

INTERNET PROFESSIONAL CLAIM SUBMISSION (IPCS) USER GUIDE
SUBMITTING PROFESSIONAL MEDICAL CLAIMS ON THE MEDI-CAL WEBSITE

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About This Guide

The *Internet Professional Claim Submission (IPCS) User Guide* is designed to help Medi-Cal providers submit professional medical claims using the IPCS system. This user guide discusses the minimum system requirements necessary and provides instructions for the following:

- Connecting to the Medi-Cal website
- Installing Adobe Flash (a prerequisite for using the IPCS system)
- Logging on to the IPCS system
- Submitting and printing professional medical claims
- Troubleshooting and resolving issues that may arise when using IPCS

About IPCS

The IPCS system allows you to submit single professional medical claims using your computer and the Internet. IPCS does not perform online adjudication. Claims submitted successfully will receive a Claim Control Number (CCN) on the host response screen. If IPCS detects errors in your claim, you will receive a "CLAIM REJECTED" message on the host response screen. You can edit the claim to correct these errors before resubmitting the claim for processing. Your submitted claim enters the Medi-Cal claims processing system for processing in the daily batch cycle.

The IPCS system may be used by those who previously submitted professional claims using the Claims and Eligibility Real-Time System (CERTS) software. IPCS allows a faster, more efficient data exchange between providers and the Department of Health Care Services (DHCS).

Note: You can only submit professional medical claims using IPCS. You are not able to submit institutional claims through IPCS.

Questions

If you have questions about IPCS, call the Telephone Service Center (TSC) at one of the following numbers. Select the option for questions regarding POS/Internet.

- In-state providers: 1-800-541-5555
- Out-of-state and border providers: (916) 636-1200

If you have questions about Medi-Cal policy or claims adjudication, refer to the Medi-Cal provider manuals (available from the "Publications" tab on the Medi-Cal website at www.medi-cal.ca.gov) or call the TSC and select the appropriate option.

Minimum System Requirements

To process claims using the IPCS system, your system must meet the following minimum requirements:

- Microprocessor – 300 MHz Intel Pentium processor or higher
- Random Access Memory (RAM) – 64 MB of free, available system RAM (128 MB or higher recommended)
- Monitor Resolution – 1024 x 768, 16-bit (thousands of colors) color display or better
- Adobe Flash Player
- Web Browser – Internet Explorer 5.0 or greater

Before You Start – IPCS Access Requirements

To submit claims using the IPCS system, you must have both of the following:

- A [Medi-Cal Point of Service \(POS\) Network/Internet Agreement](#) form on file with DHCS for each provider number that is used to bill. If you currently have valid forms on file, no additional updates are needed. Mail completed agreement forms to:

Attn: POS/Internet Help Desk
Conduent
820 Stillwater Road
West Sacramento, CA 95605

- A valid Computer Media Claims (CMC) submitter ID and password. To obtain or update your ID and password, complete the [Medi-Cal Telecommunications Provider and Biller Application/Agreement](#) (DHCS 6153). Check the Internet box in the Real Time Submission Type section, check Medical/Allied Health (05) and enter 5010, where indicated, in the ANSI X12 837 Version section.

Conduent
CMC Unit
P.O. Box 15508
Sacramento, CA 95852-1508

Note: Current Submitters who would like to add the IPCS Application to their list of available Internet options must have a valid CMC Submitter ID and complete the [Medi-Cal Telecommunications Provider and Biller Application/Agreement](#) (DHCS 6153).

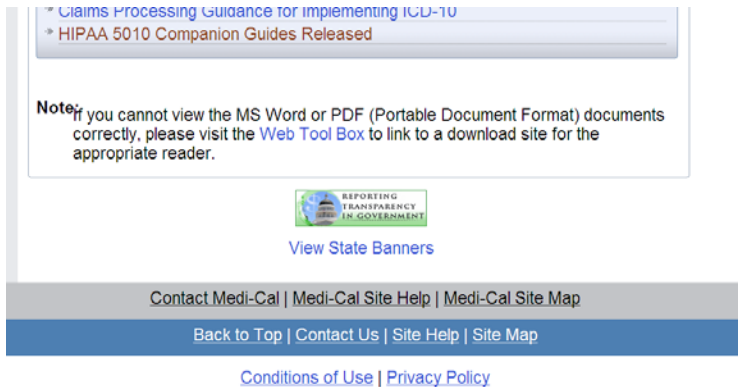
Installing Adobe Flash

Follow the instructions below to install the Adobe Flash player. You must have the Flash player installed before you can access the IPCS system. If you try to access the IPCS system without the Flash player, you will be prompted to install it.



