

## How To File A Professional Claim in NTRACKS

<b>1</b>	<p><b>Enter NTracks Provider Portal Using NCID# and Password <a href="#">Login - NTracks</a></b>          BEFORE BILLING: Check the Eligibility Tab to determine the member's Medicaid Program.</p> <ul style="list-style-type: none"> <li>• <b>Note: Use NTracks Portal only for billing claims for <u>Medicaid Direct Members</u>.</b></li> <li>• Pharmacies <b><u>WILL NOT</u></b> be reimbursed for providing Hormonal Contraceptive Services for members enrolled in the Medicaid Family Planning Program.</li> <li>• For other PHP plans (Healthy Blue, United HealthCare, AmeriHealth Caritas, WellCare, or Carolina Complete Health), check each plan's provider portal for medical claims billing instructions.</li> </ul>
<b>2</b>	Select Claims
<b>3</b>	Create Professional Claim

The screenshot displays the NTracks Provider Portal interface. At the top left, the NTRACKS logo is visible. A red arrow points to the 'Claims' tab in the navigation menu, which is labeled with a yellow box containing the number '1'. The 'Claims' dropdown menu is open, showing options like 'Claims Status', 'Claims Draft Search', and 'Create Professional Claim'. The 'Create Professional Claim' option is highlighted with a yellow box containing the number '3'. A blue callout box with white text says 'Select Create Professional Claim'. Below the navigation menu, there are sections for 'Message Center for', 'Announcements', and 'Quick Links'. At the bottom, there are three green buttons: 'Provider Training', 'User Administration', and 'Status and Management'. The top right corner shows a 'Welcome, (Log out)' message and a search bar.

4	Enter Billing Pharmacy NPI#
5	Select Pharmacy Address
6	Select Pharmacy Taxonomy Number <ul style="list-style-type: none"> <li>Pharmacy must be linked to one of the four taxonomy codes to bill for reimbursement of clinical services:</li> <li>3336C0002X – Clinic Pharmacy</li> <li>3336C0003X – Community/Retail Pharmacy</li> <li>3336C0004X – Compounding Pharmacy</li> <li>3336L0003X – Long Term Care Pharmacy</li> </ul>
7	Enter Member Medicaid ID#
8	Enter Date of Service
9	Select Verify

The screenshot shows the 'Verify Patient' form in the NCTracks Provider Portal. The form is divided into several sections:

- BASE INFORMATION:** Includes 'Account Information: NCMMS', 'Group: NCMMS Group', and '\* NPI / Atypical ID: Choose'. A blue callout box labeled '4' points to the NPI/Atypical ID dropdown. A blue callout box labeled '5' points to the 'Address' dropdown. A blue callout box labeled '6' points to the 'NPI / Atypical ID' dropdown.
- Claim Type:** Set to 'Professional'.
- PATIENT INFORMATION:** Includes '\* Recipient ID:' and '\* SSN:'. A blue callout box labeled '7' points to the 'Recipient ID' field.
- Date of Birth:** '\* Date of Birth: mm/dd/yyyy'.
- Date of Service:** '\* From: mm/dd/yyyy' and '\* To: mm/dd/yyyy'. A blue callout box labeled '8' points to the 'From' date field.
- Buttons:** 'Verify' and 'Clear' buttons. A blue callout box labeled '9' points to the 'Verify' button.

At the bottom of the page, there is a footer with technical information: 'idle timer re/init at 1:23:54 pm portal: pong portal-iwap-trunk-10049-14024 stop clock running :1597'.

10	Enter Member Address
11	Enter Member City
12	Enter Member State
13	Enter Member ZIP Code

Provider Portal

Eligibility | Prior Approval | **Claims** | Referral | Code Search | Enrollment | Administration | Trading Partner | Payment | Consent Forms | Training

Home > Create Professional Claim

### Create Professional Claim

AA | Help

\* Indicates a required field

Legend

**Patient / Insured** | Claims Information | Provider Information | Other Payers | Service(s) | Attachments

ELIGIBILITY RESULT

Date of Service: 02/15/2024      Verified On: 02/16/2024

PATIENT INFORMATION

Last Name: [Redacted]      First Name: [Redacted]      Middle Initial: [Redacted]  
Subscriber Gender Code: [Redacted]      Date of Birth: [Redacted]      Recipient ID: [Redacted]

