State of California
Department of Health Care Services

Internet Professional Claim Submission (IPCS) User Guide

California Medicaid Management Information System

V 1.4

October 2025

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About This Guide

This user guide is designed to help Medi-Cal billers submit professional medical claims using the Internet Professional Claim Submission (IPCS) application in the Medi-Cal Provider Portal. This user guide provides instructions for submitting and printing professional medical claims and troubleshooting and resolving issues that may arise when using IPCS.

About IPCS

IPCS only supports professional medical claims. IPCS does not support institutional claims submission. Six service lines may be submitted with each submission. For instructions about submitting attachments using this form, refer to the *Billing Instructions: Acceptable Claims, Attachments and Accredited Standards Committee (ASC) X12N 837 v.5010 Transactions* section of the Medi-Cal Billing and Technical manual. To order Attachment Control Forms (ACFs), call the Telephone Service Center (TSC) at 1-800-541-5555.

Report Problems

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

- In-state providers: 1-800-541-5555
- Out-of-State and border providers: (916) 636-1960

If you have questions about Medi-Cal policy or claims adjudication, refer to the Medi-Cal provider manuals available in the Publications area on the Medi-Cal Providers website, or call the TSC and select the appropriate option.

Tips and Troubleshooting

Keep the following tips in mind when completing the IPCS application:

- If inactive, IPCS will time out after 30 minutes. This feature protects submitted data and guards against unauthorized use of the system.
- Required fields are marked with a red asterisk (*).
- The left navigation menu allows users to move throughout each section of the claim until the claim is submitted.
- Tooltips provide additional details and helpful information, such as guidelines or formatting requirements, to assist you in correctly filling out the form.

Access IPCS

Refer to the *Provider Portal User Guide: Submitter Organization* for information about how to register your organization and grant access to administrators and processors to perform IPCS transactions in the Provider Portal.

1. In the Provider Portal **Transaction Center**, click the **Internet Professional Claim Submission (IPCS)** tile.

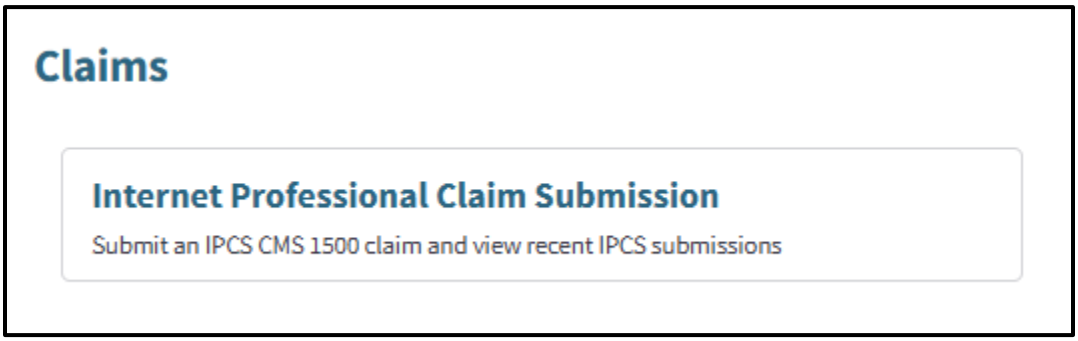
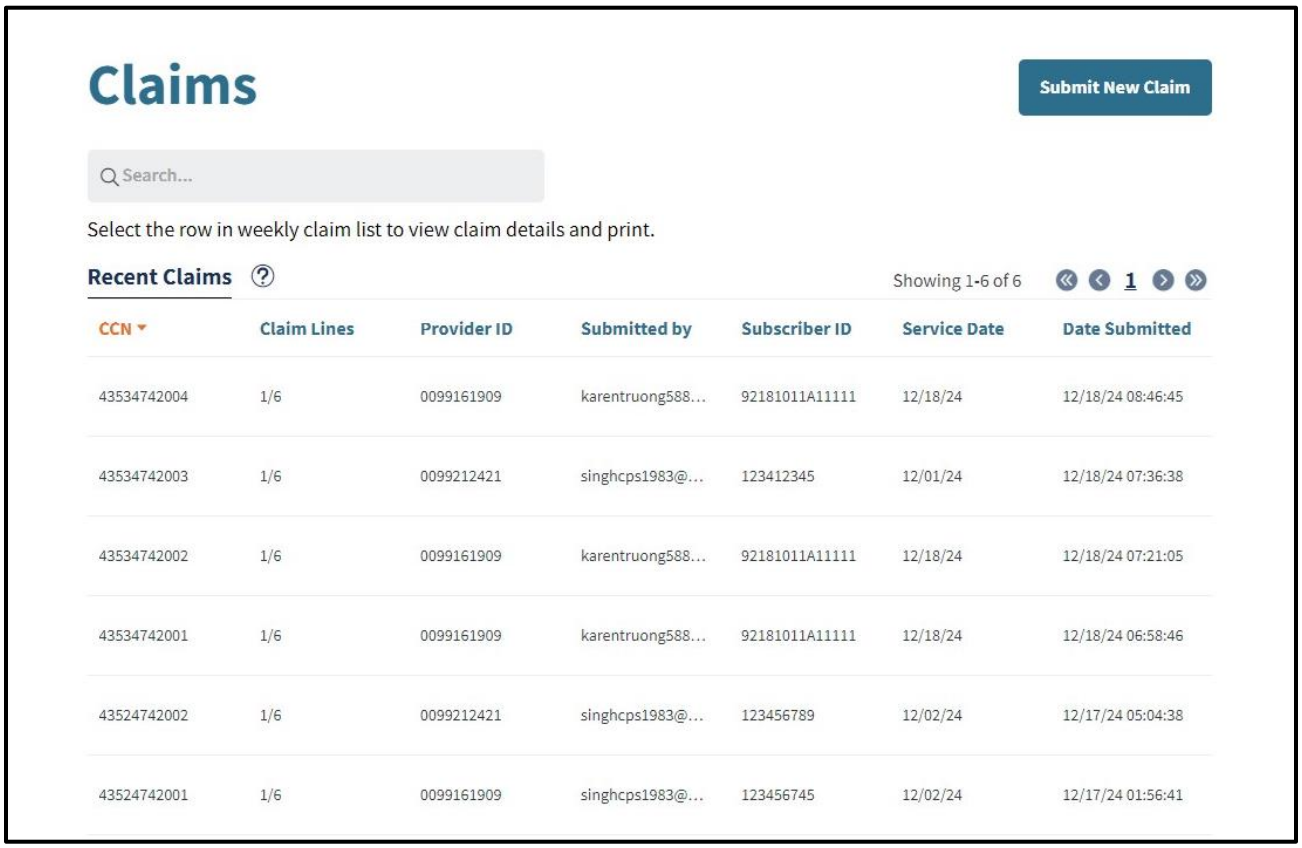


Figure 1.0: Access IPCS via the Transaction Center.

