

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

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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 Web site
- Installing Macromedia Flash (a prerequisite for using the IPCS system)
- Logging onto 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 integrates cutting-edge technology with an intuitive user interface that facilitates entering medical claims. 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 at this time.

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 providers, border and local calls: (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 Web site 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
- Macromedia Flash Player 6.0 Plug-in
- Web Browser – Internet Explorer 5.0 or greater or Netscape 6.2 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:

HP Enterprise Services
Attn: POS/Internet Help Desk
3215 Prospect Park Drive
Rancho Cordova, CA 95670-6017

- 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](#). Check the Internet box in the Real Time Submission Type section, check Medical/Allied Health (05) and enter 4010X098, where indicated, in the ANSI X12 837 Version section.

Note: Submitters with a current, valid CMC submitter ID must still submit the *Medi-Cal Telecommunications Provider and Biller Application/Agreement* to add the IPCS application to their list of available Internet options.

Connecting to the Medi-Cal Web Site

Follow the instructions below to connect to the Medi-Cal Web site, or refer to the [Medi-Cal Web Site Quick Start Guide](#).



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.



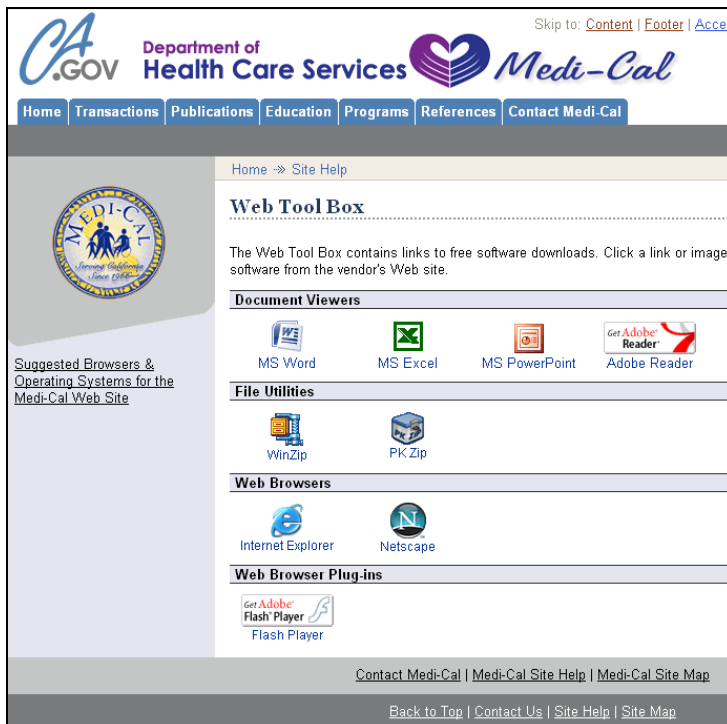
4. Enter your submitter (user) ID and password.
5. Click **Submit** to open the Transaction Services tabbed menu page.

Installing Adobe Flash

Follow the instructions below to install the Adobe Flash player, or refer to the [Medi-Cal Web Site Quick Start Guide](#). You must have a 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. From the Medi-Cal home page, click the **Web Tool Box** link in the note at the bottom of the page.

