

# Computer Media Claims (CMC) and Internet Professional Claim Submission (IPCS)

## Introduction

### Purpose

The purpose of this module is to introduce the Computer Media Claims (CMC) and Internet Professional Claim Submission (IPCS) claim submission processes.

### Module Objectives

- Review the CMC & IPCS enrollment process.
- Demonstrate the CMC upload procedure through a real-time presentation.
- Demonstrate the IPCS claim completion procedure through a real-time presentation.
- Discuss the use of the Attachment Control Form (ACF).

### Acronyms

A list of acronyms is located in the *Appendix* section of each complete workbook.

## CMC Overview

Computer Media Claims (CMC) submission is the most efficient method of Medi-Cal claims billing. Unlike paper claims, these claims use a computer medium for submission and processing. As a result, manual processing is eliminated. CMC submission offers improved billing efficiency to providers and submitters because these claims are submitted faster, entered into the claims processing system faster and are paid faster.

### Highlights

- Paper attachments can be linked to submissions.
- Improved processing and payment timeframe.
- Increased data security.
- Minimized risk of administration errors

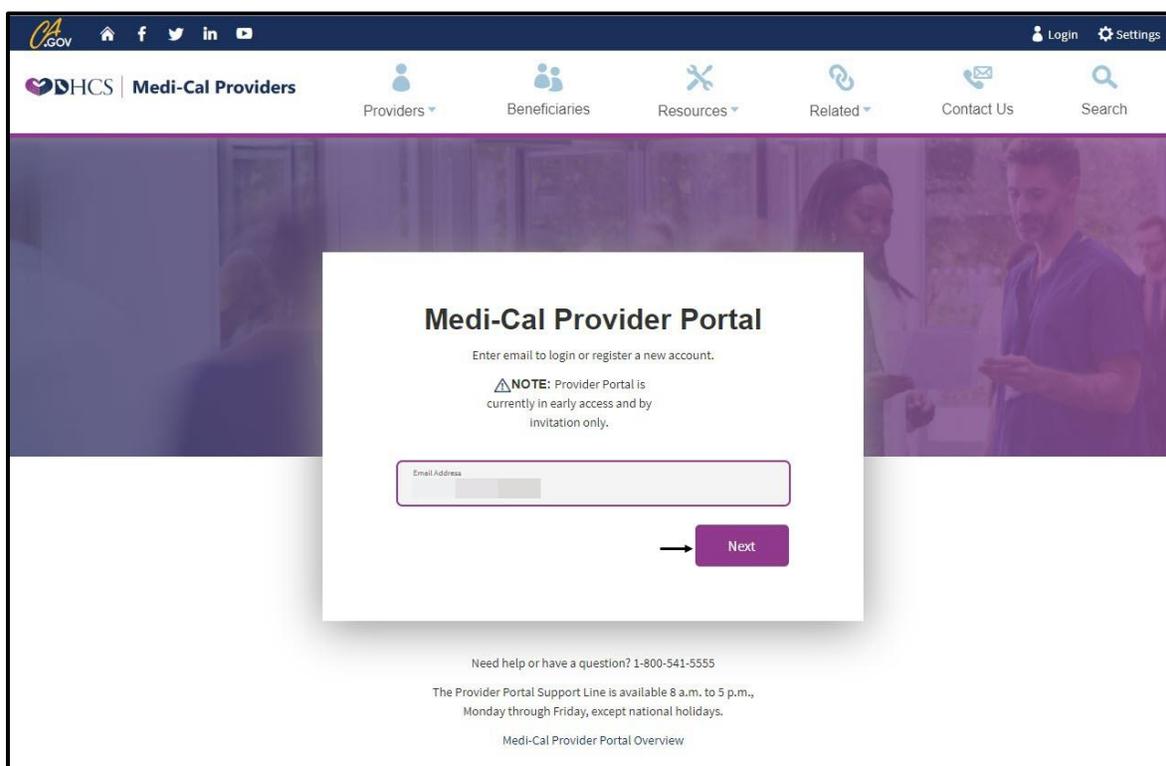
# CMC Enrollment Process

## Getting Started

The first step in the CMC enrollment process is to register for the Provider portal.

If you are an existing submitter:

1. Navigate to <https://provider-portal.apps.prd.cammis.med-cal.ca.gov/>.
2. Enter an email address and select **Next**.



**Figure 1.1:** Enter an email for the Provider Portal.

3. Select **Join Medi-Cal Provider Portal**.

**Provider Portal Login**

Enter an email and password to login.

**Note:** Provider Portal is currently in early access and by invitation only.

Email Address

Password

[Forgot password?](#) **Log In**

If you have an invitation or you are provisioned by your organization, select Join Medi-Cal Provider Portal.

**Join Medi-Cal Provider Portal**

**Figure 1.2:** Medi-Cal Provider Portal Login.

4. For organization type, select Submitter organization.

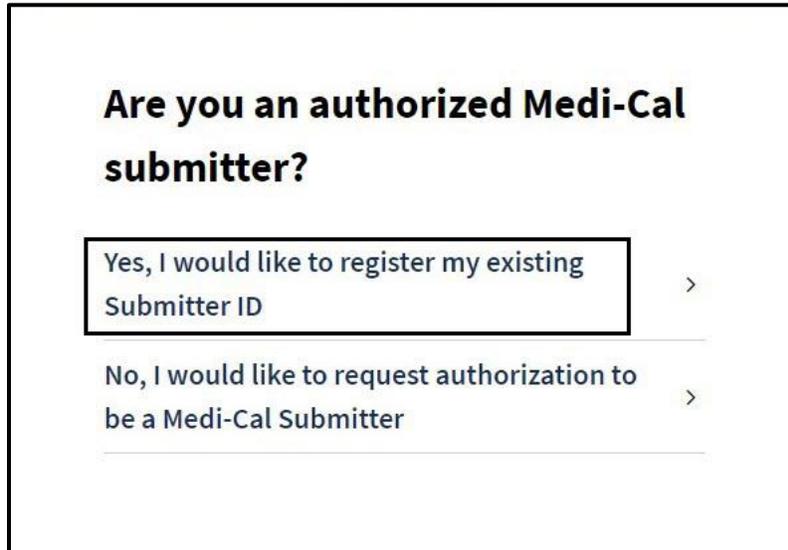
**Choose your organization type**

Enrolled provider organization >

Submitter organization >

**Figure 1.3:** Choose organization type.

5. Select **Yes, I would like to register my existing Submitter ID.**



**Are you an authorized Medi-Cal submitter?**

Yes, I would like to register my existing Submitter ID >

No, I would like to request authorization to be a Medi-Cal Submitter >

**Figure 1.4:** Choose Medi-Cal Submitter status.

6. Enter the Secure Token ID received in the email from the Department of Health Care Services (DHCS), then select **Submit**.



**Secure Token ID**

If you don't have a token ID, please contact your organization's administrator and they will initiate the registration process.

Enter your Secure Token ID

→ Submit

**Figure 1.5:** Enter Secure Token ID from DHCS.

7. Read the Terms and Conditions then check the boxes “I confirm that I have read and agree to the above” and “I confirm that I am authorized to create a Medi-Cal Provider Portal account of behalf of my organization,” then select **Next**.

**Terms and Conditions  
for Medi-Cal Portal**

Welcome to the Medi-Cal Provider Portal. Please read and agree to the Terms and Conditions to proceed to the portal.

**WARNING:** This computer system is for official use by authorized users and may be monitored and/or restricted at any time. Confidential information may not be accessed or used without authorization. Unauthorized or improper use of this system may result in administrative discipline, civil and/or criminal penalties. By using this system, you are acknowledging and consenting to these terms and conditions.

**LOG OFF IMMEDIATELY** if you are not an authorized user or do not agree to the conditions in this warning.

I confirm that I have read and agree to the above

I confirm that I am authorized to create a Medi-Cal Provider Portal account of behalf of my organization.

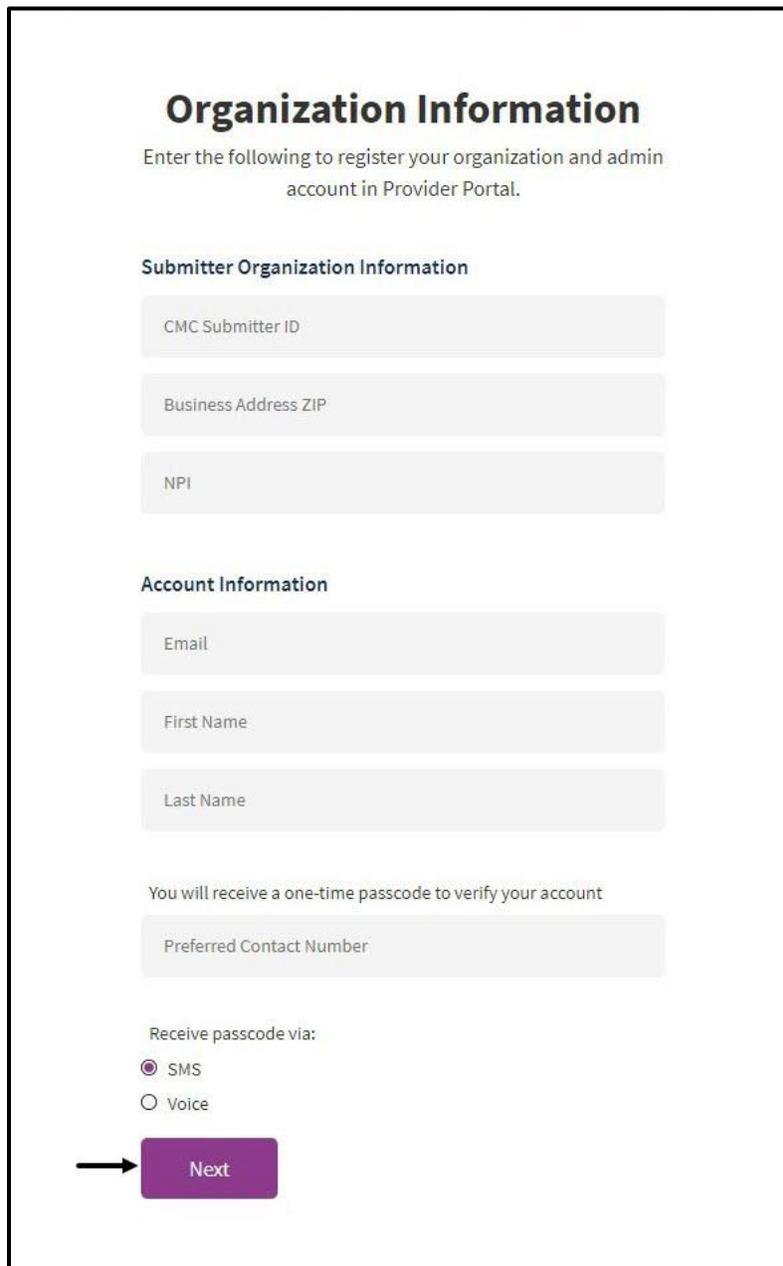
→ [Next](#)

**Figure 1.5:** Terms and Conditions for Medi-Cal Provider Portal.

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8. Fill out the Organization Information form, choose your preferred method for receiving the passcode (via SMS or Voice), then select **Next**.



The screenshot shows a web form titled "Organization Information". Below the title is a sub-header "Submitter Organization Information" and a text prompt: "Enter the following to register your organization and admin account in Provider Portal." There are three input fields: "CMC Submitter ID", "Business Address ZIP", and "NPI". Below these is another sub-header "Account Information" with three input fields: "Email", "First Name", and "Last Name". A text prompt follows: "You will receive a one-time passcode to verify your account", with a "Preferred Contact Number" input field below it. At the bottom, there is a section "Receive passcode via:" with two radio button options: "SMS" (which is selected) and "Voice". A purple "Next" button is at the bottom right, with a black arrow pointing to it from the left.

**Figure 1.6:** Organization Information form.

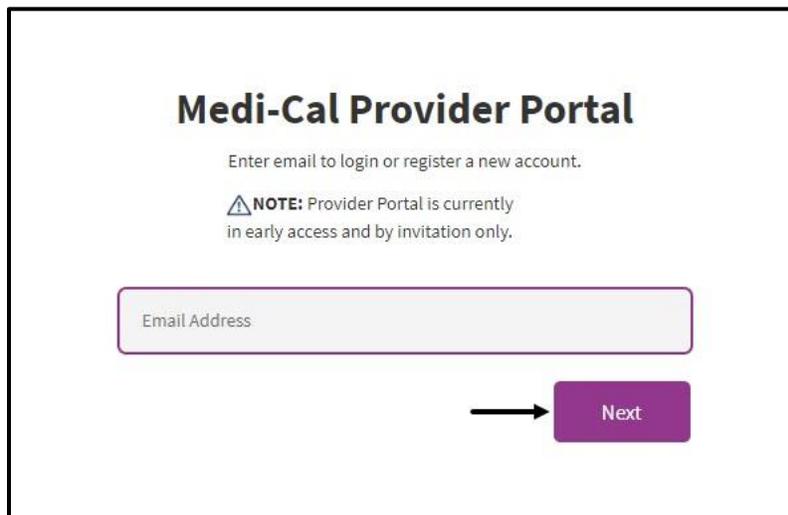
9. A **Registration Complete** pop-up window will appear stating the account has been successfully registered.



**Figure 1.7: Registration Complete pop-up.**

Below are the steps to follow if you are a new submitter:

1. Navigate to <https://provider-portal.apps.prd.cammis.medi-cal.ca.gov/>.
2. Enter an email address and select **Next**.

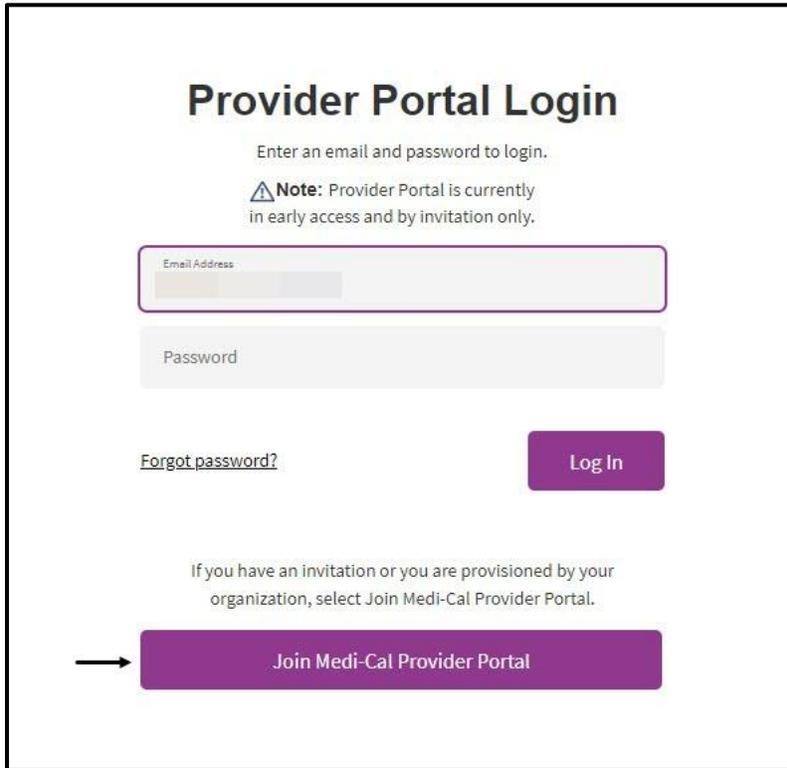


**Figure 1.8: Enter email address for Provider Portal.**

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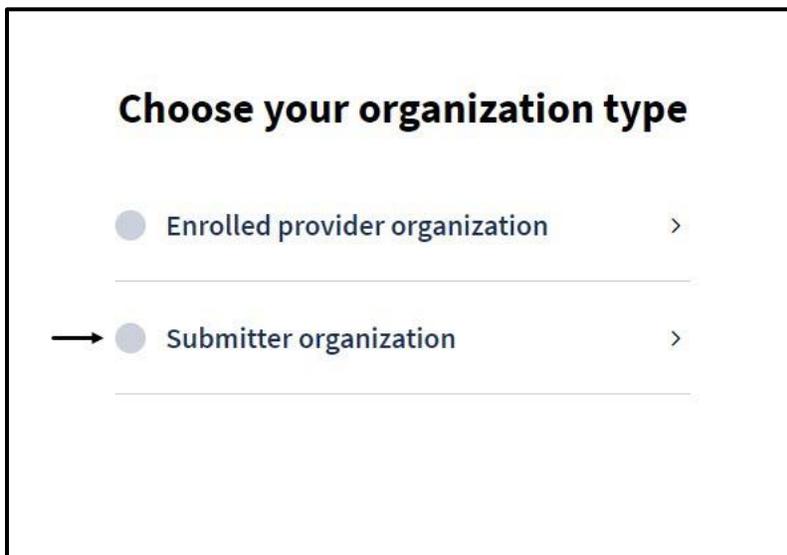
### 3. Select Join Medi-Cal Provider Portal.



