

# PC-ACE Training Module for Part A Users

Revised 2/27/2024



# Enroll with EDI



- Prior to using the program all users must enroll for PC-ACE using the EDI enrollment form (8292) available at [https://medicare.fcso.com/EDI\\_Forms/](https://medicare.fcso.com/EDI_Forms/).
- 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 [PC-ACE software](#) landing page and select the most recent version download option that is appropriate for you (new or existing user) to download the program.
- Then complete the following steps to set up the program.

# Sign on Procedures

- Sign On
- Open the PC-ACE Software
- Select “Help” then “About PC-ACE”
- Ensure current version is installed
  - Refer to [https://medicare.fcso.com/PC-ACE\\_software/](https://medicare.fcso.com/PC-ACE_software/) for available versions. An installation password will be required.
- Select an icon from the Main Toolbar
- Enter SYSADMIN for both User ID and Password

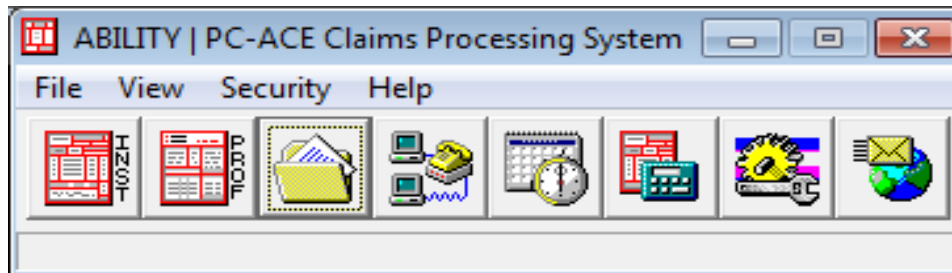


Sign On

User ID:

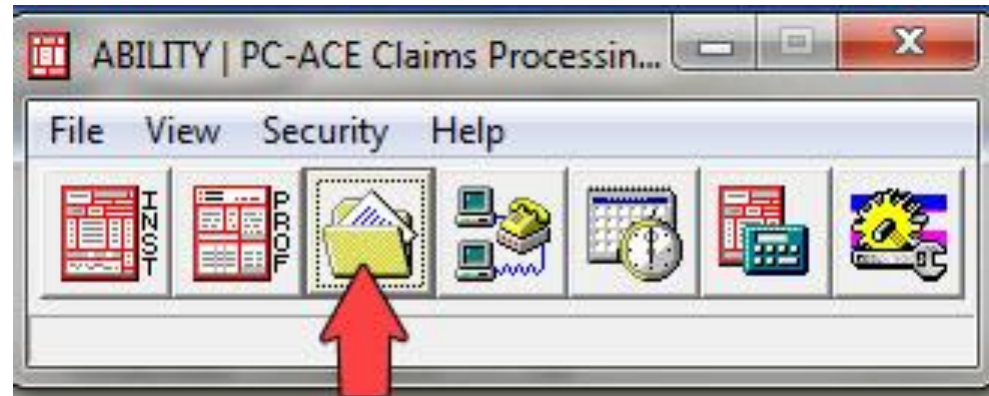
Password:

OK Cancel



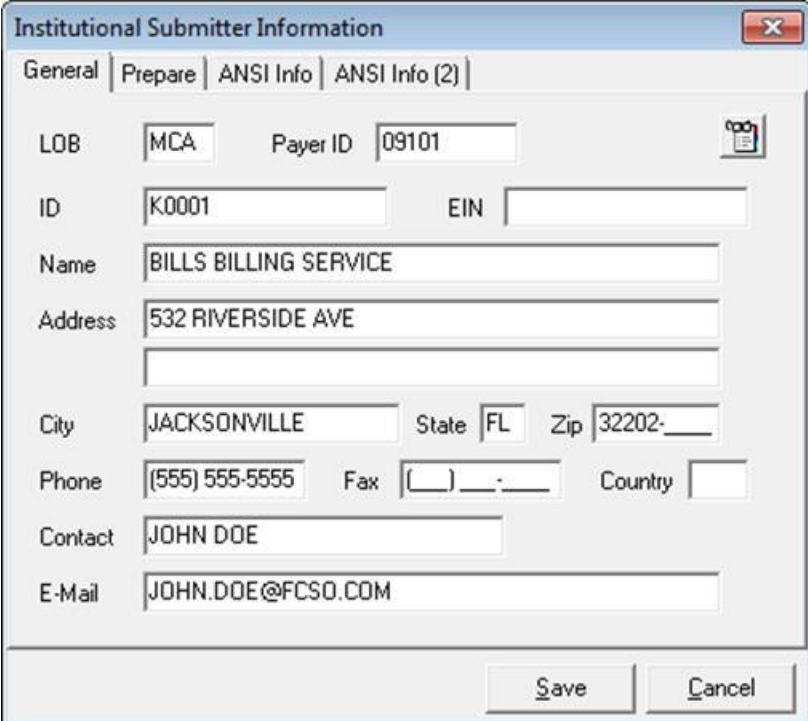
# Setting Up the Program

- 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 > Institutional > Payer ID 09101 > View/Update
- Required: ID (Sender/Submitter Number), Name, Address, City, State, Zip, Phone, Contact
- Optional: Fax
- Requested: Email [Save with Errors if Unavailable]
- Leave Blank: EIN, Country



**Institutional Submitter Information**

General | Prepare | ANSI Info | ANSI Info (2)

LOB: MCA Payer ID: 09101

ID: K0001 EIN:

Name: BILLS BILLING SERVICE

Address: 532 RIVERSIDE AVE

City: JACKSONVILLE State: FL Zip: 32202-

Phone: (555) 555-5555 Fax: ( ) - : Country:

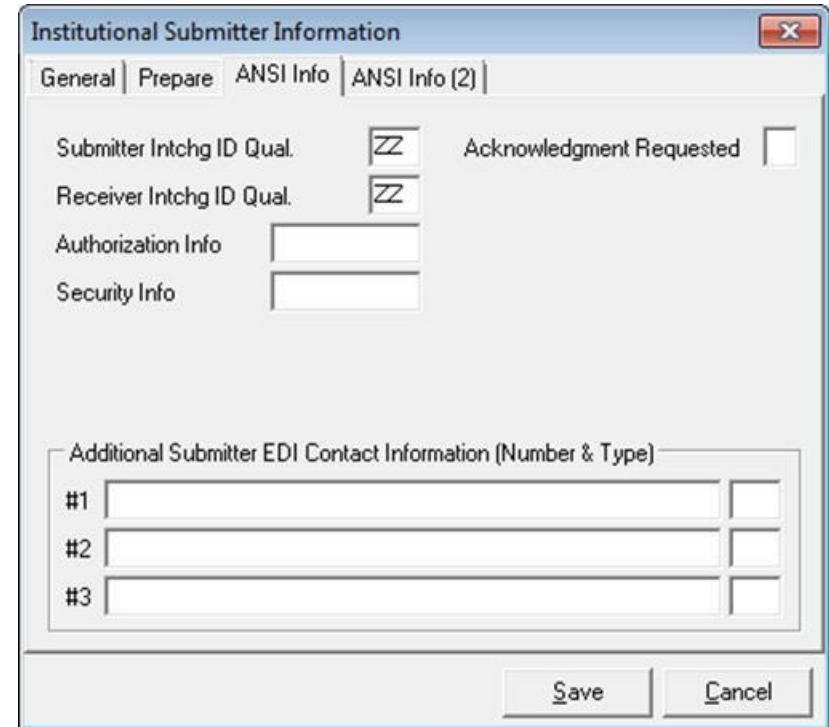
Contact: JOHN DOE

E-Mail: JOHN.DOE@FCSO.COM

Save Cancel

# Submitter ANSI Info

- **Submitter (Cont.):** Reference File Maintenance > Codes/Misc > Submitter > Institutional > ANSI Info
- Auto Populates: Submitter Intchg Qual. (ZZ) and Receiver Intchg Qual. (ZZ)
- Leave Blank: All other fields unless directed by PC-ACE Support



The screenshot shows a software dialog box titled "Institutional Submitter Information". It has a tabbed interface with tabs for "General", "Prepare", "ANSI Info", and "ANSI Info (2)". The "ANSI Info" tab is active. The form contains the following fields:

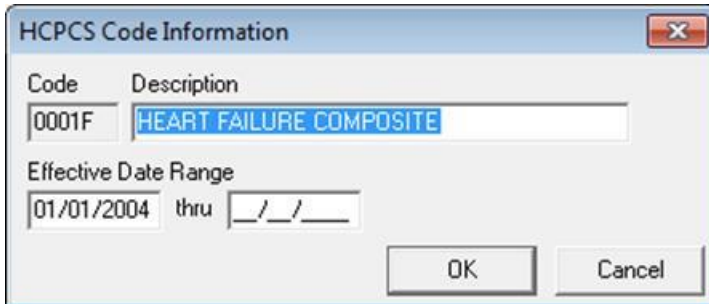
- Submitter Intchg ID Qual. (dropdown menu with "ZZ" selected)
- Receiver Intchg ID Qual. (dropdown menu with "ZZ" selected)
- Acknowledgment Requested (checkbox, currently unchecked)
- Authorization Info (text input field)
- Security Info (text input field)

Below these fields is a section titled "Additional Submitter EDI Contact Information (Number & Type)" containing three rows, each with a label (#1, #2, #3), a text input field, and a dropdown menu.

At the bottom right of the dialog are "Save" and "Cancel" buttons.

# 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

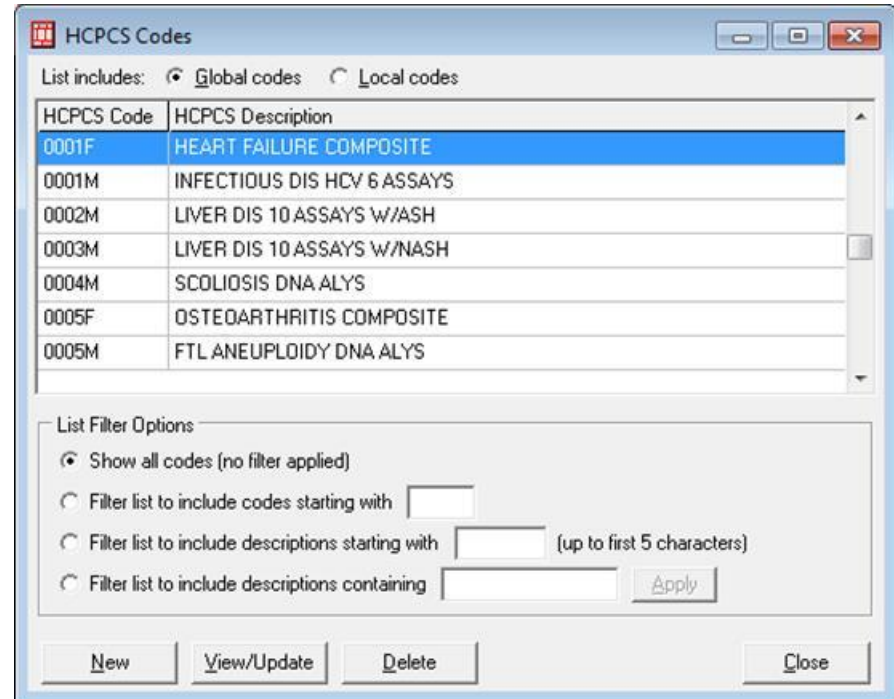


HCPCS Code Information

Code	Description
0001F	HEART FAILURE COMPOSITE

Effective Date Range  
01/01/2004 thru \_\_\_/\_\_\_/\_\_\_

OK Cancel



HCPCS Codes

List includes:  Global codes  Local codes

HCPCS Code	HCPCS Description
0001F	HEART FAILURE COMPOSITE
0001M	INFECTIOUS DIS HCV 6 ASSAYS
0002M	LIVER DIS 10 ASSAYS W/WASH
0003M	LIVER DIS 10 ASSAYS W/WASH
0004M	SCOLIOSIS DNA ALYS
0005F	OSTEOARTHRITIS COMPOSITE
0005M	FTL ANEUPLOIDY DNA ALYS

