INTERNET PROFESSIONAL CLAIM SUBMISSION (IPCS) USER GUIDE

SUBMITTING PROFESSIONAL MEDICAL CLAIMS ON THE MEDI-CAL WEB SITE

PROPubs
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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 Services (DHS).

Note: You can only submit professional medical claims using IPCS. You are not able to submit institutional or vision claims through IPCS at this time.

Questions

Call one of these numbers with questions about IPCS:

- 1-800-427-1295
  Medi-Cal POS/Internet Help Desk
  (For in-state calls)
- (916) 636-1990
  (Out-of-state, border and local calls)

Call the following number with questions about Medi-Cal policy or claims adjudication:

- 1-800-541-5555
  EDS Provider Support Center (PSC)

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 - 64 MB of free, available system RAM (128 MB 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 the following:

1. A *Medi-Cal Point of Service (POS) Network/Internet Agreement* form on file with the Department of Health Services (DHS) 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:

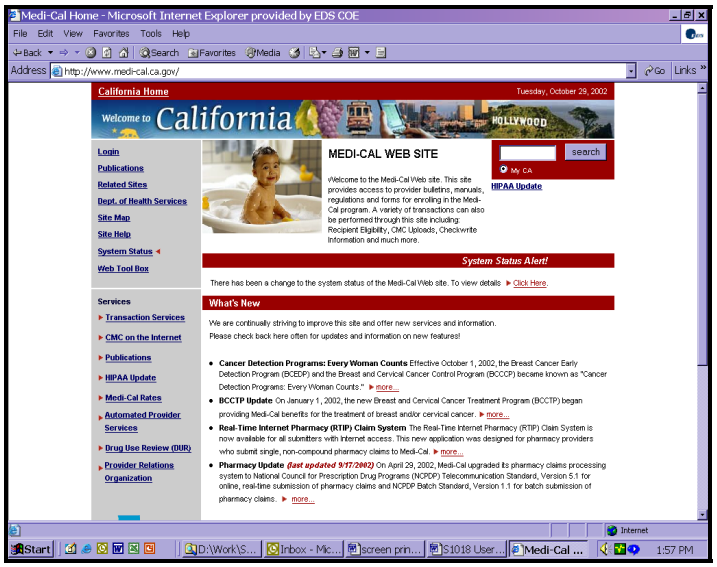
   EDS
   Attn: POS/Internet Help Desk
   3215 Prospect Park Drive
   Rancho Cordova, CA 95670-6017

2. 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 4010X098A1, where indicated, in the ANSI X-12 837 Version section.

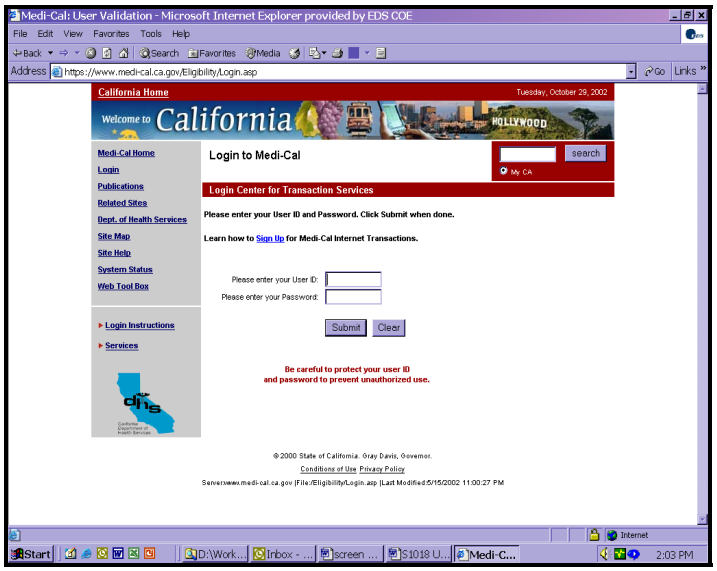
   Note: Submitters with a current, valid CMC submitter ID must still submit the *Medi-Cal Telecommunications Provider and Biller Application/Agreement* to add the IPCS application to their list of available Internet options.

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 Quick Start Guide.



1. Connect to the Internet.
2. Direct your browser to www.medi-cal.ca.gov.
3. Click Transaction Services or Login to access the Medi-Cal Login page.



4. Enter your Submitter (User) ID and Password.
5. Click <Submit> to open the Transaction Services Menu page.

Installing Macromedia Flash

Follow the instructions below to install the Macromedia Flash player, or refer to the Medi-Cal Quick Start Guide. You must install the Flash player 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.

Note: If you do not have the security rights to install software on your computer, contact your system administrator for installation assistance.

