

INTERNET PROFESSIONAL CLAIM SUBMISSION (IPCS) USER GUIDE
SUBMITTING PROFESSIONAL MEDICAL CLAIMS ON THE MEDI-CAL WEB SITE

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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 the minimum system requirements necessary and provides instructions for the following:

- Connecting to the Medi-Cal Web site
- Installing Macromedia Flash (a prerequisite for using the IPCS system)
- Logging onto the IPCS system
- Submitting and printing professional medical claims
- Troubleshooting and resolving issues that may arise when using IPCS

About IPCS

The IPCS system allows you to submit single professional medical claims using your computer and the Internet. 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 integrates cutting-edge technology with an intuitive user interface that facilitates entering medical claims. 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 can only submit professional medical claims using IPCS. You are not able to submit institutional claims through IPCS at this time.

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 providers, border and local calls: (916) 636-1200

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

Minimum System Requirements

To process claims using the IPCS system, your system must meet the following minimum requirements:

- Microprocessor – 300 MHz Intel Pentium processor or higher
- Random Access Memory (RAM) – 64 MB of free, available system RAM (128 MB or higher recommended)
- Monitor Resolution – 1024 x 768, 16-bit (thousands of colors) color display or better
- Macromedia Flash Player 6.0 Plug-in
- Web Browser – Internet Explorer 5.0 or greater or Netscape 6.2 or greater

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:

EDS
Attn: POS/Internet Help Desk
3215 Prospect Park Drive
Rancho Cordova, CA 95670-6017

- 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](#). Check the Internet box in the Real Time Submission Type section, check Medical/Allied Health (05) and enter 4010X098, where indicated, in the ANSI X12 837 Version section.

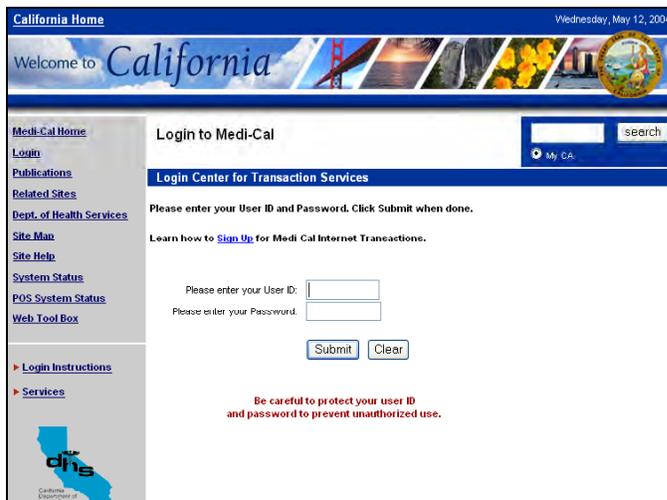
Note: Submitters with a current, valid CMC submitter ID must still submit the *Medi-Cal Telecommunications Provider and Biller Application/Agreement* to add the IPCS application to their list of available Internet options.

Connecting to the Medi-Cal Web Site

Follow the instructions below to connect to the Medi-Cal Web site, or refer to the [Medi-Cal Web Site Quick Start Guide](#).



1. Connect to the Internet.
2. Direct your browser to www.medi-cal.ca.gov.
3. Click **Transaction Services** or **Login** to access the Medi-Cal Login page.



4. Enter your submitter (user) ID and password.
5. Click **Submit** to open the Transaction Services Menu page.

Installing Macromedia Flash

Follow the instructions below to install the Macromedia Flash player, or refer to the [Medi-Cal Web Site Quick Start Guide](#). You must install the Flash player before you can access the IPCS system. If you try to access the IPCS system without the Flash player, you will be prompted to install it.

Note: If you do not have the security rights to install software on your computer, contact your system administrator for installation assistance.



1. Click **Web Tool Box** on the Transaction Services page.



2. Click **Macromedia Flash** to access the Macromedia Flash Player Download Center.

Remember: You must have administrator rights to download the Flash player. If you are unsure or need installation assistance, contact your system administrator.

Logging on to the IPCS System

Follow the instructions below to access the Medi-Cal Login page.



