

# Medicaid Claim Status Guide for Internet Access

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State of Nebraska  
Health and Human Services Finance and  
Support

Revised November 26, 2014

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## **MEDICAID CLAIM STATUS APPLICATION**

This Medicaid Claim Status Guide has been developed as a reference for Medicaid providers and their billing staff who have been authorized by the Nebraska Medicaid program to access the Medicaid Claim Status Application.

Specific instructions for logon to the NE CICS are part of the authorization process by the Medicaid EDI Help Desk. You can contact the Help Desk by calling 1-866 - 498-4357, 471-9461, or [DHHS.MedicaidEDI@nebraska.gov](mailto:DHHS.MedicaidEDI@nebraska.gov).

### **ACCESSING THE MEDICAID CLAIM STATUS APPLICATION VIA THE INTERNET**

1. Go to <https://cicsppr1.ecs.nebraska.gov:3113/MCCS>
2. Enter your User Name and Password
3. Click on the OK button. The Nebraska Medicaid Eligibility Verification Screen displays.

### **Creating a Shortcut to Web on your Desktop**

1. From the Menu Bar, click on the File Button.
2. Select 'Send'→ 'Shortcut to Desktop'. A shortcut to the Web link displays on the desktop.

## Medicaid Claim Status Screens

The three screens used for Claim Status Search are:

1. Claim Status –Search
2. Claim Status – Claim Search Result
3. Claim Status – Claim Detail

### CLAIM STATUS – SEARCH SCREEN

#### Search Levels

From the Claim Status Search Screen, the two levels of searches that can be performed are:

1. Claim Search, *and*
2. Claim Service Line Search.

State of Nebraska

MCCS  
PROD

CLAIM STATUS - SEARCH 2014-11-26 0809

CLAIM SEARCH

NPI NUMBER\*\*

PROVIDER NUMBER\*\*

RECIPIENT NUMBER\*

CLAIM SUBMITTED CHARGE\*

CLAIM SERVICE DATE FROM CLAIM NUMBER TO

INSTITUTIONAL BILL TYPE

RX NUMBER

PATIENT ACCOUNT NUM

\* FIELDS REQUIRED FOR ALL SEARCHES  
\*\* THE NPI NUMBER OR PROVIDER NUMBER IS REQUIRED

\_\_\_\_ SERVICE LINE SEARCH (OPTIONAL) \_\_\_\_

LINE SUBMITTED CHARGE\*

LINE SERVICE DATE FROM\* NUMBER OF UNITS TO

LINE NUMBER

\* ENTER VALUE ON ONE OF THE FOLLOWING LINES:

PROCEDURE CODE MOD

REVENUE CODE

NDC CODE

\* FIELDS REQUIRED FOR SERVICE LINE SEARCH

HELP END CLEAR SCREEN EXIT ENTER

## CLAIM STATUS - CLAIM SEARCH

To search for a claim, the following fields are **required** on all claim status searches:

- NPI / PROVIDER NUMBER      Either the 10 digit billing NPI number or the 11-digit Nebraska Medicaid assigned provider/billing number.
- RECIPIENT NUMBER      The Medicaid client's 11-digit identification number.
- CLAIM SUBMITTED CHARGE      The total claim submitted charge. A decimal is not required. If entered, it will be used. If not entered, 2-digits will be assumed.

If more than one claim meets the search criteria, eeft will be listed in summary form on the Claim Search Results screen and the specific claim must be selected to obtain the claim detail.

If only one claim meets the search criteria, the claim detail screen will display.  
(See pg. 12.)

## CLAIM STATUS – SEARCH SCREEN

The following fields are **Optional** but can be used to narrow your claim level search:

- CLAIM SERVICE DATE FROM/TO      The claim service date or dates.
  - If the claim service date is a single date, complete the **FROM** date only.
  - If the claim service dates span multiple dates, complete both the **FROM** and **TO** date.

