

EDI Support Services

PC-ACE Claim101

The PC-ACE Claim 101 document will walk through the initial set up and claim creation in the PC-ACE claims management system.

PC-ACE Toolbar

The PC-ACE toolbar displays the main functions for the claims management system.



1. **Institutional Claims Processing** is utilized for entering institutional claims
2. **Professional Claims Processing** is utilized for entering professional claims
3. **Reference File Maintenance** stores all provider, patient, submitter and trading partner information
4. **Data Communications Functions** is not used or supported by EDI Support Services
5. **Claim Activity Scheduling** is not typically used and will not be covered
6. **ANSI-835 functions** is used to import and translate the 835 remittance advice
7. **System Utilities** is used to perform a Back-up, Pack and Reindex or to restore of a previous version of PC-ACE
8. **Send E-Mail** can be used to e-mail EDI Support Service, but is not recommended

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Setting up Reference File Maintenance

The first step in setting up PC-ACE is completing tabs in the Reference File Maintenance. This is the electronic filing cabinet of the software. Although only the Provider section and one section of Codes/Misc are **required**, it is strongly encouraged to update several reference files **prior to** creating claims for faster claim billing and cleaner claims.



Note: When completing the Reference File tabs, it is important to complete them in the below order, right to left. This ensure that the information populates correctly and will save you time by not having to duplicate the information on additional tabs.

Five Reference Files

- Codes/Misc
- Provider (Prof)
- Provider (Inst)
- Payer

Note: The payer tab will already be set up for all lines of business EDI currently handles. No action will be needed.

- Patient



Codes/Misc Tab

The Codes/Miscellaneous tab provides access to the core PC-ACE codes and miscellaneous reference files. Most of these files are pre-loaded and ready for use when PC-ACE is installed. Others are optional and require setup before use.

In this tab there are 3 columns. Of those columns, the Shared column is the most used. Only the Submitter option under the Shared column is **required** to be completed.

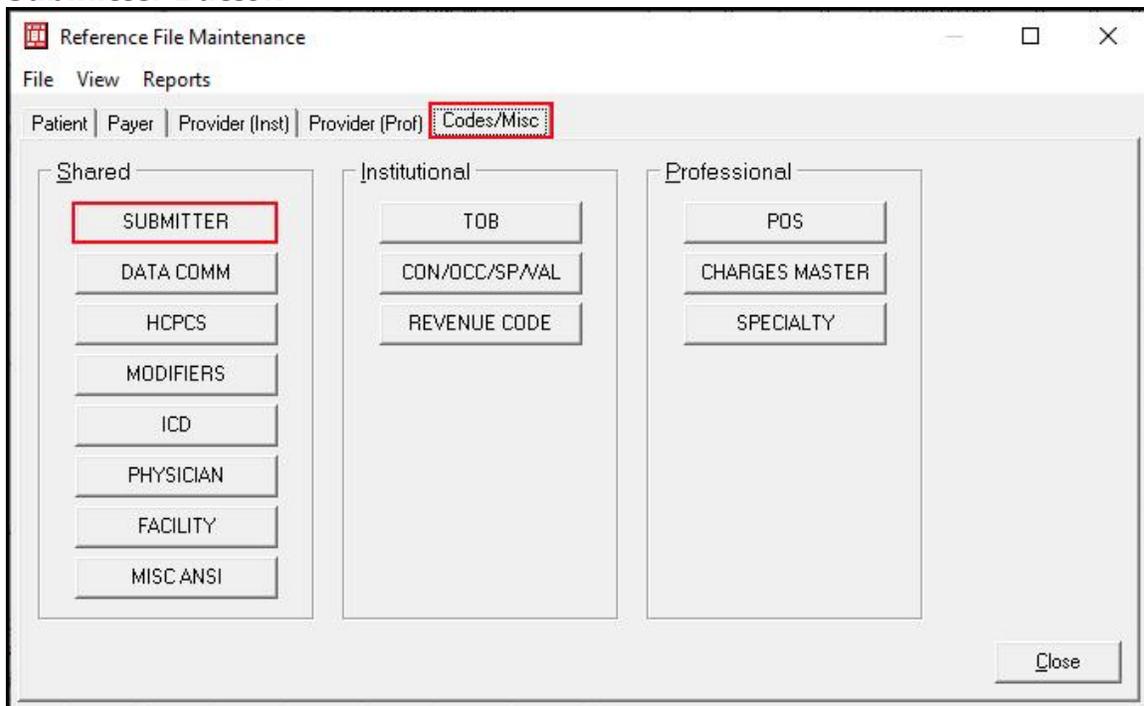
The options used in the Shared column include:

- The **SUBMITTER** file maintains the submitter identification and related information. The Submitter reference file information is **required** during preparation of electronic files and is the only one covered in this document.
- The **HCPCS** file maintains HCPCS procedure codes and descriptions.
- The **MODIFIERS** file maintains HCPCS procedure code modifiers, descriptions, and assignments.

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- The **ICD10** file maintains ICD-10 diagnosis codes, procedure codes, and descriptions.
Note: The HCPCS, Modifiers and ICD10 codes are automatically updated with the quarterly update process.
- The **PHYSICIAN** file maintains a Physician list. This list of physicians and their associated NPIs, addresses, and miscellaneous information is used to expedite the claim entry process for the rendering, ordering and attending physicians on institutional claims.
- The **FACILITY** file maintains the facility information. The list of facilities and addresses are available to expedite the claim entry process.

Submitter Button



Note: There can only be one submitter record in PC-ACE. A default will be listed and must be updated with your specific information prior to claims being entered and prepared for submission.

Select these options from the Submitter Setup:

1. Select the claim type that will be sent
2. Click on the example entered
3. Click **View/Update**

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The screenshot shows the 'Submitter Setup' window. At the top, there are radio buttons for 'Institutional' and 'Professional'. The 'Professional' option is selected and highlighted with a red box labeled '1'. Below this is a table with columns: 'LOB', 'Payer ID', 'Submitter ID/EIN', and 'Submitter Name'. The first row is highlighted in blue and contains the text '<< ALL >>', '<< ALL >>', 'SUBMITTER ID', and 'SUBMITTER NAME HERE'. A red box labeled '2' points to the 'SUBMITTER ID' column. At the bottom of the window, there are buttons for 'New', 'View/Update', 'Copy', 'Delete', and 'Close'. A red box labeled '3' points to the 'View/Update' button.