View Recent Claims

On the **Claims** page, view claims that were submitted in the last seven days. Up to 10 claims are displayed per page.

1. Click on a column header to sort in either ascending or descending order.
2. Click the page forward button or page numbers to view additional pages of claims.
3. Search for a claim by entering a CCN, provider ID, user email address, subscriber ID, service date or date submitted in the **Search** box.
4. Click anywhere on the claim record and it will open a **Claim Details Summary** page.



CCN	Claim Lines	Provider ID	Submitted by	Subscriber ID	Service Date	Date Submitted
43534742004	1/6	0099161909	karentruong588...	92181011A11111	12/18/24	12/18/24 08:46:45
43534742003	1/6	0099212421	singhcps1983@...	123412345	12/01/24	12/18/24 07:36:38
43534742002	1/6	0099161909	karentruong588...	92181011A11111	12/18/24	12/18/24 07:21:05
43534742001	1/6	0099161909	karentruong588...	92181011A11111	12/18/24	12/18/24 06:58:46
43524742002	1/6	0099212421	singhcps1983@...	123456789	12/02/24	12/17/24 05:04:38
43524742001	1/6	0099161909	singhcps1983@...	123456745	12/02/24	12/17/24 01:56:41

Figure 2.0: Search for a Recent Claim.

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View Claim Details Summary

1. Click the **Print** button to print a claim.
2. Click **Cancel** to return to the **Claims** page.

Claim Details Summary

Cancel | Print

INTERNET PROFESSIONAL CLAIM SUBMISSION

Submitter ID: ZZZ **CCN:** 43544742001 **Submission Date/Time:** 12/19/2024 7:04:32 AM

Provider Information			
Billing Provider			
Provider ID 0099212421		Org Name - Provider Name	
Address 1 1234 Main Street		Address 2	
City Los Angeles	State CA	ZIP Code 900011234	Country
Country SDC	Taxonomy Code	Benefit Assignment Indicator N - No	
Service Facility			
Provider ID		Entity Identifier	
Rendering Provider			
Provider ID		Taxonomy Code	
Referring Provider			
Provider ID	Taxonomy Code	Provider Name	

Figure 2.1: View Claim Details Summary.

Submit a New Claim

The following information is required to submit an IPCS claim:

- Provider Information
- Subscriber Information
- Claim Information
- Service Details
- Other Health Coverage Information (Optional)
- Vision Information (Optional)

1. To submit a new claim, click **Submit New Claim**.

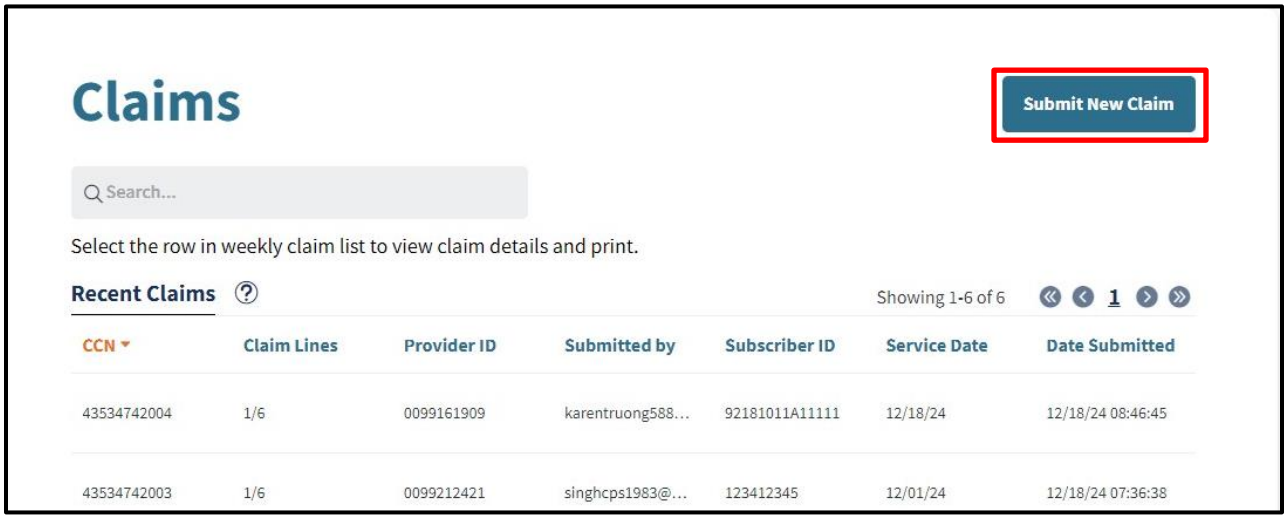

Figure 3.0: The Submit New Claim button on the Claims page.

2. The **Provider Information** page requires the billing provider, and if applicable the rendering provider, referring provider and the service facility for the claim.