List Filter Options

Show all codes (no filter applied)

Filter list to include codes starting with [ ]

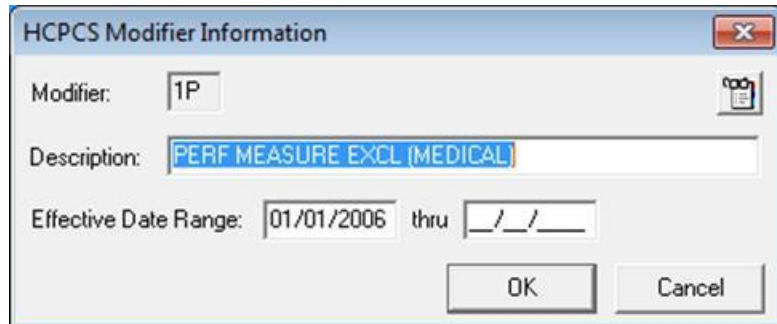
Filter list to include descriptions starting with [ ] (up to first 5 characters)

Filter list to include descriptions containing [ ]

New View/Update Delete Close

# HCPCS Modifier Information

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



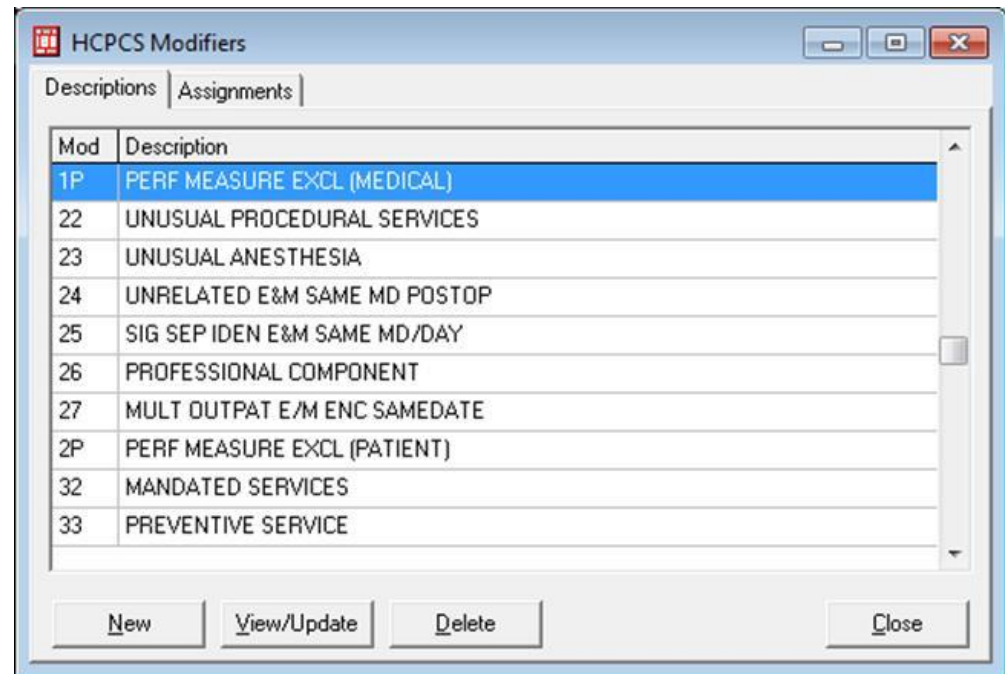
HCPCS Modifier Information

Modifier: 1P

Description: PERF MEASURE EXCL (MEDICAL)

Effective Date Range: 01/01/2006 thru \_\_\_/\_\_\_/\_\_\_

OK Cancel



HCPCS Modifiers

Descriptions | Assignments

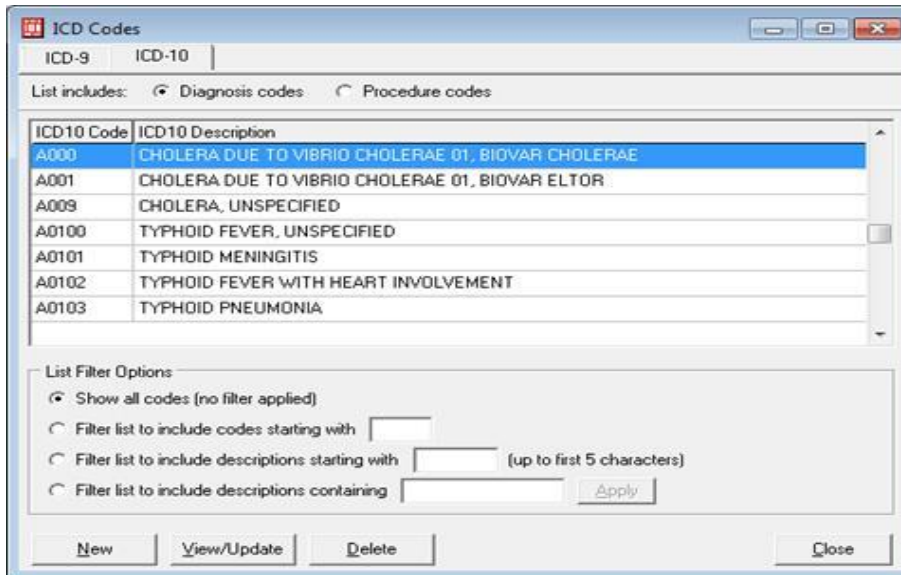
Mod	Description
1P	PERF MEASURE EXCL (MEDICAL)
22	UNUSUAL PROCEDURAL SERVICES
23	UNUSUAL ANESTHESIA
24	UNRELATED E&M SAME MD POSTOP
25	SIG SEP IDEN E&M SAME MD/DAY
26	PROFESSIONAL COMPONENT
27	MULT OUTPAT E/M ENC SAME DATE
2P	PERF MEASURE EXCL (PATIENT)
32	MANDATED SERVICES
33	PREVENTIVE SERVICE

New View/Update Delete Close



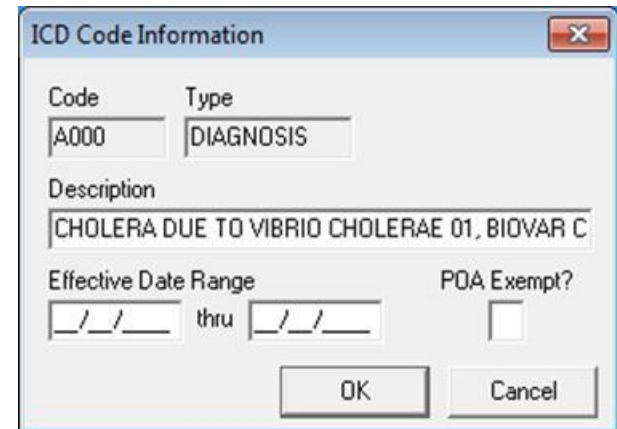
# ICD Code Information

- **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



The screenshot shows the 'ICD Codes' application window. It has tabs for 'ICD-9' and 'ICD-10'. Below the tabs, there are radio buttons for 'List includes:  Diagnosis codes' and ' Procedure codes'. A table lists ICD-10 codes and descriptions, with 'A000 CHOLERA DUE TO VIBRIO CHOLERAE 01, BIOVAR CHOLERAE' selected. Below the table are 'List Filter Options' with three radio buttons: 'Show all codes (no filter applied)', 'Filter list to include codes starting with', and 'Filter list to include descriptions starting with'. There are also input fields for filtering and an 'Apply' button. At the bottom are buttons for 'New', 'View/Update', 'Delete', and 'Close'.

ICD10 Code	ICD10 Description
A000	CHOLERA DUE TO VIBRIO CHOLERAE 01, BIOVAR CHOLERAE
A001	CHOLERA DUE TO VIBRIO CHOLERAE 01, BIOVAR ELTOR
A009	CHOLERA, UNSPECIFIED
A0100	TYPHOID FEVER, UNSPECIFIED
A0101	TYPHOID MENINGITIS
A0102	TYPHOID FEVER WITH HEART INVOLVEMENT
A0103	TYPHOID PNEUMONIA



The screenshot shows the 'ICD Code Information' dialog box. It has fields for 'Code' (A000) and 'Type' (DIAGNOSIS). Below these is a 'Description' field containing 'CHOLERA DUE TO VIBRIO CHOLERAE 01, BIOVAR C'. There are also fields for 'Effective Date Range' (two date pickers) and 'POA Exempt?' (a checkbox). At the bottom are 'OK' and 'Cancel' buttons.

# Physician Information

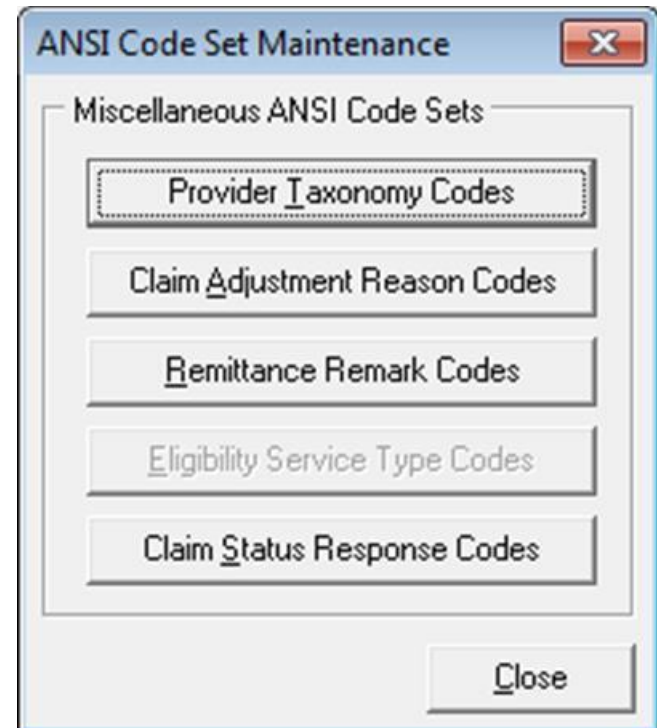


- **Physician Information:** Reference File Maintenance > Codes/Misc > Physician
- Required: Physicians Last Name, First Name, NPI
- Optional: Physician ID (if entered, Type is required), Address, City, State, Zip (to include last 4), Phone, Taxonomy
- Leave Blank: Federal Tax ID/Type

A screenshot of a software dialog box titled "Physician Information". The dialog box contains several input fields and buttons. The fields are: "Physician ID / Type" (with a small icon to the right), "Physician's Last Name" (containing "DOE"), "First Name" (containing "JOHN"), "MI" (empty), "Suffix" (empty), "Address" (two stacked empty text boxes), "City" (empty), "State" (empty), "Zip" (empty), "Phone" (empty), "Federal Tax ID / Type" (empty), "NPI" (containing "1598745411"), and "Taxonomy" (empty). At the bottom right, there are "Save" and "Cancel" buttons.