The screenshot shows the 'Provider Portal Login' interface. At the top, it says 'Enter an email and password to login.' Below this is a note with a warning icon: 'Note: Provider Portal is currently in early access and by invitation only.' There are two input fields: 'Email Address' and 'Password'. A link for 'Forgot password?' is located below the password field. A purple 'Log In' button is positioned to the right of the password field. At the bottom, there is a purple button labeled 'Join Medi-Cal Provider Portal' with a black arrow pointing to it from the left. Text above this button reads: 'If you have an invitation or you are provisioned by your organization, select Join Medi-Cal Provider Portal.'

**Figure 1.9: Medi-Cal Provider Portal login.**

### 4. For organization type, select **Submitter organization**.



The screenshot shows the 'Choose your organization type' screen. It features two radio button options. The first option is 'Enrolled provider organization' with a grey radio button and a right-pointing chevron. The second option is 'Submitter organization' with a grey radio button, a right-pointing chevron, and a black arrow pointing to it from the left.

**Figure 1.10: Organization-type selection screen.**

5. Select “No, I would like to request authorization to be a Medi-Cal Submitter.”



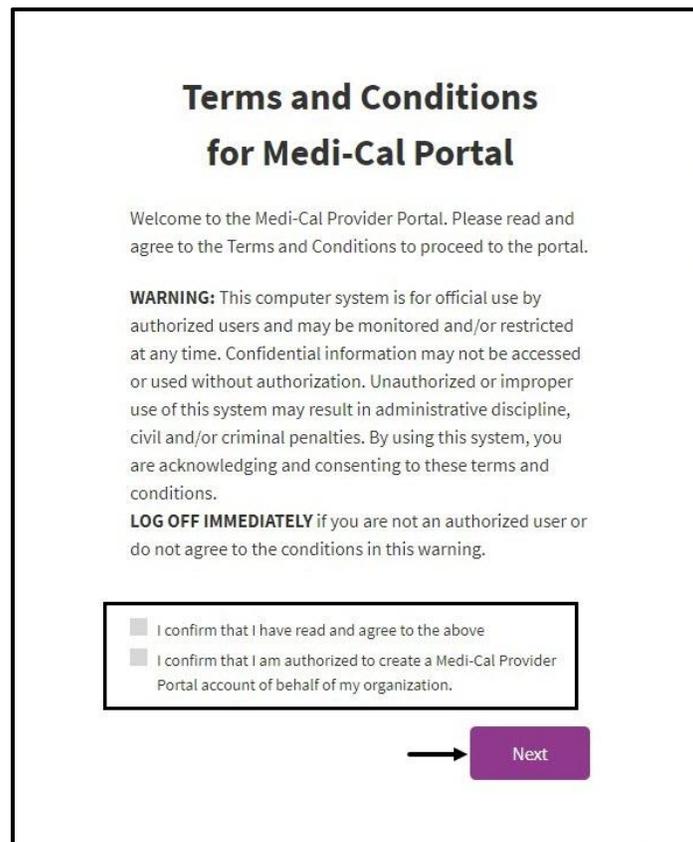
**Are you an authorized Medi-Cal submitter?**

Yes, I would like to register my existing Submitter ID >

No, I would like to request authorization to be a Medi-Cal Submitter >

**Figure 1.10:** Choose Medi-Cal Submitter status.

6. Read the Terms and Conditions then check the boxes “I confirm that I have read and agree to the above” and “I confirm that I am authorized to create a Medi-Cal Provider Portal account of behalf of my organization,” then select **Next**.



**Terms and Conditions for Medi-Cal Portal**

Welcome to the Medi-Cal Provider Portal. Please read and agree to the Terms and Conditions to proceed to the portal.

**WARNING:** This computer system is for official use by authorized users and may be monitored and/or restricted at any time. Confidential information may not be accessed or used without authorization. Unauthorized or improper use of this system may result in administrative discipline, civil and/or criminal penalties. By using this system, you are acknowledging and consenting to these terms and conditions.

**LOG OFF IMMEDIATELY** if you are not an authorized user or do not agree to the conditions in this warning.

I confirm that I have read and agree to the above

I confirm that I am authorized to create a Medi-Cal Provider Portal account of behalf of my organization.

→ **Next**

**Figure 1.11:** Terms and Conditions acknowledgement checkboxes for Medi-Cal Provider Portal.

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### 7. Complete the Organization Information form, then select **Next**.

### Organization Information

Enter the following information to begin the process to enroll with Medi-Cal as a new Biller/Submitter organization.

**STOP:** If you are already an approved Biller/Submitter you will want to register your existing account with Medi-Cal.

#### Submitter Organization Information

Submitter Legal Name

Doing Business As Name (DBA) - if applicable

Organization Phone Number

Address Line 1

Address Line 2 (optional)

City

State  
CA ▼

Zip

#### Affiliated Provider Organization

You must affiliate with a provider organization to gain full access to provider portal. Please enter the provider tax ID and one billing NPI in the organization that is actively enrolled. Please note: entering an NPI is for verification purposes only. The organization admin will assign access to NPIs after approval.

Enter an affiliated provider organization to verify your registration.

Provider EIN/SSN

NPI

#### Account Information

Email Address

First Name

Last Name

You will receive a one-time passcode to verify your account

Preferred Contact Number

Receive passcode via:

SMS

Voice

→ **Next**

**Figure 1.12:** Organization Information form.



# C Computer Media Claims (CMC) and Internet Professional Claim Submission (IPCS)

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10. Read the Submitter and Provider Affiliation Agreement form, check the box stating you are eligible to sign this agreement on behalf of your organization and select **Submit Agreement**.

**Submitter + Provider Affiliation Agreement** Nicole Hall Not signed Provider Not signed

**MEDI-CAL TELECOMMUNICATIONS PROVIDER AND BILLER APPLICATION/AGREEMENT**  
(For electronic claim submission)

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY  
DEPARTMENT OF HEALTH CARE SERVICES  
DHCS 6153 (Rev. 08/19)

**1.2 BACKGROUND INFORMATION**

The Provider/Biller agrees to provide the Department with the above information requested in order to verify qualifications to act as a Medi-Cal electronic Biller.

**2.0 DEFINITIONS**

The terms used in this agreement shall have their ordinary meaning, except those terms defined in regulations, Title 22, California Code of Regulations, Section 51502.1, shall have the meaning ascribed to them by that regulation as from time to time amended. The term “electronic” or “electronically,” when used to describe a form of claims submission, shall mean any claim submitted through any electronic means such as: magnetic tape or modem communications.

**3.0 CLAIMS ACCEPTANCE AND PROCESSING**

The Department agrees to accept from the enrolled Provider/Biller, electronic claims submitted to the Medi-Cal fiscal intermediary in accordance with the Medi-Cal provider manuals. The Provider hereby acknowledges that he has received, read, and understands the provider manual and its contents, and agrees to read and comply with all provider manual updates and provider bulletins relating to electronic billing.

**3.1 CLAIMS CERTIFICATION**

The Provider agrees and shall certify under penalty of perjury that all claims for services submitted electronically have been personally provided to the patient by the Provider or under his direction by another person eligible under the Medi-Cal Program to provide to such services, and such person(s) are designated on the claim. The services were, to the best of the Provider’s knowledge, medically indicated and necessary to the health of the patient. The Provider shall also certify that all information submitted electronically is accurate and complete. The Provider understands that payment of these claims will be from federal and/or state funds, and that any falsification or concealment of a material fact may be prosecuted under federal and/or state laws. The Provider/Biller agrees to keep for a minimum period of three years from the date of service an electronic archive of all records necessary to fully disclose the extent of services furnished to the patient. A printed representation of those records shall be produced upon request of the Department during that period of time. The Provider/Biller agrees to furnish these records and any

I confirm that I am eligible to sign this agreement on behalf of my organization

First and Last Name  Title

I, the undersigned, am authorized and do attest and agree to all of the terms and conditions of this agreement.

Electronic Signature: \_\_\_\_\_

→

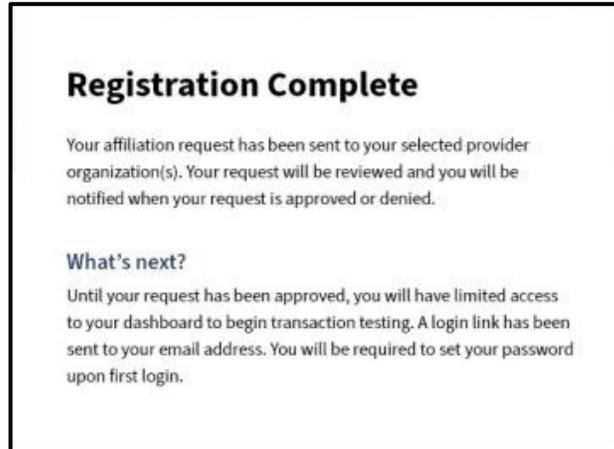
**Figure 1.16:** Medi-Cal Telecommunications Provider and Biller Application/Agreement.

## C Computer Media Claims (CMC) and Internet Professional Claim Submission (IPCS)

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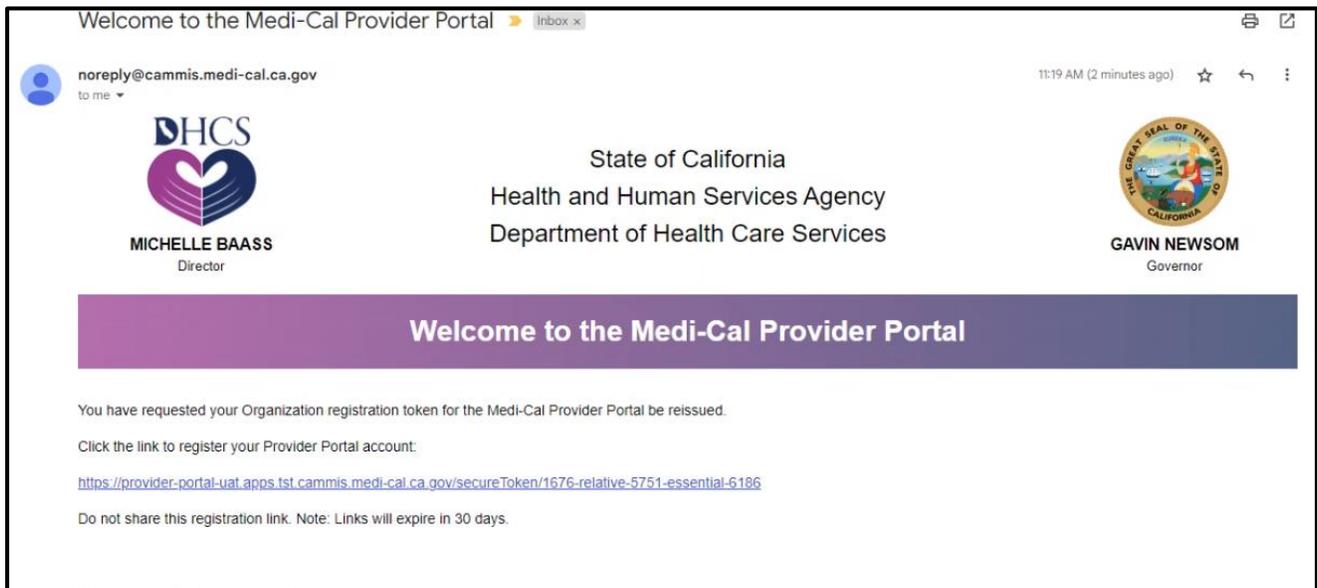
11. A message will appear that the registration process is complete.

**What's next?** Until the request has been approved, you will have limited access to the Provide Portal dashboard to begin transaction testing.



**Figure 1.16:** Registration complete notification.

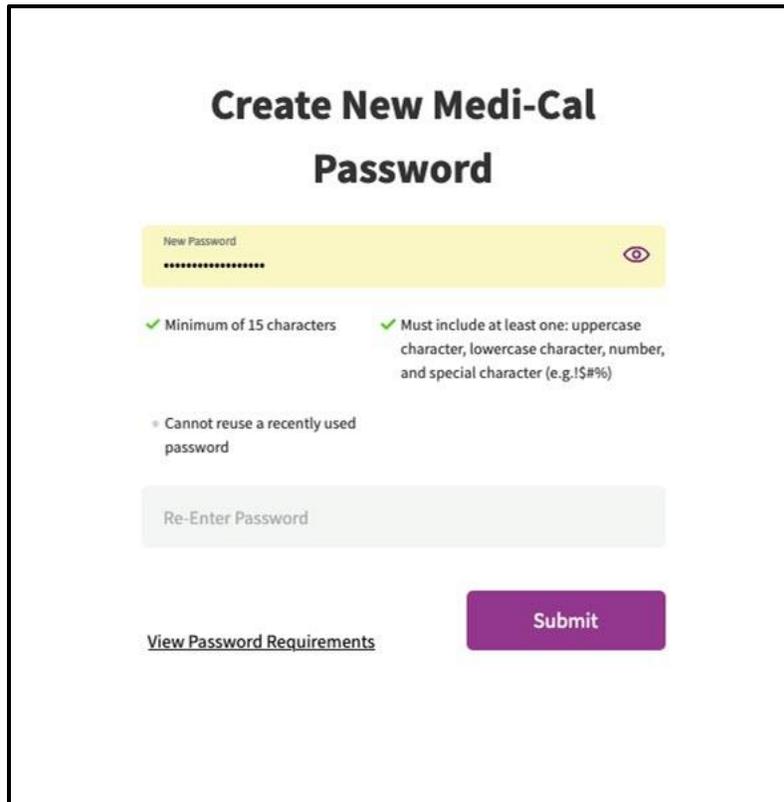
12. A Welcome to the Medi-Cal Provider Portal email will be sent including a link to set up a password. Note that the password link is only valid for 30 minutes from the time the passcode is sent.



**Figure 1.17:** Welcome to the Medi-Cal Provider Portal email.

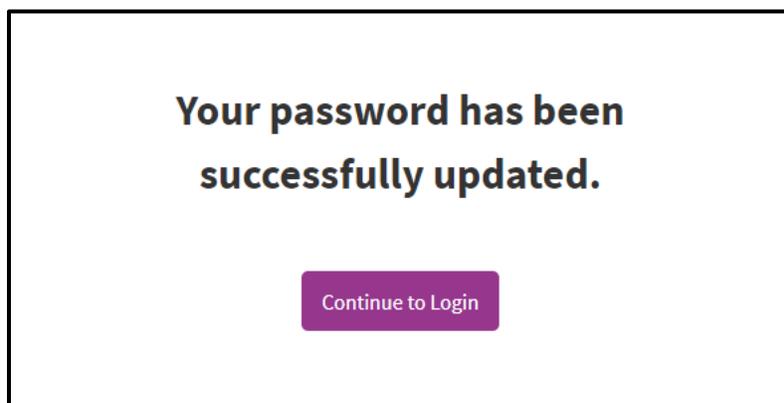
13. Create a new password that meets the password criteria and select Submit.

**Note:** The password must be a minimum of 15 characters and contain a mix of at least one of each of the following: an uppercase letter, a lowercase letter, a number, and a special character (such as !, \$, #, or %). The password cannot be the same as or similar to the previous 5 passwords.



**Figure 1.18:** Create New Medi-Cal Password screen.

14. A message will display that the user's password has been successfully updated.



**Figure 1.19:** Successfully updated password pop-up window.

## C Computer Media Claims (CMC) and Internet Professional Claim Submission (IPCS)

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15. The CMC submitter ID usually starts with “CMCSUB\_\_ \_” and is alphanumeric.
16. Providers/submitters must send a test file via the Provider Portal Transaction Testing to ensure accurate file format, completeness, and validity. Any problems discovered during the testing period must be corrected and a new test must be submitted for review prior to the final approval. The CMC staff works directly with the provider/submitter during all phases of the testing process.

Test submissions should contain a cross section of claim type data that can be expected in a production environment. The test file must consist of a minimum of 10 claims for each claim type to be billed. A maximum of 100 claims is allowed for testing. Refer to the [Provider Portal User Guide: Submitter Organization](#) for testing instructions.

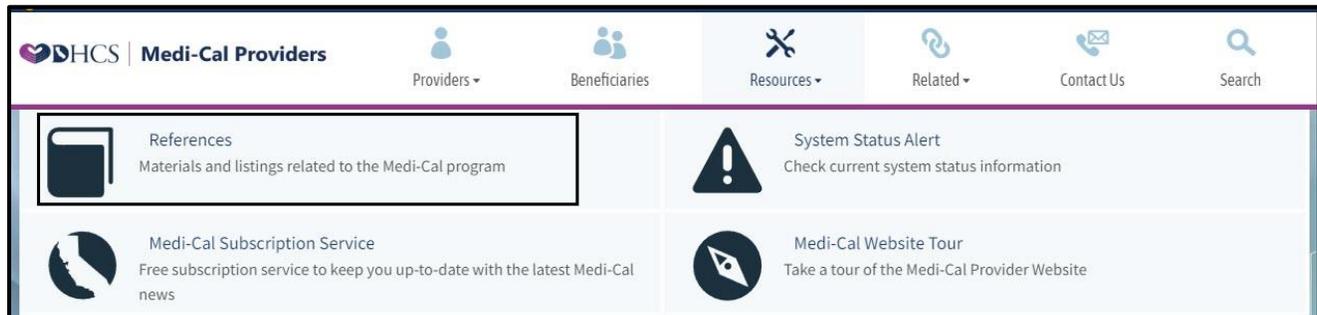
**Note:** A new test must be submitted when software is upgraded, or the submission method changes.

