PC-ACE Pro32 – Creating Professional Claims – Waiver/ Targeted Case Mgmt.

From the PC-ACE Pro32 toolbar, select the Professional Claims Processing button which is the second one from the left. This will bring up the Professional Claims Menu. Choose the Enter Claims option and a claim form will appear. The following steps will walk you through the box-by-box instructions for completing a waiver claim.

Patient Info & General tab:

1. LOB (Line of Business) – Required. Press F2 or right-click to obtain a list of valid LOB codes. You should always choose MCD – Medicaid.
2. Billing Provider - Required. Press F2 or right-click to bring up your Provider Selection list. Choose the appropriate billing provider and double-click. This will also automatically populate Fed Tax ID, SSN/EIN, Provider Accepts Assignment, Provider SOF, Date, and box 33a PIN No.
3. Patient Control No. – Required. Press F2 or right-click to bring up your Patient Selection list. Choose the person that you are billing for and double-click to drop their information into the claim.
4. If you entered the patient's data into the reference file, the following data should automatically populate in the claim. Last Name, First Name, Birth date, Sex, SOF, Legal Rep, Patient Address, Patient City, State, Patient Zip, ROI, ROI Date, and Other Ins.
5. The only fields that will not automatically populated are "Patient Condition Related To" (Box 10) - Required. Press F2 or right-click to choose Yes, No, or Unknown for Employment and Accident.

Insured Information tab:

1. The required fields will automatically populate with the information entered in the Patient's Reference File. The required fields are: Payer ID, Payer Name, Insured's ID, P. Rel, Insured's Last Name, First Name, Birth Date, Sex, Sig, AOB, Insured's Address, City, State, and Zip.

Billing Line Items tab:

1. Claim Diagnosis Code – Required. This is a required field for electronic claims submission. Waiver Providers and Targeted Case Management (TCM) will have only one diagnosis code to choose from Z7689 (Waiver).
2. Line 1 – Service Dates – Required. Most Waiver and TCM providers will bill for the entire month of service (ex. From 01/01/2013 thru 01/31/2013).
3. PS (Place of Service) – Required. Press F2 or right-click for a list of place of service codes. Most Waiver and TCM providers can choose 99 "other" place of service.
4. Proc (Procedure Code) – Required. Press F2 or right-click for a list of procedure codes.
5. Diagnosis (Diagnosis Code Indicator) – Required. Place a one (1) in this field to relate the line item to the diagnosis code that you put in at the top of the box.
6. Charges – Required. Enter your total charges for the entire month of service in this field. For instance, if the per unit rate is $10 and you performed 5 units of service during the month, then you would put $50 in the charges box.
7. Units – Required. Enter the total number of units that you provided during the month of service.
8. Total Charge – Required. Enter the total of all of the line items or just click on Recalculate to get the total.
9. Click Save.

Note: When you click Save, a box entitled Edit Validation Errors List may appear. Click on the error on the list and PC-ACE Pro32 will take you to the error listed. Fix the required field until you can save without errors. When there are no errors your claim will be saved to the Professional Claim List as a CLN (Clean) claim waiting to be transmitted.

A blank Professional Claim Form will pop-up after you have saved the claim form that you were working on. You are ready to start your next claim or click cancel in the lower left corner.