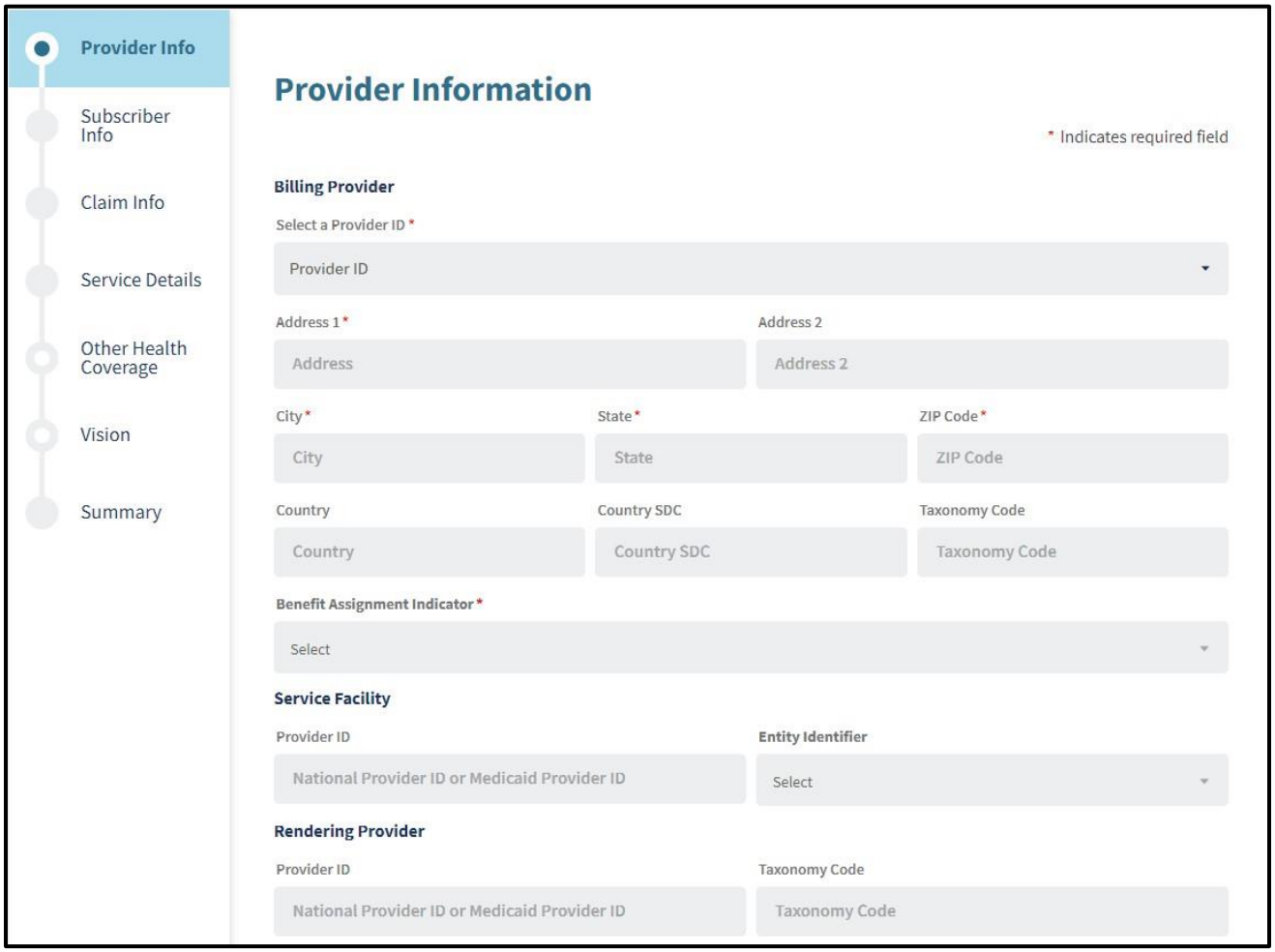

Figure 3.1: Provider Information Page.

3. Complete the required fields and click **Next**.

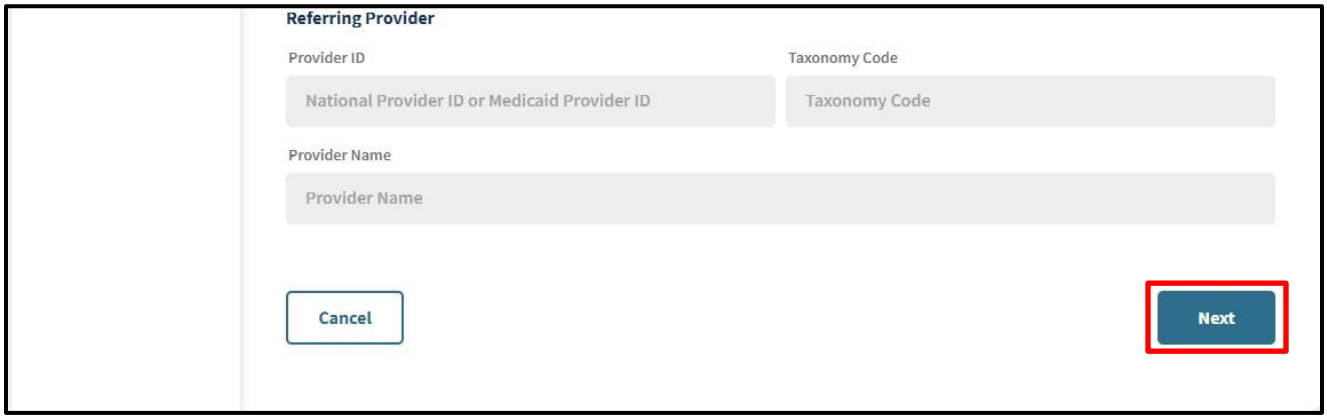

Figure 3.2: The Next button.

4. The **Subscriber Information** page requires the Medi-Cal subscriber information. Complete the required fields and click **Next**.

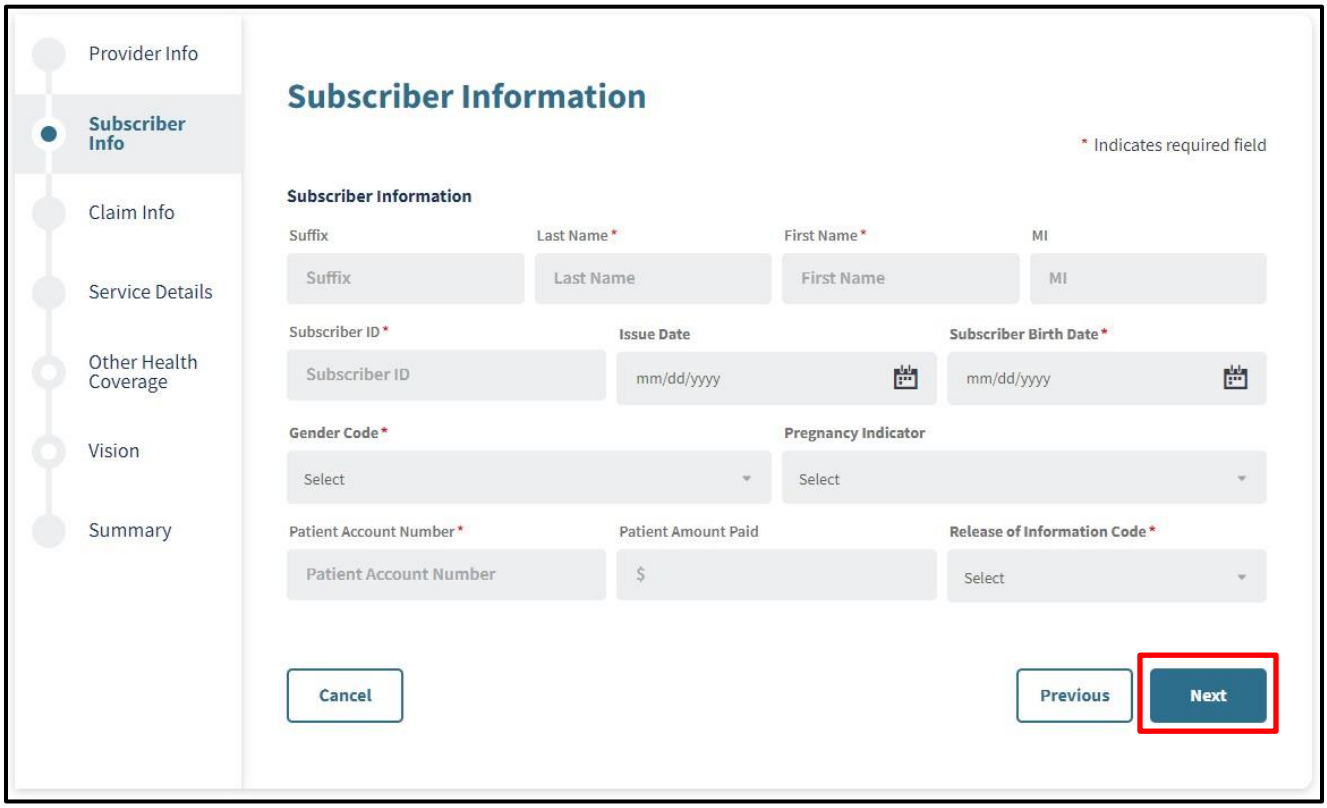

Figure 3.3: Subscriber Information page.

