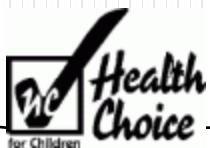


Basic Medicaid and NC Health Choice Professional Claims

October/November 2011

Presented by: HP Enterprise Services



Objectives

- Review remaining sections of the Billing Guide

Section 8. Electronic Commerce Services

Section 9. Submitting Claims

Section 10. Remittance and Status Report

Section 11. Resolving Denied Claims

Section 12. NC Health Choice Program

Provider Types Billing Professional Claims

- Ambulatory surgery centers
- CRNAs
- DME/O&P
- Direct-enrolled Independent behavioral health practitioners
- FQHC
- Hearing aid dealers
- Independent laboratories
- Nurse practitioners
- Optometrists
- Private duty nursing
- Rural health clinics
- Physicians
- Planned Parenthood

Section 8

Electronic Commerce Services

Electronic Requirement

- The N.C. Medicaid Program requires all providers to file claims electronically
- Exceptions list

<http://www.ncdhhs.gov/dma/provider/ECSExceptions.htm>

DMA HOME

▼ Medicaid Providers

A-Z Provider Topics

Calendars

Claims and Billing

Community Care (CCNC/CA)

Contacts for Providers

Enrollment

EPSDT and Health Check

Fee Schedules/Cost Reports

Forms

Fraud and Abuse

HIPAA

Library (bulletins, policies)

National Provider Identifier

Programs and Services

Seminars

ABOUT DMA

[DHHS](#) > [DMA](#) > [Medicaid Providers](#) > [Claims and Billing](#) > [Claims](#) > [Electronic Claim Exceptions](#)

Electronic Claim Exceptions

The following list outlines some of the situations in which a claim must be billed on paper. Only claims that comply with the exceptions listed below may be submitted on paper. All other claims are required to be submitted electronically. Providers will be notified of updates to the list through the Medicaid Bulletin.

List of Claims that May Be Filed on Paper (revised July 27, 2009)

- Medicare HMO (Part C) primary claims
- Medicare Part A inpatient claims submitted directly to Medicaid
- Nursing home crossovers submitted directly to Medicaid
- Services that require an invoice to be submitted with the claim including, but not limited to
 - Hearing aids and related items
 - Some visual aids
 - Unclassified and unlisted procedures
 - Undelivered dentures
 - Radiopharmaceuticals
 - Compounded injectable drugs billed with an unclassified HCPCS procedure code (for example, J3490)

Note: 17-B compounds do not require invoices and should be billed electronically when this

Electronic Claims Submission

- HP Enterprise Services transmission methods
- Electronic Data Interchange (EDI) Support
 - Modem
 - Secure File Transfer Protocol (SFTP)
 - NCECSWeb Tool

1-800-688-6696 or 919-851-8888,
menu option 1

Electronic Claims Requirements

- Electronic Claims Submission Agreement Form
 - Separate agreement required for each MPN
 - New agreement must be submitted each time an individual is added to the group

<http://www.nctracks.nc.gov/provider/form>

- Trading Partner Agreement (TPA)
 - HP Enterprise Services

<http://www.ncdhhs.gov/dma/hipaa/>

HIPAA 5010 Implementation

- Modifications to HIPAA required standard transactions
- Effective 01/01/2012, HP will only process HIPAA 5010 compliant transactions
- Vendors/Trading Partners must update Appendix A of Trading Partner Agreement (TPA)

HIPAA 5010 Implementation

- Dual processing begins in November
- Providers will see:
 - Updated fields on NCECS Web Tool
 - Both 4010 and 5010 versions of 835 transaction (electronic RA) if TPA is updated
- Check monthly bulletins for implementation updates

Electronic Funds Transfer

- The N.C. Medicaid Program no longer issues paper checks for claims payment
- EFT Authorization Agreement
<http://www.ncdhhs.gov/dma/provider/forms.htm>
- HPES Financial Unit
 - Fax: 919-816-3186
 - E-mail: NCXIXEFT@hp.com

Electronic Availability of Remittance and Status Report

- To view RAs via the NCECSWeb Tool, complete the Remittance and Status Reports in PDF Format and Correct Coding Initiative Information Request Form

<http://www.ncdhhs.gov/dma/provider/forms.htm>

- RAs Available for 10 Checkwrites
 - Save or print each version for your records

NCECSWeb Tool

- Claim Submission
- Electronic Adjustments
- Recipient Eligibility Verification
- PDF RA
- CCI/MUE Denial Explanations



<https://webclaims.ncmedicaid.com/ncecs>

Electronic Verification of Recipient Eligibility

- NCECSWeb Tool Interface
- Value Added Networks
- Interactive Recipient Eligibility Verification

Electronic Remittance Advices (835 Transaction)

- Health Care Payment/Advice 835
- List of approved vendors
 - Call ECS Unit
1-800-688-6696 or 919-851-8888, menu option 1

Section 9

Submitting Claims

Submitting Claims Electronically

2011 Checkwrite Schedule

The following table lists the cut-off dates, checkwrite dates, and the electronic deposit dates for 2011.

Month	Checkwrite Cycle Cutoff Date	Checkwrite Date	EFT Effective Date
January	01/06/11	01/11/11	01/12/11
	01/13/11	01/19/11	01/20/11
	01/20/11	01/27/11	01/28/11
February	01/27/11	02/01/11	02/02/11
	02/03/11	02/09/11	02/09/11
	02/10/11	02/15/11	02/16/11
	02/17/11	02/24/11	02/25/11
March	02/24/11	03/01/11	03/02/11
	03/03/11	03/08/11	03/09/11
	03/10/11	03/15/11	03/16/11
	03/17/11	03/24/11	03/25/11
April	03/31/11	04/05/11	04/06/11
	04/07/11	04/12/11	04/13/11
	04/14/11	04/21/11	04/22/11
May	04/28/11	05/03/11	05/04/11
	05/05/11	05/10/11	05/11/11
	05/12/11	05/17/11	05/18/11
	05/19/11	05/26/11	05/27/11
June	06/02/11	06/07/11	06/08/11

5:00 PM Cut Off

Submitting Claims on Paper

Guidelines

- National Uniform Claim Committee (NUCC)
 - <http://www.nucc.org>
- Definitions
 - MPN
 - NPI
 - Taxonomy
 - Qualifier

Paper Claims

- Only claims that comply with the electronic exceptions list
- Optical Character Recognition (OCR)
 - Standardized Claim Forms

CMS-1500 (08/05)

1500

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

PICA <input type="checkbox"/>										PICA <input type="checkbox"/>			
1. MEDICARE <input type="checkbox"/> <small>(Medicare #)</small>	MEDICAID <input type="checkbox"/> <small>(Medicaid #)</small>	TRICARE <input type="checkbox"/> <small>CHAMPUS (Sponsor's SSN)</small>	CHAMPVA <input type="checkbox"/> <small>(Member ID#)</small>	GROUP <input type="checkbox"/> <small>HEALTH PLAN (SSN or ID)</small>	FECA <input type="checkbox"/> <small>BLK LUNG (SSN)</small>	OTHER <input type="checkbox"/> <small>(ID)</small>	1a. INSURED'S I.D. NUMBER <small>(For Program in Item 1)</small>						
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)						3. PATIENT'S BIRTH DATE MM DD YY		SEX M <input type="checkbox"/> F <input type="checkbox"/>		4. INSURED'S NAME (Last Name, First Name, Middle Initial)			
5. PATIENT'S ADDRESS (No., Street)						6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>				7. INSURED'S ADDRESS (No., Street)			
CITY			STATE			8. PATIENT STATUS Single <input type="checkbox"/> Married <input type="checkbox"/> Other <input type="checkbox"/>				CITY		STATE	
ZIP CODE			TELEPHONE (Include Area Code) ()			Employed <input type="checkbox"/> Full-Time Student <input type="checkbox"/> Part-Time Student <input type="checkbox"/>				ZIP CODE		TELEPHONE (Include Area Code) ()	
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)						10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input type="checkbox"/> NO				11. INSURED'S POLICY GROUP OR FECA NUMBER			
a. OTHER INSURED'S POLICY OR GROUP NUMBER						b. AUTO ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO				a. INSURED'S DATE OF BIRTH MM DD YY		SEX M <input type="checkbox"/> F <input type="checkbox"/>	
b. OTHER INSURED'S DATE OF BIRTH MM DD YY						c. OTHER ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO				b. EMPLOYER'S NAME OR SCHOOL NAME			
c. EMPLOYER'S NAME OR SCHOOL NAME						10d. RESERVED FOR LOCAL USE				c. INSURANCE PLAN NAME OR PROGRAM NAME			
d. INSURANCE PLAN NAME OR PROGRAM NAME						13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.				d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO <small># yes, return to and complete item 9 a-d.</small>			
READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.													
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE. I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.						SIGNED _____ DATE _____						SIGNED _____	
14. DATE OF CURRENT ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY(LMP) MM DD YY			15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE MM DD YY			16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY							
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE						17a. _____		18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY					
19. RESERVED FOR LOCAL USE						17b. NPI _____		20. OUTSIDE LAB? \$ CHARGES <input type="checkbox"/> YES <input type="checkbox"/> NO					
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line)						22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.							
1. _____						3. _____							
2. _____						4. _____							
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY		B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCP'S MODIFIER		E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OF UNITS	H. ERSDT Form #	I. ID. QUAL.	J. RENDERING PROVIDER ID. #		
1										NPI			
2										NPI			
3										NPI			
4										NPI			
5										NPI			
6										NPI			
25. FEDERAL TAX I.D. NUMBER			SSN EIN <input type="checkbox"/> <input type="checkbox"/>			26. PATIENT'S ACCOUNT NO.		27. ACCEPT ASSIGNMENT? <small>(For gov. clinic, see back)</small> <input type="checkbox"/> YES <input type="checkbox"/> NO		28. TOTAL CHARGE \$	29. AMOUNT PAID \$	30. BALANCE DUE \$	
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)						32. SERVICE FACILITY LOCATION INFORMATION							
SIGNED _____ DATE _____						a. NPI		b. _____		a. NPI		b. _____	

