

# PC-ACE Training Module for Part B Users

Revised 2/24/2025



## Enroll with EDI



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- Prior to using the program all users must enroll for PC-ACE using the EDI enrollment form (8292) available at <u>https://medicare.fcso.com/EDI\_Forms/</u>.
- Once enrollment is complete the EDI welcome letter will be sent from First Coast that will include your submitter ID, mailbox ID and instructions for downloading the software.
- This letter includes the installation and upgrade password. The upgrade password does not change and is needed for each quarterly upgrade; therefore, please keep it in a safe place where it is readily available.
- Next, access the <u>PC-ACE software web page</u> and download the program.
- Then complete the following steps to set up the program.

#### WHEN EXPERIENCE COUNTS & QUALITY MATTERS

#### Sign on Procedures

- Sign On
- Open the PC-ACE Software
- Select "Help" then "About PC-ACE"
- Ensure current version is installed
  - Refer to <u>https://medicare.fcso.com/PC-ACE\_software/</u> for available versions. An installation password will be required.
- Select an icon from the Main Toolbar
  - Reference File Maintenance
- Enter SYSADMIN for both User ID and Password

ABILITY   PC-ACE Claims Proc	:essing System 👝 🗉 💌
File View Security Help	
	🐻 👪 🥸

Sign On		
User ID:	SYSADMIN	
Password:	******	
	ОК	Cancel



# Setting Up the Program



- There are several pieces of information that must be entered into the program in order to submit a claim file.
- The provider data, patient data, payer data and submitter data should all be entered in the Reference File Maintenance folder.
- Proceed to the Reference File Maintenance folder by clicking on the third icon.



#### Submitter General



- Submitter: Reference File Maintenance, Codes/Misc, Submitter, Professional, Payer ID 09102, View/Update
- <u>Required</u>: ID (Sender/Submitter number), Name, Address, City, State, Zip (all 9 digits), Phone, Contact
- Optional: Fax
- <u>Requested</u>: Email [Save with Errors if Unavailable]
- Leave Blank: EIN, Country

Professiona	Il Submitter Information
General F	epare ANSI Info ANSI Info (2)
LOB	MCB Payer ID 09102
ID	K0001 EIN
Name	EDI TESTING
Address	532 RIVERSIDE AVE
	5C
City	JACKSONVILLE State FL Zip 32201-1234
Phone	(888) 670-0940 Fax () Country
Contact	WILMA OR BETTY
E-Mail	WILMA.FLINSTONE@ROCK.COM
	<u>S</u> ave <u>C</u> ancel

#### **HCPCS** Code Information



- HCPCS: Reference File Maintenance, Codes/Misc, HCPCS
- Updated each quarter as appropriate
- Ability to narrow search using search options
- View effective date range of code
- Ability to add new codes

HCPCS Code Information	×
Code Description 0001F HEART FAILURE COMPOSITE	
Effective Date Range 01/01/2004 thru//	
OK Cance	9

HCPCS Co	des 🗖 🗖 💌
List includes:	Global codes O Local codes
HCPCS Code	HCPCS Description
0001F	HEART FAILURE COMPOSITE
0001M	INFECTIOUS DIS HCV 6 ASSAYS
0002M	LIVER DIS 10 ASSAYS W/ASH
0003M	LIVER DIS 10 ASSAYS W/NASH
0004M	SCOLIOSIS DNA ALYS
0005F	OSTEOARTHRITIS COMPOSITE
0005M	FTL ANEUPLOIDY DNA ALYS
🗖 List Filter Opt	ions
Show all	codes (no filter applied)
○ Filter list t	to include codes starting with
C Filter list t	to include descriptions starting with up to first 5 characters)
C Filter list t	
New	View/Update Delete Close

#### **HCPCS** Modifier Information



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- Modifiers: Reference File Maintenance, Codes/Misc, Modifiers
- Updated each quarter as appropriate
- View effective date range of code
- Option to add new codes

HCPCS Modi	ifier Information	×
Modifier:	1P 0	
Description:	PERF MEASURE EXCL (MEDICAL)	
Effective Date	e Range: 01/01/2006 thru//	
	OK Cancel	

🖽 нс	PCS Modifiers	x
Descrip	tions Assignments	
Mod	Description	
1P	PERF MEASURE EXCL (MEDICAL)	
22	UNUSUAL PROCEDURAL SERVICES	
23	UNUSUAL ANESTHESIA	
24	UNRELATED E&M SAME MD POSTOP	
25	SIG SEP IDEN E&M SAME MD/DAY	
26	PROFESSIONAL COMPONENT	
27	MULT OUTPAT E/M ENC SAMEDATE	
2P	PERF MEASURE EXCL (PATIENT)	
32	MANDATED SERVICES	
33	PREVENTIVE SERVICE	
		-
	New View/Update Delete Close	

#### ICD Code Information



- ICD Codes: Reference File Maintenance, Codes/Misc, ICD
- Updated each quarter as appropriate
- Ability to narrow search using search options
- Updated to contain ICD-10 codes effective 10/1/2015
- View effective date range of code

ICD Co	des	
ICD-9		
List include	es: 🗭 Diagnosis codes 🔿 Procedure codes	
ICD10 Co	de ICD10 Description	*
A000	CHOLERA DUE TO VIBRIO CHOLERAE 01, BIOVAR CHOLERAE	
A001	CHOLERA DUE TO VIBRIO CHOLERAE 01, BIOVAR ELTOR	1
A009	CHOLERA, UNSPECIFIED	
A0100	TYPHOID FEVER, UNSPECIFIED	
A0101	TYPHOID MENINGITIS	
A0102	TYPHOID FEVER WITH HEART INVOLVEMENT	
A0103	TYPHOID PNEUMONIA	
		-
List Filter	Options	
( Show	v all codes (no filter applied)	
C Filter	list to include codes starting with	
0.53		
( Filter	list to include descriptions starting with [ (up to first 5 characters)	
C Filter	list to include descriptions containing	
Neu	View/Undate Delete	Chara

Code	Туре	
A000	DIAGNOSIS	
Description	n	
CHOLER	A DUE TO VIBRIO CHOLI	ERAE 01, BIOVAR
CHOLER/ Effective [	A DUE TO VIBRIO CHOLI Date Range	ERAE 01, BIOVAR POA Exempt?
CHOLER/	A DUE TO VIBRIO CHOLI Date Range thru 7 7	ERAE 01, BIOVAF POA Exempt
CHOLER/ Effective [ //_	A DUE TO VIBRIO CHOLI	ERAE 01, BIOVAR POA Exempt?

#### **Physician Information**



- Physician Information: Reference File Maintenance, Codes/Misc, Physician
- Required: Physicians Last Name, First Name, NPI
- <u>Optional</u>: Physician ID (if entered, Type is required), Address, City, State, Zip (to include last 4), Phone, Taxonomy
- Leave Blank: Federal Tax ID/Type

Physician Information				×
Physician ID / Type		_		8
Physician's Last Name DOE		First Name JOHN	MI Su	uffix
Address				
City	State	Zip	Phone	·
Federal Tax ID / Type	NPI 15987	Ta: 45411	konomy	
		<u>S</u> ave	<u>C</u> ar	ncel

#### **Facility Information**



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- Facility setup: Reference File Maintenance, Codes/Misc, Facility
- <u>Required</u>: Facility Name, Address, City, State, Zip (to include last 4), Facility Type
- Optional: NPI is not required if entering patient information
- Leave Blank: Facility ID/Type, Tax ID/Type
- <u>Tips</u>: Facility information is required when Billing Place of Service other than 11. If providing services at patients home; beneficiary's information would be used.