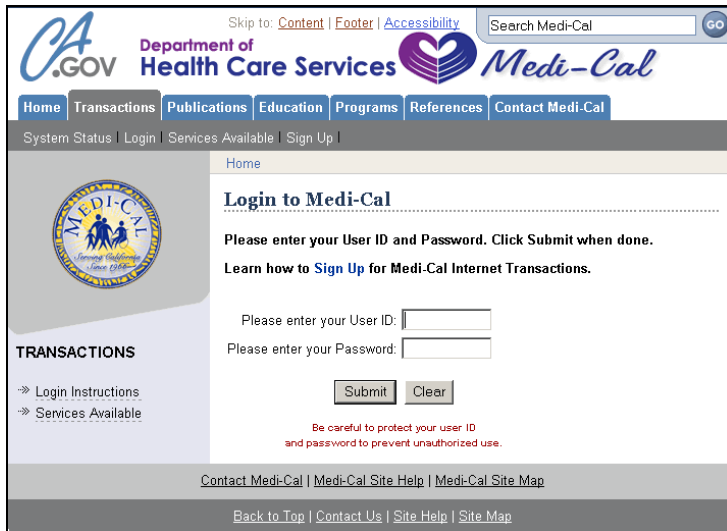


2. Click **Flash Player** to access the Adobe Flash Player Download Center.

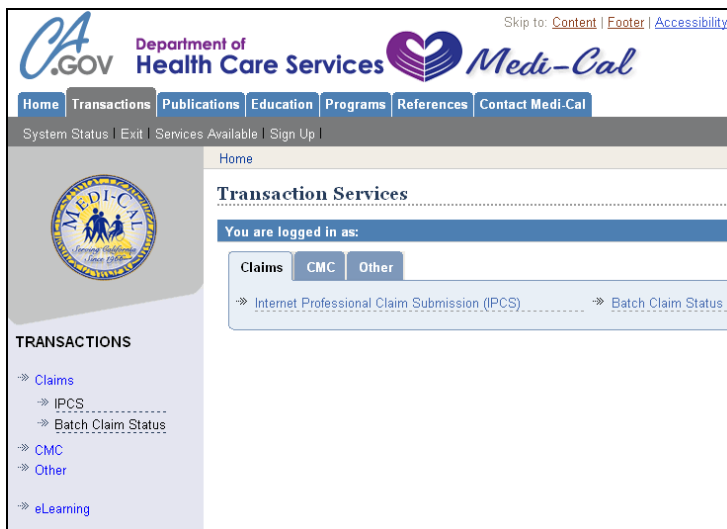
Remember: You must have administrator rights to download the Flash player. If you are unsure or need installation assistance, contact your system administrator.

Logging on to the IPCS System

Follow the instructions below to access the Medi-Cal Login page.



1. Enter your submitter (user) ID and password.
2. Click **Submit** to open the Transaction Services tabbed menu page.



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

Logging on to IPCS (*continued*)

Due to system errors the application was unable to load successfully. Click on the refresh button below to reload the application. Contact the Internet Help Desk if the problem persists.

4. If the IPCS system encounters problems while loading, an error message displays. Click **Reload** to try again. If the problem persists, contact the TSC at 1-800-541-5555.

The screenshot shows the homepage of the Internet Professional Claim Submission (IPCS) system. At the top, there is a navigation bar with links for Home, Transactions, Publications, Education, Programs, References, and Contact Medi-Cal. Below this is a secondary navigation bar with links for System Status, Exit, Services Available, and Sign Up. The main content area features the Medi-Cal logo and the title "Internet Professional Claim Submission (IPCS)". A warning message states: "**Do not use your browser's back or refresh button. This will cause the claim form to reset and start from the beginning. Data lost." Below this, a blue bar indicates "You are logged in as:". The main content area contains two primary actions: "View Claims Submitted Today" (with a sub-link "View a list of claims submitted today by provider number.") and "Enter New Claim" (with a sub-link "Complete and submit an 837 Professional Claim."). On the left side, there is a sidebar menu with sections for "IPCS" (Medical Services Provider Manuals, IPCS User Guide) and "TRANSACTIONS" (Claims, CMC, Programs).

5. If there are no loading errors, the application will proceed to the next screen.
6. On the Internet Professional Claim Submission (IPCS) screen, click **View Claims Submitted Today** or **Enter New Claim**.

The Internet Professional Medical Claim Form

Individual professional medical claims, including attachments, can be submitted using IPCS. For more information on how to submit attachments, please refer to the [Billing Instructions](#) found in the *837 Version 4010A1 Health Care Claim Companion Guide*.

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 Cov. tab must be completed if another health insurance plan has paid on the claim. To open the Other Health Cov. tab, click the **Claim Info** tab, then click the **Other Health Cov.** button.
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.

Navigating the Professional Medical Claim Form

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

- 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 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 Internet professional medical claim form has required fields that must be completed for each claim submitted. Required fields are marked with a red asterisk (*).

Billing Provider Section		
*National Provider ID	Medicaid Provider ID	
<input type="text"/>	Or <input type="text"/>	
*Address	Address 2	
<input type="text"/>	<input type="text"/>	
*City	*State	*Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Taxonomy Code		
<input type="text"/>		
*Medicare Assignment Code		
Select One <input type="button" value="v"/>		

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

Service Facility Section	
National Provider ID	Medicaid Provider ID
<input type="text"/>	Or <input type="text"/>
Entity Identifier	
Select One <input type="button" value="v"/>	

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

The IPCS system displays a prompt if a situationally required field is not completed.