### Third Party Automation and Identification of Parties

Many providers employ a third-party company to help automate the CMC submission process. Providers may also purchase Medi-Cal CMC submission software from system developers or vendors. A benefit of developer/vendor supplied software is that it has already been tested and approved for CMC submission.

To find a list of Medi-Cal approved software developers, vendors, and billers:

1. Go to the Medi-Cal Provider website: [www.medi-cal.ca.gov](http://www.medi-cal.ca.gov).
2. From the Resources drop down menu, select **References**.



**Figure 2.1:** Under Resources drop-down menu, select References.

# C Computer Media Claims (CMC) and Internet Professional Claim Submission (IPCS)

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## 3. The **Technical Publications** link can be found under Billing.

The screenshot displays a website navigation menu with the following sections and links:

- References**
  - Medi-Cal References have an assortment of helpful materials, listings and announcements to facilitate participation in the Medi-Cal program.
- Provider Portal**
  - [Login to Provider Portal](#)
  - [Frequently Asked Questions](#)
- Policy**
  - [Adverse Childhood Experiences \(ACEs\) Provider Training Attestation](#)
  - [COVID-19 Medi-Cal Response](#)
  - [Fraud and Abuse](#)
  - [Managed Care](#)
  - [Medi-Cal & Telehealth](#)
  - [Medi-Cal News Articles \(All Communities\)](#)
  - [Monkeypox Medi-Cal Response](#)
  - [Payment Error Rate Measurement \(PERM\)](#)
  - [Procedure/Drug Code Limitation List](#)
  - [Provider Bulletins \(All Communities\)](#)
  - [Provider Manuals \(All Communities\)](#)
    - The Contract Drugs List is managed by Medi-Cal Rx. See the [Medi-Cal Rx website](#) for more information.
  - [Provider-Preventable Conditions](#)
  - [Suspended and Ineligible Provider List](#)
- Rates**
  - [Medi-Cal Rates](#)
- Billing**
  - [APR-DRG](#)
  - [Billing Tips](#)
  - [Computer Media Claims \(CMC\) Submission Instructions](#)
  - [EPC Letters](#)
  - Forms**
    - [Billing \(CMC, EFT, Hardcopy and POS\)](#)
    - [California Children's Services \(CCS\)](#)
    - [Community-Based Adult Services \(CBAS\)](#)
    - [Consent](#)
    - [Every Woman Counts \(EWC\)](#)
    - [Family Planning, Access, Care and Treatment \(Family PACT\)](#)
    - [Facilities and Hospitals](#)
    - [Hospital Presumptive Eligibility \(HPE\)](#)
    - [Medi-Cal Tuberculosis Program](#)
    - [Presumptive Eligibility for Pregnant Women \(PE4PW\)](#)
    - [Provider Enrollment](#)
    - [Supplemental Claims Payment Information \(SCPI\)](#)
    - [Supplies Injections & DUR](#)
    - [Treatment Authorization Request \(TAR\)](#)
  - [Frequently Asked Questions \(FAQs\)](#)
  - [Health Insurance Portability and Accountability Act \(HIPAA\)](#)
    - [Code Conversions](#)
    - [HIPAA Archives](#)
    - [HIPAA FAQ](#)
    - [HIPAA Links](#)
    - [HIPAA Privacy](#)
    - [ICD-10](#)
    - [LTC Claim Form and Code Conversion](#)
    - [National Provider Identifier \(NPI\)](#)
  - [National Correct Coding Initiative \(NCCI\)](#)
  - [National Drug Codes \(NDC\)](#)
  - [Ordering, Referring and Prescribing](#)
  - [Remittance Advice Details \(RAD\) Code Repository](#)
  - Technical Publications**
  - [User Guides](#)

**Figure 2.2:** Location of Technical Publications link.

## C Computer Media Claims (CMC) and Internet Professional Claim Submission (IPCS)

Page updated: June 2023

### 4. Select CMC Developers, Vendors and Billing Services Directory.

Technical Publications

This page contains a listing of technical publications that may be of interest to providers performing electronic submissions.

#### CMC and HIPAA 5010 Overview

- [HIPAA 5010 Medi-Cal Companion Guide](#)
- [Medi-Cal Computer Media Claims \(CMC\) Billing and Technical Manual](#) – Proprietary formats, Medi-Cal CHDP CMC, ANSI ASC X12N v.5010A1.
- [CMC Developers, Vendors and Billing Services Directory](#) (Updated December 22, 2021)
- [Electronic Attachment and Image Specifications Third-Party Vendors](#)
- [Supplemental Claims Payment Information \(SCPI\) User Guide](#) (Updated September 15, 2021): For more information on the enrollment forms visit the [Forms](#) page of the Medi-Cal website.

**Figure 2.3:** The CMC Developers link can be found on the Links to Other Technical Publications webpage.

- System Developer: Translates customer needs to system requirements.
- Software Vendor: Sells software products that allow providers to enter and submit CMCs electronically.
- Billing Service: A company that submits claims on behalf of providers.

**Note:** DHCS and its FI make no warranty on any software purchased from third party vendors.

## Affiliations

Affiliations are relationships between billing agents and providers. Providers may hire external parties to submit claims on behalf of the provider organization. DHCS requires a legal agreement and disclosure of those relationships, or affiliations, between the provider and submitter organizations to allow a third-party billing party to submit claims to Medi-Cal for payment on behalf of the provider. This affiliation process replaces *Medi-Cal Telecommunications Provider and Biller Application/Agreement* for (DHCS 6153). Submitter Administrators have the ability to submit, review and manage affiliations. Please refer to the [Provider Portal Admin User workbook](#) for further details. Providers also have the ability to perform these affiliation functions; additional details can be found in the [Provider Portal User Guide: Provider Organization](#).

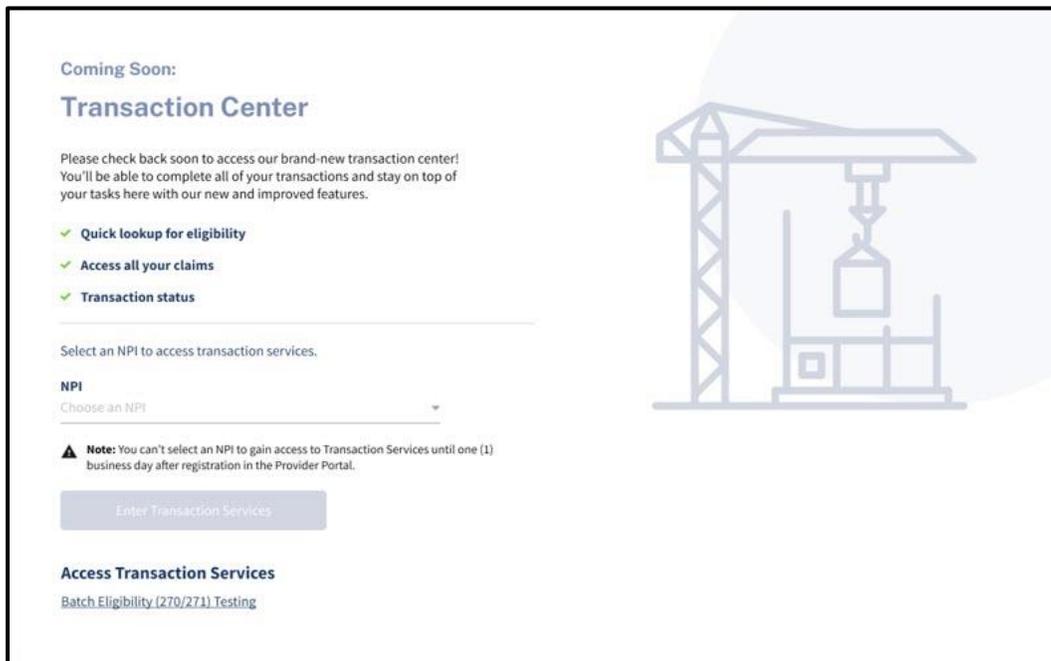
# CMC Upload Procedure

1. All fee-for-service billing providers can access Transaction Services via the Transaction Center tile from the Provider Portal.



**Figure 3.1:** The Transaction Center can be found in the Provider Portal.

2. Select a National Provider Identifier (NPI) under the NPI drop-down menu, then select **Enter Transaction Services**.

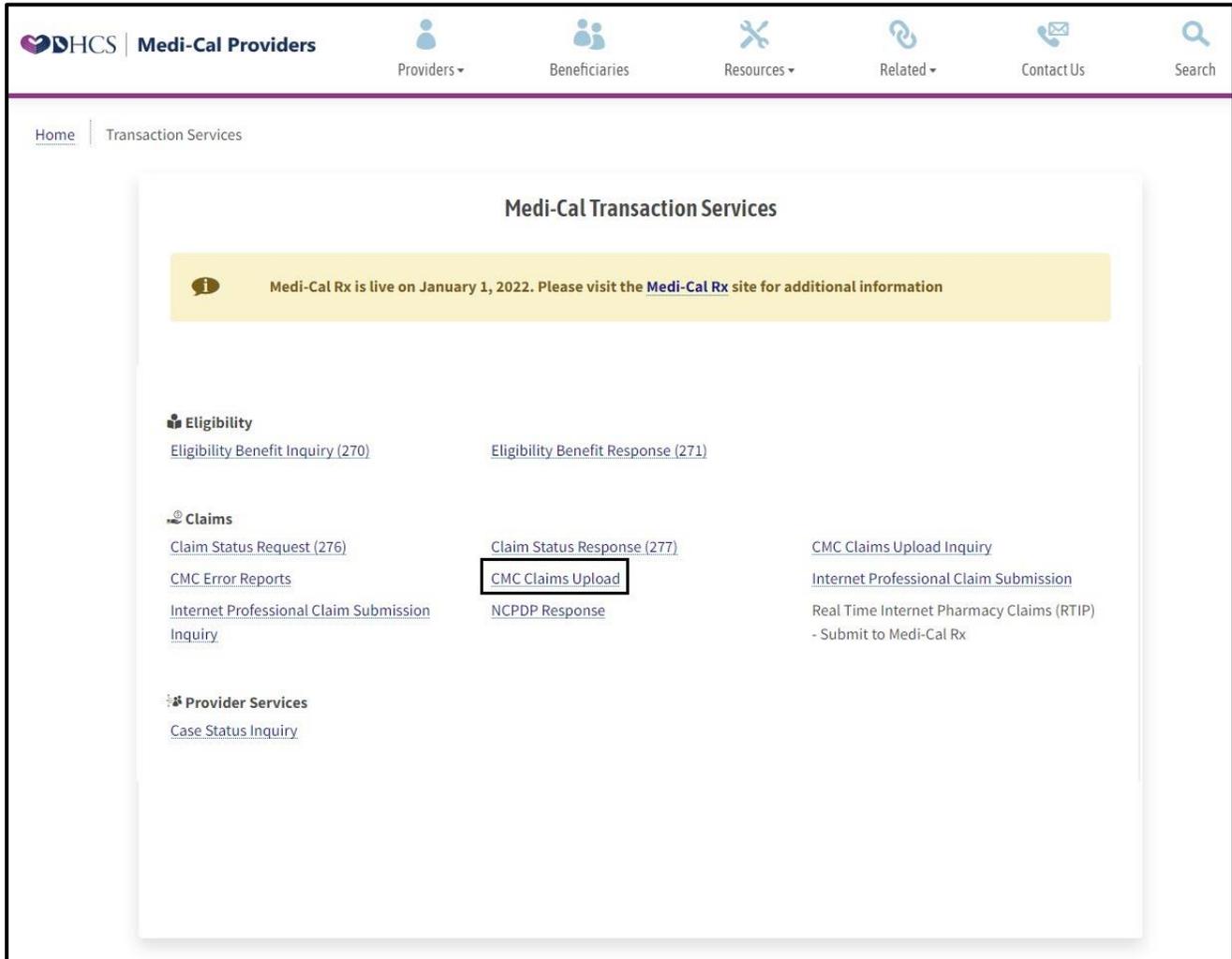


**Figure 3.2:** Transaction Center screen.

## C Computer Media Claims (CMC) and Internet Professional Claim Submission (IPCS)

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3. Under the **Claims** section, select **CMC Claims Upload**.



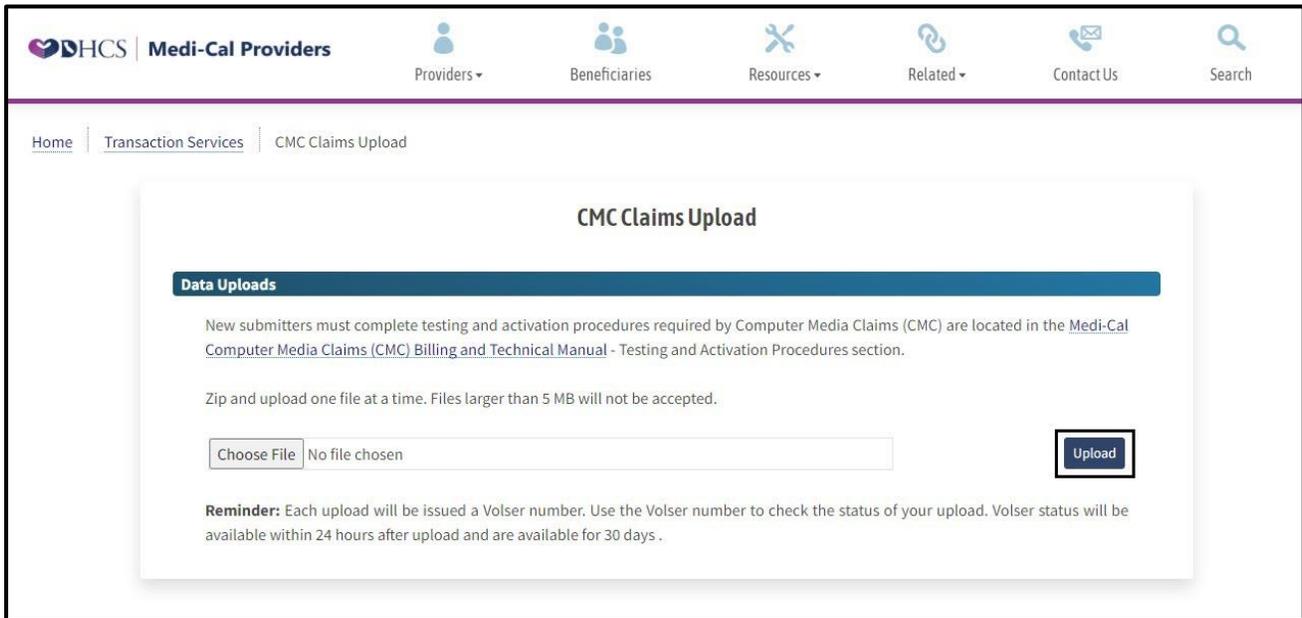
**Figure 3.3:** CMC Claims Upload link is located under the Claims section of the Transaction Services website.

**Note:** The options on the **Transaction Services** menu may vary depending on the type of submitter.

## C Computer Media Claims (CMC) and Internet Professional Claim Submission (IPCS)

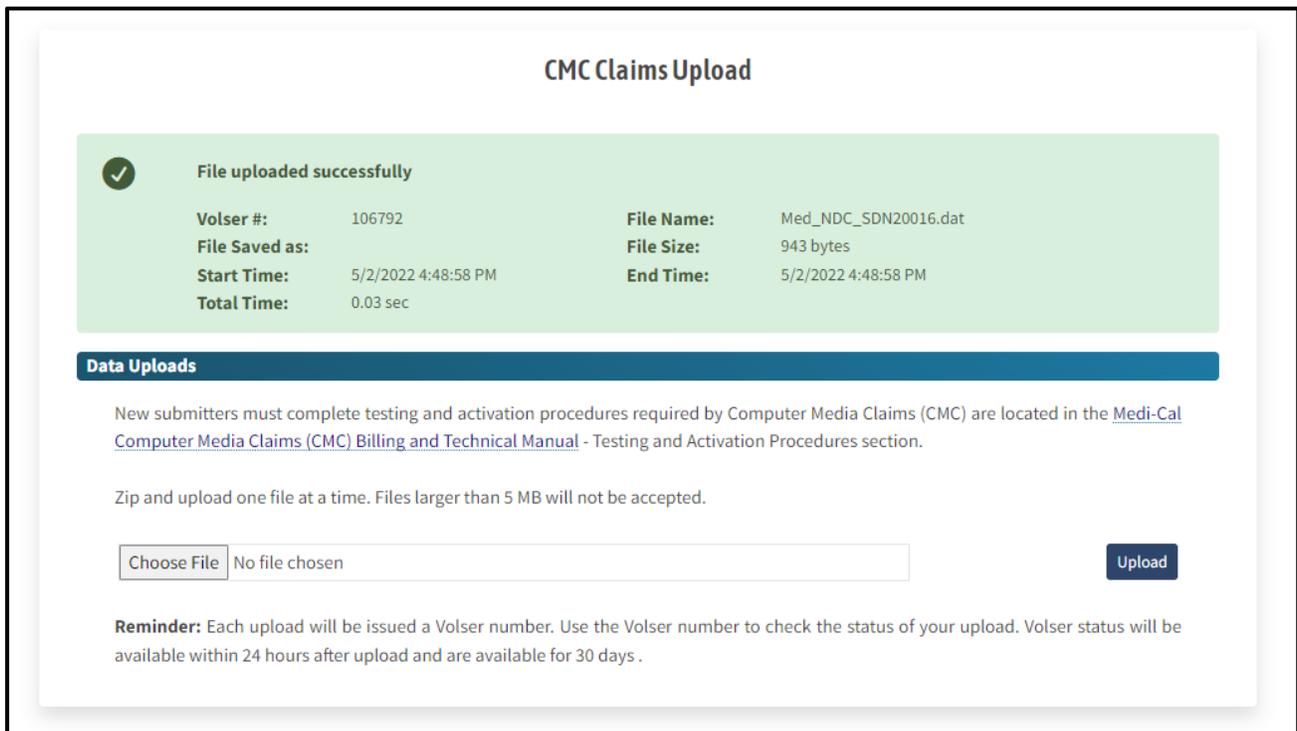
Page updated: May 2022

4. Select the Choose File button to search for the claims ready to upload. Once the claim file appears, select **Upload**.