Pregnancy Indicator: NO

10 \* Address 1: [Redacted]      11 Death: mm/dd/yyyy  
Address 2: [Redacted]      \* City: [Redacted]      12 \* State: [Redacted]  
13 \* ZIP Code: 00000-0000

Next > | Submit

Save Draft | Copy | Cancel

About | Legal | Privacy | Accessibility | Contact Us | System Requirements | Report Fraud

NC Department of Health and Human Services      CSRA TRANSCEND

idle timer re/init at 2:58:25 pm    portal: pong  
stop-clock running :1638

14	Patient Account: Enter Internal # Established by the Pharmacy
15	Claims Frequency Type: 1-ADMIT-DISC <ul style="list-style-type: none"> <li>1-ADMIT-DISC: Means New Day Claim [Patient seen in pharmacy &gt; assessment completed &gt; intervention completed &gt; patient leaves pharmacy].</li> </ul>
16	Assignment of Benefits: Y-YES
17	Provider Accept Assignment Code: A-Assigned
18	Place of Service: 01-Pharmacy
19	Provider Signature on File: YES
20	Release of Information: I-Informed C

The screenshot shows the 'Create Professional Claim' form in the Provider Portal. The 'Claim Information' tab is selected and circled in red. The form contains several fields, many of which are marked with asterisks to indicate they are required. Yellow callout boxes with numbers 14 through 20 point to the following fields:

- 14**: Patient Account #
- 15**: Claim Frequency Type Code
- 16**: Assignment of Benefits
- 17**: Provider Accept Assignment Code
- 18**: Place of Service
- 19**: Provider Signature on File
- 20**: Release of Information

Other visible fields include: Last Name, First Name, Recipient ID, Claim Owner, Medical Record #, Original Claim Ref #, Referral #, Provider Signature on File (radio buttons for Yes/No), Patient Amount Paid, and Prior Auth #. There are also sections for 'RELATED CAUSES', 'EPSDT REFERRAL', 'CONDITION CODES', and 'CLAIM NOTE', each with a 'Would you like to add...' question and radio buttons for Yes/No.

21	Provider Type: Non-Person Entity
22	NPI: Enter Pharmacy NPI#
23	Address: Select Pharmacy Address
24	Taxonomy Code: Select Pharmacy Taxonomy Code
25	Federal Tax ID: Enter Pharmacy Tax ID#
26	Is Rendering Provider Same as the Billing Provider: YES
27	Would you like to Add Referring Provider: NO

**Create Professional Claim**

\* Indicates a required field

Legend

Patient / Insured | Claim Information | **Provider Information \*** | Other Payers | Service(s) | Attachments

Last Name: [REDACTED] First Name: [REDACTED] Recipient ID: [REDACTED]

**BILLING PROVIDER**

\* Provider Type  
 Person  Non-Person Entity **21**

\* NPI: [REDACTED] **22** Validate

\* Address: 7910 US HWY 117 S **23** \* Taxonomy Code: 3336C0003X - Community/Ret. **24**

Last Name/Organization Name: GREY & TEAL First Name:  
Address1: 7910 US HWY 117 S  
Address2: UNIT 110  
City: ROCKY POINT State: NC ZIP Code: 28457-7409  
Phone: 9102102030 Fax: 9102102031

**25** \* Federal Tax ID: [REDACTED]

**26** Is the Rendering Provider the same as the Billing Provider?  
 Yes  No

**REFERRING PROVIDER**

Would you like to add Referring Provider? **27**  
 Yes  No

28	Select ICD-10 radio button
29	<p>Enter: Applicable Diagnosis Code</p> <p><b>*Applicable Diagnosis Codes:</b></p> <ul style="list-style-type: none"> <li>• Z30.011: Encounter for initial prescription of contraceptive pills</li> <li>• Z30.016: Encounter for initial prescription of transdermal patch hormonal contraceptive device</li> <li>• Z30.41: Encounter for surveillance of contraceptive therapy pills</li> <li>• Z30.45: Encounter for surveillance of transdermal patch hormonal contraceptive therapy</li> </ul>

Provider Portal

Eligibility Prior Approval Claims Referral Code Search Enrollment Administration Trading Partner Payment Consent Forms Training

Home Create Professional Claim

### Create Professional Claim

\* Indicates a required field

Legend

Patient / Insured Claim Information Provider Information Other payers **Service(s)** Attachments

Last Name: [REDACTED] First Name: [REDACTED] Recipient ID: [REDACTED]

At least **one** Diagnosis Information record is required in order to create new Service Line records.