1. Click Web Tool Box on the Transaction Services page.

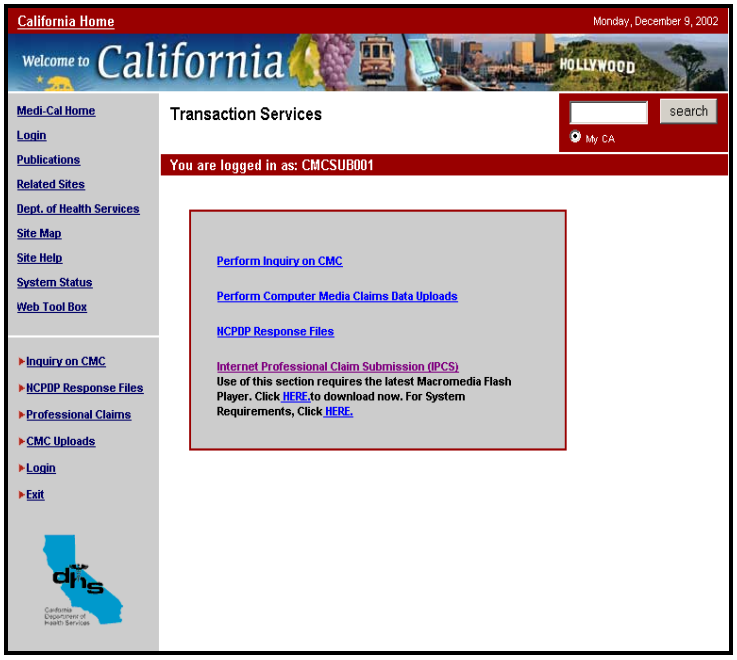
2. Click Flash Macromedia to access the Macromedia Flash Player Download Center.

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.

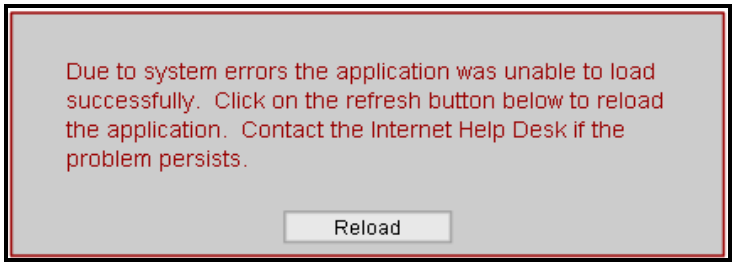
1. Enter your Submitter (User) ID and Password.
2. Click <Submit> to open the Transaction Services Menu page.



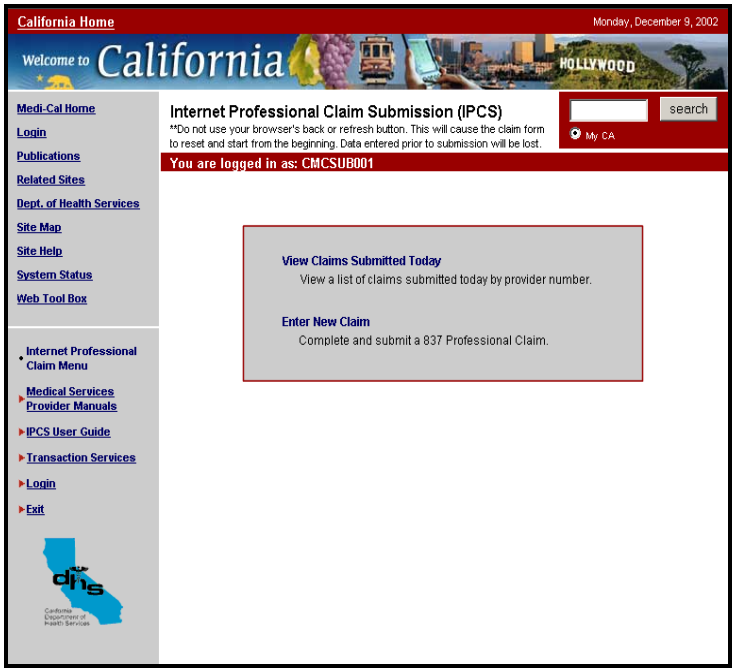
3. Click Internet Professional Claim Submission (IPCS) to access the Professional Claims submission system.

Note: If you have not yet downloaded the Macromedia Flash Player, use the link provided to do so. For download instructions, refer to “Installing Macromedia Flash” on a previous page of this guide.

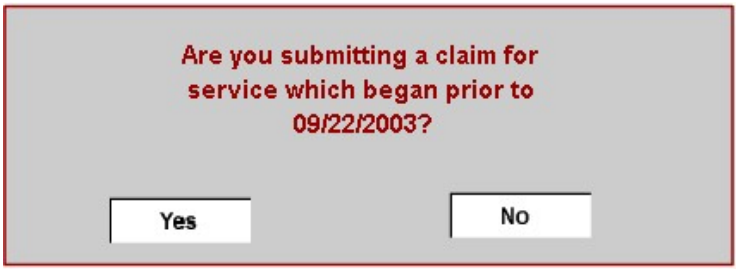
Logging on to IPCS *(continued)*



4. If the IPCS system encounters problems while loading, an error message displays. Click <Reload> to try again. If the problem persists, contact the POS/Internet help desk at 1-800-427-1295.



