State of California
Department of Health Care Services

Internet Professional Claim Submission (IPCS) User Guide

Submitting Professional Medi-Cal Claims on the Medi-Cal Provider Website

CA-MMIS

October 2021

Table of Contents

Contents

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 provides instructions for the following:

- Connecting to the Medi-Cal Provider website
- Logging on to the IPCS system
- Submitting and printing professional medical claims
- Troubleshooting and resolving issues that may arise when using IPCS

About IPCS

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

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

Note: You are unable to submit institutional claims through IPCS. Only professional medical claims may be submitted through IPCS.

Questions

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

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

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

Before You Start – IPCS Access Requirements

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

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

  Attn: POS/Internet Help Desk
  California MMIS Fiscal Intermediary
  820 Stillwater Road
  West Sacramento, CA 95605

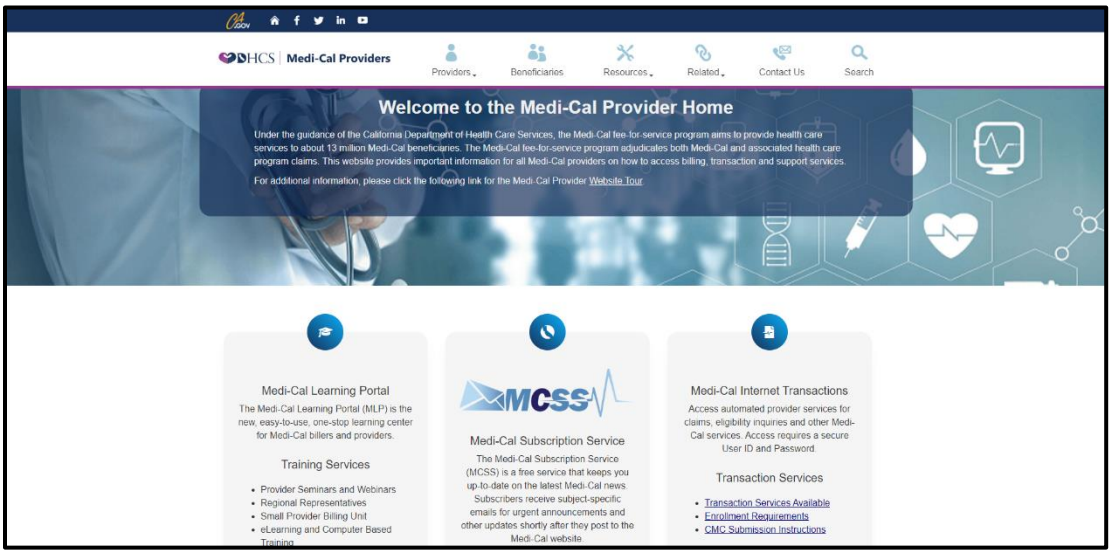
- A valid Computer Media Claims (CMC) submitter ID and password. To obtain or update your ID and password, complete the Medi-Cal Telecommunications Provider and Biller Application/Agreement (DHCS 6153). Check the Internet box in the Real Time Submission Type section, check Medical/Allied Health (05)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

  California MMIS Fiscal Intermediary
  CMC Unit
  P.O. Box 15508
  Sacramento, CA 95852-1508