1. [Connect to the Internet.](#)

2. [Direct your browser to www.medi-cal.ca.gov.](http://www.medi-cal.ca.gov)



3. From the Medi-Cal home page, click the **Web Tool Box** link in the note at the bottom of the page.

The screenshot shows the Medi-Cal website's "Web Tool Box" page. At the top, there is a navigation bar with links for Home, Transactions, Publications, Education, Programs, References, and Contact Medi-Cal. A search bar is also present. The main content area is titled "Web Tool Box" and includes a description: "The Web Tool Box contains links to free software downloads. Click a link or image below to obtain the most current version of software from the vendor's Web site." Below this, there are four categories of software links: "Document Viewers" (MS Word, MS Excel, MS PowerPoint, Adobe Reader), "File Utilities" (WinZip, PKZip), "Web Browsers" (Internet Explorer), and "Web Browser Plug-ins" (Flash Player). At the bottom, there are links for "Contact Medi-Cal", "Medi-Cal Site Help", and "Medi-Cal Site Map", along with a footer containing "Conditions of Use", "Privacy Policy", and "Copyright © 2007 State of California".

4. Click **Flash Player** to access the Adobe Flash Player Download Center.

Remember: You may need administrator rights to download the Flash player. If you are unsure or need installation assistance, contact your system administrator.

Connecting to the Medi-Cal Website to Access the IPCS Application

Follow the instructions below to connect to the Medi-Cal website.



1. Connect to the Internet.
2. Direct your browser to www.medi-cal.ca.gov.



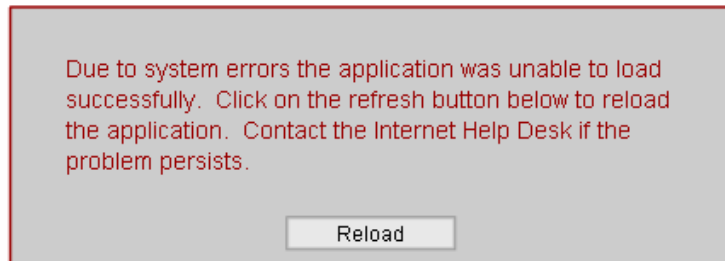
3. Click the Transactions tab to access the "Login to Medi-Cal" page.
4. Enter your CMC submitter (user) ID and password.
5. Click **Submit** to open the Transaction Services tabbed menu page.

Note: If you can't log on, contact the TSC at 1-800-541-5555 and select the appropriate TSC prompt options from the [TSC Main Menu Prompt Options list](#).

Connecting to the Medi-Cal Website to Access the IPCS Application (*continued*)



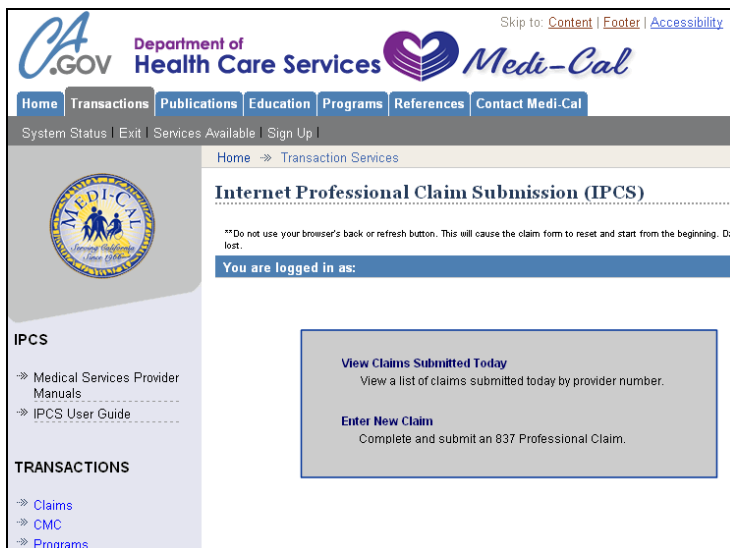
6. Under the **Claims** tab, click **Internet Professional Claim Submission (IPCS)** to access the IPCS application.



