

≷ cahaba

PC-ACE Pro32[™]

User's Guide

Combined Institutional and Professional version

Rev 07/28/2015 v3.4

Introduction

PC-ACE Pro32[™] is the HIPAA-compliant software package Cahaba Government Benefit Administrators®, LLC, distributes to providers looking for an inexpensive way to file claims electronically. The software is free and designed for small practices that want to transmit claims directly to the Medicare carrier.

PC-ACE Pro32 can be used to submit both Institutional (Part A) and Professional (Part B) claims. When there is a function that is specific to Part A or Part B there is a separate section for it in this manual, but most functions are identical for Institutional and Professional claims.

Part I of this manual details how to install and set up the software. It also details what information must be entered into the software and how to perform the functions necessary to enter and transmit claims. Part II provides more detailed descriptions of the screens you will see when you use the software.

This documentation was prepared for users who are familiar with basic medical claim coding and filing, and for users who have a basic understanding of the version of Windows® installed on their PC.

It is recommended that you read the documentation and use the Help utility in PC-ACE Pro32 to become familiar with the software.

This document was developed for PC-ACE Pro32 version 2.50 and later.

Part I: Installing and using PC-ACE Pro32	5
Getting Started	6
Connecting to Cahaba	6
Installation	6
Signing onto PC-ACE Pro32	7
Entering Submitter Information	
Entering Providers	12
Entering Payers	19
Entering Beneficiaries	
Entering Referring/Ordering/Attending Physician Information	
Claims Entry and Processing	28
Entering Claims	
Listing Claims	
Reactivating and Modifying Prepared Claims	
Processing Claims	
Preparing Claims	
Creating a Request for Claim Status	
Filing claims and claim status requests and retrieving reports	55
Manually Transmitting Claim Files and Claim Status Requests	
Manually Sending Files from PC-ACE Pro32 [™]	61
Manually Retrieving Files for PC-ACE Pro32 [™]	
Viewing and Processing Reports	69
Viewing a Daily Log	
Processing and Viewing a File Acknowledgement (999)	
Processing a Claim Acknowledgement File (277CA)	
Processing a Response to a Claim Status Request (277)	
Processing and Viewing an Electronic Remittance Advice (835)	
PC-ACE Pro32 and Medicare Secondary Payer	
Entering MSP Claims Part A (Institutional)	
Entering MSP Claims – Part B (Professional)	
System Functions	
Performing Backups	
Part II: Field-by-Field Explanations	
Patient Information	
General Information	
Extended Info	
Primary, Secondary, and Tertiary Insured	
Provider Types	121
Entering Provider Information	
Provider Information	
General Info	
Extended Info	
Entering Claim Information - Professional	
Patient Info & General	
Insured Information	
Line Item Details	

Billing Line Items, Extended Details	148
Billing Line Items, Ext Details 2	151
Billing Line Items, Ext Details 3	
Billing Line Items, MSP/COB	157
Ambulance Attachment	159
CLIA Attachment	162
Podiatry Attachment	163
Chiropractic Attachment	164
Mammography Attachment	165
EPO Attachment	
Physical Therapy Attachment	167
Dental Attachment	
Extended Patient/General	170
Ext. Pat/Gen (2)	
Extended Payer/Insured; Primary, Secondary, Tertiary Payer/Insured	
Extended Payer/Insured; MSP Info (Primary, Secondary)	
System Utilities	
Backup	
Validate	
Restore	
Part III: Troubleshooting and Appendixes	
Appendix A: Definitions of Terms	
Appendix B: Loops and Segments	
Appendix C: Entering Medicare Secondary Payer (MSP) Claims	
MSP General Information	
Loops and Segments Table	
Loop 2400 – Service Line	
Loop 2430 - Line Adjudication Information	
Appendix D: Contacting Cahaba EDI Services	
Cahaba EDI Services	199

Part I: Installing and using PC-ACE Pro32

Getting Started

Connecting to Cahaba

PC-ACE Pro32 users must use a Network Service Vendor to establish a connection to Cahaba. For a list of Network Service vendors visit our website at http://www.cahabagba.com/part-b/claims-2/electronic-data-interchange-edi/network-service-vendors/.

The Network Service Vendor you chose will guide you through the process of using your connection to log onto your FTP account at Cahaba to send and receive your files.

Installation

To install PC-ACE Pro32, navigate to the website provided by EDI Services and click the link to download. When prompted, choose "Run" to run setup. You may receive a warning that says the publisher could not be identified. If you do, click "Run anyway."

You will be prompted for a password during the installation process. Use the **installation password** provided with your approval letter. You will only use **this password during the installation of the software, and when you perform periodic upgrades.** For most users the default file locations indicated will be appropriate. Change these if necessary and click "Next."

When the installation is complete the setup screen will close automatically after a few seconds. You will see a red-and-white icon labeled **PC-ACE Pro32** on your Windows desktop. You will also see an icon labeled "PC-ACE Pro32 Readme File." Double-clicking this icon will open a text file which gives instructions for installing PC-ACE Pro32 onto a network.

