PC-ACE Pro32 – Creating Institutional Claims – Nursing Facility

From the PC-ACE Pro32 toolbar, select the Institutional Claims Processing button which is the first button from the left. This will bring up the Institutional Claims Menu. To bring up a claim form, click the Enter Claims option. Step-by-step instructions for completing a Nursing Facility claim are listed below.

Patient & Info Codes 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. Patient Control No. - Required. Press F2 or right-click to bring up the Patient Selection list. Choose the patient you are billing for and double-click to drop their information into the claim.
3. Type of Bill (TOB) - Required. Press F2 or right-click to get a list of values for the first two positions in the TOB. Enter the last value of the TOB manually. You may also just enter the TOB into the field. Nursing Facilities should use 212 (First Claim), 213 (Continuing Claim), or 214 (Last Claim).
4. Assuming you completed the patient's reference file, the following fields should automatically populate: Last Name, First Name, Patient Address, Patient City, State, Patient Zip, Birth Date, and Sex.
5. Statement Covers Period – Required. Type the first and last dates of service being billed on this claim.
6. Covered Days – Required. Enter in the number of covered days. (Value: 80)

7. Non-Covered Days – Required. Enter in the number of non-covered days. (Value 81)
8. Admission – Required. The Admission date is the date that the member entered the facility or the date that they became Medicaid eligible.
9. A-Hour (Admission Hour) – Required. Enter in the hour of admission. The valid values are 00-23. For example 08=8am and 19=7pm.
10. Type (Admission Type) – Required. Please enter 9 for this field.
11. SRC (Admission Source) – Required. Please enter 9 for this field.
12. Stat (Patient Status) – Required. Press F2 or right-click to get a list of valid values. Most of the time you will choose 30 (Remains a Patient). When the patient is deceased, 20 needs to be used as the termination code. The term codes are listed below:

PC-ACE Pro32 – Creating Institutional Claims – Nursing Facility

Patient Status	NH Termination Code
Still Patient (30) or Zero	In facility - Spaces
Discharged (01)	Moved Home Selection Care – F
Transfer to Hospital (02)	Moved to Hospital – A
Transfer to SNF (03)	Moved to SNF – B
Transfer to ICF (04)	Moved to ICF – C
Transfer to Cancer Child (05)	Moved to other Institute – I
Transfer to Home HSO (06)	Moved to Home Health – H
Patient Died CSP (20)	Deceased - J

Billing Line Items tab:

1. Rev Code (Revenue Code) – Required. Press F2 or right-click to get a list of Revenue Codes. All Revenue Codes are four digits. Nursing Facilities will only use three (3) codes:

   0120 = Covered Days

   0183 = Therapeutic Days

   0185 = Hospital Leave Days

2. Rate – Required. Enter the facility's per diem rate in this field.

3. Service Date (From Date - Thru Date) – Required. Enter the dates of service for the month that you are billing for.

4. Units/Days – Required. Enter the total number of days that you are billing for.

5. Total Charges – Required. Enter the total dollar amount of the line that you are on. The software will not calculate this for you. (Example: Per Diem=$100 and Days=31, then Total Charges=$3100.)

6. Totals – Required. The Totals box is at the bottom of the screen. Just click Recalculate to have this field automatically completed.

Payer Information tab:

1. The Payer ID, Payer Name, Provider Number, ROI (Release of Information) and AOB (Assignment of Benefits) should automatically populate from the Reference File Maintenance.

2. Prior Payment – Conditional. If a member has a commercial third-party insurance that paid primary to Medicaid, put that amount here. Medicare is not considered a third-party insurance in this case. Do not include any Medicare payments in this field.

3. The P. Rel (Patient Relationship to Insured), Insured's Name, and Insured's ID are all required and should automatically populate from the Reference File Maintenance.

Diagnosis/ Procedure tab:

1. Prin. Diag. Cd. (Principle Diagnosis Code) – Required. Enter the member's principle diagnosis code without the decimal point. For a list of diagnosis codes press F2 or right-click in the box. RCF's may use Z7689 if the principle diagnosis code is not known, all other facilities must use a diagnosis code.
2. Adm. Diag. Cd. (Admitting Diagnosis Code) – Required. Enter the admitting diagnosis code without the decimal point. RCF's may use V0001 if the admitting diagnosis code is not known, all other facilities must us a diagnosis code. Admitting diagnosis reason is not required.
3. Attending ID/Last Name/First Name/etc. – Required. Press F2 or right-click to get a list of physicians that you have loaded into the Reference File Maintenance. The Type, Last Name, First Name, Tax ID, and Type of Tax ID should automatically populate when you select a provider from your list.

Extended Patient/ General
1. Nothing is required in this tab.

Extended Payer tab:

1. Go to the bottom left corner to the Reference Number/Type fields. This is where the member's Level of Care should be entered. Press F2 or right-click to get a list of codes and choose the most appropriate. Most of the time you will choose I – Not a Medicare Level of Care.
2. In the small box next to where you entered the Level of Care you will enter the Type. Press F2 or right-click to choose the last option from that list: IMS (Nursing Facility Medicare Status Code).
3. Click Save.
4. When you click Save, a box entitled Edit Validation Errors List may appear. Double click on an error from the list and PC-ACE Pro32 will take you to the error. When there are no more errors, your claim will be saved to the Institutional Claim List as a CLN (clean) claim waiting to be transmitted.
5. A blank Institutional 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 to close the claim form.