

# North Carolina Medicaid Special Bulletin



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**Attention: All Providers**



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

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

The North Carolina Electronic Claims Submission/Recipient Eligibility Verification Web Tool (NCECSWeb) is an online application for submitting HIPAA-compliant claims to N.C. Medicaid and for verifying recipient eligibility. With NCECSWeb, 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 N.C. Medicaid 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? NCECSWeb 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 EDS 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 NCECSWeb is maintained by North Carolina Medicaid.

## Operating Requirements

The NCECSWeb 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 NCECSWeb page. The underlying platform is immaterial as long as there is 32-bit Internet browser software available on your computer.

The following details the requirements necessary for accessing the NCECSWeb 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)

## 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: | N.C. Medicaid Provider Enrollment<br>CSC<br>PO Box 300020<br>Raleigh NC 27622-8020 |
|---------------|--|

By FedEx, UPS, or other carrier service:

N.C. Medicaid Provider Enrollment  
CSC  
2610 Wycliff Road, Suite 102  
Raleigh NC 27607-3073

### Testing Requirements

No testing is required to use the NCECS Web tool.

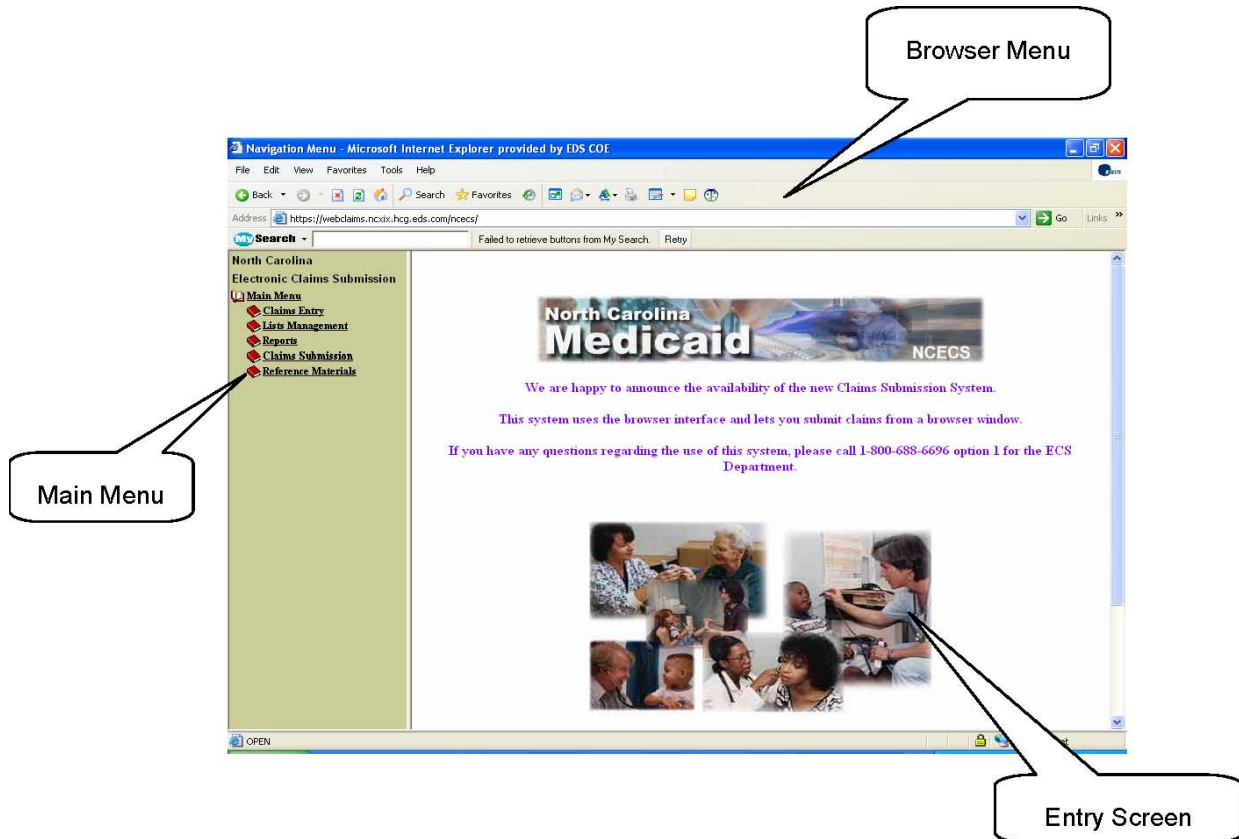
### Getting Started

Before submitting claims on NCECSWeb, providers must request a login ID and password. Once the ECS Agreement form is on file, request the ID and password by contacting EDS 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 NCECSWeb 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.

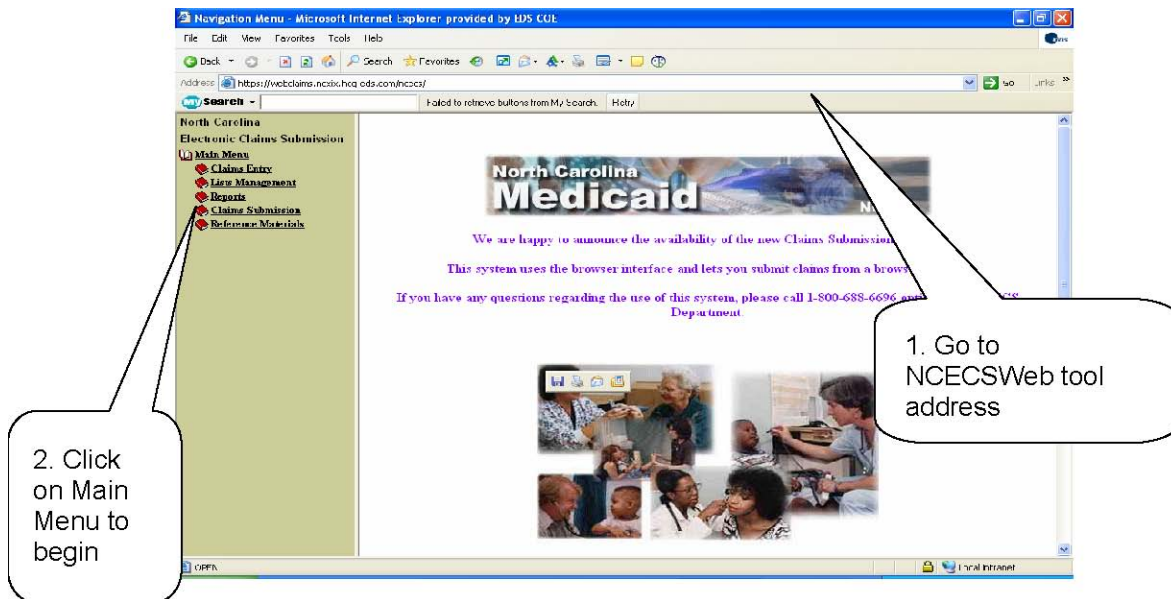
### Entry Screen

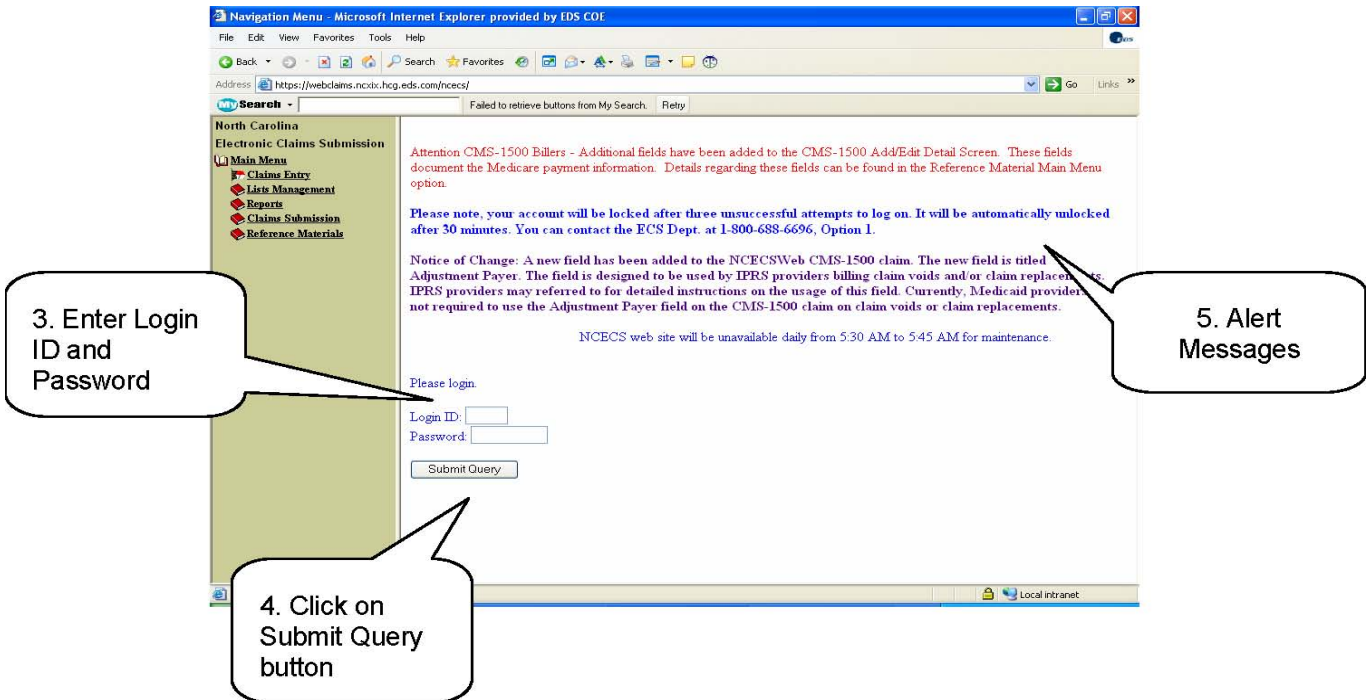
The Entry Screen is where you will actually enter the data pertaining to claims creations and submission.

## Logging In

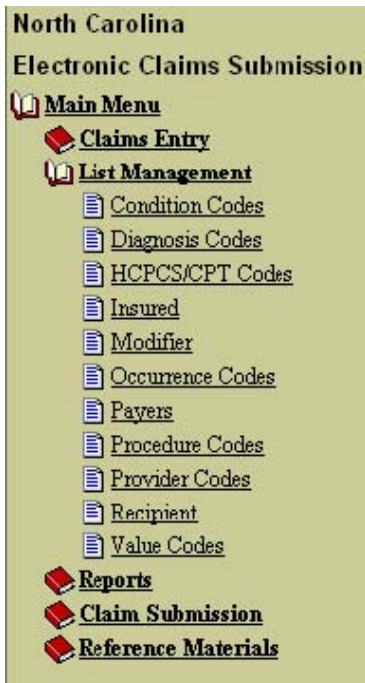
1. Find your Web browser; go to <https://webclaims.ncmedicaid.com/ncecs>. The welcome screen for NCECSWeb will appear.
2. Click on any item under the **Main Menu**. The log-in screen will appear.
3. In the fields, type your **Login ID** and your **Password**.
4. Click on **Submit Query**. The welcome screen will reappear.
5. Pay special attention to the Alert Messages on the NCECSWeb welcome page. These may affect you! Alert Messages are used to communicate news and information regarding North Carolina Medicaid and the NCECSWeb tool.

Hint: add the NCECSWeb address to your Favorites list. This will make accessing NCECSWeb easier in the future.





## List Management



The NCECSWeb 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.

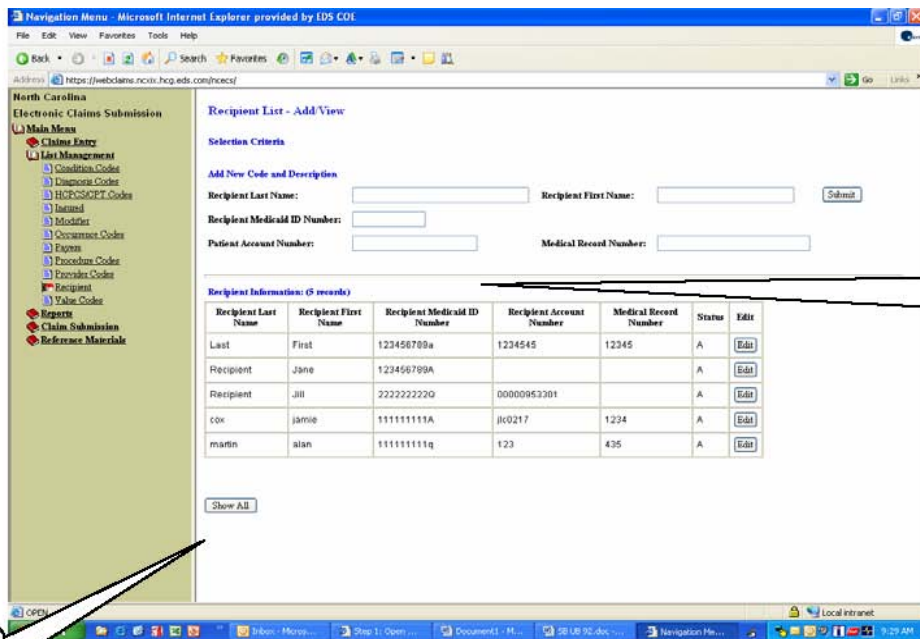
Other List Management explanations will simply contain screen shots of the fields and refer the reader back to the Recipient List if more detailed instructions are required.