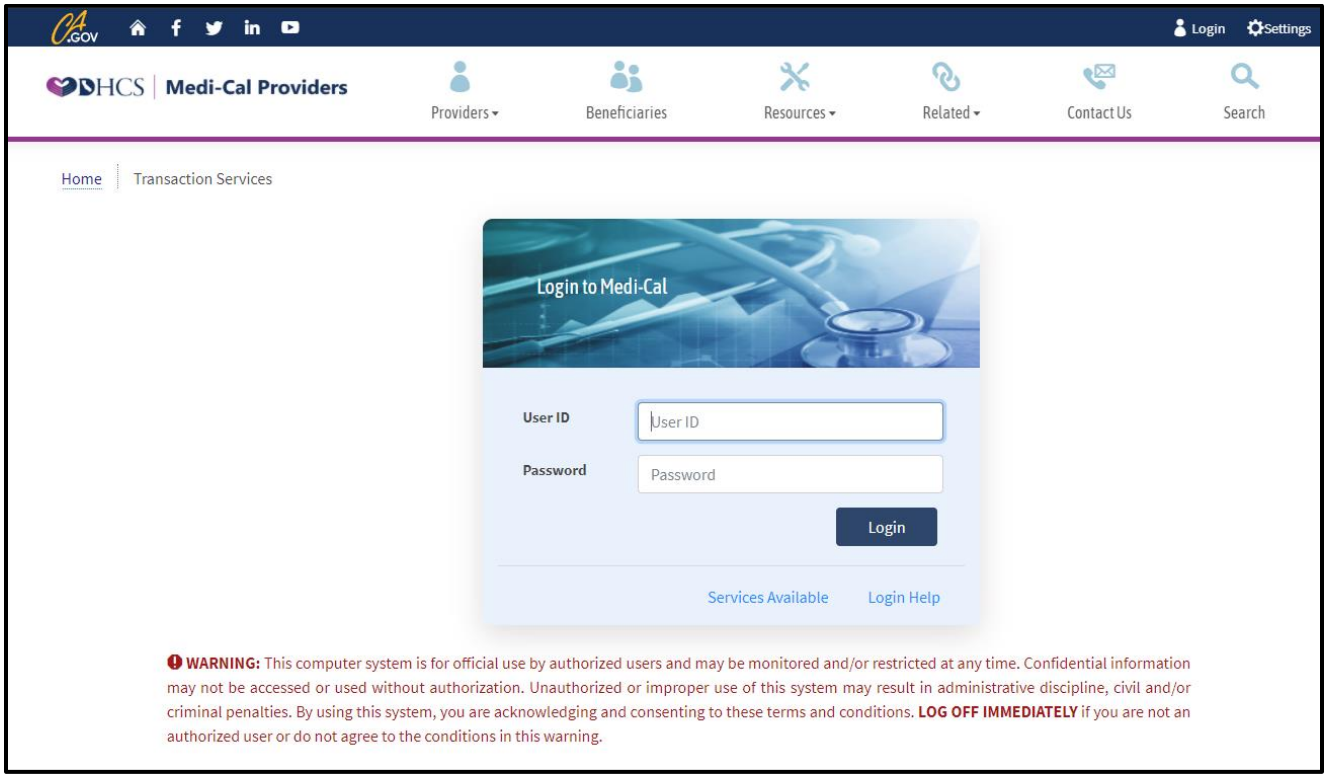
Note: Current Submitters who would like to add the IPCS Application to their list of available Internet options must have a valid CMC Submitter ID and complete the Medi-Cal Telecommunications Provider and Biller Application/Agreement (DHCS 6153).

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

Follow the instructions below to connect to the Medi-Cal Provider website:

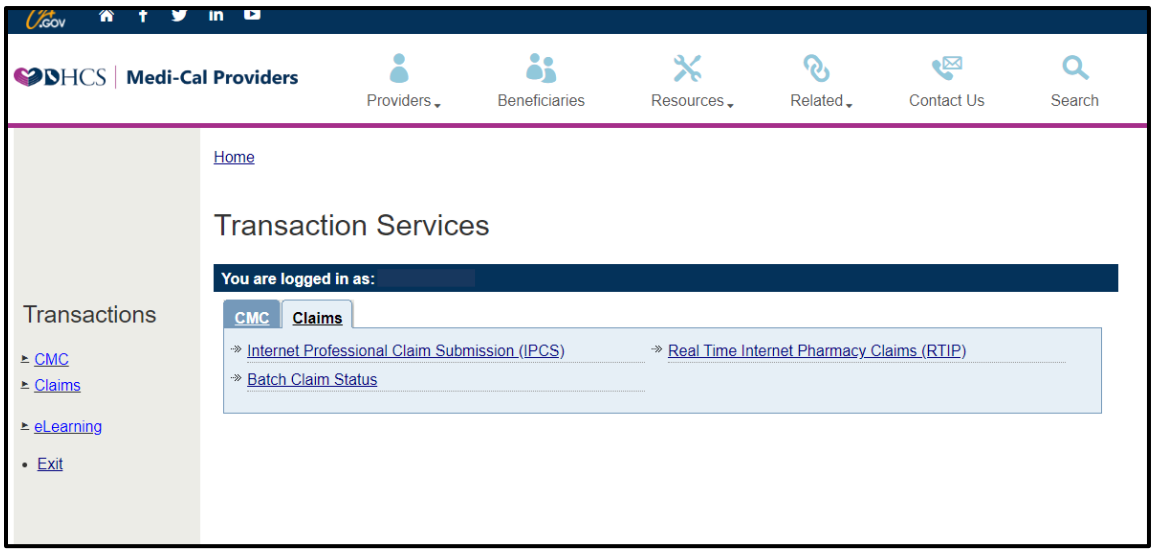


1. Direct your browser to www.medi-cal.ca.gov.
2. In Providers, click on Transactions. You will be directed to Transaction Services page.