Note: Other fields may be situationally required, depending on the billing scenario. Refer to your Medi-Cal provider manual, or click a field name to view the pop-up help that is built into each field.

Recalling Data from a Previous Claim

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

The screenshot shows the 'Provider Info' tab selected. At the top, there are tabs for 'Provider Info', 'Subscriber Info', 'Claim Info', and 'Service Details'. Below the tabs is a 'Clear Tab Fields' button and a legend: '* Indicates Required Fields' and '? Click any field name in blue for help info.'. The form is organized into four main sections:

- Billing Provider Section:** Includes fields for National Provider ID, Medicaid Provider ID, Address, Address 2, City, State, Zip Code, Taxonomy Code, and Medicare Assignment Code.
- Service Facility Section:** Includes fields for National Provider ID, Medicaid Provider ID, and Entity Identifier (a dropdown menu).
- Rendering Provider Section:** Includes fields for National Provider ID, Medicaid Provider ID, and Taxonomy Code.
- Referring Provider Section:** Includes fields for National Provider ID, Medicaid Provider ID/License #, Taxonomy Code, and Provider Name.

At the bottom of the form, there are two buttons: 'Back to Main Menu' and 'Recall Data From Last 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.

Removing Data from a Tab

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

The screenshot shows the 'Subscriber Info' tab selected. At the top, there are tabs for 'Provider Info', 'Subscriber Info', 'Claim Info', and 'Service Details'. Below the tabs is a 'Clear Tab Fields' button and a legend: '* Indicates Required Fields' and '? Click any field name in red for help info.'. The form is titled 'Subscriber/Recipient Information' and contains the following fields:

- Medi-Cal Subscriber's Name:** Last Name, First Name, MI, and Subscriber ID #.
- Issue Date:** m/m/dd/yyyy.
- Subscriber Birth Date:** m/m/dd/yyyy.
- Gender Code:** Select One dropdown.
- Pregnancy Indicator:** No dropdown.
- Patient Account Number:** Text input.
- Patient Amount Paid:** \$ followed by a text input.
- Release of Information Code:** Select One dropdown.

1. To clear all data from a tab, click **Clear Tab Fields**.

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.

The screenshot shows the 'Provider Info' tab selected. The form is divided into four main sections:

- Billing Provider Section:** Fields for National Provider ID, Medicaid Provider ID, Address, Address 2, City, State, Zip Code, Taxonomy Code, and Medicare Assignment Code.
- Service Facility Section:** Fields for National Provider ID, Medicaid Provider ID, and Entity Identifier (a dropdown menu).
- Rendering Provider Section:** Fields for National Provider ID, Medicaid Provider ID, Taxonomy Code, and Provider Name.
- Referring Provider Section:** Fields for National Provider ID, Medicaid Provider ID/License #, Taxonomy Code, and Provider Name.

 A 'Clear Tab Fields' button is located at the top left. At the bottom, there are buttons for 'Back to Main Menu' and 'Recall Data From Last Claim'. A legend at the top right indicates that red asterisks denote required fields and blue question marks denote fields with help info.

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

Subscriber Info Tab

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

The screenshot shows the 'Subscriber Info' tab selected. The form is titled 'Subscriber/Recipient Information' and includes the following fields:

- Medi-Cal Subscriber's Name:** Last Name, First Name, and MI.
- Subscriber ID #:** A text input field.
- Issue Date:** A date field with format m/m/dd/yyyy.
- Subscriber Birth Date:** A date field with format m/m/dd/yyyy.
- Gender Code:** A dropdown menu.
- Pregnancy Indicator:** A dropdown menu with 'No' as an option.
- Patient Account Number:** A text input field.
- Patient Amount Paid:** A text input field with a dollar sign prefix.
- Release of Information Code:** A dropdown menu.

 A 'Clear Tab Fields' button is at the top left. At the bottom, there is a 'Recall Data From Last Claim' button. A legend at the top right indicates that red asterisks denote required fields and blue question marks denote fields with help info.

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

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.