## 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.



List of Active Entries

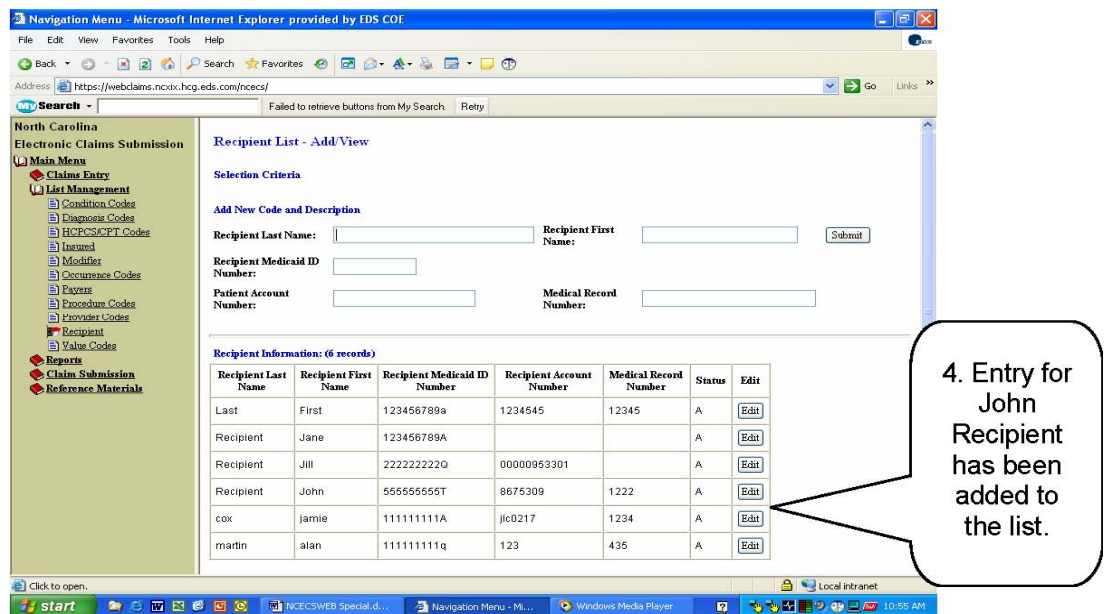
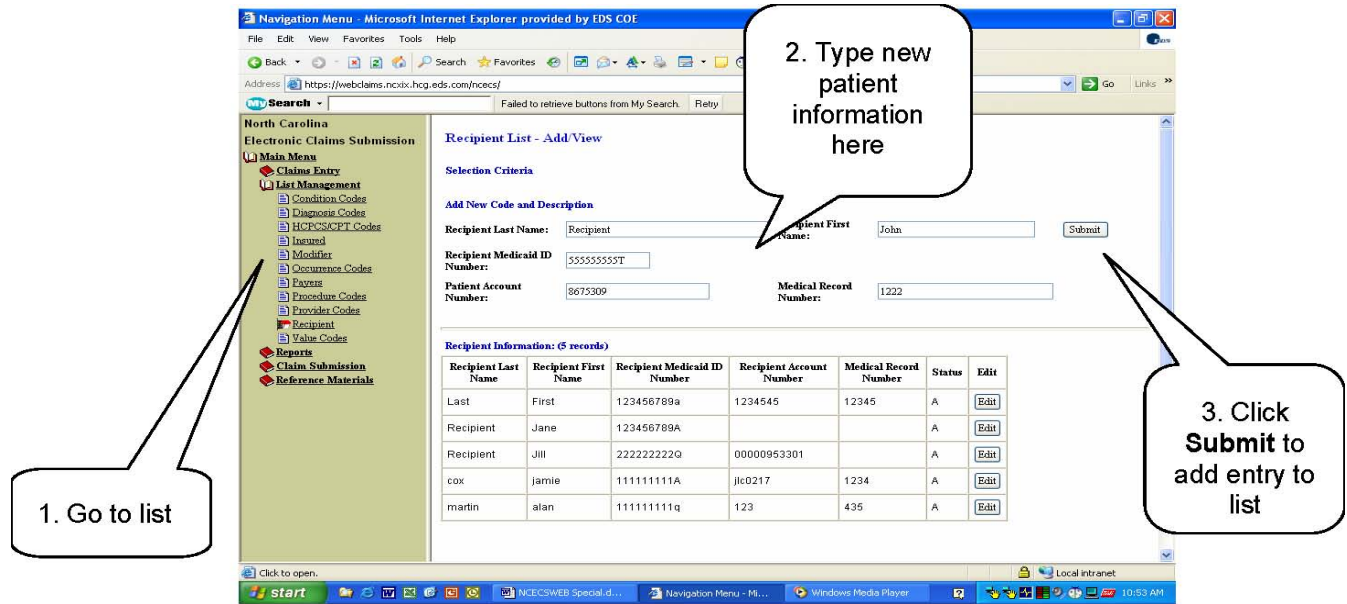
Show All Button



### Add Recipient

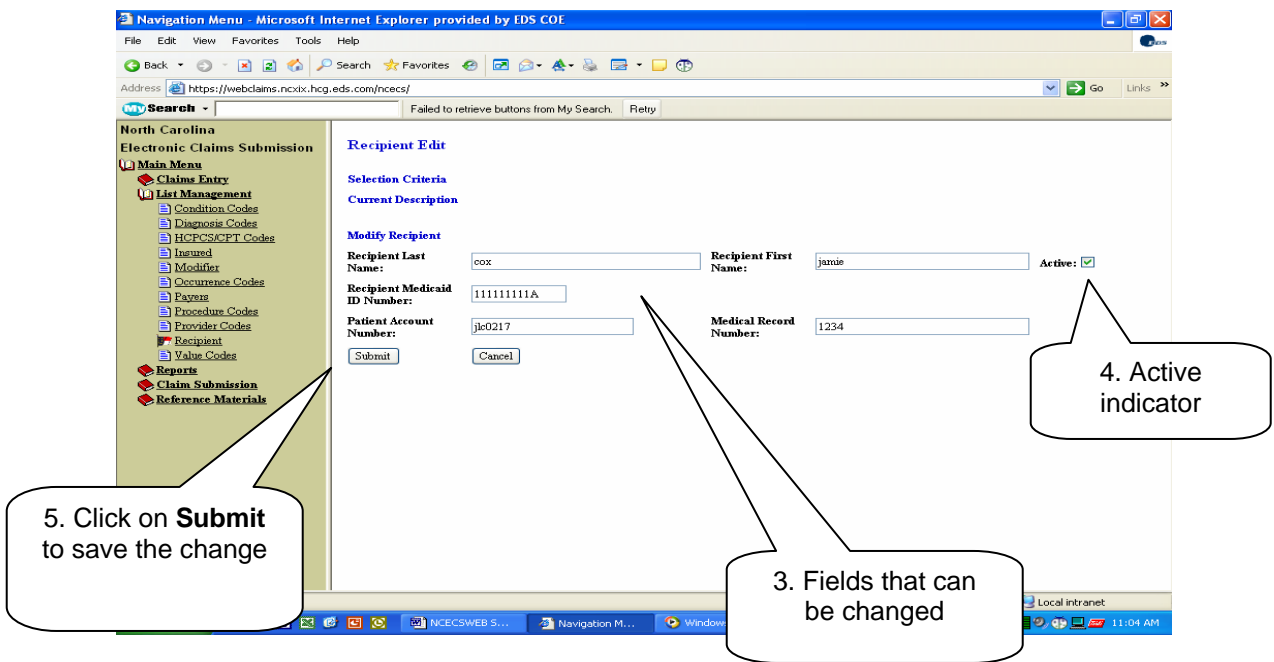
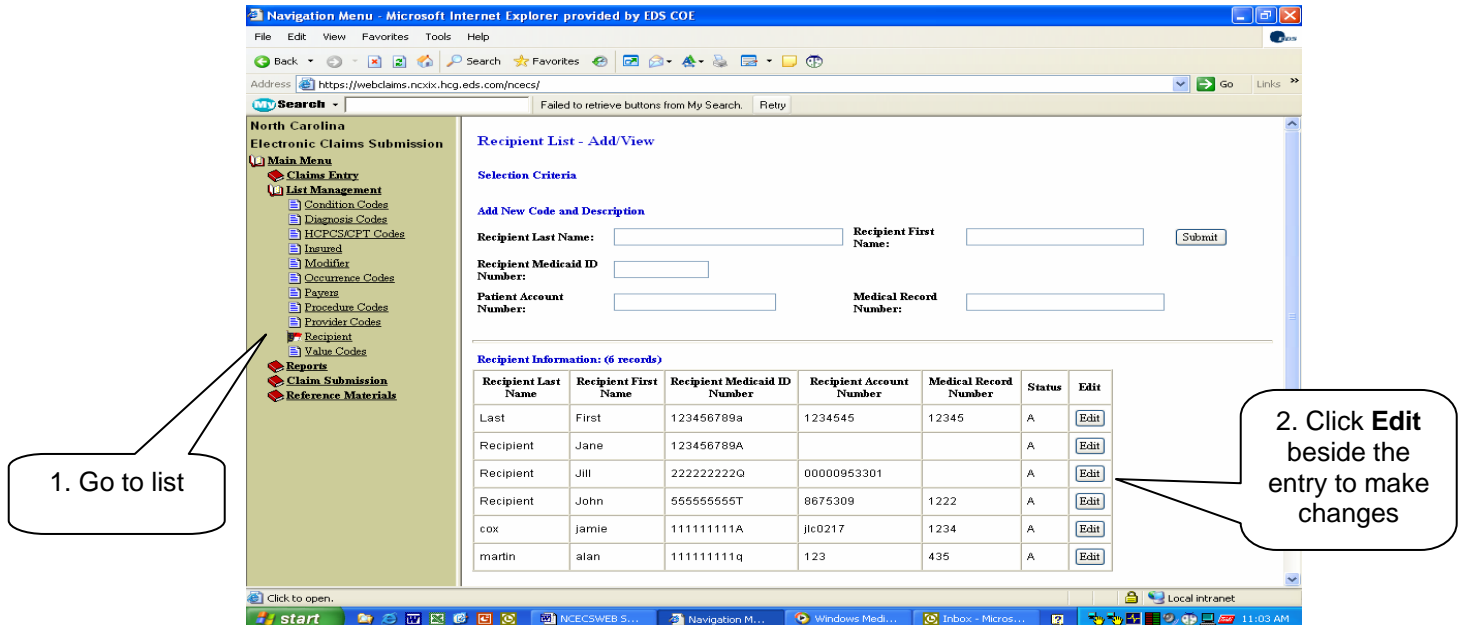
To add a new recipient to the list:

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

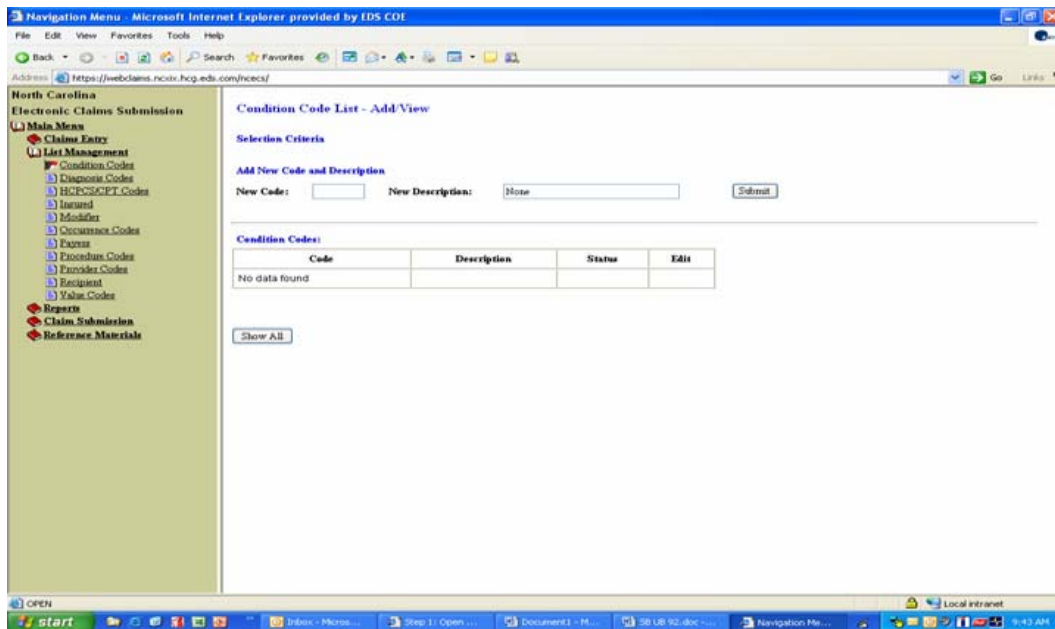
1. Choose **List Management > Recipient** to retrieve the *Recipient List Add/View* screen. This screen displays only the active entries in your list. It does allow you to change information for individuals in the Recipient List.
2. Click on **Edit** button to the far right of the recipient record you 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**.

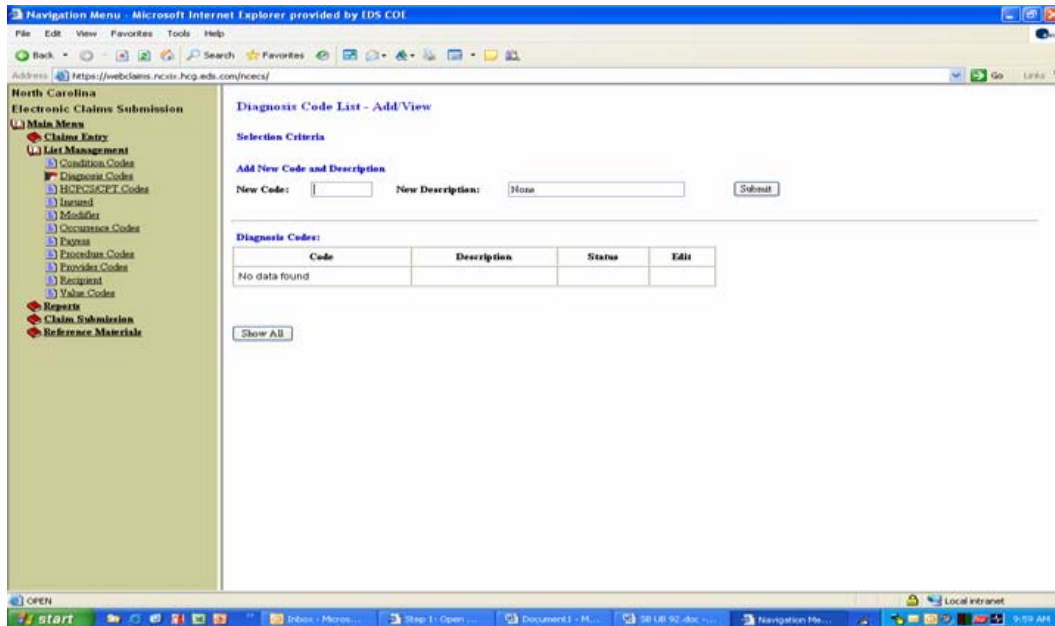
### Edit Condition Code

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**.

