require Zip + 4

☆ Billing Pay-To ZIP is required when the Accounting Address is different from the Street Address.



3 - Enter claim information

4.  Add insurance details by clicking on the **Insurance Add/Edit Details** button under the *Professional* (hard copy CMS-1500) *Insurance Detail* heading.

    a.  Type the data into the fields

    b.  Click the **Clear** button to clear out information if entered incorrectly.

        If information is entered correctly, Click the Add button to add information onto screen (very important – or information will be lost)

    c.  Click the **Edit** button to change information on the insurance detail line.

    d.  Click the **Copy** button to duplicate the insurance detail line.

    e.  Click **Delete** to erase the insurance detail line.

    f.  Click the **Save** button to save the insurance information on the claim.    This will return you to the main Professional (hard copy CMS-1500) electronic claim form.

5.  Add claim details by clicking on the **Add/Edit Details** button under the *Professional* (hard copy CMS-1500) *Details* heading.   The *Professional* (hard copy CMS-1500) *Add/Edit* screen will appear.

   a.  Type the data in the fields as instructed by DMA billing policy.

   b.  Click the **Clear** button if the information has been entered incorrectly.

   c.  Click the **Add** button to add the information to the screen (this is important – or you will lose information)

       If information is entered correctly, Click the Add button to add information onto screen (very important – or information will be lost)

   d.  Click the **Edit** button to change information on the insurance detail line

   e.  Click the **Copy** button to duplicate the insurance detail line.

   f.  Click **Delete** to erase the insurance detail line.

   g.  Click the **Save** button. This will return you to the main Professional (hard copy CMS-1500) electronic claim form.



(New Field)
Compound Drug Link Control Number

See "Appendix B. NDC Billing" for details on this field

6.  After you have entered information to complete the claim, click the **Save** button to save the entire claim, including any insurance and detail information.

## Edit a Claim

To edit a claim:

1. From the Main Menu, click on **Claims Entry** > **Professional** (hard copy CMS-1500).   All claims previously entered for that type will be listed.
2. Click the radio button next to the claim you wish to edit.
3. Click the **Edit** button. The claim will appear and you can make the desired changes.
4. Click the **Save** button in order to save the changes.
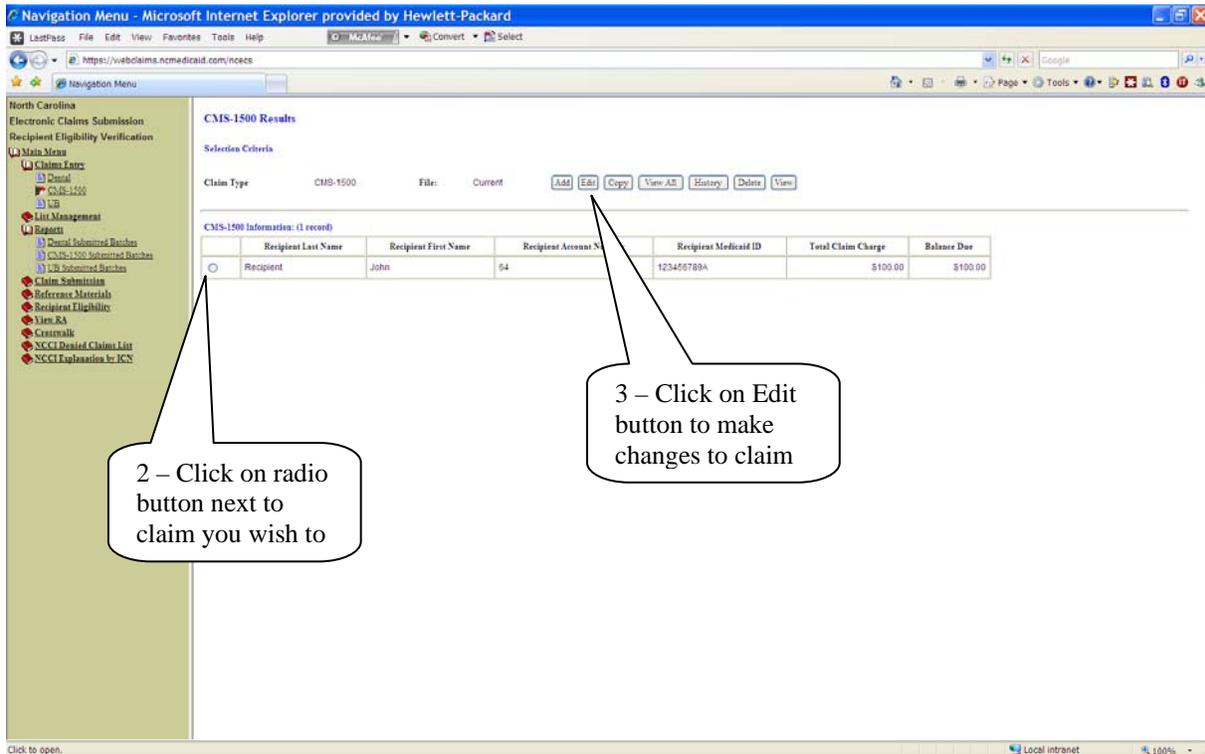


## Copy a Claim

1. From the list of claims on the *Professional* (hard copy CMS-1500) *Result* screen, click the radio button next to the claim to be copied.
2. Choose the **Copy** button. Note: Once copied, the claim will appear as a duplicate claim on the list.

## View a Claim

This option allows you to view the claim, but does not allow you to edit the claim.   You are able to print hard copies of the electronic claim from this option.

1. From the list of claims on the *Professional* (hard copy CMS-1500) *Results* screen, click the radio button next to the claim you wish to view.
2. Click the *View* button. The claim will be displayed on your screen.

## View History

1. From the list of claims on the *Professional* (hard copy CMS-1500) *Results* screen, click the radio button next to the claim you wish to view.
2. Click the **History** button. A list of all Professional (hard copy CMS-1500) submitted batches will be displayed.

## *Delete a Claim*

1. From the list of claims on the *Professional* (hard copy CMS-1500) *Results* screen, click the radio button next to the claim you wish to delete.

2. Click the **Delete** button.

3. Confirm the claim deletion.

Note: the back button on the browser window will not re-create a deleted claim. Once a claim has been deleted, the only way to re-enter the claim is to add it as a new claim.

## *View All Claims*

This option allows you to view all un-submitted claims saved under Claim Entry, but does not allow you to edit the claims.   You are able to print hard copies of the electronic claims from this option.

1. Click the **View All** button.   A list of all un-submitted claims will be displayed.

2. Click on the **Print** button to print a copy of all electronic claims.

# Dental (Hard Copy 2006 ADA)

## Add a Claim

1. From the Main Menu, choose **Claim Entry** > **Dental** (hard copy 2006 ADA).   Notice there are several function buttons offering different options: **Add, Edit, Copy, View, History, Delete,** and **View All.**