3. Enter your CMC submitter (user) ID and password.
4. Click login to open the Transaction Services menu page.

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

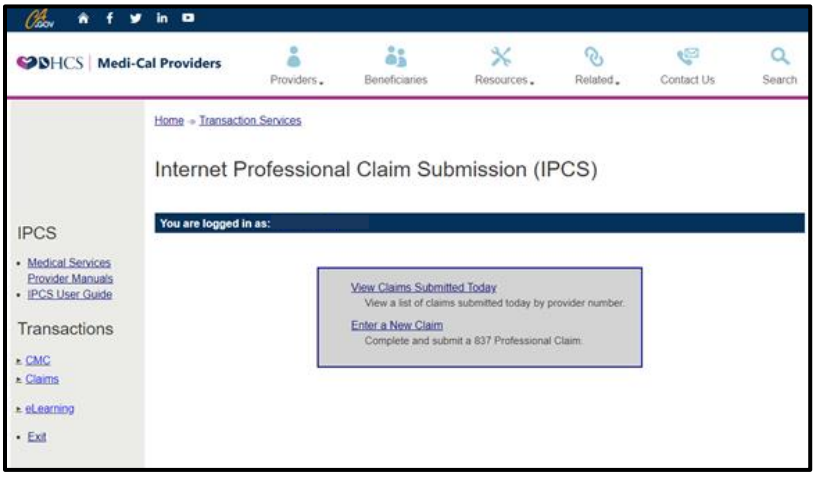


Under the Claims tab, click Internet Professional Claim Submission (IPCS) to access the IPCS application.

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

Or

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



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

- View Claims Submitted Today
  - will allow you to view previously submitted claim(s) from today
- Enter New Claim
  - will allow you to enter a new claim(s)

Entering a New Claim

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

The IPCS application contains the following that may be completed in any order:

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

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

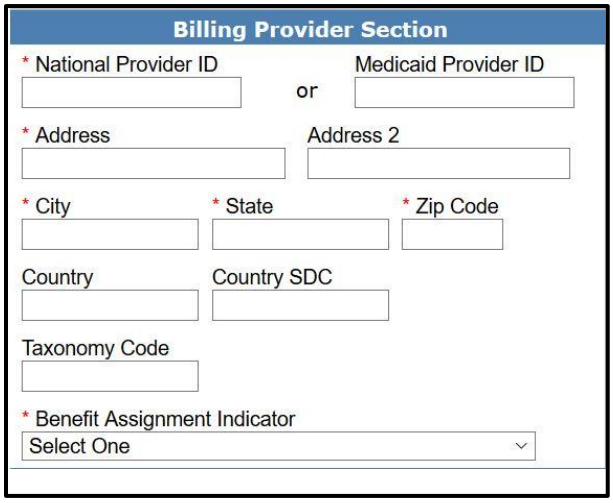
IPCS Application Tips

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

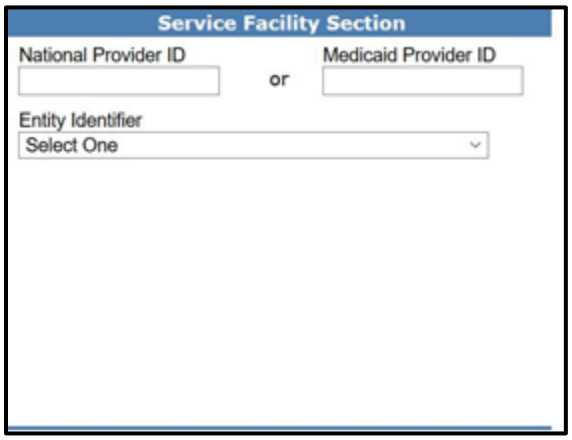
- Do not use your browser's Back or Refresh buttons. If you click either button, you lose all data entered to that point.
- If you leave your IPCS session inactive for 20 minutes, the session times-out, IPCS closes, and you are returned to the Login page. This feature protects your submitted data and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