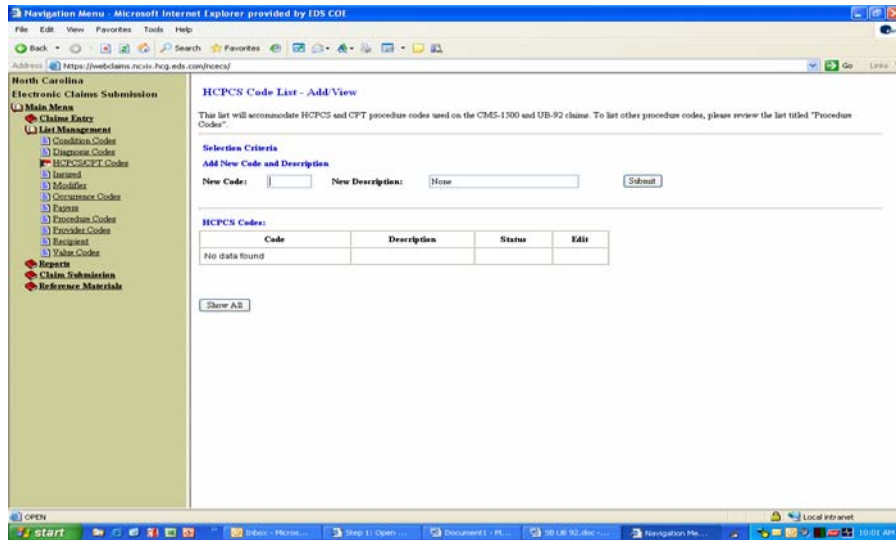
### Edit Diagnosis Code

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.

The screenshot shows a web browser window with the URL <https://webclaims.ncdx.hog.edu.com/noecs/>. The page title is "Insured List - Add/View". On the left is a navigation menu for "North Carolina Electronic Claims Submission" with options like "List Management", "Reports", and "Reference Materials". The "Insured" option under "List Management" is selected. The main content area has a "Selection Criteria" section with the following fields:

- Add New Code and Description:**
  - Last Name:
  - First Name:
  - New Patient Relation:
  - ID Number:
  - Other Insurance Responsibility Sequence:
  - Other Insurance Claim Filing Indicator:
  - Other Insured Member ID:
  - Other Insurer Name:
- Insured Codes:**

| Code          | Description | Status | Edit |
|---------------|-------------|--------|------|
| No data found |             |        |      |

Below the table is a "Show All" button.

### 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**.

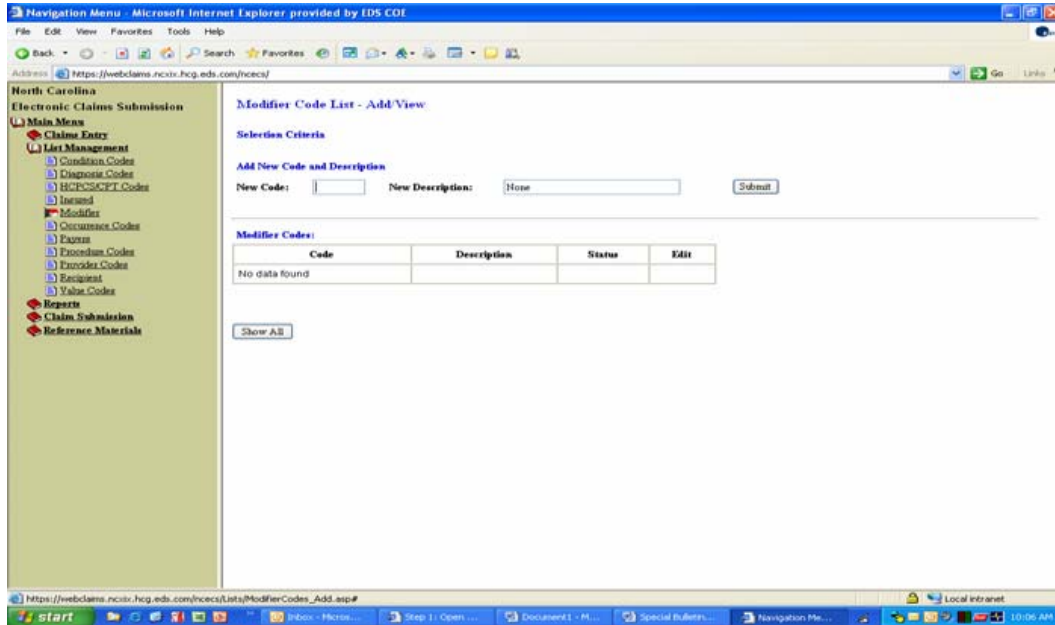
### Edit Insured

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**.

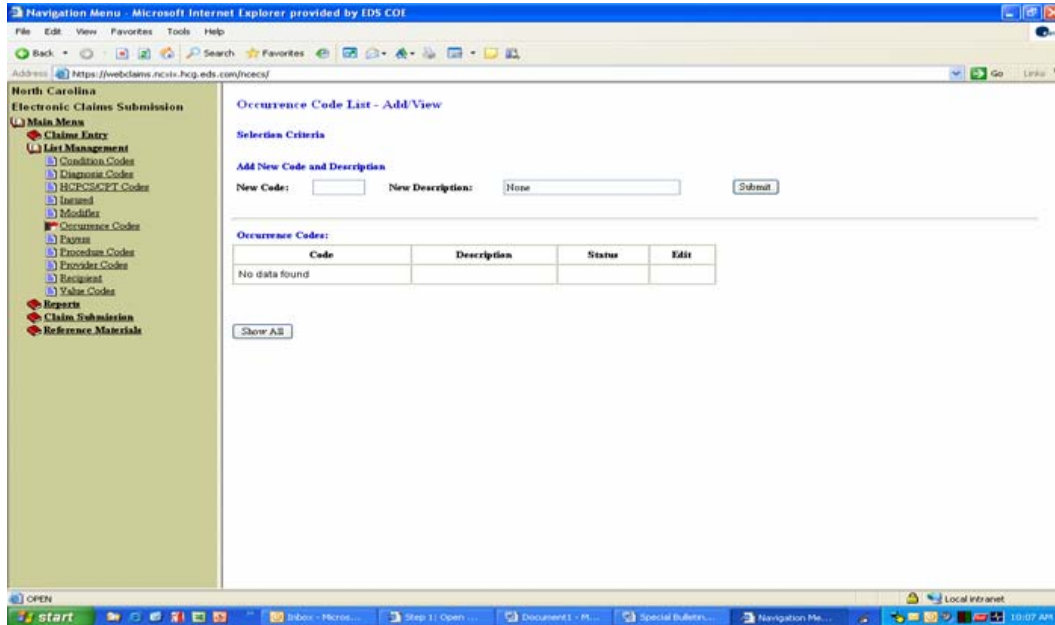
### Edit Modifier Code

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

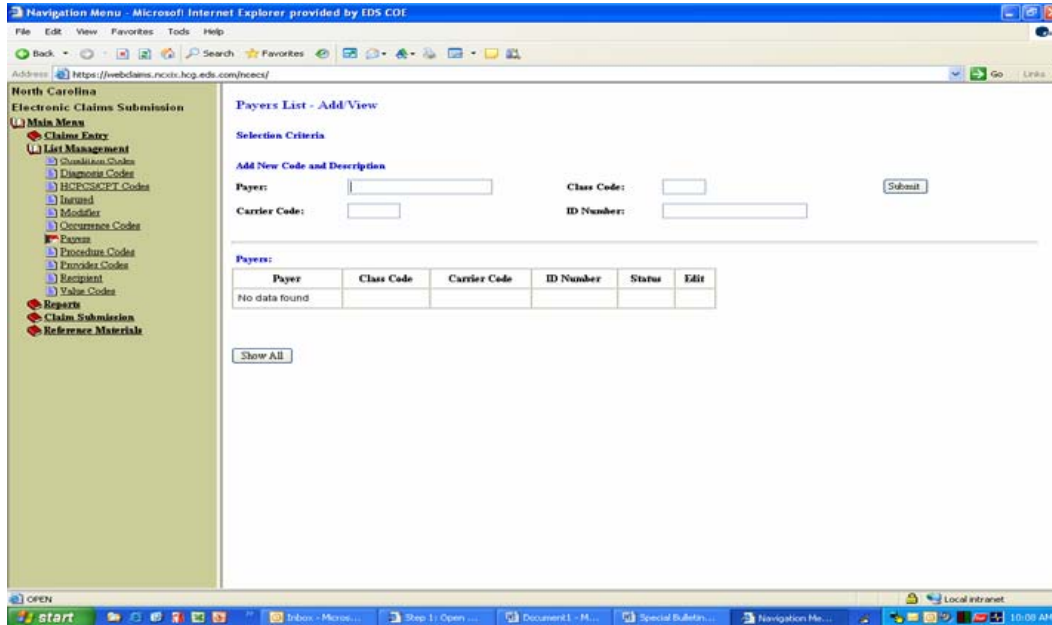
1. Choose **List Management > Occurrence Codes** to retrieve the *Occurrence Code List Add/View* screen. This screen displays the active codes you have entered and also allows you to edit existing entries.
2. Locate the code you wish to edit, and click the **Edit** button on the far right. This will 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**.

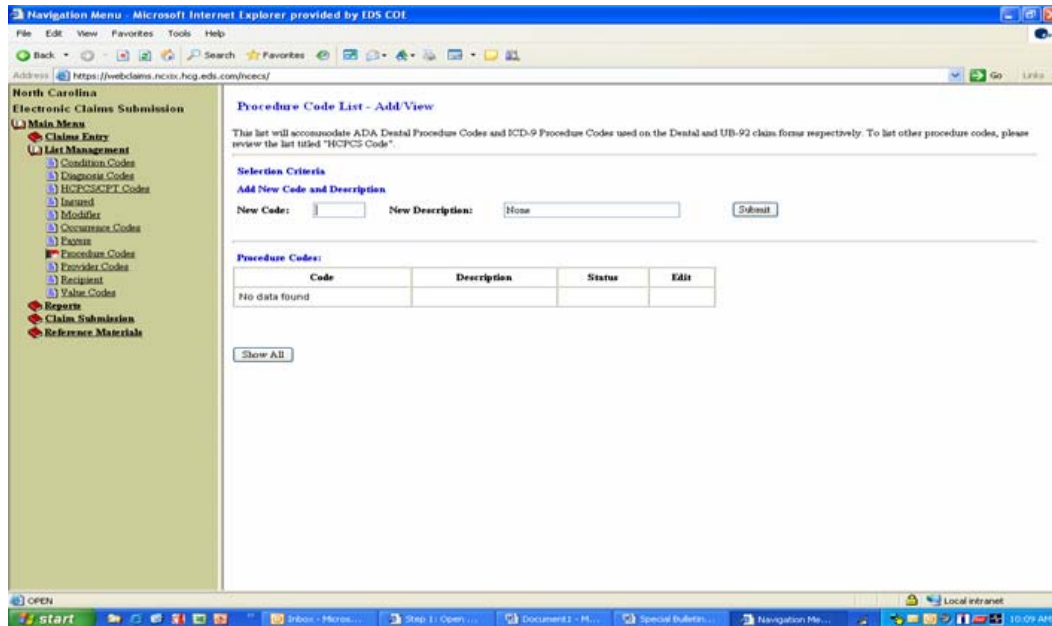
### Edit Payer Code

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**.

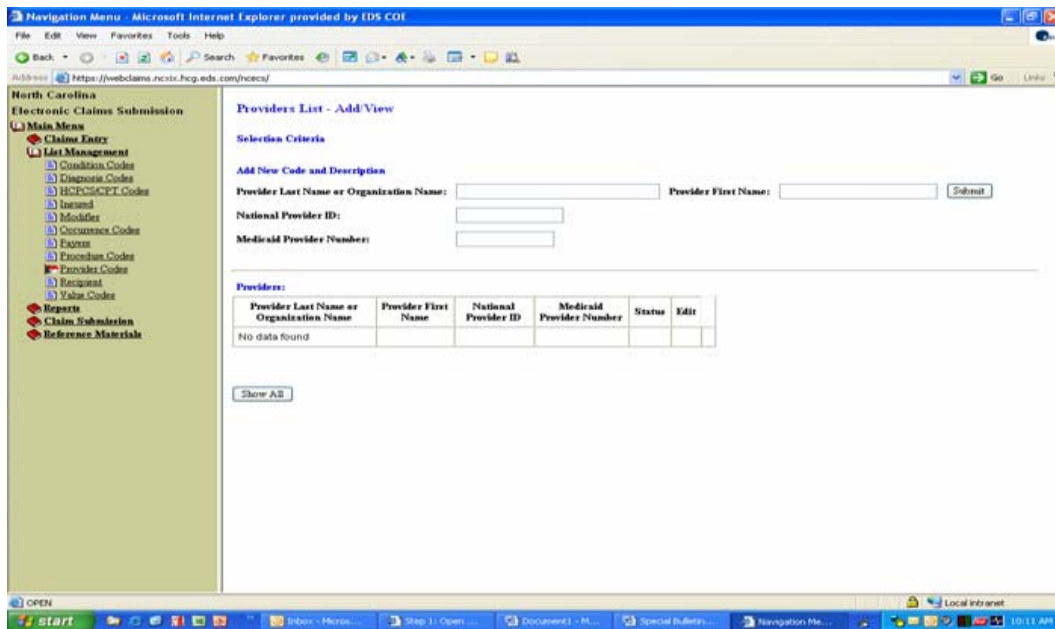
### Edit Procedure Code

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**.