2. Click the **Add** button to open a blank DENTAL (hard copy 2006 ADA) electronic claim form.
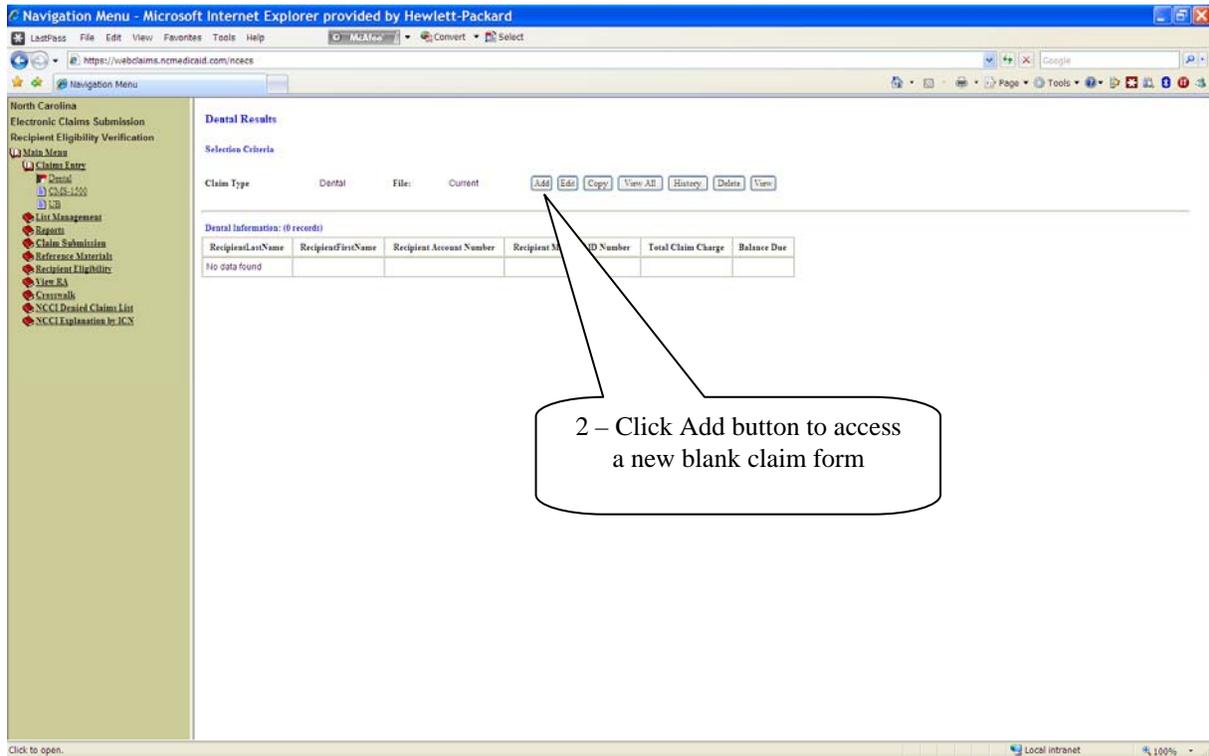
3. Type your data in the blank fields as you would any other claim.   If you have created lists, you may access them by clicking the ellipses next to the fields, or, if you see a down arrow key, click and use any applicable drop-down menus.



3 - Enter claim information

(New Field) "Billing Street Zip Code" is required

All Zip Code fields now require Zip + 4

(New Field) "Service Facility Zip

Click here to enter insurance information.   See Step 4.

Click here to enter service detail information.   See Step 5.
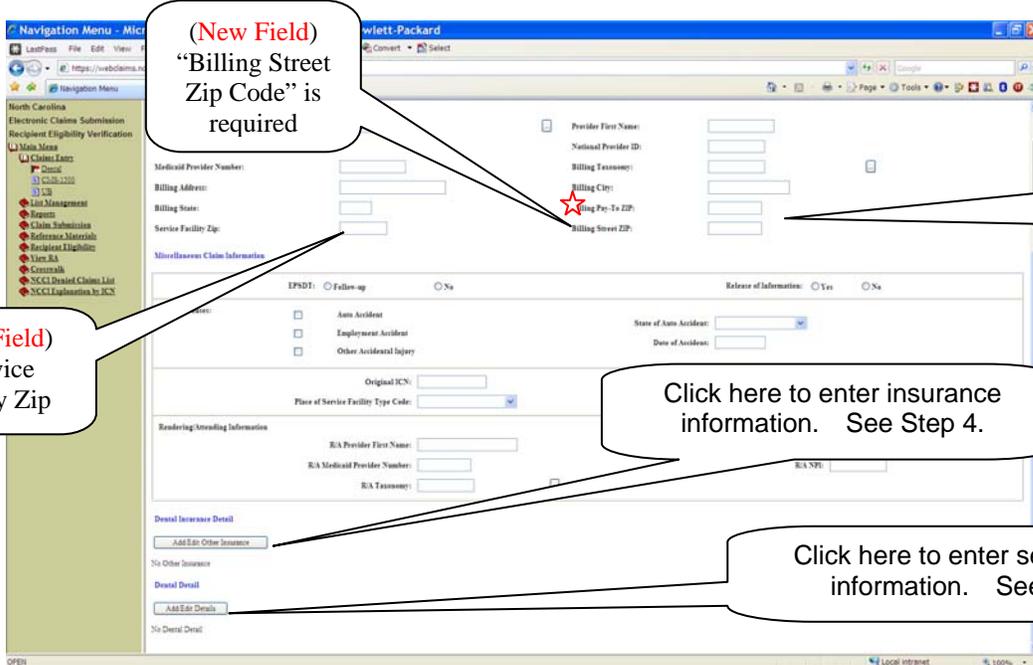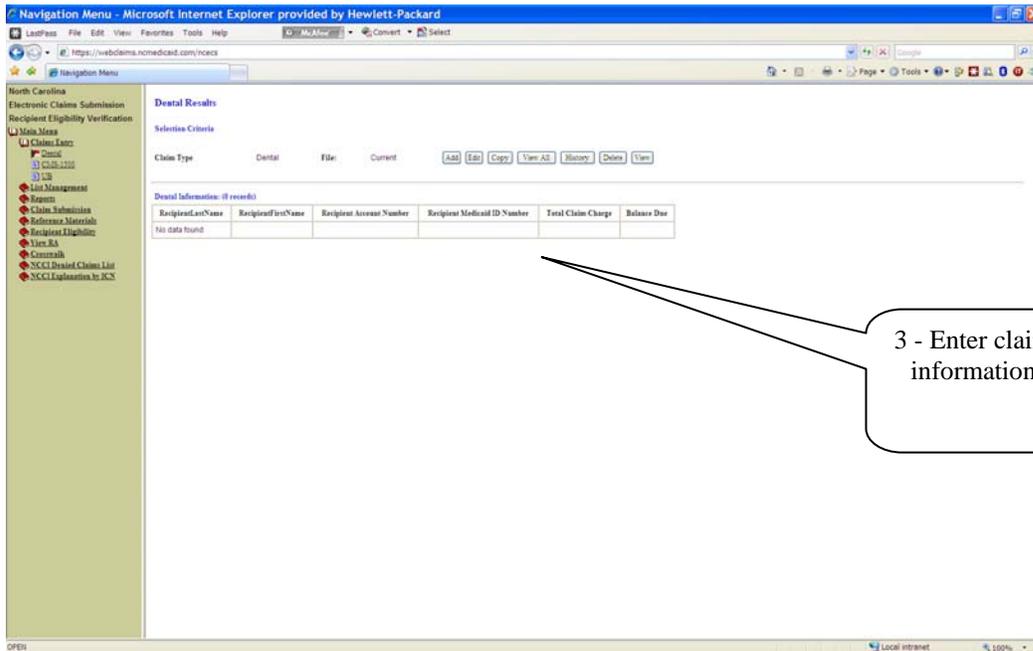


☆ Billing Pay-To ZIP is required when the Accounting Address is different from the Street Address.

4.         Add insurance details by clicking on the Insurance **Add/Edit Details** button under the *Dental* (hard copy 2006 ADA) *Insurance Detail* heading.

a. Type the data into the fields.

b. Click the **Clear** button to clear out information if entered incorrectly.