Facility Informa	tion 💌
Facility ID/Type	
Facility Name	GOOD LIFE RETIREMENT VILLAGE
Address	123 LAZY LANE
City/St/Zip	SARASOTA FL 32165-4987
Facility Type	77
Tax ID/Type	NPI NPI
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#### ANSI Code Set Maintenance



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- ANSI Code Set Maintenance: Reference File Maintenance, Codes/Misc, Misc ANSI
- Updated each quarter as appropriate
- Provider Taxonomy Codes
- Claim Adjustment Reason Codes
- Remittance Remark Codes
- Claim Status Response Codes

ANSI Code Set Maintenance
Miscellaneous ANSI Code Sets
Provider <u>T</u> axonomy Codes
Claim <u>A</u> djustment Reason Codes
<u>R</u> emittance Remark Codes
Eligibility Service Type Codes
Claim <u>S</u> tatus Response Codes
<u>C</u> lose

#### Place of Service



- Place of Service (POS) Codes: Reference File Maintenance, Codes/Misc, POS
- Updated each quarter as appropriate
- View effective date range
- Ability to add new codes

🛄 Place of Service (POS) Codes 📃 📃 🔤					
Descrip	Descriptions Assignments				
Code	Description				
01	PHARMACY				
03	SCHOOL (NON-FACILITY)				
04	HOMELESS SHELTER (NON-FACILITY)				
05	INDIAN HEALTH SERVICE - FREE STANDING FACILITY				
06	INDIAN HEALTH SERVICE - PROVIDER BASED FACILITY				
07	TRIBAL 638 FREE STANDING FACILITY				
08	TRIBAL 638 PROVIDER BASED FACILITY				
09	PRISON/CORRECTIONAL FACILITY				
11	DOCTOR'S OFFICE				
12	PATIENT'S HOME				
	·	<b>T</b>			
1	New View/Update Delete Close				

#### **Provider Specialties**



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- Provider Specialties: Reference File Maintenance, Codes/Misc, Specialty
- Updated each quarter as appropriate
- View Effective Date Range of code
- Add new codes

Ē	Provider Specialties				
	Code	Specialty Description			
	001	ieneral Practice			
	002	ieneral Surgery			
	003	Allergy/Immunology			
	004	Otolaryngology			
	005	Anesthesiology			
	006	Cardiology			
	007	Dermatology			
	008	Family Practice			
	009	Interventional Pain Management			
	1	New			

- Charges Master
  - Charges Master: Reference File Maintenance, Codes/Misc, Charges Master
  - Select New
  - LOB can be left at <ALL> or changed to <MCB>
  - Enter HCPC in the code field or right click to select from HCPCS Code database
  - Enter Charges for one unit of service
  - Select OK
  - Information maintained by user

👖 Cha	irges	Master	Setup			×
Code		LOB	Payer ID	Description	Charges	*
22505		MCB		MANIPULATION OF SPINE	\$35.00	
97001		MCB		PT EVALUATION	\$25.00	
9711C						
9894C	Cha	arges N	Aaster Inforr	nation		
99211		LO	IB: MCB	▼ Payer ID:	(blank = all payers)	<b>***</b>
		Coo	de: 99071			
	D	escriptio	on: PATIENT	EDUCATION MATERIALS		
- List I		Charge	es:25.00		OK Cano	el
OF	Filter list to include descriptions starting with (up to first 5 characters)     Filter list to include descriptions containing Apply					
<u> </u>	lew		⊻iew/Update	Delete	<u>C</u> lose	



#### Charges Master (Cont.)



- Charges Master (Cont.): File, Preferences
- Main Toolbar, File, Preferences
- Select Use Charge Master reference file for Professional procedure code look-ups
- Select OK
- <u>Tip</u>: If used, you may need to reselect after installing an update

Preferences
General Claim List Claim Import Printing Data Comm Misc
General Preferences
<ul> <li>Automatically tab at maximum field length during data entry</li> <li>Tab key jumps between controls with edit errors when displayed</li> <li>Enable flashing notification method for controls with edit errors</li> <li>Warn on close when deferred claims tasks are scheduled</li> <li>Show descriptive field hints on claim and reference file forms</li> <li>Present claims with errors for immediate editing during process runs</li> <li>Use Charge Master reference file for Professional procedure code lookups</li> <li>Interpret Enter key as save request on claim entry and other editable forms</li> <li>Automatically display Edit Validation Error List when saving a claim that contains errors</li> <li>Automatically focus on Patient PCN field for new Institutional hand-keyed claims</li> <li>Automatically focus on Patient PCN field for new Professional claim entry</li> <li>Skip over line item Service Thru Date field during Institutional claim entry</li> <li>Use the Physician reference file for Professional purchased services lookups</li> <li>Include only Revenue Codes with non-zero charge amounts in lookups</li> <li>Enable service line Total Charges auto-calculations during Institutional claim entry</li> <li>Enable service line Total Charges auto-calculations during Institutional claim entry</li> </ul>
<ul> <li>Ose windows Notepad instead of building previewer to view response reports</li> <li>Prompt to include only rejected claims in the Claim Acknowledgment (277CA) reports</li> </ul>

## **Professional Group Practice**



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- Group Practice: Reference File Maintenance, Provider Prof, Group Practice
- <u>Required</u>: Provider Type Group Practice, Group Name, Address, City, State, Zip (to include last 4), Phone, Contact, Group ID/NO, LOB, Payer ID, Group Label,

NPI, Tax ID/Type, Specialty, Accept Assign, Participating, Signature Ind, Date

- <u>Optional</u>: Fax, Type Org, Taxonomy, and Remarks
- <u>Leave Blank</u>: Tag, UPIN, Provider Association
- <u>Auto Populates</u>: Billing Y, Rendering - N

Professional Pro	vider Information		×
General Info E:	xtended Info		
Provider Type:		oup C Solo Practice	(m)
Group Name	STORY BOOK SERVICES	Group Label	XX123
Last/First/MI		NPI	1386816360
Address	123 MAPLE STREET	Tax ID/Type	123456798 E
	STE 105	UPIN	
City/St/Zip	JACKSONVILLE FL 32202-2222	Specialty	001 Type Org 008
Phone	[904) 321-4567 Fax []	Taxonomy	
Contact	JACK SPRAT	Accept Assign?	A Participating? Y
Group ID/No.	X123 LOB MCB	Signature Ind	Y Date 01/01/2001
Payer ID	09102 Tag	Provider Roles:	Billing Y Rendering N
Remarks	P	rovider Associations:	Select None
	^ L	_OB Provider ID Pro	ovider/Group Name
1	· ]		
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## **Professional Provider Information**



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- Professional Provider Information (Cont.): Reference File Maintenance, Provider Prof, Group Practice, Extended Info.
- Optional: CLIA No. and Mammography
- Leave Blank: All other fields, unless directed by PC-ACE Support.

Professional Provider In	formation	
General Info Extended	Info )	
CLIA No. Mammography No. HMO Contract No. Dental Provider?		Provider Name Match Force Legacy ID E-Mail Address
Group ID/No Type Provider Name Suffix Provider Country Pay-To Provider Inform	nation (specify only if different)	Secondary Provider IDs (ANSI use only) ID/Type #1 ID/Type #2
Organization		NPI
Last/First/MI		Fed Tax ID/Type
Address		Group ID/No./Type
City/St/Zip	Name Suffix	Sec ID/Type #2
		Save Close

## Individual in Group Information



- Individual In Group: Reference File Maintenance, Provider Prof, Individual in Group
- <u>Tips</u>: If you have individual Providers associated with a Group, create the Group information first. You can copy the groups file and edit it to contain the individual providers information by selecting New and Inherit name/address information from the selected provider

As a convenience, the new provider may inherit the basic name and address information from the currently selected provider. This facilitates the creation of provider records which differ only in the specification of ID, LOB, and Payer ID fields. C Create a completely new provider (all fields blank) C Inherit name/address information from the selected provider Associate the new provider with the selected provider Select the desired option and click the 'OK' button to continue. OK Cancel

#### WHEN EXPERIENCE COUNTS & QUALITY MATTERS

## Individual in Group

- Individual In Group: Reference File Maintenance, Provider Prof, Individual in Group
- <u>Required</u>: Provider Type Individual In Group, Last/First, Address, City, State, Zip (to include last 4), Phone, Contact, Provider ID/NO, LOB, Payer ID, Group Label,
- NPI, Tax ID/Type, Specialty,
- Accept Assign, Participating,
- Signature Ind, Date
- <u>Optional</u>: MI, Fax, Type Org, Taxonomy, and Remarks
- <u>Leave Blank</u>: Tag, UPIN, Provider Associations
- <u>Auto Populates</u>: Billing N, Rendering – Y

Professional Pro	vider Information		×
General Info	xtended Info		
Provider Type:	C Group Practice ⓒ Individual in Group C	Solo Practice	
Organization		Group Label	XX123
Last/First/MI	ТНИМВ	NPI	1323654679
Address	123 MAPLE STREET	Tax ID/Type	123456791 E
	STE 105	UPIN	
City/St/Zip	JACKSONVILLE FL 32202-2222	Specialty	001 Type Org 008
Phone	(904) 321-4567 Fax ()	Taxonomy	
Contact	JACK SPRAT	Accept Assign?	A Participating? Y
Provider ID/No.	X124 LOB MCB	Signature Ind	Y Date 01/01/2001
Payer ID	09102 Tag	Provider Roles:	Billing N Rendering Y
Remarks	Provider A	Associations:	Select None
		rovider ID Prov	vider/Group Name
	v		
			<u>Save</u> <u>C</u> ancel



#### Solo Practice Information



- Solo Practice: Reference File Maintenance, Provider Prof, Solo Practice
- <u>Required</u>: Provider Type Solo Practice, Last/First, Address, City, State, Zip (to include last 4), Phone, Contact, Provider ID/NO, LOB,

Payer ID, NPI, Tax ID/Type, Specialty, Accept Assign, Participating, Signature Ind, Date.