5. The **Claim Information** page requires general information. Any information entered will be applied to all of the **Service Detail** lines for the entire claim, unless overridden in the **Service Details Override** section. Complete the required fields and click **Next**.

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

Claim Information

* Indicates required field

Overall Claim Information

Hospitalization Admit Date: mm/dd/yyyy
Hospitalization Discharge Date: mm/dd/yyyy
ICD-CM Type: NONE
Primary Diagnosis Code: Diagnosis Code
Secondary Diagnosis Code: Diagnosis Code
Place of Service*: Select
Prior Authorization: Prior Authorization
Referral Number: Referral Number
Special Program Indicator: Select
Delay Reason Code: Select
Related Causes Code 1: None
Related Causes Code 2: None
Onset of Current Illness/Injury Date: mm/dd/yyyy
Accident Date: mm/dd/yyyy
Auto Accident State/Province State: State/Province
Country Code: Country
Attachment Transmission Code: Select
Attachment Control Number: Attachment Control Number
Note Reference Code: Select
Claim Note Text: Claim Note Text
File Information: File Information

Cancel
Previous
Next

Figure 3.4: The Claim Information page.

6. The **Service Details** page requires information about the specific procedures performed. A maximum of six service lines are allowed. Complete the Service Line Details Information.

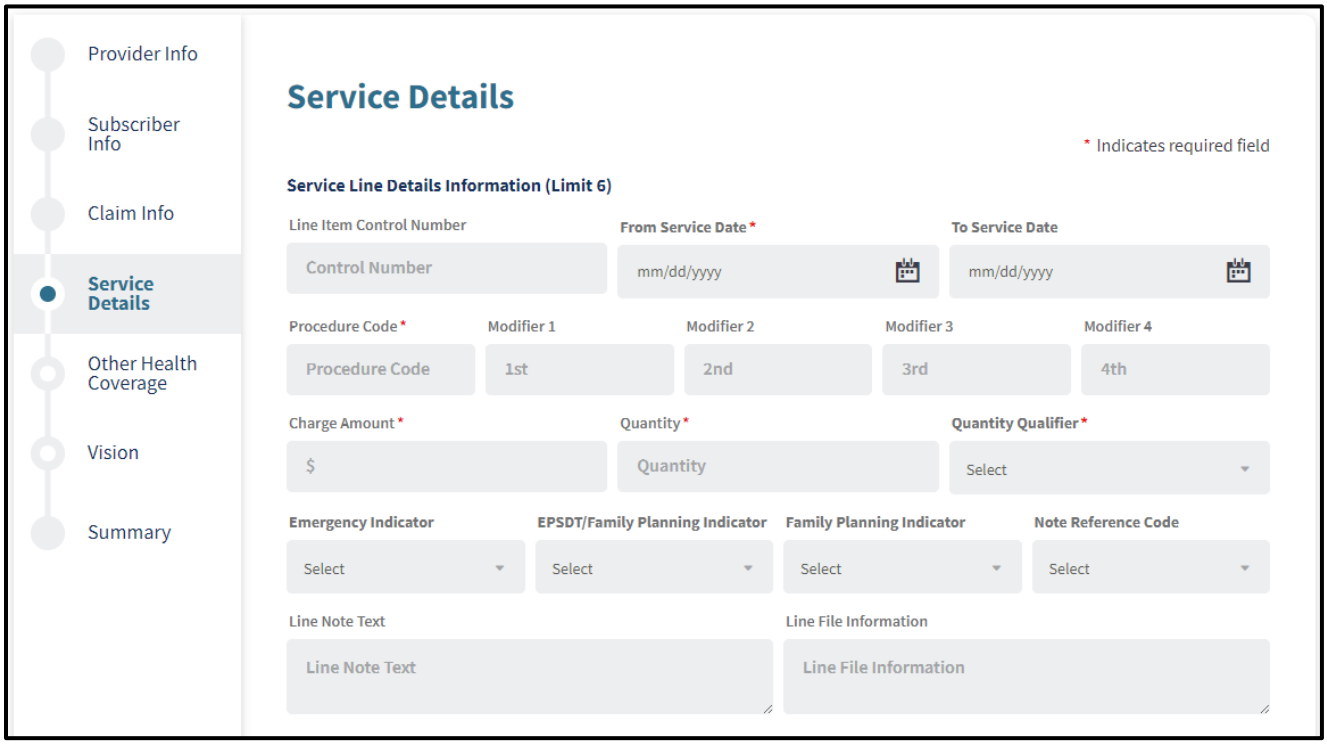

Figure 3.5: Service Details page.

7. If applicable, the **Drug Identification** section requires the collection of the National Drug Code (NDC) or Universal Product Number (UPN), in conjunction with the Healthcare Common Procedure Coding System (HCPCS) codes. When required, a **Product ID Qualifier** identifying the UPN type or NDC needs to be selected from the drop-down list, along with the **Unit Quantity**, **Unit of Measure** and **Unit Price**.

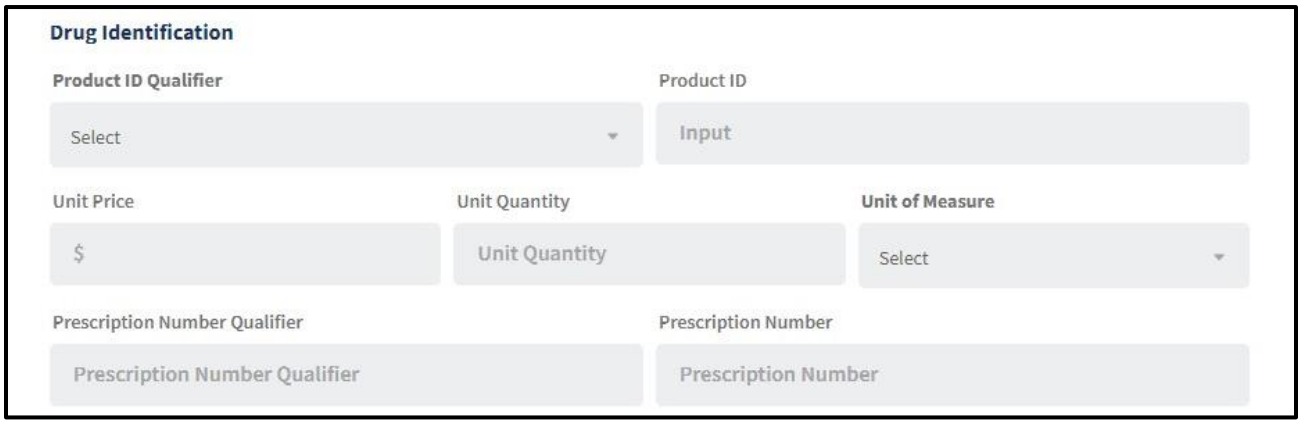

Figure 3.6: Drug Identification section.