Required Fields

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



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



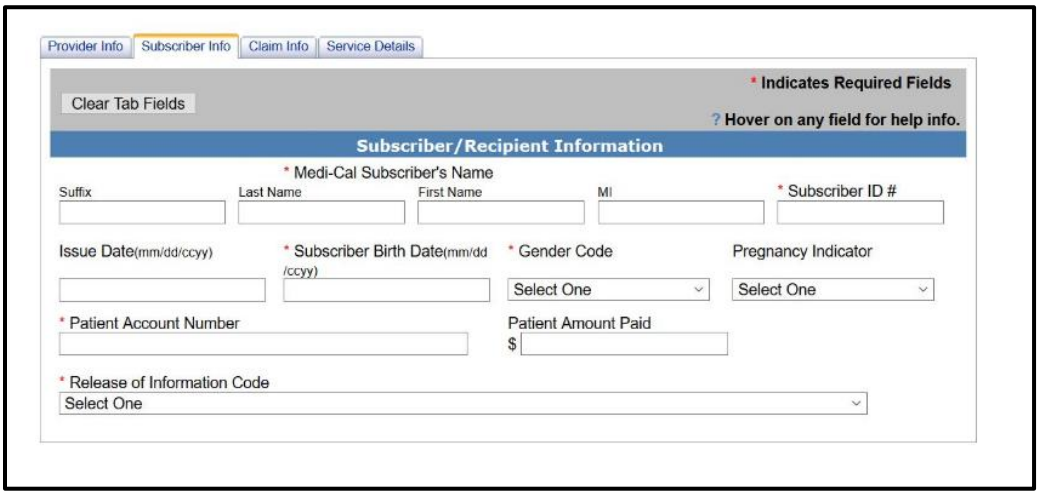
The Service Facility Provider and Entity Identifier fields in the Service Facility Section must be completed if the health care services are provided at a location other than the billing provider's location.

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

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

Removing Data from a Tab

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



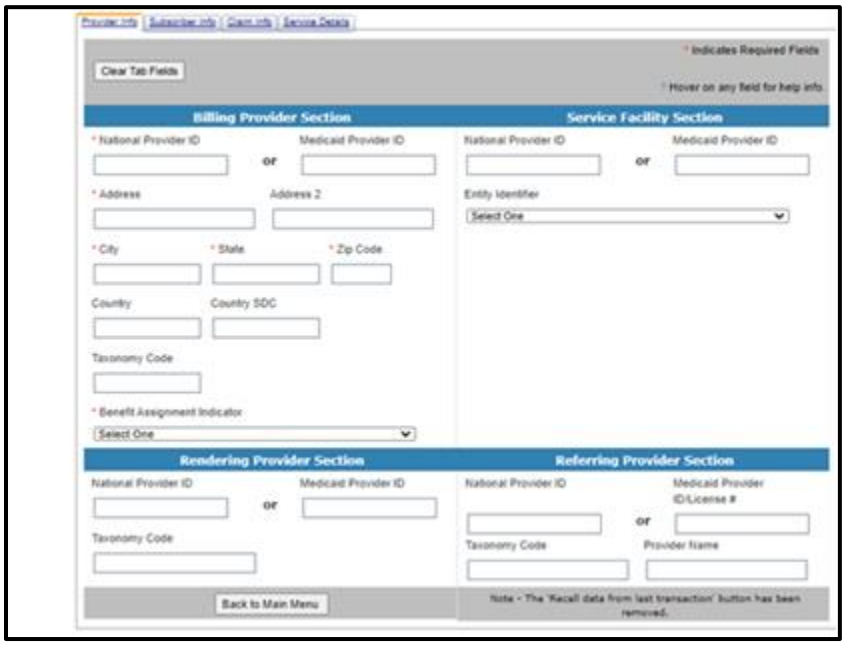
To clear all data from a tab, click the Clear Tab Fields button, located in the top left-hand corner.

Entering Claim Data

Steps can be completed in any order. As you complete each step and move to another, you will be prompted to correct basic errors.