\* ICD VERSION

Please select ICD-9 when the claim "from date of service" is prior to October 1, 2015 to avoid denials.

28  ICD-10  ICD-9

**29**

**DIAGNOSIS INFORMATION**

Choose Favorite: Select Favorite...

* Code	Description
1. z30.016	ENCTR FOR INIT PRESCRIPTION OF PATCH HORMONAL CONTRACEP DEV

Add Clear

After a row has been added, click on the row to add / edit more details for an individual row.

30	Procedure Code: Enter Applicable CPT Code <b>* Applicable CPT Codes:</b> <ul style="list-style-type: none"> <li>• 99202: Office/outpatient new</li> <li>• 99212: Office/outpatient visit established</li> </ul>																																
31	Quantity: 1.0																																
32	Quantity Type: UN-Units																																
33	Service Date: Enter Service Date																																
34	Modifiers: FP																																
35	Pointers: 1																																
36	Amount: Enter Usual & Customary (U&C) charge <ul style="list-style-type: none"> <li>• <b>Note: If U&amp;C is less than the fee schedule rate, payment will be reimbursed at the U&amp;C amount entered. If U&amp;C is more than the fee schedule rate, payment will be reimbursed in accordance with the Physicians Services Fee Schedule Rate.</b></li> <li>• <b>To Download Fee Schedules, See <a href="https://ncdhhs.servicenowservices.com/fee_schedules">https://ncdhhs.servicenowservices.com/fee_schedules</a></b>                      From Select Program Dropdown – Choose Physician Services                      From Select Fee Schedule Dropdown -Choose Physician Services &gt; Apply filters <b>OR</b>                      Find Physicians Services Program and Physician Services Fee Schedule downloadable list from the menu</li> </ul>																																
	<div style="border: 1px solid #ccc; padding: 5px;"> <p><b>Download Fee Schedules</b></p> <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="display: flex; gap: 10px;"> <div style="border: 1px solid #ccc; padding: 2px;">Select Program <span style="font-size: 0.8em;">▼</span></div> <div style="border: 1px solid #ccc; padding: 2px;">Select Fee Schedule <span style="font-size: 0.8em;">▼</span></div> </div> <div style="display: flex; gap: 10px;"> <div style="border: 1px solid #ccc; padding: 2px 10px;">Apply Filters</div> <div style="border: 1px solid #ccc; padding: 2px 10px;">Clear Filters</div> </div> </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr style="background-color: #2c3e50; color: white;"> <th>Program</th> <th>Fee Schedule</th> <th>Excel</th> <th>Created</th> </tr> </thead> <tbody> <tr> <td>Nursing Facility Rates*</td> <td>Medicaid Direct Long Term Care Skilled Nursing Facility*+</td> <td><a href="#">Download File</a></td> <td>02-02-2024 15:40:19</td> </tr> <tr> <td>Dialysis</td> <td>Dialysis+</td> <td><a href="#">Download File</a></td> <td>10-25-2022 14:54:04</td> </tr> <tr> <td>Physician Services*</td> <td>ACA Physician Services*</td> <td><a href="#">Download File</a></td> <td>01-05-2024 14:52:33</td> </tr> <tr> <td>Hospice*+</td> <td>Hospice*+</td> <td><a href="#">Download File</a></td> <td>01-03-2024 09:40:40</td> </tr> <tr> <td>Targeted Case Management</td> <td>HIV Case Management</td> <td><a href="#">Download File</a></td> <td>10-27-2022 16:05:07</td> </tr> <tr> <td>Hearing Aid Program</td> <td>Hearing Aid Program</td> <td><a href="#">Download File</a></td> <td>01-23-2023 05:38:20</td> </tr> <tr style="border: 2px solid red;"> <td>Physician Services*</td> <td>Physician Services*</td> <td><a href="#">Download File</a></td> <td>02-02-2024 13:15:41</td> </tr> </tbody> </table> </div>	Program	Fee Schedule	Excel	Created	Nursing Facility Rates*	Medicaid Direct Long Term Care Skilled Nursing Facility*+	<a href="#">Download File</a>	02-02-2024 15:40:19	Dialysis	Dialysis+	<a href="#">Download File</a>	10-25-2022 14:54:04	Physician Services*	ACA Physician Services*	<a href="#">Download File</a>	01-05-2024 14:52:33	Hospice*+	Hospice*+	<a href="#">Download File</a>	01-03-2024 09:40:40	Targeted Case Management	HIV Case Management	<a href="#">Download File</a>	10-27-2022 16:05:07	Hearing Aid Program	Hearing Aid Program	<a href="#">Download File</a>	01-23-2023 05:38:20	Physician Services*	Physician Services*	<a href="#">Download File</a>	02-02-2024 13:15:41
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37	Place of Service: 01-PHARMACY																																
38	Would you like to add Additional Line-Item Information: YES																																

**SERVICE LINES**

	* Date(s) of Service	* Procedure	Modifiers	* Pointers	* Amount	* Quantity	* Quantity Type	Line Item Control Number
1.								