- <u>Optional</u>: Fax, Type Org, Taxonomy, Remarks
- <u>Leave Blank</u>: Tag, UPIN, Provider Associations
- <u>Auto Populates</u>: Billing Y, Rendering – N

Professional Provider Information X					
General Info Extended Info					
Provider Type:	C Group Practice	<ul> <li>Individual in I</li> </ul>	Group	<ul> <li>Solo Practice</li> </ul>	<b>***</b>
Organization				Group Label	
Last/First/MI	JONES	JOHN		NPI	1234657980
Address	5 SOUTH ST			Tax ID/Type	132456789 E
				UPIN	
City/St/Zip	JACKSONVILLE	FL 32210-220	01	Specialty	001 Type Org 008
Phone	(904) 555-5555	Fax ()	-	Taxonomy/Typ	be 🗌
Contact	BEN			Accept Assign	? A Participating? Y
Provider ID/No.	13245		}	Signature Ind	Y Date 01/01/2001
Payer ID	09102	Tag		Provider Roles	: Billing 📉 Rendering N
Remarks			Provide	er Associations:	Select None
		~	LOB	Provider ID	Provider/Group Name
		~			
					Save Cancel
			_		

#### Professional Provider Information Extended Info



- Professional Provider Information (Cont.): Reference File Maintenance, Provider Prof, Group Practice, Extended Info
- Optional: CLIA No. and Mammography
- Leave Blank: all other fields, unless directed by PC-ACE Support

Professional Provider	Information	
General Info	d Info D	
CLIA No.	10D1234567	Provider Name Match
Mammography No.		Force Legacy ID
HMO Contract No.		E-Mail Address
Dental Provider?		
Provider ID/No Type		Secondary Provider IDs (ANSI use only)
Provider Name Suffix		ID/Type #1
Provider Country		ID/Type #2
Pay-To Provider Infor	mation (specify only if differen	9
Organization		NPI
Last/First/MI		Fed Tax ID/Type
Address		Prov. ID/No./Type
		Sec ID/Type #1
City/St/Zip		Sec ID/Type #2
Country	Name Suffix	
		Save Close

#### **Payer Information**



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- **Payer:** Reference File Maintenance, Payer
- <u>Optional</u>: You are not required to include the secondary information when Medicare is primary
- If you are going to include the patient's secondary insurance, or enter a Medicare Secondary claim, ensure the Payer is available prior to entering the patient information
- If a Payer is not found you have the ability to add the Payer by selecting New
   Reference File Maintenance
- Maintained by user

W

	_	Patient Payer Provider (Inst) Provider (Prof) Codes/Misc				
Payer ID	LOB	Description	State	Usage		-
00014	СОМ	SELECTCARE	FL			
00119	СОМ	AARP	GA	Inst Only		
00243	СОМ	MEDSTAR PHYSICIAN PARTNERS				_
00344	СОМ	CARE MANAGEMENT RESOURCES				
00360	СОМ	MERCY HEALTH PLAN / PREMIER BENEFITS INC				
00590	COM	BC FED ONLY FL HOSP USE	FL	Inst Only		
Sort By:  Payer ID C Payer Description C Payer LOB C Payer State List Filter Options Show all payers (no filter applied) C Filter list to include Payer IDs starting with C Filter list to include Payer Manage at string with						

#### **Payer Information**



- **Payer (Cont.):** Reference File Maintenance, Payer (Primary Payer)
- <u>Required</u>: Payer ID, LOB COM, Full Description, Address, City, State, Zip (to include last 4), Source (CI), Media (E)
- <u>Optional</u>: Receiver ID leave blank, Contact Name, Phone, Ext, Fax, Usage, (H for Professional, B for both Professional and Institutional, or leave
   Payer ID LOB Receiver ID ISA08 Override

blank)

- Leave Blank: ISA08 Override
- Maintained by user who is responsible for ensuring the information is accurate prior to submitting claims

Payer Information		×
Payer ID         LOB         Receiver ID           09102         MCB	ISA08 Override	3
Full Description MEDICARE B FLORIDA		
Address & Contact Information	Flags	
P. 0. BOX 2525	_ Source  MB	
	- Media E	
City State Zip	Usage H	
JACKSONVILLE FL 32231-0019		
Contact Name	_	
MEDICARE B CUSTOMER SERVICE		
Phone         Ext         Fax           [(866) 454-9007]         []		
PrintLink Matching Descriptions	Save Close	

### **Patient Information**



- Patient Medicare Primary: Reference File Maintenance, Patient, General Information
- You must update the General Information and Primary Insured (Prof) tabs.
   The claim will populate when the patient PCN is selected
- <u>Required</u>: Last Name, First Name, PCN, Address, City, State, Zip (does not require last 4 but is recommended), Sex, DOB, Signature on File (second field), Release of Info, ROI Date
- <u>Optional</u>: MI, Gen, Phone, Notes, Marital Status, Employment Status, Student Status, Death Ind, DOD
- Auto Populates: Active Patient Y

Patient Information	<b>—</b>
General Information Extended Info Primary Insured	l (Inst)   Primary Insured (Prof)   Secondary Insured   💶 📕
Last Name First Name MOUSE MICKEY	MI Gen Patient Control No (PCN)
Patient Address Address 1 RIVERSIDE DRIVE City State Zip ORLANDO FL 32202-4904 Country Phone (941) 256-3214	Patient Status         Active Patient       Y       Discharge Status         Sex       M       Death Ind         D0B       01/04/1935       D0D       _/         Marital Status       S       Signature On File       B         Employment Status       S       Release of Info       Y         Student Status       N       ROI Date       05/23/2007
Notes	CBSA Code
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### Patient Information Primary Insured Prof



- Patient Medicare Primary (Cont.): Reference File Maintenance, Patient, Primary Insured (Prof)
- <u>Required</u>: Payer ID (right click to select from Payer Database to auto-populate Payer ID, Payer Name and LOB), Rel, Last Name, First

Name, Insured ID, Address, City, State, DOB, Assign of Benefits, Release of Info, ROI Date

- <u>Optional</u>: MI, Gen, Phone,
   Employ Status, Retire Date
- <u>Leave Blank</u>: Group Name, Group Number, Claim Office, Country

Patient Information			<b>x</b>
General Information Extended Info Primary Insure	d (Inst) (Primary Insure	ed (Prof) Secondary I	nsured 💶 🕨
Payer ID Payer Name 09102 MEDICARE B FLORIDA	LOB		
Group Name Group Number	Claim Office		
Insured Information (F7) Employer Information (F8	3)	Clear All Fields Fo	or Insured
Ref         Last Name         First Name           18         MOUSE         MICKEY	MI Gen	456123456A	
Address 1 RIVERSIDE DRIVE	Sex MC DOB 01/04/1935	Assign of Benefits Release of Info	y Y
City State Zip ORLANDO FL 32202-4904 Country Phone	Employ Status 5	ROIDate 05/	/23/2007
[[341] 206-3214		- 1	
		<u>S</u> ave	<u>C</u> ancel

#### Patient Information General Information



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- Patient Medicare Secondary: Reference File Maintenance, Patient, General Information
- When there is a primary insurance and Medicare is secondary
- <u>Required</u>: Last Name, First Name, PCN, Address, City, State, Zip (does not require last 4 but is recommended), Sex, DOB, Signature on File (second field), Release of Info, ROI Date,
- <u>Optional</u>: MI, Gen, Phone, Notes, Marital Status, Employment Status, Student Status, Death Ind, DOD
- <u>Leave Blank</u>: Country, CBSA Code, Discharge Status, Signature on File (second field)
  - Auto Populates: Active Patient Y

Patient Information	<b>X</b>
Last Name First Name WONDER	I (Inst)   Primary Insured (Prof)   Secondary Insured (I • • • MI Gen Patient Control No (PCN) WW1234 MSP
Patient Address Address 1865 WELLS ROAD APT 7 City State Zip DAKLAND PARK FL 32040-1234 Country Phone Notes	Patient Status       Y       Discharge Status         Active Patient       Y       Discharge Status         Sex       F       Death Ind       Image: Comparison of the
	<u>S</u> ave <u>C</u> ancel