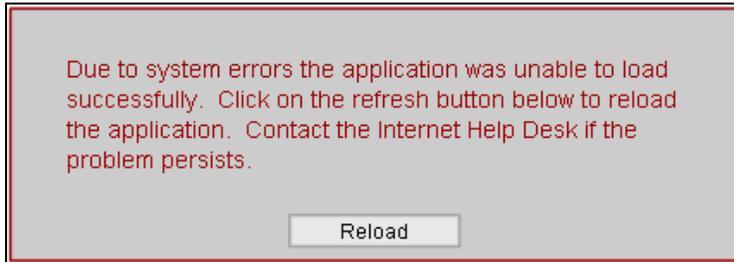
1. Enter your submitter (user) ID and password.
2. Click **Submit** to open the Transaction Services Menu page.



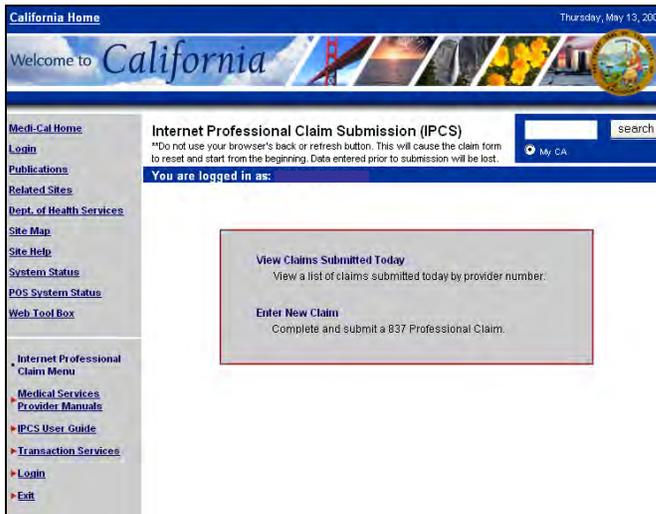
3. Click **Internet Professional Claim Submission (IPCS)** to access the IPCS system.

Note: If you have not yet downloaded the Macromedia Flash player, use the link provided to do so.

Logging on to IPCS (*continued*)



4. If the IPCS system encounters problems while loading, an error message displays. Click **Reload** to try again. If the problem persists, contact the TSC at 1-800-541-5555.



5. If there are no loading errors, the application will proceed to the next screen.
6. On the Internet Professional Claim Submission (IPCS) screen, click **View Claims Submitted Today** or **Enter New Claim**.

The Internet Professional Medical Claim Form

Individual professional medical claims, including attachments, can be submitted using IPCS. For more information on how to submit attachments, please refer to the [Billing Instructions](#) found in the *837 Version 4010A1 Health Care Claim Companion Guide*.

The Internet professional medical claim form contains the following screens, or tabs, that may be completed in any order:

1. Provider Info
2. Subscriber Info
3. Claim Info
4. Service Details

Additional (Optional) Tabs

1. The Other Health Cov. tab must be completed if another health insurance plan has paid on the claim. To open the Other Health Cov. tab, click the **Claim Info** tab, then click the **Other Health Cov.** button.
2. The Vision tab contains fields for vision related information that a Medi-Cal subscriber may have corresponding to a claim. To open the Vision tab, click the **Claim Info** tab, then click the **Vision** button.

Navigating the Professional Medical Claim Form

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

- 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 before submitting your claim, you lose any data entered.
- You may not save a partially completed claim. You must complete the claim 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 tab of the Internet professional medical claim form has required fields that must be completed for each claim submitted. Required fields are marked with a red asterisk (*).

Billing Provider Section

* **Medi-Cal ID** **Taxonomy Code**

* **Medicare Assignment Code**

Select One

In this example, the red asterisks indicate that the *Medi-Cal ID* and *Medicare Assignment Code* fields are required and must be completed for every claim.

Service Facility Section

Medi-Cal ID **Entity Identifier**

Select One

For example, if health care services are provided at a location other than the billing provider's address, the *Medi-Cal ID* and *Entity Identifier* fields in the Service Facility Section must be completed.

The IPCS system displays a prompt if a situationally required field is not completed.

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

Recalling Data from a Previous Claim

Follow the instructions below to recall the data used to complete a previous claim.