7. If the IPCS system encounters problems while loading, an error message displays. Click the **Reload** button to try again. If the problem persists, contact the **contact the POS/Internet Help Desk through the TSC at 1-800-541-5555, and select the appropriate TSC prompt options from the TSC Main Menu Prompt Options list.**

OR:

If there are no loading errors, the application will proceed to the next screen.



8. On the Internet Professional Claim Submission (IPCS) screen, **you have two options:**

View Claims Submitted Today will allow you to view previously submitted claim(s) from today.

Enter New Claim will allow you to enter a new claim(s).

Entering a New Claim

Individual professional medical claims, including attachments, can be submitted using IPCS. For more information about ordering an Attachment Control Form (ACF) and submitting attachments using this form, please refer to the CMC section of the [Forms](#) page of the Medi-Cal website.

The Internet professional medical claim form contains the following screens, or tabs, that may be completed in any order:

1. Provider Info
2. Subscriber Info
3. Claim Info
4. Service Details

Additional (Optional) Tabs

1. The Other Health Coverage tab must be completed if the subscriber has other health coverage. If the other health coverage claim has been denied, please refer to the CMC section of the [Forms](#) page for instructions on how to attach the denial. To open the Other Health Coverage screen, click the **Claim Info** tab, then click the **Other Health Cov.** button.

Note: For other health coverage policy, please refer to the *Other Health Coverage* section in the appropriate Part 2 manual.

2. The Vision tab contains fields for vision related information that a Medi-Cal subscriber may have corresponding to a claim. To open the Vision tab, click the Claim Info tab, then click the Vision button.

IPCS Application Tips

Keep the following tips in mind when completing the Internet professional medical claim application:

- Do not use your browser's Back or Refresh buttons. If you click either button, you lose all data entered to that point.
- If you leave your IPCS session inactive for 20 minutes, the session times-out, IPCS closes and you are returned to the Login page. This feature protects your submitted data and guards against unauthorized use of the system.
- If you exit IPCS before submitting your claim, you lose any data entered.
- You may not save a partially completed claim. You must complete the claim and submit it or you lose the data you have entered. Once you submit a completed claim, you can recall that claim's data to complete other claims with similar data.

Required Fields

Each tab of the IPCS application has required fields that must be completed for each claim submitted. Required fields are marked with a red asterisk (*).

The screenshot shows the 'Billing Provider Section' form. It contains the following fields: National Provider ID (marked with a red asterisk), Medicaid Provider ID, Address (marked with a red asterisk), Address 2, City (marked with a red asterisk), State (marked with a red asterisk), Zip Code (marked with a red asterisk), Country, Country SDC, Taxonomy Code, and Benefit Assignment (marked with a red asterisk). The Benefit Assignment field is a dropdown menu currently set to 'Select One'.

In the **Billing Provider Section**, the red asterisks indicate that the *National Provider Identifier (NPI)* OR the *Medicaid Provider ID*, and the *Address, City, State, Zip Code* and ***Benefit Assignment*** fields are required and must be completed for every claim.

The screenshot shows the 'Service Facility Section' form. It contains the following fields: National Provider ID, Medicaid Provider ID, Entity Identifier (a dropdown menu currently set to 'Select One'), and a large empty text area at the bottom.

The *Service Facility Provider* and *Entity Identifier* fields in the Service Facility Section must be completed if the health care services are provided at a location other than the billing provider's location.

The IPCS application displays a prompt if a field is required for a situation and is not completed.

Note: Other fields may be situationally required, depending on the billing scenario.

Recalling Data from a Previous Claim

Follow the instructions below to recall the data used to complete a previous claim.

1. Click **Recall Data From Last Claim** on the Provider Info tab to automatically fill the Provider Info, Subscriber Info, Claim Info, Other Health Cov. and Vision tabs with information from the last claim submitted.

Note: If you have timed out or logged out and logged back in, the previous claim data will not display.

Removing Data from a Tab

Follow the instructions below to clear all data from a tab.

1. To clear all data from a tab, click the **Clear Tab Fields** button, located in the top left hand corner.

Entering Claim Data

Tabs can be completed in any order. As you complete each field, the system checks your entry and prompts you for corrections if basic errors are detected.