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



7. If you select <Enter New Claim>, you will be asked if you are submitting a claim with a date of service prior to 09/22/2003. If so, click <Yes>. Otherwise, click <No>.

The Internet Professional Medical Claim Form

Individual professional medical claims that do not require attachments can be submitted using IPCS. (Refer to your provider manual for assistance with Medi-Cal billing policies.)

The Internet professional medical claim form contains the following four tab pages that may be completed in any order:

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

A fifth tab page, Other Health Cov., 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 <Other Health Cov.>.

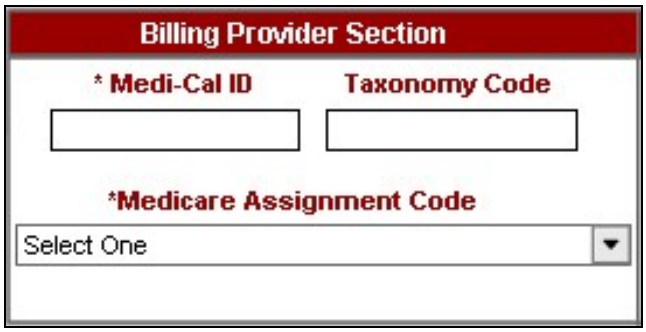
Navigating the Professional Medical Claim Form

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

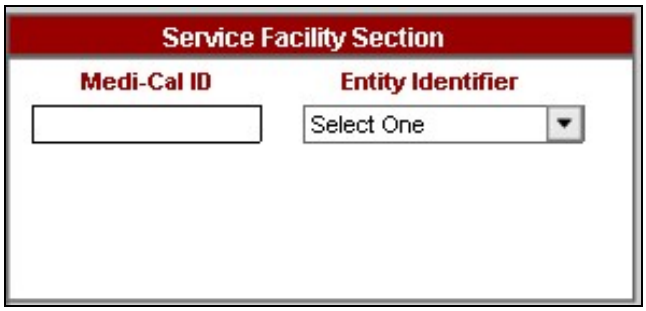
- Do not use your browser's Back or Refresh buttons. If you click either button, you lose all data entered to that point.
- If you leave your IPCS session inactive for 20 minutes, the session times-out, IPCS closes and you are returned to the Login page. This feature protects your submitted data and guards against unauthorized use of the system.
- If you leave 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 (*).



In this example, the red asterisks indicate that the *Medi-Cal ID* and *Medicare Assignment Code* fields are required and must be completed for every claim.



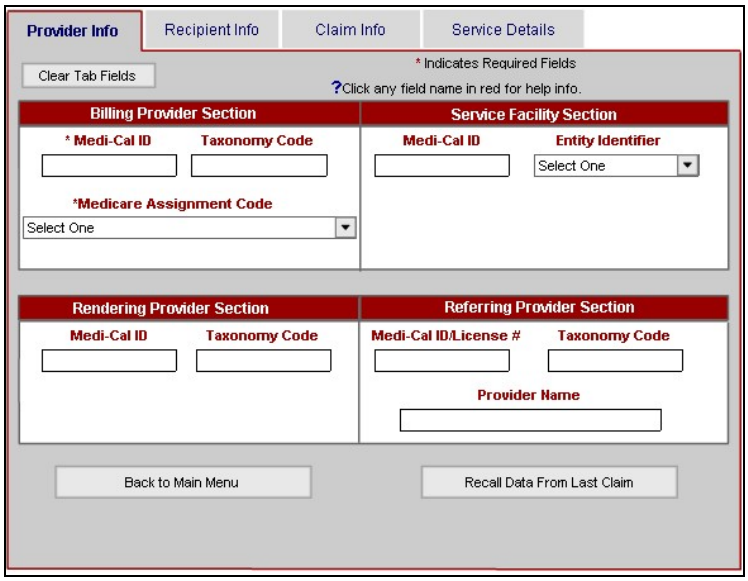
For example, if health care services are provided at a location other than the billing provider's address, the *Medi-Cal ID* and *Entity Identifier* fields in the Service Facility Section must be completed.

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

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

Recalling Data from a Previous Claim

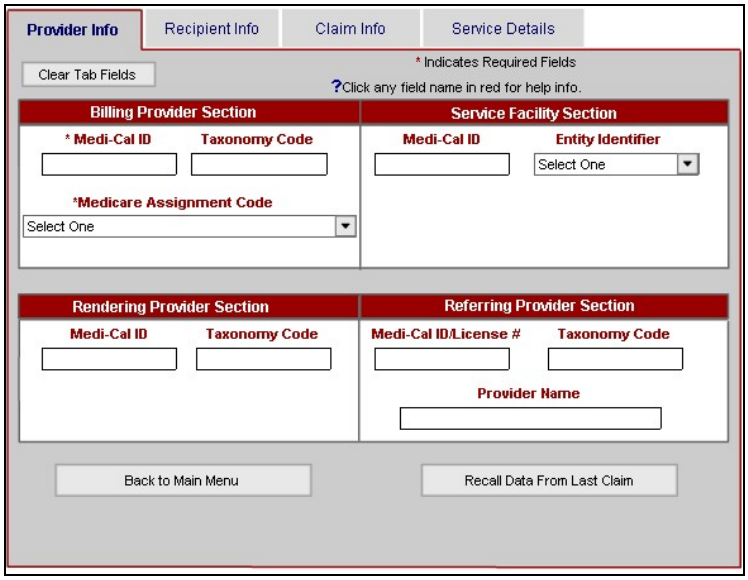
Follow the instructions below to recall the data used to complete a previous claim.