The screenshot shows the 'Provider Info' tab with the following sections and fields:

- Billing Provider Section:** * Medi-Cal ID, Taxonomy Code, * Medicare Assignment Code (dropdown).
- Service Facility Section:** Medi-Cal ID, Entity Identifier (dropdown).
- Rendering Provider Section:** Medi-Cal ID, Taxonomy Code.
- Referring Provider Section:** Medi-Cal ID/License #, Taxonomy Code, Provider Name.

Buttons: 'Clear Tab Fields', 'Back to Main Menu', 'Recall Data From Last Claim'.

1. Click **Recall Data From Last Claim** on the Provider Info tab to automatically fill the Provider Info, Subscriber Info, Claim Info, Other Health Cov. and Vision tabs with information from the last claim submitted.

Removing Data from a Tab

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

The screenshot shows the 'Subscriber Info' tab with the following fields:

- * Medi-Cal Subscriber's Name: Last Name, First Name, MI.
- * Subscriber ID #
- * Issue Date (mm/dd/yyyy), * Subscriber Birth Date (mm/dd/yyyy), * Gender Code (dropdown), Pregnancy Indicator (dropdown).
- * Patient Account Number, Patient Amount Paid (\$).
- * Release of Information Code (dropdown).

Buttons: 'Clear Tab Fields'.

1. To clear all data from a tab, click **Clear Tab Fields**.

Entering Claim Data

Tabs can be completed in any order. As you complete each field, the system checks your entry and prompts you for corrections if basic errors are detected.

Provider Info Tab

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

The screenshot shows the 'Provider Info' tab selected. The form includes the following sections and fields:

- Billing Provider Section:**
 - * Medi-Cal ID (text input)
 - Taxonomy Code (text input)
 - * Medicare Assignment Code (dropdown menu)
- Service Facility Section:**
 - Medi-Cal ID (text input)
 - Entity Identifier (dropdown menu)
- Rendering Provider Section:**
 - Medi-Cal ID (text input)
 - Taxonomy Code (text input)
- Referring Provider Section:**
 - Medi-Cal ID/License # (text input)
 - Taxonomy Code (text input)
 - Provider Name (text input)

Buttons at the bottom: 'Back to Main Menu' and 'Recall Data From Last Claim'. A 'Clear Tab Fields' button is at the top left. A legend indicates that red asterisks denote required fields and red text indicates where to click for help.

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

Subscriber Info Tab

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

The screenshot shows the 'Subscriber Info' tab selected. The form is titled 'Subscriber/Recipient Information' and includes the following fields:

- * Medi-Cal Subscriber's Name: Last Name, First Name, MI (text inputs)
- * Subscriber ID # (text input)
- * Issue Date (text input, format: mm/dd/yyyy)
- * Subscriber Birth Date (text input, format: mm/dd/yyyy)
- * Gender Code (dropdown menu)
- * Pregnancy Indicator (dropdown menu)
- * Patient Account Number (text input)
- * Patient Amount Paid (text input with '\$' symbol)
- * Release of Information Code (dropdown menu)

A 'Clear Tab Fields' button is located at the top left. A legend indicates that red asterisks denote required fields and red text indicates where to click for help.

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

Claim Info Tab

The Claim Info tab 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 tab.

The screenshot shows the 'Claim Info' tab selected in a navigation bar. Below the navigation bar are buttons for 'Clear Tab Fields', 'Other Health Cov.', and 'Vision'. A legend indicates that blue text marks required fields and that clicking a field name provides help. The main section is titled 'Overall Claim Information Section' and contains the following fields:

- Hospitalization Admit Date:** Input field with format mm/dd/yyyy.
- Hospitalization Discharge Date:** Input field with format mm/dd/yyyy.
- Prior Authorization or Referral #:** Input field.
- Diagnosis Codes:** Two input fields labeled 'Primary' and 'Secondary'.
- Place of Service:** Dropdown menu with 'Select One'.
- Special Program Indicator:** Dropdown menu with 'Select One'.
- Delay Reason Code:** Dropdown menu with 'Select One'.
- Onset of Current Illness/Injury Date:** Input field with format mm/dd/yyyy.
- Accident Date:** Input field with format mm/dd/yyyy.
- Related Causes Code 1:** Dropdown menu with 'Select One'.
- Related Causes Code 2:** Dropdown menu with 'Select One'.
- Related Causes Code 3:** Dropdown menu with 'Select One'.
- Auto Accident State/Province Code:** Input field.
- Country Code:** Input field.
- Attachment Transmission Code:** Dropdown menu with 'Select One'.
- Attachment Control Number:** Input field.
- Note Reference Code:** Dropdown menu with 'Select One'.
- Claim Note Text:** Text input field.
- File Information:** Text input field.