Provider Info Step

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

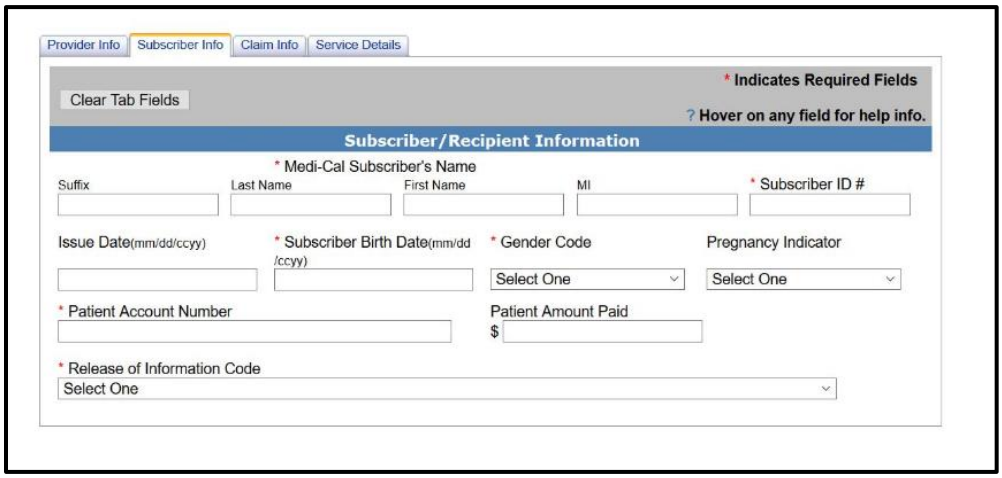


To read a detailed description of each field, click the field name.

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

Subscriber Info Step

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

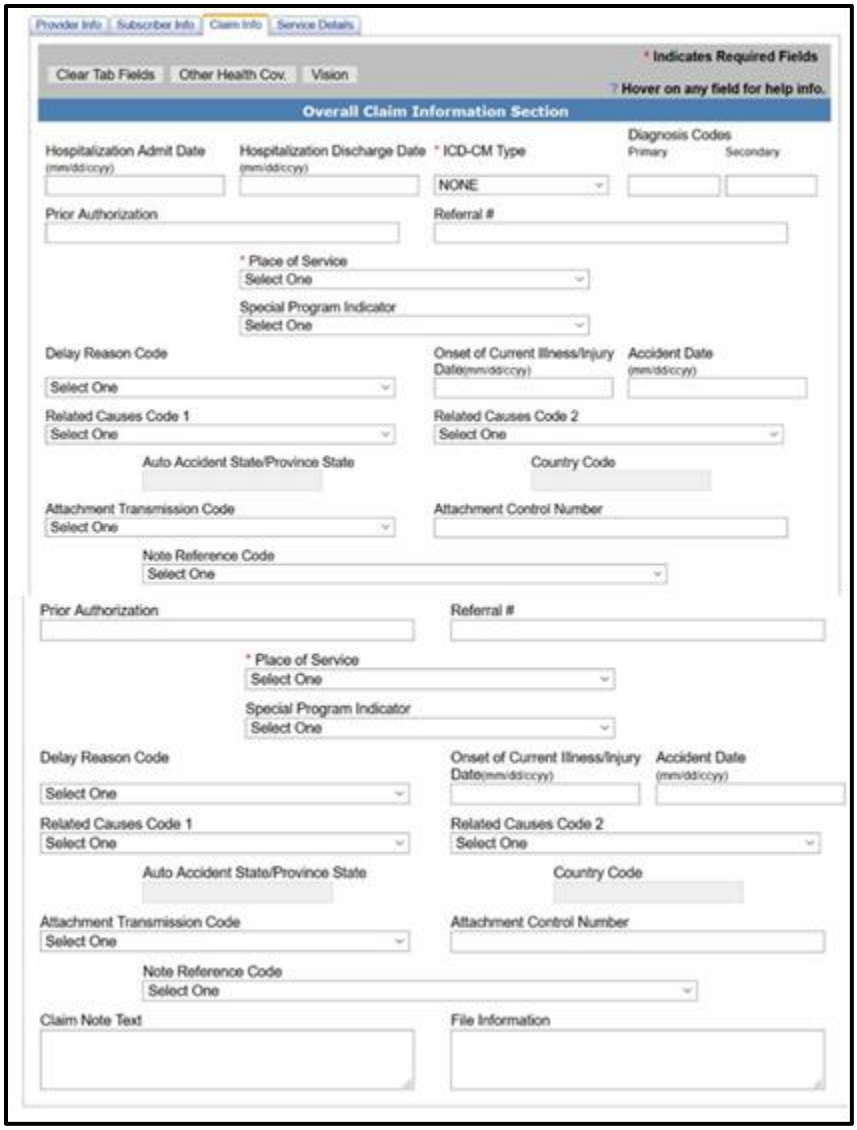


To read a detailed description of each field, click the field name.

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

Claim Info Step

The Claim Info step 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 step.