Complete these areas on the general tab:

1. Submitter ID - assigned in Connect
2. Full address
3. Phone number
4. Contact name and E-mail Address
5. Click **Save**

The screenshot shows the 'Professional Submitter Information' dialog box. It has several tabs: 'General', 'Prepare', 'ANSI Info', 'ANSI Info (2)', and 'ANSI Info (4)'. The 'General' tab is active. The fields are: 'LOB' (empty), 'Payer ID' (empty, highlighted with a red box labeled '1'), 'ID' (containing 'SUBMITTER ID', highlighted with a red box), 'EIN' (empty), 'Name' (containing 'SUBMITTER NAME HERE', highlighted with a red box), 'Address' (containing 'SUBMITTER ADDRESS', highlighted with a red box labeled '2'), 'City' (containing 'ANY TOWN', highlighted with a red box labeled '3'), 'State' (containing 'ND'), 'Zip' (containing '58103-1234'), 'Phone' (containing '(701) 555-5555'), 'Fax' (empty), 'Country' (empty), 'Contact' (containing 'CONTACT NAME HERE', highlighted with a red box labeled '4'), and 'E-Mail' (containing 'CONTACT EMAIL ADDRESS HERE', highlighted with a red box). At the bottom, there are 'Save' and 'Cancel' buttons. A red box labeled '5' points to the 'Save' button.

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Provider (Prof) Tab

The setup of the Provider (Prof) tab provides access to maintain the providers that will be populated on Professional claims and is required to process Professional claims.

Note: All providers referenced on Professional claims must be represented in this reference file.

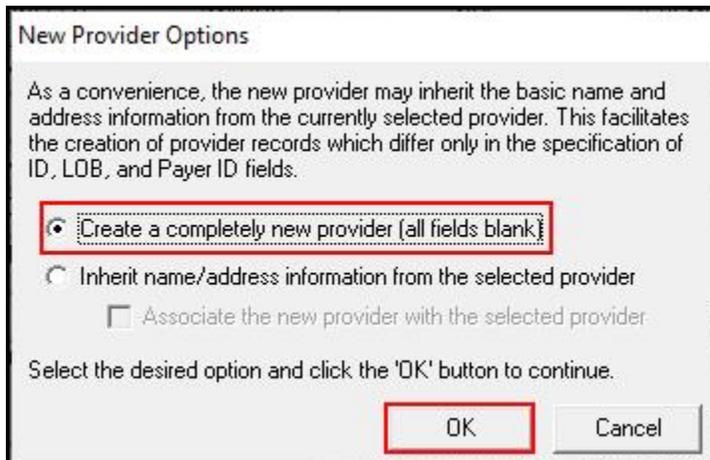
Under the Provider (Prof) tab **View/Update** can be selected to update a current provider. To build a new provider, select **New** and follow the process outlined below.

The screenshot shows the 'Reference File Maintenance' application window. The 'Provider (Prof)' tab is selected and highlighted with a red box. The interface includes a menu bar with 'File', 'View', and 'Reports'. Below the menu bar are tabs for 'Patient', 'Payer', 'Provider (Inst)', 'Provider (Prof)', and 'Codes/Misc'. A table displays provider information with columns: LOB, Type, Provider/Group Name, Provider ID, Payer ID, Provider NPI, Group Label, Tag, and Tax. The first row shows 'MCB', 'Solo', 'AMPLE, JUSTIN X', and empty fields for the other columns. Below the table, there are 'Sort By' options (LOB, Type, Provider/Group Name, Provider ID, Group Label, Tag) and 'List Filter Options' (Show all providers, Show only providers associated with selected provider, Filter list to include Provider IDs starting with, Filter list to include Provider Names starting with). At the bottom, there are buttons for 'New', 'View/Update', 'Delete', and 'Close'. The 'New' button is highlighted with a red box.

LOB	Type	Provider/Group Name	Provider ID	Payer ID	Provider NPI	Group Label	Tag	Tax
MCB	Solo	AMPLE, JUSTIN X						

A prompt will ask if the name/address information should be inherited from the provider currently selected in the tab or be completely new/blank. Select the desired option and click **OK**.

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New Provider Options

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.

Create a completely new provider (all fields blank)

Inherit name/address information from the selected provider

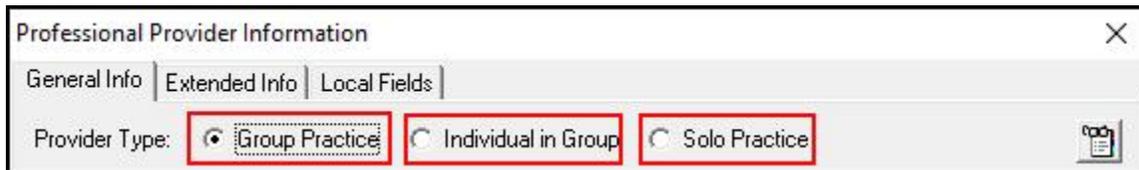
Associate the new provider with the selected provider

Select the desired option and click the 'OK' button to continue.

OK Cancel

There are 3 Professional Provider options to select from. Make sure the correct one is selected for the practice.

- Group Practice
- Individual in Group
- Solo Practice



Professional Provider Information

General Info | Extended Info | Local Fields

Provider Type: Group Practice Individual in Group Solo Practice

Group Practice

The Group Practice option would be used if there are multiple rendering/individual providers that bill under a specific group NPI.

Note: Creating a Group Practice will require creation of an Individual in Group to link the rendering/individual providers to the group or billing NPI.

The fields that are required when setting up a Group Practice are listed below.

General Info Tab

1. Group Name field - populate with the Facility name for the group NPI
2. Address City/State/Zip, Phone and Contact fields - enter the corresponding information for your group NPI

Note: The Zip field must contain a 9-digit zip code.

3. Group ID/No field - populate with the 10-digit Group Billing NPI
4. LOB field - right click to select line of business

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5. Payer ID field - right click to select the appropriate payer for the line of business
6. Group Label field – freeform to link the group to its rendering/individual providers

Note: Group Label field must be the same for all providers that are using this billing NPI.

7. NPI field - populate with the 10-digit group NPI number

Note: For Atypical Providers, enter the word "EXEMPT" (this must be spelled correctly).

8. Tax ID/Type field - tax ID number for the group NPI and right click to select the Type of NPI in the box to the right of the NPI
9. Accept Assignment field - right click to accept assignment or not with the payer
10. Participating field - right click to indicate participating or not participating with the payer
11. Signature Indicator field/Date field - right click and indicate if the provider's signature is on file with the payer and add the date the signature was filed.

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Professional Provider Information

General Info **Extended Info** Local Fields

CLIA No.

Mammography No.

HMD Contract No.

Dental Provider?

Group ID/No Type

Provider Name Suffix

Provider Country

Provider Name Match

Force Legacy ID

E-Mail Address

Secondary Provider IDs (ANSI use only)

ID/Type #1

ID/Type #2

Pay-To Provider Information (specify only if different)

Organization

Last/First/MI

Address

City/St/Zip

Country

NPI

Fed Tax ID/Type

Group ID/No./Type

Sec ID/Type #1

Sec ID/Type #2

Name Suffix

Save Cancel

Local Fields Tab

The only field on this tab is the Trading Partner ID. When a Billing Group ID is entered in the Codes and Miscellaneous General tab this field is required. If there is not a Billing Group ID it can be left blank.