CARRIER
PATIENT AND INSURED INFORMATION
PHYSICIAN OR SUPPLIER INFORMATION

CMS-1500 (08/05) and NPI

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of assessment benefits either to myself or to the party who accepts assignment below.

SIGNED _____

14. DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY
 MM DD YY

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE
 17b. NPI **1234567890**

19. RESERVED FOR LOCAL USE

21. DIAGNOSIS OR NATURE OF ILLNESS
 1. _____
 2. _____

24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY
 B. PLACE OF SERVICE
 C. EMO
 D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER
 E. DIAGNOSIS POINTER
 F. \$ CHARGES
 G. DAYS OR UNITS
 H. ICD-9-CM QUALIFIER
 I. RENDERING PROVIDER ID. #

1
 2
 3
 4
 5
 6

25. FEDERAL TAX I.D. NUMBER SSN EIN

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (Identify that the statements on the reverse apply to this bill and are made a part thereof)

SIGNED _____ DATE _____

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

SIGNED _____

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES
 FROM MM DD YY TO MM DD YY

20. OUTSIDE LAB? YES NO \$ CHARGES

22. MEDICARE RESUBMISSION ORIGINAL REFILL

32. SERVICE FACILITY LOCATION INFORMATION
**123 That St
 That City, NC 27606-1234**

33. BILLING PROVIDER INFO & PH #
**Provider Name or Organization
 123 Any St
 Any City, NC 27523-5678**

32. Service Facility Location Information
 a. NPI **1987654320** b. ZZ **123D00000X**

33. Billing Provider Info & PH #
 a. NPI **2234567222** b. ZZ **321X00000Z**

17a. 1D qualifier only if entering CA override or an atypical provider number. Otherwise leave blank

17b. NPI for CA authorization or referral. Leave blank for CA overrides or atypical referring providers.

24i and 24j. (shaded) ZZ qualifier and attending taxonomy if applicable

24j. (not shaded) NPI for attending provider if applicable

32. Service facility address and zip+4

33. Billing provider address and zip+4

33a. Billing NPI

33b. ZZ qualifier with billing taxonomy if applicable

New Addresses For Health Choice Correspondence

- For Paper Claims:

HP Enterprise Services

P.O. Box 30100

Raleigh, NC 27622

- For Prior Approvals processed by HPES:

P.O. Box 3222490

Raleigh NC 27622

NC Health Choice Claims

- Effective with dates of service on and after October 1, 2011, submit claims to HPES
- For professional claims do not span dates of service **prior** to October 1, 2011 and **after** October 1, 2011 to HPES

NC Health Choice Claims

- For dates of service prior to the transition date of October 1, 2011, providers will continue to submit claims to BCBSNC
- For dates of service through September 30, 2011 the run-out period with BCBSNC is February 29, 2012

Medicare HMO / CMS-1500(08/05)

24. A. DATE(S) OF SERVICE							B.	C.	D. PROCEDURES, SERVICES, OR SUPPLIES				E.	F.	G.	H.	I.	J.	
From			To				PLACE OF SERVICE	EMG	(Explain Unusual Circumstances)				DIAGNOSIS POINTER	\$ CHARGES	DAYS OR UNITS	EPICOT Family Plan	ID. QUAL	RENDERING PROVIDER ID. #	
MM	DD	YY	MM	DD	YY			CPT/HCPCS	MODIFIER										
01	01	09	01	01	09	11		99213					15 00	1		ZZ	251000000X		
																	NPI	1234567890	
																	NPI		
																	NPI		
																	NPI		
																	NPI		
																	NPI		
25. FEDERAL TAX I.D. NUMBER						SSN EIN		26. PATIENT'S ACCOUNT NO.				27. ACCEPT ASSIGNMENT? <small>(For joint users, see back)</small>		28. TOTAL CHARGE		29. AMOUNT PAID		30. BALANCE DUE	
						□ □						<input type="checkbox"/> YES <input type="checkbox"/> NO		\$ 15 00				\$ 15 00	

National Drug Code

March 2009 Special Bulletin, *National Drug Code Implementation, Phase III*

<http://www.ncdhhs.gov/dma/bulletin/>

Professional Claims

Example 1: Single NDC, With and Without UD Modifier

24.	A. DATE(S) OF SERVICE						B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)				E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL	J. RENDERING PROVIDER ID. #
	From	To			MM	DD			YY	CPT/HCPCS	MODIFIER							
1	N400075800120 UN4								J9170	UD				3584.00	8		1D	1234567
	07	23	08	07	23	08	11										NPI	0123456789
2	N455513092401 UN0.5								J1440					300.00	1		1D	1234567
	07	23	08	07	23	08	11										NPI	0123456789

- Qualifier – N4
- 11-digit NDC
- 3 spaces
- Unit of Measurement
- NDC quantity

Medicare Crossover Claims

- Professional claims filed to Medicare should cross over automatically
- NPI on the Medicare claim must be on file for the Medicaid Provider Number (MPN)
- Claims that do not crossover and have been paid by Medicare can be filed as an 837P transaction completing the COB loop

NCECSWeb Tool

September 2009 Special Bulletin, North Carolina Electronic Claims Submission / Recipient Eligibility Verification Web Tool Instruction Guide

<http://www.ncdhhs.gov/dma/bulletin/>



Screen and Navigation Points

- General overview
- Special features

List Management

- Allows providers to create and modify list of frequently used billing information
- Expedites claim entry and submission

- Electronic Claims Sub
- Recipient Eligibility V
- Main Menu
 - Claims Entry
 - List Management
 - Condition Codes
 - Diagnosis Codes
 - HCPCS/CPT Co
 - Insured
 - Modifier
 - Occurrence Code
 - Payers
 - Procedure Codes
 - Provider Codes
 - Recipient
 - Value Codes
 - Taxonomy Code
 - Reports
 - Claim Submission
 - Reference Materia
 - Recipient Eligibilit
 - Eligibility

Recipient Edit

Selection Criteria

Current Description

Modify Recipient

Recipient

Last

Doe

Name:

Recipient

First

John

Name:

Active:

Recipient

Medicaid

123456789a

ID

Number:

Patient

Account

100JD

Number:

Medical

Record

Number:

Submit

Cancel

- Electronic Claims Sub
- Recipient Eligibility V
- Main Menu
- Claims Entry
- List Management
 - Condition Codes
 - Diagnosis Codes
 - HCPCS/CPT Co
 - Insured
 - Modifier
 - Occurrence Code
 - Payers
 - Procedure Codes
 - Provider Codes
 - Recipient
 - Value Codes
 - Taxonomy Code
- Reports
- Claim Submission
- Reference Materia
- Recipient Eligibilit
 - Eligibility