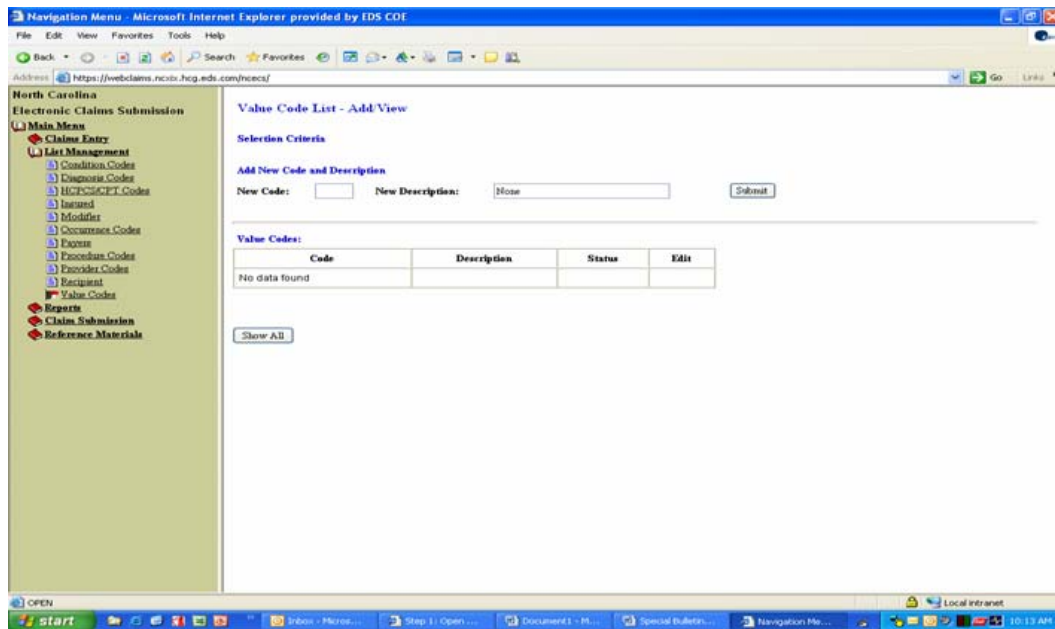
### Edit Provider Code

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.

The screenshot shows a form titled "Recipient Information" with several input fields. The fields are: "Recipient Last Name:", "Recipient First Name:", "Medicaid ID:", "Patient Account Number:", and "Medical Record Number:". A small square button containing three dots (an ellipsis) is positioned between the "Recipient Last Name" and "Recipient First Name" fields. A callout box points to this ellipsis button.

Ellipses: Click to choose from your reference lists (Recipient List in this example).

### 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.

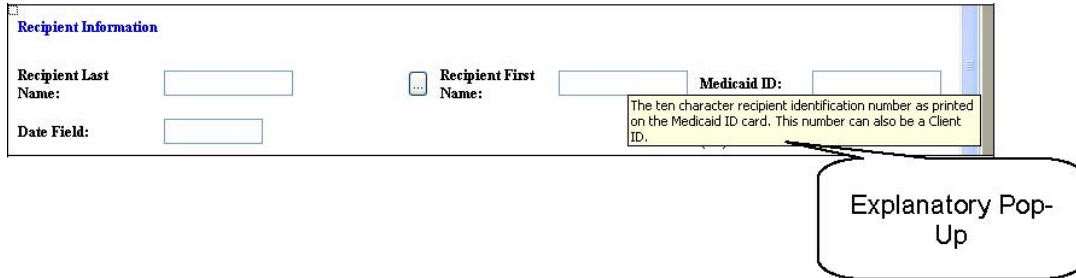
The screenshot shows a form with a field labeled "Place of Service Facility Type Code:". To the right of the text input field is a small square button with a black arrow pointing downwards, indicating a drop-down menu. A callout box points to this arrow.

Drop-down: Click to choose from pre-established list.

### Explanatory Pop-Ups

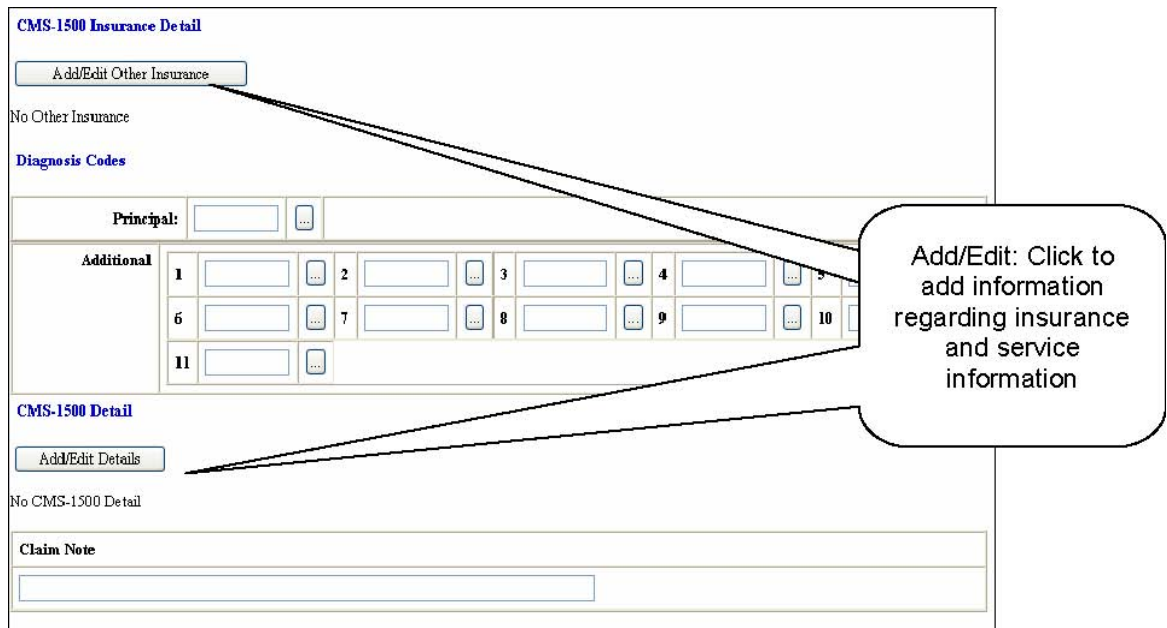
For added clarification on a field entry, hover your cursor over the bolded field title (not the field itself), and a box will appear explaining the field and related data requirements. In the example below, the Explanatory Pop-up provides information regarding the Medicaid ID Number field.

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



### Add/Edit Button

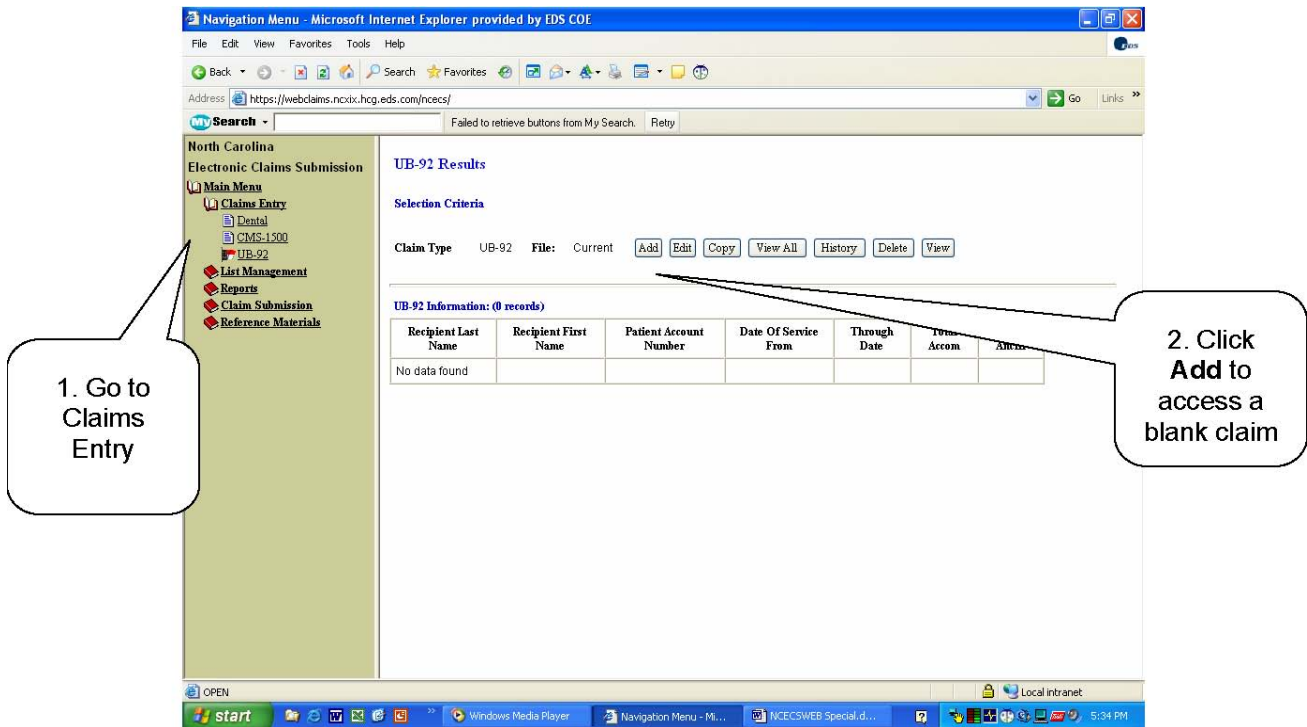
Clicking on one of these buttons calls up another screen where you can key additional information pertaining to the claim, such as service and insurance information.



# 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.



- 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.

**Navigation Menu - Microsoft Internet Explorer provided by EDS COE**

Address: <https://webclaims.ncix.hcg.eds.com/ncecs/>

**North Carolina Electronic Claims**

**UB-Data**

**Selection Criteria**

Claim Type: UB-Data    Claim ID: New    [Save] [Cancel] [Delete]

UB-Data Type:

**Recipient Information**

Recipient Last Name:     Recipient First Name:     Medicaid ID:

Patient Account Number:     Medical Record Number:

**Provider Information**

Provider Last Name or Organization Name:     Provider First Name:

National Provider ID:

Medicaid Provider Number:     Billing Taxonomy:

Billing Address:     Billing City:

Billing State:     Billing ZIP:

Referring Physician Provider No:

3. Enter claim information

**Navigation Menu - Microsoft Internet Explorer provided by EDS COE**

Address: <https://webclaims.ncix.hcg.eds.com/ncecs/>

**North Carolina Electronic Claims**

**Additional Patient Information**

Admission Date:     Admission Hour:     Admission Type:     Admission Source:

Discharge Hour:     Date of Service From:     Date of Service Through:     Patient Status:

Covered Days:     Non-Covered Days:     Co-Insurance Days:     Lifetime Reserve Days:

Type of Bill(Facility Type/Frequency):     Original ICN:

**Condition Codes**

|    |                      |    |                      |    |                      |    |                      |    |                      |    |                      |
|----|----------------------|----|----------------------|----|----------------------|----|----------------------|----|----------------------|----|----------------------|
| 1  | <input type="text"/> | 2  | <input type="text"/> | 3  | <input type="text"/> | 4  | <input type="text"/> | 5  | <input type="text"/> | 6  | <input type="text"/> |
| 7  | <input type="text"/> | 8  | <input type="text"/> | 9  | <input type="text"/> | 10 | <input type="text"/> | 11 | <input type="text"/> | 12 | <input type="text"/> |
| 13 | <input type="text"/> | 14 | <input type="text"/> | 15 | <input type="text"/> | 16 | <input type="text"/> | 17 | <input type="text"/> | 18 | <input type="text"/> |
| 19 | <input type="text"/> | 20 | <input type="text"/> | 21 | <input type="text"/> | 22 | <input type="text"/> | 23 | <input type="text"/> | 24 | <input type="text"/> |

**Occurrence Codes**

| Code                 | Date                 | Code                 | Date                 | Code                 | Date                 | Code                 | Date                 | Code                 | Date                 |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

3. Enter claim information



Navigation Menu - Microsoft Internet Explorer provided by EDS COE

Address: https://webclaims.ncxix.hcg.eds.com/ncecs/

North Carolina Electronic Claims

Main Menu

- Claims I
- Dents
- CMS
- UB
- List Man
- Reports
- Claim S
- Referenc

**Diagnosis Codes**

Principal: v606

| Additional | 1                    | 2                    | 3                    | 4                    | 5                    |
|------------|----------------------|----------------------|----------------------|----------------------|----------------------|
|            | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|            | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|            | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|            | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|            | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Admitting:  E-Code:

**Procedure Codes**

Principal Code:  Date:

**Other Procedure Codes**

| Code                 | Date                 | Code                 | Date                 | Code                 | Date                 | Code                 | Date                 | Code                 | Date                 |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Click to close. Local intranet

3. Enter claim information

Navigation Menu - Microsoft Internet Explorer provided by EDS COE

Address: https://webclaims.ncxix.hcg.eds.com/ncecs/

North Carolina Electronic Claims

Main Menu

- Claims I
- Dents
- CMS
- UB
- List Man
- Reports
- Claim S
- Referenc

A:

B:

C:

**Provider Data**

Attending Physician ID(UPIN):  Attending Physician NPI:

Attending Physician Taxonomy:  Attending Physician ZIP:

Other Physician (Carolina Access Physician Number):  Other Physician Provider NPI (Carolina Access Physician NPI):

Other Physician Provider Taxonomy:

Remarks:

**Other Insurance**

No Other Insurance Information

**UB-Data Detail**

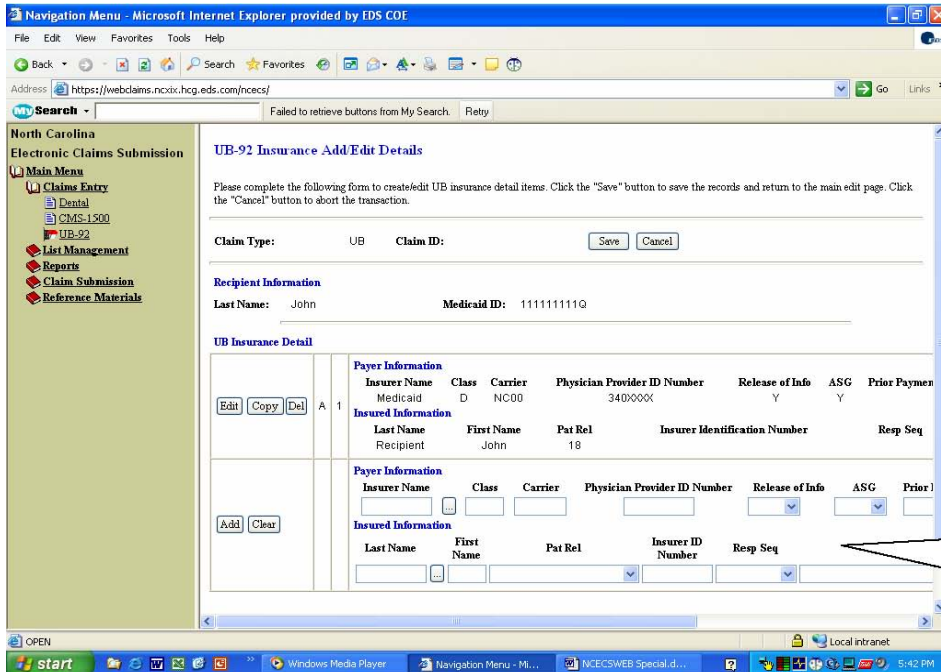
No Other Detail Information

Click to close. Local intranet

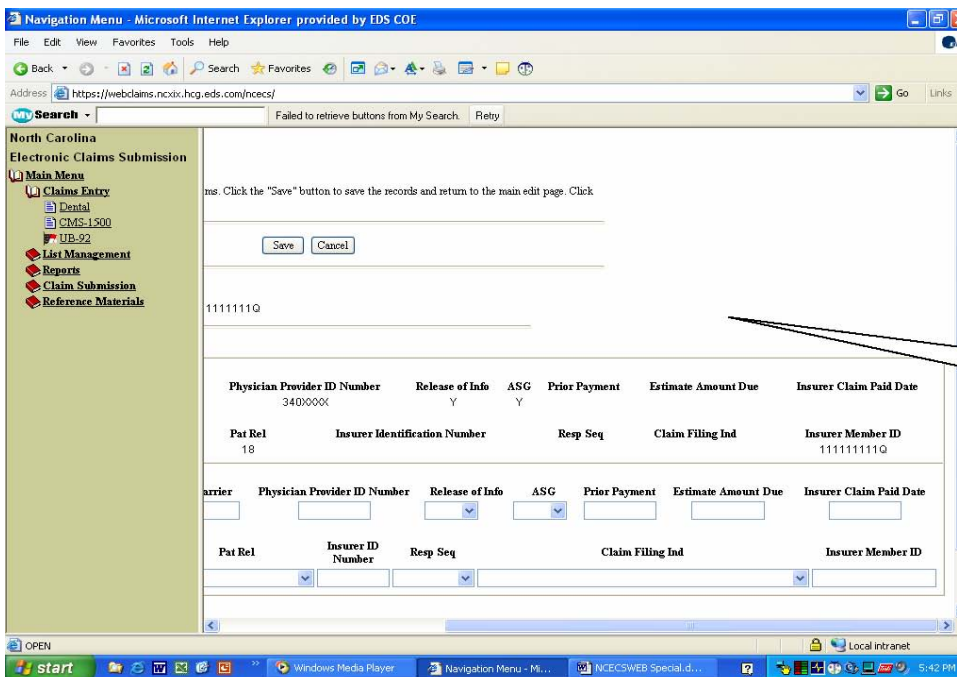
Click here to enter insurance information. See step 4.

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.



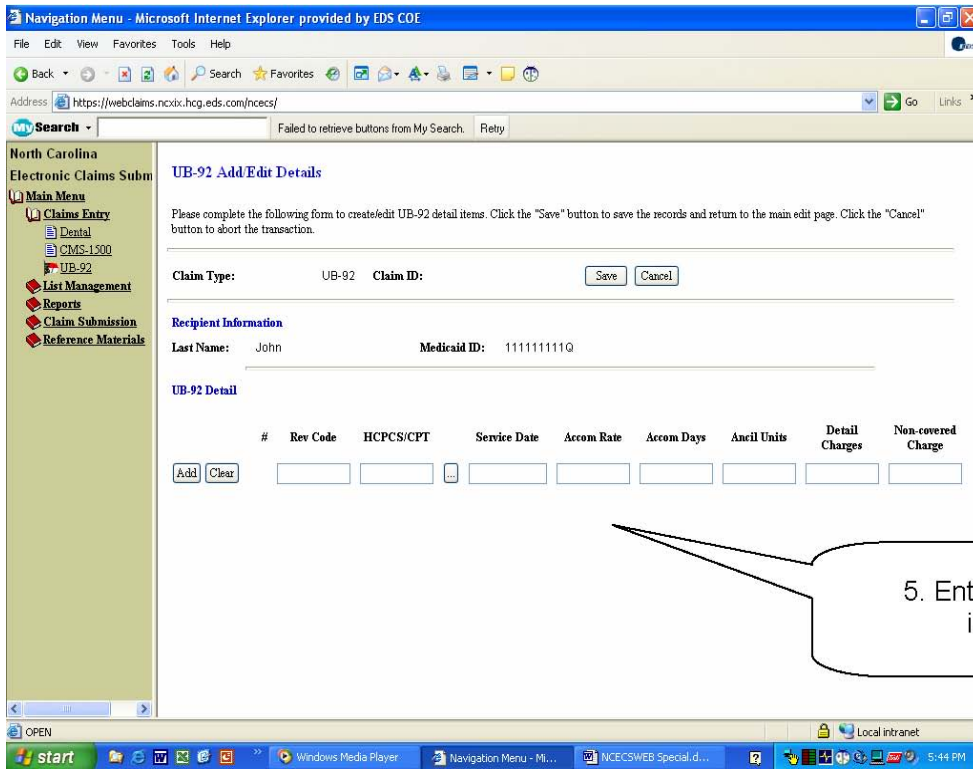
4. Complete insurance information, if applicable



4. Continued

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.

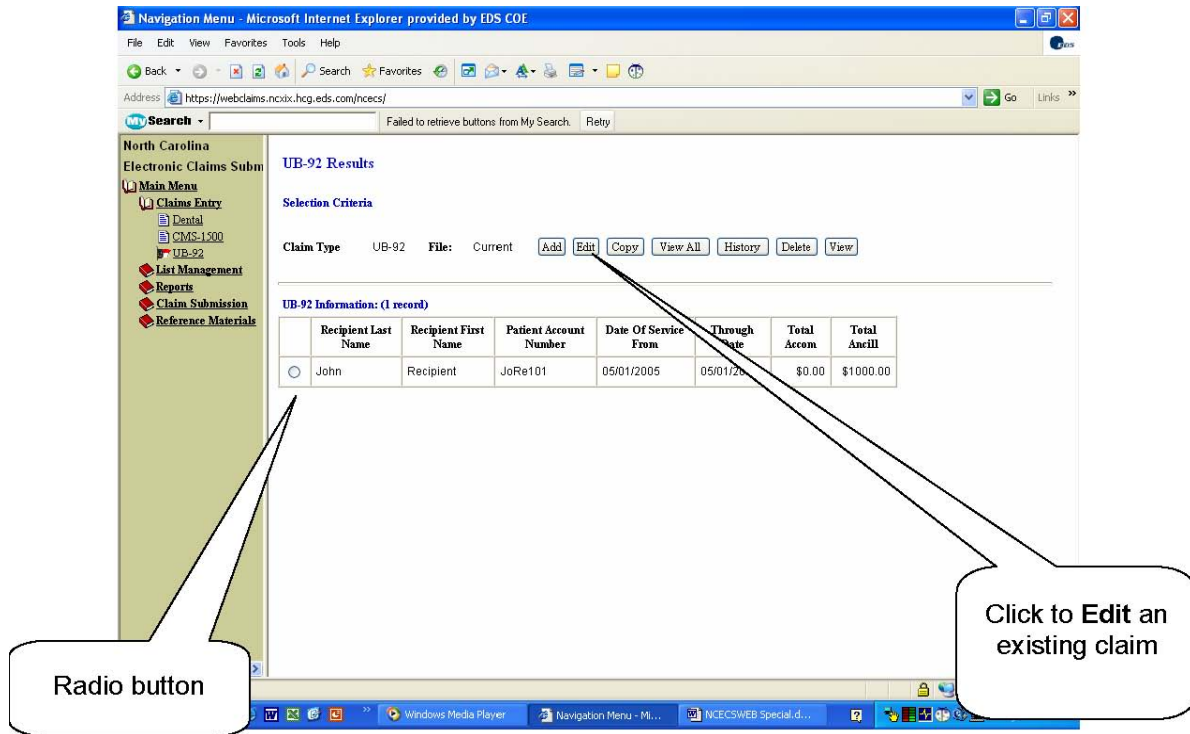


6. After you have entered information to complete the claim, click the **Save** button to save the entire claim, including any insurance and detail information.

## 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**

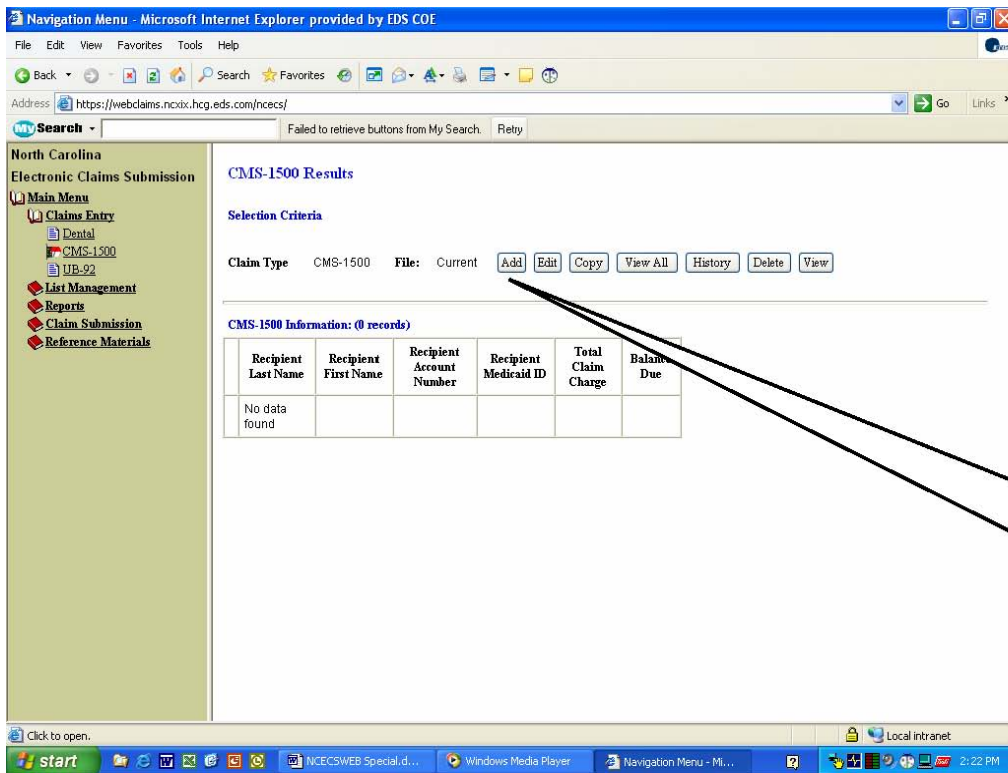
This option allows you to view all un-submitted claims saved under Claim Entry, but does not allow you to edit the claims. You are able to print hard copies of the electronic claims from this option.

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.



- 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.