**Figure 3.4:** Upload the claim file via the Choose File and Upload buttons.

5. If the upload is successful, a confirmation page is displayed showing the Volser number as a reference for the upload.

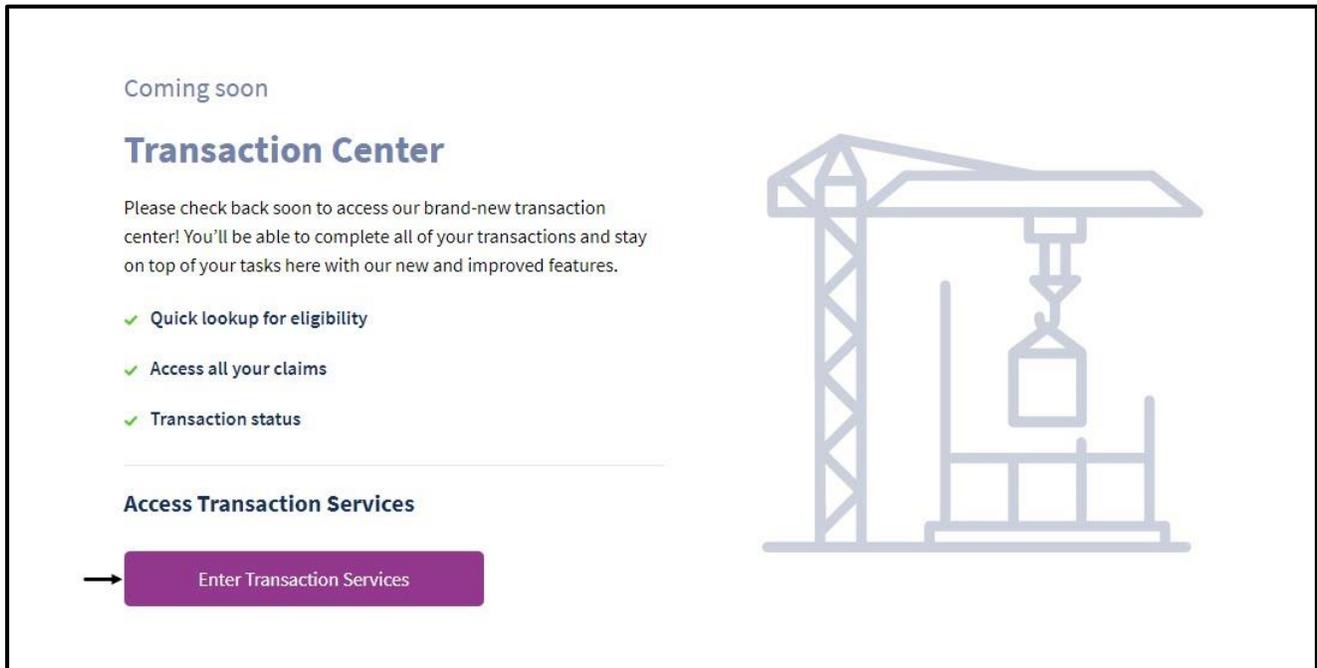


**Figure 3.5:** Successful CMC Claims Upload confirmation page.

## Inquiry on a CMC

Providers may check on a CMC upload 24 hours after the claims are uploaded into the system.

1. From the Provider Portal, navigate to the Transaction Center tile, from the drop-down menu choose an NPI, then select **Enter Transaction Services**.

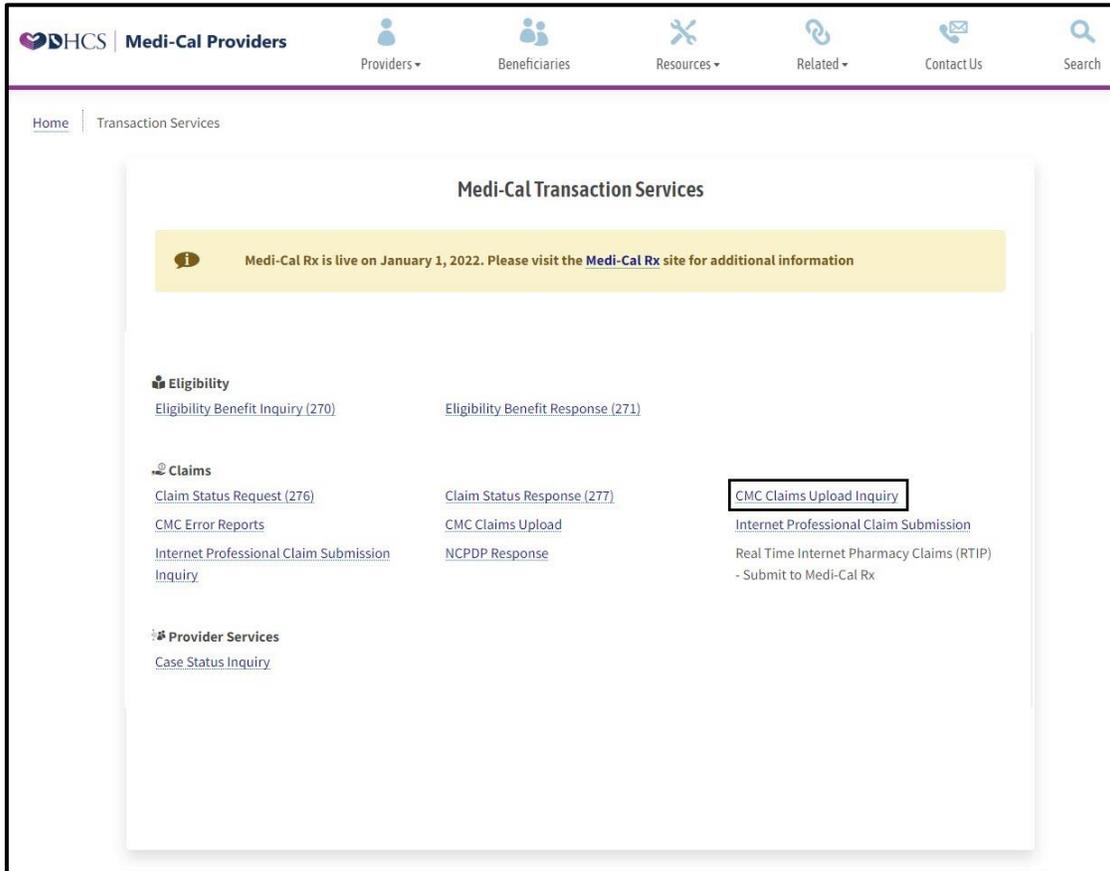


**Figure 4.1:** Transaction Center Access page.

# C Computer Media Claims (CMC) and Internet Professional Claim Submission (IPCS)

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2. Under the Claims section, select **CMC Claims Upload Inquiry**.



**Figure 4.2:** The link for CMC Claims Upload Inquiry is located under Claims section.

## C Computer Media Claims (CMC) and Internet Professional Claim Submission (IPCS)

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3. Enter the Volser number in the box and select Search or press Enter.

Home | Transaction Services | CMC Inquiry

### CMC Claims Upload Inquiry

**CMC Claims Upload Inquiry**

Enter the Computer Media Claims (CMC) submission's Volser number to review the upload status, number of claims accepted for adjudication, the Claim Control Numbers (CCN), and the provider NPIs listed. CMC submission are available the next business day after the upload and available for 30 days.

\* Volser Number

Volser Number

The last 30-days of CMC submission uploads are listed below.

**Figure 4.3:** The Volser number search bar is used for inquiries on submissions.

4. If you scroll down to the bottom of the page, you will see a list of your Volser numbers.

The last 30-days of CMC submission uploads are listed below.

User ID	Filename	File Size	Date/Time of Upload	Volser	
		193579	924	4/7/2022 2:27:49 PM	193579
		193578	1011	4/7/2022 2:27:35 PM	193578
		193577	1011	4/7/2022 2:27:21 PM	193577
		193576	1011	4/7/2022 2:27:00 PM	193576
		193575	1021	4/6/2022 3:56:08 PM	193575
		193574	1020	4/5/2022 4:12:54 PM	193574
		193573	1023	4/5/2022 4:12:36 PM	193573
		193572	1022	4/5/2022 4:12:27 PM	193572
		193571	1019	4/5/2022 4:10:19 PM	193571
		193570	1022	4/5/2022 4:10:08 PM	193570
		193569	1021	4/5/2022 4:09:56 PM	193569
		193568	1010	4/5/2022 3:54:50 PM	193568
		193567	1010	4/5/2022 3:54:35 PM	193567
		193566	924	4/5/2022 3:54:18 PM	193566
		193565	923	4/5/2022 3:54:05 PM	193565
		193564	924	4/5/2022 3:53:42 PM	193564
		193563	924	4/5/2022 3:53:28 PM	193563
		193562	986	4/5/2022 3:53:12 PM	193562
		193561	920	4/5/2022 3:52:57 PM	193561
		193560	920	4/5/2022 3:52:45 PM	193560

**Figure 4.4:** List of Volser numbers.

C Computer Media Claims (CMC) and Internet Professional Claim Submission (IPCS)

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5. Once the Volser number is entered, the Volser status information is displayed.

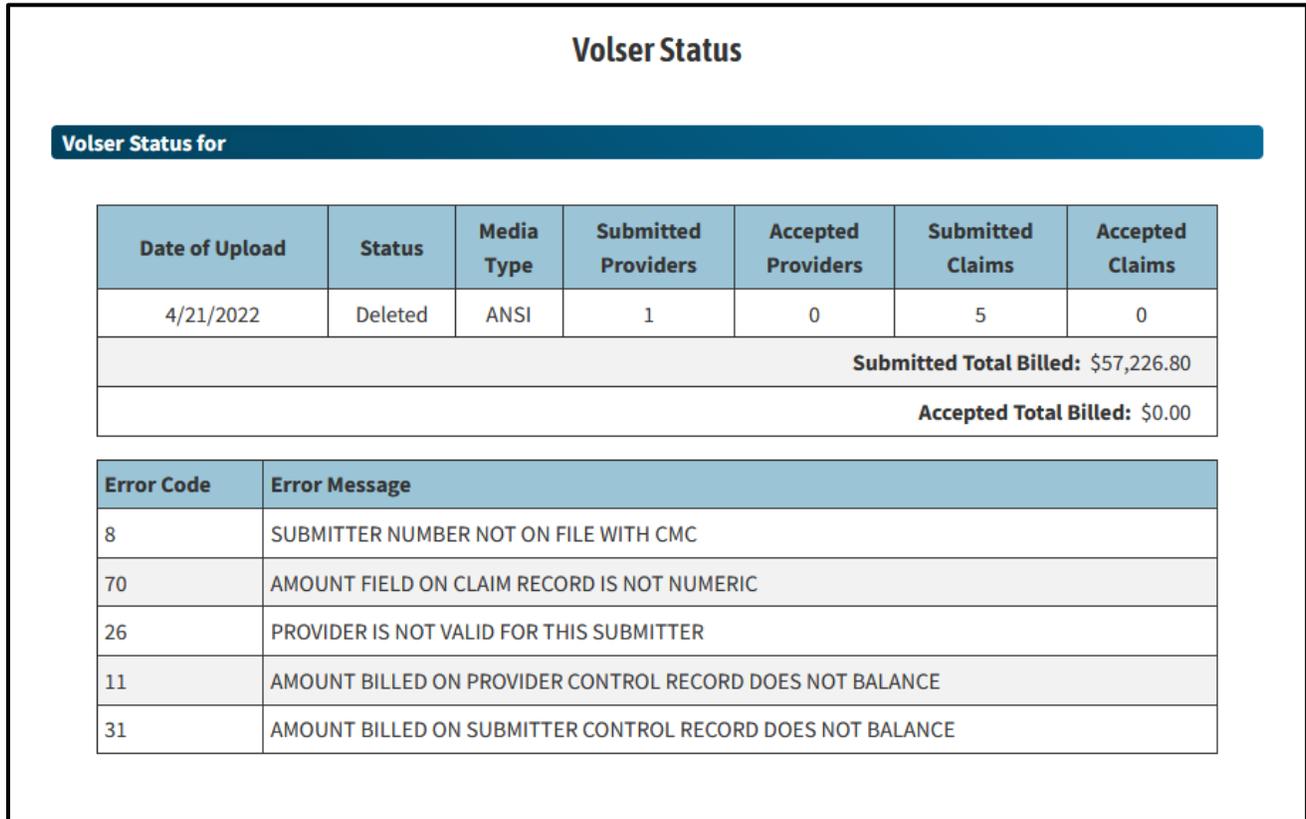
Volser Status						
Volser Status for						
Date of Upload	Status	Media Type	Submitted Providers	Accepted Providers	Submitted Claims	Accepted Claims
4/19/2022	Released	CMC	1	1	1	1
<b>Submitted Total Billed: \$600.77</b>						
<b>Accepted Total Billed: \$600.77</b>						
Error Code	Error Message					
10	COMPUTER MEDIA CLAIMS WERE PREVIOUSLY ACCEPTED FOR PROCESSING					
Provider	Date Received	Start CCN	Last CCN	Total Clms	Billed Amount	Submission Type
.....	4/19/2022	21096001022	21096001022	1	\$600.77	Internet

**Figure 4.5:** Volser status information includes dates, CCN, billing amounts and submission types.

C Computer Media Claims (CMC) and Internet Professional Claim Submission (IPCS)

Page updated: May 2022

6. When a claim is not accepted, the status appears as **Deleted**.



**Figure 4.6:** Status is 'Deleted' if claim is not accepted.

# CMC Error Reports

Computer Media Claims (CMC) submitters may now download the CMC Error Report (CP-O-214) from the Medi-Cal Provider website. The report, which will be available 24 hours after a claim is uploaded into the claims processing system, contains information about errors encountered while incoming CMC data was processing.

The report will remain available to CMC submitters for 30 calendar days.

CMC submitters also may continue to inquire about the Telephone Service Center (TSC) at 1-800-541-5555, selecting from the menu Technical Help Desk, then CMC. The TSC is open 8 a.m. to 5 p.m., Monday through Friday, excluding holidays.