> If information is entered correctly, Click the Add button to add information onto screen (very important – or information will be lost)

c. Click the **Edit** button to change information on the insurance detail line.

d. Click the **Copy** button to duplicate the insurance detail line.

e. Click **Delete** to erase the insurance detail line.

f. Click the **Save** button, to save the insurance information on the claim. This will return you the main Dental (hard copy 2006 ADA) electronic claim form.
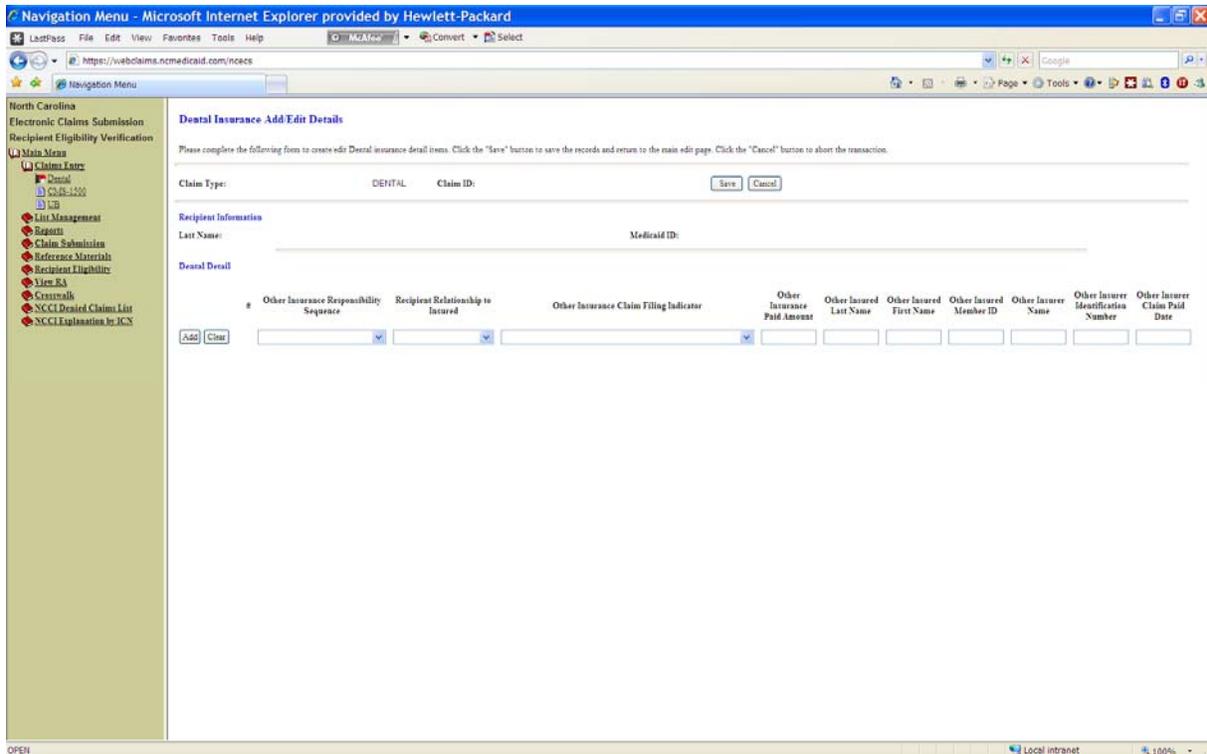


5. Add claim details by clicking on the **Add/Edit Details** button under the *Dental* (hard copy 2006 ADA) *Details* heading. The *Dental* (hard copy 2006 ADA) *Add/Edit* screen will appear.

a. Type the data in the fields as instructed by DMA billing policy.

b. Click the **Clear** button if the information has been entered incorrectly.

c. Click the **Add** button to add the information to the screen (this is important – or you will lose information).

> If information is entered correctly, Click the Add button to add information onto screen (very important – or information will be lost)

d. Click the **Edit** button to change information on the insurance detail line.

e. Click the **Copy** button to duplicate the insurance detail line.

f. Click **Delete** to erase the insurance detail line.

g. Click the **Save** button. This will return you to the main Dental (hard copy 2006 ADA) electronic claim form.
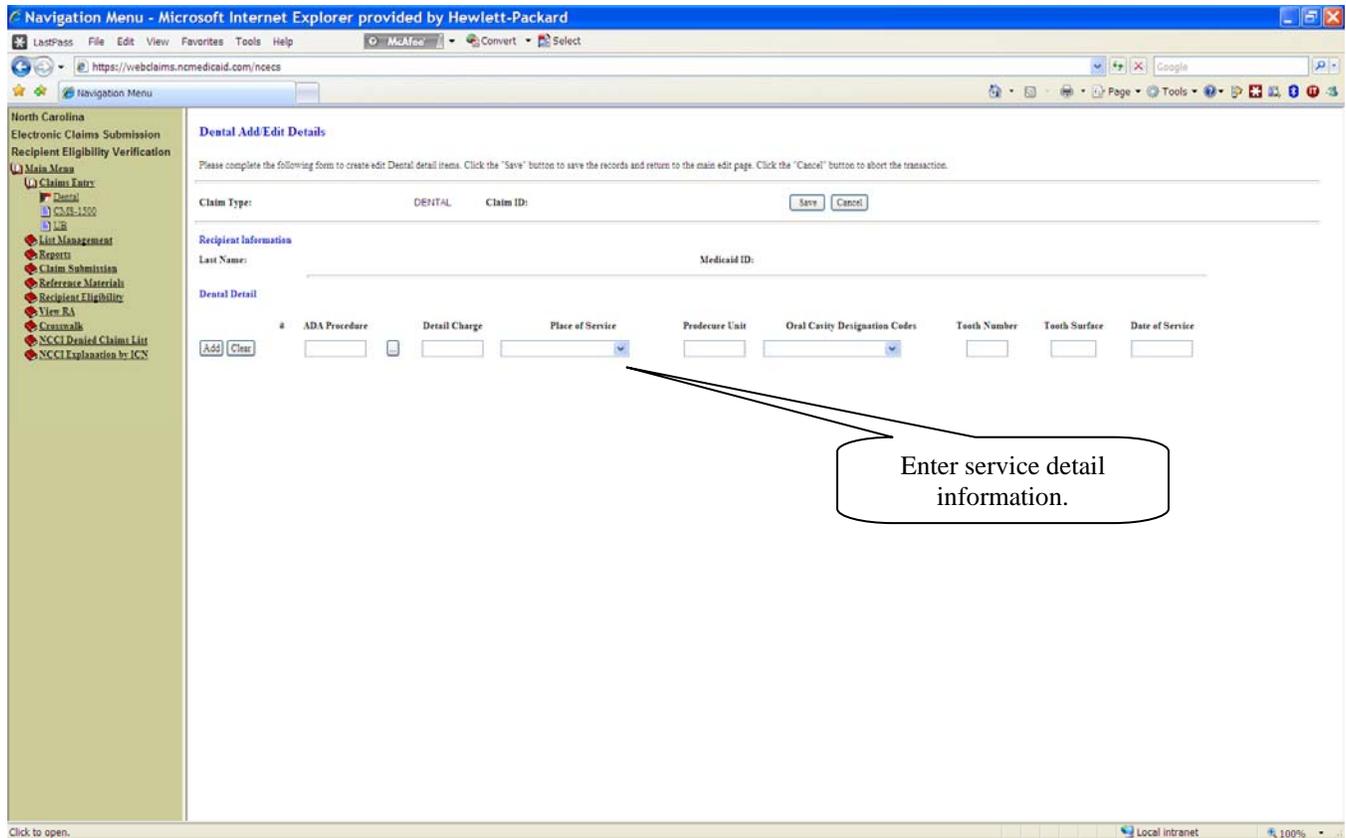
6. After you have entered information to complete the claim, click the **Save** button to save the entire claim, including any insurance and detail information.

## Edit a Claim

To edit a claim:

    1    From the Main Menu, click on **Claims Entry** > **Dental** (hard copy 2006 ADA).   All claims previously entered for that type will be listed.

    2    Click the radio button next to the claim you wish to edit.

    3    Click the **Edit** button. The claim will appear, as it does when adding a claim, and you can make the desired changes.