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

Removing Data from a Tab Page

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



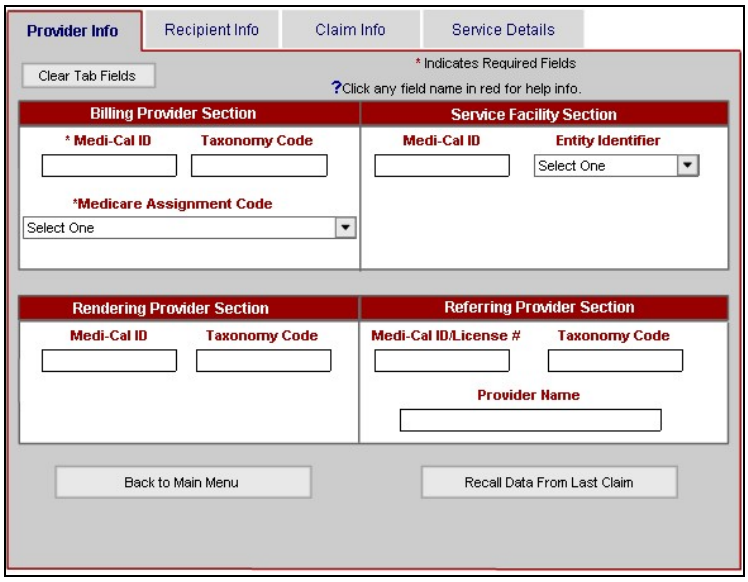
1. To clear all data from a tab field, click <Clear Tab Fields>.

Entering Claim Data on the Tab Pages

The following tab pages 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

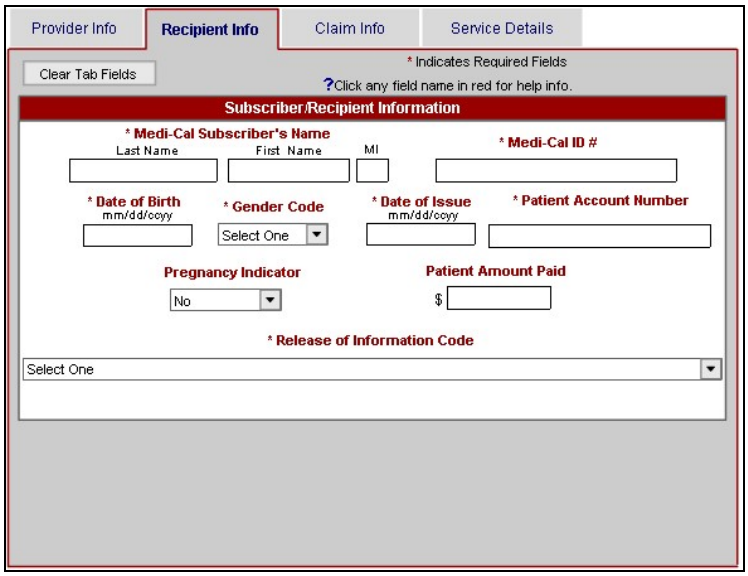
The Provider Info tab contains information that identifies the billing, rendering, and referring providers and the service facility for the claim.



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

Recipient Info Tab

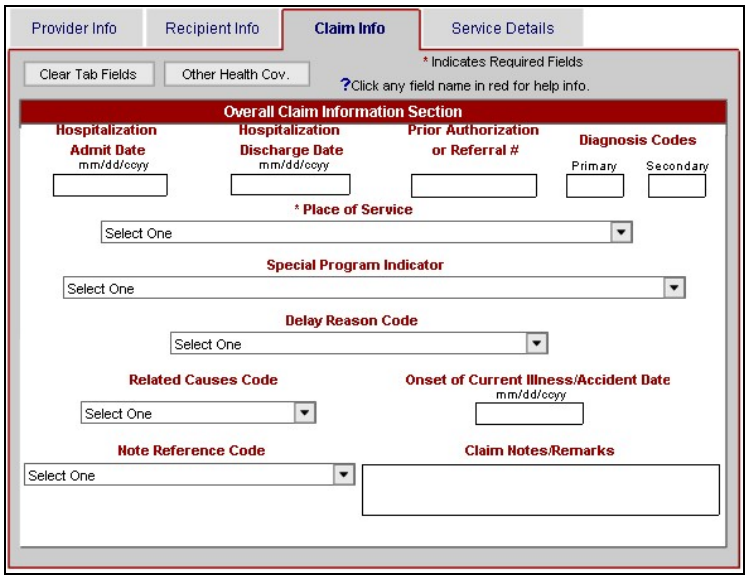
The Recipient Info tab contains information about the Medi-Cal recipient, including any Share of Cost the recipient may have paid.