1. If another health insurance plan has paid on the claim, the Other Health Cov. tab must be completed. To add this tab to the claim, click **Other Health Cov.**
2. If the Other Health Cov. tab is not needed, click the **Claim Info** tab, then click **Hide OHC Tab.**
3. If Vision related items are available to add to the claim, they can be added on the Vision tab. To add this tab to the claim, click **Vision.**
4. If the Vision tab is not needed, click the **Claim Info** tab, then click **Hide VIS Tab.**

Other Health Cov. Tab

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.

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

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

Other Insured/Payer Information

Other Insured's Name
 Last Name First Name MI **Other Insured Primary ID**

Other Payer Name **Other Payer ID** **Responsibility Code**
 Select One

Relationship Code **Insurance Type Code**
 Select One Select One

Release of Information Code
 Select One

Other Payer Paid Amount **Other Payer Benefits Assignment**
 \$ Select One

** All fields for this tab are required. To disable (and not use) this tab, go to the Claim Info Tab and click the **Disable OHC Tab** button (all OHC fields will be cleared).

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

1. If the Other Health Cov. tab is not needed, click the **Claim Info** tab, 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 a Medi-Cal subscriber may have corresponding to a 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.

Vision Information

Prescription Date	Category Code	Purchased Service Amount
<input type="text"/> <small>m/m/dd/yyyy</small>	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.

1. The following fields are available on the Vision tab:
 - a. Prescription Date
 - b. Purchased Service Amount
 - c. Category Code
 - d. Condition Indicator (up to 5)
2. If the Vision tab is not needed, click the **Claim Info** tab, then click **Hide VIS Tab**.

Note: All fields are optional on the Vision tab.

Service Details Tab

The Service Details tab contains information about the specific procedures performed. At least one service detail is required, but you may enter up to six. As you add details, the *Total Claim Charge Amount* field at the top of the screen changes to reflect the sum of the Service Line Detail charges entered up to that point.

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

1. To complete the *Service Line Detail Information* section, enter information about the specific procedure performed, enter any override information, and click **Add Detail** to add the service detail to the claim.
2. Each service detail will be listed in the box at the bottom of the screen.

Drug Identification Section

The *Drug Identification Section* allows for the collection of the National Drug Code (NDC) or Universal Product Number (UPN) in conjunction with the local and national level Healthcare Common Procedure Coding System (HCPCS) codes when they are required for billing on a claim. When required, a qualifier code identifying the UPN type or NDC needs to be entered along with the quantity and unit of measure, prescription and pricing information.

Override Section

The *Override Section* contains fields already displayed and/or entered on the Provider and Claim Info tabs. If a detail line contains different information (for example, a different Treatment Authorization Request (TAR) number), it is necessary to enter this information in the *Override Section*. The TAR number entered on the Claim Info tab applies to all service details unless there is a different number entered in the *Override Section* for one of the service details. For that service detail only, the TAR number on the Claim Info tab will be overridden by the number entered in the *Override Section* on the Service Details tab.

Service Detail Options

- To add the service detail to the claim, click **Add Detail**.
- To delete a service detail, select the detail line at the bottom of the screen, then click **Remove Detail**.
- To make changes to a service detail line, select the detail line at the bottom of the screen, click **Edit Detail**, make your changes, then click **Save Edit** to save your changes. This updates the service detail and returns you to the detail list at the bottom of the screen.

Submitting a Claim

Submit Preview

1. "Submit Preview" displays in the upper-right corner of each tab when the first service detail is added.

2. Before submitting your claim, click **Submit Preview** to check for missing fields.
3. The system verifies that all required fields are complete. If required fields are incomplete, a message displays the fields that must be completed before the claim can be submitted.

Submit Preview (continued)

The screenshot shows a window titled "Claim Detail" with a "Submitter:" label. The main content area is divided into two sections: "PROVIDER INFORMATION" and "SUBSCRIBER INFORMATION".

PROVIDER INFORMATION

- Billing Provider ID:
- Billing Provider Address: 234 JAN DR., RANCHO CA 97863
- Billing Taxonomy Code:
- Medicare Assignment Code: A - Assigned
- 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: BOB3 TEST3
- Subscriber ID #:
- Issue Date: 11/01/2007
- Subscriber Birth Date: 12/12/1970
- Gender: F - Female
- Patient Account Number: 38936
- Pregnancy Indicator:
- Patient Amount Paid: \$
- Release of Information: A - Appropriate Release of Information on File a

At the bottom of the window, there are two buttons: "Cancel-Edit Claim" and "Submit".

