



# NCTracks Taxonomy Presentation

# Agenda

- **Taxonomy Code Information**
- **Using Taxonomy Codes in Filing Claims**
- **Checklist for Providers**
- **NCTracks Resources**
- **Questions**

# Taxonomy Code Information

- **The taxonomy codes for NCTracks are different than the taxonomy codes used for legacy HPES MMISS and NPPEs.**
- **The taxonomy codes for NCTracks were chosen by the State clinical, enrollment, and rate staff to align with NC DHHS policies.**

# Taxonomy Code Information

- **Use these taxonomy codes for the billing and rendering providers on your claims.**
- **These taxonomy codes are connected to provider records, benefit plans, procedure codes, fee schedules, and claim adjudication rules.**

# Using Taxonomy Codes in Filing Claims

**Provider Portal** | Eligibility | Prior Approval | Claims | Referral | Code Search | Enrollment | Administration | Payment | Trading Partner | Consent Forms | PORTAL-DEV

Welcome [redacted] (Log out) | NCTracks Help

## Verify Patient

\* indicates a required field

**BASE INFORMATION**

Account Information: **NCMMIS** | Group: **Hospital** | \* NPI / Atypical ID: Choose

\* Address: [dropdown] | \* Taxonomy Code: [dropdown]

Claim Type: **Professional**

**PATIENT INFORMATION**

\* Recipient ID: [input] or \* SSN: [input]

\* Date of Birth: [input: mm/dd/yyyy]


**Date of Service**

\* From: [input: mm/dd/yyyy] | \* To: [input: mm/dd/yyyy]

Verify Clear

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# Using Taxonomy Codes in Filing Claims



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[Eligibility](#) | [Prior Approval](#) | [Claims](#) | [Referral](#) | [Code Search](#) | [Enrollment](#) | [Administration](#) | [Payment](#) | [Trading Partner](#) | [Consent Forms](#) | [PORTAL-DEV](#)

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## Create Professional Claim

\* indicates a required field

Legend

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

ELIGIBILITY RESULT ?

Date of Service: **01/01/2013**      Verified On: **Recipient not verified**




PATIENT INFORMATION ?

Last Name: <input type="text"/>	First Name: <input type="text"/>	Middle Initial: <input type="text"/>
Subscriber Gender Code: <input type="text"/>	Date of Birth: <input type="text"/>	* Recipient ID: <input type="text"/>
Pregnancy Indicator: <input type="text"/>	Date of Death: <input type="text"/>	* City: <input type="text"/>
* Address 1: <input type="text"/>	* State: <input type="text"/>	* ZIP Code: <input type="text"/>
Address 2: <input type="text"/>		


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# Using Taxonomy Codes in Filing Claims



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[Eligibility](#) | [Prior Approval](#) | [Claims](#) | [Referral](#) | [Code Search](#) | [Enrollment](#) | [Administration](#) | [Payment](#) | [Trading Partner](#) | [Consent Forms](#) | [PORTAL-DEV](#)

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## Create Professional Claim

\* indicates a required field

Legend ▾


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

Last Name:
First Name:
Recipient ID: **44444444444444**

**GENERAL INFORMATION** ?

<p>Claim Owner:</p> <p>* Patient Account #: <input type="text"/></p> <p>* Claim Frequency Type Code: <input type="text"/></p> <p>Referral #: <input type="text"/></p> <p>* Assignment of Benefits: <input type="text"/></p> <p>* Provider Accept Assignment Code: <input type="text"/></p> <p>* Place of Service: <input type="text"/></p> <p>CLIA: <input type="text"/></p>	<p>Medical Record #: <input type="text"/></p> <p>Original Claim Ref #: <input type="text"/></p> <p>* Provider Signature on File: <input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>* Release of Information: <input type="text"/></p> <p>Patient Amount Paid: \$ <input type="text" value="0.00"/></p> <p>Prior Auth #: <input type="text"/></p>
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# Using Taxonomy Codes in Filing Claims



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Provider Portal
Eligibility
Prior Approval
Claims
Referral
Code Search
Enrollment
Administration
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Trading Partner
Consent Forms
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## Create Professional Claim

\* indicates a required field

Legend

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

Last Name:	First Name:	Recipient ID: 444444444444444
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BILLING PROVIDER ?