Selection Criteria

Add New Code and Description

Recipient Last Name: Recipient First Name:

Recipient Medicaid ID Number:

Patient Account Number:

Medical Record Number:



Recipient Information: (1 record)

Recipient Last Name	Recipient First Name	Recipient Medicaid ID Number	Recipient Account Number	Medical Record Number	Status	Edit
Doe	John	123456789a	100JD		A	<input type="button" value="Edit"/>

CMS-1500 Results

Selection Criteria

Claim Type CMS-1500

File: Current

[Add](#)

[Edit](#)

[Copy](#)

[View All](#)

[History](#)

[Delete](#)

[View](#)

CMS-1500 Information: (0 records)

	Recipient Last Name	Recipient First Name	Recipient Account Number	Recipient Medicaid ID	Total Claim Charge	Balance Due
	No data found					

- [Main Menu](#)
- [Claims Entry](#)
- [Dental](#)
- [CMS-1500](#)
- [UB](#)
- [List Management](#)
- [Reports](#)
- [Claim Submission](#)
- [Reference Materials](#)
- [Recipient Eligibility](#)
- [View RA](#)
- [Crosswalk](#)
- [NCCI Denied Claims List](#)
- [NCCI Explanation by ICN](#)

CMS-1500

Selection Criteria

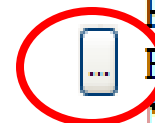
Claim Type: CMS-1500 Claim ID: New

Recipient Information

Recipient Last Name:

Date Field:

Patient Account Number:



Recipient First Name:

Recipient Date of Birth:

Medical Record Number:

Medicaid ID:

Patient weight (lbs):

Post OP from Date:

- [Main Menu](#)
- [Claims Entry](#)
- [Dental](#)
- [CMS-1500](#)
- [UB](#)
- [List Management](#)
- [Reports](#)
- [Claim Submission](#)
- [Reference Materials](#)
- [Recipient Eligibility](#)
- [View RA](#)
- [Crosswalk](#)
- [NCCI Denied Claims List](#)
- [NCCI Explanation by ICN](#)

CMS-1500

Selection Criteria

Claim Type: CMS-1500 Claim ID: New

Recipient Information

Recipient Last Name:

Date Field:

Patient Account Number:

Prior Authorization Number:

Provider Information

Provider Last Name or Organization Name:

Medicaid Provider Number:

Billing Address:

https://10.10.6.41/ncecs/Lists/RecipientSelect.asp?...

Recipient List

Selection Criteria

Recipient Information: (2 records)

	Recipient Last Name	Recipient First Name	Recipient Medicaid ID Number	Recipient Account Number	Medical Record Number
<input type="button" value="Select"/>	doe	john	123456789a	fecc	
<input type="button" value="Select"/>	doe	mary	123456789q	fecc	

Billing Taxonomy:

Billing City:

Claim ID:

Weight:

From:

Birth Date:



- [Main Menu](#)
- [Claims Entry](#)
- [Dental](#)
- [CMS-1500](#)
- [UB](#)
- [List Management](#)
- [Reports](#)
- [Claim Submission](#)
- [Reference Materials](#)
- [Recipient Eligibility](#)
- [View RA](#)
- [Crosswalk](#)
- [NCCI Denied Claims List](#)
- [NCCI Explanation by ICN](#)

Provider Information 

Provider Last Name or Organization Name: ... Provider First Name:

National Provider ID:

Medicaid Provider Number: Billing Taxonomy:

Billing Address: Billing City:

Billing State: Billing Pay-To Zip and Billing Street Zip:

Referring Physician Provider No: (Carolina Access Physician Number) CLLA Number:

Referring Physician NPI: (Carolina Access Physician NPI) Referring Taxonomy:

Service Facility Location: Service Facility NPI:



North Carolina
Electronic Claims Submission
Recipient Eligibility Verification

- Main Menu
- Claims Entry
- Dental
- CMS-1500
- UB
- List Management
- Reports
- Claim Submission
- Reference Materials
- Recipient Eligibility
- View RA
- Crosswalk
- NCCI Denied Claims List
- NCCI Explanation by ICN

Referring Physician Provider No:
(Carolina Access Physician Number)

Referring Physician NPI:
(Carolina Access Physician NPI)

Service Facility Location:

Service Facility ZIP:

CLIA Number:

Referring Taxonomy:

Service Facility NPI:

Miscellaneous Claim Information

EPSDT: Follow-up No

Release of Information: Yes No

EPSDT referral given to Patient?: Yes No

EPSDT Referral Type:

Paperwork on file at Provider Site for Medicare Override?: Yes No

Related Causes:

- Auto Accident
- Employment Accident
- Other Accident Injury

State of Auto Accident:

Date of Accident:

Original ICN:

Place of Service Facility Type Code:

Claim Submission Reason Code:

Adjustment Payer:

Rendering/Attending Information

R/A Provider First Name:

R/A Provider Last Name:

R/A Medicaid Provider Number:

R/A NPI:

R/A Taxonomy:

CMS-1500 Insurance Detail

Add/Edit Other Insurance

CMS-1500 Insurance Detail

Add/Edit Other Insurance

No Other Insurance

Diagnosis Codes

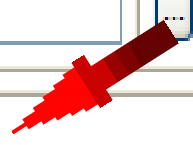
Principal:		<input type="text"/>	...										
Additional	1	<input type="text"/>	...	2	<input type="text"/>	...	3	<input type="text"/>	...	4	<input type="text"/>	...	5
	6	<input type="text"/>	...	7	<input type="text"/>	...	8	<input type="text"/>	...	9	<input type="text"/>	...	10
	11	<input type="text"/>	...										

CMS-1500 Detail

Add/Edit Details

Diagnosis Codes

Principal:		<input type="text"/>	<input type="button" value="..."/>										
Additional	1	<input type="text"/>	<input type="button" value="..."/>	2	<input type="text"/>	<input type="button" value="..."/>	3	<input type="text"/>	<input type="button" value="..."/>	4	<input type="text"/>	<input type="button" value="..."/>	5
	6	<input type="text"/>	<input type="button" value="..."/>	7	<input type="text"/>	<input type="button" value="..."/>	8	<input type="text"/>	<input type="button" value="..."/>	9	<input type="text"/>	<input type="button" value="..."/>	10
	11	<input type="text"/>	<input type="button" value="..."/>										



CMS-1500 Detail

No CMS-1500 Detail

Claim Note

CMS 1500 Add/Edit Details

Please complete the following form to create/edit CMS 1500 detail items. Click the "Save" button to save the records and return to the main edit page. Click the "Cancel" button to abort the transaction.

Claim Type: CMS 1500

Claim ID:

Save

Cancel

Recipient Information

Last Name:

Medicaid ID:

CMS 1500 Detail

Detail Service Information

From Date of Service Through Date Of Service

Place of Service

HCPC

Insured Information

Insurer Detail Allowed Amt

Insurer Detail Paid Amt

Insurer Deta

Add

Clear

New Fields Effective 11/4/2011

- Insurer Detail Blood Deductible
- Insurer Detail Late Fee
- Only One NDC Field
- Compound Drug Link Control Number

Insurer Information

Insurer Detail Blood Deductible

99999999.99

Insurer Detail Late Fee

99999999.99

Insurer Detail Paid Amt

99999999.99

Insurer Detail deductible

99999999.99

NDC Information

NDC

99999999999

NDC Units

999999999.99

**Compound Drug Link
Cntl Num**

99999999999

- Main Menu
- Claims Entry
 - Dental
 - CMS-1500
 - UB
- List Management
- Reports
- Claim Submission
- Reference Materials
- Recipient Eligibility
- View RA
- Crosswalk
- NCCI Denied Claims List
- NCCI Explanation by ICN

CMS-1500

Selection Criteria

Claim Type: CMS-1500 Claim ID: New

Recipient Information

Recipient Last Name:

Date Field:

Patient Account Number:

Recipient First Name:

Recipient Date of Birth:

Medical Record Number:

Medicaid ID:

Patient weight (lbs):

Post OP from Date:

Submitting Completed Claims

North Carolina
Electronic Claims Submission
Recipient Eligibility Verification

- [Main Menu](#)
- [Claims Entry](#)
 - [Dental](#)
 - [CMS-1500](#)
 - [UB](#)
- [List Management](#)
- [Reports](#)
- [Claim Submission](#)
- [Claim Submission](#)
- [Reference Materials](#)
- [Recipient Eligibility](#)
- [View RA](#)
- [Crosswalk](#)
- [NCCI Denied Claims List](#)
- [NCCI Explanation by ICN](#)

Claim Submission

Selection Criteria

Contact Information

Name:

Address:

City:

State:

Zip:

Phone:

Claim Submission Information: (3 records)

	Claim Type	Number of Claims	Total of Claims
<input type="radio"/>	UB	98	\$6028.39
<input type="radio"/>	Dental	100	\$14979.00
<input type="radio"/>	CMS 1500	1	\$702.00

- [Main Menu](#)
- [Claims Entry](#)
- [Dental](#)
- [CMS-1500](#)
- [UB](#)
- [List Management](#)
- [Reports](#)
- [Claim Submission](#)
- [Claim Submission](#)
- [Reference Materials](#)
- [Recipient Eligibility](#)
- [View RA](#)
- [Crosswalk](#)
- [NCCI Denied Claims List](#)
- [NCCI Explanation by ICN](#)

Claim Submission

Selection Criteria

Contact Information

Name:

Address:

City: State: Zip:

Phone:

Windows Internet Explorer

?