The search results will include all claims within the date range specified for the same amount.
- CLAIM NUMBER      The Nebraska-Medicaid assigned claim number.
- RX NUMBER      The prescription number.
- INSTITUTIONAL BILL TYPE      The bill type (for institutional claims only)

**Note:**

For the quickest claim status search, use only the required claim level search AND the claim service date. If you know the Medicaid assigned claim number, use it in your search.

If the Medicaid claim number is entered as part of the search criteria, the system uses the Medicaid claim number only to perform the search.

Entering the Medicaid Claim Number will only display information on the specified claim, if found.

## CLAIM STATUS – SEARCH SCREEN

### SERVICE LINE LEVEL SEARCH (OPTIONAL)

A line level search is optional. If you choose to provide line level information, the search results will not be limited to the line only, but will provide the entire claim.

To continue a service line level search, the following fields are **required**.

- LINE SUBMITTED CHARGE                      The submitted charge on the line.  
The decimal is not required.
- LINE SERVICE DATE FROM/TO              The date of service on the line.
  - If the line service date is a single date, complete the **FROM** date only.
  - If the line service dates span multiple dates, complete both the FROM and **TO** date.
  - The search results will include all claims within the date range specified.

The following fields are **optional** on a line level search and will further narrow the search:

- NUMBER OF UNITS                      The units of service on the line. (**Optional**)
- LINE NUMBER                              The line number assigned by Nebraska Medicaid.  
(**Optional**)

**AND** a Value on one or more of the following line is **required**:

- PROCEDURE CODE AND MODIFIER      The HCPCS or ADA procedure code and, if submitted, the procedure code modifier. Entry of the procedure code modifier is optional.
- REVENUE CODE                              The revenue code.
- NDC CODE                                      The National Drug Code for retail pharmacy claims.

After completion of the search screen, click the enter button on the screen, **not** on the keyboard.

## CLAIM STATUS – SEARCH SCREEN

Entering the Medicaid Claim Number will only display information on the specified claim, if found.

### Note:

If any of the required fields are not entered, the user will receive an error message: “Recipient Number Required”, “Provider Number Required”, or “Claim Submitted Charge Required”.

### Redefine Search

To redefine your search, click on the PF3 Button to return to the CLAIM STATUS–SEARCH SCREEN.

### CLAIM STATUS – SEARCH SCREEN FUNCTION KEYS LEGEND

Enter Button	Process/Find	Search for Detail information, click on the Enter Button.
PF1 Button	Help for CLAIM Search Screen	To access the on-line help screen, click on the Help Button. Help information will display.
PF3 Button	End	Allows you to close out of the MMIS Application (Transaction M CCS) and end Internet access, click on the PF3 Button.
PF12 Button	Clear Screen	To clear all previous information except provider number.
PF24 Button	Exit	Allows you to close out of the MMIS Application (Transaction M CCS) and end Internet access, click on the PF24 Button.



## CLAIM STATUS – CLAIM SEARCH RESULT SCREEN

If the claim search resulted in more than one claim found, all claims that met the search criteria are listed with basic claim information and claim status.

The Claim Search Result screen displays the following information:

- NPI Number
- Provider Number
- Recipient Number and Name
- Claim Submitted Charge

State of Nebraska

MCS2 CLAIM STATUS - CLAIM SEARCH RESULT  
 PROD  
 NPI NUMBER 1: [REDACTED] PROVIDER NUMBER [REDACTED]  
 RECIPIENT NUMBER 5 [REDACTED]  
 CLAIM SUBMITTED CHARGE 139.00 RX NUMBER [REDACTED]  
 PATIENT ACCT NUM [REDACTED]  
 SELECT A CLAIM TO VIEW DETAIL CLAIM STATUS

SEL	CLAIM NBR	FROM-DATE	TO-DATE	PROVIDER NUM
<input type="checkbox"/>	00 [REDACTED]	02272014	02272014	10 [REDACTED]
<input type="checkbox"/>	00 [REDACTED]	02272014	02272014	47 [REDACTED]
<input type="checkbox"/>	00 [REDACTED] 5	03262014	03262014	10 [REDACTED]

## CLAIM STATUS – CLAIM SEARCH RESULT SCREEN

Claims that met the search criteria are listed with basic claim information and claim status.