#### Patient Information Cont



27

- Patient Medicare Secondary (Cont.): Reference File Maintenance, Patient, Primary Insured (Prof)
- <u>Tips</u>: Payer ID right click to select from Payer Database to autopopulate Payer ID, Payer Name and LOB.
- Insured Information (F7), you can select or enter "18" in the Rel field, it will auto populate the information previously entered on the General Information tab onto the Primary Insured (Prof) tab. If the Patient and the Insured are the same, you only need to add the Assignment of Benefits and Release of Info indicators. If they are not the same person, simply edit the information and reselect the appropriate relationship in the Rel field

## Patient Information Primary Insured Professional



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- Patient Medicare Secondary (Cont.): Reference File Maintenance, Patient, Primary Insured (Prof)
- <u>Required</u>: Payer ID, Group Number, Rel, Last Name, First Name, Insured ID, Address, City, State, DOB, Assign of Benefits, Release of Info, ROI Date
   <u>Payer ID</u>
   <u>Payer Name</u>
   <u>BCBS OF GEORGIA</u>
   <u>Group Number</u>
   <u>BCBS OF GEORGIA</u>
   <u>BCBS OF GEORGIA</u>
- <u>Optional</u>: Group Name, MI, Gen, Phone, Employ Status, Retire Date
- <u>Leave Blank</u>: Claim Office, Country

Patient Information			
General Information	Extended Info   Primary Insure	d (Inst) Primary Insure	d (Prof) Secondary Insured (I 💶 🕨
Payer ID Pa 20031 B	ayer Name CBS OF GEORGIA	LOB COM	
Group Name	Group Number BC1234	Claim Office	
Insured Information	(F7) Employer Information (F8	3)	Clear All Fields For Insured
Rel Last Name	First Name WONDER	MI Gen	Insured ID 263311234
Address 1865 WELLS ROA	AD	Sex F	Assign of Benefits
APT 7		DOB 02/26/1937	Release of Info
City OAKLAND PARK	State Zip FL 32040-1234	Employ Status 2	ROI Date 03/24/2011
Country Phone	<u></u>		
			<u>S</u> ave <u>C</u> ancel

#### Patient Information Secondary Insured Prof



- Patient Medicare Secondary (Cont.): Reference File Maintenance, Patient, Secondary Insured (Prof)
- <u>Required</u>: Payer ID (Enter Payer ID or right click to select from Payer database. Either option will auto-populate Payer ID, Payer Name and LOB, Rel, Last Name, First Name, Insured ID, Address, City, State, Zip (does not require last 4 but is recommended), Phone, Sex, DOB, Assign of Benefits, Release of Info ROI Date.
  - <u>Optional</u>: MI, Gen, Phone,
     Employ Status, Retire Date
- <u>Leave Blank</u>: Claim Office, Country, Group Name, Group Number

Patient Information       Primary Insured (Inst)       Primary Insured (Prof)       Secondary Insured (Prof)       Tertia         Payer ID       Payer Name       LOB         09102       MEDICARE B FLORIDA       MCB         Group Name       Group Number       Claim Office         Insured Information (F7)       Employer Information (F8)       Clear All Fields For Insured         Rel       Last Name       First Name       MI       Gen         18       WOMAN       WONDER       263311234A         Address       Sex       F       Assign of Benefits       Y         1865       YELLS ROAD       Sex       F       Assign of Benefits       Y         APT 7       DOB       02/26/1937       Release of Info       Y         City       State       Zip       Employ Status       2       ROI Date       03/24/2011         OAKLAND PARK       FL       32040-1234       Retire Date       /_/	s not require	Group Name	Group Number	Claim Office Separate Inst & Prof	
Primary Insured (Inst)       Primary Insured (Prof)       Secondary Insured (Inst)       Secondary Insured (Prof)       Tertic ()         Payer ID       Payer Name       LOB         [09102]       MEDICARE B FLORIDA       MCB         Group Name       Group Number       Claim Office         Insured Information (F7)       Employer Information (F8)       Clear All Fields For Insured         Rel       Last Name       First Name       MI       Gen       Insured ID         18       WOMAN       WONDER       263311234A       Address         1865       WELLS ROAD       Sex       F       Assign of Benefits       Y         APT 7       DOB       02/26/1937       Release of Info       Y         City       State Zip       Employ Status       2       ROI Date       03/24/2011         DAKLAND PARK       FL       32040-1234       Retire Date       /_/	Patient Information				×
Payer ID       Payer Name       LOB         09102       MEDICARE B FLORIDA       MCB         Group Name       Group Number       Claim Office         Insured Information (F7)       Employer Information (F8)       Clear All Fields For Insured         Rel       Last Name       First Name       MI       Gen       Insured ID         18       WOMAN       WONDER       263311234A         Address       F       Assign of Benefits       Y         1865       WELLS ROAD       Sex       F       Assign of Benefits       Y         APT 7       DOB       02/26/1937       Release of Info       Y         City       State Zip       Employ Status       2       ROI Date       03/24/2011         DAKLAND PARK       FL       32040-1234       Retire Date       _/_/         Country       Phone	Primary Insured (Inst)   Primary Insu	red (Prof) 🖡 Secon	idary Insured (Inst)	Secondary Insured (Prof) Tertia	Þ
Group Name       Group Number       Claim Office         Insured Information (F7)       Employer Information (F8)       Clear All Fields For Insured         Rel       Last Name       First Name       MI       Gen       Insured ID         18       WOMAN       WONDER       263311234A         Address       Sex       F       Assign of Benefits       Y         Aft 7       D0B       02/26/1937       Release of Info       Y         City       State Zip       Employ Status       2       R0I Date       03/24/2011         DAKLAND PARK       FL       32040-1234       Retire Date       /_/         Country       Phone	Payer ID Payer Name 09102 MEDICARE B	FLORIDA	LOB MCB		
Clear All Fields For Insured         Insured Information (F7)       Employer Information (F8)         Rel       Last Name       First Name       MI       Gen       Insured ID         18       WOMAN       WONDER       263311234A         Address       Sex       F       Assign of Benefits       Y         1865 WELLS ROAD       Sex       F       Assign of Benefits       Y         APT 7       DOB       02/26/1937       Release of Info       Y         City       State Zip       Employ Status       2       R0I Date       03/24/2011         DAKLAND PARK       FL       32040-1234       Retire Date       /_/	Group Name Gro	up Number	Claim Offic	ce	
Rel       Last Name       First Name       MI       Gen       Insured ID         18       WOMAN       WONDER       263311234A         Address       Sex       F       Assign of Benefits       Y         APT 7       DOB       02/26/1937       Release of Info       Y         City       State Zip       Employ Status       2       R0I Date       03/24/2011         OAKLAND PARK       FL       32040-1234       Retire Date       _/_/	Insured Information (F7) Employ	er Information (F8	]	Clear All Fields For Insured	1
Address       Sex       F       Assign of Benefits       Y         I865 WELLS ROAD       DOB       02/26/1937       Release of Info       Y         APT 7       DOB       02/26/1937       Release of Info       Y         City       State Zip       Employ Status       2       R0I Date       03/24/2011         OAKLAND PARK       FL       32040-1234       Retire Date       /_/         Country       Phone	Rel Last Name 18 WOMAN	First Name WONDER	MI Gen	Insured ID 263311234A	
APT 7       DOB       02/26/1937       Release of Info       Y         City       State Zip       Employ Status       2       ROI Date       03/24/2011         OAKLAND PARK       FL       32040-1234       Retire Date          Country       Phone            Save       Cancel	Address 1865 WELLS ROAD		Sex 1	F Assign of Benefits	
City       State Zip       Employ Status       2       ROI Date       03/24/2011         DAKLAND PARK       FL       32040-1234       Retire Date       /_/         Country       Phone	APT 7		DOB 02/26/193	7 Release of Info Y	
Country     Phone       [	City State OAKLAND PARK	Zip 32040-1234	Employ Status	2 ROI Date 03/24/2011	
<u>S</u> ave <u>C</u> ancel	Country Phone				
				<u>S</u> ave <u>C</u> ancel	

#### Professional Claim Entry



- Claim Entry Medicare Primary: Professional Claims Menu, Enter Claims, Patient Info & General
- <u>Required</u>: LOB, Billing Provider, Patient Control No, Employment, Accident, Outside Lab, Dental (for 837D claims only)
- <u>Optional</u>: Date/Ind of Current, First Date, UTW/Disability Dates & Types, Hospitalization Dates, Outside Lab Chgs, Facility, Referring Phys Name
   <u>Professional Glain Form</u> Patient Info & General Disured Information Billing Line Items Ext. Patient/General Ext. Pat/Gen (2) Ext. Payer/Insured LDB MCB Billing Provider AKB61 26-Patient Control No. MOUSEJR
- <u>Leave Blank</u>: Medicaid Resubmission Code & Ref No, Dental (for 837 claims), COB, Frequency