8. The **Override** section shows data already entered in the **Provider Information** and **Claim Information** pages. If necessary, change the information for this particular service line.
9. Click **Save Service Line**.

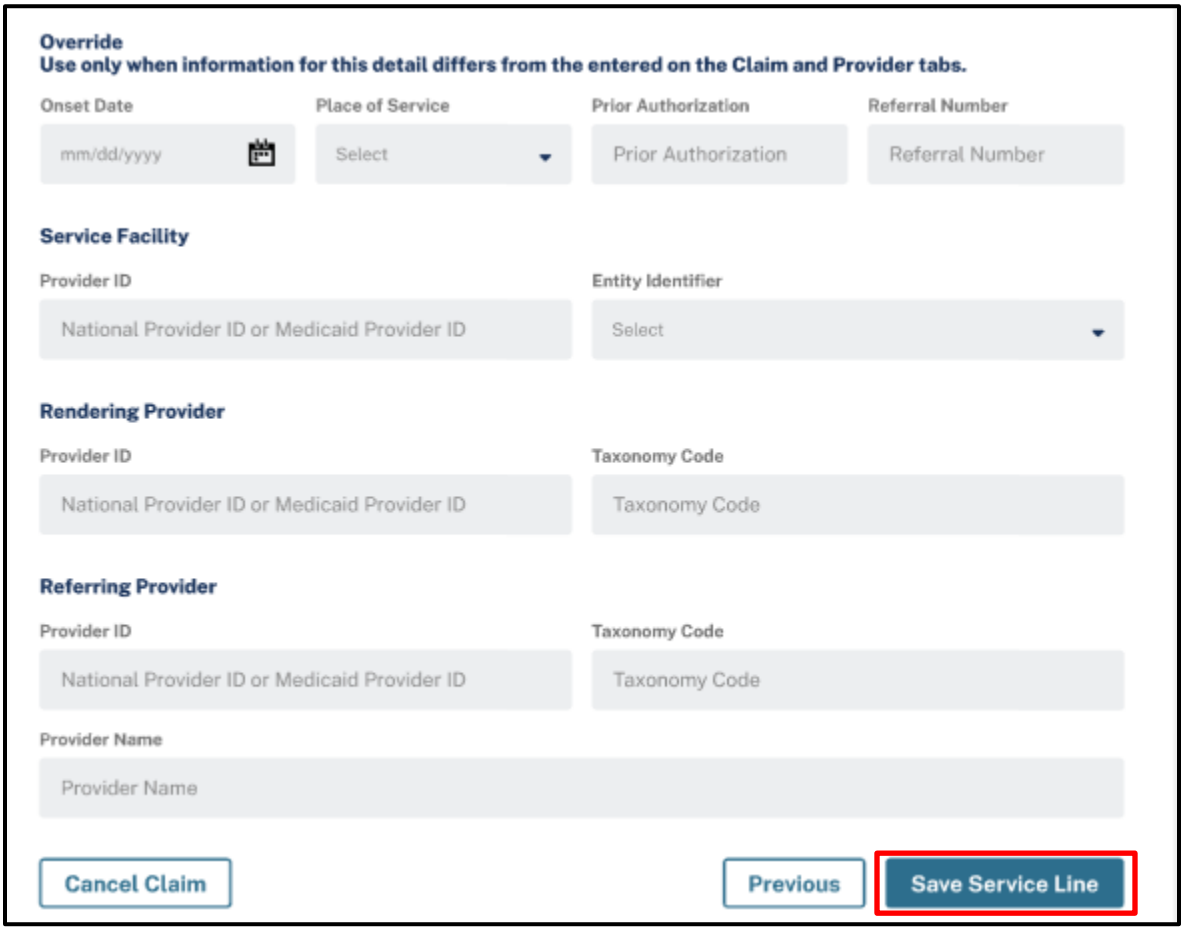

Figure 3.7: Override section.

10. If additional service lines are needed, click **Add Service Line**. As services are added, the Total Claim Charge Amount changes to reflect the sum of the service charges.