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

1. If another health insurance plan has paid on the claim, the Other Health Cov. tab must be completed. To add this tab to the claim, click **Other Health Cov.**
2. If the Other Health Cov. tab is not needed, click the Claim Info tab, then click **Hide OHC Tab.**
3. If Vision related items are available to add to the claim, they can be added on the Vision tab. To add this tab to the claim, click **Vision.**
4. If the Vision tab is not needed, click the Claim Info tab, then click **Hide VIS Tab.**

Other Health Cov. Tab

The Other Health Cov. tab contains information regarding other health coverage the Medi-Cal subscriber may have, which indicates shared responsibility for paying the claim.

| | | | | | |
|---------------|-----------------|------------|------------|--------|-----------------|
| Provider Info | Subscriber Info | Claim Info | OHC | Vision | Service Details |
|---------------|-----------------|------------|------------|--------|-----------------|

Clear Tab Fields * Indicates Required Fields
? Click any field name in blue for help info.

Other Insured/Payer Information

Other Insured's Name

Last Name First Name MI **Other Insured Primary ID**

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

Relationship Code **Insurance Type Code**

Release of Information Code

Other Payer Paid Amount \$ **Other Payer Benefits Assignment**

** All fields for this tab are required. To disable (and not use) this tab, go to the Claim Info Tab and click the **Disable OHC Tab** button (all OHC fields will be cleared).

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

1. If the Other Health Cov. tab is not needed, click the **Claim Info** tab, then click **Hide OHC Tab**.

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

Vision Tab

The Vision tab contains fields for vision related information that a Medi-Cal subscriber may have corresponding to a claim.

Provider Info | Subscriber Info | Claim Info | **Vision** | Service Details

Clear Tab Fields

*Indicates Required Fields
?Click any field name in blue for help info.

Vision Information

| Prescription Date | Category Code | Purchased Service Amount |
|--|------------------------------|--------------------------|
| <input type="text"/> <small>m/m/dd/yyyy</small> | Select One | <input type="text"/> |
| Select One | Condition Indicator 1 | |
| Select One | Condition Indicator 2 | |
| Select One | Condition Indicator 3 | |
| Select One | Condition Indicator 4 | |
| Select One | Condition Indicator 5 | |

** To close (and not use) this tab, go to the **Claim Info Tab** and click the **Disable VIS** button.

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

1. The following fields are available on the Vision tab:
 - a. Prescription Date
 - b. Purchased Service Amount
 - c. Category Code
 - d. Condition Indicator (up to 5)
2. If the Vision tab is not needed, click the Claim Info tab, then click **Hide VIS Tab**.

Note: All fields are optional on the Vision tab.

Service Details Tab

The Service Details tab 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.

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

1. To complete the *Service Line Detail Information* section, enter information about the specific procedure performed, enter any override information, and click **Add Detail** to add the service detail to the claim.
2. Each service detail will be listed in the box at the bottom of the screen.

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 prior authorization number), it is necessary to enter this information in the *Override Section*. The prior authorization 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 prior authorization number on the Claim Info tab will be overridden by the number entered in the *Override Section* on the Service Details tab.

Service Detail Options

- To add the service detail to the claim, click **Add Detail**.
- To delete a service detail, select the detail line at the bottom of the screen, then click **Remove Detail**.
- To make changes to a service detail line, select the detail line at the bottom of the screen, click **Edit Detail**, make your changes, then click **Save Edit** to save your changes. This updates the service detail and returns you to the detail list at the bottom of the screen.

Submitting a Claim

Submit Preview

| Detail | From Service Date | Procedure Code | Charge Amount | Quantity |
|--------|-------------------|----------------|---------------|----------|
| 1 | 05/05/2004 | 99123 | 22.00 | 1 |

1. "Submit Preview" displays in the upper-right corner of each tab when the first service detail is added.

2. Before submitting your claim, click **Submit Preview** to check for missing fields.
3. The system verifies that all required fields are complete. If required fields are incomplete, a message displays the fields that must be completed before the claim can be submitted.