Navigation Menu - Microsoft Internet Explorer provided by EDS COE

Address: https://webclaims.ncix.hcg.eds.com/ncecs/

North Carolina Electronic Claims Submission

Main Menu

- Claims Entry
  - Dental
  - CMS-1500
  - UB
- List Management
- Reports
- Claim Submission
- Reference Materials

CMS-1500

Selection Criteria

Claim Type: CMS-1500 Claim ID: New [Save] [Cancel] [Delete]

Recipient Information

Recipient Last Name: [ ] Recipient First Name: [ ] Medical Record Number: [ ]

Date Field: [ ] Recipient Date of Birth: [ ] Patient weight (lbs): [ ]

Patient Account Number: [ ] Medical Record Number: [ ] Post OP from Date: [ ]

Prior Authorization Number: [ ] Post OP Through Date: [ ]

Provider Information

Provider Last Name or Organization Name: [ ] Provider First Name: [ ]

Medicaid Provider Number: [ ] National Provider ID: [ ]

Billing Address: [ ] Billing Taxonomy: [ ]

Billing State: [ ] Billing City: [ ]

Billing ZIP: [ ]

3. Enter claim information

North Carolina Electronic Claims Submission

Main Menu

- Claims Entry
  - Dental
  - CMS-1500
  - UB
- List Management
- Reports
- Claim Submission
- Reference Materials

Billing State: [ ] Billing ZIP: [ ]

Referring Physician Provider No: [ ] (Carolina Access Physician Number)

Referring Physician NPI: [ ] (Carolina Access Physician NPI)

Service Facility Location: [ ] Referring Taxonomy: [ ]

Service Facility ZIP: [ ] Service Facility NPI: [ ]

Miscellaneous Claim Information

EPSDT:  Follow-up  No

Release of Information:  Yes  No

EPSDT referral given to Patient?:  Yes  No

EPSDT Referral Type: [ ]

Paperwork on file at Provider Site for Medicare Override?:  Yes  No

Related Causes:

Auto Accident State of Auto Accident: [ ]

Employment Accident Date of Accident: [ ]

Other Accident Injury

Original ICN: [ ]

Place of Service Facility Type Code: [ ] Claim Submission Reason Code: [1-Original]

Adjustment Payer: [NCXIX-Medicaid Payer]

Rendering/Attending Information

R/A Provider First Name: [ ] R/A Provider Last Name: [ ]

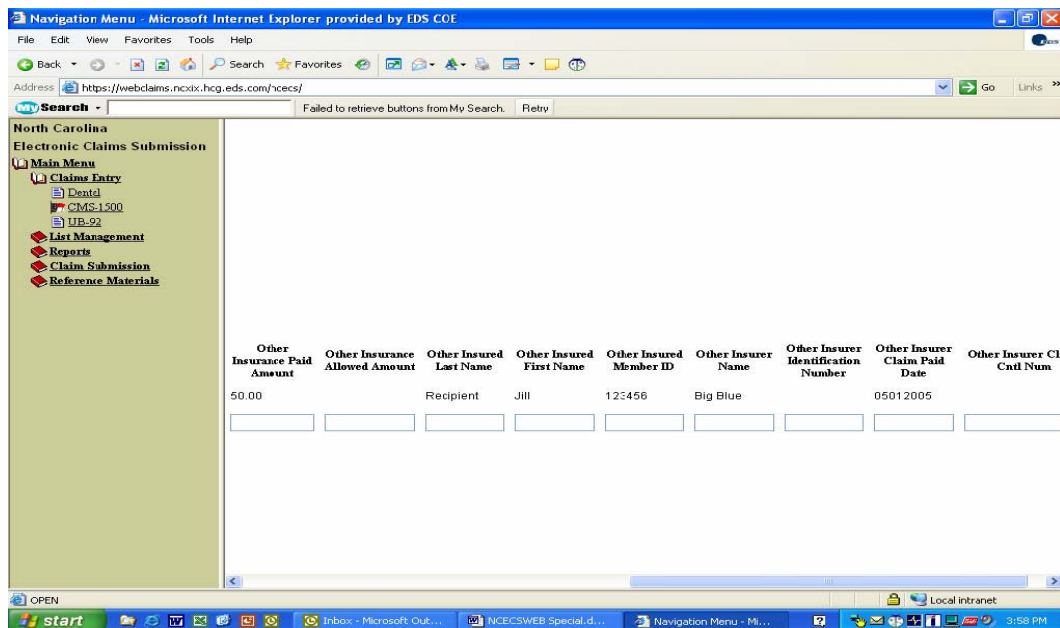
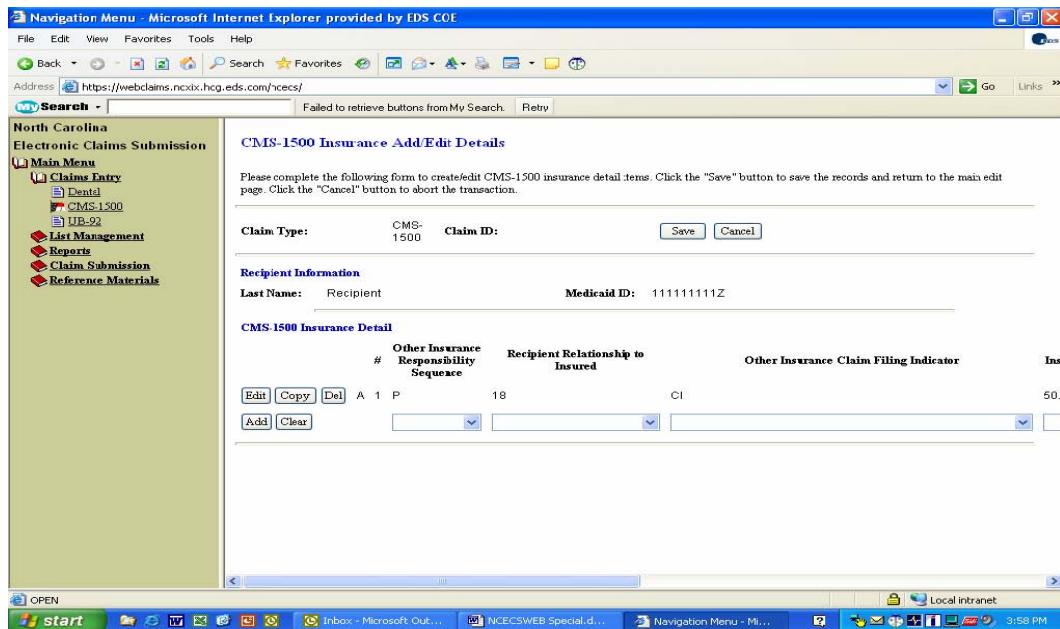
R/A Medicaid Provider Number: [ ] R/A NPI: [ ]

R/A Taxonomy: [ ]

CMS 1500 Insurance Detail

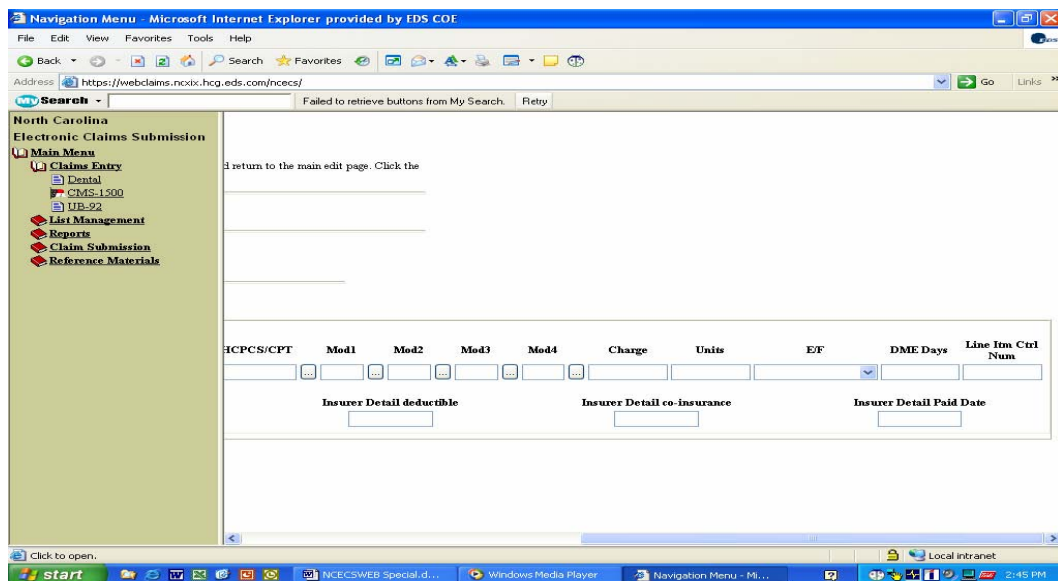
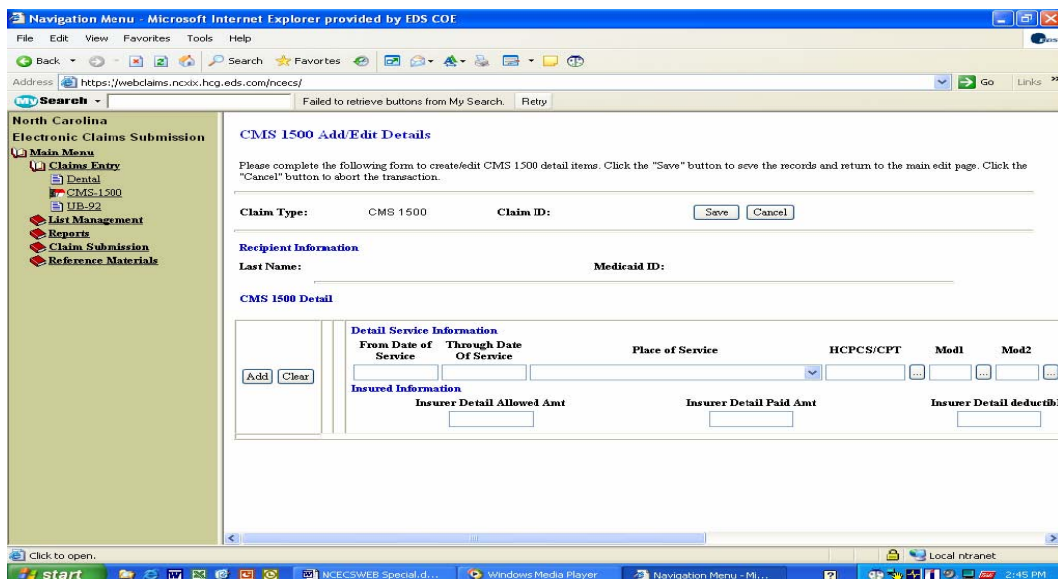
3. Enter claim information

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.

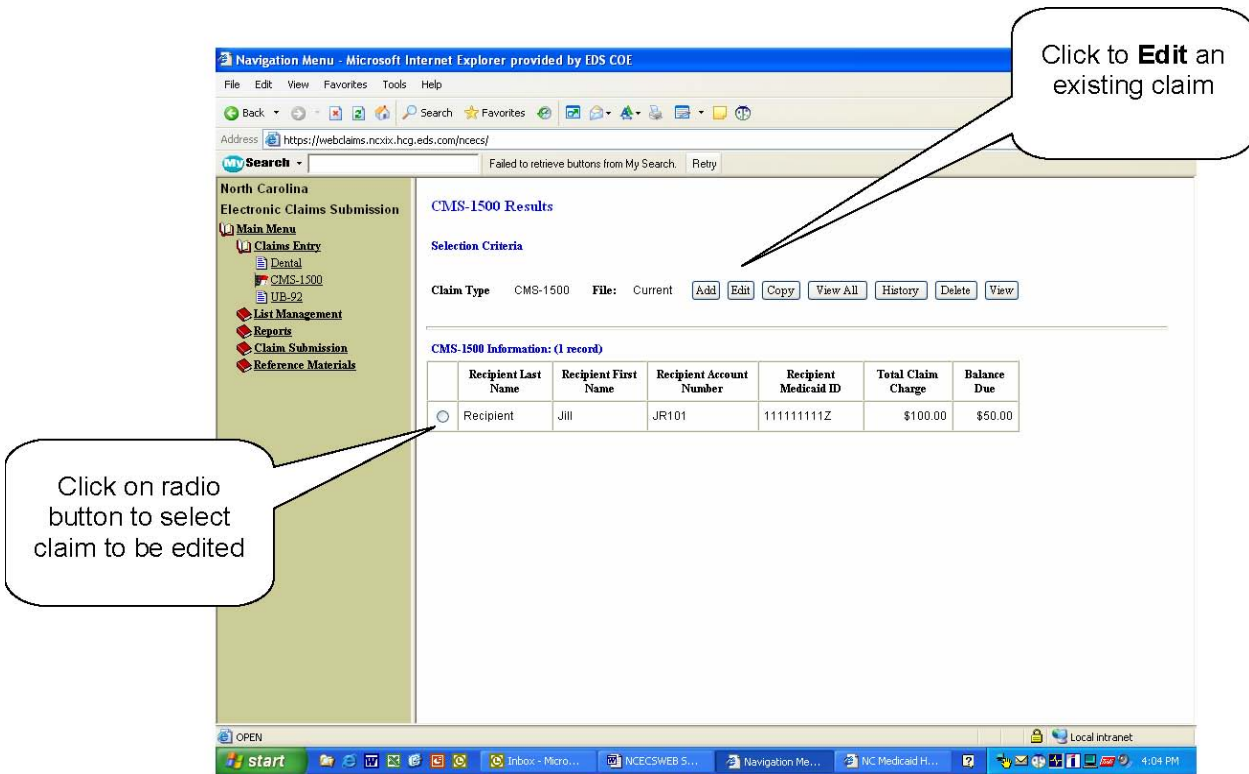


6. After you have entered information to complete the claim, click the **Save** button to save the entire claim, including any insurance and detail information.