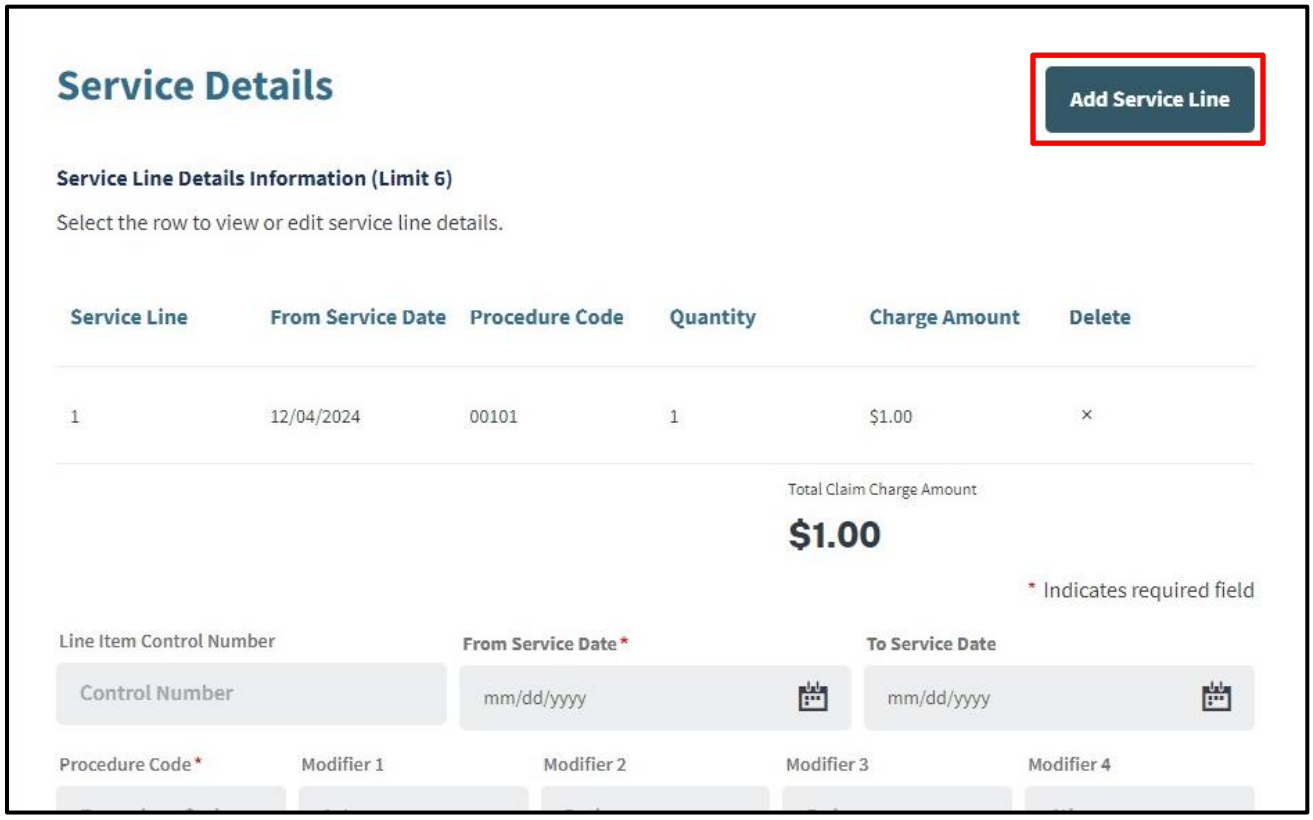

Figure 3.8: Add Service Line button on the Service Details page.

11. After adding the necessary service line details, click **Save Service Line**.

Figure 3.9: Save Service Line button.

12. To edit service line details for a service, select a row and the service details are opened on the bottom of the page.

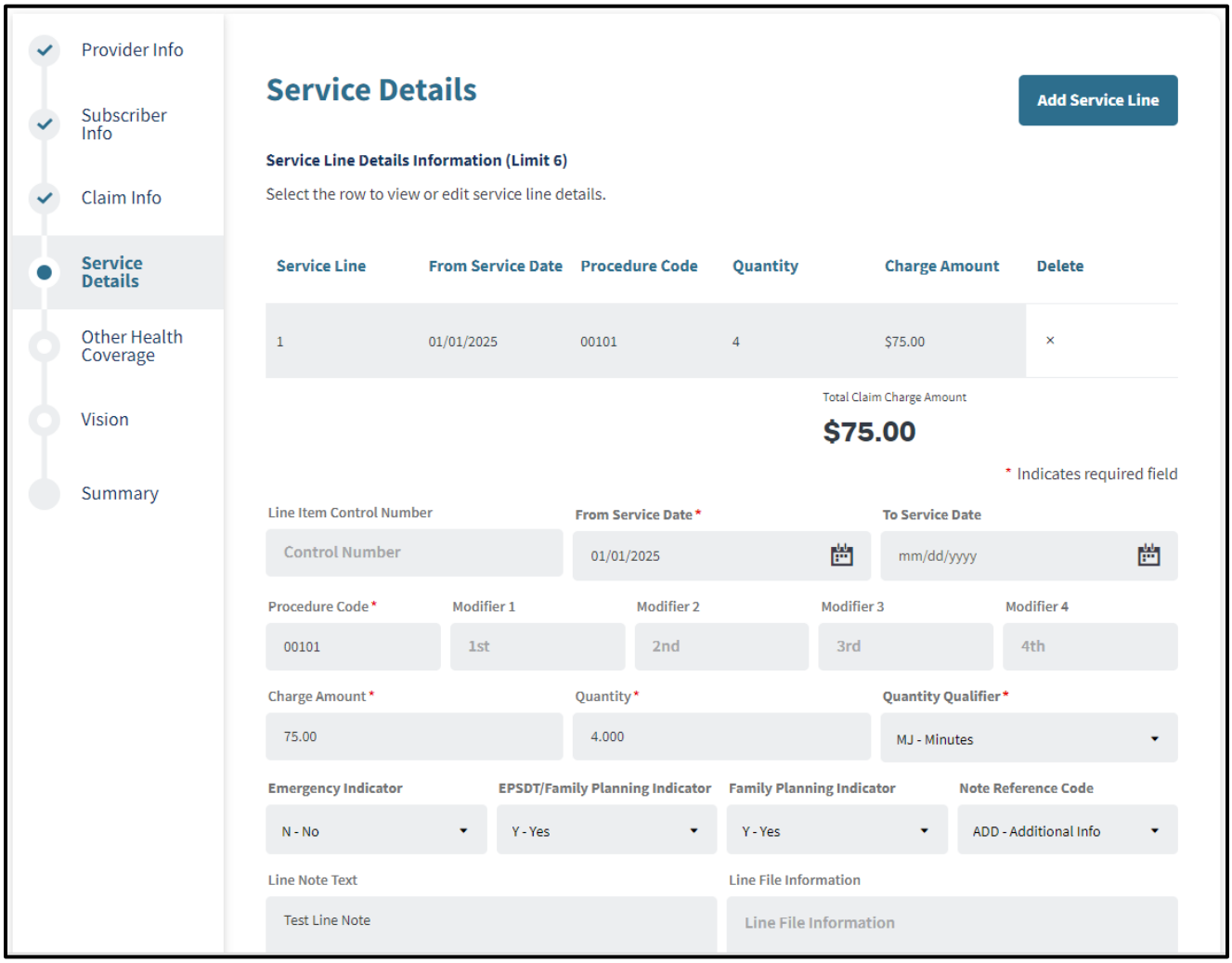

Figure 3.10: Service Details page.

13. Make changes, as necessary, and click **Save Service Line**.

Figure 3.11: Save Service Line button.

14. The Other Health Coverage (OHC) page requires any OHC that the Medi-Cal subscriber has responsibility for paying. If the subscriber has OHC, select the **Yes** radio button next to “Would you like to enter Other Health Coverage?”
15. Complete the required fields and click **Next.**