1. From the Transaction Services page, under the **Claims** section select **CMC Error Reports**.

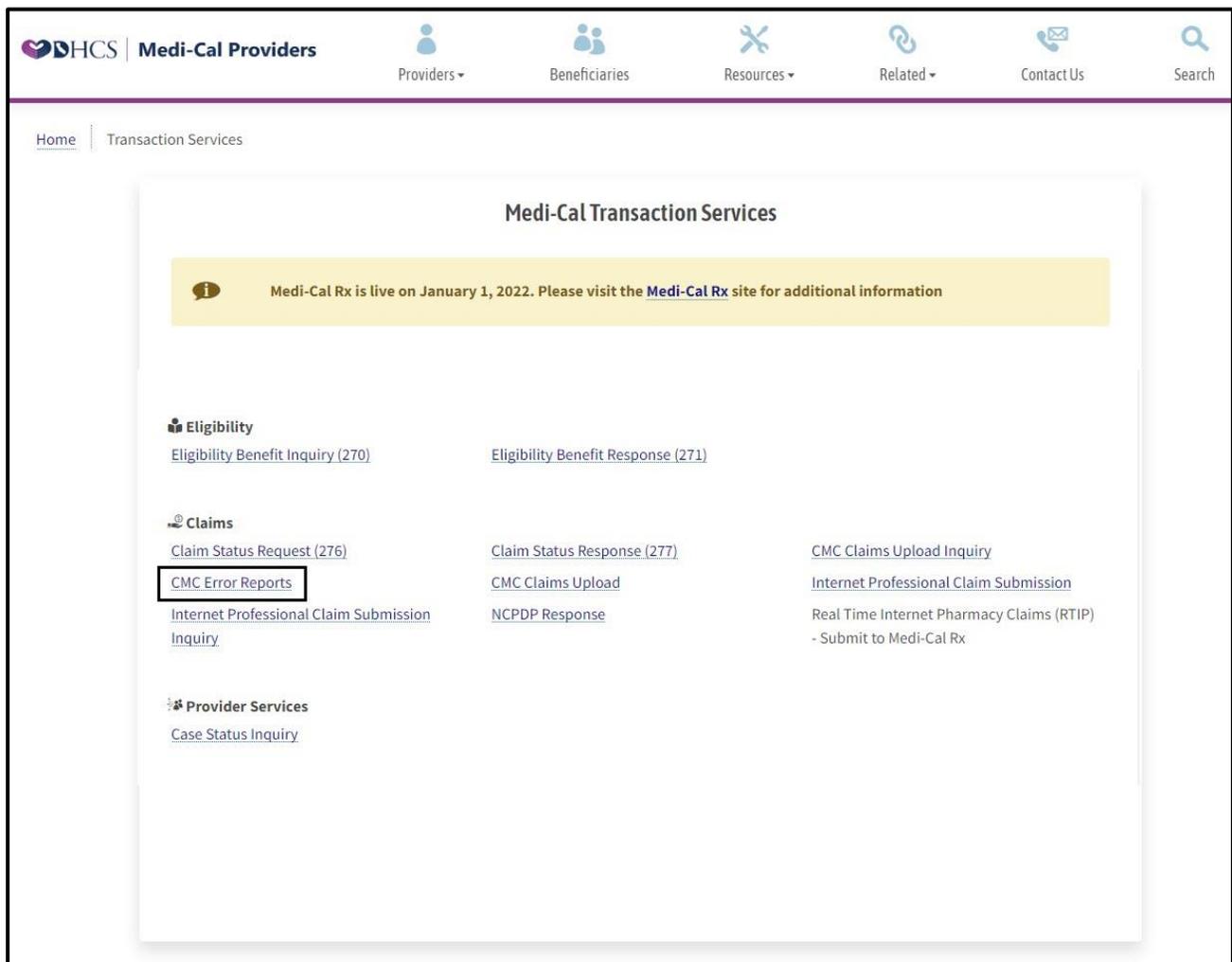
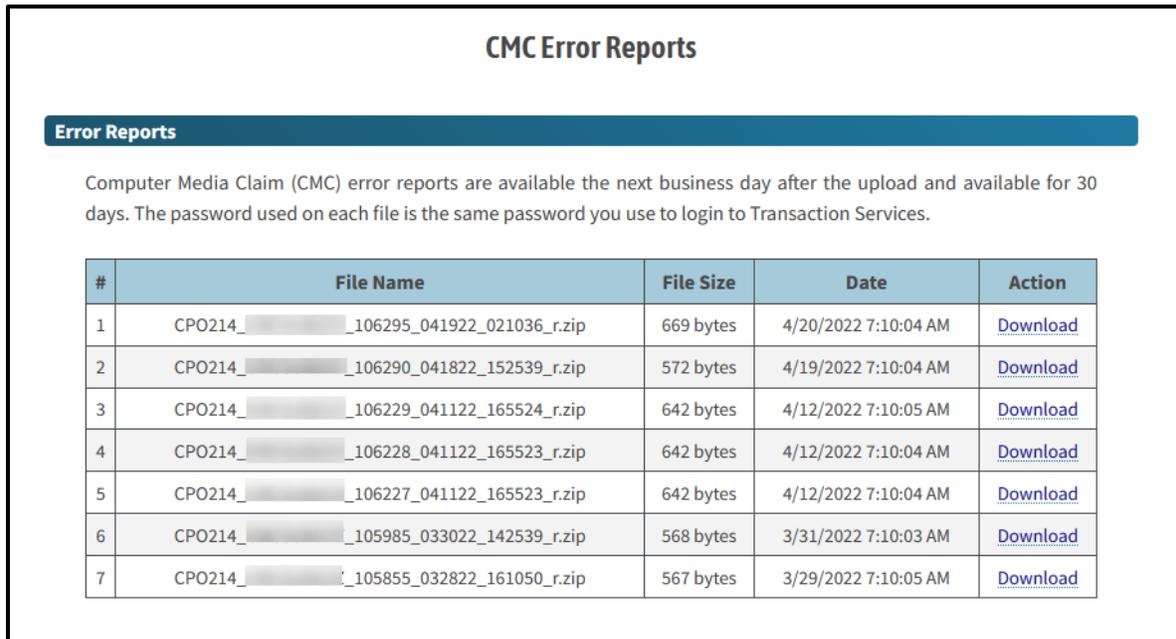


Figure 5.1: The CMC Error Reports is located under the Claims section.

## C Computer Media Claims (CMC) and Internet Professional Claim Submission (IPCS)

Page updated: May 2022

- You will see a list of CMC Error Reports (CP-O-214). Information about the duration of the availability of files will display at the bottom.



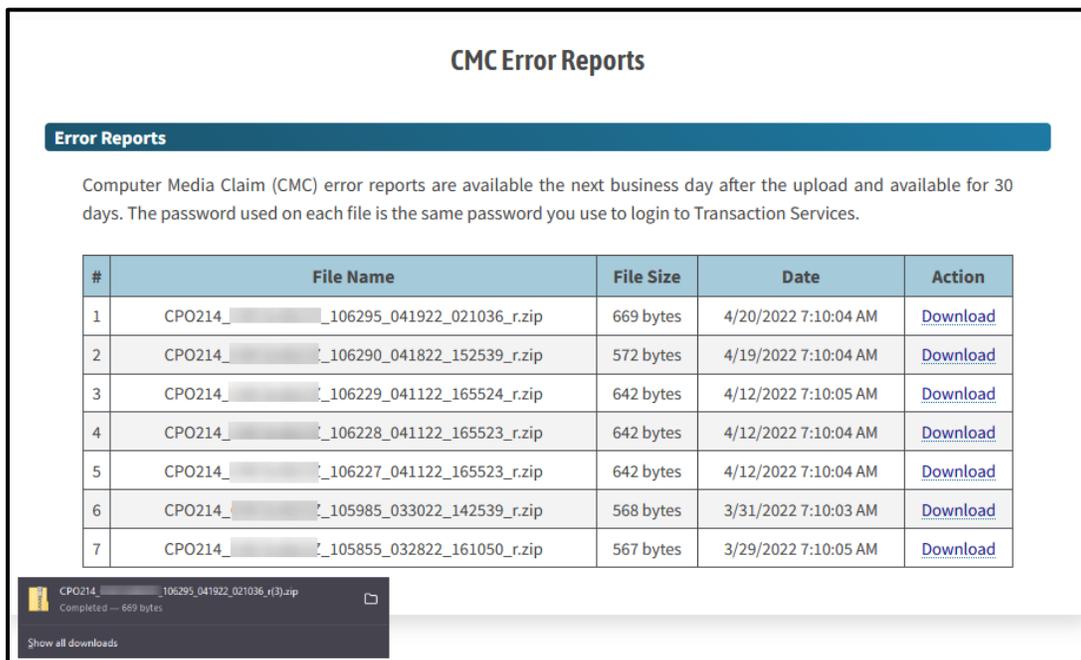
The screenshot shows the 'CMC Error Reports' page. At the top, there is a blue header with the text 'Error Reports'. Below this, a paragraph states: 'Computer Media Claim (CMC) error reports are available the next business day after the upload and available for 30 days. The password used on each file is the same password you use to login to Transaction Services.' Below the text is a table with 7 rows and 5 columns: '#', 'File Name', 'File Size', 'Date', and 'Action'. Each row contains a file name starting with 'CPO214\_', a file size in bytes, a date and time, and a 'Download' link.

#	File Name	File Size	Date	Action
1	CPO214_ [redacted] _106295_041922_021036_r.zip	669 bytes	4/20/2022 7:10:04 AM	<a href="#">Download</a>
2	CPO214_ [redacted] _106290_041822_152539_r.zip	572 bytes	4/19/2022 7:10:04 AM	<a href="#">Download</a>
3	CPO214_ [redacted] _106229_041122_165524_r.zip	642 bytes	4/12/2022 7:10:05 AM	<a href="#">Download</a>
4	CPO214_ [redacted] _106228_041122_165523_r.zip	642 bytes	4/12/2022 7:10:04 AM	<a href="#">Download</a>
5	CPO214_ [redacted] _106227_041122_165523_r.zip	642 bytes	4/12/2022 7:10:04 AM	<a href="#">Download</a>
6	CPO214_ [redacted] _105985_033022_142539_r.zip	568 bytes	3/31/2022 7:10:03 AM	<a href="#">Download</a>
7	CPO214_ [redacted] _105855_032822_161050_r.zip	567 bytes	3/29/2022 7:10:05 AM	<a href="#">Download</a>

**Figure 5.2:** The CMC Error Reports page includes a list of downloadable files.

- After the **Download** link is selected a prompt at the bottom of the screen will display showing the progress of the download.

**Note:** All available downloads are zipped and password protected



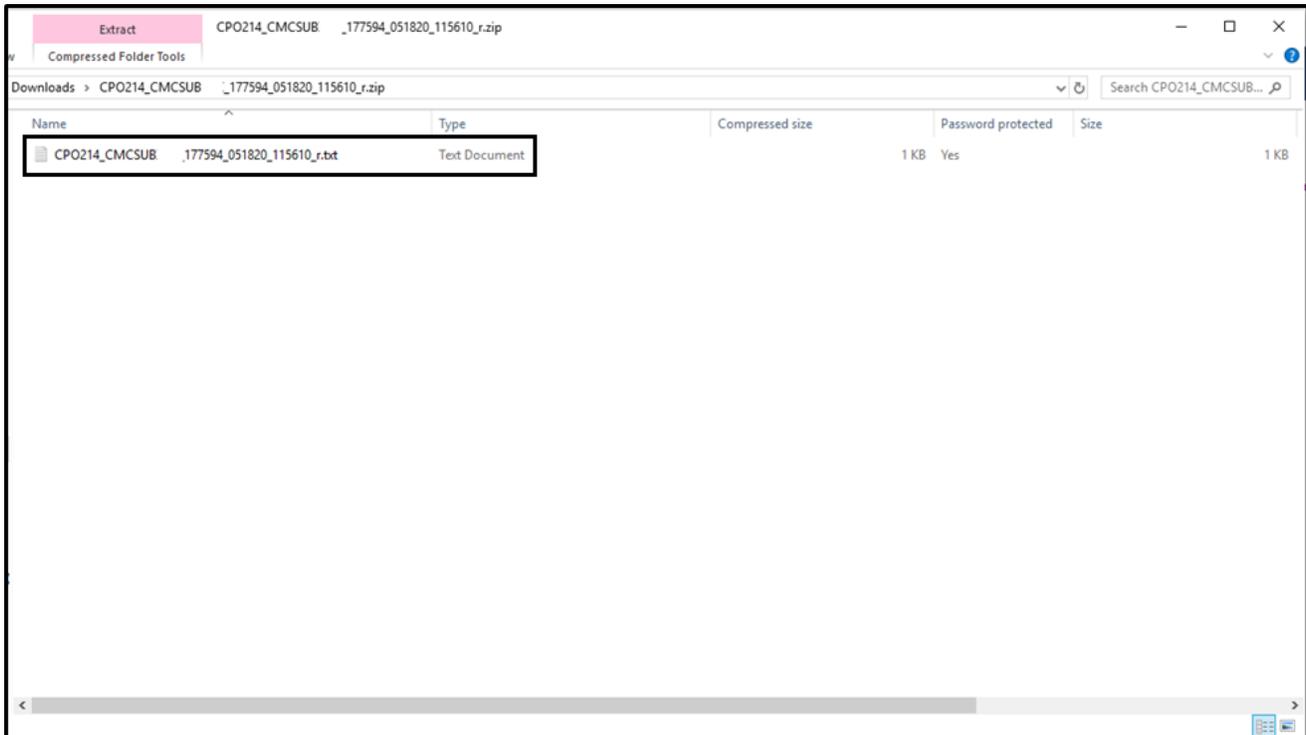
The screenshot shows the 'CMC Error Reports' page with the same table as in Figure 5.2. At the bottom of the page, a download progress bar is visible. It shows a file icon, the file name 'CPO214\_ [redacted] \_106295\_041922\_021036\_r(3).zip', and the text 'Completed - 669 bytes'. Below the progress bar is a 'Show all downloads' link.

**Figure 5.3:** Press one of the Download buttons to download a copy of an individual file.

## C Computer Media Claims (CMC) and Internet Professional Claim Submission (IPCS)

Page updated: May 2022

4. Once the download is complete, a screen will appear showing you a .txt file, double click on the file name.

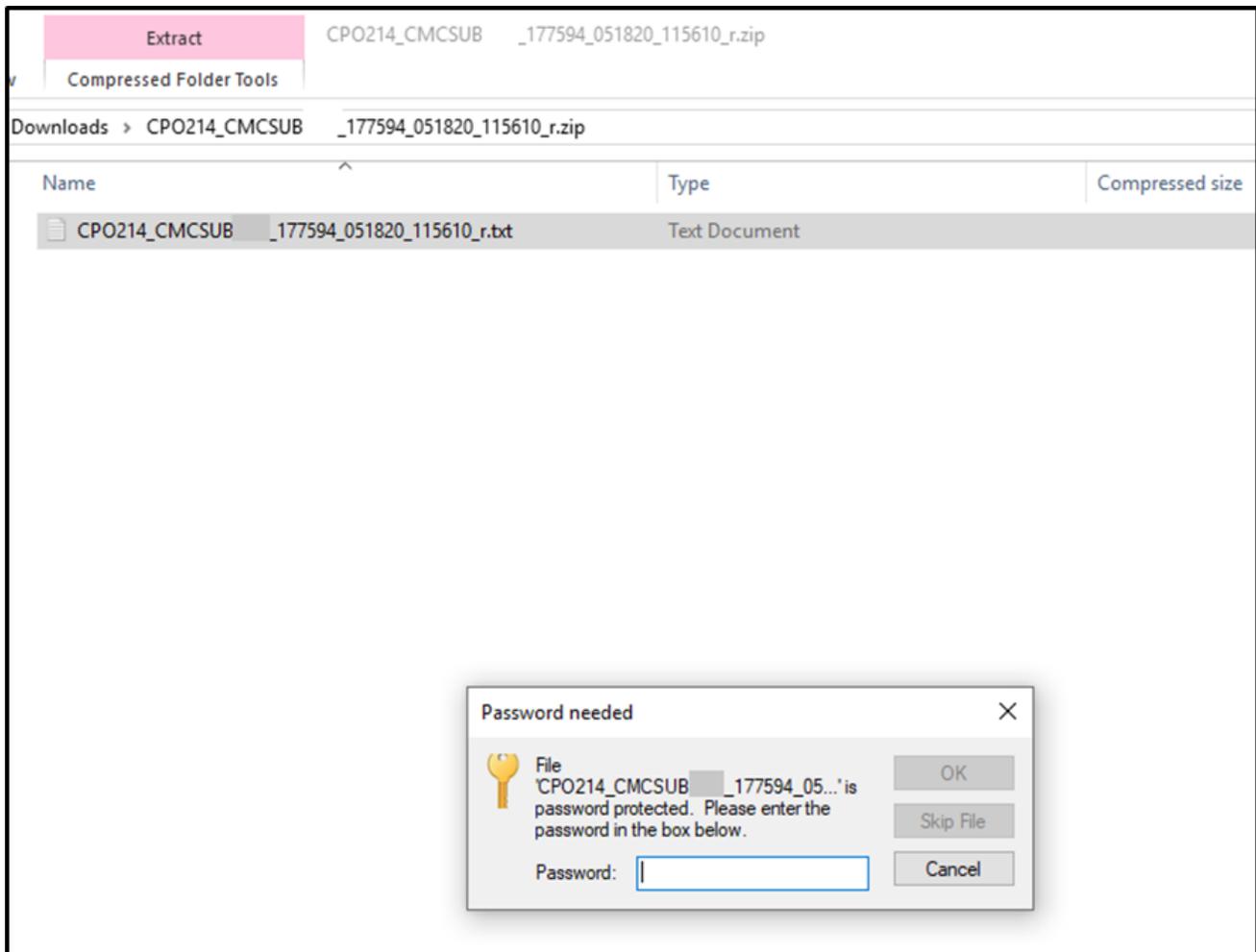


**Figure 5.4:** Double click a file to open.

## C Computer Media Claims (CMC) and Internet Professional Claim Submission (IPCS)

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4. When prompted for the password, enter the password you use to log in to the Medi-Cal Provider website.