## 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) *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.

## 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***

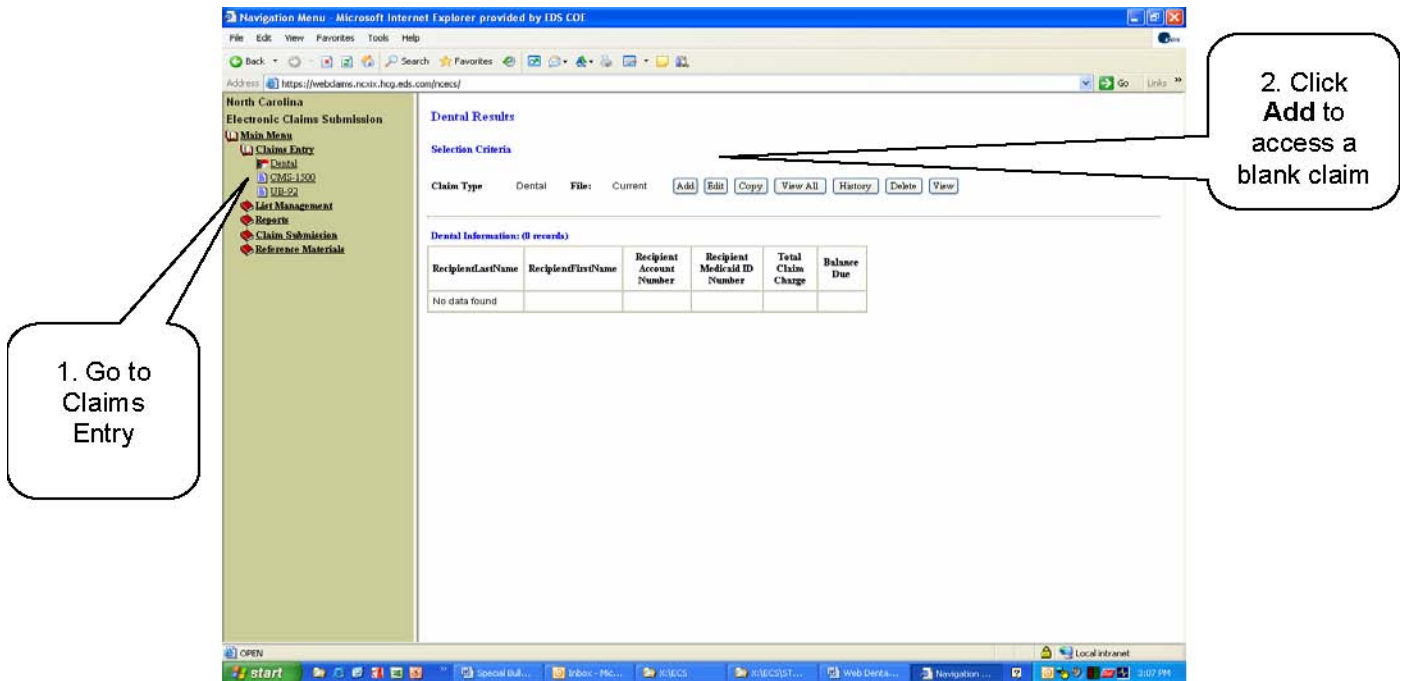
This option allows you to view all un-submitted claims saved under Claim Entry, but does not allow you to edit the claims. You are able to print hard copies of the electronic claims from this option.

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.

Navigation Menu - Microsoft Internet Explorer provided by EDS COE

File Edit View Favorites Tools Help

Address: https://webclaims.ncix.hcg.eds.com/ncecs/

North Carolina Electronic Claims Submission

Main Menu

- Claims Entry
  - Dental
  - CMS-1500
  - UB
- List Management
- Reports
- Claim Submission
- Reference Materials

**Dental**

Selection Criteria

Claim Type: Dental Claim ID: New [Save] [Cancel] [Delete]

Recipient Information

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

Medical Record Number: [ ] Patient Account Number: [ ] Prior Authorization Number: [ ]

Provider Information

Provider Last Name or Organization Name: [ ] Provider First Name: [ ]

National Provider ID: [ ]

Medicaid Provider Number: [ ] Billing Taxonomy: [ ]

Billing Address: [ ] Billing City: [ ]

Billing State: [ ] Billing ZIP: [ ]

Miscellaneous Claim Information

3. Enter claim information

Navigation Menu - Microsoft Internet Explorer provided by EDS COE

File Edit View Favorites Tools Help

Address: https://webclaims.ncix.hcg.eds.com/ncecs/

North Carolina Electronic Claims Submission

Main Menu

- Claims Entry
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- Reference Materials

Paperwork on file at Provider Site for Medicare Override?:  Yes  No

Related Causes:

- Auto Accident State of Auto Accident: [ ]
- Employment Accident Date of Accident: [ ]
- Other Accidental Injury

Original ICN: [ ]

Place of Service Facility Type Code: [ ] Claim Submission Reason Code: I-Original

Rendering/Attending Information

R/A Provider First Name: [ ] R/A Provider Last Name: [ ]

R/A Medicaid Provider Number: [ ] R/A NPI: [ ]

R/A Taxonomy: [ ]

Dental Insurance Detail

[Add/Edit Other Insurance]

No Other Insurance

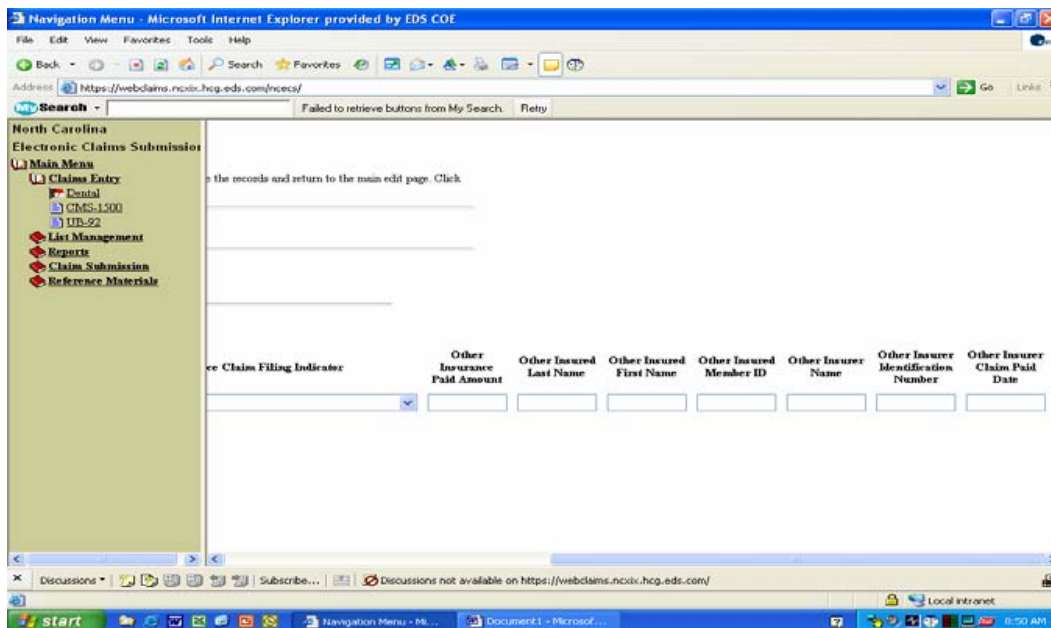
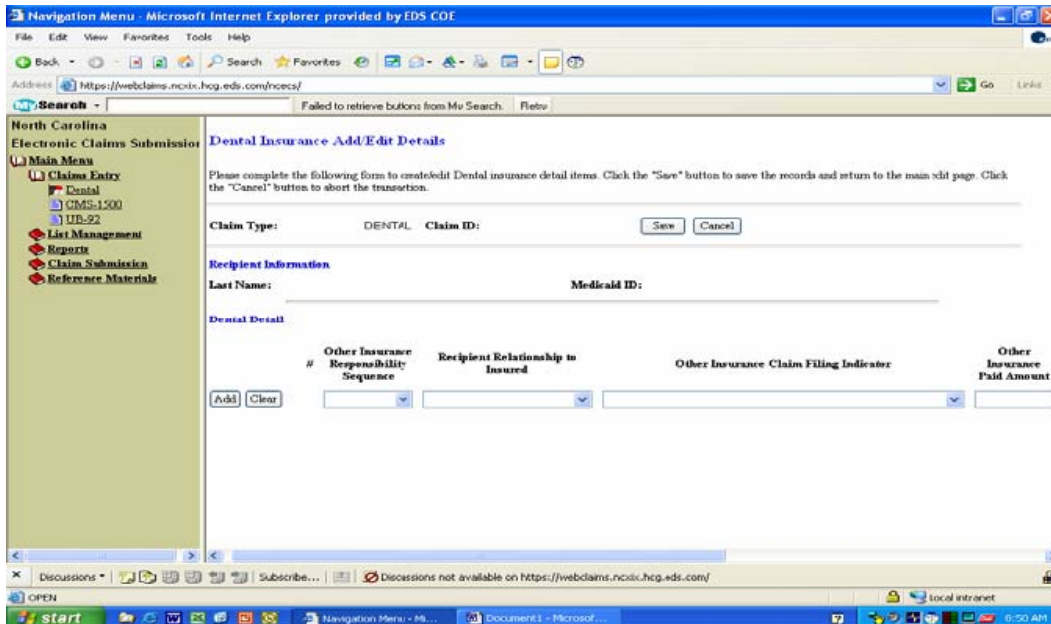
Dental Detail

[Add/Edit Details]

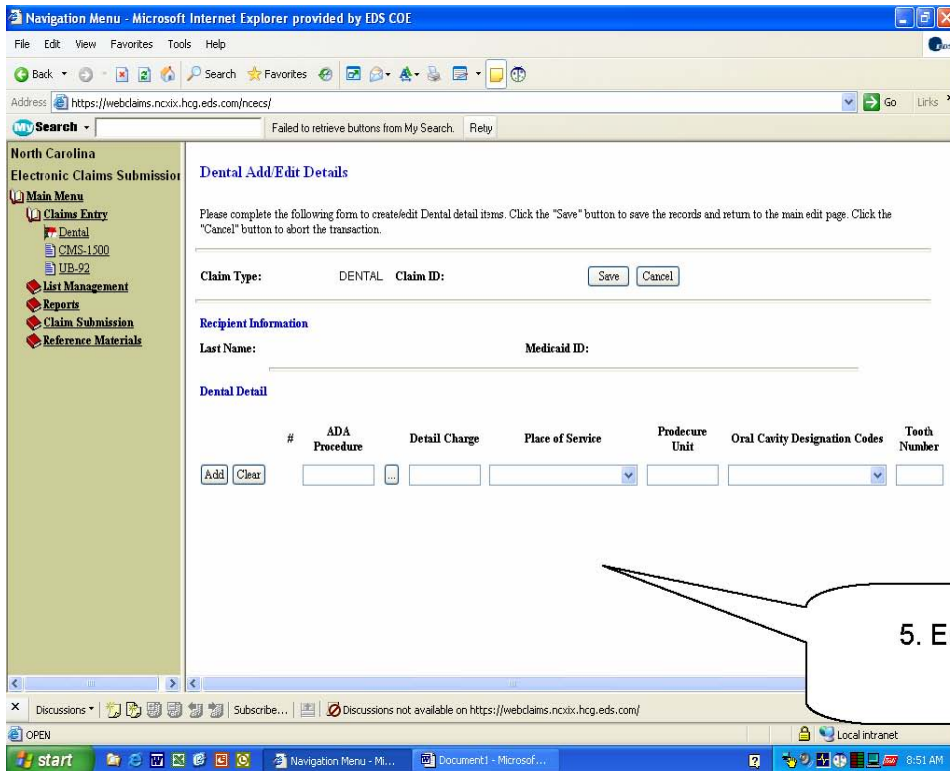
Click here to enter insurance information. See Step 4.

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 *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 from 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.

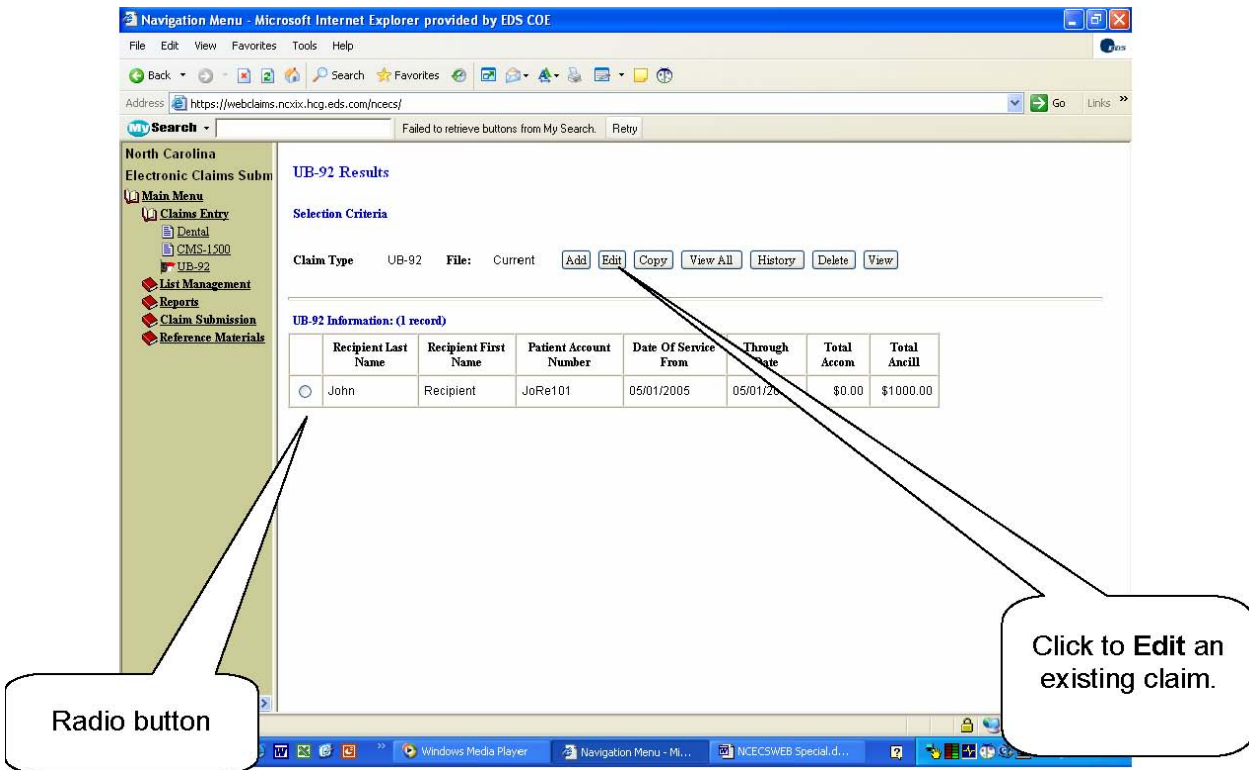


6. After you have entered information to complete the claim, click the **Save** button to save the entire claim, including any insurance and detail information.