This will submit all active CMS 1500 claims. Do you wish to Continue?

Claim Submission Information

	Claim Type		Total of Claims
<input type="radio"/>	UB		\$6028.39
<input type="radio"/>	Dental	100	\$14979.00
<input checked="" type="radio"/>	CMS 1500	1	\$702.00

Batch ID Number

- Automatically archives submitted data
- Validates claim submissions
- Can access data for future use

The batch has been submitted. Click on the batch id to view the details.



BATCH ID [15390510000](#)

Resubmitting a Claim

North Carolina
Electronic Claims Submission
Recipient Eligibility Verification

- [Main Menu](#)
- [Claims Entry](#)
- [List Management](#)
- [Reports](#)
 - [Dental Submitted Batches](#)
 - [CMS-1500 Submitted Batches](#)
 - [UB Submitted Batches](#)
- [Claim Submission](#)
- [Reference Materials](#)
- [Recipient Eligibility](#)
- [View RA](#)
- [Crosswalk](#)
- [NCCI Denied Claims List](#)
- [NCCI Explanation by ICN](#)

CMS-1500 Submitted Batches

Selection Criteria

From Date: Through Date:

Claim Type CMS-1500

CMS-1500 Submitted Batches: (1 to 34 of 34 records)

	Batch ID	Date Submitted	Submitted By	Number of Claims	Total Amount of All Claims
<input checked="" type="radio"/>	30890530056	11/04/2009	11	9	\$22717.92
<input type="radio"/>	29490530055	10/21/2009	dgdhgdhd	1	\$75.00
<input type="radio"/>	28890530054	10/15/2009	TERRY, ANNE C SLP	1	\$75.00

- Main Menu
- Claims Entry
 - Dental
 - CMS-1500
 - UB
- List Management
- Reports
- Claim Submission
- Reference Materials
- Recipient Eligibility
- View RA
- Crosswalk
- NCCI Denied Claims List
- NCCI Explanation by ICN

CMS-1500 Results

Selection Criteria

Claim Type CMS-1500

File: Current

CMS-1500 Information: (1 record)

	Recipient Last Name	Recipient First Name	Recipient Account Number	Recipient Medicaid ID	Total Claim Charge	Balance Due
<input type="radio"/>	brown	jackie	jcpt1127791	908654327e	\$75.00	\$75.00

Entering Secondary Payments

- Secondary and tertiary payments may be entered into the NCECSWeb Tool
- Private insurance payments
- Medicare payments
with the exception of Medicare HMO claims

- Main Menu
- Claims Entry
 - Dental
 - CMS-1500
 - UB
- List Management
- Reports
 - Dental Submitted Batches
 - CMS-1500 Submitted Batches
 - UB Submitted Batches
- Claim Submission
- Reference Materials
- Recipient Eligibility
- View RA
- Crosswalk
- NCCI Denied Claims List
- NCCI Explanation by ICN

CMS-1500 Insurance Add/Edit Details

Please complete the following form to create/edit CMS-1500 insurance detail items. Click the "Save" button to save the records and return to the main edit page. Click the "Cancel" button to abort the transaction.

Claim Type: CMS-1500 Claim ID:

Recipient Information

Last Name: Medicaid ID:

CMS-1500 Detail

	Other Insurance #	Responsibility Sequence	Recipient Relationship to Insured	Other Insurance Claim Filing I
<input type="button" value="Add"/> <input type="button" value="Clear"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

CMS-1500 Insurance Detail

Add/Edit Other Insurance

Dtl Num	Other Insurance Responsibility Sequence	Recipient Relationship to Insured	Other Insurance Claim Filing Indicator	Other Insurance Paid Amount	Other Insurance Allowed Amount	Other Insured Last Name	Other Insured First Name	Other Insured Member ID	Other Insurer Name	Other Insurer Identification Number	Other Insurer Claim Paid Date
A 1	P	18	CI	100.00	50.00	doe	john	12345	metlife		01012009
Total Insurance:				100.00							

Diagnosis Codes

Principal:



- Main Menu
- Claims Entry
 - Dental
 - CMS-1500
 - UB
- List Management
- Reports
 - Dental Submitted Batches
 - CMS-1500 Submitted Batches
 - UB Submitted Batches
- Claim Submission
- Reference Materials
- Recipient Eligibility
- View RA
- Crosswalk
- NCCI Denied Claims List
- NCCI Explanation by ICN

CMS-1500 Insurance Add/Edit Details

Please complete the following form to create/edit CMS-1500 insurance detail items. Click the "Save" button to save the records and return to the main edit page. Click the "Cancel" button to abort the transaction.

Claim Type: CMS-1500 Claim ID:

Recipient Information


Last Name: Medicaid ID:


CMS-1500 Detail

	Other Insurance #	Other Insurance Responsibility Sequence	Recipient Relationship to Insured	Other Insurance Claim Filing I
<input type="button" value="Add"/> <input type="button" value="Clear"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>


Entering Medicare Payments

North Carolina
Electronic Claims Submission
Recipient Eligibility Verification


 Main Menu

 Claims Entry


 Dental


 CMS-1500


 UB


 List Management


 Reports


 Dental Submitted Batches


 CMS-1500 Submitted Batches


 UB Submitted Batches


 Claim Submission


 Reference Materials

 Recipient Eligibility

 View RA

 Crosswalk

 NCCI Denied Claims List

 NCCI Explanation by ICN

Diagnosis Codes

Principal:	<input type="text"/>	<input type="button" value="..."/>										
Additional	1	<input type="text"/>	<input type="button" value="..."/>	2	<input type="text"/>	<input type="button" value="..."/>	3	<input type="text"/>	<input type="button" value="..."/>	4	<input type="text"/>	<input type="button" value="..."/>
	6	<input type="text"/>	<input type="button" value="..."/>	7	<input type="text"/>	<input type="button" value="..."/>	8	<input type="text"/>	<input type="button" value="..."/>	9	<input type="text"/>	<input type="button" value="..."/>
	11	<input type="text"/>	<input type="button" value="..."/>									

CMS-1500 Detail

No CMS-1500 Detail

Claim Note

- Main Menu
- Claims Entry
 - Dental
 - CMS-1500
 - UB
- List Management
- Reports
 - Dental Submitted Batches
 - CMS-1500 Submitted Batches
 - UB Submitted Batches
- Claim Submission
- Reference Materials
- Recipient Eligibility
- View RA
- Crosswalk
- NCCI Denied Claims List
- NCCI Explanation by ICN

Claim Type: CMS 1500

Claim ID:

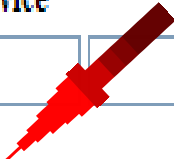
Recipient Information

Last Name: Medicaid ID:

CMS 1500 Detail

Detail Service Information

From Date of Service	Through Date Of Service	Place of Service	HCPC
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



Insured Information

Insurer Detail Allowed Amt	Insurer Detail Paid Amt	Insurer Deta
<input type="text"/>	<input type="text"/>	<input type="text"/>

NDC Information

NDC	NDC Units	NDC	NDC Units	NDC
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

6	<input type="text"/>	<input type="button" value="..."/>	7	<input type="text"/>	<input type="button" value="..."/>	8	<input type="text"/>	<input type="button" value="..."/>	9	<input type="text"/>	<input type="button" value="..."/>	10	<input type="text"/>	<input type="button" value="..."/>
11	<input type="text"/>	<input type="button" value="..."/>												

CMS-1500 Detail

Add/Edit Details

Service Detail Information												
	From Date of Service	Through Date Of Service	Place of Service	HCPCS/CPT Mod1	Mod2	Mod3	Mod4	Charge	Units	E/F	DME Days	Line Itm Ctrl Num
A 1	11012009	11012009	11	99213				185.00	1			
Insurer Detail Information												
	Insurer Detail Allowed Amt	Insurer Detail Paid Amt	Insurer Detail deductible	Insurer Detail co-insurance	Insurer Medicare Psych Reduction	Insurer Detail Paid Date						
	50.00	100.00	0.00	12.56	0.00	01012010						
No NDC Information												

Total Claim Charge: 185.00

Claim Note

Section 10

Remittance and Status Report

What Is the Remittance and Status Report?