**Figure 5.5:** Use the Medi-Cal login password to open the downloaded file.

## C Computer Media Claims (CMC) and Internet Professional Claim Submission (IPCS)

Page updated: September 2020

### 5. The error report (CP-O-214) will display in Notepad.

```
CPO214_CMCSUB 175012_031020_030006_r.txt - Notepad
File Edit Format View Help
MCWEB LOGIN ID: CMCSUB          VOL-SER-NO: 175012
Compliance Check HTML Readable Results TRANSMISSION
Sequence: File="%lt;data;%gt;"* TYPE 1: ERRORS NOTED
* INTERCHANGE Sequence: 1 Control Number: 808740501

* TYPE 1: ERRORS NOTED
* FUNCTIONAL GROUP Sequence: 1 ID: HC Control Number: 15

* TYPE 1: ERRORS NOTED
* TRANSACTION SET Sequence: 1 TransactionSetID: 837 Transaction Set Control Number: 1000

* TYPE 1: REJECT
* SEGMENT At position: 2154 DMG {Demographic Information}

* TYPE 1: error
* ELEMENT DMG02 {Date Time Period}

* TYPE 1: error
* Error Code: 4 {Data element too short.}
* Data Content: Date Time Period 1

* SEGMENT At position: 2207 DMG {Demographic Information}

* TYPE 1: error
* ELEMENT DMG02 {Date Time Period}

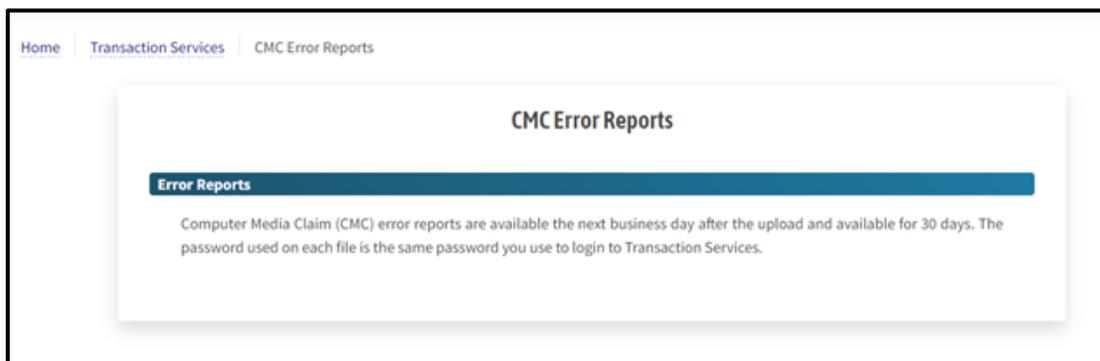
* TYPE 1: error
* Error Code: 4 {Data element too short.}
* Data Content: Date Time Period 1
```

**Figure 5.6:** The error report (CP-O-214) displayed in Notepad.

## C Computer Media Claims (CMC) and Internet Professional Claim Submission (IPCS)

Page updated: May 2022

**Note:** When a new submitter accesses the CMC, Error Reports for the first time the page will display with no table (see below).



**Figure 5.7:** The CMC Error Reports page will not display a table on the first visit to the page as a new submitter.

## IPCS Overview

The Internet Professional Claim Submission (IPCS) system allows providers to submit a single professional medical claim using a computer and the internet. Claims that are successfully submitted receive a Claim Control Number (CCN) on the host response screen. If an error has been detected on the claim, a “Claim Rejected” message is displayed on the host response screen. The claim can be edited to correct the error before resubmitting the claim for processing. The submitted claim enters the Medi-Cal claims processing system for processing in the daily batch cycle.

The IPCS system integrates technology with an intuitive user interface that facilitates entering medical claims. IPCS allows a faster, more efficient data exchange between providers and the California MMIS FI.

**Note:** Only professional medical claims may be submitted using IPCS. At this time, institutional claims may not be submitted through IPCS

### Highlights

- Paper attachments or an ACF can be linked to submissions.
- Improved processing and payment timeframe.
- Increased data security.
- Minimized risk of administration errors.

# IPCS Enrollment Process

## Getting Started

1. Refer to the Getting Started section of the CMC portion of the workbook.
2. The CMC submitter ID usually starts with “CMCSUB\_” and is alphanumeric.  
**Note:** Providers/submitters with a current, valid CMC submitter ID must still add the IPCS application to their list of available Internet options.
3. There is no testing required for IPCS.

## IPCS System Requirements

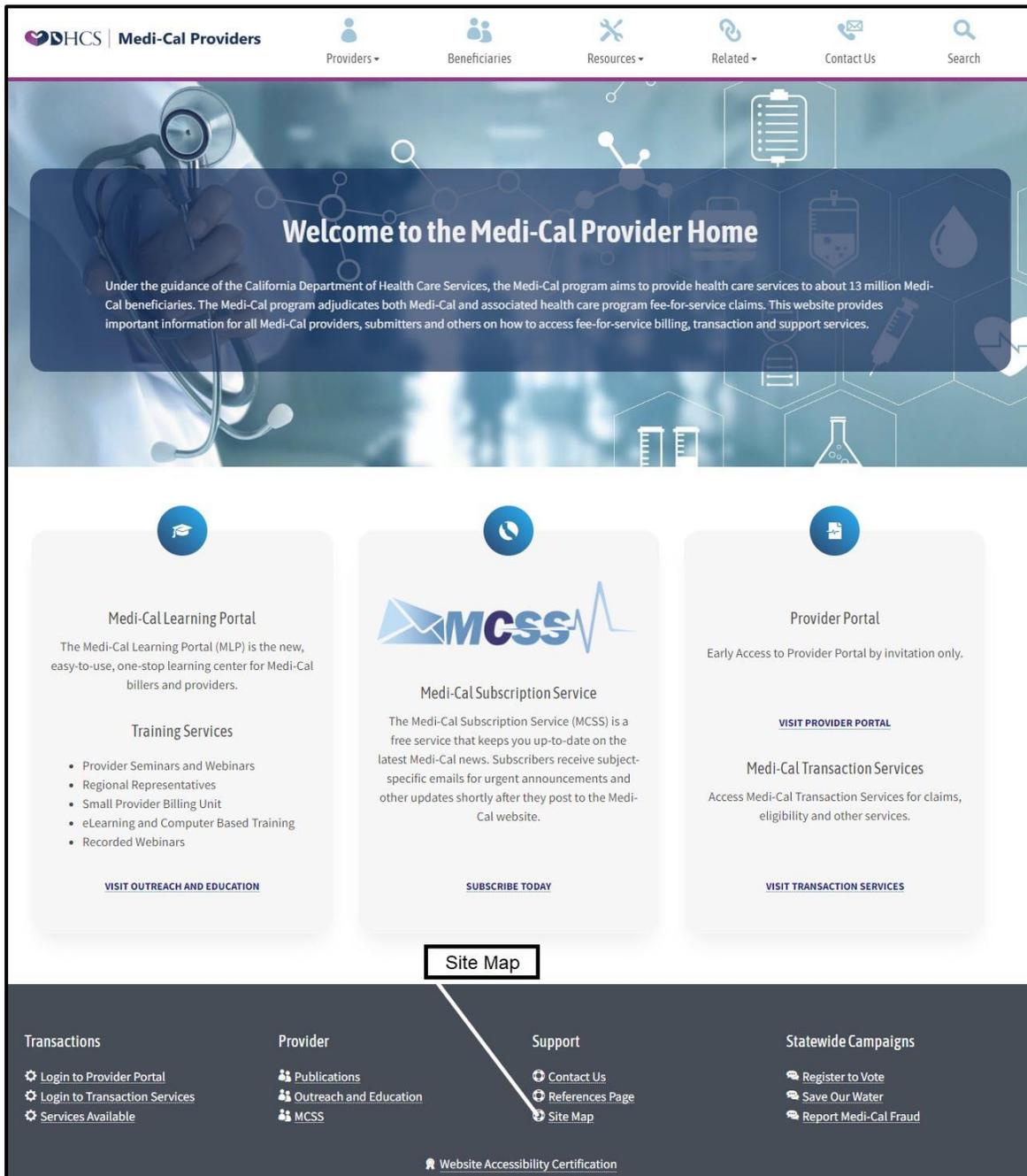
To process claims using the IPCS system, the following minimum requirements must be met:

- **Computer:** 300 MHz Intel Pentium processor or higher.
- **RAM:** 64 MB of Random Access Memory (RAM) free, (128 MB or higher recommended).
- **Monitor Resolution:** 1024 x 768, 16-bit color display or better.
- **Web Browser:** Latest versions of Google Chrome, Microsoft Edge or Mozilla Firefox.

**Note:** Internet Explorer is no longer supported on the Medi-Cal Provider website.

# Web Tool Box

1. Going to the Medi-Cal Providers website: [www.medi-cal.ca.gov](http://www.medi-cal.ca.gov), scroll to the bottom of the page and select **Site Map**.



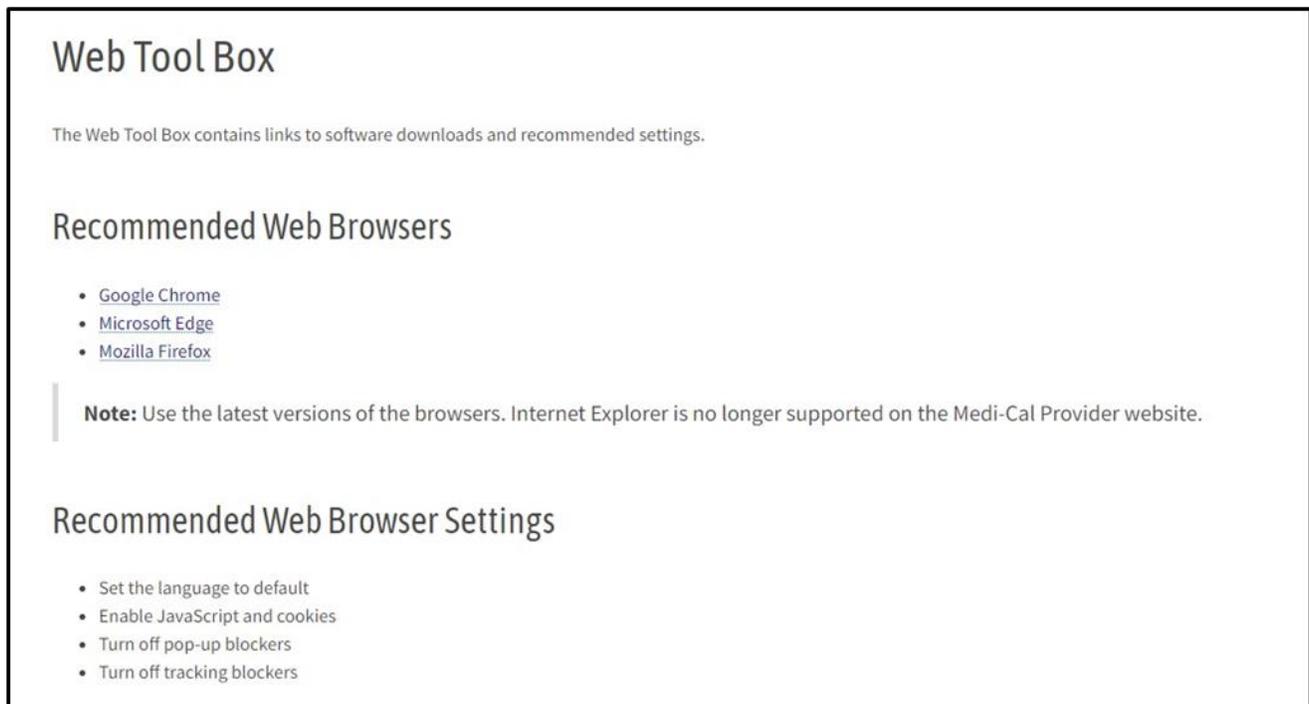
**Figure 7.1:** Link to the **Site Map** is listed in the Navigation bar at the bottom of the Medi-Cal provider website homepage.

2. Under Site Information, select **Web Tool Box**.



**Figure 7.2:** The Web Tool Box can be accessed from the Site Map webpage.

3. The Web Tool box contains links to the recommended web browsers as well as suggested browser settings. Medi-Cal no longer supports Internet Explorer.



**Figure 7.3:** The Web Tool Box contains links to recommended web browsers and suggested browser settings.

# IPCS Claim Form

## Important Tips

- Do **not** use your browser’s Back or Refresh buttons. Clicking these will cause you to lose all data entered.
- IPCS times out if left inactive for 20 minutes. This feature protects you from unauthorized use of the system.
- Exiting IPCS prior to submitting the claim deletes all data entered.
- Partially completed claims may not be saved. You must complete the claim or lose all data entered.

The IPCS User Guide can be accessed at the Medi-Cal home page by typing in “IPCS User Guide” in the search area in the upper right corner.

## Required Fields

Each of the tabs on IPCS has required fields that must be completed for each claim submitted. Required fields are marked with an asterisk (\*). In this example, the asterisks indicate that the National Provider ID, Address, City, State, Zip Code, and Benefit Assignment Indicator fields are required and must be completed for every claim.

The screenshot shows a form titled "Billing Provider" with several input fields. The required fields are marked with an asterisk (\*):

- \* National Provider ID (input field)
- Medicaid Provider ID (input field)
- \* Address (input field)
- Address 2 (input field)
- \* City (input field)
- \* State (input field)
- \* ZIP Code (input field)
- Country (input field)
- Country SDC (input field)
- Taxonomy Code (input field)
- \* Benefit Assignment Indicator (dropdown menu with "Select One" and a downward arrow)

The word "OR" is placed between the National Provider ID and Medicaid Provider ID fields, indicating that either one is required.

**Figure 8.1:** Billing Provider Required fields.

## C Computer Media Claims (CMC) and Internet Professional Claim Submission (IPCS)

Page updated: May 2022

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 situational required field is not completed.

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

### Detailed Description by Field

To get more information about each field, hover your mouse over that field.

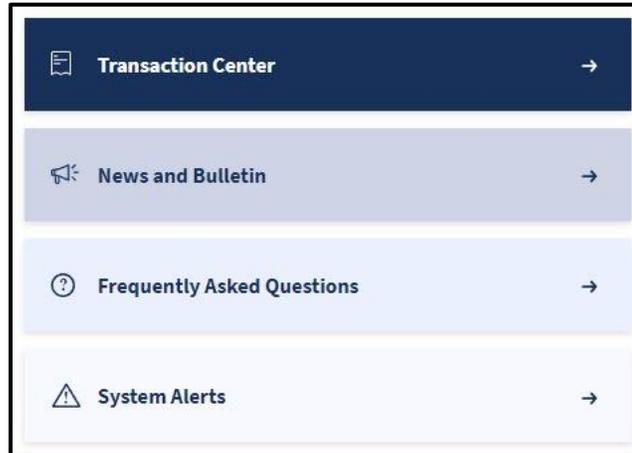
The screenshot displays the 'Internet Professional Claim Submission (IPCS)' interface. At the top, a progress bar shows seven steps: Provider Info (highlighted in yellow), Subscriber Info, Claim Info, Other Health, Vision, Service Details, and Summary. Below the progress bar, there are two main sections: 'Billing Provider' and 'Service Facility'. The 'Billing Provider' section includes fields for 'National Provider ID' and 'Medicaid Provider ID', with an 'OR' option between them. The 'Service Facility' section includes fields for 'National Provider ID' and 'Medicaid Provider ID', also with an 'OR' option. A tooltip is visible over the 'Address 2' field, stating: 'This field is required when the Billing Provider's Medi-Cal ID/State License Number is not entered'. Below the 'Address 2' field, there is an 'Entity Identifier' dropdown menu with 'Select One' as the current selection. A legend indicates that an asterisk (\*) denotes a required field.

**Figure 8.2:** Hover your mouse over a field to get more information.

**Note:** To hide the field description, move your mouse away from field.

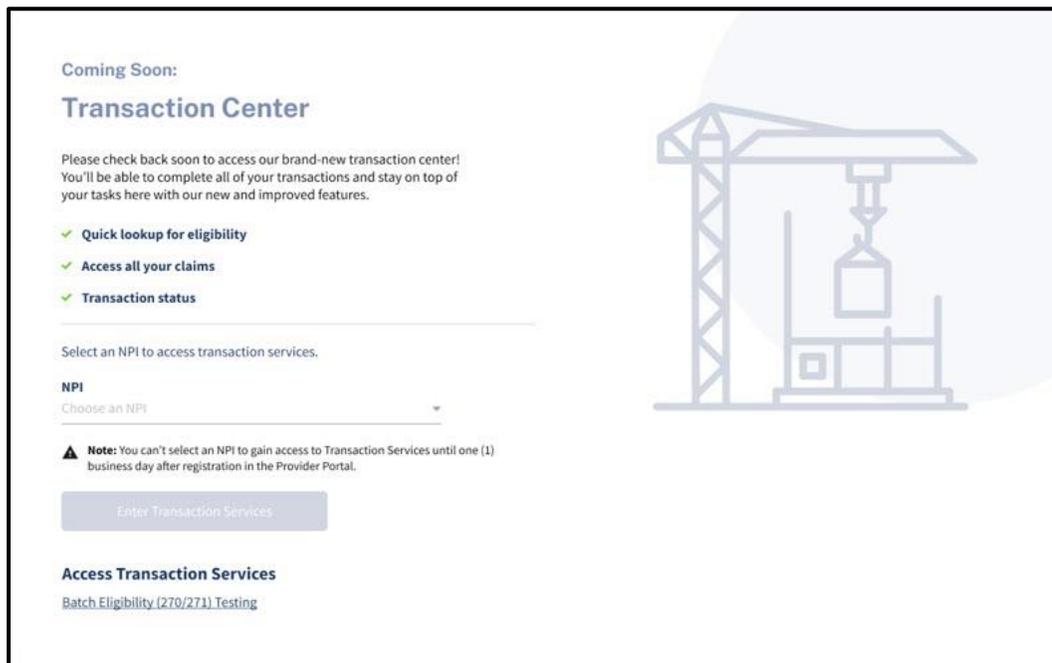
# IPCS Step-by-Step Claim Completion Process

1. All fee-for-service billing providers can access Transaction Services via the Transaction Center tile from the Provider Portal.