## 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**.

The screenshot shows the 'Claim Submission' web page in Internet Explorer. The page includes a navigation menu on the left, a 'Contact Information' form, and a 'Claim Submission Information' table. Four callout boxes provide instructions:

- 1. Go to Claim Submission**: Points to the 'Claim Submission' link in the navigation menu.
- 2. Complete Contact Information**: Points to the form fields for Name, Address, City, State, Zip, and Phone.
- 3. Click radio button beside claim type to be submitted**: Points to the radio buttons next to 'CMS 1500' and 'UB-92' in the table.
- 4. Click Submit to submit entire batch. If only part of the batch is to be submitted, click Edit.**: Points to the 'Submit' and 'Edit' buttons at the bottom of the table.

| Claim Type                     | Number of Claims | Total of Claims |
|--------------------------------|------------------|-----------------|
| <input type="radio"/> CMS 1500 | 1                |                 |
| <input type="radio"/> UB-92    | 1                | \$1000.00       |

- 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 for submission by checking beside each claim

Click Submit when done

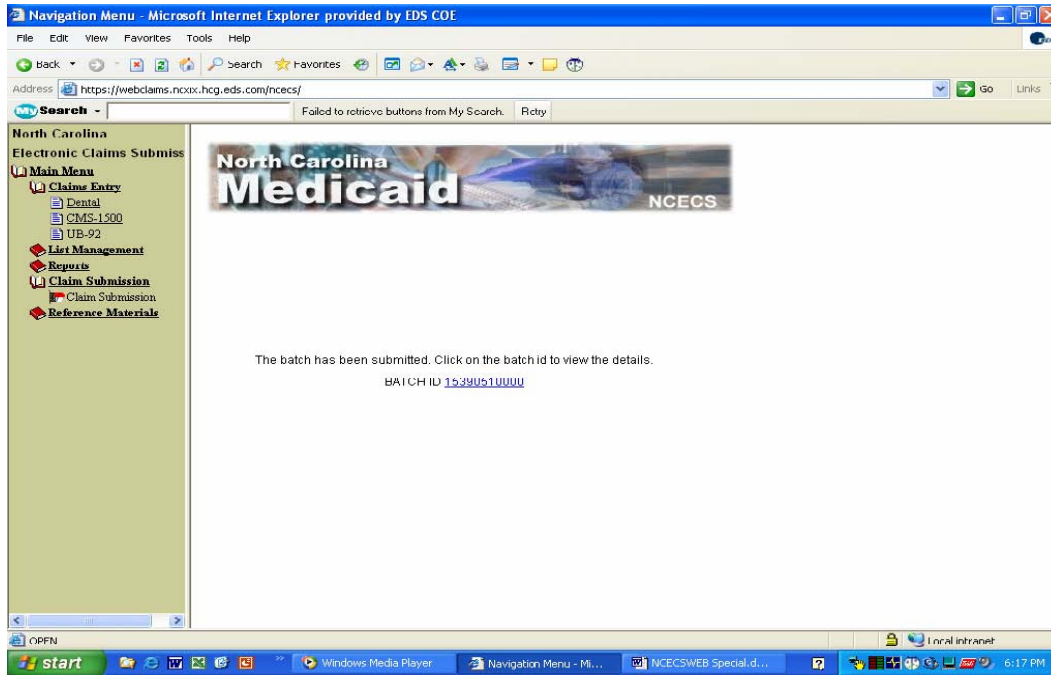
| Recipient Last Name      | Recipient First Name | Recipient Account Number | Recipient Medicaid ID | Total Charge | Balance Due |           |
|--------------------------|----------------------|--------------------------|-----------------------|--------------|-------------|-----------|
| <input type="checkbox"/> | John                 | Recipient                | JoRe101               | 111111111Q   | \$1000.00   | \$1000.00 |

- 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.

This will submit 1 claims totalling \$ 1000.00 and the balance due totalling \$ 1000.00. Do you wish to Continue?

| Recipient Last Name                 | Recipient First Name | Recipient Account Number | Recipient Medicaid ID | Total Charge | Balance Due |           |
|-------------------------------------|----------------------|--------------------------|-----------------------|--------------|-------------|-----------|
| <input checked="" type="checkbox"/> | John                 | Recipient                | JoRe101               | 111111111Q   | \$1000.00   | \$1000.00 |

- 7. A batch ID will be provided once the claims have been accepted by N.C. Medicaid for processing. This serves as verification the claims have been submitted to N.C. Medicaid. There is no longer the need to call to verify.



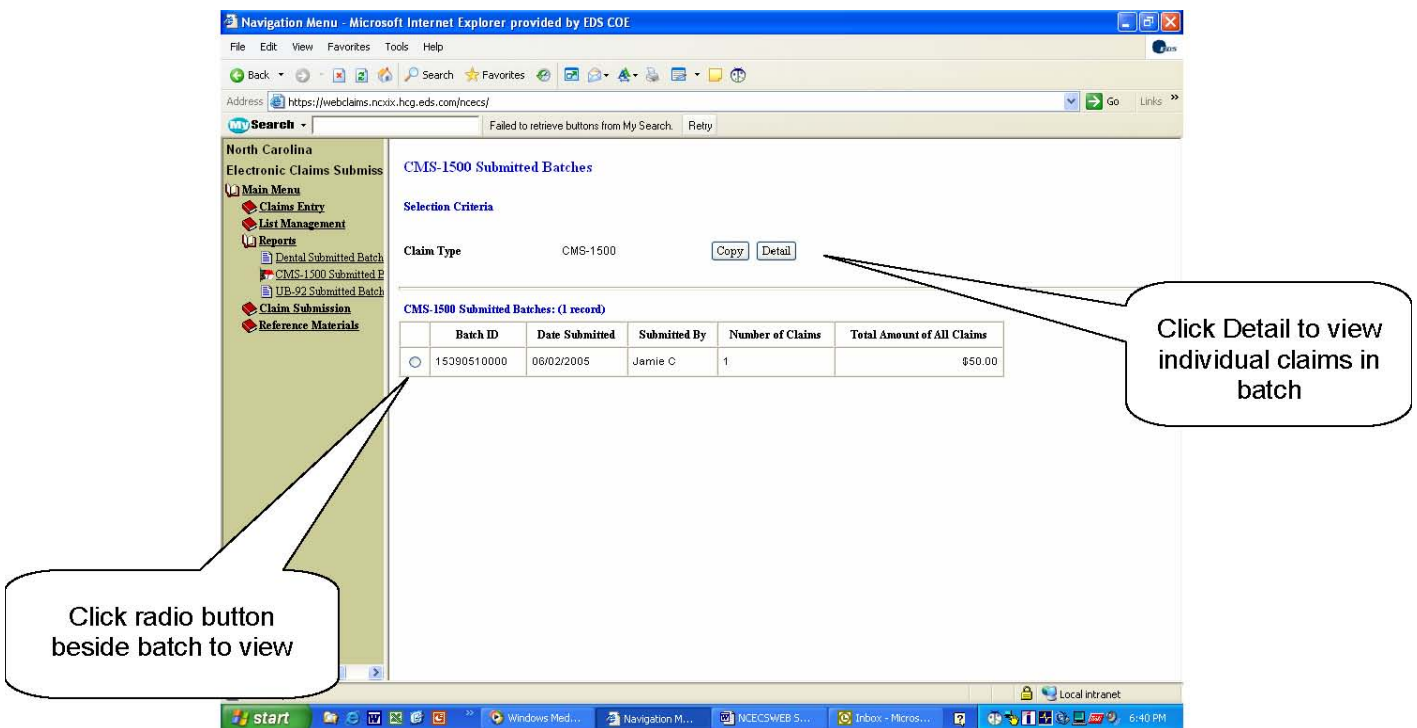
## Reports

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 Medicaid 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.

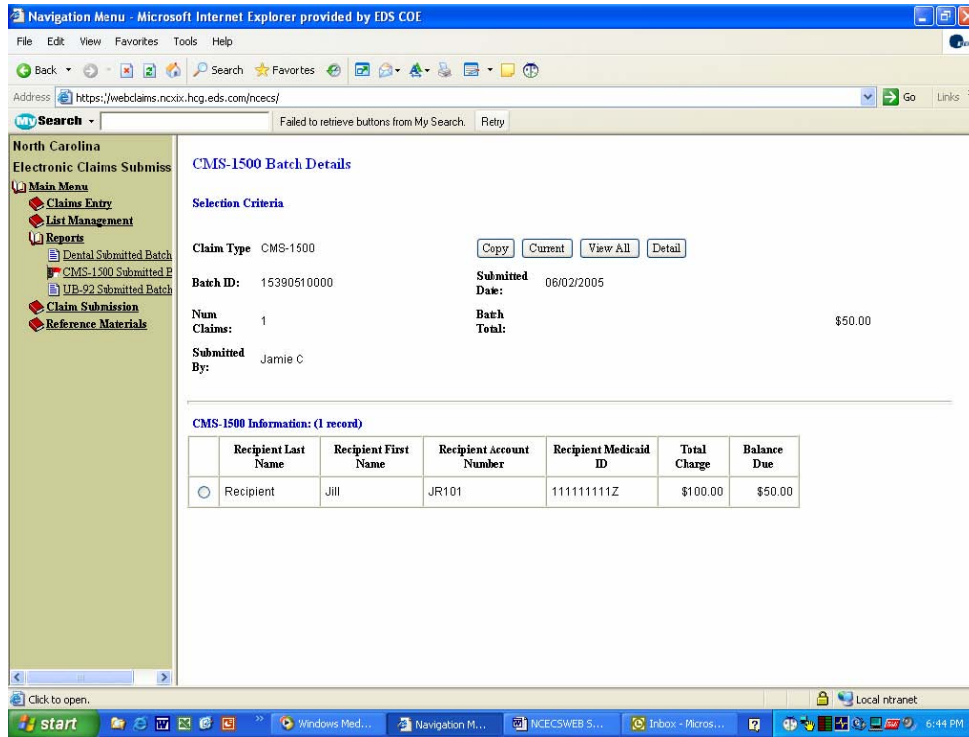
### View Claim(s)

In this example, we are requesting a batch report.

1. From the Main Menu, click **Reports**. A submenu will appear.
2. Click **Institutional (hard copy UB-04) Submitted Batches**. The *Institutional (hard copy UB-04) Submitted Batches* screen will appear.
3. Click the radio button next to the desired batch.
4. Click the **Detail** button. The *Institutional (hard copy UB-04) 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.

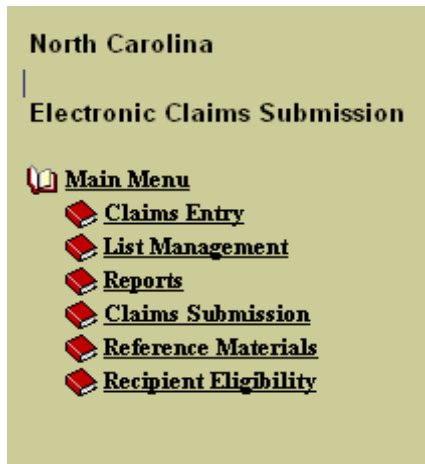
1. From the *Institutional* (hard copy UB-04) *Submitted Batches* screen, select the batch containing the desired claim and click the Copy button. The *Institutional* (hard copy UB-04) *Batch Details* screen will appear with a list of the claims from the selected batch. Note: to view the current list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

A screenshot of a web form titled "Recipient Eligibility Inquiry". Under the heading "Selection Criteria", there are several input fields: "MID:" with a dropdown menu showing "999999999X"; "Provider" with a dropdown menu showing "XXXXXX"; "Medicaid ID:" with a dropdown menu showing "XXXXXX"; and "National Provider Id:" with a dropdown menu showing "999999999". There are "Submit" and "Clear" buttons to the right. Below these are fields for "Last Name:" (XXXXXX), "First Name:" (XXXXXX), "DOB:" (MMDDYYYY), and "SSN:" (99999999). At the bottom, there are "Elig From Date:" (MMDDYYYY) and "Elig To Date:" (MMDDYYYY) fields. A note says "Note: Valid search allowed are:" followed by four radio button options: "A. Search by MID", "B. Search by name and DOB", "C. Search by SSN and DOB", and "D. Search By Name and SSN".

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:

**Recipient Eligibility Inquiry Results**

[Selection Criteria](#)

**MID:** 999999999X **Provider Medicaid ID:** XXXXXXXXX **National Provider Id:** 9999999999

**Last Name:** XXXXXXXXXXXXXXXXXXXX **First Name:** XXXXXXXXXXXX

**DOB:** MM/DD/YYYY **SSN:** 999999999

**Elig From Date:** MM/DD/YYYY **Elig To Date:** MM/DD/YYYY

---

**Error Message:**

XX

XX

---

(next)





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 NCECSWeb tool is equipped with several useful reference and training tools. They include

- NCECSWeb Help
- Sample Claims
- Link to DMA Web

## ***User's Guide***

For users who prefer step-by-step written instructions on the functionality of the tool.

From the Main Menu, click on **Reference Materials > NCECSWeb Help** to access the NCECSWeb 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.

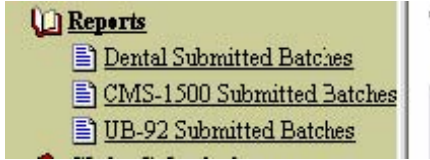
## ***Link to DMA Web***

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.


# 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.  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.

### 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."

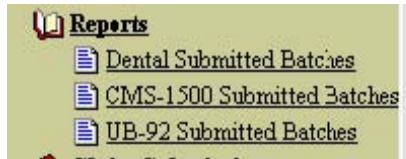
Claim Submission Reason Code: 

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  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.

### Additional Patient 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 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.)

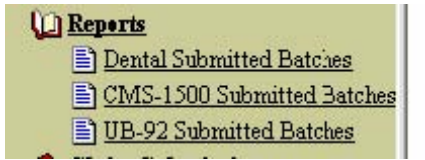
Type of Bill(Facility Type/Frequency):

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."



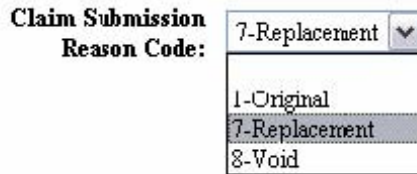
- 7 You will see all the previous submitted claim information on the screen. Scroll about mid-way down underneath the "Miscellaneous Claim Information" section.

#### 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."

- 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.



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**Division of Medical Assistance**  
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