Professional Claim Form
Patient Info & General Disured Information   Billing Line Items   Ext. Patient/General   Ext. Pat/Gen (2)   Ext. Payer/Insured
LOB MCB Billing Provider AK861 26 - Patient Control No. MOUSEJR
2 - Patient Last Name First Name MI Gen 3 - Birthdate Sex MS ES SS Ind SOF Rep. Exempt      MOUSE MICKEY JR 01/04/1935 M S 5 N B N
5 - Patient Address 1         Patient Address 2         Patient City         State         Patient Zip         Country         Patient Phone           1 RIVERSIDE DRIVE         ORLANDO         FL         32202-4904         [941) 256-3214
10 - Patient Condition Related To       ROI Date       Other Ins. 14 - Date/Ind of Current       15 - First Date       16 - UTW//Disability Dates & Type         Employment       N       Accident       N       Y       05/23/2007       3          to
17 - Referring Phys Name (Last/Org, First, Mid, Suffix)         Referring Phys IDs/Types         18 - Hospitalization Dates         20 - Outside Lab/Chgs           Image: Control of the state of the sta
19 - Reserved For Local Use 22 - Medicaid Resubmission Code & Ref No
25 - Fed. Tax ID 800141034 SSN/EIN E 27 - Provider Accepts Assignment? A PIN No.
31 - Provider SDF Y Date 11/17/2010 Facility? Dental? CDB? Frequency 33 - GRP No. AK861
<u>Save</u>

#### Professional Claim Entry Insured Information



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- Claim Entry Medicare Primary: Professional Claims Menu, Enter Claims, Insured Information
- Information pulled from Patient database when patient selected on Patient Info & General Tab

Professional Claim Form					<b>—</b> × <b>—</b>
Patient Info & Genera Insured Information Billing L	.ine Items   Ext. Patient/G	ieneral   Ext. Pat/Gen	(2) Ext. Paye	r/Insured	
Sub Payer ID Payer Name O9102 MEDICARE B FLORIDA	Insured's ID 456123456A	6 P.Rel Insured's La 18 MOUSE	st/Org Name	First Name MICKEY	MI Gen
Birthdate         Sex         Sig         AOB         Insured's Addr           01/04/1935         M         B         Y         1 RIVERSIDE DRIV           _//               _//               Country         Insured's Phone / Ext.         ESC         Er	ess 1 Inst E	ured's Address 2 Group Name	Insured ORLANDO Gro	l's City Stat	e Zip 32202-4904
				<u>S</u> ave	<u>C</u> ancel

#### Professional Claim Entry Line Item Details



- Claim Entry Medicare Primary: Professional Claims Menu, Enter Claims, Billing Line Items, Line Item Details
- <u>Required</u>: Diagnosis Codes (at least one), Service From/Thru Dates, Charges, PS, Proc, Diagnosis Pointer, Charges, Units, Rendering Phys. (unless billing as a Solo Provider), Total Charge, Dental tab (837D claims only)
- <u>Optional</u>: Additional Diagnosis, EMG, Modifiers, EP, FP, AT, Rendering Physician (unless billing as a group)
- <u>Auto Populated</u>: Recalculate,
   Patient Amount Paid, and Balance
   due when Recalculate is selected

essional Claim Form	×
ent Info & General   Insured Information Billing Line Items   Ext. Patient/General   Ext. Pat/Gen (2)   Ext. Payer/Insured	
e remit declais (Line 2) Ext Declais 2 (Line 2) Ext Declais 3 (Line 2) Chiropractic	_
agnosis Codes (1 - 8):  8479  A0101	_
24a - Service Dates From         24b         24c         24d -CPT®         24d - Mod         24e         24f         24g         24g         24j           06/15/2021         06/15/2021         11         99071         1         1         25.00         1.00         1         X123	
06/15/2021 06/15/2021 11 98940 12 45.00 10 12 12 12 12 12 12 12 12 12 12 12 12 12	≜
	₹
	•
28 - Total Charge 70.00 Rec <u>a</u> lculate	
29 - Patient Amount Paid0.00 30 - Balance Due70.00 PT® codes are copyright 2020 American Medical Association (AMA).	
<u>S</u> ave <u>C</u> ar	ncel

#### Professional Claim Entry Line Item Details - Dental



- Claim Entry Medicare Primary: Professional Claims Menu, Enter Claims, Billing Line Items, Line Item Details
- The Dental tab will display when a valid dental HCPCS code is provided along with "A" in the 24h AT field

Professional Claim Form X	Professional Claim Form X
Patient Info & General   Insured Information   Billing Line Items   Ext. Patient/General   Ext. Pat/Gen (2)   Ext. Payer/Insured	Patient Info & General   Insured Information   Billing Line Items   Ext. Patient/General   Ext. Pat/Gen (2)   Ext. Payer/Insured
Line Item Details   Extended Details (Line 1)   Ext Details 2 (Line 1)   Ext Details 3 (Line 1)   Dental	Line Item Details   Extended Details (Line 1)   Ext Details 2 (Line 1)   Ext Details 3 (Line 1)   Dental 🛵
Diagnosis Codes (1 - 8):       H9532         24a - Service Dates       24b 24c 24d - CPT * 24d - Mod       24e       24f       24g       24h       24j         LN       From       From       PS <emg hcpcs<="" td="">       1       2       Diagnosis       Charges       Units       EP FP       AT       Rendering Phys.         1       108/01/2024       10       1497       1       50.00       0.00       A       A         2       /_//       /_//       /_//       I       150.00       0.00       A       A         3       /_////       I       I       109/01/2024       III       IIII       IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII</emg>	Tooth Number
Save Close	<u>Save</u>

## Professional Claim Entry Tips



- Claim Entry Medicare Primary (Cont.): Professional Claims Menu, Enter Claims, Billing Line Items, Line Item Details
- <u>Tips</u>: Right click or F2: Accesses information from databases or available pull down menus
  - F4: Field Duplication
  - F5: Line Duplication
  - F7: Line deletion
  - F8: Advance to next line

#### Professional Claim Entry Edit Validation List



- Claim Entry Edit Validation Errors List: Once "Save" is selected, the claim will edit for known requirements.
- Error message will indicate the line or field the error is associated with
- Double click on error to jump to corresponding field
- Once error is corrected select "Save" again to re-edit claim
- Red X error must be corrected before transmitting



• Only claims saved as CLN or ERR can be transmitted

## Professional Claim Entry Patient Info & General



- Claim Entry Medicare Secondary/Payment Made: Professional Claims Menu, Enter Claims, Patient Info & General
- <u>Required</u>: LOB, Billing Provider, Patient Control No., Employment, Accident, Outside Lab, COB, Dental (for 837D claims)
   Professional Claim Form
   Professional Claim Form
   Patient Info & General Information Billing Line Items Ext. Patient/General Ext. Pa
- <u>Optional</u>: Date/Ind of Current, First Date, UTW/Disability
   Dates & Types, Hospitalization
   Dates, Outside Lab Chgs, Facility, Referring Phys Name
- <u>Leave Blank</u>: Medicaid
   Resubmission Code & Ref No,
   Dental (for 837 claims), Frequency,
   Reserved For Local Use

	Professional Claim Form
6	Patient Info & General Insured Information   Billing Line Items   Ext. Patient/General   Ext. Pat/Gen (2)   Ext. Payer/Insured
	LOB MCB Billing Provider 32654 26 - Patient Control No. WW1234 MSP
	8 - Pat. Status         Death         12         Legal         NPI           2 - Patient Last Name         First Name         MI         Gen         3 - Birthdate         Sex         MS         ES         Sind         SOF         Rep.         Exempt           WDMAN         WONDER         02/26/1937         F         W         2         N         B         N
	5 - Patient Address 1     Patient Address 2     Patient City     State     Patient Zip     Country     Patient Phone       1865 WELLS RDAD     APT 7     OAKLAND PARK     FL     32040-1234     I     I
	10 - Patient Condition Related To         ROI         ROI Date         Other Ins. 14 - Date/Ind of Current         15 - First Date         16 - UTW//Disability Dates & Type           Employment         N         Accident         N         Y         03/24/2011         1        /        /        /         to        /
	17 - Referring Phys Name (Last/Org, First, Mid, Suffix)         Referring Phys IDs/Types         18 - Hospitalization Dates         20 - Outside Lab/Chgs                  0.00
	19 - Reserved For Local Use 22 - Medicaid Resubmission Code & Ref No
	25 - Fed. Tax ID 596547894 SSN/EIN E 27 - Provider Accepts Assignment? A PIN No. 32654
	31 - Provider SOF Y Date 01/10/2005 Facility? Dental? COB? Y Frequency 33 - GRP No.
	<u>S</u> ave <u>C</u> ancel