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.



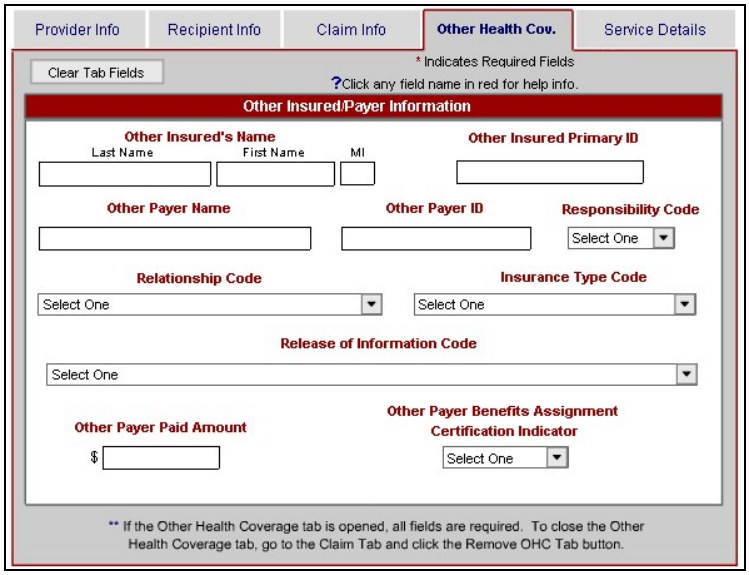
To read a detailed description of each field, click the field name.

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 <Remove OHC Tab>.

Other Health Cov. Tab

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



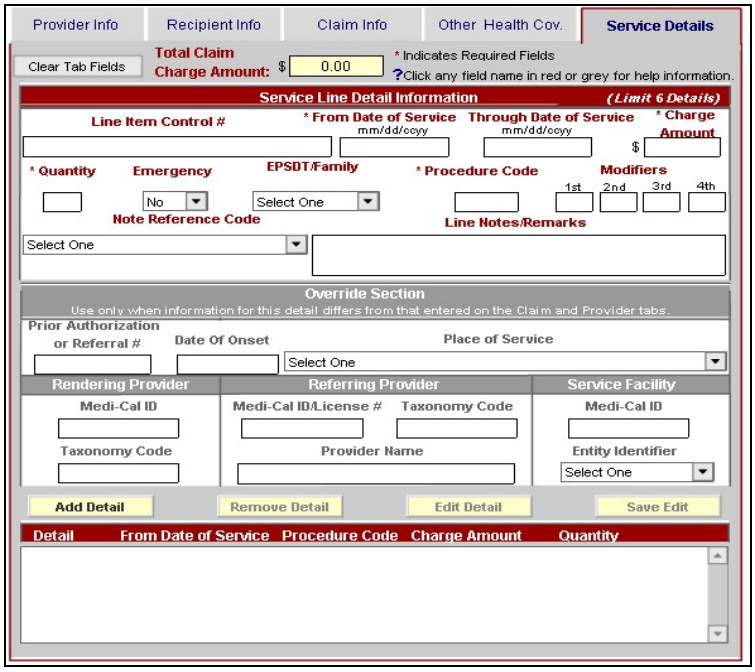
To read a detailed description of each field, click the field name.

1. If the Other Health Cov. tab is not needed, click the Claim Info tab, then click <Remove OHC Tab>.

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

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* box 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.

Override Section

The *Override Section* contains data already entered on the Provider and Claim Info tabs. If a detail line contains different information (for example, a different prior authorization number), it is necessary to enter this information in the *Override Section*.

The prior authorization 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 prior authorization 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, click the detail line in the box at the bottom of the screen, then click <Remove Detail>.
- To make changes to a service detail line, click the detail line in the box 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 in the box at the bottom of the screen.