Provider Info Tab

The Provider Info tab contains information that identifies the billing, rendering, and referring providers and the service facility for the claim.

* Indicates Required Fields
? Click any field name in blue for help info.

Billing Provider Section		Service Facility Section	
* National Provider ID	Medicaid Provider ID	National Provider ID	Medicaid Provider ID
<input type="text"/> Or <input type="text"/>	<input type="text"/>	<input type="text"/> Or <input type="text"/>	<input type="text"/>
* Address	Address 2	Entity Identifier	
<input type="text"/>	<input type="text"/>	Select One <input type="text"/>	
* City	* State		
<input type="text"/>	<input type="text"/>		
	* Zip Code		
<input type="text"/>	<input type="text"/>		
Country	Country SDC		
<input type="text"/>	<input type="text"/>		
Taxonomy Code			
<input type="text"/>			
* Benefit Assignment			
Select One <input type="text"/>			

Rendering Provider Section		Referring Provider Section	
National Provider ID	Medicaid Provider ID	National Provider ID	Medicaid Provider ID/License #
<input type="text"/> Or <input type="text"/>	<input type="text"/>	<input type="text"/> Or <input type="text"/>	<input type="text"/>
Taxonomy Code		Taxonomy Code	Provider Name
<input type="text"/>		<input type="text"/>	<input type="text"/>

To read a detailed description of each field, click the field name.

On the Provider Info Tab, complete all required fields and then move to the next tab.

Subscriber Info Tab

The Subscriber Info tab contains information about the Medi-Cal subscriber (recipient), including any Share of Cost/Spend Down the subscriber may have paid.

Provider Info **Subscriber Info** Claim Info Service Details

Clear Tab Fields * Indicates Required Fields
? Click any field name in blue for help info.

Subscriber/Recipient Information

*** Medi-Cal Subscriber's Name**

Suffix Last Name First Name MI *** Subscriber ID #**

Issue Date *** Subscriber Birth Date** *** Gender Code** **Pregnancy Indicator**

mm/dd/yyyy mm/dd/yyyy Select One No

*** Patient Account Number** **Patient Amount Paid**

\$

*** Release of Information Code**

Select One

To read a detailed description of each field, click the field name.

On the Subscriber Info Tab, complete all required fields and then move to the next tab.

Claim Info Tab

The Claim Info tab contains general information regarding the claim. Any information entered here will be applied to all the Service Detail lines for the entire claim, unless overridden on the Service Details tab.

To read a detailed description of each field, click the field name.

On the Claim Info Tab, complete all required fields and then move to the next tab.

The appropriate ICD-CM Type must be selected before entering a Diagnosis Code. When changing the ICD-CM Type, you must first clear the Diagnosis Code field, select the appropriate ICD-CM Type, and then re-enter the new Diagnosis Code.

Other Health Coverage

The Other Health Cov. tab contains information regarding other health coverage the Medi-Cal subscriber may have, which indicates shared responsibility for paying the claim.

To read a detailed description of each field, click the field name.

On the OHC Tab, complete all required fields and then move to the next tab.

- **If the subscriber has another health insurance plan and the OHC plan has paid on the claim, click on the Other Health Cov. tab and complete all fields in the Other Insured/Payer Information page.**

OR:

- **If the subscriber has another health insurance plan and the OHC plan has denied the claim, click on the Other Health Cov. tab and complete all fields in the Other Insured/Payer Information page.**

OR:

- **If the subscriber does not have another health insurance plan, click on the Claim Info tab, and then click Hide OHC Tab.**

Note: If the Other Health Cov. tab is opened, all fields on the tab must be completed.

Vision Tab

The Vision tab contains fields for vision related information that correspond to this claim.

Provider Info | Subscriber Info | Claim Info | **Vision** | Service Details

Clear Tab Fields

*Indicates Required Fields
?Click any field name in blue for help info.

Prescription Date	Category Code	Purchased Service Amount
<input type="text"/> mm/dd/yyyy	Select One	<input type="text"/>
Select One	Condition Indicator 1	
Select One	Condition Indicator 2	
Select One	Condition Indicator 3	
Select One	Condition Indicator 4	
Select One	Condition Indicator 5	

** To close (and not use) this tab, go to the Claim Info Tab and click the Disable VIS button.

To read a detailed description of each field, click the field name.