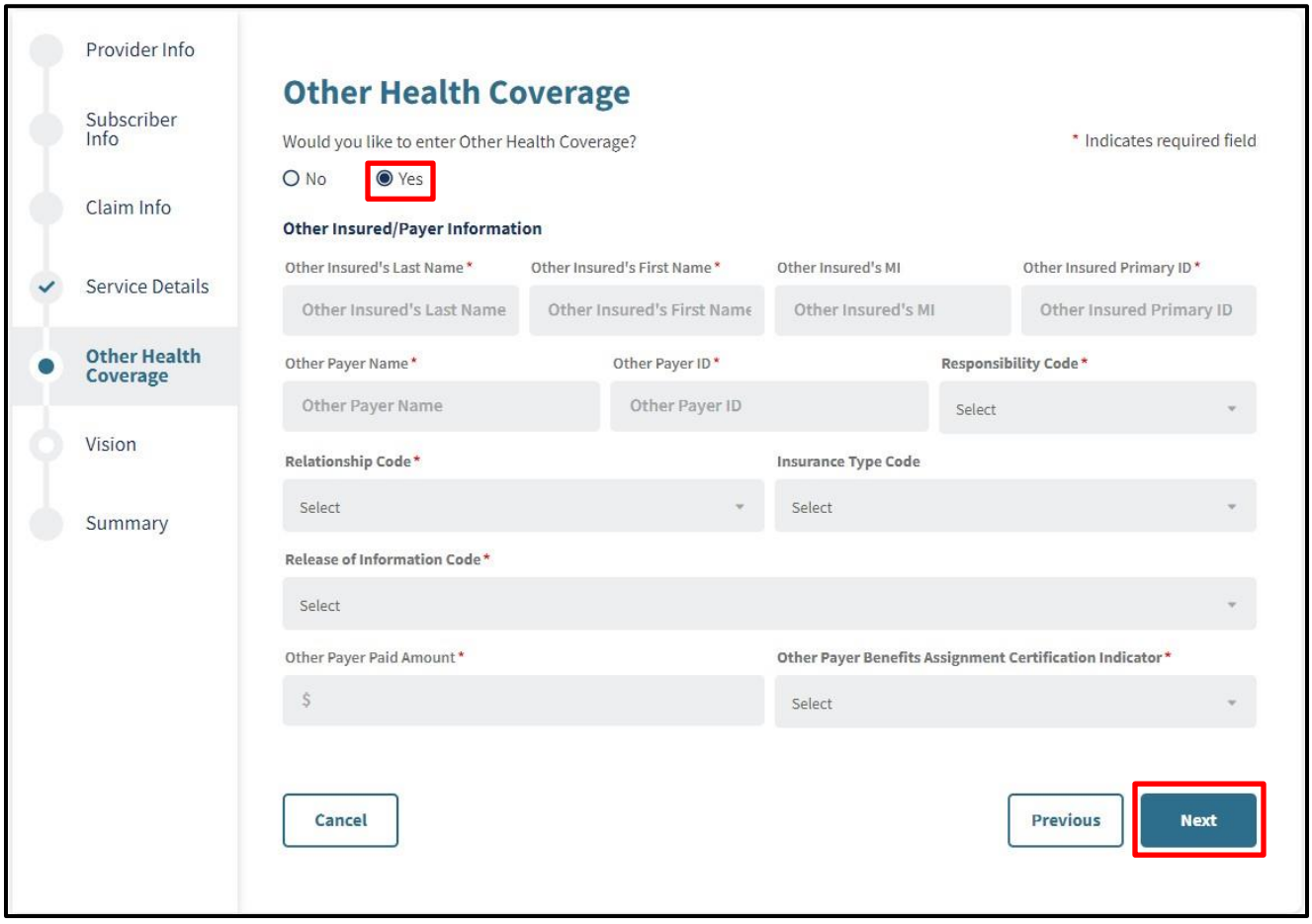

Figure 3.12: Other Health Coverage page.

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16. If the subscriber has a vision claim, select the **Yes** radio button next to “Would you like to enter Vision information?”
17. Complete the required fields, if applicable, and click **Next**.

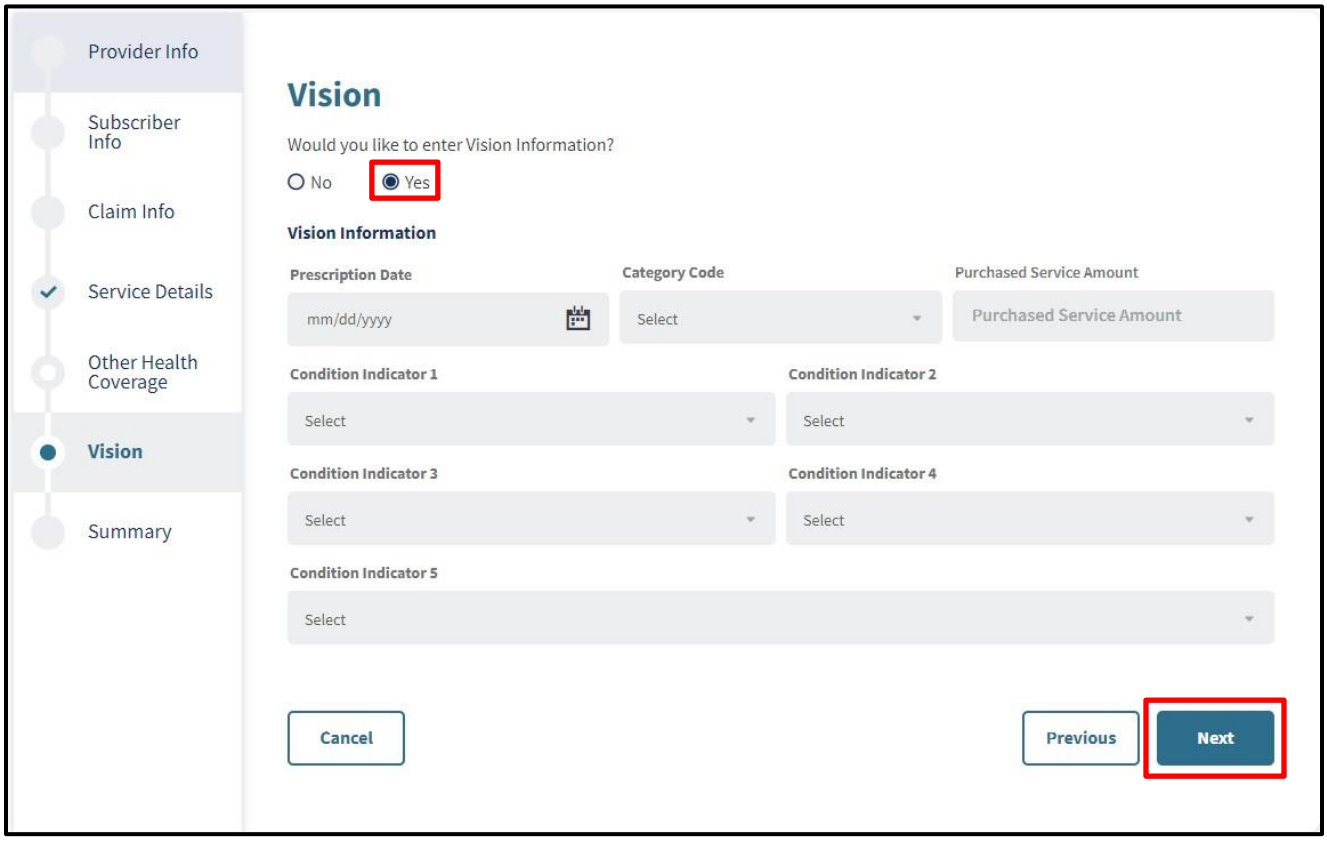

Figure 3.13: Vision Service page.