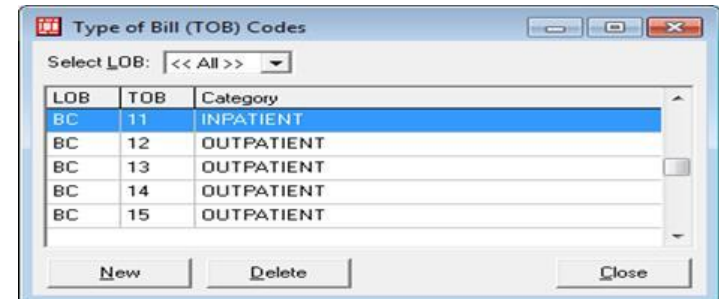
# ANSI Code Set Maintenance

- **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



# Institutional TOB, CON/OCC/SPAN/VAL

- **TOB, CON/OCC/SP/VAL and Revenue Codes:** Reference File Maintenance > Codes/Misc > TOB, CON/OCC/SP/VAL > Revenue Code
- Updated each quarter as appropriate
- Can be updated manually if revisions (new/revised codes) become available before a release is received
- Select LOB (MCA) for TOB
- Select Type (Condition, Occurrence, Span, Value Codes)

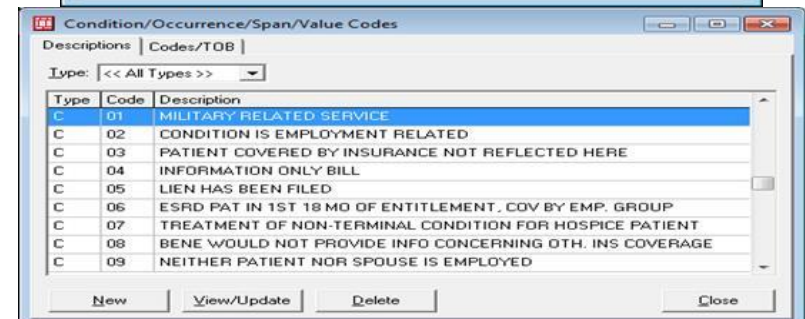


Window: Type of Bill (TOB) Codes

Select LOB: << All >>

LOB	TOB	Category
BC	11	INPATIENT
BC	12	OUTPATIENT
BC	13	OUTPATIENT
BC	14	OUTPATIENT
BC	15	OUTPATIENT

Buttons: New, Delete, Close



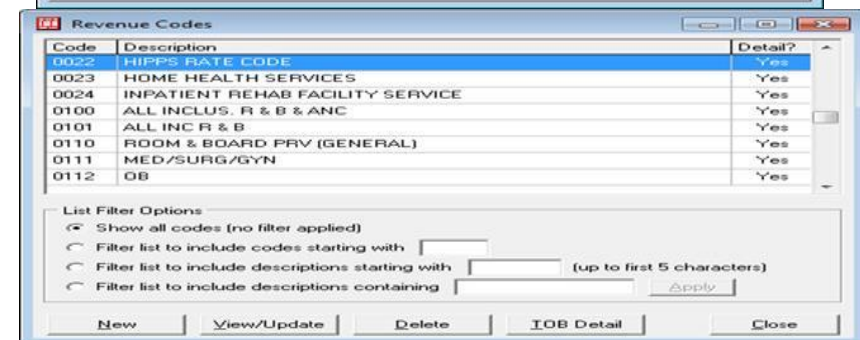
Window: Condition/Occurrence/Span/Value Codes

Descriptions | Codes/TOB |

Type: << All Types >>

Type	Code	Description
C	01	MILITARY RELATED SERVICE
C	02	CONDITION IS EMPLOYMENT RELATED
C	03	PATIENT COVERED BY INSURANCE NOT REFLECTED HERE
C	04	INFORMATION ONLY BILL
C	05	LIEN HAS BEEN FILED
C	06	ESRD PAT IN 1ST 18 MO OF ENTITLEMENT, COV BY EMP. GROUP
C	07	TREATMENT OF NON-TERMINAL CONDITION FOR HOSPICE PATIENT
C	08	BENE WOULD NOT PROVIDE INFO CONCERNING OTH. INS COVERAGE
C	09	NEITHER PATIENT NOR SPOUSE IS EMPLOYED

Buttons: New, View/Update, Delete, Close



Window: Revenue Codes

Code	Description	Detail?
0022	HIPPS RATE CODE	Yes
0023	HOME HEALTH SERVICES	Yes
0024	INPATIENT REHAB FACILITY SERVICE	Yes
0100	ALL INCLUS. R & B & ANC	Yes
0101	ALL INC R & B	Yes
0110	ROOM & BOARD PRV (GENERAL)	Yes
0111	MED/SURG/GYN	Yes
0112	OB	Yes

List Filter Options

Show all codes (no filter applied)

Filter list to include codes starting with [ ]

Filter list to include descriptions starting with [ ] (up to first 5 characters)

Filter list to include descriptions containing [ ]

Buttons: New, View/Update, Delete, IOB Detail, Close

# Institutional General Provider Information



- **Provider:** Reference File Maintenance > Provider (Inst) > General Info
- Required: Name, Address, City, State, Zip (to include last 4), Phone, Contact, Provider ID/No., LOB – MCA, Payer ID – 09101, NPI, Tax ID/Type
- Optional: Tax Sub ID and Taxonomy/Type, Remarks
- Leave Blank: Tag, Country, Site, Provider Associations

A screenshot of a web-based form titled "Institutional Provider Information". The form has two tabs: "General Info" (selected) and "Extended Info". The "General Info" tab contains several input fields: Name (BILLS BILLING), Address (1 BILLING WAY), City/State/Zip (JACKSONVILLE, FL, 12345-6798), Phone (555) 555-5555, Fax, Contact (BILL), Provider ID/No. (55555), LOB (MCA), Payer ID (09101), Tag, NPI (1234567989), Tax ID/Type (123456789), Tax Sub ID, Taxonomy/Type, Country, and Site. There are also checkboxes for "Include In Lookups?" (checked) and "Provider Associations" (with "Select" and "None" buttons). A table for "Provider Associations" has columns for LOB, Provider ID, and Provider Name. At the bottom are "Save" and "Cancel" buttons.

LOB	Provider ID	Provider Name

# Provider Extended Information



- **Provider:** Reference File Maintenance > Provider (Inst) > Extended Info
- Required: Provider Accepts Assign
- Leave Blank: All other fields, unless directed by PC-ACE Support.

Institutional Provider Information

General Info **Extended Info**

Provider ID/No Type  E-Mail Address

Provider Accepts Assign

Provider SOF

Provider Name Match

Force Legacy ID

Requires POA Reporting

Secondary Provider IDs (ANSI use only)

ID/Type #1

ID/Type #2

Pay-To Provider Information (specify only if different)

Name  NPI

Address

City/St/Zip

Country

Tax ID/Type

Provider ID/No.

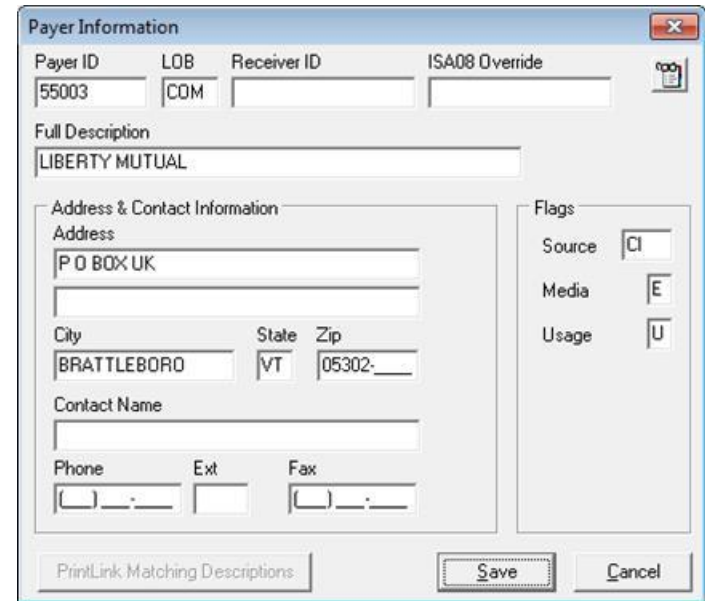
Sec ID/Type #1

Sec ID/Type #2

Save Close

# Payer Information

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



The screenshot shows a 'Payer Information' dialog box with the following fields and values:

Payer ID	LOB	Receiver ID	ISA08 Override
55003	COM		

Full Description: LIBERTY MUTUAL

Address & Contact Information:

Address: P O BOX UK

City: BRATTLEBORO, State: VT, Zip: 05302-\_\_\_\_

Contact Name: \_\_\_\_\_

Phone: ( ) - - , Ext: , Fax: ( ) - -

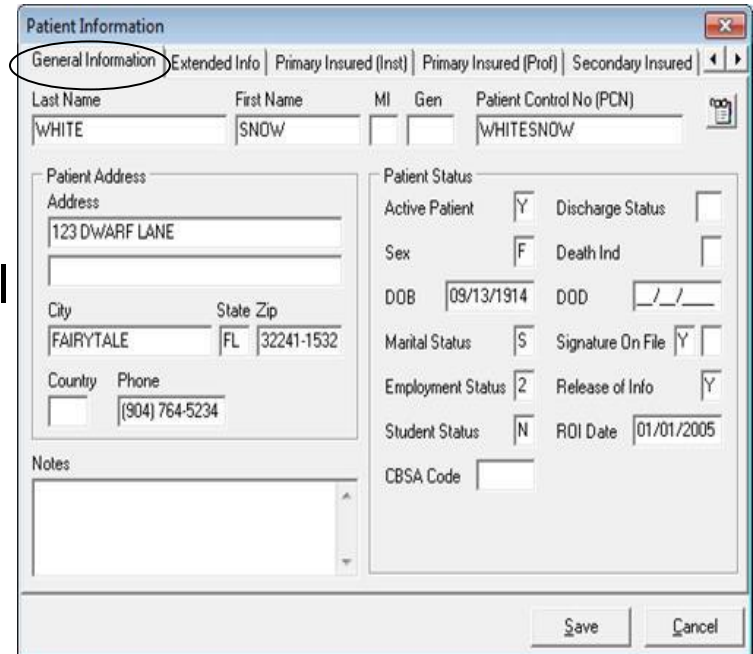
Flags:

Source	<input checked="" type="checkbox"/> CI
Media	<input checked="" type="checkbox"/> E
Usage	<input checked="" type="checkbox"/> U

Buttons: PrintLink Matching Descriptions, Save, Cancel

# Payer Information General

- **Medicare Primary Patient Information/General Information:**  
Reference File Maintenance > Patient > General Information
- Required: Last Name, First Name, PCN, Address, City, State, Zip, Sex, DOB, Signature on File – first field, Release of Info, ROI Date
- Optional: MI, Gen, Phone, Notes, Marital Status, Employment Status, Student Status, CBSA Code, Death Ind, DOD
- Leave Blank: Country, Discharge Status, Signature on File – second field
- Auto Populates: Active Patient - Y