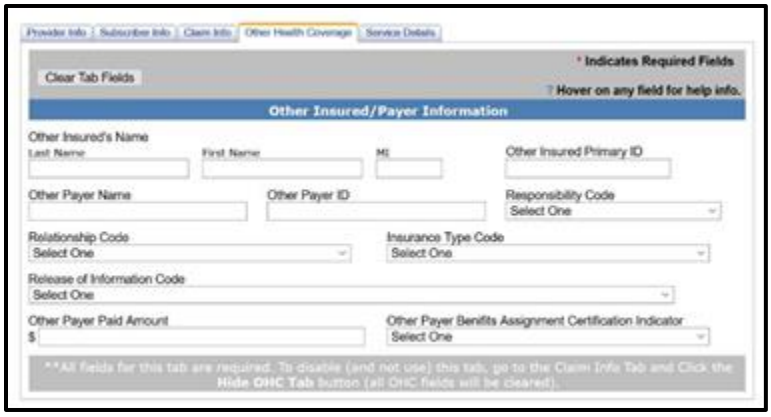
To read a detailed description of each field, click the field name.

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

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

Other Health Coverage Step (Optional)

The Other Health Coverage (OHC) tab contains information regarding OHC the Medi-Cal subscriber may have, which indicates shared responsibility for paying the claim. If so, select the check box to allow entry on this step.



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

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

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

Or

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

Or

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

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

Vision Step (Optional)

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

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

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

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

Or

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

Service Details Step

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

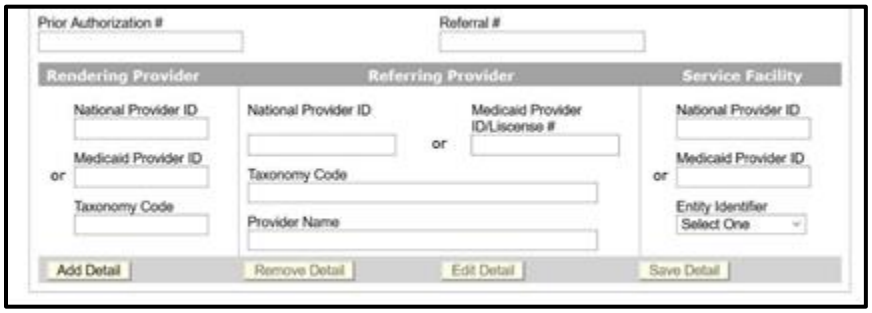
Drug Identification Section

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

Override Section

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

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

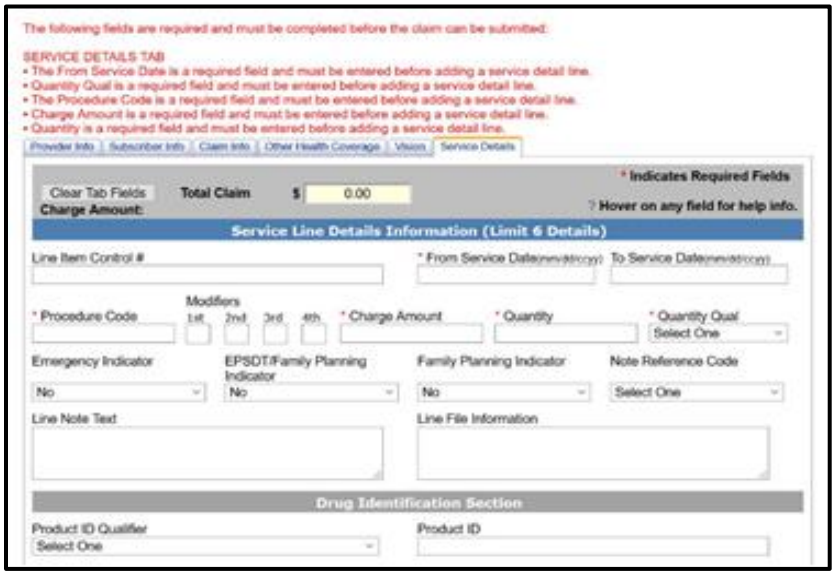


On the Service Details step, complete all required fields and proceed to the next step.

Note: To complete the Service Line Detail Information section, enter information about the specific service performed and enter all override information. Then click on the Add Detail button (on the bottom of the left-hand corner) to add the service detail to the transaction. Repeat this step for additional service lines.