    4    Click the **Save** button in order to save the changes.
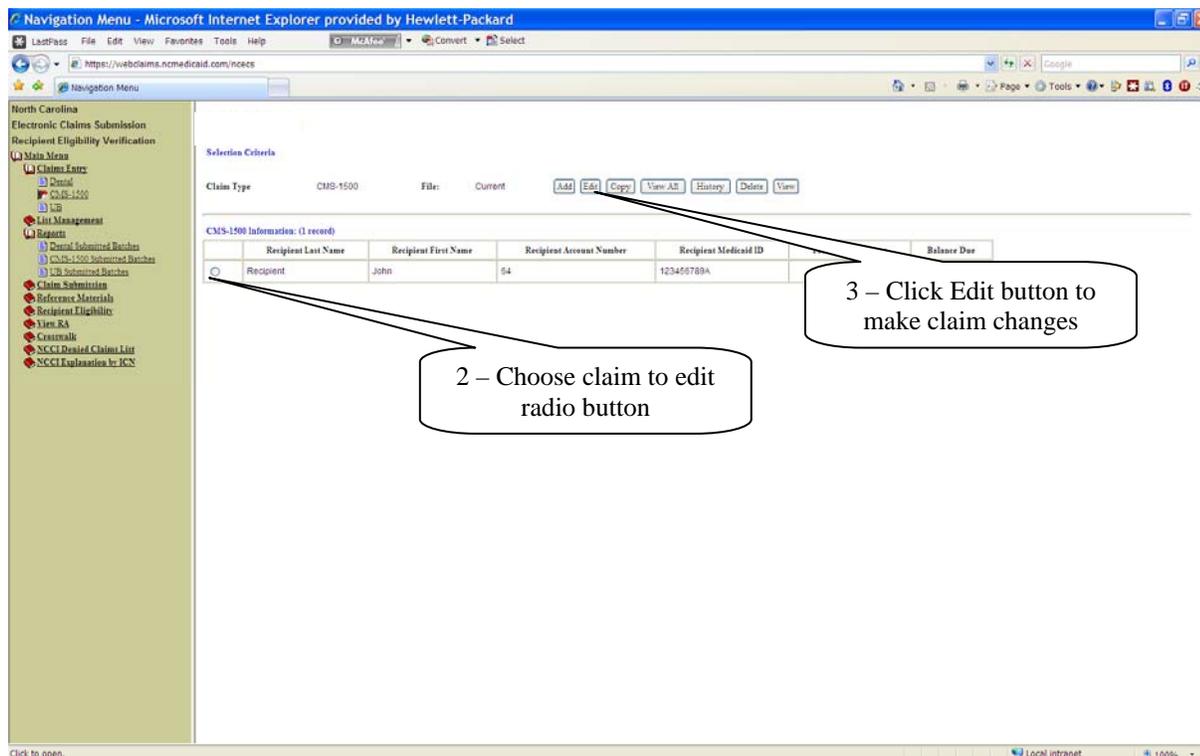


## Copy a Claim

This option is useful if you bill the same services for different patients.   You may enter a claim for patient #1, copy, and then edit the copied claim, changing patient #1's information to that of patient #2.

    1.    From the list of claims on the *Dental* (hard copy 2006 ADA) *Results* screen, click the radio button next to the claim to be copied.

    2.    Choose the **Copy** button. Note: once copied, the claim will appear as a duplicate claim on the list.

    3.    Copied claim can then be edited.

## View a Claim

This option allows you to view the claim, but does not allow you to edit the claim.   You are able to print hard copies of the electronic claim from this option.

    1.    From the list of claims on the *Dental* (hard copy 2006 ADA) *Results* screen, click the radio button next to the claim you wish to view.

    2.    Click the **View** button. The claim will be displayed on your screen.

    3.    Click the **Print** button to print a hard copy of the electronic claim.

## *View History*

This option will allow you to access the claims previously submitted on the tool.   Link directly to the Reports Main Menu option.

1. From the list of claims on the *Dental* (hard copy 2006 ADA) *Results* screen, click the radio button next to the claim you wish to view.

2. Click the **History** button. A list of all Dental (hard copy 2006 ADA) batches submitted under the login ID will be displayed.

## *Delete a Claim*

Use this option to delete claims entered in error.

1. From the list of claims on the *Dental* (hard copy 2006 ADA) *Results* screen, click the radio button next to the claim you wish to delete.

2. Click the **Delete** button.

3. Confirm the claim deletion.

Note: The back button on the browser window will not re-create a deleted claim. Once claim deletion is confirmed, the claim has been deleted from the NCECSWeb database.

## *View All Claims*

This option allows you to view all un-submitted claims saved under Claim Entry, but does not allow you to edit the claims.   You are able to print hard copies of the electronic claims from this option.

1. Click the **View All** button.   A list of all un-submitted claims will be displayed.

2. Click on the **Print** button to print a copy of all electronic claims.

# Claim Submission

Once you have completed your claims entry, you can then submit the claims for processing and payment.

1. From the Main Menu, click on **Claims Submission** > **Claims Submission.** This will take you to the *Claims Submission* screen.

2. Type in your Contact Information.

3. In the *Claims Submission Information* section, click on the radio button by the claim type you wish to submit the entire batch of claims.

4. If you want to submit all claims within the batch, click **Submit.**

5.  If you want to submit a specific claim within the claim type, click the **Edit** button to bring up the full list of claims. From there you can select the desired claim to send by clicking the selection buttons next to each claim. Click the **Submit** button.



5 – Individual claims can be selected by clicking the checkbox next to each claim