The screenshot shows a software window titled "Patient Information" with a tabbed interface. The "General Information" tab is selected and circled. The form contains the following fields and values:

Last Name	First Name	MI	Gen	Patient Control No (PCN)
WHITE	SNOW			WHITESNOW

**Patient Address**

Address
123 DWARF LANE

**City**      **State**      **Zip**

FAIRYTALE	FL	32241-1532
-----------	----	------------

**Country**      **Phone**

	(904) 764-5234
--	----------------

**Notes**

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**Patient Status**

Active Patient	<input checked="" type="checkbox"/> Y	Discharge Status	<input type="checkbox"/>
Sex	<input type="checkbox"/> F	Death Ind	<input type="checkbox"/>
DOB	09/13/1914	DOD	___/___/___
Marital Status	<input type="checkbox"/> S	Signature On File	<input checked="" type="checkbox"/> Y
Employment Status	<input type="checkbox"/> 2	Release of Info	<input checked="" type="checkbox"/> Y
Student Status	<input type="checkbox"/> N	ROI Date	01/01/2005
CBSA Code			

Buttons: Save, Cancel



# Patient Information Medicare Primary Insured



- **Medicare Primary Insured (Inst):** Reference File Maintenance > Patient > Primary Insured (Inst)
- Required: 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
- Optional: MI, Gen, Phone, Employ Status, Retire Date
- Leave Blank: Group Name, Group Number, Claim Office, Country

A screenshot of a software window titled "Patient Information" with a tabbed interface. The "Primary Insured (Inst)" tab is selected and circled. The form contains several sections: "General Information" with fields for Payer ID (09101), Payer Name (MEDICARE A FLORIDA), LOB (MCA), Group Name, Group Number, and Claim Office; "Insured Information Options" with radio buttons for "Common Inst & Prof" and "Separate Inst & Prof" (the latter is selected and circled); "Insured Information (F7)" with fields for Rel (18), Last Name (WHITE), First Name (SNOW), MI, Gen, and Insured ID (456789123A); "Employer Information (F8)" with fields for Address (123 DWARF LANE), Sex (F), Assign of Benefits (Y), Release of Info (Y), City (FAIRYTALE), State (FL), Zip (32241-1532), Employment Status (2), ROI Date (01/01/2005), and Retire Date; and "Country" and "Phone" fields (Country is blank, Phone is (904) 764-5234). A "Clear All Fields For Insured" button is also present. "Save" and "Cancel" buttons are at the bottom right.

# Patient Information General Info – Medicare Secondary



- **Medicare Secondary Patient Information/General Information:**  
Reference File Maintenance > Patient > General Information
- Required: Last Name, First Name, PCN, Address, City, State, Zip, Sex, DOB, Signature on File – first field, Release of Info, ROI Date
- Optional: MI, Gen, Phone, Notes, Marital Status, CBSA Code, Employment Status, Student Status, Death Ind, DOD
- Leave Blank: Country, Discharge Status, Signature on File – First field
- Auto Populates: Active Patient - Y

The screenshot shows a software window titled "Patient Information" with several tabs. The "General Information" tab is selected and circled. The form contains the following data:

Field	Value
Last Name	BOOP
First Name	BETTY
MI	A
Gen	
Patient Control No (PCN)	MSP FOR MED A
Patient Address	532 RIVERSIDE AVE
City	JACKSONVILLE
State	FL
Zip	32202
Country	
Phone	(904) 355-0313
Active Patient	<input checked="" type="checkbox"/>
Discharge Status	<input type="checkbox"/>
Sex	F
Death Ind	<input type="checkbox"/>
DOB	01/05/1940
DOD	/ /
Marital Status	M
Signature On File	<input checked="" type="checkbox"/>
Employment Status	2
Release of Info	<input checked="" type="checkbox"/>
Student Status	N
ROI Date	05/05/2001
CBSA Code	

# Patient Information Primary Insured



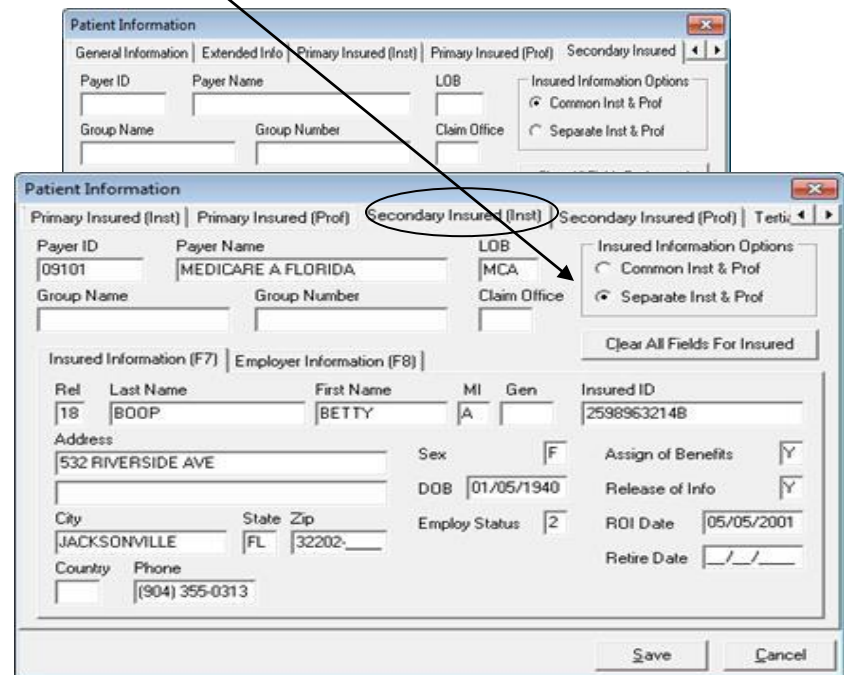
- **Medicare Secondary Patient Information/Primary Insured Information** : Reference File Maintenance > Patient > Primary Insured (Inst)
- Required: Payer ID (right click to select from Payer Database to auto-populate Payer ID, Payer Name and LOB), Group Number, Rel, Last Name, First Name, Insured ID, Address, City, State, DOB, Assign of Benefits, Release of Info, ROI Date
- Optional: Group Name, MI, Gen, Phone, Employ Status, Retire Date
- Leave Blank: Claim Office, Country

The screenshot shows a software window titled "Patient Information" with several tabs: "General Information", "Extended Info", "Primary Insured (Inst)", "Primary Insured (Prof)", and "Secondary Insured". The "Primary Insured (Inst)" tab is active. The form contains the following fields and values:

Payer ID	Payer Name	LOB	Insured Information Options		
55003	LIBERTY MUTUAL	CDM	<input type="radio"/> Common Inst & Prof		
Group Name	Group Number	Claim Office	<input checked="" type="radio"/> Separate Inst & Prof		
WALMART	ULM55003		<input type="button" value="Clear All Fields For Insured"/>		
Insured Information (F7)   Employer Information (F8)					
Rel	Last Name	First Name	MI	Gen	Insured ID
18	BOOP	BETTY	A		258741236A
Address			Sex	F	Assign of Benefits
532 RIVERSIDE AVE			DOB	01/05/1940	Release of Info
			Employ Status	2	ROI Date
City	State	Zip	Retire Date		
JACKSONVILLE	FL	32202	_/_/		
Country	Phone				
	(904) 355-0313				
<input type="button" value="Save"/> <input type="button" value="Cancel"/>					

# Patient Information Separate Institutional and Professional

- **Medicare Secondary:** Reference File Maintenance > Patient > Secondary Insured (Inst) > Separate Inst & Prof > Secondary Insured (Inst)
- Required: Payer ID (right click to select from Payer Database to auto-populate Payer ID, Payer Name and LOB), Group Number, Rel, Last Name, First Name, Insured ID, Address, City, State, DOB, Assign of Benefits, Release of Info, ROI Date
- Optional: MI, Gen, Phone
- Employ Status, Retire Date
- Leave Blank: Claim Office, Country, Group Name, Group Number



Patient Information

General Information | Extended Info | Primary Insured (Inst) | Primary Insured (Prof) | Secondary Insured

Payer ID Payer Name LOB Insured Information Options  
Group Name Group Number Claim Office

Primary Insured (Inst) | Primary Insured (Prof) | **Secondary Insured (Inst)** | Secondary Insured (Prof) | Terti

Payer ID Payer Name LOB Insured Information Options  
Group Name Group Number Claim Office

Insured Information Options  
 Common Inst & Prof  
 Separate Inst & Prof

Clear All Fields For Insured

Insured Information (F7) | Employer Information (F8)

Rel	Last Name	First Name	MI	Gen	Insured ID
18	BOOP	BETTY	A	F	25989632148

Address: 532 RIVERSIDE AVE Sex: F Assign of Benefits: Y  
DOB: 01/05/1940 Release of Info: Y  
City: JACKSONVILLE State: FL Zip: 32202 Employ Status: 2 ROI Date: 05/05/2001  
Country: Phone: (904) 355-0313 Retire Date: / /

Save Cancel

# Institutional Claim Form Patient Info & Codes



- **Medicare Primary:** Institutional Claims Menu > Enter Claims > Patient Info & General
- Required: LOB (MCA will auto populate), Patient Control No. (right click to select from Patient database, Type of Bill, Statement Covers Period.
- Optional: The remaining fields are optional depending upon the type of billing you are billing. The program will edit the claim based on the Type of Bill entered.

Institutional Claim Form

Patient Info & Codes
  Billing Line Items
  Payer Info
  Diagnosis/Procedure
  Diag/Proc (2)
  Extended General
  Ext. General (2)
  Extended Payer

LOB 
 FL 1  FL 2 
 Patient Control No. 
 Type of Bill

Patient Last Name 
 First Name 
 MI 
 Suffix 
 Fed Tax ID 
 Statement Covers Period

Patient Address 1 
 Patient Address 2 
 Patient City 
 State 
 Patient Zip 
 Country 
 Patient Phone

Birthdate 
 Sex 
 MS 
 Admission 
 A-Hour Typ 
 Src 
 D-Hour 
 Stat 
 Medical Record No. 
 Condition Codes

Code	Occurrence Date	Code	Occurrence Date	Code	Occurrence Date	Code	Occurrence Date	Code	Occurrence Span From	Code	Occurrence Span Thru	Code	Occurrence Span From	Code	Occurrence Span Thru
11	06/01/2021	29	06/01/2021	35	06/01/2021										

Code	Value	Code	Value	Code	Value	Code	Value	Code	Value	Code	Value	Code	Value
12	2.00												

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# Institutional Claim Form Tips



- **Medicare Primary:** Institutional Claims Menu > Enter Claims > Billing Line Items > Line Item Details
- Tips: Right click: Accesses information from databases or available pull down menus

F4: Field Duplication

F5: Line Duplication

F7: Line deletion

F8: Advance to next line

**Continued on next slide**

The screenshot shows the 'Institutional Claim Form' window with several tabs. The 'Billing Line Items' tab is active, and the 'Line Item Details' sub-tab is selected. A table displays two line items with columns for Line Number (LN), Revision Code (Rev.Cd.), CPT/HCPCS codes, modifiers, rate, service dates, units, total charges, and non-covered charges. A 'Recalculate' button and a totals row are visible at the bottom of the table.