18. View the **Claim Details Summary** to ensure that the information entered is accurate and that no keying errors were made. If errors were made, click any of the pages in the left navigation to correct the data within that particular page of the claim.

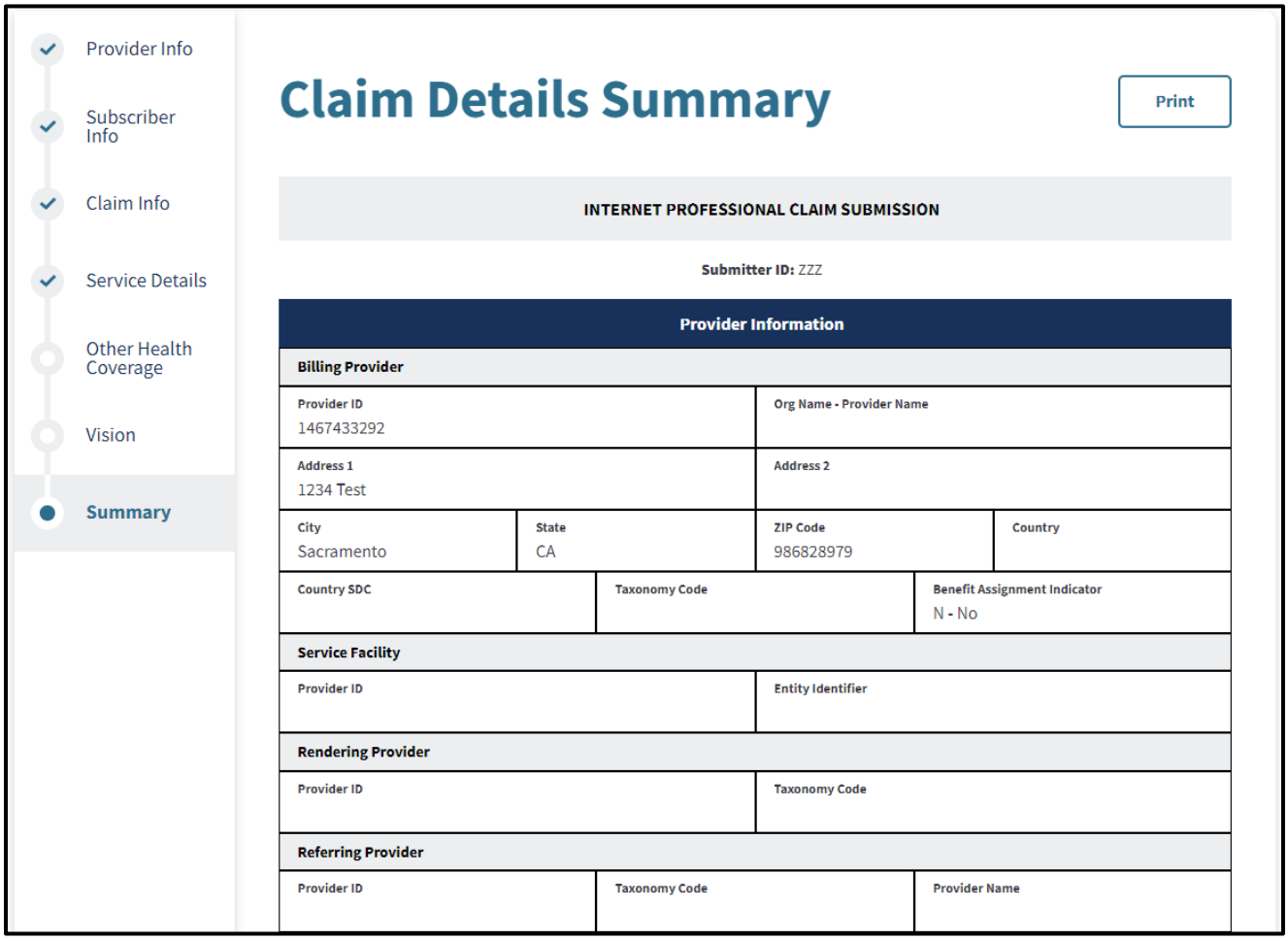

Figure 3.14: Claim Details Summary page.

19. If there are no errors, click **Submit Claim.** Claims submitted successfully will receive a Claim Control Number (CCN).

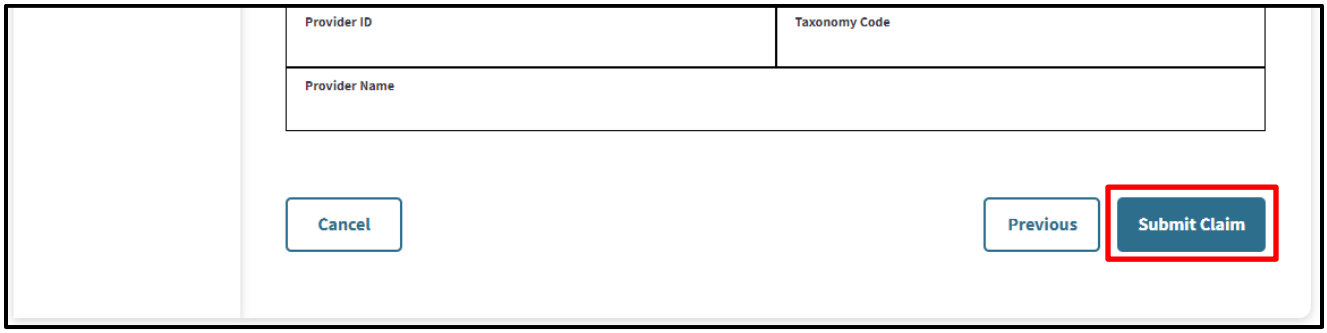

Figure 3.15: Submit Claim button on the Claims Details Summary page.

Legend

Symbols used in the document above are explained in the following table.

Symbol	Description
†	Rows with symbol represents “segments” in the X12N implementation guide.
‡	Rows with symbol represents “data elements” in the X12N implementation guide.
*	Local Medi-Cal Providers are those who can call without paying toll charges.

Change Summary

Version Number	Date	Description	Notes/Comments
1.0	10/27/2021	Standardized user guide formatting	N/A
1.1	11/20/2024	SDN 23036	Updated DHCS logo
1.2	1/27/2025	New version of the IPCS User Guide based on a new application that was created in the Provider Portal.	Legacy IPCS was replaced by the new IPCS application in the Provider Portal.
1.3	September 2025	Title Update	None
1.4	October 2025	User Guide Template update.	Removed “Page Updated: Month Year” on each page. Changed CA-MMIS to California Medicaid Management Information System.