On the Vision Tab, complete all required fields and then move to the next tab.

Note:

- **If the service is Vision related, click on the Vision tab and complete all required fields, in the Vision Information page.**

OR:

- **If the service is NOT Vision related, click the Claim Info tab, and then click on the Hide VIS Tab.**

Submitting a Claim

Submit Preview

Before submitting your claim, click the **Submit Preview** button to check for missing fields and/or errors.

Note: A Submit Preview button will only display when a detail line is present.

If the required field(s) is incomplete, an error message(s) is displayed, identifying the field(s) that must be corrected, before the claim can successfully be submitted.

If you made an adjustment(s) to the transaction to correct the error(s), click the Submit Preview button again to take you to the Claim Detail screen.

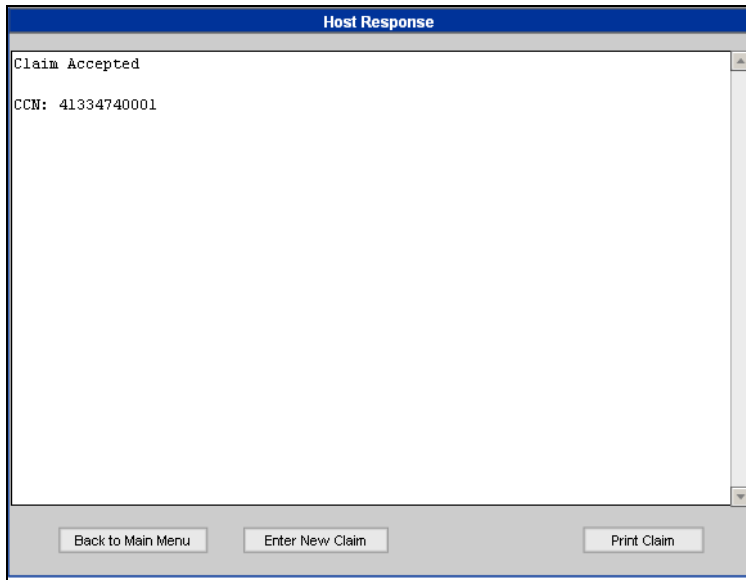
Note: If there are no error(s), the Claim Detail screen will display the transaction information on one page, so you can easily verify the data.

In the Claims Detail screen, there are 2 options:

- a. Click **Cancel-Edit Claim** to return to the claim to make changes or;
- b. Click **Submit** to submit the claim.

Note: If you click **Cancel-Edit Claim** to make any change(s), Click the **Submit Preview** button again to review the claim detail.

Submit Preview (continued)



After you have submitted the claim, the system will do another validation and the Host Response screen will appear.

If the claim was successfully completed, the Host Response screen will display a Claim Control Number (CCN).

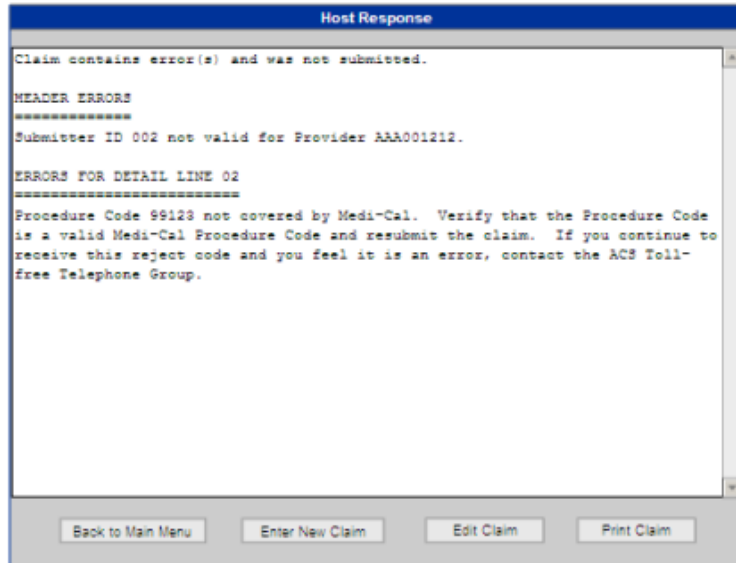
When the claim is successful, you have three options on the Host Response screen;

- a. The Back to Main Menu and Enter New Claim buttons will take you back to the Transaction Services screen.
- b. The Print Claim button will allow you to print the claim detail.