LN	42 Rev.Cd.	44 - CPT® /HCPCS	44 - Modifiers 1	2	3	4	44 Rate	45 - Service Date From Date	Thru Date	46 Units/Days	47 Total Charges	48 Non-Cov Chgs
1	0420	97110	GP				0.00	06/01/2021	06/05/2021	3.0	60.00	0.00
2	0420	97110	GP				0.00	06/01/2021	06/05/2021	1.0	61.00	0.00
3												
4												
5												
6												
7												
8												

Recalculate Totals: 121.00 0.00

CPT® codes are copyright 2020 American Medical Association (AMA).

Error List Save With Fatal Save Cancel

# Institutional Claim Form Line-Item Details



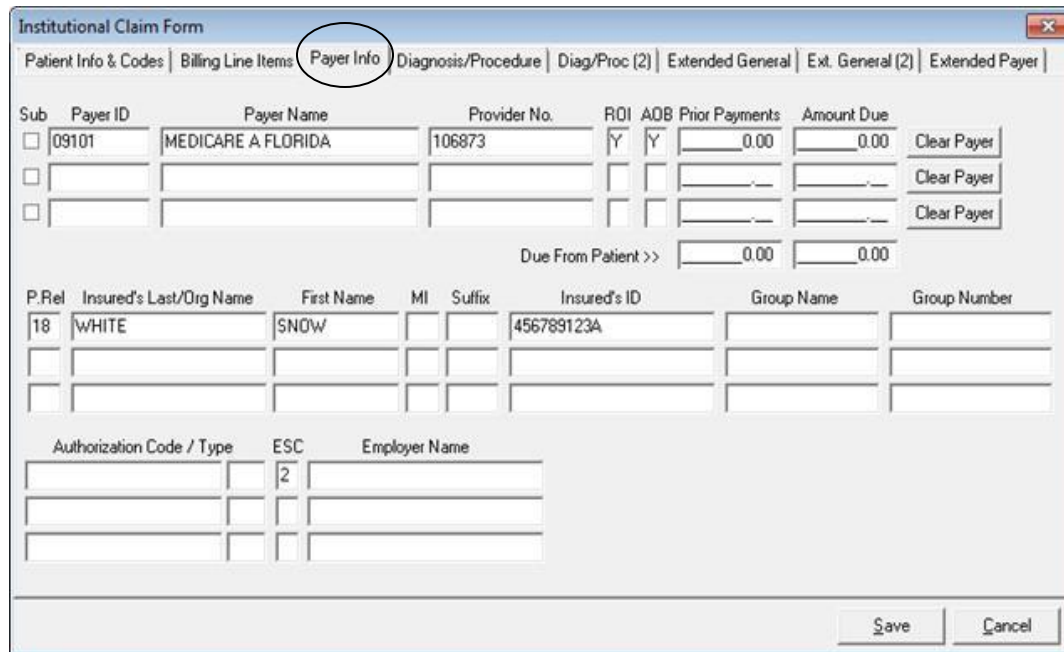
- **Medicare Primary (Cont.):** Institutional Claims Menu > Enter Claims > Billing Line Items > Line Item Details
- Required: Rev. Cd., HCPCS, From Date, Units/Days, Total Charges.
- Optional: Modifiers, Rate, Thru Date, Non-Cov Chgs
- Auto Populated: When Recalculate is selected, it will update the totals for Total Charges and Non-Cov Chgs based upon information entered on each detail line.

The screenshot shows a software window titled "Institutional Claim Form". It has a menu bar with "Patient Info & Codes", "Billing Line Items", "Payer Info", "Diagnosis/Procedure", "Diag/Proc (2)", "Extended General", "Ext. General (2)", and "Extended Payer". Below the menu bar are three tabs: "Line Item Details" (which is selected and circled), "Extended Details (Line 2)", and "Ext Details 2 (Line 2)". The main area contains a table with columns for Line Number (LN), Revision Code (Rev.Cd.), HCPCS code, Modifiers (1, 2, 3, 4), Rate, Service Date (From Date, Thru Date), Units/Days, Total Charges, and Non-Cov Chgs. Two lines of data are entered: Line 1 with Rev.Cd. 0420, HCPCS 97110, GP modifier, Rate 0.00, From Date 04/01/2015, Thru Date 04/01/2015, Units/Days 3.0, Total Charges 60.00, and Non-Cov Chgs 0.00; Line 2 with Rev.Cd. 0420, HCPCS 97110, GP modifier, Rate 0.00, From Date 04/01/2015, Thru Date 04/01/2015, Units/Days 1.0, Total Charges 71.06, and Non-Cov Chgs 0.00. Below the table is a "Recalculate" button and a "Totals" section showing 131.06 for Total Charges and 0.00 for Non-Cov Chgs. At the bottom right are "Save" and "Cancel" buttons.

# Institutional Claim Form Payor Info



- **Medicare Primary (Cont.):** Institutional Claims Menu > Enter Claims > Payer Info



**Institutional Claim Form**

Patient Info & Codes | Billing Line Items | **Payer Info** | Diagnosis/Procedure | Diag/Proc (2) | Extended General | Ext. General (2) | Extended Payer

Sub	Payer ID	Payer Name	Provider No.	ROI	AOB	Prior Payments	Amount Due	
<input type="checkbox"/>	09101	MEDICARE A FLORIDA	106873	Y	Y	0.00	0.00	Clear Payer
<input type="checkbox"/>								Clear Payer
<input type="checkbox"/>								Clear Payer

Due From Patient >> 0.00 0.00

P.Rel	Insured's Last/Org Name	First Name	MI	Suffix	Insured's ID	Group Name	Group Number
18	WHITE	SNOW			456789123A		

Authorization Code / Type	ESC	Employer Name
	2	

Save Cancel



# Institutional Claim Form

## Diagnosis/Procedures



- **Medicare Primary (Cont.):** Institutional Claims Menu > Enter Claims > Diagnosis/Procedure
- Required: Principal Diag., Attending Physician
- Optional: Fields are optional based on the TOB entered

Institutional Claim Form

Patient Info & Codes | Billing Line Items | Payer Info | **Diagnosis/Procedure** | Diag/Proc (2) | Extended General | Ext. General (2) | Extended Payer

Principal Diag. Other Diagnosis Codes (1 - 17)

A001

DX/PC  Admitting Diagnosis  Patient's Reason For Visit Codes (1 - 3)  External Cause of Injury Codes (1 - 3)  PPS/DRG

Principal Proc Code/Date  / / Other Procedure Codes/Dates (1 - 5)  / /  / /  / /  / / NPI Exempt  POA Type  COB?  H.H. CR6?

Remarks

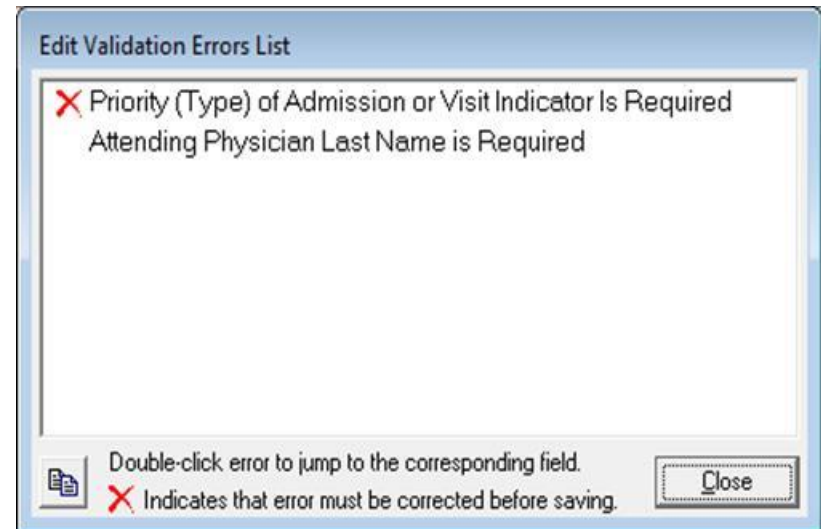
Supporting Provider Information

Type	Last/Org Name	First Name	MI	Suffix	Provider IDs / Types
ATT	DOE	JOHN			1598745411   XX
OPR					
OTH					

Error List | Save With Fatal | Save | Cancel

# Edit Validation Errors List

- **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



# Institutional Claim Form Patient Info & Codes Medicare Secondary



- **Medicare Secondary/Payment Made:** Institutional Claims Menu > Enter Claims > Patient Info & General
- Required: LOB (MCA will auto populate), Patient Control No. (right click to select from Patient database, auto populating all associated fields), Type of Bill, Statement Covers Period, and Value Code and Amount. The Value Code can be obtained by right clicking in the Code field and selecting from the list (12 - 16, 41 - 43, or 47), and the amount is equal to the amount paid on the entire claim.
- Optional: The remaining fields are optional based on your specific type of bill.

A screenshot of the "Institutional Claim Form" software interface. The window title is "Institutional Claim Form". The "Patient Info & Codes" tab is selected and circled in red. The form contains various input fields for patient information, including LOB (MCA), Patient Control No. (MSP FOR MED A), Patient Last Name (BOOP), First Name (BETTY), MI (A), Fed Tax ID, Statement Covers Period (04/01/2015 to 04/08/2015), Patient Address 1 (532 RIVERSIDE AVE), Patient Address 2, Patient City (JACKSONVILLE), State (FL), Patient Zip (32202), Patient Phone ((904) 355-0313), Birthdate (01/05/1940), Sex (F), MS (M), Admission, A-Hour Typ, Src, D-Hour, Stat, Medical Record No., and Condition Codes. There are also tables for Occurrence and Value. The Value table shows a value code of 43 with an amount of 80.00, and a value code of 50 with an amount of 2.00. Buttons for "Error List", "Save With Fatal", "Save", and "Cancel" are at the bottom.

# Institutional Claim Form Line Item Details Medicare Secondary



- **Medicare Secondary/Payment Made (Cont.):** Institutional Claims Menu > Enter Claims > Billing Line Items > Line Item Details
- Required: Rev. Cd., HCPCS, From Date, Units/Days, Total Charges.
- Optional: Modifiers, Rate, Thru Date, Non-Cov Chgs.
- Auto Populated: When Recalculate is selected, it will update the totals for Total Charges and Non-Cov Chgs based upon information entered on each detail line.

Institutional Claim Form

Patient Info & Codes | **Billing Line Items** | Payer Info | Diagnosis/Procedure | Diag/Proc (2) | Extended General | Ext. General (2) | Extended Payer

**Line Item Details** | Extended Details (Line 2) | Ext Details 2 (Line 2)

LN	42 Rev.Cd.	44 - CPT® /HCPCS	44 - Modifiers				44 Rate	45 - Service Date		46 Units/Days	47 Total Charges	48 Non-Cov Chgs
			1	2	3	4	From Date	Thru Date				
1	0420	97110	GP				0.00	06/01/2021	06/05/2021	3.0	60.00	0.00
2	0420	97110	GP				0.00	06/01/2021	06/05/2021	1.0	61.00	0.00
3							///	///				
4							///	///				
5							///	///				
6							///	///				
7							///	///				
8							///	///				

Totals:

CPT® codes are copyright 2020 American Medical Association (AMA).