Click Submit button after selecting each claim to be submitted
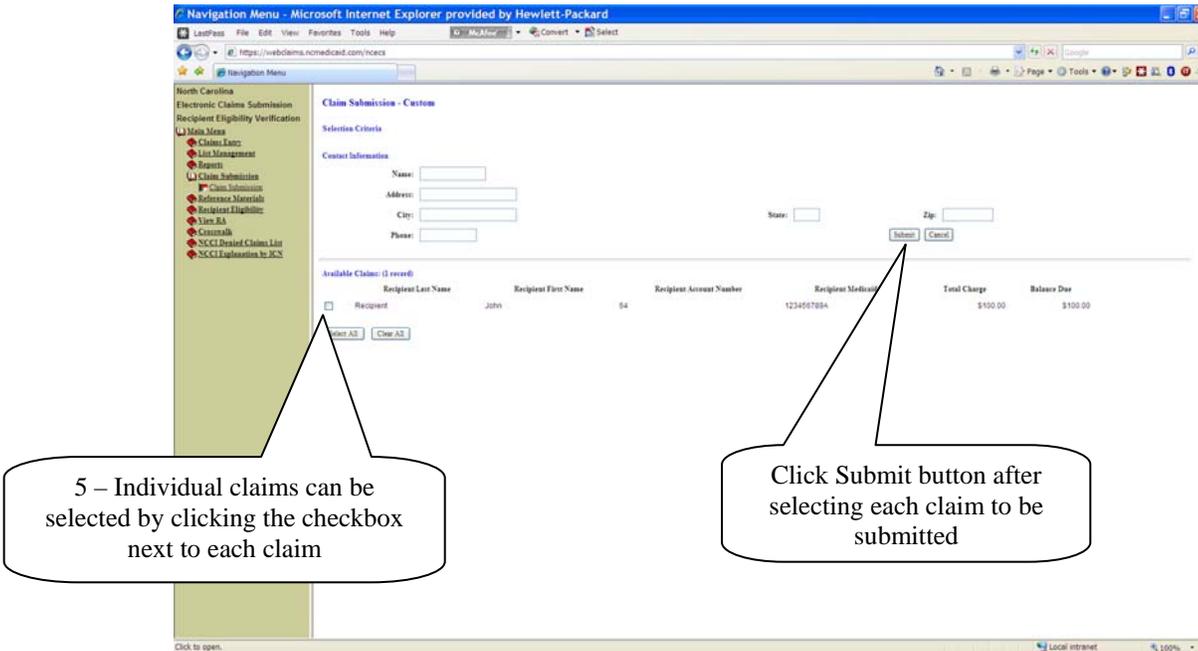
6.  Regardless of whether you submit a batch of claims or a single claim, a pop-up screen will ask if you are sure you want to send the claims.   Click YES.   A screen with a batch ID will then appear.
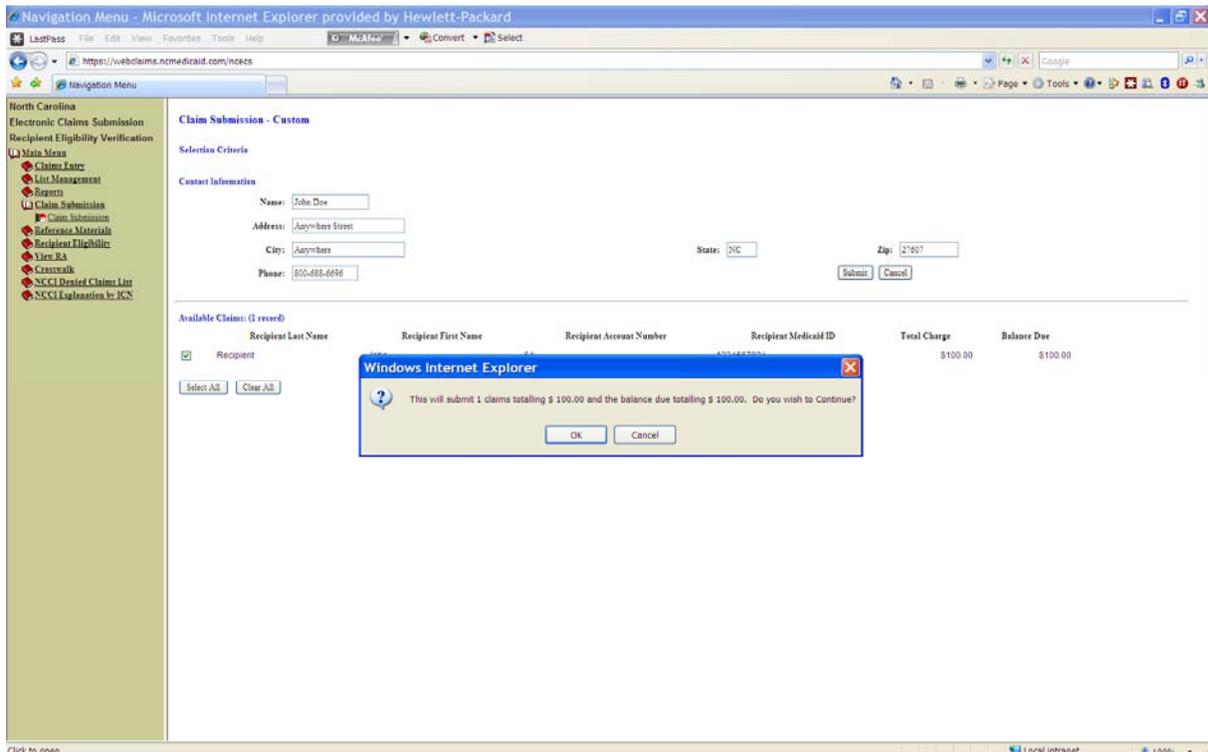
7. A batch ID will be provided once the claims have been accepted by NC DMA for processing. This serves as verification the claims have been submitted to NC DMA.  There is no longer the need to call to verify.
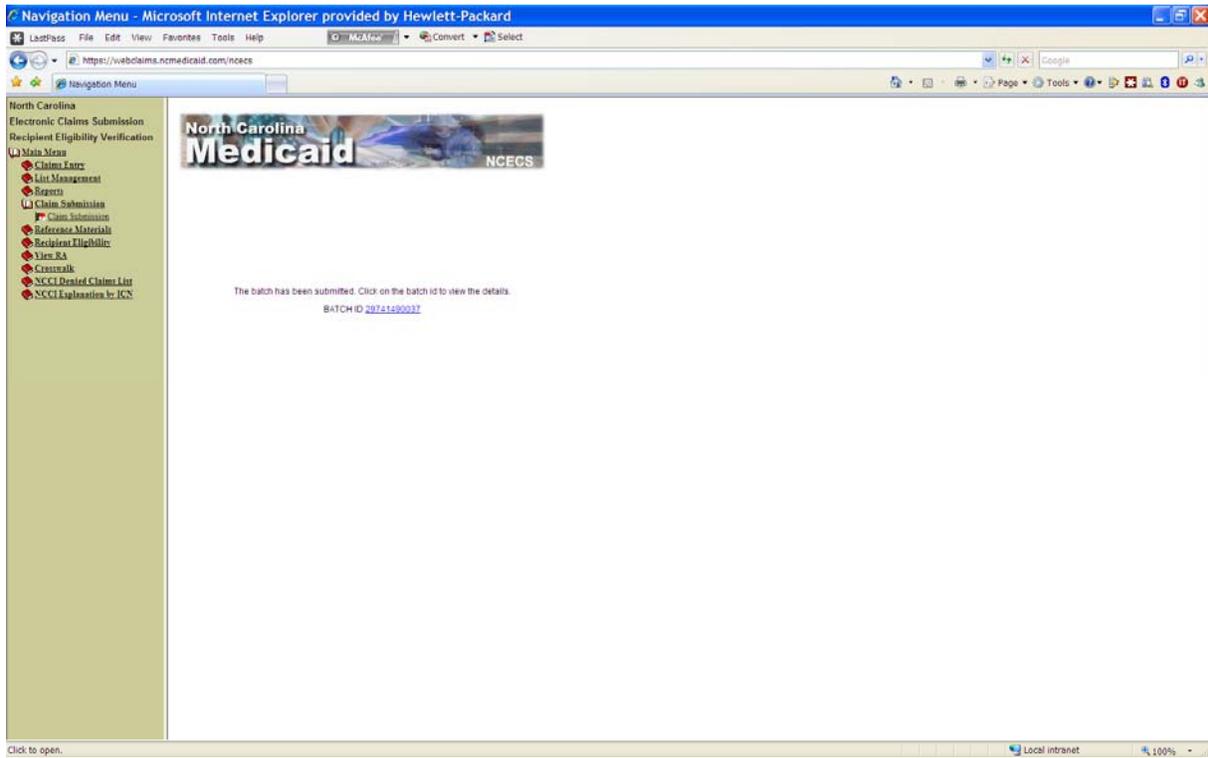
# Reports

The Reports feature allows you to see information from all previously submitted batches, including the batch ID, date of submission, name of submitter, number of claims submitted, and total dollar amount of the claims. This information will remain until NC DMA archives the submitted batches. You can view the specific electronic claims in the batch and copy them for re-use in a new claim, resubmission, or printing.

## View Claim(s)

In this example, we are requesting a batch report.

1. From the Main Menu, click **Reports.** A submenu will appear.

2. Click **CMS-1500** (hard copy CMS) **Submitted Batches.** The *CMS-1500* (hard copy CMS) *Submitted Batches* screen will appear.