Note: This field is not used for group NPIs that are in Jurisdiction JE which includes California, Hawaii, Nevada, American Samoa, Guam, Northern Mariana Islands.

1. Trading Partner ID - populate with the Submitter ID assigned in the EDISS Connect account

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The screenshot shows a dialog box titled "Professional Provider Information" with a close button (X) in the top right corner. The dialog has three tabs: "General Info", "Extended Info", and "Local Fields". The "Local Fields" tab is selected and highlighted with a red box. Below the tabs, there is a label "Trading Partner ID" followed by an empty text input field, also highlighted with a red box. A red line points from a small box containing the number "1" to the input field. At the bottom right of the dialog, there are two buttons: "Save" and "Cancel", both highlighted with red boxes.

Individual in Group

The Individual in Group option would be used to link rendering/individual providers to the specific group or billing NPI that they bill under. The fields that are required when setting up an Individual in Group are listed below.

General Info Tab

1. Last/First/Middle initial field - populate with the individual providers name
2. Address City/State/Zip, Phone and Contact fields - enter the corresponding information for the provider
3. Provider ID/No field - populate with the rendering/individual provider's 10-digit NPI
4. LOB field - right click to select line of business
5. Payer ID field - right click to select the appropriate payer for the line of business

Note: This will need to match the Payer ID/Number field selected for the Group Practice.

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6. Group Label field – right click to select the group this rendering/individual provider will be linked to.
7. NPI field - populate with the 10-digit rendering/individual provider NPI number

Note: For Atypical Providers, enter the word "EXEMPT" (this must be spelled correctly).

8. Specialty Field - right click and select the appropriate specialty for this rendering/individual provider

Note: This will need to match the Specialty field selected for the Group Practice.

9. Accept Assignment field - right click to indicate if you accept assignment or not with the payer
10. Participating field - right click to indicate participating or not participating with the payer
11. Signature Ind field/Date field - right click and indicate if the provider's signature is on file with the payer and add the date the signature was filed.

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The screenshot shows the 'Professional Provider Information' window with the 'General Info' tab selected. The form contains the following fields and callouts:

- 1:** Provider ID/No. dropdown menu
- 2:** Address text field
- 3:** Phone text field
- 4:** Tag text field
- 5:** Payer ID text field
- 6:** Group Label text field
- 7:** NPI text field
- 8:** Tax ID/Type text field
- 9:** Specialty text field
- 10:** Type Org dropdown menu
- 11:** Provider Role dropdown menu

Other fields include: Organization, Last/First/MI, City/St/Zip, Contact, LOB, and Date. There are also checkboxes for 'Group Practice', 'Individual in Group', and 'Solo Practice', and checkboxes for 'Accept Assign?', 'Participating?', 'Billing', and 'Rendering'. A 'Remarks' text area and a 'Provider Associations' table are also visible.

LOB	Provider ID	Provider/Group Name

Extended Info Tab

1. Provider ID/No Type - right click and select XX - National Provider ID (NPI)

Note: An Atypical NPI will need to right click and select G2 - Provider Commercial Number.

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The screenshot shows a dialog box titled "Professional Provider Information" with three tabs: "General Info", "Extended Info", and "Local Fields". The "Extended Info" tab is active. The fields are organized as follows:

- Left column: CLIA No., Mammography No., HMD Contract No., Dental Provider? (checkbox), Provider ID/No Type (highlighted with a red box and a red arrow pointing to a '1' in a box), Provider Name Suffix, Provider Country.
- Right column: Provider Name Match, Force Legacy ID (checkbox), E-Mail Address.
- Secondary Provider IDs (ANSI use only) section: ID/Type #1, ID/Type #2.
- Pay-To Provider Information (specify only if different) section: Organization, Last/First/MI, Address, City/St/Zip, Country, NPI, Fed Tax ID/Type, Prov. ID/No./Type, Sec ID/Type #1, Sec ID/Type #2, Name Suffix.

Buttons for "Save" and "Cancel" are located at the bottom right.

Local Fields Tab

The Local Fields tab is not used when setting up a rendering/individual provider who links to a specific group/billing NPI.

Solo Practice

A Solo Practice provider is not associated with any provider group.

The fields that are required when setting up a Solo Practice provider are listed below.

1. The Last/First/Middle initial field will be populated with the individual providers name.
2. In the Address, City/State/Zip, Phone and Contact fields, enter the corresponding information for your solo/individual provider.

Note: The Zip field must contain a 9-digit zip code.

3. The Provider ID/No. field will be populated with the solo/individual provider NPI.

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4. In the LOB field right click and select your line of business.
5. In the Payer ID/Number field, right click and select the appropriate payer for your line of business.
6. The NPI field must be populated with the 10-digit solo/individual NPI number.

Note: For Atypical Providers, enter the word "EXEMPT" (this must be spelled correctly).

7. In the Tax ID/Type field, enter the tax ID number for the solo/individual NPI and in the box next to the Tax ID/Type field, right click and select what type of number it is.
8. In the Specialty Field, right click and select the appropriate specialty for this solo/individual NPI.
9. In the Accept Assignment box, right click and indicate if assignment is accepted or not with the payer
10. In the Participating box, right click and indicate participating or non-participating provider with the payer
11. In the Signature Indicator box, right click and indicate if the provider's signature is on file with the payer and add the date the signature was filed.

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The screenshot shows a dialog box titled "Professional Provider Information" with three tabs: "General Info", "Extended Info", and "Local Fields". The "Extended Info" tab is selected and highlighted with a red box. The form contains the following fields:

- CLIA No. [text box]
- Mammography No. [text box]
- HMD Contract No. [text box]
- Dental Provider? [checkbox]
- Provider ID/No Type [text box]
- Provider Name Suffix [text box]
- Provider Country [text box]
- Provider Name Match [text box]
- Force Legacy ID [checkbox]
- E-Mail Address [text box]
- Secondary Provider IDs (ANSI use only):
 - ID/Type #1 [text box]
 - ID/Type #2 [text box]
- Pay-To Provider Information (specify only if different):
 - Organization [text box]
 - Last/First/MI [text box]
 - Address [text box]
 - City/St/Zip [text box]
 - Country [text box]
 - NPI [text box]
 - Fed Tax ID/Type [text box]
 - Prov. ID/No./Type [text box]
 - Sec ID/Type #1 [text box]
 - Sec ID/Type #2 [text box]
 - Name Suffix [text box]

At the bottom right, there are "Save" and "Cancel" buttons. A red box with the number "1" is placed over the "Provider ID/No Type" field, with a red arrow pointing to it.

Local Fields Tab

The only field on this tab is the Trading Partner ID. When a Billing Group ID is entered in the Codes and Miscellaneous General tab this field is required. The provider's Submitter ID assigned in their EDISS Connect account is entered. If there is not a Billing Group ID it can be left blank.