Submit Preview (continued)

Claim Detail

Submitter: CMCSUB001

```

----- PROVIDER INFORMATION -----
Billing Provider Medi-Cal ID: ZZZ444333
Billing Taxonomy Code:
Medicare Assignment Code: A - Assigned
Facility Provider Medi-Cal ID:
Facility Entity ID:
Rendering Provider Medi-Cal ID:
Rendering Taxonomy Code:
Referring Provider Medi-Cal ID:
Referring Taxonomy Code:
Referring Provider Name:

----- SUBSCRIBER INFORMATION -----
Subscriber's Name: MARY JONES
Subscriber ID #: 1111111111111111
Issue Date: 09/09/1999
Subscriber Birth Date: 10/10/1977
Gender: F - Female
Patient Account Number: 3223333333
Pregnancy Indicator: No
Patient Amount Paid: $
Release of Information: A - Appropriate Release of Information on File a
    
```

4. When all required fields are complete, click **Submit Preview** again to view the completed claim. The Claim Detail screen displays the claim information on one page so you can easily verify the data.
5. Click **Cancel-Edit Claim** to return to the claim to make changes.
6. If you click Cancel-Edit Claim, make any changes, then click **Submit Preview** again to review the claim.
7. Click **Submit** to submit the claim.

Host Response

```

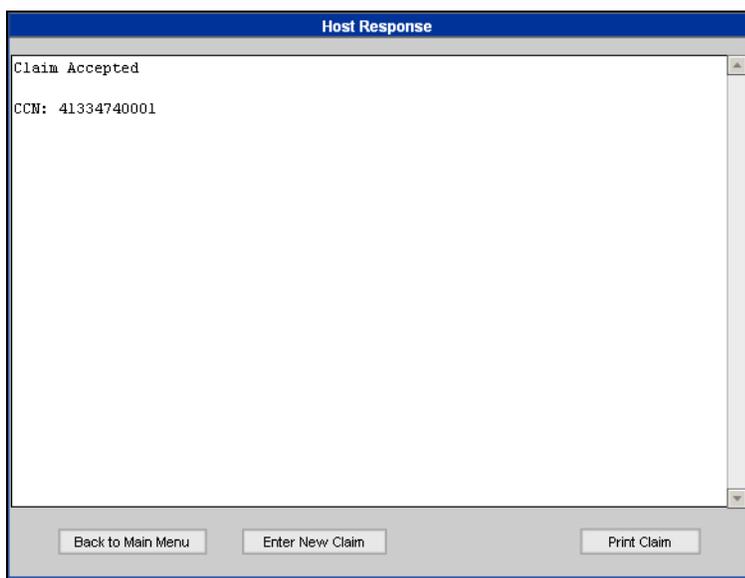
Claim contains error(s) and was not submitted.

HEADER ERRORS
=====
Submitter ID 001 not valid for Provider ZZZ444333.

ERRORS FOR DETAIL LINE 01
=====
Procedure Code 99123 not covered by Medi-Cal. Verify that the Procedure Code
is a valid Medi-Cal Procedure Code and resubmit the claim. If you continue to
receive this reject code and you feel it is an error, contact the EDS Toll-free
Telephone Group.
    
```

8. A response screen shows the verification results and displays any errors. If the response screen shows errors, click **Edit Claim** to make corrections.
9. Otherwise, click one of the following: **Back to Main Menu**, **Enter New Claim** or **Print Claim**.

Submit Preview (*continued*)