Submitting a Claim

Submit Preview



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

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

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

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

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

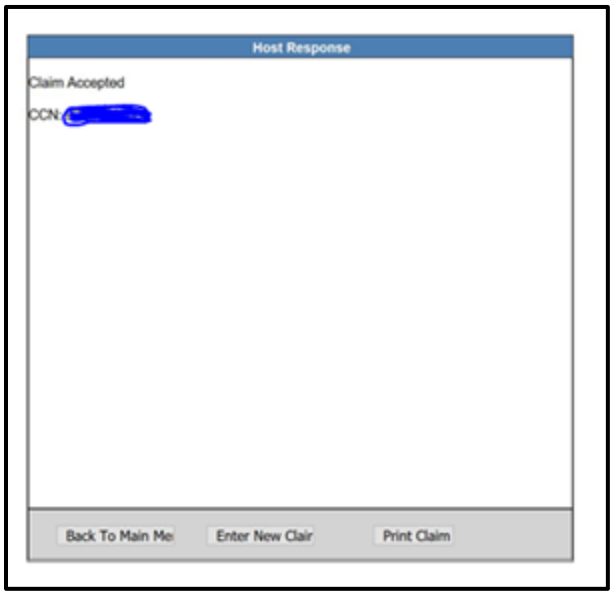
In the Claims Detail screen, there are 2 options:

- Click Cancel-Edit Claim to return to the claim to make changes

  OR

- Click Submit to submit the claim.

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



After you have submitted the claim, the information submitted will be validated and the Host Response screen will appear.

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

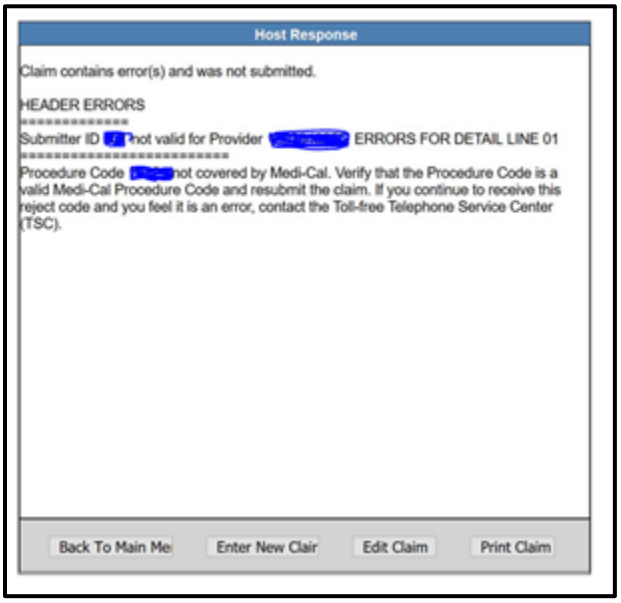
When the claim is successful, you have three options on the Host Response screen:

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

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

Correcting Errors

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



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

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

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

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

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

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

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Viewing Claims Submitted Today

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

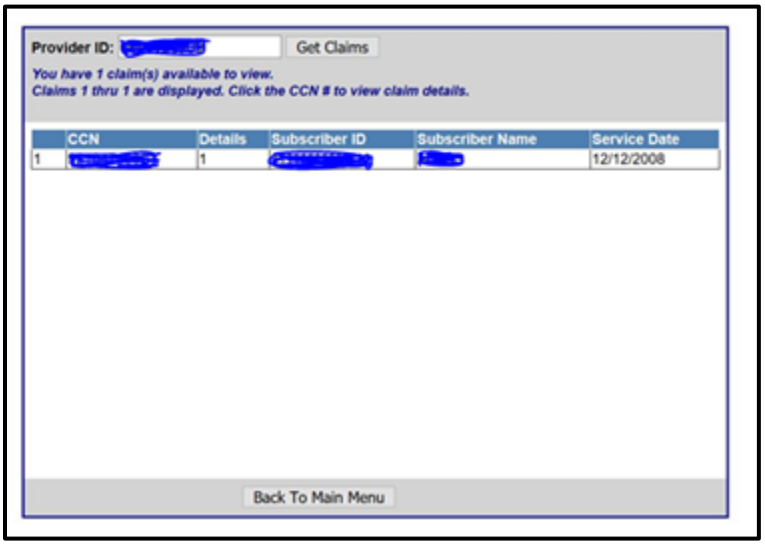
Use the Claim Search screen to list all claims submitted that day, according to the submitter (user) ID and provider IDs previously entered.