Submitting a Claim

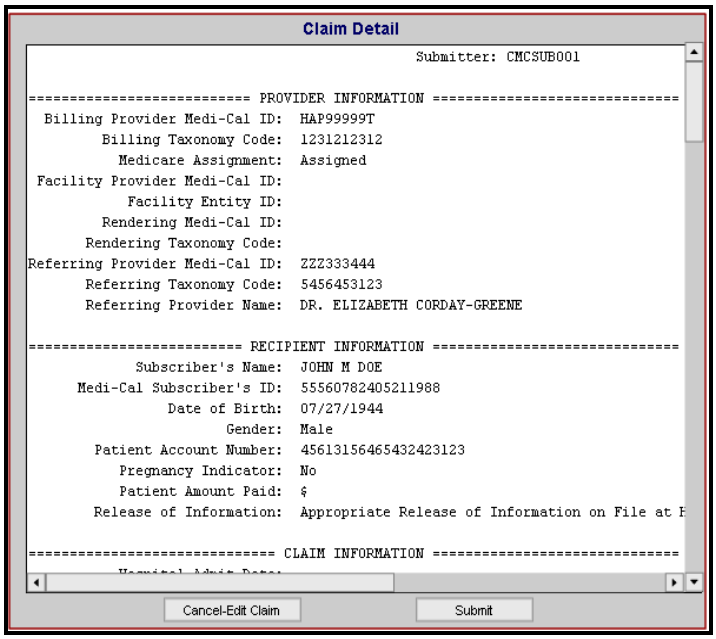
Submit Preview

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

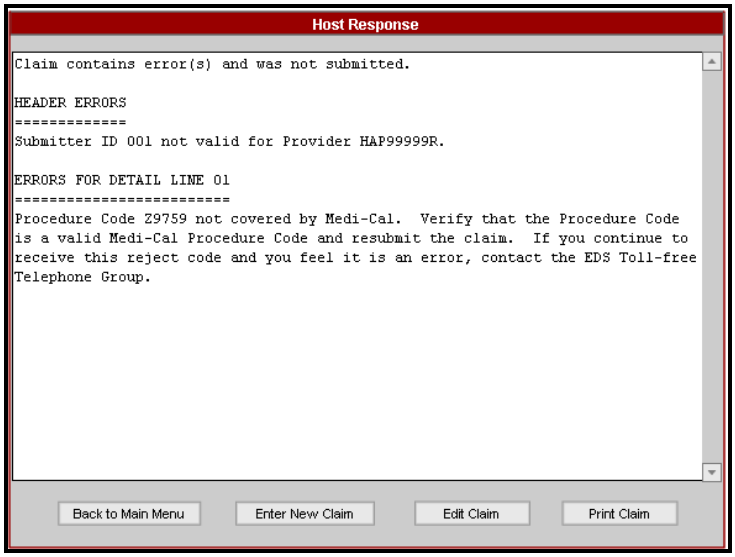
2. Before submitting your claim, click <Submit Preview> to check for missing fields.

3. The system verifies that all required fields are complete. If required fields are incomplete, a message box displays the fields that must be completed before the claim can be submitted.

Submit Preview *(continued)*

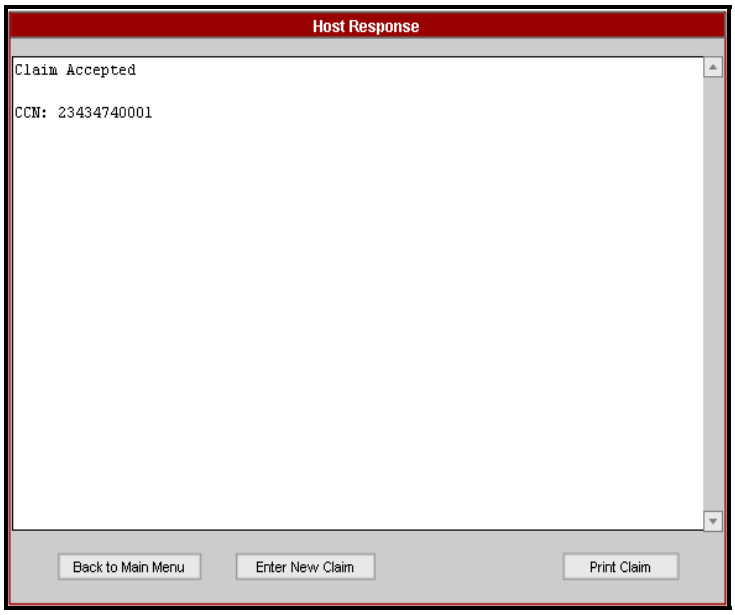


4. When all required fields are complete, click <Submit Preview> again to view the completed claim. The Claim Detail screen displays the claim information on one page so you can easily verify the data.
5. Click <Cancel-Edit Claim> to return to the claim to make changes.
6. If you click <Cancel-Edit Claim>,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



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

Submit Preview *(continued)*

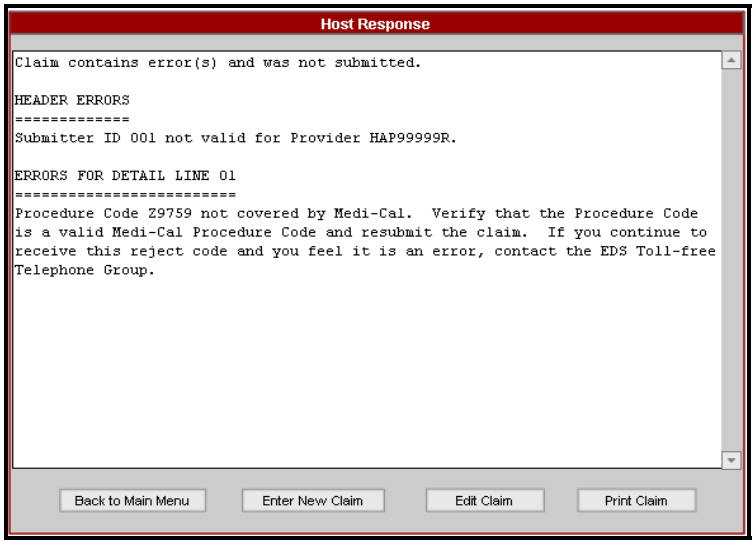


10. If the claim data entered is accepted for processing, the response screen displays the Claim Control Number (CCN) assigned to the claim.
11. You may choose one of the following: <Print Claim>, <Enter New Claim> or <Back to Main Menu>.