## Professional Claim Entry Insured Information Medicare Secondary



- Claim Entry Medicare Secondary/Payment Made (cont.):
   Professional Claims Menu, Enter Claims, Insured Information.
- Information is pulled from Patient database when patient selected on Patient Info & General Tab

Professional Claim Form							<b>x</b>
Patient Info & General Insured Information Billing I	_ine Items   Ext. Pat	tient/General   E	xt. Pat/Gen (	2) Ext. Paye	r/Insured		
Sub Payer ID Payer Name 20031 BCBS OF GEORGIA 09102 MEDICARE B FLORIDA Birthdate Sex Sig AOB Insured's Addr 02/26/1937 F B Y 1865 WELLS ROAD	Insured's I 263311234 263311234A ess 1 AF	ID P.Rel 18 18 18 18 18 18 18 18 18 18	Insured's Las WOMAN WOMAN ress 2	st/Org Name	First Name WONDER WONDER 's City PARK	s State	MI Gen
02/26/1937 F B Y 1865 WELLS ROAD	AF	PT 7		OAKLAND P	PARK	FL	32040-1234
							[
Country Insured's Phone / Ext.       ESC       End         []       2       2         [       2       2         [       2       2         [       2       2         [       2       2         [	nployer Name	Gro	up Name	Gro BC1234	up Number I		Clear Payer Clear Payer Clear Payer
					<u>S</u> ave		<u>C</u> ancel

#### Professional Claim Entry MSP/COB Line 1



- Claim Entry Medicare Secondary/Payment Made (cont.): Professional Claims Menu, Enter Claims, Billing Line Items, Line Item Details
- <u>Required</u>: Diagnosis Codes (at least one), Service From/Thru Dates, PS, Proc, Diagnosis Pointer, Units, Rendering Phys (unless billing as a Solo Provider), Recalculate
- <u>Optional</u>: Additional Diagnosis, EMG, Modifiers, EP, FP, AT, Rendering Physician (unless billing as a group)
- <u>Auto Populated</u>: Total Charge,
   Patient Amount Paid, and Balance
   due when Recalculate is selected

Professional Claim Form
Patient Info & General Insured Information Billing Line Items Ext. Patient/General Ext. Pat/Gen (2) Ext. Payer/Insured
Line Item Details Extended Details (Line 1) Ext Details 2 (Line 1) Ext Details 3 (Line 1) MSP/COB (Line 1)
Diagnosis Codes (1 - 8); 8479 A0101
24a - Service Dates         24b         24c         24c         24f         24g         24h         24j           LN         From         Thru         PS         EMG         / HCPCS         1         2         Diagnosis         Charges         Units         EP FP         AT         Rendering Phys.           1         06/21/2021         05/21/2021         11         99071         11         25.00         1.00         Image: Charges         Image: Charges
2 06/21/2021 06/21/2021 11 988340 12 45.00 0.00 11
28 - Total Charge 70.00 Recalculate
29 · Patient Amount Paid0.00 30 · Balance Due70.00
CPT® codes are copyright 2020 American Medical Association (AMA).
<u>S</u> ave <u>C</u> ancel

#### Professional Claim Entry MSP/COB Line 1 cont.



- Claim Entry Medicare Secondary/Payment Made (cont.):
   Professional Claims Menu, Billing Line Items, MSP/COB Line 1
- Required: Approved, SVD, CAS, Adj/Payment Date
- Leave Blank: OTAF, Information on lines 2 and 3 of SVD and CAS, Procedure Code Description, Remaining Owed

Professional Claim Form	
Patient Info & General Insured Inform	hation Billing Line Items Ext. Patient/General Ext. Pat/Gen (2) Ext. Payer/Insured
Line Item Details Extended Details	(Line 1)   Ext Details 2 (Line 1)   Ext Details 3 (Line 1) MSP/COB (Line 1)
Common Line MSP Amounts	Additional Line-level Adjudication / COB Information (ANSI-837 Use Only)
Approved20.00	Service Line Adjudication (SVD) Information
0TAF0.00	SVD         P/S         Proc. Qual / Code         Modifiers 1 thru 4         Paid Amount         Paid Units         B/U Line           1         P         199071         1.000 <t< td=""></t<>
	2
	Line Adjustment (CAS) & Miscellaneous Adjudication Info (for SVD 1 above) Procedure Code Description Line Level Adjustments (CAS)
	^ Num Group Reason Amount Units
	v 1 PR 115.001.000 ▲
	Adj/Payment Date 06/21/2021 2
	Remaining Owed0.00 3
	Save

#### Professional Claim Entry MSP/COB Line 2



- Claim Entry Medicare Secondary/Payment Made (cont.):
   Professional Claims Menu, Billing Line Items, MSP/COB Line 2
- Required: Approved, SVD, CAS, Adj/Payment Date
- Leave Blank: OTAF, Information on lines 2 and 3 of SVD and CAS

Procedure Code Description, Remaining Owed

Professional Claim Form		×									
Patient Info & General   Insured Inform	nation Billing Line Items Ext. Patient/General Ext. Pat/Gen (2)	Ext_Payer/Insured									
Line Item Details Extended Details (Line 2)   Ext Details 2 (Line 2)   Ext Details 3 (Line 2) MSP/COB (Line 2) Chiropractic											
Common Line MSP Amounts Additional Line-level Adjudication / COB Information (ANSI-837 Use Only)											
Approved 30.00 Service Line Adjudication (SVD) Information											
OTAF         SVD         P/S         Proc.         Qual / Code         Modifiers 1 thru 4         Paid Amount         Paid Units         B/U Line           1         P         38940         20.00         0.000         2         0.000											
	Adj/Payment Date       06/21/2021       2         Remaining Owed       0.00       3	Amount Units									
		<u>S</u> ave <u>C</u> ancel									

## Professional Claim Entry Ext. Payer Inured – Secondary Payor



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- Claim Entry Medicare Secondary/Payment Made (cont.): Professional Claims Menu, Ext. Payer/Insured, Primary Payer Insured
- <u>Required</u>: Insurance Type (insurance type was left blank for training purposes)
- <u>Auto Populates</u>: Payer Address, Payer Source
- <u>Optional</u>: Insured's Contact, Patient ID
- <u>Leave Blank</u>: Payer/ Insured Reference IDs/Types

Professional Claim	Form		x
Patient Info & Genera	I Insured Information Billing Line Items Ext. Patien	t/General Ext. Pat/Gen 21 Ext. Payer/Insured	
Primary Payer/Insu	ed Secondary Payer/Insured Tertiary Payer/Insured	d COB Info (Primary) COB Info (Secondary)	
Miscellaneous Se	condary Payer / Insured Information		
Payer Address	MEDICARE PART & ROUTINE PAPER	Payer / Insured Reference IDs / Types	
	P. O. BOX 2525		
City/St/Zip	JACKSONVILLE FL 32231-0019		
Payer Source	МВ		
Insurance Type			
Insured's Contact			
Patient ID			
		<u>S</u> ave <u>C</u> ance	

#### Claim Entry - Medicare Secondary Payment Made (cont.): Professional Claims Menu, Enter Claims, Ext. Payer/Insured, COB Info (Primary) Professional Claim Form Patient Info & General | Insured Information | Billing Line Items | Ext. Patient/General | Ext. Pat/Gen ( Ext. Payer/Insured

- Required: Zero Payment Made Ind N – to indicate payment was made, COB Code (D - to indicate total claim payer paid amount), MOA Amount
- Leave Blank: OTAF, CAS, Medicare Outpatient Adjudication (MOA) Remarks Codes, **Claim Adjudication Date**

#### Num Code Num Group Reason Amount Units Amount Zero Payment Ind 80.12 Medicare Outpatient Adjudication (MOA) Remarks Codes Claim Adjudication Date \_/\_/\_\_\_ <u>S</u>ave Cancel

Common Payer MSP Information

OTAF

0.00

Primary Payer/Insured Secondary Payer/Insured Tertiary Payer/Insured COB Info (Primary) COPInfo (Secondary)

Additional Adjustment / COB Amounts / MOA Information (ANSI-837 Only)

Claim Level Adjustments (CAS)

COB / MOA Amounts

#### H EN EX PERIENCE COUNTS & Q U A MAT TY R S W

#### Professional Claim Entry Ext FIRST CC SERVICE OPTIO Payer/Insured – COB Info Primary

## Professional Claim Entry Edit Validation List for MSP Claim



- Claim Entry Edit Validation Errors List: Once "Save" is selected, the claim will edit for known requirements.
- Error message will indicate the line or field the error is associated with
- Double click on error to jump to corresponding field
- Once error is corrected select "Save" again to re-edit claim
- Red X error must be corrected before transmitting