# Institutional Claim Form Payor Info Medicare Secondary



- Medicare Secondary/Payment Made (Cont.):** Institutional Claims Menu > Enter Claims > Payer Info

**Institutional Claim Form** [Close]

Patient Info & Codes
  Billing Line Items
  **Payer Info**
 Diagnosis/Procedure
  Diag/Proc (2)
  Extended General
  Ext. General (2)
  Extended Payer

Sub	Payer ID	Payer Name	Provider No.	ROI	AOB	Prior Payments	Amount Due	
<input checked="" type="checkbox"/>	55003	LIBERTY MUTUAL		Y	Y	0.00	0.00	Clear Payer
<input type="checkbox"/>	09101	MEDICARE A FLORIDA	55555	Y	Y			Clear Payer
<input type="checkbox"/>								Clear Payer

Due From Patient >>    0.00    0.00

P.Rel	Insured's Last/Drg Name	First Name	MI	Suffix	Insured's ID	Group Name	Group Number
18	JANE	DOE			132456798S		123456
18	JANE	DOE			123456789A		12345

Authorization Code / Type	ESC	Employer Name

# Institutional Claim Form

## Diag/Proc Medicare Secondary



- **Medicare Secondary/Payment Made (Cont.):** Institutional Claims Menu > Enter Claims > Diagnosis/Procedure
- Required: Principal Diag. and COB? indicator must be (Y) when billing Medicare Secondary. Supporting Provider
- Optional: Fields are optional based on the TOB entered

Institutional Claim Form

Patient Info & Codes | Billing Line Items | Payer Info | **Diagnosis/Procedure** | Diag/Proc (2) | Extended General | Ext. General (2) | Extended Payer

Principal Diag. Other Diagnosis Codes (1 - 17)

A001

DX/PC Admitting Diagnosis Patient's Reason For Visit Codes (1 - 3) External Cause of Injury Codes (1 - 3) PPS/DRG

Principal Proc Code/Date Other Procedure Codes/Dates (1 - 5) NPI Exempt POA Type COB? H.H. CR6?

Remarks Supporting Provider Information

Type	Last/Drg Name	First Name	MI	Suffix	Provider IDs / Types
ATT	DOE	JOHN			1538140371   XX
OPR					
OTH					

Save Cancel

# Institutional Claim Form

## MSP/COB Line 1



- **Medicare Secondary/Payment Made (Cont.):** Institutional Claims Menu > Enter Claims > Billing Line Items > Line Item Details, MSP/COB (Line 1)
- SVD = Primary Paid amount
- CAS = Difference between billed amount minus primary paid amount
- Adj/Payment Date = Date of Provider Claim Summary from Primary Insurance
- Tips: F5 function key can be used to copy from Line Item Details, but you must edit the paid amount.

The screenshot shows the "Institutional Claim Form" window with the "MSP/COB (Line 1)" tab selected. The interface includes a navigation bar with tabs for "Patient Info & Codes", "Billing Line Items", "Payer Info", "Diagnosis/Procedure", "Diag/Proc (2)", "Extended General", "Ext. General (2)", and "Extended Payer". The "MSP/COB (Line 1)" tab is circled in red. Below the navigation bar, there are sections for "Line-level Adjudication / COB Information (ANSI-837 Use Only)", "Service Line Adjudication (SVD) Information", and "Line Adjustment (CAS) & Miscellaneous Adjudication Info (for SVD 1 above)". The "Service Line Adjudication (SVD) Information" section contains a table with columns for SVD, P/S, Rev. Cd., Proc. Qual / Code, Modifiers 1 thru 4, Paid Amount, Paid Units, and B/U Line. The "Line Adjustment (CAS) & Miscellaneous Adjudication Info" section contains a "Procedure Code Description" dropdown, a "Line Level Adjustments (CAS)" table with columns for Num, Group, Reason, Amount, and Units, and fields for "Adj/Payment Date" (06/19/2021) and "Remaining Amt Owed" (0.00). The "Save" and "Cancel" buttons are at the bottom right.

# Institutional Claim Form

## MSP/COB Line 2



- **Medicare Secondary/Payment Made (Cont.):** Institutional Claims Menu > Enter Claims > Billing Line Items > Line Item Details > MSP/COB (Line 1)
- Required: P/S, Rev. Code, Qual/Code, Paid Amount, Paid Units, Group, Reason, Amount, Units, Adj/Payment Date
- Leave Blank: All fields for lines 2 and 3 under SVD and CAS, and Remaining Owed

The screenshot shows the 'Institutional Claim Form' window with the 'MSP/COB (Line 2)' tab selected. The interface includes several sections:

- Service Line Adjudication (SVD) Information:** A table with columns for SVD, P/S, Rev. Cd., Proc. Qual / Code, Modifiers 1 thru 4, Paid Amount, Paid Units, and B/U Line. Row 1 is populated with P, 0420, 97110, GP, 20.00, 1.000.
- Line Adjustment (CAS) & Miscellaneous Adjudication Info (for SVD 1 above):** A section with a 'Procedure Code Description' dropdown, 'Adj/Payment Date' (06/19/2021), and 'Remaining Amt Owed' (0.00). It also contains a 'Line Level Adjustments (CAS)' table with columns for Num, Group, Reason, Amount, and Units. Row 1 is populated with 1, CD, 1, 10.00, 1.000.



# Institutional Claim Form

## MSP/COB Line 2 cont.



- **Medicare Secondary/Payment Made (Cont.):** Institutional Claims Menu, Enter Claims > Billing Line Items > Line Item Details > MSP/COB (Line 2)
- Required: P/S, Rev. Code, Qual/Code, Paid Amount, Paid Units, Group, Reason, Amount, Units, Adj/Payment Date
- Leave Blank: All fields for lines 2 and 3 under SVD and CAS, and Remaining Owed.

SVD	P/S	Rev. Cd.	Proc. Qual / Code	Modifiers 1 thru 4	Paid Amount	Paid Units	S/U Line
1	P	0420	97112 GP		20.00	1.000	
2							
3							

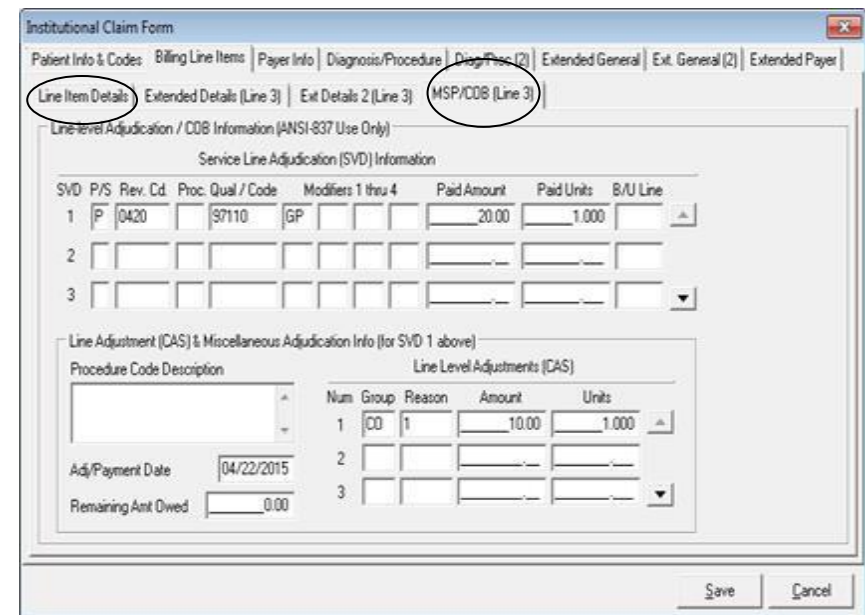
Num	Group	Reason	Amount	Units
1	CO	1	10.00	1.000
2				
3				

# Institutional Claim Form

## MSP/COB Line 3



- **Medicare Secondary/Payment Made (Cont.):** Institutional Claims Menu > Enter Claims > Billing Line Items > Line Item Details > MSP/COB (Line 3)
- Required: P/S, Rev. Code, Qual/Code, Paid Amount, Paid Units, Group, Reason, Amount, Units, Adj/Payment Date
- Leave Blank: All fields for lines 2 and 3 under SVD and CAS, and Remaining Owed.



The screenshot shows the 'Institutional Claim Form' window with the 'MSP/COB (Line 3)' tab selected. The 'Service Line Adjudication (SVD) Information' table is visible, showing three lines. Line 1 is populated with P/S 'P', Rev. Cd '0420', Proc 'S9110', Qual 'GP', Modifiers '1 thru 4' empty, Paid Amount '20.00', Paid Units '1.000', and B/U Line '1'. Lines 2 and 3 are empty. Below this is the 'Line Adjustment (CAS) & Miscellaneous Adjudication Info' section, which includes a 'Procedure Code Description' field, an 'Adj/Payment Date' field set to '04/22/2015', and a 'Remaining Amt Owed' field set to '0.00'. A 'Line Level Adjustments (CAS)' table shows three lines: Line 1 with Group 'CO', Reason '1', Amount '10.00', and Units '1.000'; Lines 2 and 3 are empty.

SVD	P/S	Rev. Cd	Proc	Qual / Code	Modifiers 1 thru 4	Paid Amount	Paid Units	B/U Line
1	P	0420	S9110	GP		20.00	1.000	1
2								
3								

Num	Group	Reason	Amount	Units
1	CO	1	10.00	1.000
2				
3				

# Institutional Claim Form

## MSP/COB Line 4



- **Medicare Secondary/Payment Made (Cont.):** Institutional Claims Menu > Enter Claims > Billing Line Items > Line Item Details > MSP/COB (Line 4)
- Required: P/S, Rev. Code, Qual/Code, Paid Amount, Paid Units, Group, Reason, Amount, Units, Adj/Payment Date
- Leave Blank: All fields for lines 2 and 3 under SVD and CAS, and Remaining Owed.