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

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

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

Viewing Claims Submitted Today (continued)



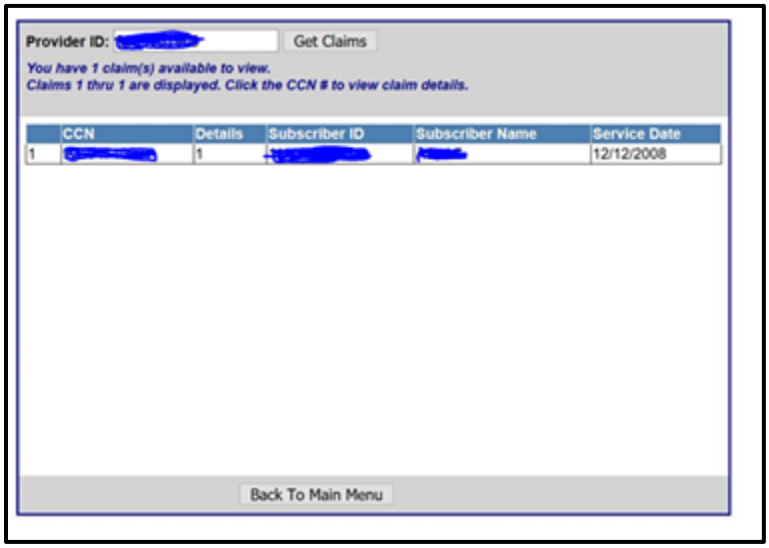
The system returns a list of claims submitted for the user and provider ID on the current day, along with a list of claim details (CCN, details, subscriber ID, Subscriber Name and Service Date).

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

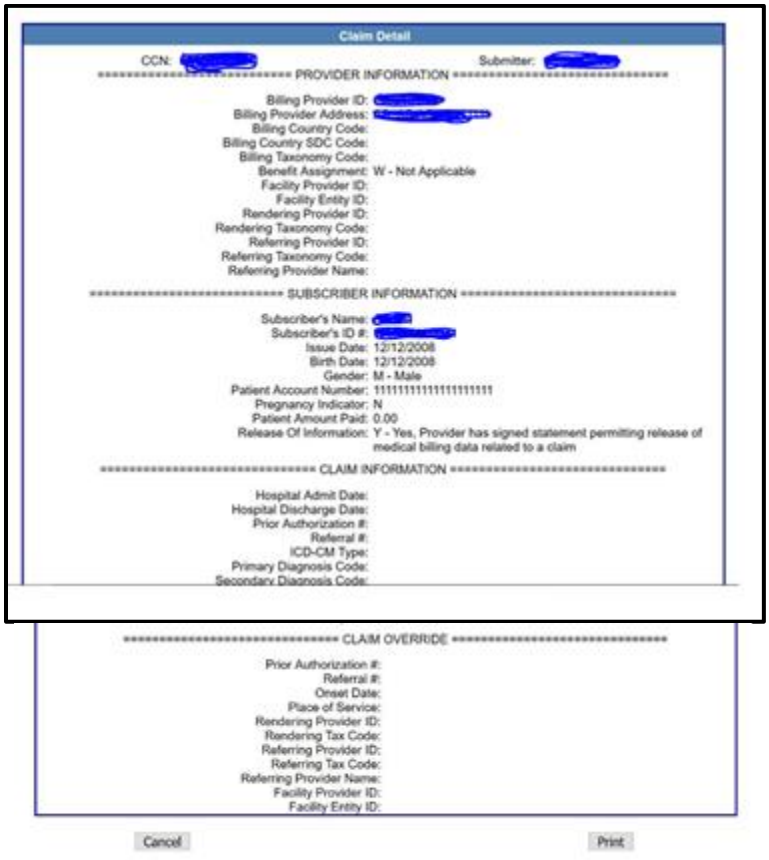
If no claims were submitted for the user and provider ID on the current day, a message displays prompting you to enter another provider ID.

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

Viewing/Printing Claims



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



On the Claim Detail screen, you have two options:

1. Click the Print button to print the claim in a formatted document.
2. Click the Cancel button to return to the Claim List screen.

Troubleshooting IPCS

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

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

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

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

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

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

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

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

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

This error message means that the Temporary Internet files and/or Cookies in the browser have the old IPCS version stored in them and need to be cleared out before the new version can be accessed has been validated and is authorized to submit transactions. Prior to testing each new software release/upgrade, the developer must notify the POS/Internet Help Desk of the new four-character version number for that software.

Change Summary

Date	Description	Notes/Comments
10/27/2021	Standardized user guide formatting	N/A