Note: This field is not used for group NPIs that are in Jurisdiction JE which includes California, Hawaii, Nevada, American Samoa, Guam, Northern Mariana Islands.

1. Trading Partner ID - populate with the Submitter ID assigned in the EDISS Connect account

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The screenshot shows a dialog box titled "Professional Provider Information" with a close button (X) in the top right corner. The dialog has three tabs: "General Info", "Extended Info", and "Local Fields". The "Local Fields" tab is selected and highlighted with a red box. Below the tabs, there is a label "Trading Partner ID" followed by an empty text input field, which is also highlighted with a red box. A red line points from a small box containing the number "1" to the input field. At the bottom right of the dialog, there are two buttons: "Save" and "Cancel", both highlighted with red boxes.

Provider (Inst) Tab

The Institutional Provider Information Reference File tab provides access to maintain the Institutional Providers that will be populated on Institutional claims. Setup of this reference file is required to process Institutional claims. All Institutional Providers referenced on Institutional claims must be represented in this reference file.

General Info Tab

The fields that are required for billing as an Institutional Provider under the General Info tab are:

1. In the Name field, enter the Institutional Providers name.
2. In the Address, City/State/Zip, Phone and Contact fields, enter the corresponding information for your Institutional Provider. The Zip field must contain a 9-digit zip code.
3. The Provider ID Number field will be populated with the 10-digit Institutional Provider NPI.
4. In the LOB field right click and select your line of business.

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5. For the Payer ID field, you can right click to select the payer.
6. The NPI field must be populated with the 10-digit Institutional Provider NPI number.

Note: For an Atypical Institutional Provider NPI, enter the word "EXEMPT" (this must be spelled correctly).

7. In the Tax ID/Type field, enter the tax ID number for the Institutional Provider NPI and in the box next to the Tax ID/Type field, right click and select what type of number it is.

The screenshot shows the 'Institutional Provider Information' window with the 'General Info' tab selected. Red boxes and numbers 1 through 7 highlight the following fields:

- 1: Name field
- 2: Address field
- 3: Payer ID field
- 4: LOB field
- 5: Remarks field
- 6: NPI field
- 7: Tax ID/Type field and its dropdown menu

The 'Provider Associations' table at the bottom right is empty:

LOB	Provider ID	Provider Name
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Extended Info Tab

On the Extended Information tab there are 2 fields that an Institutional Provider must be complete.

1. Provider ID/No Type - right click and select XX - National Provider ID (NPI)

Note: For an Atypical NPI, right click and select G2 - Provider Commercial Number.

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2. In the Provider Accepts Assignment box, right click and indicate if you accept assignment or not with the payer

Institutional Provider Information

General Info **Extended Info** Local Fields **1**

Provider ID/No Type E-Mail Address

Provider Accepts Assign **2**

Provider SOF

Provider Name Match

Force Legacy ID

Requires PDA Reporting

Secondary Provider IDs (ANSI use only)

ID/Type #1

ID/Type #2

Pay-To Provider Information (specify only if different)

Name NPI

Address Tax ID/Type

City/St/Zip Provider ID/No.

Country Sec ID/Type #1

Sec ID/Type #2

Save Cancel

Local Fields Tab

The only field on this tab is the Trading Partner ID. When a Billing Group ID is entered in the Codes and Miscellaneous General tab this field is required. The provider's Submitter ID assigned in their EDISS Connect account is entered. If there is not a Billing Group ID it can be left blank.

Note: This field is not used for group NPIs that are in Jurisdiction JE which includes California, Hawaii, Nevada, American Samoa, Guam, Northern Mariana Islands.

1. Trading Partner ID - populate with the Submitter ID assigned in the EDISS Connect account

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The screenshot shows a software window titled "Institutional Provider Information" with a close button (X) in the top right corner. The window has three tabs: "General Info", "Extended Info", and "Local Fields". The "Local Fields" tab is selected. Below the tabs, there is a label "Trading Partner ID" followed by an empty text input field. A red rectangular box highlights the input field, and a red line points from a small box containing the number "1" to the input field. At the bottom right of the window, there are two buttons: "Save" and "Cancel".

Payer Tab

The Payer Information Reference File tab provides access to maintain system payer information. All payers referenced on claims must exist in the Payer reference file.

This will only need to be completed if additional payers are being added. Noridian has pre-loaded the information for the states and Lines of Business (LOB) that we process. The Payer to be added will need to be contacted to obtain the Payer ID, Receiver Code (GS03) and the Receiver ID (ISA08).

1. Payer ID – The Insurance company's unique ID number
2. LOB - In the LOB field right click and select your line of business.
3. Receiver ID - The Application Receiver's Code override value. This value populates element GS03 of the Functional Group Header (GS) segment
4. ISA08 Override - The Interchange Receiver ID override value. This value populates element ISA08 of the Interchange Control Header (ISA) segment
5. Full Description – Name of the Payer
6. City/State/Zip – Address of the Payer
7. Source - Indicates the national payment source code for this payer.

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- Usage - Indicates whether the payer record is restricted for Institutional use only, Professional use only, or unrestricted use.

The screenshot shows a 'Payer Information' form with the following fields and callouts:

- 1: Address (under Contact Information)
- 2: Payer ID
- 3: Receiver ID
- 4: ISA08 Override
- 5: Full Description
- 6: Contact Name
- 7: Source (under Flags)
- 8: Usage (under Flags)

Buttons at the bottom include 'PrintLink Matching Descriptions', 'Save', and 'Cancel'.

Patient Tab

The Patient Information Reference File provides access to maintain general patient information as well as primary and secondary insured details. Setup is optional but is highly recommended as this allows fields to auto-populate with the necessary information when building claims.

General Info Tab

The General Information tab will be populated with the information on file with your facility.

1. Last Name/First Name/MI and Gen – Should reflect what is on the patient's member card
2. Address/City/State/Zip and Phone
3. Patient Control Number (PCN) - The unique number your facility has on file for the patient
4. Sex
5. DOB (Date of Birth)

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The screenshot shows the 'Patient Information' window with the 'General Information' tab selected. The form contains several sections:

- General Information:** Fields for Last Name, First Name, MI, Gen, and Patient Control No (PCN). A red box labeled '1' highlights the MI and Gen fields.
- Patient Address:** Fields for Address, City, State, Zip, Country, and Phone. A red box labeled '2' highlights the Notes field below it.
- Patient Status:** Fields for Active Patient (checkbox), Discharge Status (checkbox), Sex (dropdown), Death Ind (checkbox), DOB (date), DOD (date), Marital Status (checkbox), Signature On File (checkbox), Employment Status (checkbox), Release of Info (checkbox), Student Status (checkbox), ROI Date (date), and CBSA Code (dropdown). A red box labeled '3' highlights the PCN field, '4' highlights the Death Ind checkbox, and '5' highlights the ROI Date field.