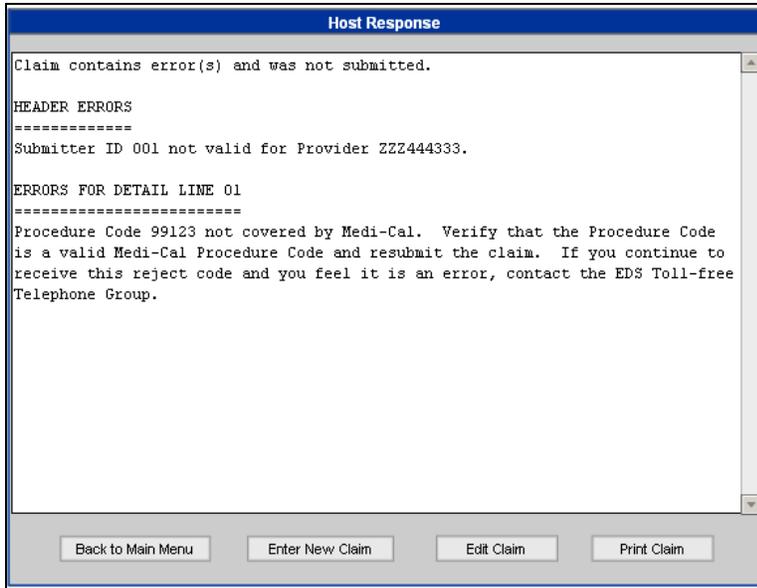


10. If the claim data entered is accepted for processing, the response screen displays the Claim Control Number (CCN) assigned to the claim.
11. You may click one of the following: **Print Claim**, **Enter New Claim** or **Back to Main Menu**.

Note: The claim prints 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.



1. A response screen shows the verification results and displays any errors. If the response screen shows errors, click **Edit Claim** to make your corrections.
2. Otherwise, click one of the following: **Back to Main Menu**, **Enter New Claim** or **Print Claim**.

Note:

- If you click **Back to Main Menu** or **Enter New Claim**, 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.
- If you click **Edit Claim**, you are returned to the Claim Entry screen where you can make changes and submit the claim again.
- If you click **Print Claim**, the claim data is displayed. Click **Print Claim** to print the claim with the errors received.

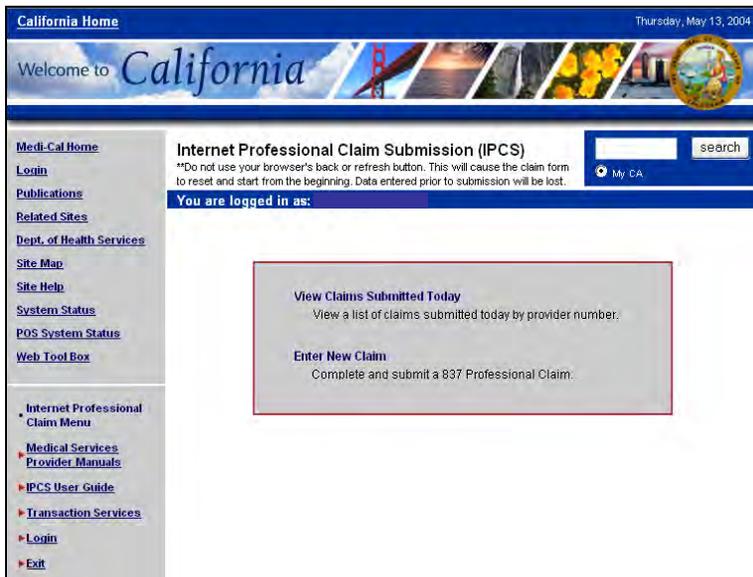
If the system encounters errors that prevent successful claim submission, the Host Response screen will display the error(s) and you will be given the opportunity to try again. If the problem persists, contact the TSC at 1-800-541-5555 for assistance.

Viewing Submitted Claims

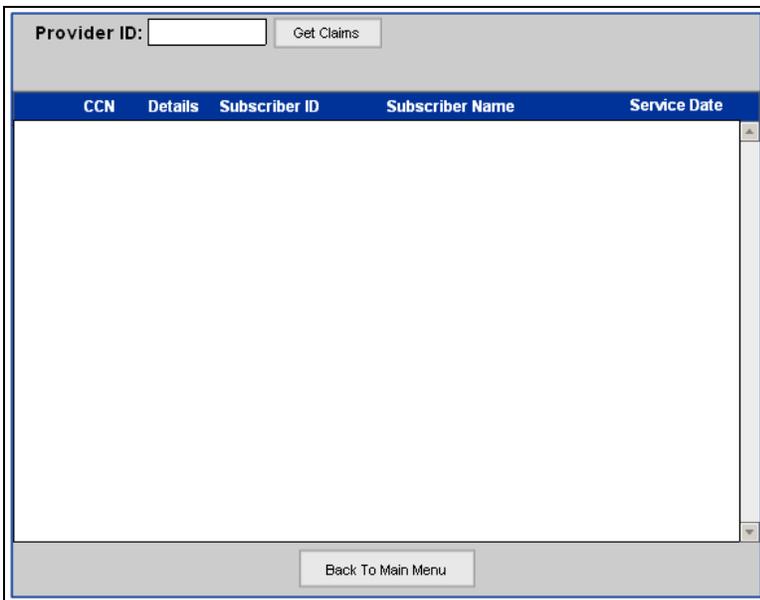
When you click **View Claims Submitted Today** on the Internet Professional Claim Submission (IPCS) screen, the Claim Search screen opens.