3. Click the radio button next to the desired batch.

4. Click the **Detail** button. The *CMS-1500* (hard copy CMS) *Batch Details* screen will appear listing all claims in that batch.
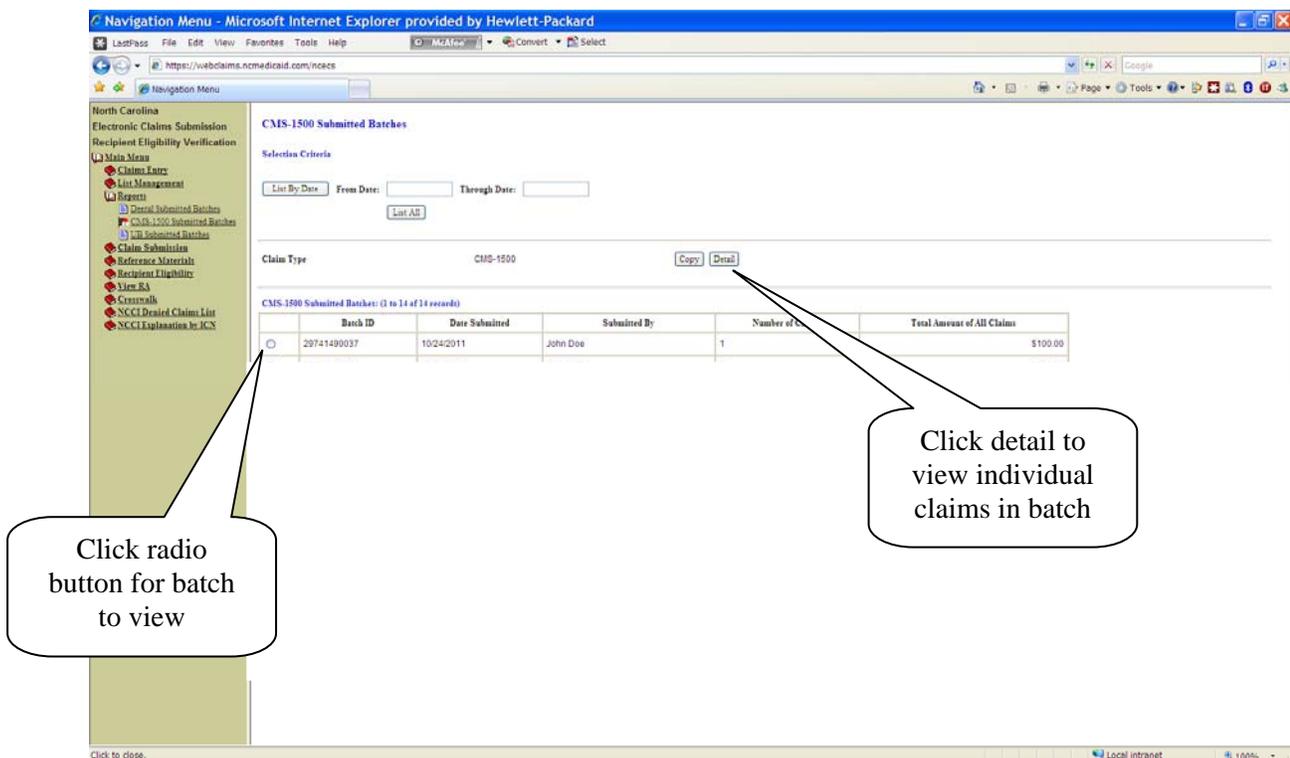


5. To view a specific claim, select the radio button next to the desired claim and click the **Detail** button to view.

6. To view all claims listed, click the **View All** Button.

7. To view the current list of claims not yet submitted, click the **Current** button to return to the Claim Entry option.

8. To copy a claim, select the radio button next to the desired claim and click the **Copy** button.
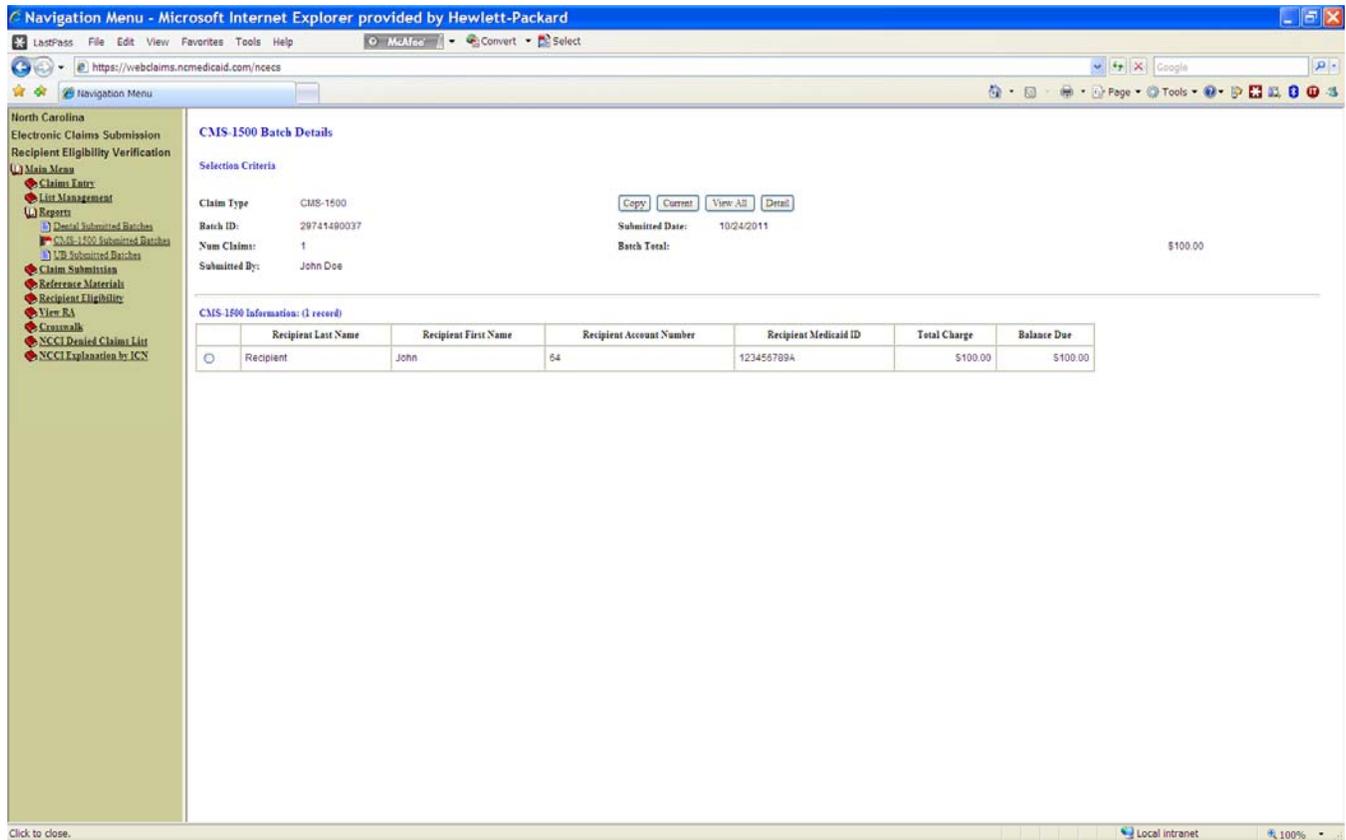
## Copy a Claim

In this example, we are copying an Institutional (hard copy UB-04) claim.

1. From the *Institutional* (hard copy UB-04) *Submitted Batches* screen, select the batch containing the desired claim and click the Copy button.   The *Institutional* (hard copy UB-04) *Batch Details* screen will appear with a list of the claims from the selected batch. Note: to view the current list of un-submitted claims, click the Current button.

2. Select the desired claim and click the Copy button.   The list of claims will be updated with a copy of the selected claim on the *Institutional* (hard copy UB-04) *Results* screen. You can select and edit he claim as desired.

# *Provider Eligibility Portal*

Additional functionality has been added to the NCECS Web Tool interface that allows users to submit Recipient Eligibility Inquiries to North Carolina Medicaid.   This function is accessed by the user selecting the Eligibility Portal menu item on the left side of the browser screen.

## *Menu Navigation*

The Link for Recipient Eligibility is added after Reference Materials.



After choosing, the following screen will appear:

This screen allows the user to key specific Recipient criteria then submit the information to receive Recipient Eligibility information on file with North Carolina Medicaid.   In order to return a valid response, the user must supply one of the following combinations of Recipient information:

- Recipient Medicaid Identification Number
- Recipient Name and Date of Birth
- Recipient Social Security Number and Date of Birth
- Recipient Name and Social Security Number

In addition to one of the combinations above, the user must also provide their National Provider Identifier Number and Eligibility From and To dates for the period of inquiry.   Valid date ranges for From and To dates for the inquiry include current month dates and a period up to 365 days prior to the current date.   However, only one month will be displayed at a time.   Note:   Because a qualified or non-qualified alien resident is only eligible for emergency coverage for specific dates of service, the date range that is displayed will only cover the first segment of approved dates for the current month.   Choosing the Clear button on this page removes all keyed information from the screen allowing the user to begin a new Recipient Eligibility inquiry.