Edit Validation Errors List	
Payer 02 - MSP Insurance Type Code Is Required      Double-click error to jump to the corresponding field.      Close	
received Chine Form	
ant Info & General   Insured Information   Billing   ine Items   Ext. Patient/General   Ext. Pat/Gen (2)   Ext. Payer/Insured	
/iscellaneous Secondary Paver / Insured Information	1
ayer Address MEDICARE PART B ROUTINE PAPER Payer / Insured Reference IDs / Types	
P. 0. B0X 2525	
ity/St/Zip JACKSONVILLE FL 32231-0019	
auer Source MB	
nsurance Type	
nsured's Contact	
atient ID	
r 02 - MSP Insurance Type Code Is Required Error List Save With Fatal Save	<u>C</u> ancel

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#### **Claim Preparation**



- Claim Preparation: Professional Claims Menu, Professional Claim Prepare For Transmission
- <u>Required</u>: LOB (MCB) and Payer (09102 Medicare B Florida)
- Optional: Provider
- <u>Auto Populated</u>: Submission Status (Production and Include Error Claims? (No)

🛄 Professional Claims Menu 💽	Professional Claim Prepare For Transmission
<u>File View Roster Maintain</u>	Include Claims Matching         LOB:       MCB         Payer:       09102 - MEDICARE B FLORIDA         Provider:       << All Providers for Paver(s) >>
List Claims	Submission Status     Include Error Claims?            • Production           • Yes
P <u>r</u> ocess Claims Prep <u>a</u> re Claims	Prepare Claims Cancel

#### Connection



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- Two types of connections are available to transmit your claim files to First Coast
  - Network Service Vendor (NSV) a fee-for-service entity that specialized in providing connectivity to the First Coast EDI Gateway.
    - Refer to the <u>5010 approved vendor list</u> for the list of NSV contact information and establish the connection to First Coast through the NSV.
  - 2. Secure Provider Online Tool (SPOT) First Coast's free online portal
    - If not yet enrolled for SPOT, refer to the <u>How to register</u> webpage.
    - If already enrolled, the Claim Submission/ERA feature will connect you directly to First Coast.

#### **Claim File Submission**



- Once claims are prepared, the electronic claim file (837) is located at C:\WINPCACE (C:\ being the default drive), and is named BSTRANS.DAT
  - If connecting via NSV, contact your NSV for instructions to submit the claim file.
  - If connecting via SPOT, Refer to the <u>SPOT UG 7 Claim Submission /</u> <u>ERA (fcso.com)</u> for instructions on uploading claim files.

#### Reports



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- After submitting the electronic claim file, the claim file acknowledgement reports (999 and 277CA) must be retrieved and reviewed to determine if any errors need correction.
  - If connecting via NSV, contact your NSV for instructions to retrieve these reports. They will need to know the name and location of the files you transmit/retrieve:
    - The Professional staging directory for the 999 is: C:\WINPCACE\Ansi997\Ack1500
    - The Professional staging directory is for the 277CA: C:\WINPCACE\Ansi277\Stat1500
  - If connecting via SPOT, Refer to the <u>SPOT UG 7 Claim Submission /</u> <u>ERA (fcso.com)</u> for instructions on downloading the reports

#### View ANSI 999



 Once the file is retrieved; from the Main Toolbar select Professional Claims Menu, Maintain, Acknowledgement File Log, View report

File Date/Time: 03/14/2013	14:04:00 Serial No: 000044
Acknowledgement Created (GS04/05): Sender Code (GS02): Receiver Code (GS03):	04/08/2015 14:04 09102 K0001
Ack Transaction Set Control No (ST02):	0001
Prepare Serial Number: Group Control Number (AK102): Version/Release/Industry Code (AK103):	000294 294001 005010X222A1
Transaction Set Control Number (AK02): Implementation Convention Ref (AK03):	00000000001 005010X222A1
Transaction Set Status (IK01):	A – Accepted
Functional Group Status (AK901):	A – Accepted
Transaction Sets Included(AK902):Transaction Sets Received(AK903):Transaction Sets Accepted(AK904):	1 1 1
*** START NEW INTERCHANGE ENVELOP	E (ISA/IEA) ***





- Once the file is retrieved; from the Main Toolbar select Professional Claims Menu, Maintain, Claim Acknowledgment Log, and View Ack Report. You will have the option to view all claims or only the rejected claims.
- If any claims are rejected, refer to the reject lookup application at: <u>https://medicare.fcso.com/Help/224962.asp</u>
- The description associated with the reject code combination you entered will appear in the results box.

#### View 277CA Accepted

277CA

Quantity



PC-ACE Pro32 ANSI-277 CLAIM ACKNOWLEDGMENT REPORT Accepted File Date/Time: 04/08/2015 14:04:00 Acknowledgement Created (GS04/05): 04/08/2015 14:04 Sender Code (GS02): 09102 Receiver Code (GS03): K0001 Shows Total \*\*\* Transmission Acknowledgement # 1 \*\*\* Information Source ID: 09102 Name: FIRST COAST SERVICE OPTIONS accepted and Transmission Receipt Control #: 0910220130314000001 Receipt Date: 02/07/2014 Total Amount Process Date: 02/07/2014 \*\*\* Information Receiver Acknowledgement # 1 \*\*\* Accepted. Information Source ID: 09102 Name: FIRST COAST SERVICE OPTIONS Receiver Name: EDI TESTING ID: K0001 Receiver Info: Receiver Trace #: 072736000000010001 Total Accepted Quantity: 1 Total Accepted Amount: \$70.00 Receiver Status: Status Date: 04/08/2015 Total Submitted Charges: \$70.00 Acknowledgement #1: Category: A1 - Acknowledgement/Receipt-The claim/encounter has been received. This does not mean that the claim has been accepted for adjudication. Status: 19 - Entity acknowledges receipt of claim/encounter. Note: This code requires use of an Entity Code. Entity: PR - Payer \*\*\* Provider of Service Acknowledgement # 1 \*\*\*

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#### EXPERIENCE COUNTS & QUALITY MATTERS W HEN

#### View 277CA Accepted cont.



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Accepted	*** Claim Acknowledgement # 1 *** Information Source ID: 09102 Name: FIRST COAST SERVICE OPTIONS Pagesiver Name: FDI TESTING ID: K0001							
	Receiver Name: EDI TESTING       ID: K0001         Provider Name: DR BONES       NPI: 13869098929         Patient:       Name: MOUSE, MICKEY         Subscriber #: 456123456A       Notestable							
<ul> <li>Category = CSCC</li> <li>Status = CSC</li> <li>Entity = EIC</li> </ul>	Claim: Trace #: 10302 ICN/DCN: 1113073445400 Service Date: 02/07/2014 Status General: Status Date: 02/07/2014 Total Submitted Charges: 70.00 Acknowledgement #1: (Accepted) Category: A2 - Acknowledgement/Acceptance into adjudication system The claim/encounter has been accepted into the adjudication system. Status: 20 - Accepted for processing. Entity: PR - Payer							

#### View 277CA Rejected



Delected 0770 A	PC-ACE Pro32 ANSI-277 CLAIM ACKNOWLEDGMENT REPORT						
Rejected 211CA	File Date/Time: 04/08/2015 14:04:00						
(cont.)	Acknowledgement Created (GS04/05):         04/08/2015 14:04           Sender Code (GS02):         09102						
View	Receiver Code (GS03): K0001 *** Transmission Acknowledgement # 1 ***						
Acknowledgment	Information Source ID: 09102 Name: FIRST COAST SERVICE OPTIONS						
	Transmission Receipt Control #: 0910220130314000001 Receipt Date: 04/08/2015						
Only Rejected:	Process Date: 04/08/2015						
Yes	*** Information Receiver Acknowledgement # 1 ***						
	Information Source ID: 09102 Name: FIRST COAST SERVICE OPTIONS						
	Receiver Name: EDI TESTING ID: K0001						
	Receiver Info: Receiver Trace #: 07273600000010001 Total Rejected Quantity: 1 Total Rejected Amount: \$70.00						
	Receiver Status: Status Date: 04/08/2015 Total Submitted Chargeon \$70.00						
Category =	Category: A1 - Acknowledgement/Receipt-The claim/encounter has been						
CSCC	accepted for adjudication.						
	Status: 19 - Entity acknowledges receipt of claim/encounter. Note: This code requires use of an Entity Code.						
Status = CSC	Entity: PR - Payer						
Entity = EIC	*** Provider of Service Acknowledgement # 1 ***						