**Institutional Claim Form**

Patient Info & Codes | Billing Line Items | Payer Info | Diagnosis/Procedure | Diag/Proc (2) | Extended General | Ext. General (2) | Extended Payer

Line Item Details | Extended Details (Line 4) | Ext Details 2 (Line 4) | **MSP/COB (Line 4)**

Line-level Adjudication / COB Information (ANSI-837 Use Only)

Service Line Adjudication (SVD) Information

SVD	P/S	Rev. Cd.	Proc. Qual / Code	Modifiers 1 thru 4	Paid Amount	Paid Units	B/U Line
1	P	0420	97124	GP	20.00	1.000	▲
2							
3							▼

Line Adjustment (CAS) & Miscellaneous Adjudication Info (for SVD 1 above)

Procedure Code Description

Adj/Payment Date: 04/22/2015

Remaining Amt Owed: 0.00

Line Level Adjustments (CAS)

Num	Group	Reason	Amount	Units
1	PR	1	15.00	1.000 ▲
2				
3				▼

Save Cancel

# Institutional Claim Form COB Info Primary



- **Medicare Secondary/Payment Made (Cont.):** Institutional Claims Menu > Enter Claims > Extended Payer > COB Info (Primary)
- Total amount paid on the entire claim
- Enter **D** in the COB/MIA/MOA Amounts code field to indicate Payer Paid Amount
- Enter Amount equal to the total of all Service Line Adjudication (SVD) amounts

Institutional Claim Form

Patient Info & Codes | Billing Line Items | Payer Info | **Diagnosis/Procedure** | Diag/Proc (2) | Extended General | Ext. General (2) | Extended Payer

Primary Payer | Secondary Payer | Tertiary Payer | **COB Info (Primary)** | COB Info (Secondary)

Claim Adjustments / COB Amounts / MIA - MOA Information (ANSI-837 Only)

Claim Level Adjustments (CAS)					COB / MIA / MOA Amounts		
Num	Group	Reason	Amount	Units	Num	Code	Amount
1					1	D	75.00
2					2		
3					3		

Medicare Inpatient Adjudication (MIA) Remarks Codes

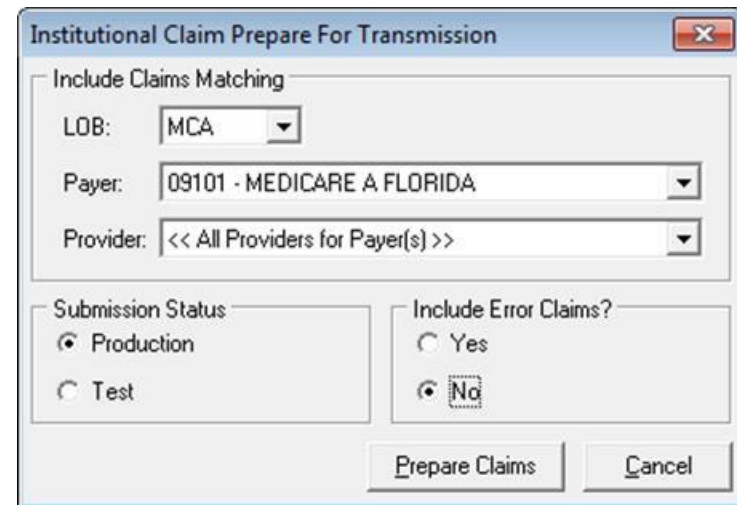
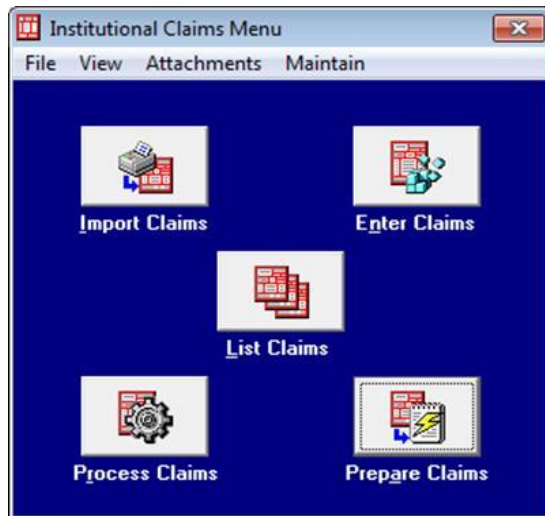
Medicare Outpatient Adjudication (MOA) Remarks Codes

Claim Adjudication Date: \_\_\_/\_\_\_/\_\_\_

Error List | Save With Errors | Save | Cancel

# Institutional Claim Preparation

- Claim Preparation: Institutional Claims Menu > Institutional Claim Prepare For Transmission
- Required: LOB (MCA) and Payer (09101 Medicare A Florida)
- Optional: Provider
- Auto Populated: Submission Status (Production) and Include Error Claims? (No)



# Connection



- Two types of connections are available to transmit your claim files to First Coast
  1. Network Service Vendor (NSV) – a fee-for-service entity that specialized in providing connectivity to the First Coast EDI Gateway.
    - Refer to the [5010 approved vendor list](#) 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 [How to register](#) 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 BCTRANS.DAT
  - If connecting via NSV, contact your NSV for instructions to submit the claim file.
  - If connecting via SPOT, Refer to the [SPOT UG 7 Claim Submission / ERA \(fcso.com\)](#) for instructions on uploading claim files.

- 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 Institutional staging directory for the 999 is:  
C:\WINPCACE\Ansi997\Ackub92
    - The Institutional staging directory for the 277CA is:  
C:\WINPCACE\Ansi277\Statub92
  - If connecting via SPOT, Refer to the [SPOT UG 7 Claim Submission / ERA \(fcsso.com\)](#) for instructions on downloading the reports



# View ANSI 999



- **View ANSI 999**  
**Acknowledgement:** Institutional Claims Menu, Maintain, Acknowledgement File Log, View Report

PC-ACE ANSI-997/999 ACKNOWLEDGMENT REPORT	
File Date/Time: 04/01/2015 14:04:00    Serial No: 000294	
Acknowledgement Created (GS04/05):	04/01/2015 14:04
Sender Code (GS02):	09101
Receiver Code (GS03):	K0001
Ack Transaction Set Control No (ST02):	0001
Prepare Serial Number:	000294
Group Control Number (AK102):	294001
Version/Release/Industry Code (AK103):	005010X222A1
Transaction Set Control Number (AK02):	00000000001
Implementation Convention Ref (AK03):	005010X222A1
Transaction Set Status (IK01):	A – Accepted
Functional Group Status (AK901):	A – Accepted
Transaction Sets Included (AK902):	1
Transaction Sets Received (AK903):	1
Transaction Sets Accepted (AK904):	1
*** START NEW INTERCHANGE ENVELOPE (ISA/IEA) ***	

# View 277CA



- **Retrieve/Translate the 277CA** from the Main Toolbar select Institutional Claims Menu, Maintain, Claim Acknowledgment Log, and View 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: <https://medicare.fcso.com/Help/224962.asp>
- The description associated with the reject code combination you entered will appear in the results box.

# View 277CA Accepted



- Accepted 277CA

Shows Total Quantity accepted and Total Amount Accepted.

- Category = CSCC
- Status = CSC
- Entity = EIC

## PC-ACE ANSI-277 CLAIM ACKNOWLEDGMENT REPORT

File Date/Time: 04/01/2015 14:04:00

Acknowledgement Created (GS04/05): 04/01/2015 14:04  
Sender Code (GS02): 09101  
Receiver Code (GS03): K0001

\*\*\* Transmission Acknowledgement # 1 \*\*\*

Information Source ID: 09101 Name: FIRST COAST SERVICE OPTIONS

Transmission Receipt Control #: 0910220130314000001  
Receipt Date: 04/01/2015  
Process Date: 04/01/2015

\*\*\* Information Receiver Acknowledgement # 1 \*\*\*

Information Source ID: 09101 Name: FIRST COAST SERVICE OPTIONS

Receiver Name: FEEL GOOD SERVICES ID: K0001

Receiver Info:  
Receiver Trace #: 072736000000010001  
Total Accepted Quantity: 1  
Total Accepted Amount: \$131.06

Receiver Status:  
Status Date: 04/01/2015  
Total Submitted Charges: \$131.06

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 \*\*\*

# View 277CA Accepted cont.



## ■ Accepted 277CA (cont.)

\*\*\* Claim Acknowledgement # 1 \*\*\*

Information Source ID: 09101 Name: FIRST COAST SERVICE OPTIONS

Receiver Name: BILLS BILLING SERVICE ID: K0001

Provider Name: FEEL GOOD SERVICES NPI: 1568468858

Patient:

Name: WHITE, SNOW  
Subscriber #: 456789123A

Claim:

Trace #: 10302  
ICN/DCN: 1113073445400  
Service Date: 04/01/2015

Status General:

Status Date: 04/01/2015  
Total Submitted Charges: \$131.06

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



- Rejected 277CA
- View Acknowledgment
- Only Rejected: Yes
- Category = CSCC
- Status = CSC
- Entity = EIC

## PC-ACE ANSI-277 CLAIM ACKNOWLEDGMENT REPORT

File Date/Time: 04/01/2015 14:04:00

Acknowledgement Created (GS04/05): 04/01/2015 14:04  
Sender Code (GS02): 09101  
Receiver Code (GS03): K0001

\*\*\* Transmission Acknowledgement # 1 \*\*\*

Information Source ID: 09101 Name: FIRST COAST SERVICE OPTIONS

Transmission Receipt Control #: 0910220130314000001  
Receipt Date: 04/01/2015  
Process Date: 04/01/2015

\*\*\* Information Receiver Acknowledgement # 1 \*\*\*

Information Source ID: 09101 Name: FIRST COAST SERVICE OPTIONS

Receiver Name: BILLS BILL SERVICE ID: K0001

Receiver Info:  
Receiver Trace #: 072736000000010001  
Total Rejected Quantity: 1  
Total Rejected Amount: \$131.06

Receiver Status:  
Status Date: 04/01/2015  
Total Submitted Charges: \$131.06

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 \*\*\*

# View 277CA Rejected cont.



- **Rejected 277CA (continued)**
- View Acknowledgment
- Only Rejected: Yes
- Category = CSCC
- Status = CSC
- Entity = EIC

\*\*\* Claim Acknowledgement # 1 \*\*\*

Information Source ID: 09101    Name: FIRST COAST SERVICE OPTIONS

Receiver Name: BILLS BILLING SERVICE    ID: K0001

Provider Name: FEEL GOOD SERVICES    NPI: 1568468858

Patient:

Name: WHITE, SNOW  
Subscriber #: 456789123A

Claim:

Trace #: 10302  
ICN/DCN: 1113073445400  
Service Date: 04/01/2015

Status General:

Status Date: 04/01/2015  
Total Submitted Charges: \$131.06

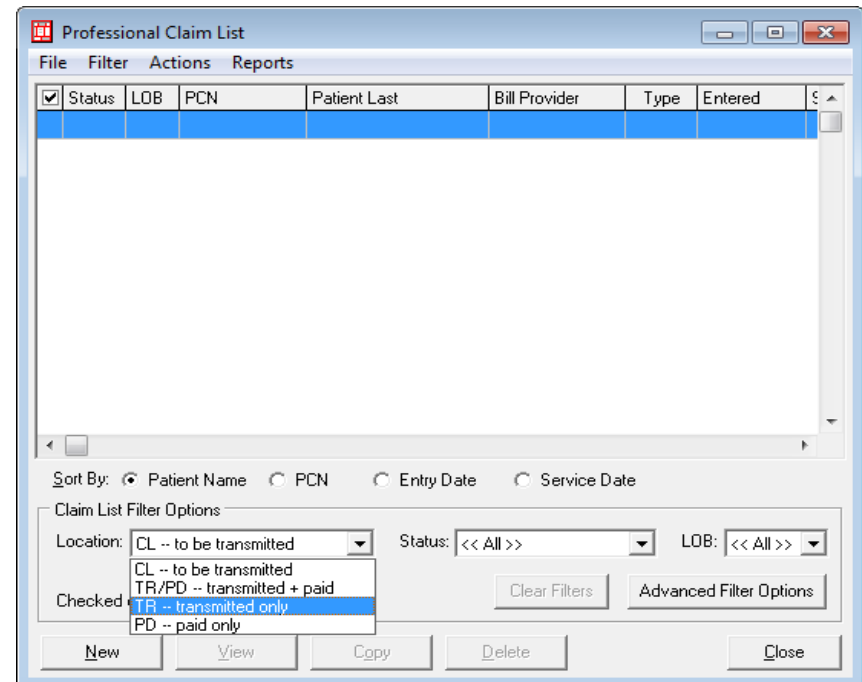
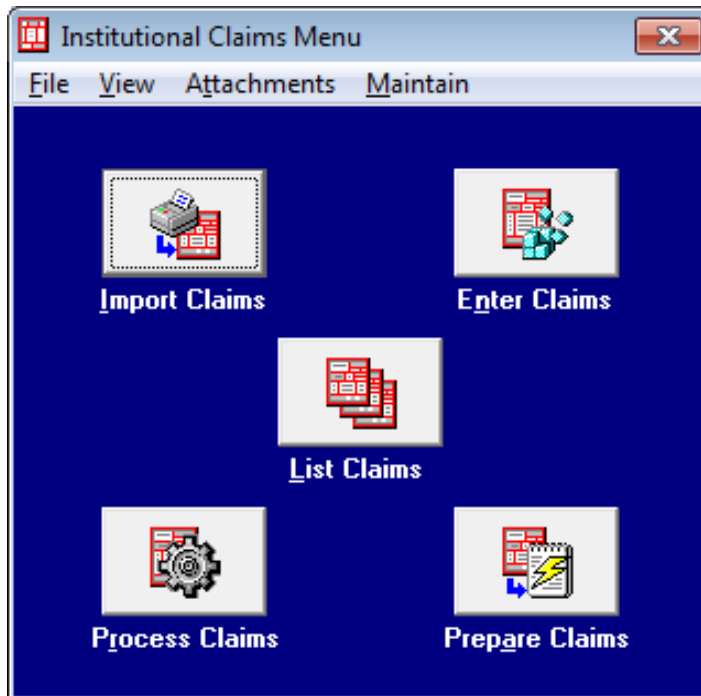
Acknowledgement #1: **(Rejected)**