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, choose one of the following: <Back to Main Menu>, <Enter New Claim> or <Print Claim>.

Note:

- If you select <Back to Main Menu> or <Enter New Claim>, you can recall the provider, recipient, 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 select <Print Claim>, the claim data is displayed. Click <Print Claim> to print the claim with the errors received.

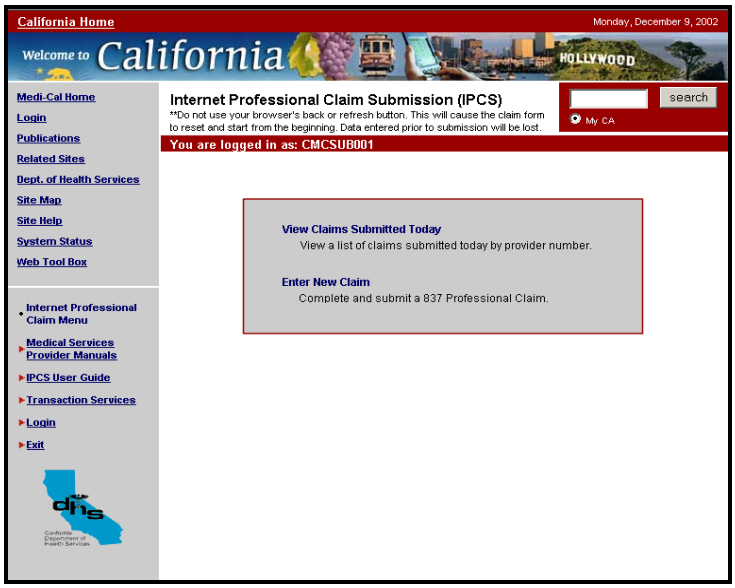
If the system encounters errors that prevent successful claim submission, the Host Response screen will display the error(s) and you will be given the opportunity to try again. Should the problem persist, contact the POS/Internet Help Desk at 1-800-427-1295 for assistance.

Viewing Submitted Claims

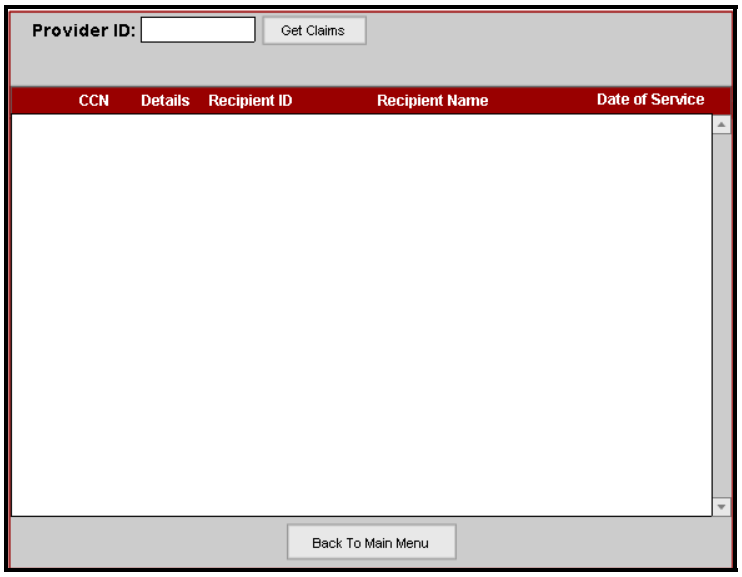
When you select View Claims Submitted Today on the Internet Professional Claim Submission (IPCS) screen, the Claim Search screen opens.

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 screen.



2. Enter the nine-digit Medi-Cal Provider ID and click <Get Claims>.

Viewing Submitted Claims *(continued)*

Provider ID: zzz333444 Get Claims More Claims

You have 23 claim(s) available to view. *Click above to view more claims.*

Claims 1 thru 20 are displayed. Click the CCN # to view claim details.