Note: If you select the Print Claim button, the claim will be printed with the CCN.

Correcting Errors

When all required fields are complete and the claim is submitted, the Medi-Cal claims processing system performs verification checks on the procedure and diagnosis codes and the submitter and provider IDs.



If the submitted claim was NOT successfully completed, the Host Response screen will display all error(s).

When the claim is NOT successful, there are four options on the Host Response screen.

- a. **The Back to Main Menu and Enter New Claim buttons will take you back to the Transaction Services screen.**
- b. **Edit Claim button will return you to the Claim Entry screen, where you can make appropriate adjustments.**
- c. **Print Claim button will allow you to print the claim detail.**

Note: If you select the Print Claim button, the claim will be printed with the CCN. If the claim continues to be rejected and you feel it is an error, call the TSC and select the appropriate TSC prompt options from the [TSC Main Menu Prompt Options list](#).

Note: If you click the **Back to Main Menu** or **Enter New Claim** buttons, you can recall the provider, subscriber, claim and other health care data entered by clicking **Recall Data from Last Claim** on the Provider Info tab. This feature will only retrieve the most current transaction data that has been submitted. It will not apply if you have timed-out or logged off and logged back on.

If the system encounters errors that prevent successful claim submission, the Host Response screen will display the error(s) and you will be given the opportunity to try again. If the problem persists, contact the TSC at 1-800-541-5555 for assistance.

Viewing Claims Submitted Today

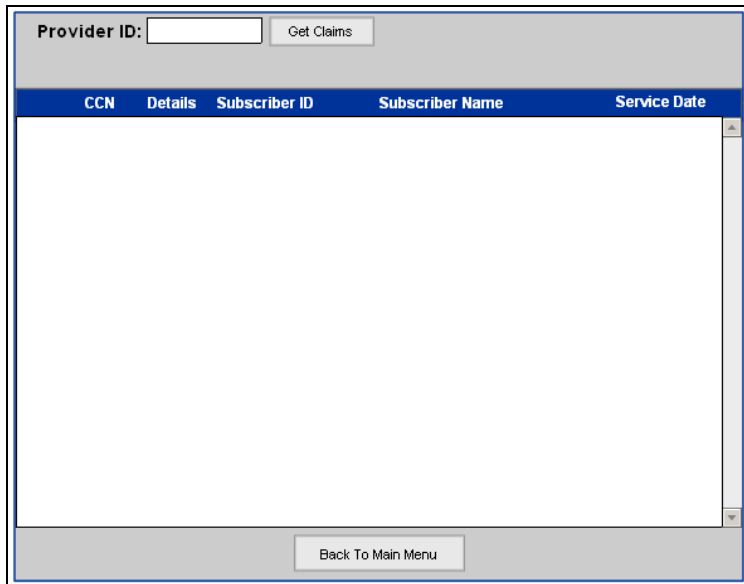
In the Internet Professional Claim Submission (IPCS) screen, select the **View Claims Submitted Today** link to search for claim(s) previously submitted today, through the IPCS application.

Use the Claim Search screen to list all claims submitted that day, according to the submitter (user) ID and provider IDs previously entered.

To view claims for a particular provider, the provider ID must be assigned to the submitter (user) ID used to log on to the system and the claim must previously have been submitted using the same user ID and provider ID.



1. In the IPCS screen, select the **View Claims Submitted Today** link.



2. Enter the nine-digit Medi-Cal provider ID and click the **Get Claims** button.

Viewing Claims Submitted Today (continued)

Provider ID: Get Claims

You have 1 claim(s) available to view.
Claims 1 thru 1 are displayed. Click the CCN # to view claim details.

CCN	Details	Subscriber ID	Subscriber Name	Service Date
1. 41704740001	1		KEANS, JOAN M	06/06/2003

Back To Main Menu

3. The system returns a list of claims submitted for the user and provider ID on the current day, along with a list of claim details (CCN, details, subscriber ID, Subscriber Name and Service Date).

Note: If more than 20 claims are available to view, the first 20 will display. Click on the **More Claims** button to view the next 20 claims, etc., When you have reached the last claim, the **More Claims** button will no longer appear. If you wish to exit the screen, click on the **Back to Main Menu** button to return to the IPCS screen.