- Detailed breakdown of payment
- Status of all claims submitted to HPES, including NCHC claims
- Available on the NCECSWeb Tool in PDF format
- Most recent ten checkwrites

Remittance and Status Report Sections and Subsections

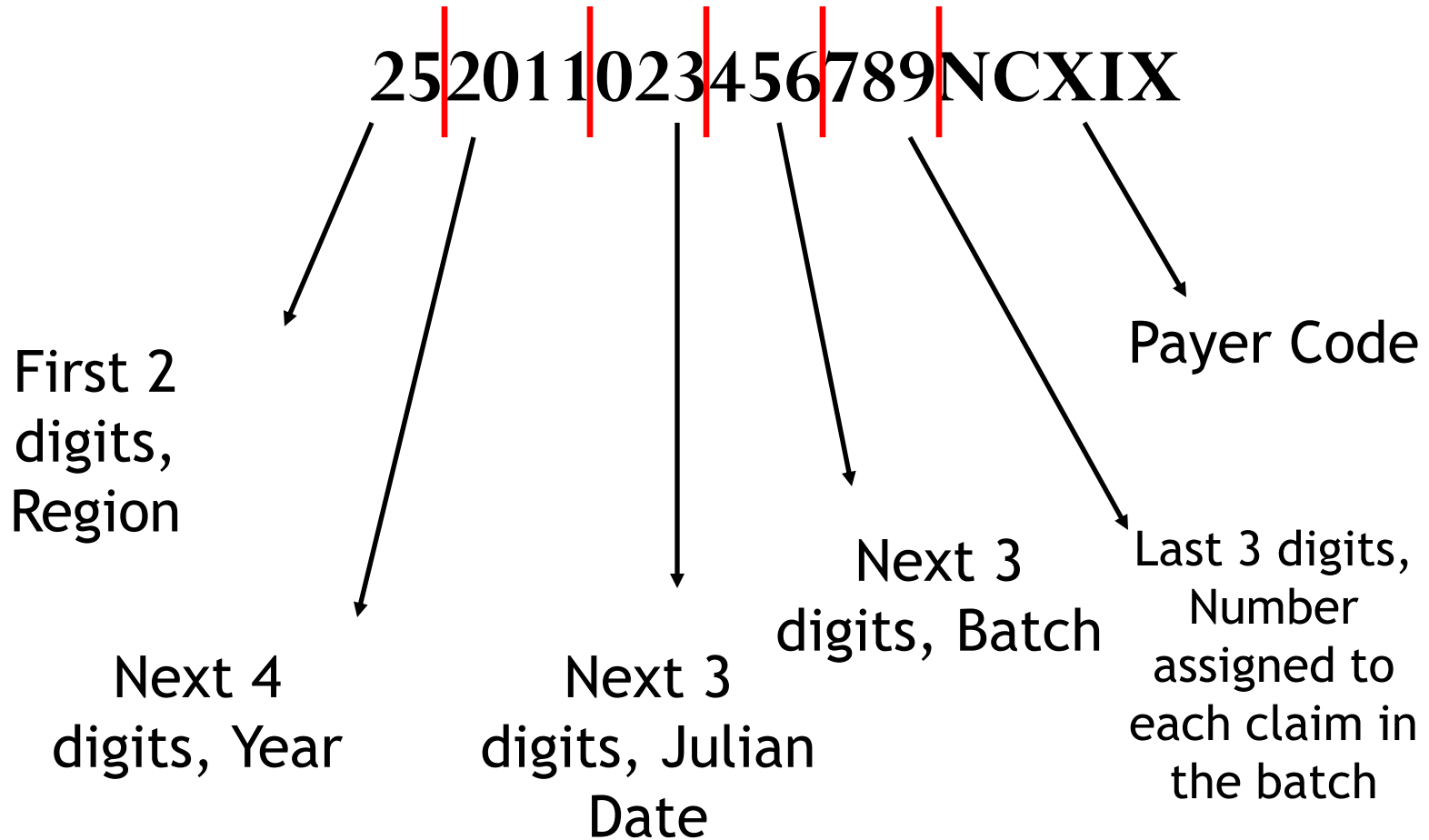
- Paid Claims
- Adjusted Claims
- Informational Adjustment Claims
- Denied Claims
- Claims in Process
- Financial Items
- Claims Summary
- Claims Payment Summary

Tax Information

- Displayed on Claims Payment Summary page
- Changed at any time prior to October 31 of each calendar year
- Report to CSC
 - Change requirement, Section 3
 - NCTracks

<http://www.nctracks.nc.gov/provider/cis.htm>

Internal Control Number (ICN)



Explanation of Benefit Codes (EOB)

EOB	MEDICAID EOB DESCRIPTION	HIPAA ADJUSTMENT REASON CODE DESCRIPTION	HIPAA REMARK CODE DESCRIPTION	HIPAA CLAIM STATUS CODE DESCRIPTION
1	FEE ADJUSTED TO MAXIMUM ALLOWABLE.	45 Charge exceeds fee schedule-maximum allowable or contracted-legislated fee arrangement. (Use Group Codes PR or CO depending upon liability).	N381 Consult our contractual agreement for restrictions-billing-payment information related to these charges.	65 Claim-line has been paid.
1	FEE ADJUSTED TO MAXIMUM ALLOWABLE.	45 Charge exceeds fee schedule-maximum allowable or contracted-legislated fee arrangement. (Use Group Codes PR or CO depending upon liability).	N381 Consult our contractual agreement for restrictions-billing-payment information related to these charges.	483 Maximum coverage amount met or exceeded for benefit period
2	PRE-ADMISSION NOT OBTAINED.	197 Precertification-authorization-notification absent.	N54 Claim information is inconsistent with pre-certified-authorized services.	435 Notice of Admission
3	Consecutive dates of service cannot be billed. List each date separately and resubmit.	125 Submission-billing error(s). At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	N63 Rebill services on separate claims.	187 Date(s) of service.

Population Group Payer Code

Code	Name	Description
CA-I	Carolina ACCESS	All recipients enrolled in Medicaid's Community Care of North Carolina/Carolina ACCESS (CCNC/CA) program
CA-II	ACCESS II	All recipients enrolled in Medicaid's ACCESS II [Community Care of North Carolina (CCNC)] program
NCXIX	Medicaid	All recipients not enrolled in any of the above-noted population payer programs. Any recipient not identified with CCNC/CA or ACCESS II (CCNC) will be assigned the NCXIX population payer code to identify them with the Medicaid fee-for-service program.
SCHIP	NC Health Choice	All recipients enrolled in the NC Health Choice program

Sample Paid RA Page



NORTH CAROLINA MEDICAID REMITTANCE AND STATUS ADVICE

Dr. Feelgood and Associates
P.O. Box 1234
Any City, NC 27123-4567

NPI 1234567890
Provider Number: XXXXXXXX

DATE: 08/10/2010

PAGE: 2

NAME RECIPIENT ID	SERVICE DATES		DAYS/ UNITS	PROCEDURE/ACCOMMODATION/ DRUGCODE AND DESCRIPTION	TOTAL BILLED	NON ALLOW	TOTAL ALLOWED	PAYABLE CLTBCK	PAYABLE CHARGE	OTHER DEDCHG	PAID AMOUNT	EXP CODES
	FROM	TO										