	CCN	Details	Recipient ID	Recipient Name	Date of Service
1.	22974740001	1	111223333	SMITH, JOHN M	09/01/2002
2.	22974740002	6	222334444	JONES, SUSAN M	01/01/2002
3.	23244740001	2	608745124	JOHNSON, JIMMY L	10/25/2002
4.	23244740002	1	548721520	DITKA, MIKE M	10/14/2002
5.	23244740003	3	615784262	WANNSTEDT, DAVE G	09/09/2002
6.	23244740004	1	512346875	COWHER, BILL H	09/29/2002
7.	23244740005	1	745213654	MARIUCCI, STEVE A	10/05/2002
8.	23244740006	2	645821346	SMITH, EMMIT A	10/24/2002
9.	23244740007	1	541326874	AKEMAN, TROY D	09/21/2002
10.	23244740008	3	679541328	IRVIN, MICHAEL W	08/16/2002
11.	23244740009	1	234679584	MARE, OLINDO F	11/15/2002
12.	23244740010	4	546791325	SIPE, BRIAN L	11/19/2002
13.	23244740011	1	564978562	GARCIA, JEFF E	11/05/2002
14.	23244740012	1	649731258	WARNER, KURT E	11/08/2002
15.	23244740013	6	00000000222222	DUNNIGAN, JANET L	05/01/2002
16.	23254740001	1	649731258	STEWERT, KORDELL A	11/20/2002
17.	23254740002	1	421367984	MARINO, DAN E	11/12/2002
18.	23254740003	2	754613284	YOUNG, STEVE W	11/12/2002
19.	23254740004	1	513467954	FAVRE, BRETT M	10/29/2002
20.	23254740005	1	645132497	DORSETT, TONY L	11/09/2002

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 set of 20, click <More Claims> and the next 20 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, if desired. To print individual claims, refer to “Printing Claims” on a subsequent page of this guide.

Provider ID: Get Claims

Please try another Provider ID

CCN	Details	Recipient ID	Recipient Name	Date of Service

No data returned from the query for Submitter 001/Provider hap99999t

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: zzz333444 | Get Claims | More Claims

You have 23 claim(s) available to view. *Click above to view more claims.*

Claims 1 thru 20 are displayed. Click the CCN # to view claim details.

	CCN	Details	Recipient ID	Recipient Name	Date of Service
1.	22974740001	1	111223333	SMITH, JOHN M	09/01/2002
2.	22974740002	6	222334444	JONES, SUSAN M	01/01/2002
3.	23244740001	2	608745124	JOHNSON, JIMMY L	10/25/2002
4.	23244740002	1	548721520	DITKA, MIKE M	10/14/2002
5.	23244740003	3	615784262	WANNSTEDT, DAVE G	09/09/2002
6.	23244740004	1	512346875	COWHER, BILL H	09/29/2002
7.	23244740005	1	745213654	MARIUCCI, STEVE A	10/05/2002
8.	23244740006	2	645821346	SMITH, EMMIT A	10/24/2002
9.	23244740007	1	541326874	AKEMAN, TROY D	09/21/2002
10.	23244740008	3	679541328	IRVIN, MICHAEL W	08/16/2002
11.	23244740009	1	234679584	MARE, OLINDO F	11/15/2002
12.	23244740010	4	546791325	SIPE, BRIAN L	11/19/2002
13.	23244740011	1	564978562	GARCIA, JEFF E	11/05/2002
14.	23244740012	1	649731258	WARNER, KURT E	11/08/2002
15.	23244740013	6	00000000222222	DUNNIGAN, JANET L	05/01/2002
16.	23254740001	1	649731258	STEWERT, KORDELL A	11/20/2002
17.	23254740002	1	421367984	MARINO, DAN E	11/12/2002
18.	23254740003	2	754613284	YOUNG, STEVE W	11/12/2002
19.	23254740004	1	513467954	FAVRE, BRETT M	10/29/2002
20.	23254740005	1	645132497	DORSETT, TONY L	11/09/2002

Back To Main Menu

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

Claim Detail

```
CCN:23254740003                    Submitter: CMCSUB006

===================== PROVIDER INFORMATION ==========================
  Billing Provider Medi-Cal ID:  ZZZ333444
          Billing Taxonomy Code:  1234567899
            Medicare Assignment:  Assigned
 Facility Provider Medi-Cal ID:
             Facility Entity ID:
          Rendering Medi-Cal ID:  ZZZ111222
        Rendering Taxonomy Code:  1654231231
Referring Provider Medi-Cal ID:  ZZZ456456
        Referring Taxonomy Code:  2134697564
        Referring Provider Name:  DR. ELIZABETH CORDAY-GREENE

==================== RECIPIENT INFORMATION ==========================
              Subscriber's Name:  STEVE W YOUNG
      Medi-Cal Subscriber's ID:  75461328405211999
                  Date of Birth:  05/10/1945
                         Gender:  Male
        Patient Account Number:  45634562131321231231
           Pregnancy Indicator:  N
```

Cancel | Print

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 in 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. Please see the section titled “IPCS Access Requirements” under “About IPCS” at the beginning of this user guide for more information.

2. *From my Transaction Services menu, when I click on the IPCS system link, the screen does not display properly.*
   This system requires the latest version of the Macromedia Flash Player Plug-in. Make sure you have administrative rights to load software on your PC, then follow the instructions in the section titled “Installing Macromedia Flash” at the beginning of this user 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. Please see the “Minimum System Requirements” section under “About IPCS” at the beginning of this user 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, the system shuts down if no activity is detected for 20 minutes. If this happens, you must log in 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. Also, the search shows only claims submitted on the current day, not previous days.