**Figure 9.1:** The Transaction Center link.

2. From the NPI drop-down menu, choose an NPI, then select Enter Transaction Services.



**Figure 9.2:** The Transaction Center page.

## C Computer Media Claims (CMC) and Internet Professional Claim Submission (IPCS)

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3. Under the Claims section, select **Internet Professional Claim Submission** (IPCS).

The screenshot displays the Medi-Cal Providers website interface. At the top, there is a navigation bar with the DHCS logo and 'Medi-Cal Providers' text. To the right of the logo are several icons with labels: 'Providers', 'Beneficiaries', 'Resources', 'Related', 'Contact Us', and 'Search'. Below the navigation bar, there is a breadcrumb trail showing 'Home' and 'Transaction Services'. The main content area is titled 'Medi-Cal Transaction Services'. A yellow banner at the top of this section contains an information icon and the text: 'Medi-Cal Rx is live on January 1, 2022. Please visit the Medi-Cal Rx site for additional information'. Below the banner, there are three main sections: 'Eligibility', 'Claims', and 'Provider Services'. Under 'Eligibility', there are links for 'Eligibility Benefit Inquiry (270)' and 'Eligibility Benefit Response (271)'. Under 'Claims', there are several links: 'Claim Status Request (276)', 'Claim Status Response (277)', 'CMC Claims Upload Inquiry', 'CMC Error Reports', 'CMC Claims Upload', 'Internet Professional Claim Submission Inquiry', 'NCPDP Response', and 'Real Time Internet Pharmacy Claims (RTIP) - Submit to Medi-Cal Rx'. The 'Internet Professional Claim Submission' link is highlighted with a black rectangular box. Under 'Provider Services', there is a link for 'Case Status Inquiry'.

**Figure 9.3:** The Internet Professional Claim Submission is accessed under the Claims section.

# C Computer Media Claims (CMC) and Internet Professional Claim Submission (IPCS)

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4. Enter all required information on the **Provider Info** section. This information identifies the billing, rendering and referring providers and the service facility for the claim. Once required fields are populated, select **Next** to proceed to Subscriber Info screen.

Home | Transaction Services | IPCS

### Internet Professional Claim Submission (IPCS)

Progress bar: Provider Info (Active), Subscriber Info, Claim Info, Other Health, Vision, Service Details, Summary

\* Indicates required field

**Billing Provider**

\* National Provider ID:  OR Medicaid Provider ID:

\* Address:  Address 2:

\* City:  \* State:  \* ZIP Code:

Country:  Country SDC:  Taxonomy Code:

\* Benefit Assignment Indicator:

**Service Facility**

National Provider ID:  OR Medicaid Provider ID:

Entity Identifier:

**Rendering Provider**

National Provider ID:  OR Medicaid Provider ID:

Taxonomy Code:

**Referring Provider**

National Provider ID:  OR Medicaid Provider ID/License #:

Taxonomy Code:  Provider Name:

Buttons: Back to Menu, Next

**Figure 9.4:** The Provider Info screen contains Subscriber ID, birth date, gender code, Patient Account Number and Release Information Code.

## C Computer Media Claims (CMC) and Internet Professional Claim Submission (IPCS)

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5. On the **Subscriber Info** screen enter all required information. This screen contains information about the Medi-Cal subscriber, including any Share of Cost/Spend Down they may have paid. Once required fields are populated, select **Next** to proceed to Claim Info screen.

**Internet Professional Claim Submission (IPCS)**

Provider Info    **Subscriber Info**    Claim Info    Other Health    Vision    Service Details    Summary

\* Indicates required field

**Subscriber/Recipient Information**

Suffix	* Last Name	* First Name	MI
<input type="text" value="Suffix"/>	<input type="text" value="Last Name"/>	<input type="text" value="First Name"/>	<input type="text" value="MI"/>
* Subscriber ID #	Issue Date	* Subscriber Birth Date	
<input type="text" value="Subscriber ID #"/>	<input type="text" value="mm/dd/yyyy"/>	<input type="text" value="mm/dd/yyyy"/>	
* Gender Code	Pregnancy Indicator		
<input type="text" value="Select One"/>	<input type="text" value="Select One"/>		
* Patient Account Number	Patient Amount Paid	* Release of Information Code	
<input type="text" value="Patient Account Number"/>	<input type="text" value="\$"/>	<input type="text" value="Select One"/>	

**Figure 9.5:** The Subscriber Info screen contains Subscriber ID, birth date, gender code, Patient Account Number and Release Information Code.

## C Computer Media Claims (CMC) and Internet Professional Claim Submission (IPCS)

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6. Enter all required information on the **Claim Info** screen. This screen contains general information regarding the claim. 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 Codes** field, select the appropriate ICD-CM Type, and then re-enter the new Diagnosis Code. Once required fields are populated, select **Next** to proceed to Other Health screen.

Internet Professional Claim Submission (IPCS)

Provider Info Subscriber Info **Claim Info** Other Health Vision Service Details Summary

\* Indicates required field

**Overall Claim Information**

Hospitalization Admit Date Hospitalization Discharge Date ICD-CM Type

mm/dd/yyyy mm/dd/yyyy NONE

Primary Diagnosis Code Secondary Diagnosis Code Prior Authorization Referral #

Diagnosis Code Diagnosis Code Prior Authorization Referral #

\* Place of Service Special Program Indicator

Select One Select One

Delay Reason Code Onset of Current Illness/Injury Date Accident Date

Select One mm/dd/yyyy mm/dd/yyyy

Related Causes Code 1 Related Causes Code 2 Auto Accident State/Province State Country Code

Select One Select One State/Province Country

Attachment Transmission Code Attachment Control Number Note Reference Code

Select One Attachment Control Number Select One

Claim Note Text File Information

Claim Note File Info

Previous Next

**Figure 9.6:** The Claim Info screen contains general information regarding the claim.

**Note:** Under Claim Info, the **Diagnosis Codes** field is not marked with an asterisk, but this field may be required. Please check the *CMS-1500* Completion section of the Part 2 provider manual for a list of services that are exempt from entering the diagnosis description and codes when they are the only services billed on the claim. Enter the diagnosis without the decimal point.

If sending in attachments with the claim, make sure you put the Attachment Control Number (ACN) in the corresponding field.

## C Computer Media Claims (CMC) and Internet Professional Claim Submission (IPCS)

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7. The Other Health screen contains information regarding **Other Health Coverage (OHC)** the Medi-Cal subscriber may have, which indicates shared responsibility for paying the claim. If a subscriber has OHC populate the required fields and, select **Next** to proceed to Vision.

Internet Professional Claim Submission (IPCS)

Provider Info   Subscriber Info   Claim Info   **Other Health**   Vision   Service Details   Summary

\* Indicates required field

**Other Insured/Payer Information**

Would you like to submit other health coverage?    Yes    No

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

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

\* Other Payer Name   \* Other Payer ID   \* Responsibility Code

Other Payer Name   Other Payer ID   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 Certification Indicator

\$   Select One

Previous   Next

**Figure 9.7:** The Other Health screen and information.

## C Computer Media Claims (CMC) and Internet Professional Claim Submission (IPCS)

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8. This screen contains fields for **Vision**-related information that a Medi-Cal subscriber may have corresponding to a claim. If applicable populate the required fields and, select **Next** to proceed to Service Details.

The screenshot displays the 'Internet Professional Claim Submission (IPCS)' interface. At the top, a progress bar shows seven steps: Provider Info, Subscriber Info, Claim Info, Other Health, Vision (highlighted in yellow), Service Details, and Summary. Below the progress bar, a blue header reads 'Vision Information' with a note '\* Indicates required field'. The main form contains the following fields:

- 'Would you like to submit Vision?' with radio buttons for 'Yes' and 'No' (selected).
- 'Prescription Date' (text input with placeholder 'mm/dd/yyyy').
- 'Category Code' (dropdown menu with 'Select One').
- 'Purchased Service Amount' (text input with a '\$' symbol).
- 'Condition Indicator 1' through 'Condition Indicator 5' (five dropdown menus, each with 'Select One').

At the bottom right, there are two buttons: 'Previous' and 'Next'.

**Figure 9.8:** The Vision screen and information.

## C Computer Media Claims (CMC) and Internet Professional Claim Submission (IPCS)

Page updated: May 2022

9. The **Service Details** screen contains information about the specific procedures performed. At least one service detail is required, but you may enter up to six.

**Internet Professional Claim Submission (IPCS)**

Provider Info   Subscriber Info   Claim Info   Other Health   Vision   **Service Details**   Summary

**Total Claim**

Total Claim Charge Amount: 0.00

**Service Line Details Information (Limit 6 Details)** \* Indicates required field

Line Item Control #   \* From Service Date   To Service Date

Control #   mm/dd/yyyy   mm/dd/yyyy

\* Procedure Code #   Modifiers

Procedure Code #   1st   2nd   3rd   4th

\* Charge Amount   \* Quantity   \* Quantity Qual

\$   Quantity   Select One

Emergency Indicator   EPSDT/Family Planning Indicator   Family Planning Indicator   Note Reference Code

No   No   No   Select One

Line Note Text   Line File Information

Line Note   File Info

**Drug Identification**

Product ID Qualifier   Product ID

Select One   Product ID

Unit Price   Unit Quantity   Unit Of Measure

\$   Unit Quantity   Select One

Prescription # Qual   Prescription #

Prescription # Qual   Prescription #

**Figure 9.9:** The Service Details screen includes Service Dates, Procedure Code, Quantity and Quantity Qual.

## C Computer Media Claims (CMC) and Internet Professional Claim Submission (IPCS)

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10. Once the required fields have been completed, select **Add Detail** at the bottom of the form.

**Override**  
Use only when information for this detail differs from that entered on the Claim and Provider tabs.

**Onset Date**  
mm/dd/yyyy

**Place of Service**  
Select One

**Prior Authorization #**  
Prior Authorization #

**Referral #**  
Referral #

**Rendering Provider**

**National Provider ID**  
National Provider ID

**OR**

**Medicaid Provider ID**  
Medicaid Provider ID

**Service Facility**

**National Provider ID**  
National Provider ID

**OR**

**Medicaid Provider ID**  
Medicaid Provider ID

**Taxonomy Code**  
Taxonomy Code

**Entity Identifier**  
Select One

**Referring Provider**

**National Provider ID**  
National Provider ID

**Medicaid Provider ID/License #**  
Medicaid Provider ID/Liscer

**Taxonomy Code**  
Taxonomy Code

**Provider Name**  
Provider Name

→ **Add Detail** **Remove Detail** **Edit Detail** **Save Detail**

**Detail List**

**Previous** **Submit Preview**

**Figure 9.10:** Click Add Detail after the required fields have been filled.

C Computer Media Claims (CMC) and Internet Professional Claim Submission (IPCS)

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11. To add another service detail, complete the required fields marked with an asterisk (\*) for the next service and select Add Detail at the bottom of the form.

**Internet Professional Claim Submission (IPCS)**

Provider Info   Subscriber Info   Claim Info   Other Health   Vision   Service Details   Summary

---

**Total Claim**

Total Claim Charge Amount:

\* Indicates required field

**Service Line Details Information (Limit 6 Details)**

Line Item Control #    
 \* From Service Date    
 To Service Date

\* Procedure Code #    
 Modifiers:         

\* Charge Amount    
 \* Quantity    
 \* Quantity Qual

Emergency Indicator    
 EPSDT/Family Planning Indicator    
 Family Planning Indicator    
 Note Reference Code

Line Note Text    
 Line File Information

**Figure 9.11:** Further details can be added by repeating the required fields and pressing the Add Detail button at the bottom of the form.

12. Each service detail is listed in the box at the bottom of the screen.

**Detail List**

Detail	From Service Date	Procedure Code	Charge Amount	Quantity
1	2019-12-16	99214	125.00	1.000
2	2019-12-16	71020	80.00	1.000

**Figure 9.12:** Service details listed at the bottom of the webpage.

## C Computer Media Claims (CMC) and Internet Professional Claim Submission (IPCS)

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13. To remove or edit a detail line, under Detail List, highlight the desired service and select **Remove Detail** or **Edit Detail**.

**Note:** When a detail line is selected it will take the user to the top of the form. The Detail List will now display the selected detail line highlighted in gray as shown below.

**Referring Provider**

National Provider ID      Medicaid Provider ID/License #      Taxonomy Code      Provider Name

National Provider ID      Medicaid Provider ID/Liscer      Taxonomy Code      Provider Name

Add Detail      Remove Detail      Edit Detail      Save Detail

**Detail List**

Detail	From Service Date	Procedure Code	Charge Amount	Quantity
1	2021-09-10	99453	60.00	1.000

Previous      Submit Preview

**Figure 9.13:** Highlight the service and select Remove Detail or Edit Detail.

# C Computer Media Claims (CMC) and Internet Professional Claim Submission (IPCS)

Page updated: May 2022

14. As you add or remove 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,

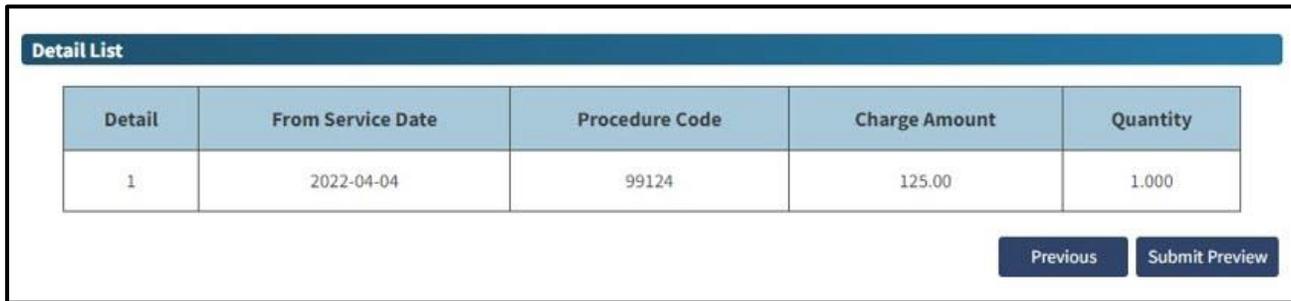
The screenshot displays the 'Internet Professional Claim Submission (IPCS)' interface. At the top, a navigation bar includes icons for Provider Info, Subscriber Info, Claim Info, Other Health, Vision, Service Details, and Summary. Below this is a 'Total Claim' section with a 'Total Claim Charge Amount' field containing the value '205.00'. A note indicates that an asterisk (\*) denotes a required field. The 'Service Line Details Information (Limit 6 Details)' section contains several input fields: 'Line Item Control #' (Control #), '\* From Service Date' (mm / dd / yyyy), 'To Service Date' (mm / dd / yyyy), '\* Procedure Code #' (Procedure Code #), 'Modifiers' (1st, 2nd, 3rd, 4th), '\* Charge Amount' (\$), '\* Quantity' (Quantity), '\* Quantity Qual' (Select One), 'Emergency Indicator' (No), 'EPSDT/Family Planning Indicator' (No), 'Family Planning Indicator' (No), and 'Note Reference Code' (Select One). At the bottom, there are two text areas: 'Line Note Text' (Line Note) and 'Line File Information' (File Info).

**Figure 9.14:** The Total Claim Charge Amount will update to reflect the total Service Line Detail charges as they are entered.

C Computer Media Claims (CMC) and Internet Professional Claim Submission (IPCS)

Page updated: May 2022

15. Once all the service details are completed, select the **Submit Preview** button to go to the Summary page.



The screenshot shows a web interface with a table titled "Detail List". The table has five columns: "Detail", "From Service Date", "Procedure Code", "Charge Amount", and "Quantity". There is one data row with the following values: "1", "2022-04-04", "99124", "125.00", and "1.000". Below the table are two buttons: "Previous" and "Submit Preview".