PAID CLAIMS MEDICAL

RECIPIENT JANE CO=92 CLAIM NUMBER= 2520101111111111NCXIX EST AMT DUE =
 123456789K PAT ACCT= XYZ123 MED REC = ATTN PROV= 8900000
 CA-1 07072010 07072010 1 99213 OV ESTAB PT MODERATE PHY 65.00 9.06 55.94 .00 55.94 .00 55.94 98

DED = .00 PT LIB = .00 CO PAY= .00 TPL= .00 DIFF= 65.00 9.06 55.94 .00 55.94 .00 55.94

CARC=XXX RRC=XXXXX ADJUSTMENT AMOUNT=9999999.99

1 CLAIMS	1 MEDICAL	*****	65.00	9.06	55.94	.00	55.94	.00	55.94
----------	-----------	-------	-------	------	-------	-----	-------	-----	-------



North Carolina Medicaid - Remittance and Status Advice

NPI

Provider Number:

Date: 02/15/2011

Page: 3

Name Recipient ID	Service Dates From To	Days/ Units	Procedure/Accommodation/ DrugCode and Description	Total Billed	Non Allow	Total Allowed	Payable Cutoff	Payable Charge	Other DedCtg	Paid Amount	Exp Codes
CLAIMS PAYMENT SUMMARY											
		EPT NUMBER									
	CLAIMS PAID	PAID CLAIMS AMOUNT	A WITHHELD AMOUNT(*)	B NET PAY AMOUNT (A-B)	C CREDIT AMOUNT	D NET 1099 AMOUNT (C-D)	E IRS WITHHELD AMOUNT	F POS & EDI	G	H OTHER W/H	I ADJUSTED NET PAID (C-E-G-H)
CURRENT	1	138.09	.00	138.09	.00	138.09	.00	.00	.00	.00	138.09
YTD TOTAL	909	41863.94	.00	41863.94	.00	41863.94	.00	.08	.00	.00	41863.86
1099 INFORMATION 2011 - THIS INFORMATION IS BEING FURNISHED TO THE INTERNAL REVENUE SERVICE											
PROVIDER TAX ID:											
PAYER ID: HP ENTERPRISE SERVICES , LLC, PO BOX 30968 RALEIGH, NC 27622 #											
PLEASE VERIFY THE FOLLOWING IDENTIFICATION NUMBERS THAT HAVE BEEN ASSIGNED TO YOU. IF ANY OF THE NUMBERS ARE INCORRECT, PLEASE SEND CORRECTIONS TO:											
HP											
PO BOX 300009											
RALEIGH, NORTH CAROLINA 27622											
ATTENTION: PROVIDER ENROLLMENT											
CLIA -											
DEA -											
FOR BILLING QUESTIONS/INQUIRIES CALL HP PROVIDER SERVICES 1-800-688-6696 OR											
AUTOMATED VOICE RESPONSE (AVR)SYSTEM 1-800-723-4337											
AN EXPLANATION AND JUSTIFICATION FOR ALL NCCI EDITS ON A CLAIM AND LINE LEVEL BASIS CAN BE ACCESSED THROUGH THE NORTH CAROLINA ELECTRONIC CLAIMS SUBMISSION/RECIPIENT ELIGIBILITY VERIFICATION WEB TOOL (NCECSWEB TOOL) AT HTTPS://WEBCLAIMS.NCMEDICAID.COM/NCECS . A DENIAL DUE TO AN NCCI EDIT MAY BE APPEALED BY THE PROVIDER. THE PROVIDER MAY NOT BILL A MEDICAID RECIPIENT FOR AN NCCI DENIAL.											
THE FOLLOWING IS A DESCRIPTION OF THE EXPLANATION CODES UTILIZED THROUGHOUT THE REPORT											
NXXIX 73 CLAIM PAID COPAYMENT DEDUCTED											
NXXIX 98 FEE ADJUSTED TO MAXIMUM PAYABLE											
NXXIX 9988 PAYMENT OF PROCEDURE CODE IS DENIED BASED ON NCCI EDIT											

Break



Section 11

Resolving Denied Claims

Common Denials

EOB Code	EOB Description
270	Billing provider is not the recipient's Carolina Access PCP. Authorization is missing or unresolved. Contact PCP for authorization or HP Svcs. if authorization is correct
286	Incorrect authorization number on claim form. Verify number and refile claim
4102	You are attempting to Adjust a Claim that is not on our file or not on our file as previously paid
21	Exact Duplicate

Paper Adjustments

- Adjust a previously paid claim or claim requiring further review
- One adjustment – One ICN - One claim
- Always attach a copy of the RA

Tips for Filing Adjustments

- A provider-generated RA or a copy of the electronic RA (835 transaction) is not an acceptable substitute for the paper copy that is generated through the NCECSWeb Tool in PDF format
- Provider-generated RAs have varied formats and do not include all information necessary for manual adjustment processing
- When submitting an adjustment regarding a refund check, send a copy of the front and the back of the check

EOB Denials That Do Not Require Filing an Adjustment

- EOB 9600
 - Claim does not require adjustment processing, resubmit claim with corrections as a new day claim
 - Copy of RA
(835 transaction copies are not accepted)

Electronic Adjustments

- Voids and replacements can only be submitted on claims that have paid in history
- If no payment has been made, resubmit as a new day claim

Electronic Adjustments

- Providers can file two types of electronic adjustments
 - **Void**
 - Claim will be recouped
 - **Replacement**
 - Claim will be recouped and reprocessed

Electronic Adjustments NCECSWeb Tool

Address <https://webclaims.ncxix.hcg.eds.com/ncecs/> Go Links

North Carolina
Electronic Claims Submission

Main Menu

- Claims Entry
 - Dental
 - CMS-1500
 - UB
- List Management
- Reports
- Claim Submission
- Reference Materials

Miscellaneous Claim Information

EPSDT: Follow-up No Release of Information: Yes No

EPSDT referral given to Patient?: Yes No EPSDT Referral Type:

Paperwork on file at Provider Site for Medicare Override?: Yes No

Related Causes:

Auto Accident State of Auto Accident:

Employment Accident Date of Accident:

Other Accident Injury

Original ICN:

Place of Service Facility Type Code:

Claim Submission Reason Code:

Adjustment Payer:

Rendering/Attending Information

R/A Provider First Name:

R/A Provider Last Name:

R/A Medicaid Provider Number:

R/A NPI:

R/A Taxonomy:

CMS-1500 Insurance Detail

NCCI

National Correct Coding Initiative

General Background

- The Patient Protection and Affordable Care Act [(H.R. 3590) Section 65607 (Mandatory State Use of National Correct Coding Initiative (NCCI))] requires state Medicaid programs to incorporate NCCI methodologies into their claims processing systems
- The purpose of the NCCI edits is to prevent improper payments when incorrect code combinations are reported
- DMA implemented these components on March 31, 2011 to comply with the NCCI mandate

Types of CCI Edits

- Procedure to Procedure Edits define pairs of HCPCS/CPT codes that should not be reported together for a variety of reasons
- Medically Unlikely Edits define the number of units of service that is unlikely to be correct for each HCPCS/CPT code
- Additional correct coding edits are being implemented to enhance our current claim processing system

CCI/MUE EOBs


EOB	EOB Description
9988	Payment of procedure code is denied based on CCI editing
9953	Payment of procedure code is denied based on MUE editing
9954	Payment of procedure code is denied based on correct coding standards editing
9955	Claim recouped based on CCI editing
9956	Detail recouped based on CCI editing


NCECSWeb Tool



North Carolina
Electronic Claims Submission/
Recipient Eligibility Verification

 [Main Menu](#)

 [Claims Entry](#)

 [List Management](#)


 [Reports](#)

 [Claims Submission](#)

 [Reference Materials](#)

 [Recipient Eligibility](#)

 [View RA](#)

 [NCCI Denied Claims List](#)

 [NCCI Explanation by ICN](#)

North Carolina Electronic Claims Submission/Recipient Eligibility Verification Web Tool is an online application for submitting HIPAA-compliant claims to N.C. Medicaid and for verifying recipient eligibility.










If you have any questions regarding the use of this system,
please call 1-800-688-6696 option 1 for the ECS Department.

