

Iowa Medicaid

PC-ACE Pro32 – Creating Professional Claims – CMS1500

Once the Reference File Maintenance section is completed, claims may be entered.

From the PC-ACE Pro32 main toolbar, click on the PROF (Professional) button.



Click on the Enter Claims button to bring up a claim form.



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Professional Claim Form				
Patient Ir A eneral Insured Information Billing I ems Ext. Patient/General Ext. Pat/Gen (2) Ext. F C nsured				
LOB Billing Provider	26 - Patient Control No.			
2 - Patient Last Name First Na	8 - Pat. Status Death 12 Legal NPI me MI Gen 3 - Birthdate Sex MS ES SS Ind SOF Rep. Exempt			
5 - Patient Address 1 Patie	ent Address 2 Patient City State Patient Zip Country Patient Phone			
10 - Patient Contract Related To ROI Date Other Ins. 14 - Date/Ind of Current 15 - First Date 16 - UTW/Disability Dates & Type Employment Accident I F				
17 - Referring Phys Name (Last/Org, First, Mid, Suffix) Referring Phys IDs/Types 18 - Hospitalization Dates 20 - Outside Lab/Chgs Image: Comparison of the system of the sys				
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.				
	<u>S</u> ave <u>C</u> ancel			

- 1. LOB (Line of Business): Right click on this field, or select F2, to obtain a list of valid LOB codes.
- 2. Billing Provider: Right click in this field, or select F2, to bring up the Billing Provider list you completed in the Reference File Maintenance.
- 3. Patient Control No: Right click in this field, or select F2, to bring up the Patient Selection list you completed in the Reference File Maintenance.
- 4. Employment: Enter Y (yes), N (no) or U (unknown) in this field to state whether or not the patient's condition is related to employment. You may also right click in this field, or select F2, to bring up a menu.
- 5. Accident: Enter A (auto accident), O (other, non auto accident) or N (No accident) to state whether or not the patient's condition is related to an accident. You may also right click in this field or select F2 to bring up a menu.
- Referring Physician Name/ID/Type: This box is used if Referring Provider information is needed. For example: Iowa Medicaid providers will use this box for Medipass, Consultation, Independent Lab, DME and Lock-In numbers.

Billing Line Items tab:

Professional Claim Form				
Patient Info & General Insured Information Billing Line Items Ext. Patient/General Ext. Pat/Gen (2) Ext. Payer/Insured				
Line Item Details Extended Details (Line 1) Ext Details 2 (Line 1) Ext Details 3 (Line 1)				
Diagnosis Codes (1 · 8):				
24a - Service Dates 24b 24c 24d 24d - Modifiers 24e 24f 24g 24h 24j LN From Thru PS EMG Proc 1 2 Diagnosis Charges Units EP FP AT Rendering Phys. 1				
28 - Total Charge Rec <u>a</u> lculate 29 - Patient Amount Paid0.00 30 - Balance Due0.00				
<u>Save</u> <u>Cancel</u>				

Complete and save.

Note: PC-ACE Pro32 performs a series of edit checking. If errors exist, the Edit Validation Errors List form appears with a list of the errors. Errors preceded by a red X are fatal errors and <u>must</u> be corrected before the claim can be submitted. Errors not preceded by a red X are non-fatal errors and <u>should</u> be corrected before submitting the claim.

Edit Validation Errors List			
	× Billing Provider Is Required	<u> </u>	
	🗙 Billing Provider Is Invalid Or Not Unique		
	× Patient Control Number Is Required	≡	
	🗙 Patient Last Name Is Required		
	🗙 Patient First Name Is Required		
	🗙 Patient Birth Date Is Required		
	➤ Patient Sex Code Is Required		
	➤ Patient Address Line 1 Is Required		
	🗙 Patient City Is Required	-	
	Double-click error to jump to the corresponding field. X Indicates that error must be corrected before saving.	<u>C</u> lose	