- Page 1 of X The number of pages of claims found.
- Claim Number The Nebraska Medicaid-assigned claim number.
- From-To Dates of Service The date(s) of service for the service rendered.
- Medical Record Number The provider's medical record number or, for drug

claims, the prescription number.

- Institutional Bill Type The bill type (for institutional claims only)
- Status Category Code And Description The status of the claim will be displayed using National Health Care Claim Status Category Codes.

To access complete code descriptions, place your cursor on the status code or description and press PF1.

### Select

To view line of a claim, select a claim by placing your cursor next to the line in the SEL column and enter any 1-digit letter, number and click on the Enter Button. The Claim Status – Claim Detail screen will be displayed.

### Redefine Search

To redefine your search, press PF3 to return to the CLAIM STATUS – SEARCH SCREEN. The information you previously entered will be retained. To clear all previous information except provider number, click on the PF12 Button.

To page through multiple claim results, click on the PF8 Button to page forward and the PF7 Button to page backward.

### CLAIM STATUS – CLAIM SEARCH RESULT SCREEN

CLAIM STATUS – CLAIM SEARCH RESULT FUNCTION KEYS		
Enter Button	Process/Find	Search for Detail information, click on the Enter Button.
PF1 Button	Help	To access the on-line help screen, click on the Help Button, Help information will display.
PF3 Button	Search	Allows you to return to the Claim Status- Search. The information you previously entered will be retained.  To clear all previous information except provider number, click on the PF12 Button.
PF7	Back	Used to page backward through multiple claim results

Button		when additional data is available.
PF8 Button	Forward	Used to page forward through multiple claim results when additional data is available.
PF24 Button	Exit	Allows you to close out of the MMIS Application (Transaction MCS2) and end Internet access, click on the PF24 Button.

## CLAIM STATUS – CLAIM DETAIL

The Claim Detail screen will display claim information for the claim selected on the Claim Search Result screen or the single claim found from the initial Claim Search.

- NPI Number
- Provider Number
- Recipient Number
- Recipient Name
- Claim Submitted Charge
- Service Date From And To
- Medical Record Number
- Bill Type

The selected claim(s) are listed with basic claim information and claim status.

State of Nebraska

MCS3 CLAIM STATUS - CLAIM DETAIL 2014-11-26 09:32  
 PROD PAGE 1 OF 1

NPI NUMBER	1000000000	PROVIDER	1000000000	BIRTHDATE	07311978	GENDER	F
RECIPIENT	5000000000	A		ADJUDICATION DATE		04212014	
CLAIM NUMBER	0080000000			PAID AMOUNT		0.00	
SUBMITTED CHARGE	139.00			PAID DATE			
SERVICE DATE FROM	02272014	TO	02272014	WARRANT NUMBER			
RX NUMBER				PAYMENT METHOD			
BILL TYPE							
PATIENT ACCT NUM							
CLAIM CATEGORY	F2	FINALIZED/DENIAL					
CLAIM STATUS	23	RETURNED TO ENTITY.					
CLAIM STATUS							
CLAIM STATUS							

LN	FROM-DATE	TO-DATE	UNITS	REV CODE	PROCEDURE CODE / MOD	SUBMITTED	PAID AMT
1	02272014	02272014	1.000		99213	139.00	0.00
	CATG F2	FINALIZED/DENIAL				CLEID:	
	STAT 171	OTHER INSURANCE COVERAGE IN					

PF1-HELP
PF2-RESULT
PF3-SEARCH
PF7-BACK
PF8-EXIT

## CLAIM STATUS – CLAIM DETAIL

To the right of the claim information, the following claim, recipient and payment information is displayed -

Page 1 of X	The number of pages for the selected claim.
Birth Date	The recipient's birth date.
Gender	The recipient's gender.
Adjudication Date	The date of payment or denial.
Paid Amount	The amount of payment.
Paid Date	The date of the State of Nebraska warrant/EFT.
Warrant Number	State of Nebraska warrant/EFT number issued on the date the claim was paid or denied.
Payment Method	If the payment was made by Electronic Funds Transfer, EFT will be displayed.