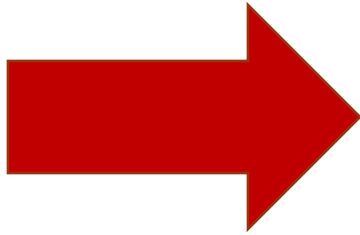


New Books Added to NCECSWeb Tool

North Carolina Electronic Claims Submission/ Recipient Eligibility Verification

Main Menu










-  Claims Entry
-  List Management
-  Reports
-  Claims Submission
-  Reference Materials
-  Recipient Eligibility
-  View RA
-  NCCI Denied Claims List
-  NCCI Explanation by ICN

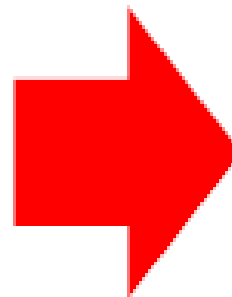


Accessing NCCI Explanations

North Carolina Electronic Claims Submission/ Recipient Eligibility Verification

Main Menu

-  Claims Entry
-  List Management
-  Reports
-  Claims Submission
-  Reference Materials
-  Recipient Eligibility
-  View RA
-  NCCI Denied Claims List
-  NCCI Explanation by ICN



Paid Date: MM/DD/YYYY

ICN	FDOS	TDOS	PCode	Bill Amt
252011001222222	MM/DD/YYYY	MM/DD/YYYY	XXXXX	999999999.99
252011001333333	MM/DD/YYYY	MM/DD/YYYY	XXXXX	999999999.99
252011001444444	MM/DD/YYYY	MM/DD/YYYY	XXXXX	999999999.99
252011001444444	MM/DD/YYYY	MM/DD/YYYY	XXXXX	999999999.99
252011001555555	MM/DD/YYYY	MM/DD/YYYY	XXXXX	999999999.99
252011001666666	MM/DD/YYYY	MM/DD/YYYY	XXXXX	999999999.99
252011001777777	MM/DD/YYYY	MM/DD/YYYY	XXXXX	999999999.99
...
252011001888888	MM/DD/YYYY	MM/DD/YYYY	XXXXX	999999999.99

Paid Date: MM/DD/YYYY

252011999123123	MM/DD/YYYY	MM/DD/YYYY	XXXXX	999999999.99
252011999321321	MM/DD/YYYY	MM/DD/YYYY	XXXXX	999999999.99
252011999466789	MM/DD/YYYY	MM/DD/YYYY	XXXXX	999999999.99
252011999466789	MM/DD/YYYY	MM/DD/YYYY	XXXXX	999999999.99
...
252011998878787	MM/DD/YYYY	MM/DD/YYYY	XXXXX	999999999.99

Accessing NCCI Explanations

Audit 1

CCI|MCD

Payment of 36600 is denied because it is not payable with 43753 based on an ncci edit.

Details

Claim Number	Line	HCPCS	Modifier	Units	Creation Source	Role in Audit	Action
-----	002	36600		1	Submitted on Claim	Action Required	Not Reimbursable
	003	43753		1	Submitted on Claim	Considered in Determination	None

Sources


Center for Medicare Services | CMS Guidelines










Effective from 10/01/2010 through current

The Patient Protection and Affordable Care Act requires Medicaid to adopt NCCI methodologies. NCCI procedure-to-procedure edits are pairs of HCPCS/CPT codes consisting of a column one code and a column two code. The edit defines two codes that should not be reported together for a variety of reasons. If both codes are reported, the column one code is eligible for payment and the column two code is denied.

Accessing NCCI Explanations

North Carolina
Electronic Claims Submission/
Recipient Eligibility Verification

 Main Menu

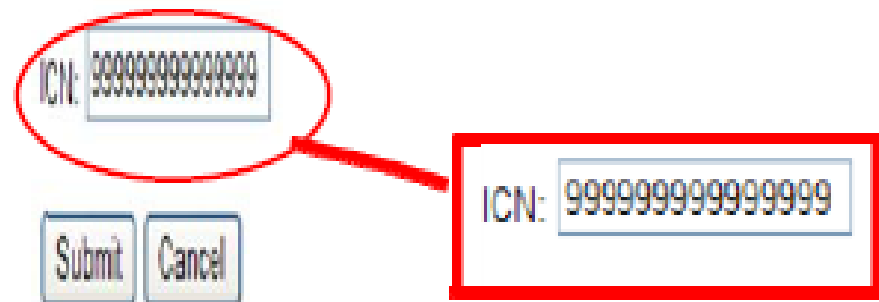
-  Claims Entry
-  List Management
-  Reports
-  Claims Submission
-  Reference Materials
-  Recipient Eligibility
-  View RA
-  NCCI Denied Claims List
-  NCCI Explanation by ICN



Enter the ICN for which you want a detailed explanation

The ICN entered must belong to the provider associated with the logged on user ID.

If more than one claim was denied for NCCI edits on entered ICN, a list of information for those will be displayed and you will be able to select the specific detail from that list



The screenshot shows a web form with two input fields for the ICN. The first field, labeled 'ICN:', contains the value '9999999999999999' and is circled in red. A red callout line connects this field to a second, larger input field on the right, also labeled 'ICN:', which contains the same value and is enclosed in a red rectangular box. Below the input fields are two buttons: 'Submit' and 'Cancel'.

New NCCI Edits

- Global surgery and Evaluation and Management (E/M) – Effective 8/1/11
- E/M – Effective 10/1/11
- Obstetrics – Effective 10/1/11
- New Visit – Effective 10/1/11
- For updates, see Medicaid bulletins and NCCI web page <http://www.ncdhhs.gov/dma/provider/ncci.htm>

CCI Resolution Determination

- Providers must determine if the denied claim can be resubmitted to N.C. Medicaid for reconsideration by viewing the following link from the CMS website at

<http://www.cms.gov/NationalCorrectCodInitEd/>

- Providers will see a list of procedure code ranges

CCI Resolution Determination

Service Type ▲ ▼	Code Range ▲ ▼
Category III Codes	0001T-9999T
Anesthesia Services	00100-00999
Anesthesia Services	01000-09999
Surgery: Integumentary System	10000-19999
Surgery: Musculoskeletal System	20000-29999
Surgery: Respiratory, Cardiovascular, Hemic and Lymphatic Systems	30000-39999
Surgery: Digestive System	40000-49999
Surgery: Urinary, Male Genital, Female Genital, Maternity Care and Delivery Systems	50000-59999
Surgery: Endocrine, Nervous, Eye and Ocular Adnexa, Auditory Systems	60000-69999
Radiology Services	70000-79999