#### View 277CA Rejected cont.



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#### \*\*\* Claim Acknowledgement # 1 \*\*\* **Rejected 277CA** Information Source ID: 09102 Name: FIRST COAST SERVICE OPTIONS (cont.) Receiver Name: SANDYS BILLING SERVICE ID: K0001 Provider Name: DR BONES NPI: 13869098929 View Patient: For easy-to-understand Acknowledgment Name: BOB, MICKEY MOUSE Subscriber #: 456123456A descriptions of the reject codes, access the Only Rejected: Yes Claim: Trace #: 10302 5010 reject code lookup ICN/DCN: 1113073445400 tool on our website. Category = CSCC Service Date: 02/07/2014 Status General: Status = CSCStatus Date: 03/14/2013 Total Submitted Charges: \$70.00 Entity = EICAcknowledgement #1: (Rejected) Category: A7 - Acknowledgement/Rejected for Invalid Information -The Claim/encounter has invalid information as specified in the Status details and has been rejected. 500 - Entity's Postal/Zip Code. Note: this code requires use of an Entity Code. Status: IL - Insured or Subscriber Entity: 5010 reject code lookup - Microsoft Internet Explorer provided by BlueCross BlueShield of Florida 💌 🗟 🔸 🗙 ಶ Live Search Eile Edit ⊻iew Favorites Tools Help 🍃 Favorites 🛛 🎭 🔊 Source 🔊 Employee - Employee C... 👩 HSG - Career Opportun... 👩 Internet Explorer News 🍙 Internet Start 🔊 MSN Maps & Directions... 🚺 Suggested Sites 🚓 🝷 Bage 🖛 Safety 🖛 in eNews | Site Map | Contact Us | New Visitor Center | Tools Center Entire site (Excluding archives) V Search me Part B EDI resources 5010 reject code lookus 5010 reject code lookup First Coast Service Options Inc. (FCSO) has developed this application to provide you with a way to view the descriptor associated with the EDI reject code(s) returned on you 5010 277CA - Claim Acknowledgement. Enter the reject code in the appropriate field (i.e., CSCC, CSC, EIC) and then click the Submit button. The description associated wit code combination you entered will appear in a results box below. If you need help determining the reject codes in the 277CA, please refer to the 5010 reject code; Help guide CSCC: CSC: EIC: Submit CSCC: CSC: EIC: Description nowledgement/Rejected for Invalid Information - The claim/encounter has invalid information as specified in the Status details and is been rejected. Entity's Postal/Zip Code. Subscriber 500 To look up another description, enter the reject code and click the Submit butto 🕼 🔹 🔍 100% 📢 Local intranet

#### View 835 Remittance



- Retrieve/Print an ANSI 835 Remittance
- The Professional staging directory is C:\WINPCACE\Etra1500\ Ansi835
- ANSI-835 Functions, Professional, Select ANSI File, Translate/Import ETRA, Print/View Reports.
- File reloads are available at:

https://medicare.fcso.com/Tool s\_center/eraReload.asp

ACE Pro32 ETRA Medicare	Remittance Adv	ice (Detail)					
Zoom 150 🛨 📢 Page 1 of 6		se					
MEDICARE PART B 532 RIVERSIDE AVE. P.O. BOZ 2360 JACKSOWVILLE, PL 32231							MEDICARE REMITTANCE ADVICE
PAYER BUSINESS CONTACT INFO TELEPHONE: 8664549007	ORMATION						
NAME: MEDICARE EDI TELEPHONE: 8886700940 URL: MEDICARE.FCSO.COM							
TELL ME WHAT YOU WANT WHAT SUITE 180 686 N HUNT CLUB ELVD LONGWOOD, FL 327792218	YOU REALLY REALLY	WANT		PROVID: PAGE # DATE: CHECK/	ER #: : 1 10/01/2012 EFT #: 327916546	NPI: 134	16397882
REND PROV SERV DATE POS	NOS PROC MODS	BILLED	ALLOWED	DEDUCT	COINS GR-REAS	ON CD AMT	PROV PAID
NAME POPPINS, MARY 1538216874 0906 090612 11	HIC 123654123A 0.000 G0283GP	ACNT 19915 - 0209 35.00	ICN 0.00	09122680687 0.00	DO ASG Y MOA Mi O.OO PR-119	A01 35.00	0.00
SUB NOS: 1538216874 0906 090612 11	1.000 0.000 97112GP	65.00	0.00	0.00	0.00 PR-119	65.00	0.00
SUB NOS: 1538216874 0906 090612 11	1.000 0.000 97140gP 2.000	130.00	0.00	0.00	0.00 PR-119	130.00	0.00
1538216874 0906 090612 11	2.000 0.000 97110GP 2.000	130.00	0.00	0.00	0.00 PR-119	130.00	0.00
PT RESP 360.00 ADJ TO TOTALS: PREV PD	CLAIM TOTAL INTEREST	s 360.00 0.00	0.00 LATE FILING C	0.00 HARGE	0.00 0.00 NET	360.00 0.00	0.00
NAME POPPINS, MARY 1538216874 0910 091012 11	HIC 123654123A 0.000 G0283GP 1.000	ACNT 19916 - 0209 35.00	ICN 0.00	09122680687 0.00	10 ASG Y MOA MU 0.00 PR-119	A01 35.00	0.00
1538216874 0910 091012 11	0.000 97112GP	65.00	0.00	0.00	0.00 PR-119	65.00	0.00
1538216874 0910 091012 11 SUB MOS:	0.000 97140gp 2 000	130.00	0.00	0.00	0.00 PR-119	130.00	0.00
1538216874 0910 091012 11 SUB MOS:	0.000 97110GP 2.000	130.00	0.00	0.00	0.00 PR-119	130.00	0.00
PT RESP 360.00 ADJ TO TOTALS: PREV PD	CLAIM TOTAL INTEREST	s 360.00 0.00	0.00 LATE FILING C	0.00 harge	0.00 0.00 NET	360.00 0.00	0.00
NAME ARENESS, JAMES 1538216874 0904 090412 11 SUB NOS	HIC 111222333A 0.000 97140GP 2.000	ACNT 19948 - 0220 130.00	ICN 0.00	09122680690 0.00	10 ASG Y MOA M 0.00 PR-19	A01 130.00	0.00
1538216874 0904 090412 11	0.000 97112GP	65.00	0.00	0.00	0.00 PR-19	65.00	0.00
1538216874 0904 090412 11 SUB NOS	0.000 97110GP 1.000	65.00	0.00	0.00	0.00 PR-19	65.00	0.00
1538216874 0906 090612 11 SUB NOS:	0.000 97140gp 2.000	130.00	0.00	0.00	0.00 PR-19	130.00	0.00

#### System Utilities

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- Backup: System Utilities, Backup, Source Destination Drive or Folder, Start Backup
- Restore: System Utilities, Restore, Source Destination Drive or Folder, Start Restore
- File Maintenance: System Utilities, File Maintenance, Select All, Reindex, Pack

System Utilities	×
Backup/Restore File Maintenance	
Backup Validate Restore	
This utility performs a backup of the PC-ACE® databases and configuration settings. Specify a destination drive (e.g., 'A:\') or hard disk folder path and click the 'Start Backup' button.	
Destination Drive or Folder:	
Include infrequently changed database files (backup will be larger)	
<u>Options</u> Start <u>B</u> ackup	
Close	

#### Send an E-mail



**Send from PC-ACE**: Main toolbar, Email

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File Me Paste d Clipboard 5	BIU	t Draw	Options *   !≡ ~  ≡ ~ ≡ = =   =	Format Text	Review Check Names	Help Acrol Attach File * Chink * Signature * Include	bat Secu Request Signatures Adobe	reZIP Attach instant file link e Acrobat	<ul> <li>Follow Up ~</li> <li>High Importance</li> <li>Low Importance</li> <li>Tags</li> </ul>	e Dictate	All Apps Apps	Sensitivity Sensitivity	Editor	Immersive Reader Immersive	~
⊳ Send	From V To Cc Subject	EDOC-Medica medicareedi@	areEDI@FCSO.co 9fcso.com	m											
PC-ACE <sup>®</sup> Ver	rsion XX (do no	t delete versi	on info ente	er message belov	v)										

Send from your e-mail: You may also send an email from your personal email account, but it will
not capture the version number of the software you are using. Include you Sender/Submitter
number in the Subject line.

#### Where To Get Answers



Billing Questions

- Part B IVR (877) 847-4992
- Medicare Part B (866) 454-9007

Medicare EDI (888) 670-0940



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## First Coast Service Options Inc. <u>medicare.fcso.com</u> <u>medicareespanol.fcso.com</u>

#### Centers for Medicare & Medicaid Services www.cms.gov