The status of the claim is provided as follows:

Claim Category and Status Code	The status of the claim will be displayed using National Health Care Claim Status Category and Health Care Claim Status codes. The Claim Status code will describe the claim error reasons for pending and deleted claims.
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## CLAIM STATUS – CLAIM DETAIL

CLAIM STATUS – CLAIM DETAIL FUNCTION KEYS		
PF1 Button	HELP	To access the on-line help screen, click on the Enter Button, Help information will display.
PF2 Button	RESULT	To return to the previous claim listing on the Claim Search Result Screen.
PF3 Button	SEARCH	Allows you to return to the Claim Status- Search. The information you previously entered will be retained.  To clear all previous information except provider number, press PF12.
PF7 Button	BACK	Used to page backward through multiple claim service lines when additional data is available.
PF8 Button	FORWARD	Used to page forward through multiple claims service lines when additional data is available.
PF24 Button	EXIT	Allows you to close out of the MMIS Application (Transaction MCS3) and end Internet access, click on the PF24 Button.

## CLAIM STATUS – CLAIM DETAIL

### SIGNING OUT OF THE MEDICAID CLAIM STATUS APPLICATION–3 OPTIONS ARE AVAILABLE:

1. **Click on the PF24 Button** (PF24=EXIT) to close out of the Medicaid Claim Status Application.
  - Click on the X button in the upper right hand corner to close out of the MMIS Application, **OR**
2. **Click on the PF3 Button** to return to the search screen where you can re-enter a new search or continue to press PF3 until you close out of the Medicaid Claim Status Application.
  - Click on the X button in the upper right hand corner to close out of the MMIS Application, **OR**
3. **Click on the PF2 Button** to go back to the selection screen where you first selected your claim. You can re-select another claim to view claim detail or Click on the PF3 or PF24 Button, **OR**
  - Click on the X button in the upper right hand corner to close out of the MMIS Application.

## ERROR MESSAGES

Message	Comments
At least one code is required	A code for the claim is not entered.
Claim not found	A claim was not entered or entered incorrectly.
Claim Submitted Charge Required	A claim submitted charge amount was not entered.
First Page is being displayed PF8 to scroll down	The data displayed exceeds more than one screen.
Invalid Amount	Amount entered not valid.
Invalid Code	Code entered not valid.
Invalid Date	Date entered not valid.
Invalid Date Range	Date range entered not valid.
Invalid Key depressed	Key entered not valid. Consult PF guide at bottom of screen.
Invalid Number	Number entered not valid.
Last Page is being displayed PF7 to scroll up.	Last page of data displayed.
Line Service Dates Required	Line Service Dates not entered.
Line Submitted Charge Required	Line Submitted Charge not entered.
Multiple claim selection is not allowed	More than one claim selection cannot be entered.
NPI Number Not Found	Invalid NPI Number
Only one claim matches search criteria, PF3 for search	One claim match is found.
Only one code can be entered	One code can be entered.
Procedure code required	Procedure code not entered.
Provider Identifier required	NPI / Provider ID not entered.
Provider Number not valid	Less than 11 digits entered.
Provider Number is required and a	Provider ID and/or a Recipient ID not entered.



Message	Comments
Recipient Number is required	
Provider number not found	Not an active Medicaid Provider number.
Recipient Number and Claim do not match	Recipient Number and claim number together not valid.
Recipient Number is required	Recipient Number not entered.
Recipient Number not found	Recipient number entered is not valid.
Recipient Number not valid	Less than 11-digits entered.
The entered Claim Submitted Charge is invalid	Claim submitted charge not valid.
The Claim Submitted Charge is required	Claim Submitted Charge not entered.

## **Help Screens for Claim Search Result Screen**

- **Help Screen Guide**

For the help screen, press F1.