Detail	From Service Date	Procedure Code	Charge Amount	Quantity
1	2022-04-04	99124	125.00	1.000

Previous Submit Preview

**Figure 9.15:** The Submit Preview button goes to the Summary page.



# C Computer Media Claims (CMC) and Internet Professional Claim Submission (IPCS)

Page updated: May 2022

17. If all required fields are correctly completed, the Claim Detail screen is displayed:

**Internet Professional Claim Submission (IPCS)**

Provider Info   Subscriber Info   Claim Info   Other Health   Vision   Service Details   Summary

**Claim Detail**

Submitter:

===== PROVIDER INFORMATION =====

Billing Provider ID:

Billing Provider Address: 650 knott ave buena park 906212612

Billing Provider Country:

Billing Provider Country SDC:

Billing Taxonomy Code:

Benefit Assignment: W - Not Applicable

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 1st Name / Middle:

Subscriber's Last Name:

Subscriber ID # / Suffix:

Issue Date: 2013-08-03

Subscriber Birth Date: 1983-08-03

Gender:

Patient Account Number:

Pregnancy Indicator: N

Patient Amount Paid:

Release Of Information: Y - Yes, Provider has signed statement permitting release of medical billing data related to a claim

**Figure 9.17:** The Claim Detail screen is displayed after all required fields are correctly completed.

**Note:** Use the scroll bar on the right side to scroll down and view the entire claim.

## C Computer Media Claims (CMC) and Internet Professional Claim Submission (IPCS)

Page updated: January 2023

18. To complete the claim, select the **Submit** button. The other button options include:

- **Previous** – takes the user back to the Service Details screen
- **Print** – Print the full claim summary
- **Start New Claim** -this option is available once the claim is successfully submitted.

The screenshot shows a form with two main sections: "DRUG IDENTIFICATION" and "CLAIM OVERRIDE".

**DRUG IDENTIFICATION**

- Product ID Qualifier:
- Product ID:
- Unit Price:
- Unit Quantity:
- Unit Of Measure:
- Prescription # Qualifier:
- Prescription #:

**CLAIM OVERRIDE**

- Prior Authorization #:
- Referral#:
- Onset Date:
- Place of Service:
- Rendering Provider ID:
- Rendering Tax Code:
- Referring Provider ID:
- Referring Tax Code:
- Referring Provider Name:
- Facility Provider ID:
- Facility Entity ID:

At the bottom of the form, there are four buttons: "Start New Claim", "Previous", "Print", and "Submit". The "Submit" button is highlighted with a red border.

**Figure 9.18:** To complete a claim, select the Submit button.

## C Computer Media Claims (CMC) and Internet Professional Claim Submission (IPCS)

Page updated: May 2022

19. A response screen shows the verification result and will display any errors. If the response screen shows errors, select the **Previous** button to make corrections.

The screenshot displays the 'Internet Professional Claim Submission (IPCS)' interface. At the top, a progress bar shows seven steps: Provider Info, Subscriber Info, Claim Info, Other Health, Vision, Service Details, and Summary. The 'Summary' step is highlighted in yellow, indicating the current screen. Below the progress bar, a red error message box states: 'Claim contains error(s) and was not submitted.' The error details are: 'Header Error' with the message 'Submitter ID not valid for Provider'. Below the error message is a 'Claim Detail' section with the following information:

**Submitter:**  
===== PROVIDER INFORMATION =====

**Billing Provider ID:**  
**Billing Provider Address:** 650 knott ave buena park 906212612  
**Billing Provider Country:**  
**Billing Provider Country SDC:**  
**Billing Taxonomy Code:**  
**Benefit Assignment:** W - Not Applicable  
**Facility Provider ID:**  
**Facility Entity ID:**  
**Rendering Provider ID:**  
**Rendering Taxonomy Code:**  
**Referring Provider ID:**  
**Referring Taxonomy Code:**  
**Referring Provider Name:**

**Figure 9.19:** The response screen will display errors with the claim. To correct errors, select the Previous button.

## C Computer Media Claims (CMC) and Internet Professional Claim Submission (IPCS)

Page updated: May 2022

20. If the claim data entered is accepted for processing, the response screen displays the CCN. Select one of the following options:

- Start New Claim.
- Print.

The screenshot displays the 'Internet Professional Claim Submission (IPCS)' interface. At the top, a progress bar shows seven steps: Provider Info, Subscriber Info, Claim Info, Other Health, Vision, Service Details, and Summary. The 'Claim Info' step is highlighted with a green checkmark, indicating the current status. Below the progress bar, a green box contains a checkmark icon and the text 'Claim Accepted' and 'CCN'. Below this, a blue header reads 'Claim Detail'. The main content area lists various fields under the heading 'Submitter:'. A separator line reads '===== PROVIDER INFORMATION ====='. The fields listed are: Billing Provider ID, Billing Provider Address (650 knott ave buena park 906212612), Billing Provider Country, Billing Provider Country SDC, Billing Taxonomy Code, Benefit Assignment (W - Not Applicable), Facility Provider ID, Facility Entity ID, Rendering Provider ID, Rendering Taxonomy Code, Referring Provider ID, Referring Taxonomy Code, and Referring Provider Name.

**Figure 9.20:** After the claim is accepted, select Start New Claim or Print.

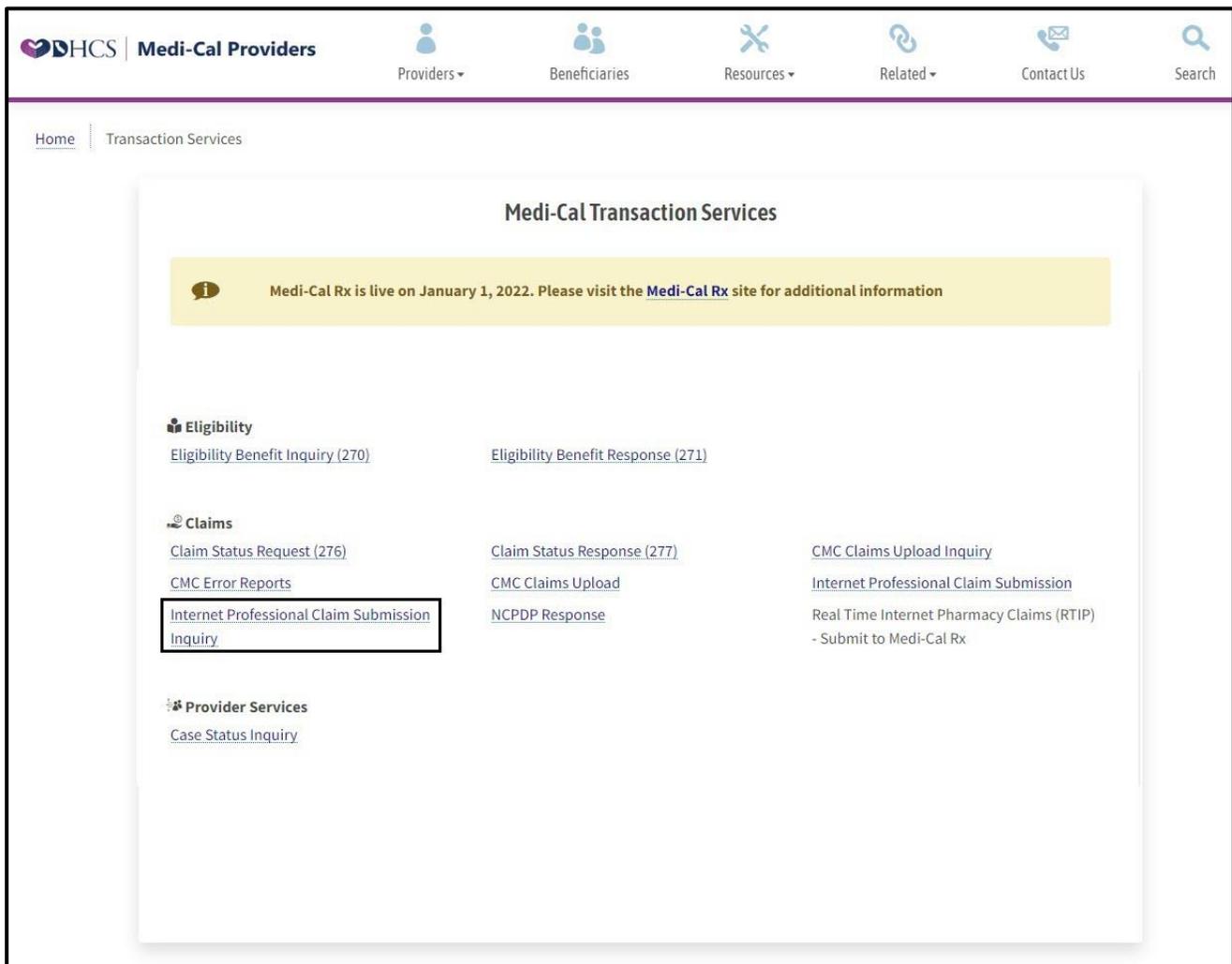
**Note:** An accepted claim does not guarantee payment. An accepted claim means only that the claim form was completed correctly, and it will enter Medi-Cal's claim processing system.

If you need any assistance with IPCS, you may call the TSC at 1-800-541-5555. Select the options for the POS/Internet Helpdesk.

## IPCS: Viewing Submitted Claims

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. Log into **Transaction Services**, under the Claims section, select **Internet Professional Claim Submission Inquiry**.

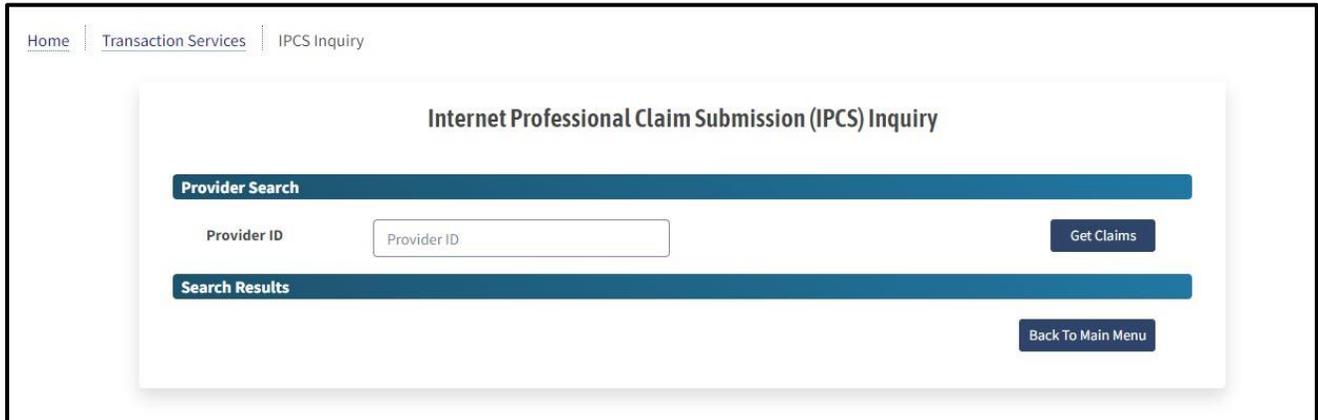


**Figure 10.1:** From the Transaction Services homepage, under the Claims section select the Internet Professional Claim Submission Inquiry link.

## C Computer Media Claims (CMC) and Internet Professional Claim Submission (IPCS)

Page updated: May 2022

2. Enter the billing provider's 10-digit NPI into the Provider ID field and select **Get Claims**.



The screenshot shows a web interface for the Internet Professional Claim Submission (IPCS) Inquiry. At the top, there are navigation links for Home, Transaction Services, and IPCS Inquiry. The main heading is "Internet Professional Claim Submission (IPCS) Inquiry". Below this, there is a "Provider Search" section with a "Provider ID" label and a text input field containing "Provider ID". To the right of the input field is a "Get Claims" button. Below the search section is a "Search Results" section with a "Back To Main Menu" button.

**Figure 10.2:** Enter the NPI number into the Provider ID field and select the Get Claims button.

**Note:** You may only view claims that are submitted that day.

## C Computer Media Claims (CMC) and Internet Professional Claim Submission (IPCS)

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3. The system returns a list of claims submitted for the user and provider ID on the current day. To print, select the desired claim from the CCN column.

Home | Transaction Services | IPCS Inquiry

### Internet Professional Claim Submission (IPCS) Inquiry

**Provider Search**

Provider ID:  [Get Claims](#)

**Search Results**

You have 4 claim(s) available to view.  
Claims 1 thru 4 are displayed. Click the CCN # to view claim details.

	CCN	Details	Subscriber ID	Subscriber Name	Service Date
1	[blurred]	1			09/10/2021
2	[blurred]	1			10/09/2021
3	[blurred]	1			10/09/2021
4	[blurred]	1			10/09/2021

[Back To Main Menu](#)

**Figure 10.3:** The list of claims submitted for a single user and provider ID that occurred on the day of the search will appear. Select Print after the desired claim is selected in the CCN column.

## Attachment Control Form (ACF)

An ACF validates the process of linking paper attachments to electronic claims. The California Medicaid Management Information System (CA-MMIS) processes paper attachments submitted in conjunction with an electronic claim.

For each electronically submitted claim requiring an attachment, a single and unique ACF must be submitted via mail or fax. Providers are required to use the 11-digit Attachment Control Number (ACN) from the ACF to populate the Paperwork (PWK) segment of the 837I HIPAA transaction.

Attachments must be mailed or faxed to the Fiscal Intermediary at the address below.

California MMIS Fiscal Intermediary  
P.O. Box 526022  
Sacramento, CA 95852  
Fax: 1-866-438-9377

### Attachment Policies

- All attachments must be received within 30 days of the electronic claim submission.
- Attachments can be submitted 30 days prior to electronic claim submission.
- Only one ACN is accepted per single electronic claim and only one set of attachment will be assigned to a claim.
- Do not copy the ACF forms.

### ACF Order/Reorder Instructions

ACFs and envelopes are provided free of charge to all providers submitting electronic transactions. Call TSC at 1-800-541-5555 to request ACF forms and envelopes.

### Attachment Control Form (ACF)

The Provider Number field must be completed and the form must be signed and dated.

DO NOT STAPLE IN BAR AREA

**MEDI-CAL CLAIM ATTACHMENT CONTROL FORM**  
STATE OF CALIFORNIA DEPARTMENT OF HEALTH SERVICES

DO NOT WRITE IN THIS SPACE

ATTACHMENT CONTROL NUMBER 9999999999

PROVIDER NUMBER:  (REQUIRED)

PROVIDER NAME: \_\_\_\_\_

PROVIDER ADDRESS: \_\_\_\_\_

(PLEASE PRINT IN BLACK OR BLUE INK TO COMPLETE THIS FORM)

FOR F.I. USE ONLY  
1  2  3  4

RETURN THIS FORM WITH ATTACHMENTS TO:  
FISCAL INTERMEDIARY  
P.O. BOX 526022  
SACRAMENTO, CA 95852

PROVIDER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

USE THIS FORM AS A COVER SHEET FOR PAPER DOCUMENTATION TO SUPPORT THE ELECTRONICALLY SUBMITTED CLAIM.  
FOR FURTHER INFORMATION REGARDING USE OF THE ATTACHMENT CONTROL FORM SEE THE PROVIDER MANUAL.

FORM NUMBER ACF-001

Figure 11.1: The Provider number, signature and date are required fields.

# ACF Rejection Letter

California MMIS  
Fiscal Intermediary

P.O. Box 13029  
Sacramento, CA 95813-4029

1.800.541.5555

Date: \_\_\_\_\_

**ATTACHMENT CONTROL FORM REJECT LETTER**

This letter is to inform you that the coversheet or Attachment Control Form (ACF) you submitted does not meet Medi-Cal standards. It has been rejected for the following reason(s):

\_\_\_\_\_ Invalid ACF  
(Only original ACFs provided by California Department of Health Care Services (DHCS) will be accepted)

\_\_\_\_\_ Missing ACF  
(Paper attachments submitted without ACF)

\_\_\_\_\_ Supporting documentation missing  
(ACF received without paper attachments)

\_\_\_\_\_ Invalid Attachment Control Number (ACN) on ACF  
(Pre-imprinted CANNOT be altered or unreadable)

\_\_\_\_\_ Other: \_\_\_\_\_

Please resubmit your electronic claim if:

The resubmitted ACF has an Attachment Control Number (ACN) that differs from your original electronic claim form or;

More than 30 days have passed since you originally submitted your electronic claim.

Mail attachments to: California MMIS Fiscal Intermediary  
P.O. Box 526022  
Sacramento, CA 95852

If you have any questions regarding this notice or submitting attachments, please call the Telephone Service Center (TSC) at 1-800-541-5555.

Sincerely,

California Medicaid Management Information System Fiscal Intermediary

**Figure 12.1:** Sample of the Control Form Rejection Letter.

# Resource Information

## References

- Telephone Service Center (TSC): 1-800-541-5555
- Medi-Cal Provider website: [www.medi-cal.ca.gov](http://www.medi-cal.ca.gov)
- IPCS User Guide
- Provider Portal User Guide: Submitter Organization
- Provider Portal User Guide: Provider organization
- Provider Portal Admin User workbook
- Provider Field Representatives
- CMC Help Desk 916-636-1100