- When all required fields are complete, click **Submit Preview** again to view the completed claim. The Claim Detail screen displays the claim information on one page so you can easily verify the data.
- Click **Cancel-Edit Claim** to return to the claim to make changes.
- If you click **Cancel-Edit Claim**, make any changes, then click **Submit Preview** again to review the claim.
- Click **Submit** to submit the claim.

The screenshot shows a window titled "Host Response" with a text area containing the following error messages:

Claim contains error(s) and was not submitted.

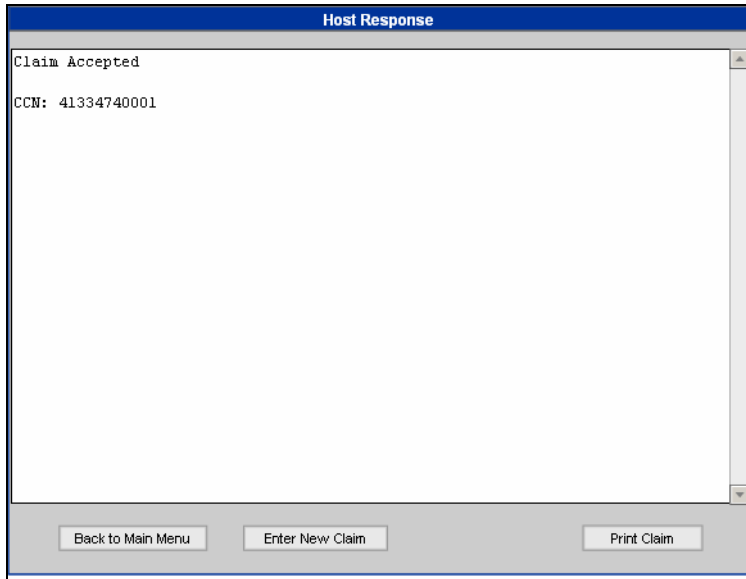
HEADER ERRORS
 =====
 Submitter ID 001 not valid for Provider .

ERRORS FOR DETAIL LINE 01
 =====
 Procedure Code 99123 not covered by Medi-Cal. Verify that the Procedure Code is a valid Medi-Cal Procedure Code and resubmit the claim. If you continue to receive this reject code and you feel it is an error, contact the EDS Toll-free Telephone Group.

At the bottom of the window, there are four buttons: "Back to Main Menu", "Enter New Claim", "Edit Claim", and "Print Claim".

- A response screen shows the verification results and displays any errors. If the response screen shows errors, click **Edit Claim** to make corrections.
- Otherwise, click one of the following: **Back to Main Menu**, **Enter New Claim** or **Print Claim**.

Submit Preview (continued)



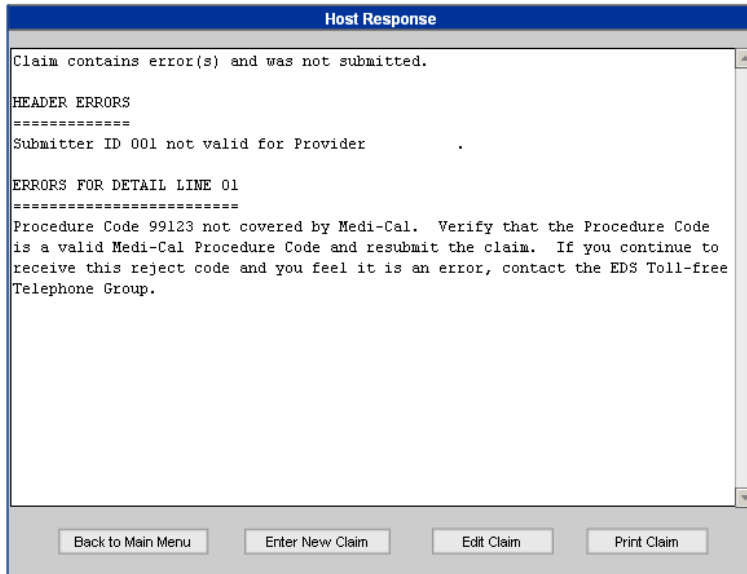
10. If the claim data entered is accepted for processing, the response screen displays the Claim Control Number (CCN) assigned to the claim.