After entering the minimum required information, the user chooses the Submit button in order to submit the request for processing.   The following screen will be displayed providing the eligibility information requested:



(next)

## Recipient Information

Name: XXXXXXXXXXXXXXX XXXXXXXXXX            MID: 999999999X   DOB : MM/DD/YYYY

Eligibility Date: MM/DD/YYYY - MM/DD/YYYY    Eligibility Status: X     Program Code: XXX  X

CAP Ind: X  CAP Population payer: XXXXX

### Carolina Access PCP Data:

Name:   XXXXXXXXXXXXXXX XXXXXXXXXX

Day Time Phone: 999-999-9999   After Hrs Phone:  999-999-9999

### Managed Care Data:

Piedmont Indicator: X

PACE Indicator: X    Provider Number: XXXXXXXX

---

## Other Insurance Information(TPL):

Policy Num: XXXXXXXXXXXXXX  Carrier/Company Code: XXX

Company Name: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Policy Holder: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Policy eff Date: MM/DD/YYYY  Policy End Date: MM/DD/YYYY

### Transfer of Asset(TOA)

Transfer of Asset Message: XXXXXXXXXXXXXXX XXXXXXXXXX

### Living Arrange

Living Arrangement(if Restricted):  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

                                    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

### Medicare Information:

HIC: XXXXXXXXXXXX

PART A or PART B or BOTH

Top of Page

The eligibility Inquiry Results screen is divided into multiple sections providing complete eligibility information available for the Recipient indicated on the request.

- The top section provides information related to the inquiry and recipient data.

- The Error Message portion will return information indicating if a problem occurred while attempting to retrieve eligibility data.

- The Recipient Information section lists Recipient specific data as well as Eligibility Status, Program codes of eligibility, CAP information, Carolina Access PCP information and any Managed Care data available.

- The Other Insurance Information section lists data as applicable to Third-Party Liability Insurance information and policy dates.

- The Transfer of Asset section provides detailed information regarding the Recipient living arrangement and general indicated information.

- The final section provides all Medicare related information available for the Recipient including their enrollment for Part A, Part B or Both with Medicare insurance.

From this Inquiry Results screen, the user may choose to perform a new Eligibility Inquiry by choosing the New Search button at the top of the screen.    This action will return the user to the Recipient Eligibility Inquiry screen. Additionally, a Print button is provided to allow a hardcopy version of the returned information to be produced.    At the bottom of the response screen is a Top of Page link which will return the user to the top of the Inquiry Results screen.


# Reference Materials

The NCECS Web tool is equipped with several useful reference and training tools.    They include

- NCECS Web Help
- Sample Claims
- Link to DMA Web

## User's Guide

For users who prefer step-by-step written instructions on the <u>functionality</u> of the tool.

From the Main Menu, click on **Reference Materials** > **NCECS Web Help** to access the NCECS Web Help guide.    This is an on-line user's guide that provides detailed instructions on using the Web tool.

## Sample Claims

Included under the Reference Materials Main Menu options are sample claims.    These claims are available to serve as guidance on how claims should appear on the Web tool.

## Link to DMA Web

From the Main Menu, click on **Reference Material** > **http://www.ncdhhs.gov/dma/** to access DMA's Web site. Included on this Web site is policy information regarding Medicaid billing.

## *View RA*

The View RA menu item allows you to view and/or download Remittance and Status Reports in PDF (Portable Document Format).

1. From the Main Menu, click **View RA.** A submenu will appear.
2. Click the **Display RA** submenu item.
3. The resulting screen will display a list of all the Provider #'s available for viewing and/or downloading.
4. Click on the Provider Number listed that you wish to view.
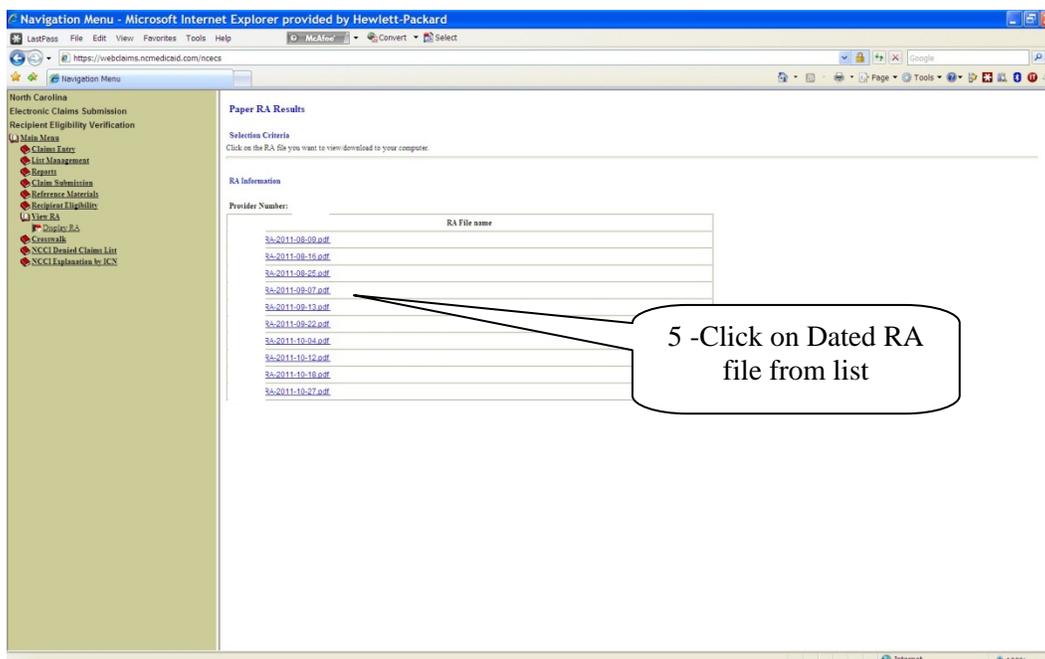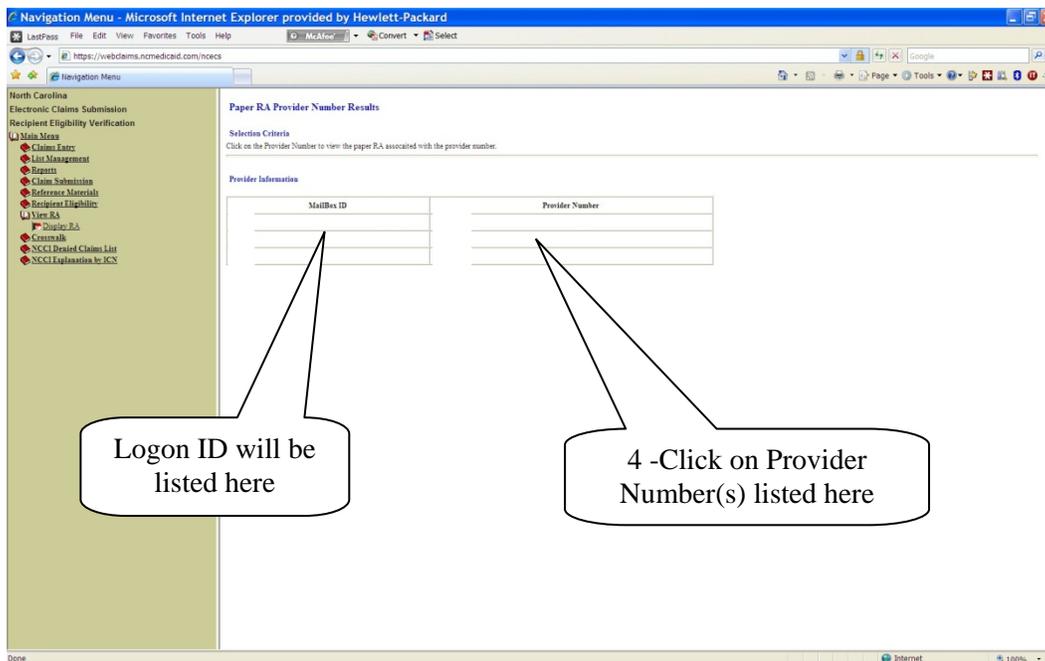




5. Click on the Dated RA file name for the date of the RA you wish to view and/or download.

6.  Click on Open to open the file for viewing, Save to save the file to your computer or Cancel.
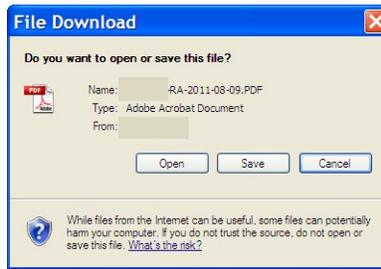


# NCCI

## *Denied Claims List -*

The NCCI Denied Claims List menu item allows you to view claims that have denied due to NCCI Edits.