**Editing Row #1**

Service Line

**30** \* Procedure Code: 99202

**31** \* Quantity: 1.00

**32** \* Quantity Type: [v]

Description: NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT TYPICALLY 20 MINUTES

**33** \* Service Date: 02/15/2024

**34** Modifiers: fp [ ] [ ] [ ]

**35** \* Pointers: 1 [ ] [ ] [ ] [ ]

**36** \* Amount: \$ 60.00

Line Item Control Number: [ ]

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General Information

Place of Service: 01-PHARMACY **37**

Referral #: [ ]

Immunization Batch #: [ ]

CLIA: [ ]

Prior Approval #: [ ]

Mammography Cert. #: [ ]

Sales Tax Amount: \$ [ ]

Emergency  EPSDT Indicator  Family Planning Indicator  Copay Exempt

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Additional Line Item Information

Would you like to add Additional Line Item Information?

Yes  No

**38**

<b>39</b>	Would you like to add Ordering Provider? : YES
<b>30</b>	Enter: Last Name, First Name
<b>41</b>	Enter: Pharmacist NPI#
<b>42</b>	Click: Save Service Line
<b>43</b>	Click: Next

Ordering Provider

**39** Would you like to add Ordering Provider?

Yes  No

Select a Provider Favorite by clicking on the 'Select Favorite...' button below.

Ordering Provider:

**40** \* Last Name: [ ] First Name: [ ]

**41** \* NPI: [ ]

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Line Item Adjudication Information

Would you like to add Line Item Adjudication Information?

Yes  No

**42**

« Previous

**43**

Next »



### OTHER PAYORS TAB: OPTIONAL

Only applicable when pharmacist is aware that a member has another form of insurance in addition to Medicaid.

Note: Medicaid is always considered a secondary payor (payor of last resort) in instances where a member may have multiple plans.

The screenshot shows the 'Create Professional Claim' interface. At the top, there are navigation tabs: Patient / Insured, Claim Information, Provider Information, **Other Payers** (highlighted with a red circle), Service(s), and Attachments. Below the tabs, there are input fields for Last Name, First Name, and Recipient ID. A section titled 'ALL OTHER PAYERS' contains a question 'Would you like to add All Other Payers?' with 'Yes' selected. Below this is a table with columns: \* Other Payer Name, Other Subscriber Name, \* Date Paid, and Paid Amount. The table has one row with a date field set to 'mm/dd/yyyy' and a paid amount of '\$0.00'. At the bottom right of the table are 'Add' and 'Clear' buttons. The footer includes navigation links like 'Previous', 'Next', 'Submit', 'Save Draft', 'Copy', and 'Cancel', along with a footer banner for the NC Department of Health and Human Services and CSRA Transcend.

### ATTACHMENTS TAB: NOT REQUIRED FOR STATEWIDE PROTOCOL CLAIMS

The screenshot shows the 'Create Professional Claim' interface with the 'Attachments' tab highlighted by a red circle. The 'Attachments' section contains the question '\* Would you like to attach files' with 'No' selected. The footer and navigation elements are identical to the previous screenshot, including the 'Previous', 'Submit', 'Save Draft', 'Copy', and 'Cancel' buttons, and the footer banner for the NC Department of Health and Human Services and CSRA Transcend.

## IF YOU RECEIVE A REJECTION CODE YOU DON'T UNDERSTAND...

Call NCTracks Main Call Center Number  
@ 1-800-688-6696

- Press 1 > Enter Pharmacist NPI #
- Follow prompts to be connected directly to the individual PHP Plans  
(i.e Amerihealth Caritas, Healthy Blue, Carolina Complete Health, United Health Care, or WellCare)  
OR
- Press 6 > to be connected to a NCTracks Call Center Representative
- Make sure the Call Center understand you are asking for assistance with a rejected Medical claim.

