

Iowa Medicaid

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.

Professional Claim Form					
Patient Info & Ger I Insured Information Billing Line It 2 Ext. Patient/General Ext. Pat/Gen (2) Ext. Payer/Insur					
LOB Billing Provider 26 - Patient Control No.					
2 · Patient Last Name 4 jirst Name MI Gen 3 · Birthdate Sex 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 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 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>Save</u>					

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.
- 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:

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	6 P.Rel Insured's Last/	/Org Name Fi	rst Name MI Gen	
Birthdate Sex Sig AOB Insured's Addre	iss 1 Insu	red's Address 2	Insured's City	State Zip Image: State Image: State Image: State Image: State	
Country Insured's Phone / Ext. ESC Em	ployer Name	Group Name	Group Nu	Imber Clear Payer Clear Payer Clear Payer	
				<u>Save</u> <u>C</u> ancel	

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:

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 1 Ext Details 2 (Line 1) Ext Details 3 (Line 1)
Diagnosis Codes (1 - 8):
24a - Service 2 24b 3 24c 4 1 - Modifiers 24c 5 24c 6 24c 7 24h 24j LN From From Proc 1 2 Diagnosis Charges Units EP FP AT Rendering Phys.
28 - Total Charge0.00 Rec <u>a</u> lculate
29 - Patient Amount Paid0.00 30 - Balance Due0.00
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- 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).
- 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.
- 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.