Service Type

Code Range

CCI Modifier Indicators

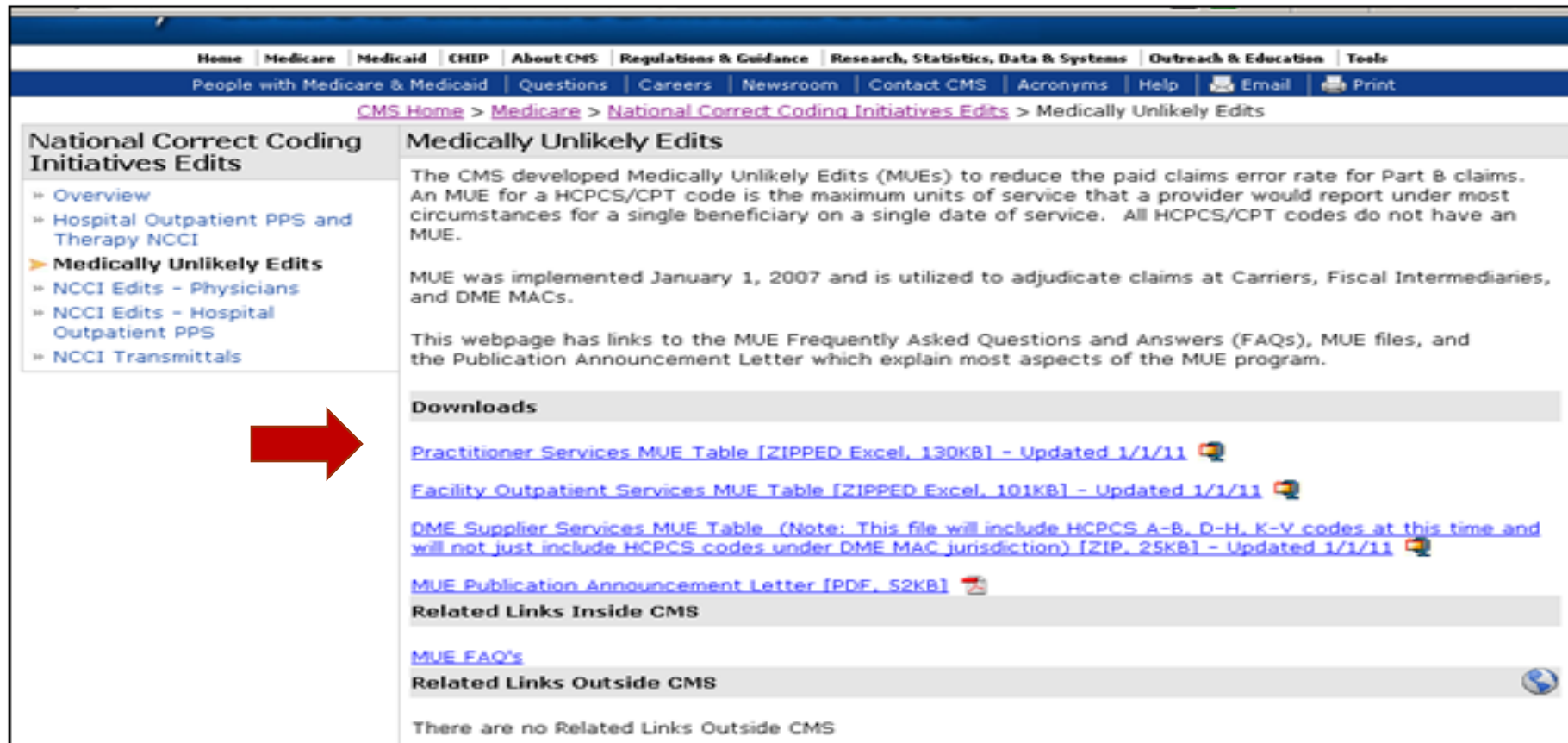
Column 1	Column 2	Effective Date	Deletion Date *=no data	Modifier 0=not allowed 1=allowed 9=not applicable
90378	G0345	20050101	20050101	9
90378	G0347	20050101	20050101	9
90378	36000	20021001	*	1
90378	36410	20021001	*	1
90378	90780	20010701	20041231	1
90378	90783	20010701	20041231	0
90378	90784	20010701	20041231	0
90378	90788	20010701	20041231	0
90460	G0008	20110101	*	1
90460	G0009	20110101	*	1
90460	G0010	20110101	*	1

Modifier Indicator Table

MODIFIER INDICATOR	DEFINITION
0 (Not Allowed)	There are no modifiers associated with NCCI that are allowed to be used with this code pair; there are no circumstances in which both procedures of the code pair should be paid for the same beneficiary on the same day by the same provider.
1 (Allowed)	The modifiers associated with NCCI are allowed with this code pair when appropriate.
9 (Not Applicable)	This indicator means that an NCCI edit does not apply to this code pair. The edit for this code pair was deleted retroactively.

MUE Denials - EOB 9953

How to Determine the Allowed Units of Service



The screenshot shows the CMS website page for Medically Unlikely Edits (MUE). The page is titled "Medically Unlikely Edits" and is part of the "National Correct Coding Initiatives Edits" section. The page content includes:

- National Correct Coding Initiatives Edits**
 - » Overview
 - » Hospital Outpatient PPS and Therapy NCCI
 - » **Medically Unlikely Edits**
 - » NCCI Edits - Physicians
 - » NCCI Edits - Hospital Outpatient PPS
 - » NCCI Transmittals
- Medically Unlikely Edits**

The CMS developed Medically Unlikely Edits (MUEs) to reduce the paid claims error rate for Part B claims. An MUE for a HCPCS/CPT code is the maximum units of service that a provider would report under most circumstances for a single beneficiary on a single date of service. All HCPCS/CPT codes do not have an MUE.

MUE was implemented January 1, 2007 and is utilized to adjudicate claims at Carriers, Fiscal Intermediaries, and DME MACs.

This webpage has links to the MUE Frequently Asked Questions and Answers (FAQs), MUE files, and the Publication Announcement Letter which explain most aspects of the MUE program.
- Downloads**
 - [Practitioner Services MUE Table \[ZIPPED Excel, 130KB\] - Updated 1/1/11](#)
 - [Facility Outpatient Services MUE Table \[ZIPPED Excel, 101KB\] - Updated 1/1/11](#)
 - [DME Supplier Services MUE Table \(Note: This file will include HCPCS A-B, D-H, K-V codes at this time and will not just include HCPCS codes under DME MAC jurisdiction\) \[ZIP, 25KB\] - Updated 1/1/11](#)
 - [MUE Publication Announcement Letter \[PDF, 52KB\]](#)
- Related Links Inside CMS**
 - [MUE FAQ's](#)
- Related Links Outside CMS**

There are no Related Links Outside CMS

A red arrow points to the "Downloads" section.

http://www.cms.gov/NationalCorrectCodInitEd/08_MUE.asp#TopOfPage

Summary

- CCI/MUE EOBs cannot be submitted for reconsideration on a paper adjustment form
- New day claim
- Electronic adjustments
 - Replacement
 - Void

Appealing a CCI/MUE Denial

Division of Medical Assistance

Appeals Unit

Clinical Policy and Programs

2501 Mail Service Center

Raleigh, NC 27699-2501

- Letter requesting reconsideration of CCI/MUE denial with documentation supporting medical necessity

NCCI and Additional Edits



NC Department of
Health and Human Services

NC Division of
Medical Assistance

[Home](#)

DMA SERVICES

FOR COUNTY STAFF

For Providers

STATISTICS AND REPORTS

DMA HOME

∨ **Medicaid Providers**

A-Z Provider Topics

Calendars

Claim and Billing

Community Care (CCNC/CA)

Contacts for Providers

Enrollment

EPSDT and Health Check

Fee Schedules/Cost Reports

Forms

Fraud and Abuse

HIPAA

Library (bulletins, policies)

National Provider Identifier

Programs and Services

Seminars

[DHHS](#) > [DMA](#) > [Medicaid Providers](#) > [Claims and Billing](#) > [National Correct Coding Initiative](#)

Correct Coding - NCCI and Additional Edits

National Correct Coding Initiative (NCCI)

***Please see the information below regarding "Additional Correct Coding Edits Implementation".**

Overview

In March 2010, the [Patient Protection and Affordable Care Act of 2010](#) [(H.R. 3590) Section 6507 (Mandatory State Use of National Correct Coding Initiative (NCCI))] as amended by the [Health Care and Education Recovery Act of 2010](#) (P.L. 111-152), together referred to as the Affordable Care Act (ACA) was approved. This legislation requires all state Medicaid programs to incorporate "NCCI methodologies" in their claims processing systems. States have until March 31, 2011, to comply the NCCI mandate.

NCCI is a program developed by CMS that consists of coding policies and edits that identify procedures and services performed by the same provider on the same date of service. This program has been in existence for Medicare since 1996, and is now being applied to Medicaid services.

Resolution Inquiries

- Medicaid Resolution Inquiry Form
 - Time Limit Overrides
 - Medicare Overrides
 - Third Party Overrides
 - Medicare HMO (Part C) CMS-1500 claims

<http://www.ncdhhs.gov/dma/provider/forms.htm>

- Attach
 - Paper Claim
 - Copy of the RA
 - Other information

Resolution Inquiry Form

MEDICAID RESOLUTION INQUIRY

MAIL TO:
HP ENTERPRISE SERVICES
P O BOX 300009
RALEIGH, NC 27622

**Processing
Request**



Please Check: Medicare Override Time Limit Override Third Party Override Medicare HMO

NOTE: PLEASE USE THIS FORM FOR OVERRIDES AND INQUIRIES ONLY.
CLAIM, RA's, AND ALL RELATED INFORMATION MUST BE ATTACHED.
ADJUSTMENTS WILL NOT BE PROCESSED FROM THIS FORM.

Provider Number: _____

Provider Name and Address: _____

Patient's Name: _____ Recipient ID: _____

Date of Service: From: / / to / / Claim Number: _____

Billed Amount: _____ Paid Amount: _____ RA Date: _____

**Claim Specific
Data**



Please Specify Reason for Inquiry Request: _____

**Additional
Information**



Time Limit Overrides

- Claims must be submitted within 365 days of the date of service
- 18 months from the date of the denied RA to refile
- Cannot override
 - EOB 18 or 8918 = Time limit denials

Health Choice Resolution Inquiry

- Time Limit Override only

- Mail to:

HP Enterprise Services

Attn: Health Choice

PO Box 300001

Raleigh, NC 27622

Q&A

Thank You!!