Buttons for 'Save' and 'Cancel' are located at the bottom right.

Primary Insurance Tab

The Primary Insurance tabs should be populated with the primary insurance information. If the Institutional and Professional insurance information for the patient is the same, select the Common Inst & Prof option in the Insured Information Options box. If not, select the Separate Inst & Prof option.

The screenshot shows the 'Patient Information' window with the 'Primary Insured' tab selected. The form contains the following fields:

- Primary Insured:** Fields for Payer ID, Payer Name, LOB, Group Name, Group Number, and Claim Office.
- Insured Information Options:** Radio buttons for 'Common Inst & Prof' (selected) and 'Separate Inst & Prof'.

The screenshot shows the 'Patient Information' window with the 'Primary Insured (Inst)' tab selected. The form contains the following fields:

- Primary Insured (Inst):** Fields for Payer ID, Payer Name, LOB, Group Name, Group Number, and Claim Office.
- Insured Information Options:** Radio buttons for 'Common Inst & Prof' and 'Separate Inst & Prof' (selected).

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It is again recommended to complete as much Primary Insured information as possible. Having the Primary Insured information auto-populate during claim building will save time and keystrokes.

Patient Information

General Information | Extended Info | Primary Insured | Secondary Insured | Tertiary Insured

Payer ID Payer Name LOB
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)

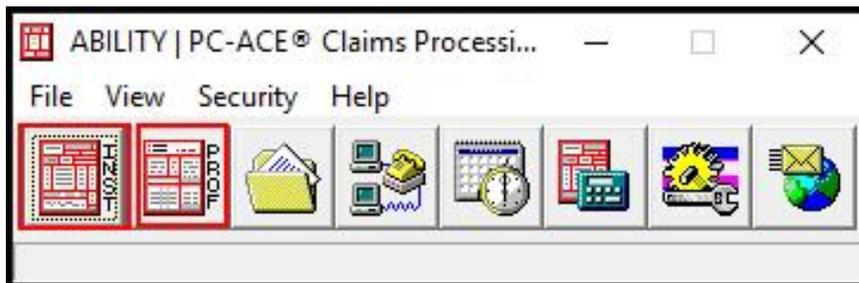
Rel Last Name First Name MI Gen Insured ID
Address Sex Assign of Benefits
DOB Release of Info
City State Zip Employ Status ROI Date
Country Phone Retire Date

Save Cancel

Note: The Insured ID field will need to be populated with the patient's insurance identification number for that specific payer.

Claims Menus

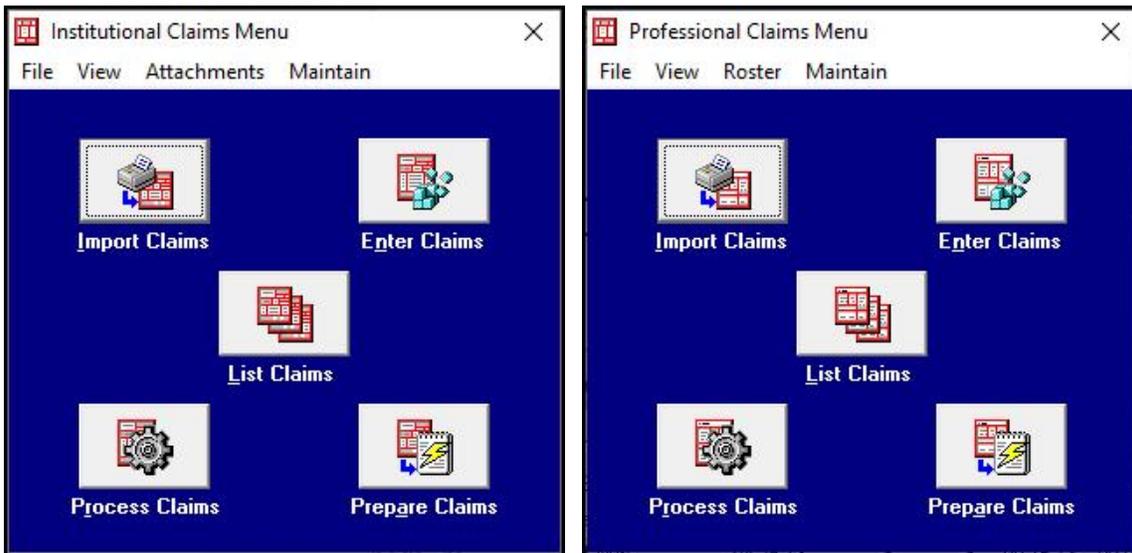
PC-ACE supports both institutional claim and professional claim creation. Select the option that applies to your line of business.



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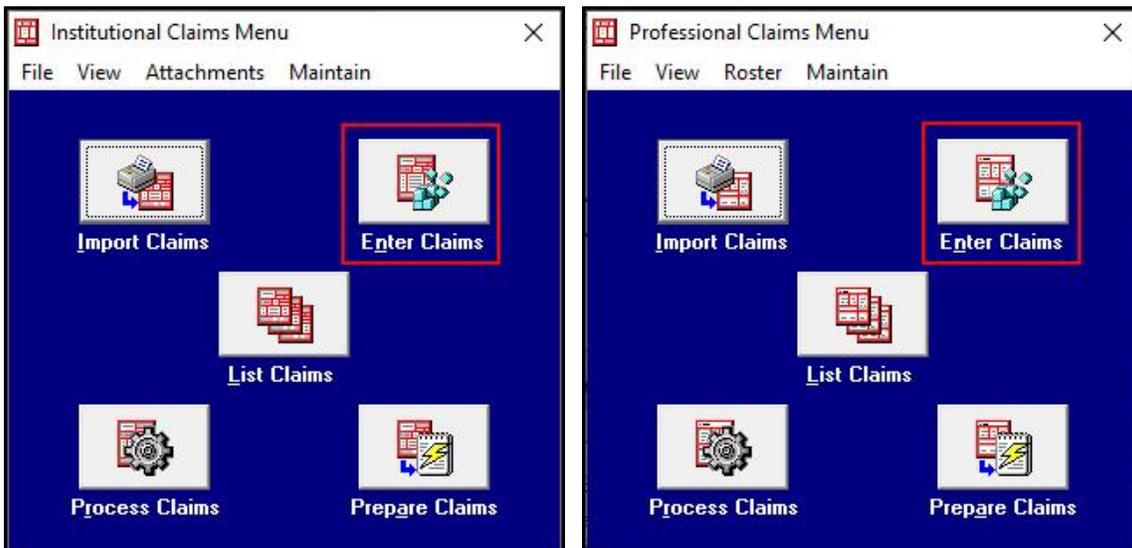
The main action buttons for the Institutional Claims Menu and the Professional Claims Menu are the same, the ribbon options at the top are more specific to the form. The main action buttons are:

- Import Claims – Used to import claims from an alternate source
- Enter Claims – Enter claims manually
- List Claims – Maintain existing claims from a comprehensive list
- Process Claims – Process imported or reactive claims in an unprocessed status automatically
- Prepare Claims – Prepare claims into an Electronic Media Claims (EMC) file for transmission



Entering Claims

To access the form for each type of claim, click the Enter Claims box in the upper right hand corner of the appropriate claim menu.