Provider ID: Get Claims

Please try another Provider ID

CCN	Details	Subscriber ID	Subscriber Name	Service Date
No data returned from the query for Submitter 001/Provider				

Back To Main Menu

4. If no claims were submitted for the user and provider ID on the current day, a message displays prompting you to enter another provider ID.

Click the **Back To Main Menu** button to return to the IPCS screen.

Viewing/Printing Claims

Provider ID:

*You have 2 claim(s) available to view.
Claims 1 thru 2 are displayed. Click the CCN # to view claim details.*

	CCN	Details	Subscriber ID	Subscriber Name	Service Date
1.	73174740003	1		TEST, BOB	11/11/2007
2.	73174740004	1		TEST, BOB	11/11/2007

1. Click the CCN line of the claim you want to print.

Submitter: CMCSUB002

```

===== PROVIDER INFORMATION =====
Billing Provider ID: AAA001212
Billing Provider Address: 40588 STREET, FK CA 956789909
Billing Provider Country:
Billing Provider Country SDC:
Billing Taxonomy Code:
Benefit Assignment: Y - Yes
Facility Provider ID:
Facility Entity ID:
Rendering Provider ID:
Rendering Taxonomy Code:
Referring Provider ID:
Referring Taxonomy Code:
Referring Provider Name:

===== SUBSCRIBER INFORMATION =====
Subscriber's Name: LINDA JOHNSON
Subscriber ID #: 99998847F
Issue Date: 11/17/2011
Subscriber Birth Date: 11/17/1974
Gender: F - Female
Patient Account Number: 123459
Pregnancy Indicator: No
Patient Amount Paid: $
Release of Information: Y - Yes, Provider has signed statement permissi
    
```

2. On the Claim Detail screen, you have two options:
 - a. Click the **Print** button to print the claim in a formatted document.
 - b. Click the **Cancel** button to return to the Claim List screen.

Troubleshooting IPCS

1. After I log on, I don't see the IPCS option on my Transaction Services menu.

Make sure you have completed the appropriate forms and are approved to use the IPCS system. Current providers with a valid submitter ID and password must still complete the appropriate forms to have IPCS access added to their list of Internet options. Refer to the *Before You Start – IPCS Access Requirements* section of this guide for more information.

2. From my Transaction Services menu, when I click the IPCS system link, the screen does not display properly.

This system requires the latest version of the Adobe Flash Player plug-in. Make sure you have administrative rights to install software on your PC, and then follow the instructions in the *Installing Adobe Flash* section of this guide.

3. The IPCS system runs slowly and I am getting errors that scripts are running in Flash, which may cause my PC to run out of resources.

Even though the IPCS system is efficient, it will not perform as well on older PCs. Refer to the *Minimum System Requirements* section of this guide for more information.

4. When I use the Back button or Refresh button in Internet Explorer, the screen resets back to the beginning.

The IPCS system uses the latest interactive Web technology, which makes it unnecessary to refresh the Web page. The IPCS system is loaded on your computer when you go to the designated Web page. Using Refresh or Back reloads the system onto your PC and clears all your entries. Use these buttons only to reload the system and start from the beginning.

5. I started filling out a claim and had to leave my desk. When I came back, the IPCS system was gone and the login page was on my screen. Where is all the data I typed in?

To protect from unauthorized use of the system, the IPCS system shuts down if no activity is detected for 20 minutes. If this happens, you must log on to the system again. Any claim data that you did not submit is lost. Normal claim completion activity and search requests keep the system active on your computer.

6. I've submitted several claims, but when I go to the View Claims screen and do a search, they are not coming up.

The View Claims search displays only claims submitted on the same day using the submitter ID and provider ID the claims were submitted with. You can view which submitter ID you have logged on with at the top of the screen. For example, if you log on as Submitter A and submit claims for Providers 1, 2 and 3, and then log back on as Submitter B and try to search for claims for Providers 1, 2 and 3, they will not display.

7. I used IPCS previously. When I installed the latest updated version, I received the following message: "Object reference not set to an instance of an object."

This error message means that the Temporary Internet files and/or Cookies in the browser have the old IPCS version stored in them and need to be cleared out before the new version can be accessed.