

Iowa Medicaid

PC-ACE Pro32 – Creating Dental Claims

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.

Note: Dental claims are entered on the professional claim form.



The Professional Claims Menu appears.



Click on the Enter Claims button.

Patient Info & General tab:

Professional Claim Form	8	
Patient Ir A eneral Insured Information Billing I ems Ext. Patient/General Ext. Pat/Gen (2) Ext. C sured		
LOB Billing Provider 26 - Patient Control No		
2 · Patient Last Name First Name MI Gen 3 · Birtho	8-Pat. Status Death 12 Legal NPI date Sex MS ES SS Ind SOF Rep. Exempt	
5 - Patient Address 1 Patient Address 2 Patient	ent City State Patient Zip Country Patient Phone	
اعم Rol Date Rol Date Rol Date Rol Date Other Ins. 14 - Date/Ind	Current 15 - First Date 16 - UTW/Disability Dates & Type	
Employment Accident //_//_/	to to	
17 - Referring Phys Name (Last/Org, First, Mid, Suffix) Referring Phys IDs/Types 🖊	18 - Hospitalization Dates 20 - Outside Lab/Chgs	
	// to _/_/ Y/N0.00	
19 - Reserved For Local Use	22 - Medicaid Resubmission Code & Ref No	
25 - Fed. Tax ID SSN/EIN 27 - Provider AG. Assignm	PIN No.	
31 - Provider SOF Date Facility? Dental? COB?	Frequency 33 - GRP No.	
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- 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.
- 7. Dental: All dental claims must have a Y (yes) in this field.
- 8. Select Save.

Billing Line Items tab:

Professional Claim Form	3		
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) Dental			
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.			
28 - Total Charge 0.00 Rec <u>a</u> lculate			
29 - Patient Amount Paid0.00 30 - Balance Due0.00			
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Note: When a valid dental procedure code is entered, the Dental tab will appear.

Dental tab:

Professional Claim Form	83	
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) Dental		
Tooth #1 Tooth #2 Tooth #3 Tooth #4 Tooth Number Image: Control of the surface of the surfa		
Placement Status Ind Prior Placement Date: Actual _/_/ Estimated _/_/		
Orthodontic Treatment? Total Treatment Months Months Remaining Ortho Appliance Placement		
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Complete the Dental attachment and select 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	*	
X 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		
X Patient City Is Required	-	
Double-click error to jump to the corresponding field. Number 2 Indicates that error must be corrected before save	ving.	

- 1. If no errors are present, continue to the next step.
- 2. If errors are present, correct the errors. There are two ways to access claims to fix errors.
 - a. Double-click on the error in the Edit Validation Errors List to go directly to the field in the claim form.
 - b. Close out the Edit Validation Errors List and fix all the errors in the claim form.
- 3. Once the claim is error free, the claim is saved in a CLN (clean) status and now appears under the List Claims option on the Claims Menu.

Note: Only claims with a status of CLN can be prepared for submission.