\* Provider Type

Person     Non-Person Entity

\* NPI:

OR

Validate

Atypical Id:

\* Address:

Last Name/Organization Name:

Address1:

Address2:

City:

Phone:

\* Taxonomy Code: 332BP3500X - Parenteral & Entera

First Name:

State:

ZIP Code:

Fax:

\* Federal Tax ID:



# Using Taxonomy Codes in Filing Claims

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

RENDERING PROVIDER ?

\* Provider Type  
 Person  Non-Person Entity

[Validate](#)

NPI:   
[Select Favorite...](#)

\* Address:  \* Taxonomy Code:

Last Name/Organization Name: First Name:  
 Address1:  
 Address2:  
 City: State: ZIP Code:  
 Phone: Fax:

REFERRING PROVIDER ?

[Would you like to add Referring Provider?](#)  
 Yes  No

SERVICE FACILITY LOCATION ?

[Would you like to add Service Facility Location?](#)  
 Yes  No

# Using Taxonomy Codes in Filing Claims

SERVICE FACILITY LOCATION

Would you like to add Service Facility Location?

Yes  No

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

Service Facility Provider:

\* Organization Name:

\* NPI:  or \* Atypical Number:

\* Address 1:  \* City:

Address 2:  \* State:

\* Zip:

« Previous

Next »

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ne department of health and human services




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portal-jwap-dev-3097-14399  
stop clock running :1781

# Using Taxonomy Codes in Filing Claims

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Home > Create Professional Claim

## Create Professional Claim

\* indicates a required field

[Legend](#)

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

Last Name:
First Name:
Recipient ID: 44444444444444

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

**DIAGNOSIS INFORMATION**

Choose Favorite:

* Code	Description

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

**SERVICE LINES**

* Date(s) of Service	* Procedure	Modifiers	* Pointers	* Amount	* Quantity	* Quantity Type	Line Item Control Number
mm/dd/yyyy to mm/dd/yyyy		<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	\$ 0.00		<input type="text"/>	

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stop clock running :1531

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Home > Create Professional Claim

## Create Professional Claim

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\* indicates a required field

Legend

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

PROFESSIONAL ATTACHMENT

\* Would you like to attach files

Yes  No

Please enter up to 9 file attachments below not to exceed 25Mb total.

ATTACHMENTS		
* Attachment Type	* Transmission Code	Attachment Supplement
<input type="text"/>	<input type="text"/>	


Add Clear

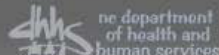
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# Checklist for Providers

- **If you use practice management software, you need to confirm that NCTracks taxonomy codes are included in the claims generated by the software**
- **If you use a Trading Partner, you need to confirm that NCTracks taxonomy codes are included in the claims they submit on your behalf**

# NCTracks Resources

- NCTracks website -  
<https://www.nctracks.nc.gov/content/public/providers.html>
- Announcements – \ hfdg.#k k k 'bWfUW\_g'bW[ cj #WcbhYbh#  
 .....di V]Wdfcj ]XYfg#dfcj ]XYf!Wca a i b]WU]cbg'\ ha ``
- Provider User Guides and Training  
<https://www.nctracks.nc.gov/content/public/providers/provider-user-guides-and-training.html>
- Policies, Manuals, Guidelines -  
<https://www.nctracks.nc.gov/content/public/providers/provider-manuals.html>
- D<6 website - \ hfdg.#a YX]WU]X'bW\ \ g'[ cj #dfcj ]XYfg
- Contacts for providers -  
[\ hfdg.#a YX\]WU\]X'bW\ \ g'\[ cj #dfcj \]XYfg#dfc\[ fUa\\_g!gYfj \]Wg](https://www.nctracks.nc.gov/content/public/providers/provider-manuals.html)

# Questions