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Getting started Tips

Below are a few tips that will help when creating both institutional and professional claims using PC-ACE.

- Select save at any time after opening the claim form. The required fields will flash red and the suggested fields will flash pink.

Note: The required fields may change as the claim is built.

- Using a right click on many of the fields will give a list of available options for that field.
- The numbers next to each field correspond to the numbered boxes on a paper claim form.

Note: Not all of the information required for an electronic claim has a corresponding box on a paper claim.

Institutional Claim

Institutional billing is responsible for the billing of claims generated for work performed by hospitals and skilled nursing facilities. Institutional charges are billed on a UB-04 form and uses Revenue Codes.

Patient Info & Codes Tab

The following fields are required on this tab:

Note: Depending on the LOB and Type of Bill additional fields may be required to create the claim.

1. LOB field - right click and select the line of business
2. Patient Control No. - right click and select the patient from the list

Note: Once this is selected the remaining required patient information fields will auto populate with the information that was completed in the patient reference file.

3. Type of Bill - enter the type of bill

Note: The first digit of the Type of Bill will need to be manually added and then you can right click to select the remaining portion of the Type of Bill code.

4. Statement Covers Period - enter the date range for the coverage period

PC-ACE Claim101

The screenshot shows the 'Institutional Claim Form' with the 'Patient Info & Codes' tab selected. Red annotations highlight the following fields:

- 1**: LOB (Billing Line Item)
- 2**: Patient Control No.
- 3**: Type of Bill
- 4**: Statement Covers Period

The form also includes fields for Patient Last Name, First Name, MI, Suffix, Fed Tax ID, Patient Address 1 & 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, Occurrence Code, Date, Occurrence Span, and Value Amount. A copyright notice for 2020 American Hospital Association (AHA) is visible at the bottom.

Billing Line Items Tab

On this tab the Line Item Details sub tab will need to be completed for each line of service that is to be billed.

The following fields will need to be completed on this tab:

1. Revenue Code - right click and select the correct revenue code for the service
2. CPT/HCPCS - manually enter or right click and select the procedure code
3. Modifiers - if a modifier is required, enter it here or right click and select the needed modifier
4. Rate - enter the billed amount for the service
5. Service Date - enter the date range for the service
6. Units/Days - enter the number of units or days for the service being billed
7. Total Charges – this will automatically total
8. Totals - Click the **Recalculate** button to the left of Totals to populate the field

PC-ACE Claim101

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 1) | Ext Details 2 (Line 1)

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												
2												
3												
4												
5												
6												
7												
8												

Recalculate Totals: 0.00 0.00

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Save Cancel

Payer Info Tab

There are only a few fields that will need to be completed in this tab. If the Reference File Maintenance was completed correctly, the selections entered on the Patient Info & Codes Tab above will have populated many of the required fields.

The following fields will need to be completed on this tab:

1. Payer ID - right click to select the payer.
 - Note:** If this is already populated, verify it is correct.
2. ROI - right click to designate the Release of Information

PC-ACE Claim101

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"/>				<input type="checkbox"/>		0.00	0.00	Clear Payer
<input type="checkbox"/>				<input type="checkbox"/>				Clear Payer
<input type="checkbox"/>				<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
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							

Authorization Code / Type	ESC	Employer Name
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	

Save Cancel

Diagnosis/Procedure Tab

There are just a few fields that need to be completed within this tab:

1. Principal Diag. - right click to select the principal diagnosis for the claim
2. Other Diagnosis Codes – right click to select all other additional diagnosis codes that pertain to the claim.
3. Supporting Provider Information - right click in either the Last/Org Name field or the Provider IDs/Types field and select the provider from the list.

Note: This list is generated by the physicians entered in the Physicians option under the Codes/Misc. tab of the Reference File Maintenance. If Physicians option was not completed, the physician's information will have to be typed in.

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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)

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

1 | 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					
OPR					
OTH					

Save | Cancel

Additional Tabs

There are additional tabs that may need to be populated based on the billing requirements for the claim.

These tabs include:

- Diag/Proc (2) - additional diagnosis and procedure codes, as well as, additional supporting provider information
- Extended General - facility information, claim supplemental information, claim notes and additional miscellaneous information
- Ext. General (2) - additional condition, occurrence, occurrence span and value codes
- Extended Payer - Primary, Secondary and Tertiary Payer information

Note: These may be auto-populated based on how you completed your Reference File Maintenance information for the patient.

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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 FL 38

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

| Occurrence Code | Occurrence Date | Occurrence Span Code | Occurrence Span From | Occurrence Span Thru | Occurrence Span Code | Occurrence Span From | Occurrence Span Thru |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> |
| <input type="text"/> |

| Value Code | Value Amount |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> |
| <input type="text"/> |

UB-04 Data is copyright 2020 American Hospital Association (AHA).

Save Cancel

Professional Claim

Professional billing is responsible for the billing of claims generated for work performed by physicians, suppliers and other non-institutional providers for both outpatient and inpatient services. Professional charges are billed on a CMS-1500 form.

Note: Keep in mind that based on what services are being billed, there may be additional fields through the Professional Claim Form that need to be completed in order to save without errors.

Patient Info & General

The following fields are required on this tab:

1. LOB - right click and select your line of business
2. Billing Provider - right click and select the billing provider
3. Patient Control Number - right click and select the patient from the list.

Note: The patients that appear in the list are the patients that were entered in the Patient Reference File Maintenance. If patient is not listed additional fields will not auto populate. Manual entry will be required.

4. Employment - right click and select if claim is employment related or not
5. Accident - right click and select if service/procedure is related to an accident

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6. ROI (Release of Information) - right click and select from the options available
7. Other Ins. – right click and select the appropriate Indicator for additional insurances
8. Outside Lab/Chgs - right click and select if service was performed by an outside lab and if so, enter the charge for the service.

Note: This is only required for Medicare Part B services.

The screenshot shows the 'Professional Claim Form' window with the 'Patient Info & General' tab selected. The form contains various fields for patient and provider information. Eight red boxes with numbers 1 through 8 are placed over specific fields, with red arrows pointing to them from the text in the adjacent list:

- 1: Points to the 'LOB' dropdown menu.
- 2: Points to the 'Billing Provider' text field.
- 3: Points to the '26 - Patient Control No.' text field.
- 4: Points to the '10 - Patient Condition Related To' dropdown menu.
- 5: Points to the 'Accident' checkbox.
- 6: Points to the 'ROI' dropdown menu.
- 7: Points to the 'Other Ins.' dropdown menu.
- 8: Points to the '20 - Outside Lab/Chgs' text field, which contains the value '0.00'.