11. You may click one of the following: **Print Claim**, **Enter New Claim** or **Back to Main Menu**.

Note: The claim prints 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.



1. A response screen shows the verification results and displays any errors. If the response screen shows errors, click **Edit Claim** to make your corrections.
2. Otherwise, click one of the following: **Back to Main Menu**, **Enter New Claim** or **Print Claim**.

Note:

- If you click **Back to Main Menu** or **Enter New Claim**, 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.
- If you click **Edit Claim**, you are returned to the Claim Entry screen where you can make changes and submit the claim again.
- If you click **Print Claim**, the claim data is displayed. Click **Print Claim** to print the claim with the errors received.

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 Submitted Claims

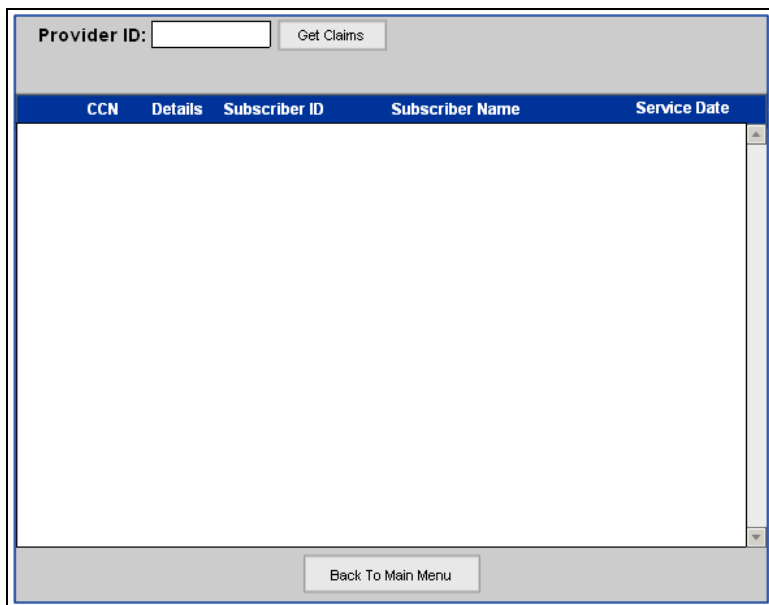
When you click **View Claims Submitted Today** on the Internet Professional Claim Submission (IPCS) screen, the Claim Search screen opens.

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. Click **View Claims Submitted Today** on the Internet Professional Claim Submission (IPCS) screen.



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

Viewing Submitted Claims (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 count of the claims in the list.
4. If more than 20 claims are available to view, the first 20 will display.
5. To view the next 20 claims, click **More Claims**. The next 20 claims are added to the bottom of the list. When all claims are listed, **More Claims** no longer displays.

Individual Claims

To view individual claims, click the CCN line to open a Claim Detail screen where you can view the details entered for the selected claim as well as print the claim. To print individual claims, refer to "Printing Claims" on the next page of this guide.

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

1. 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.
2. Click **Back To Main Menu** to return to the Internet Professional Claim Submission (IPCS) screen.

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.

Claim Detail

CCN:73174740003 Submitter:

```

===== PROVIDER INFORMATION =====
Billing Provider ID:
Billing Provider Address: 1234 VILLAGE DR, RANCHO CA 97683
Billing Taxonomy Code:
Medicare Assignment Code: A - Assigned
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: BOB TEST
Subscriber ID #:
Issue Date: 11/12/2007
Subscriber Birth Date: 11/11/1978
Gender: F - Female
    
```


2. Click **Print** on the Claim Detail screen to print the claim in a formatted document.
3. Click **Cancel** to return to the Claim List screen.
4. At this point, you can select a different claim to view by clicking another CCN line, or you can click **Back To Main Menu** to return to the Internet Professional Claim Submission (IPCS) screen.

Troubleshooting IPCS

1. *After I log in, I don't see the Internet Professional Claim Submission 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, 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 or Netscape, 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 unauthorized use of the system, it 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 in as Submitter A and submit claims for Providers 1, 2 and 3, then log back in as Submitter B and try to search for claims for Providers 1, 2 and 3, they do not display.