Category: A7 - Acknowledgement/Rejected for Invalid Information –  
The Claim/encounter has invalid information as specified  
in the Status details and has been rejected.

Status: 500 - Entity's Postal/Zip Code. Note: this code requires use of an Entity Code.  
Entity: IL - Insured or Subscriber

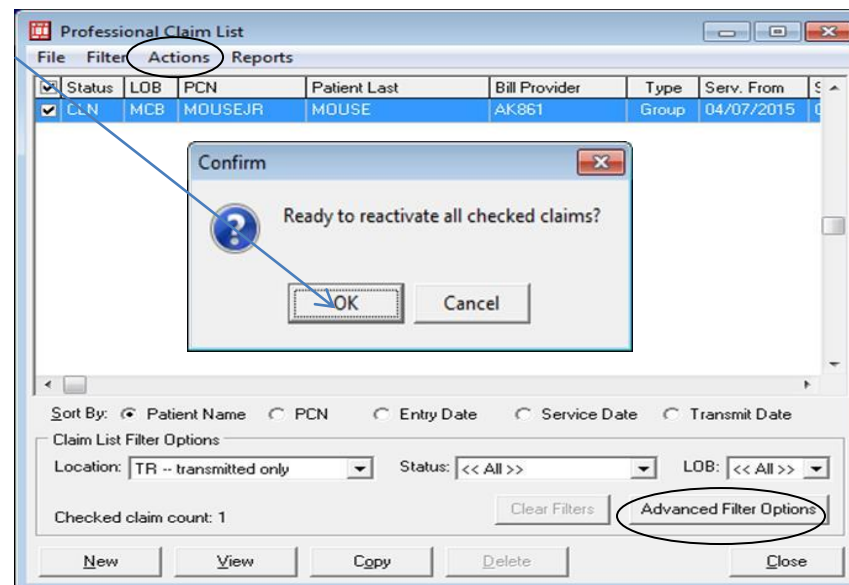
# Claim Re-activation

- Institutional Claims Menu > List Claims > TR – Transmitted Only



# Claim Re-activation Cont.

- Institutional Claims Menu > List Claims > TR – Transmitted Only
- Select Advanced Filter Options and enter search criteria
- Check selected claims for reactivation or Filter and Check all Claims and the OK
- Select Reactivate all Checked Claims





# View 835 Remittance



- **Print an ANSI 835 Remittance**
- The Institutional staging directory is C:\WINPCACE\Etraub92\Ansi835
- ANSI-835 Functions, Institutional, Select ANSI File, Translate/Import ETRA, Print/View Reports.

- File reloads are available at:  
[https://medicare.fcso.com/Tools\\_center/eraReload.asp](https://medicare.fcso.com/Tools_center/eraReload.asp)

PC-ACE Pro32 ETRA All Claims Report With Line Detail

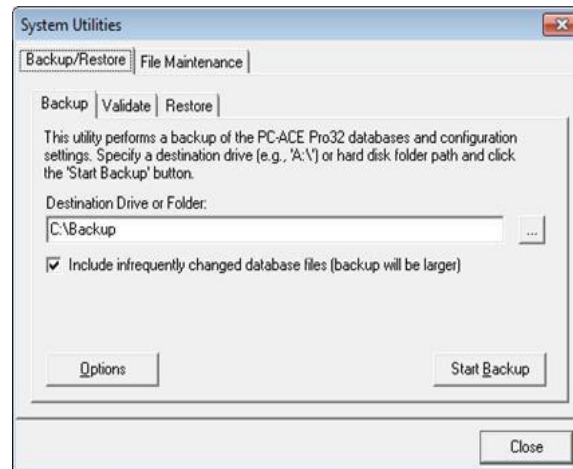
Zoom 100 Page 1 of 7

PC-ACE PRO32 ALL CLAIMS REPORT  
 100200 BACK ON YOUR FEET REBAS CT FYE:090101 TOB 72X PAID DATE: 10/05/01 DATE:04/14/2015 TIME:10:24 PAGE: 1

PATIENT NAME	PATIENT CNTRL NUMBER	COST	NCV 1	DRG TOT AMT	REPID CHGS	MSP LIAB M	PROF COMP	ESRD NET ADJ	CONTRACT ADJ	
HIC NUMBER	MEDICAL REC NUMBER	COVDY	OUTCD	DRG OFR AMT	NCVDY CHGS	MSP PAYMT	PAT RESP	REIMS RATE	PER DIEM AMT	
FROM DT	THRU DT	ICN NUMBER	NCVDY	DRG OUT AMT	DENIED CHGS	DEDUCTIBLES	PAT REFUND	ALLOWED AMT	HCPCS AMOUNT	
CLAIM#	CLM STATUS	TOB	NRCHG	HICHS	CV LN	DRG #	DRG CAP AMT	COVDY CHGS	COINSURANCE INTEREST	
NATIONAL PROVIDER ID	ADJUDICATION REMARK CODES	ADJUSTMENT REASON CODES	NEW TECH							
MASTERMAN J	BA3020000000019	0	0	0.00	\$272.54	0.00	0.00	2.50	\$880.05	
AL28456789	BA302-19	0	0	0.00	0.00	0.00	1825.27	1.00	0.00	
12/20/00	12/29/00	20100200028802	0	0.00	0.00	0.00	0.00	\$25.17	102.64	
1	19	HIC CHG=EN TOB=72X	0	0.00	1249.49	206.82	0.00	215.40	\$24.77	
MR01   45										
REV DATE	HCPCS MOOD	APC/HIPPS	QTY	CHARGES	ALLOWED GC	REN	UNITS	AMOUNT	REMARKS CODES	
0272 12/29	34207		4	17.84	2.00	CO 42	0.000	15.84		
						PR 2	0.000	0.40		
0694 12/29			5	1204.50	240.00	CO 45	0.000	904.50		
						PR 2	0.000	60.00		
0696 12/29	J2800		4	300.20	80.51	CO 42	0.000	199.56		
						PR 2	0.000	20.13		
0821 12/29	90999 G2		5	1750.00	502.66	CO 118	0.000	2.50		
						CO 45	0.000	1118.55		
						PR 2	0.000	126.29		
						PR 45	0.000	1118.55		
RITALIP M MR2244 ADJ										
1284567899			0	0.00	100.00	0.00	0.00	0.00	0.00	
09/01/00	09/05/00	20016600000908	0	0.00	0.00	0.00	100.00	0.00	100.00	
2	1	HIC CHG=EN TOB=751	0	0.00	100.00	0.00	0.00	0.00	0.00	
MR01										
REV DATE	HCPCS MOOD	APC/HIPPS	QTY	CHARGES	ALLOWED GC	REN	UNITS	AMOUNT	REMARKS CODES	
0696 09/01	80748		1	100.00	100.00	PR 1	0.000	100.00		
SUBTOTAL TOB 72X				0	0	0.00	\$272.54	0.00	2.50	\$880.05
				0	0	0.00	0.00	1425.27	0.00	

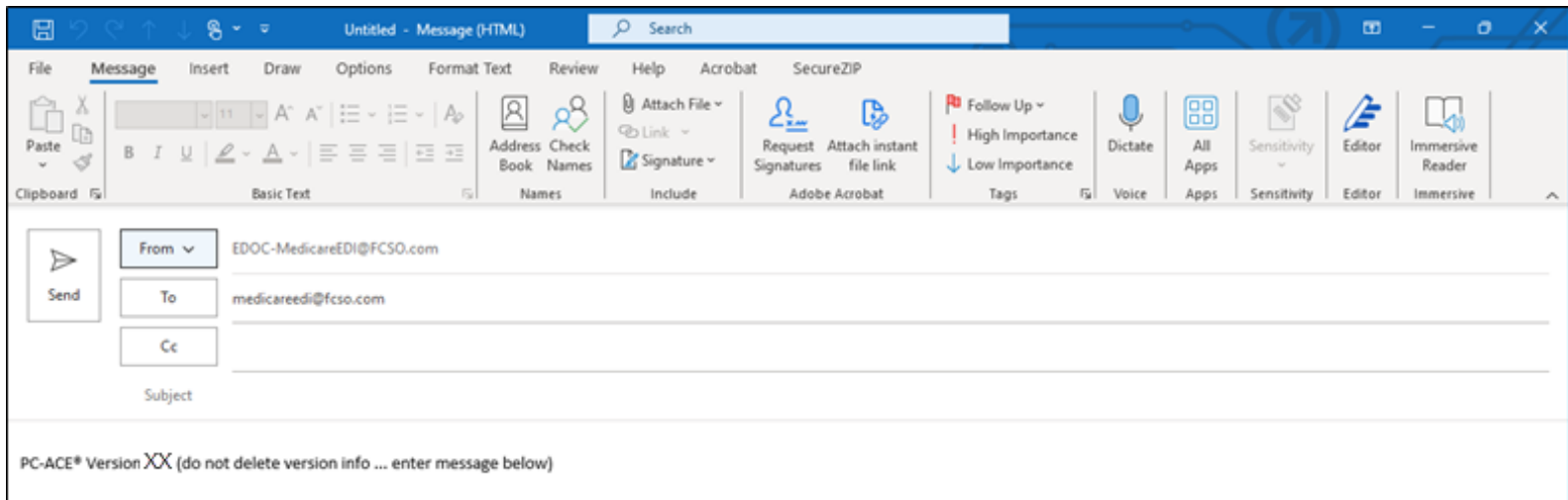
# System Utilities

- **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



# Send an E-mail

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



- **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.

# Contact Information



## Billing Questions

- Part A IVR (877) 602-8816
- Medicare Part A (888) 664-4112

Medicare EDI (888) 670-0940

First Coast Service Options Inc.

[medicare.fcso.com](http://medicare.fcso.com)

[medicareespanol.fcso.com](http://medicareespanol.fcso.com)

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