Insured Information

The Insured Information tab populates with the information that was indicated in the Patient Reference File Maintenance. The only additional field that is required field for all payers.

- AOB (Assignment of Benefits) - Right click and indicate whether or not you have a signed patient release for the payer to pay the provider.

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Professional Claim Form

Patient Info & General | **Insured Information** | Billing Line Items | Ext. Patient/General | Ext. Pat/Gen (2) | Ext. Payer/Insured

Sub	Payer ID	Payer Name	Insured's ID	P. Rel	Insured's Last/Org Name	First Name	MI	Gen
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Birthdate	Sex	Sig	13 AOB	Insured's Address 1	Insured's Address 2	Insured's City	State	Zip
/ /			<input type="checkbox"/>					- -
/ /								- -
/ /								- -

Country	Insured's Phone / Ext.	ESC	Employer Name	Group Name	Group Number	
	() - -					Clear Payer
	() - -					Clear Payer
	() - -					Clear Payer

Save Cancel

Billing Line Items

The Billing Line Items tab includes the claim specific information such as claim diagnosis codes, procedure codes, modifiers, dates of services, charges, etc. All claim specific information is entered in this tab.

The following fields are required on this tab:

1. Diagnosis Codes (1-8) - right click and search the list for diagnosis codes for services rendered

Note: If there are more than 8 diagnosis codes, codes 9-12 can be listed on the Ext. Pat/Gen (2) tab.

2. Service Dates - indicate the From and Thru dates for the service
3. PS (Place of Service) - right click and select the place of service
4. CPT/HCPCS - right click and select procedure code
5. Mod (Modifier) - right click and select a modifier if needed
6. Diagnosis - indicate which of the diagnosis codes listed above is the primary diagnosis for the service line. This is also known as the diagnosis pointer

Note: 2-digit diagnosis pointers must be separated by a comma.

Note: A maximum of four pointers are allowed per service line.

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7. Charges - enter the billed amount
8. Units - indicate the number of units used for the procedure code
9. Rendering Phys - right click and select the rendering provider

Note: This is only going to be used if the billing NPI is a group billing NPI.

Note: The list that generates is populated based on the rendering providers associated with the billing NPI's group label that were entered in the Individual in a Group Reference File Maintenance.

10. Total Charge - this is totaled by clicking the **Recalculate** button to the right

LN	24a - Service Dates From	24a - Service Dates Thru	24b PS	24c EMG	24d - CPT® / HCPCS	24d - Mod 1	24d - Mod 2	24e Diagnosis	24f Charges	24g Units	24h EP	24h FP	24h AT	24j Rendering Phys.
1														
2														
3														
4														
5														
6														

28 - Total Charge: 0.00 Recalculate

29 - Patient Amount Paid: 0.00 30 - Balance Due: 0.00

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Save Cancel

Additional Tabs

There are additional tabs that may need to be populated based on the billing requirements for a claim.

These tabs include:

1. Ext. Patient/General - patient legal representative, facility information and numerous general claim fields that are not present on the hard-copy Professional claim form.
2. Ext. Pat/Gen (2) - additional codes and claim-level information not on a hard-copy Professional claim form, ANSI-837 EMC format only
3. Ext. Payer/Insured - Primary, Secondary and Tertiary Payer information.

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Note: These may be auto-populated based on how you completed your Reference File Maintenance information for the patient.

Professional Claim Form

Patient Info & General | Insured Information | Billing Line Items | Ext. Patient/General | Ext. Pat/Gen (2) | Ext. Payer/Insured

LOB Billing Provider 26 - Patient Control No.

2 - Patient Last Name First Name MI Gen 3 - Birthdate Sex 8 - Pat. Status Death 12 Legal NPI
MS ES SS Ind SOF Rep Exempt

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

10 - Patient Condition Related To ROI ROI Date Other Ins. 14 - Date/Ind of Current 15 - First Date 16 - UTW/Disability Dates & Type
Employment Accident

17 - Referring Phys Name (Last/Org, First, Mid, Suffix) Referring Phys IDs/Types 18 - Hospitalization Dates to Y/N 20 - Outside Lab/Chgs 0.00

19 - Reserved For Local Use 22 - Medicaid Resubmission Code & Ref No

25 - Fed. Tax ID SSN/EIN 27 - Provider Accepts Assignment? PIN No.

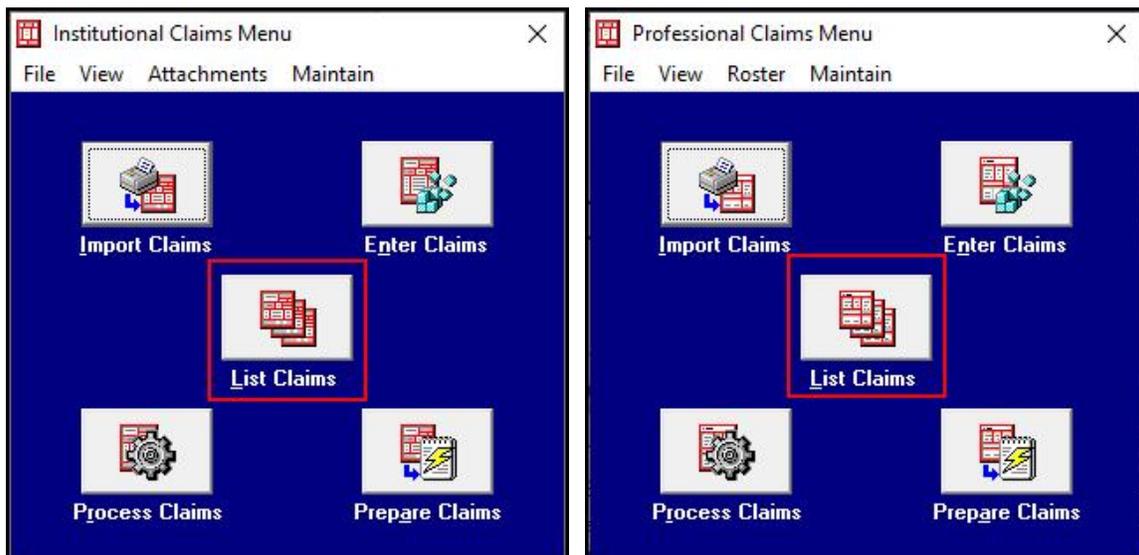
31 - Provider SOF Date Facility? Dental? COB? Frequency 33 - GRP No.

Save Cancel

Creating A File

After the claims are entered into PC-ACE a Electronic Media Claims (EMC) file needs to be created. This is the universal format used to transmit claims electronically to the claims processor.