1.  From the Main Menu, click **NCCI Denied Claims List.**
2.  A list of claims, along with From and Through Dates of Service, Procedure Code and Billed Amounts is displayed.
3.  Click on a listed ICN to view a detailed explanation for the claim denial.

## *Explanation by ICN -*

The NCCI Explanation by ICN menu item allows you to search, by ICN, for individual claims that have denied due to NCCI Edits.

# *Appendix A.   How to File a Replacement Claim*

## *Professional (Hard Copy CMS-1500) Claim*

1.  Log into NCECS Webtool.
2.  Click on "Reports" menu.
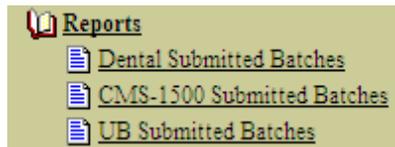


3.  Click on "Professional (hard copy CMS-1500) Submitted Batches."

4.  Click on the "Copy" button at the top of the screen.  ⎡Copy⎤   This will automatically pull all the past submitted claims to the "Claims Entry" screen.

5.  Once the "Claims Entry" screen is accessed, click on the  ⊙  circle button next to the individual claim you would like to submit a replacement claim.

6.  Click "Edit."  ⎡Edit⎤

7.  You will see all the previous submitted claim information on the screen.   Scroll about mid-way down underneath the "Miscellaneous Claim Information" section.

**Miscellaneous Claim Information**

8.  There is a box titled "Original ICN."   In this box, type in the claim number from the original paid claim.   This can be found on your Remittance and Status report from Medicaid. Type in the 15 digit number without the NCXIX at the end.

**Original ICN:** [          ]

9.  In the box directly to the right of "Original ICN," you will see a drop down menu titled "Claim Submission Reason Code."   Select option 7 for "replacement."

**Claim Submission Reason Code:** 
```
7-Replacement ▼
1-Original
7-Replacement
8-Void
```
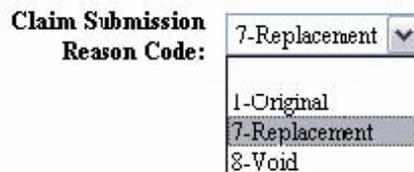
10. If there are any changes that need to be made to the body of the claim, those may be edited as well. Examples include changes to the billed amount, CPT code, units, etc.   If there are no changes to be made, scroll to the top of the page and click "Save."   This will bring you back again to the "Claims Entry" screen, and you can repeat the steps for other ⎡Save⎤ claims in the copied batch.

## *Institutional (Hard Copy UB-04) Claim*

1. Log into NCECS Webtool.
2. Click on "Reports" menu.
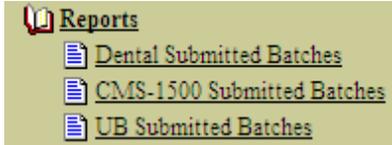


3. Click on "Institutional (hard copy UB-04) Submitted Batches."
4. Click on the "Copy" button at the top of the screen.   This will automatically pull all the past submitted claims to the "Claims Entry" screen. 
5. Once the "Claims Entry" screen is accessed, click on the circle button next to the individual claim you would like to submit a replacement claim. 
6. Click "Edit." 
7. You will see all the previous submitted claim information on the screen.   Scroll about mid-way down underneath the "Additional Patient Information" section.



8. There is a box titled "Original ICN."   In this box, type in the claim number from the original paid claim.   This can be found on your Remittance and Status report from Medicaid.   Type in the 15 digit number without the NCXIX at the end.



9. In the box directly to the left of "Original ICN," you will see a drop down menu titled "Type of Bill (Facility Type/Frequency)."   Change your bill type to reflect a replacement claim by putting a "7" as the third digit. (NOTE: Not all Institutional (hard copy UB-04) providers can file replacement claims electronically, some are required to file adjustments on paper.)



10. If there are any changes that need to be made to the body of the claim, those may be edited as well. Examples include changing the billed amount, the revenue code, units, etc.   It is important to save each detail as the corrections are made.   If there are no changes to be made, scroll to the top of the page and click "Save."   This will bring you back again to the "Claims Entry" screen, and you can repeat the steps for other claims in the copied batch.

## Dental (Hard Copy 2006 ADA) Claim

1    Log into NCECS Webtool.

2    Click on "Reports" menu.



3    Click on "Dental (hard copy 2006 ADA) Submitted Batches."

4    Click on the "Copy" button at the top of the screen.   This will automatically pull all the past submitted claims to the "Claims Entry" screen. 

5    Once the "Claims Entry" screen is accessed, click on the circle button next to the individual claim you would like to submit a replacement claim. 

6    Click "Edit." 

7    You will see all the previous submitted claim information on the screen.   Scroll about mid-way down underneath the "Miscellaneous Claim Information" section.



8    There is a box titled "Original ICN."   In this box, type in the claim number from the original paid claim.   This can be found on your Remittance and Status report from Medicaid.   Type in the 15 digit number without the NCXIX at the end.



9    In the box directly to the right of "Original ICN," you will see a drop down menu titled "Claim Submission



Reason Code."   Select option 7 for "replacement."

10  If there are any changes that need to be made to the body of the claim, those may be edited as well. Examples include changing the billed amount, the Dental (ADA) code, tooth surfaces, etc.   It is important to save each detail as the corrections are made.   If there are no changes to be made, scroll to the top of the page and click "Save."   This will bring you back again to the "Claims Entry" screen, and you can repeat the steps for other claims in the copied batch.

# *Appendix B.   NDC Billing*

For each individual (non-compound) drug being billed, each NDC code is billed on a separate detail line.

Compound Drugs are entered using a Compound Drug Link Control Number.   The unique Compound Drug Link Control number is specified by the Provider.   Based on the Compound Drug Link Control Number, NC DMA will combine the NDC information from each detail to create a compound entry for processing.

To enter a Compound Drug (*example of Compound consisting of two NDCs)*:

1.   Enter the Total Charge Amount, HCPCS Units and first NDC on the first service line for the Compound Drug being billed.   Also enter the unique Compound Drug Link Control Number you wish to assign to the Compound being billed.

2.   Enter each subsequent detail related to the compound with the NDC, a zero "0" charge amount and zero "0" HCPCS units on each service line.   Be sure to include the appropriate matching Compound Drug Link Control Number to ensure the detail is included as part of the Compound Drug entry specified on the first detail line.

**Change Summary**

| DATE | CHANGE | Responsible Party |
|---|---|---|
| 10/26/2011 | Added sections for NCCI Coding Initiative, PDF RA, Present on Admission field and additional fields for due to 5010 Changes.   All screen shots updated to reflect tool changes. | HPES |

**Craigan L. Gray, MD, MBA, JD**          **Melissa Robinson**
**Director**                               **Executive Director**
**Division of Medical Assistance**         **HP Enterprise Services**
**Department of Health and Human Services**