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. Click **View Claims Submitted Today** on the Internet Professional Claim Submission (IPCS) screen.



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

Viewing Submitted Claims (continued)

Provider ID:

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

| CCN | Details | Subscriber ID | Subscriber Name | Service Date |
|-----|-------------|-----------------|-----------------|--------------|
| 1. | 41704740001 | 1 3732989999999 | KEANS, JOAN M | 06/06/2003 |

3. The system returns a list of claims submitted for the user and provider ID on the current day, along with a count of the claims in the list.
4. If more than 20 claims are available to view, the first 20 will display.
5. To view the next 20 claims, click **More Claims**. The next 20 claims are added to the bottom of the list. When all claims are listed, **More Claims** no longer displays.

Individual Claims

To view individual claims, click the CCN line to open a Claim Detail screen where you can view the details entered for the selected claim as well as print the claim. To print individual claims, refer to "Printing Claims" on the next page of this guide.

Provider ID:

Please try another Provider ID

| CCN | Details | Subscriber ID | Subscriber Name | Service Date |
|--|---------|---------------|-----------------|--------------|
| No data returned from the query for Submitter 001/Provider TESTPROV1 | | | | |

1. 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.
2. Click **Back To Main Menu** to return to the Internet Professional Claim Submission (IPCS) screen.

Printing Claims

Provider ID:

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

| CCN | Details | Subscriber ID | Subscriber Name | Service Date |
|----------------|---------|---------------|-----------------|--------------|
| 1. 41704740001 | 1 | 3732989999999 | KEANS, JOAN M | 06/06/2003 |

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

Claim Detail

Submitter: CMCSUB001

```

===== PROVIDER INFORMATION =====
Billing Provider Medi-Cal ID: ZZZ444333
Billing Taxonomy Code:
Medicare Assignment Code: A - Assigned
Facility Provider Medi-Cal ID:
Facility Entity ID:
Rendering Provider Medi-Cal ID:
Rendering Taxonomy Code:
Referring Provider Medi-Cal ID:
Referring Taxonomy Code:
Referring Provider Name:

===== SUBSCRIBER INFORMATION =====
Subscriber's Name: MARY JONES
Subscriber ID #: 1111111111111111
Issue Date: 09/09/1999
Subscriber Birth Date: 10/10/1977
Gender: F - Female
Patient Account Number: 3223333333
Pregnancy Indicator: No
Patient Amount Paid: $
Release of Information: A - Appropriate Release of Information on File a
    
```

2. Click **Print** on the Claim Detail screen to print the claim in a formatted document.
3. Click **Cancel** to return to the Claim List screen.
4. At this point, you can select a different claim to view by clicking another CCN line, or you can click **Back To Main Menu** to return to the Internet Professional Claim Submission (IPCS) screen.

Troubleshooting IPCS

1. *After I log in, I don't see the Internet Professional Claim Submission 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. *From my Transaction Services menu, when I click the IPCS system link, the screen does not display properly.*
This system requires the latest version of the Macromedia Flash Player plug-in. Make sure you have administrative rights to install software on your PC, then follow the instructions in the *Installing Macromedia Flash* section of this guide.
3. *The IPCS system runs slowly and I am getting errors that scripts are running in Flash, which may cause my PC to run out of resources.*
Even though the IPCS system is efficient, it will not perform as well on older PCs. Refer to the *Minimum System Requirements* section of this guide for more information.
4. *When I use the Back button or Refresh button in Internet Explorer or Netscape, 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.
5. *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 unauthorized use of the system, it 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.
6. *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 in as Submitter A and submit claims for Providers 1, 2 and 3, then log back in as Submitter B and try to search for claims for Providers 1, 2 and 3, they do not display.