List Claims Menu



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Only claims in the "CL - to be transmitted" location with CLN Status are eligible for preparation but it contains 6 different status in this Menu.

- CLN – Clean/Ready
- DEL – Deleted
- ERF – Has Fatal Errors
- ERR – Has Errors
- HLD – Held
- UNP – Unprocessed

The screenshot shows a window titled "Professional Claim List" with a menu bar (File, Filter, Actions, Reports) and a table of claims. The table has columns for Status, LOB, PCN, Patient Last, Bill Provider, Type, Entered, and S. The first row is highlighted with a red box around the "CLN" status. Below the table are filter options for Location, Status, and LOB, with "CL -- to be transmitted" selected in the Location dropdown. At the bottom are buttons for New, View/Update, Copy, Delete, and Close.

<input checked="" type="checkbox"/>	Status	LOB	PCN	Patient Last	Bill Provider	Type	Entered	S ^
<input type="checkbox"/>	CLN	MCB	516	ROBIN - CHIRO	1477629475	Solo	05/23/2013	0
<input type="checkbox"/>	ERF	MCB	10	BATMAN	144722822		08/27/2018	0
<input type="checkbox"/>	HLD	MCB	3	GIBBONS REF LAB	1477629475	Solo	09/14/2010	0
<input type="checkbox"/>	UNP	MCB	1011121314	BEAR - PUR SER	1447228606	Solo	02/14/2020	0

Sort By: Patient Name PCN Entry Date Service Date

Claim List Filter Options

Location: Status: LOB:

Checked claim count: 0

Clear Filters Advanced Filter Options

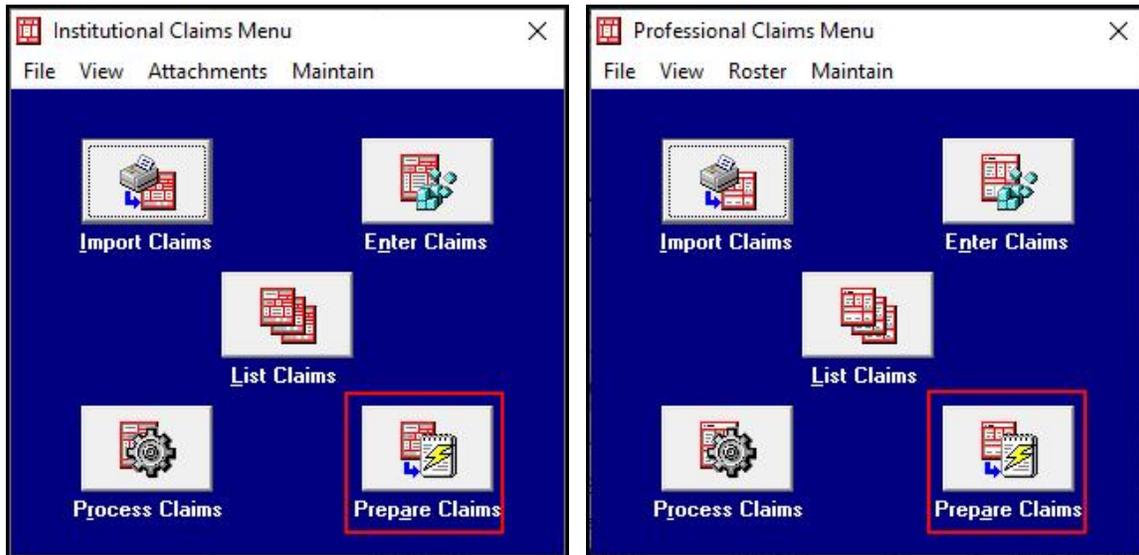
New View/Update Copy Delete Close

Note: When a claim is "prepared" into an EMC file, it is automatically moved to the "transmitted" (TR) location this prevents the claim from being inadvertently retransmitted.

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Prepare Claims

Preparing claims in PC-ACE refers to the act of generating an EMC file suitable for electronic transmission. This EMC file will contain all relevant submission details for one or more processed claims.



1. Include claims matching – allows for claim filtering by setting up parameters that must meet to be considered for preparation.

Note: If there is only one LOB, one Payer and one Provider, this section will not need to be adjusted.

- LOB - specifies a single line of business (LOB) to be considered. Only claims with this LOB will be eligible for preparation.
 - Payer - specifies a single Payer to be considered. Only claims being submitted to the selected payer will be eligible for preparation.
 - Provider - specifies one or more Providers to be considered. Only claims for the selected provider(s) will be eligible for preparation.
2. Submission Status - specifies whether the EMC file should be designated as a "production" or "test" submission.
 3. Include Error Claims? - specifies whether claims with "non-fatal errors" (Status = "ERR") are to be eligible for preparation. When checked, all claims in the "to be transmitted" (CL) location with a status of either "CLN" (clean) or "ERR" (contains non-fatal errors) will be eligible for preparation. When unchecked, only clean claims will be eligible for

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preparation. The initial state of this option is determined by a Submitter reference file setting.

4. Prepare Claims - specify the desired filter parameters (if any) and preparation options. When ready, click the "Prepare Claims" button and confirm your intention to prepare all eligible claims. As the preparation operation proceeds, running totals of the count and dollar value of all prepared claims will be displayed on the Claim Prepare For Transmission form. You will be notified when the claim preparation operation completes.

The screenshot shows a dialog box titled "Professional Claim Prepare For Transmission". It contains the following elements:

- Include Claims Matching:** A dropdown menu currently showing "<< All >>". A red box labeled "1" highlights this dropdown.
- Payer:** A dropdown menu showing "<< All Payers for LOB(s) >>".
- Provider:** A dropdown menu showing "<< All Providers for Payer(s) >>".
- Submission Status:** Two radio buttons: "Production" (selected) and "Test". A red box labeled "2" highlights the "Production" radio button.
- Include Error Claims?:** Two radio buttons: "Yes" and "No" (selected). A red box labeled "3" highlights the "No" radio button.
- Buttons:** "Prepare Claims" and "Cancel". A red box labeled "4" highlights the "Prepare Claims" button.

Transmitting Claims

Locating the file

The prepared EMC file is located in the server's "winpace" directory. The file is named "bctrans.dat" for Institutional claims and "bstrans.dat" for Professional claims, by default. This default naming convention may be overridden in the Submitter reference file.

Sending the file

To transmit your EMC claim file directly to EDI Support Services a Network Service Vendor (NSV) would need to be utilized. A NSV provides a secure connection service for you. A list of Noridian supported Network Service Vendors is located under the Software/Connectivity tab at www.edissweb.com.

Resources

Additional resources can be located on www.edissweb.com.

- PC-ACE User Guide

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- EDISS Quick Reference for the PC-ACE User Guide. This is helpful for locating specific topics within the User Guide
- PC-ACE Billing Guides, to include MSP
- Restoring An Older Version PC-ACE Backup
- Frequently Asked Questions