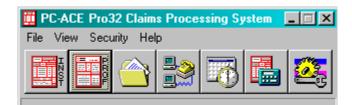
Signing onto PC-ACE Pro32

You will be asked for your user ID and password when you click any of the buttons on the PC-ACE Pro32 toolbar after you start the software. **SYSADMIN** is the default user ID and password for signing on to the software. Once you have signed on you can change this in the Security options of the software. **Please be very careful if you do choose to change the user ID and password. If you lose or forget this information, we have no way of retrieving it for you. You may need to uninstall and reinstall the software, losing any data you may have entered.**

Sign On		
User ID:	SYSADMIN	
Password:	******	
	ОК	Cancel

Entering Submitter Information

Double-click the **PC-ACE Pro32** icon. This will open the software and cause the PC-ACE Pro32 toolbar to be displayed.

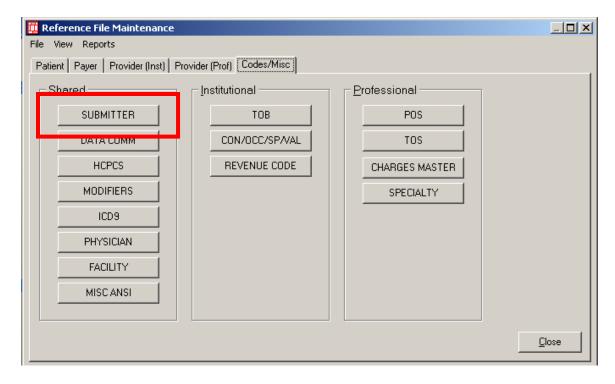


Click the **Reference File Maintenance** icon. This action will open the screen below.

Click Codes/Misc. .

EXAMPLE 1 Reference File Maintenance File View Reports			<u>_0×</u>
Patient Payer Provider (Inst) F	Provider (Prof) Codes/Misc		
<u>Shared</u>	Institutional		
SUBMITTER	ТОВ	POS	
DATA COMM	CON/OCC/SP/VAL	CHARGES MASTER	
HCPCS	REVENUE CODE	SPECIALTY	
MODIFIERS			
ICD9			
PHYSICIAN			
FACILITY			
MISC ANSI			
			<u>C</u> lose

Next click **Submitter** to open the Submitter Information Screen.



On the Submitter Setup Screen select **Institutional** for Part A or **Professional** for Part B.

Reference File Maintenance File View Reports	<u>_ ×</u>
Patient Payer Provider (Inst) Provider (Prof) Codes/Misc	
Shared Submitter Setup	
SI Claim Type: Institutional Professional	
D/ LOB Payer ID Submitter ID/EIN Submitter Name	
<	
м	
P	
<u>New</u> <u>View/Update</u> <u>Copy</u> <u>Delete</u>	
	ose

Click **Copy** to enter the submitter information for your practice.

Profession	al Submitter Information	×
General F	Prepare ANSI Info ANSI Info (2) ANSI Info (4)	
LOB	Payer ID	
ID	TEST0001 EIN	
Name	TEST SUBMITTER	
Address	123 MAIN STREET	
City	ANYWHERETOWN State ST Zip 99999-	
Phone	(999) 999-9999 Fax () Country	
Contact	JOHN DOE	
E-Mail		
	<u>Save</u> <u>Cancel</u>	

You will need to update this to correspond with the submitter information provided in your EDI enrollment acceptance letter.

The **LOB** will be "MCA" for Part A or "MCB" for Part B. Right-click on the **Payer ID** field and click the appropriate payer ID on the list to select it. "ID" is the submitter code that was assigned to you by EDI Services, and can be found on your approval letter. **If your submitter code is not entered correctly, our system will not accept your claims.** For "E-Mail" enter the e-mail address of the person in your practice who should be contacted if there are any issues with your electronic claims. This is not required but it is recommended. The **EIN, Fax,** and **Country** boxes may be left blank. Enter your company name, address, phone number, and contact name.

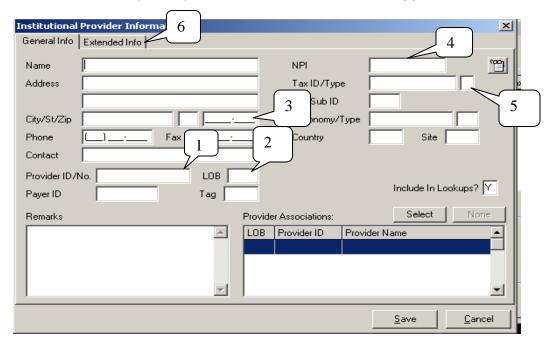
Entering Providers

In **Reference File Maintenance**, click the **Provider** (Inst)¹ tab for Institutional (Part A) provider information, or **Provider** (**Prof**)² for Professional (Part B) provider information.

_		\neg \bigcirc				
🛄 File	Reference File Maintena • View Reports	1 2				<u>_ ×</u>
Р	atient Payer Provider (Inst)	Provider (Prof) Codes/Misc	1			
- [I	LOB Provider Name	Provider ID	Payer ID	Provider NPI	Tag Taxonom	
						-
	Sort By: CLOB C Prov	ider Name 💿 Provider ID	🔿 Tag			
Г	List Filter Options					
	 Show all providers (no filter 	r applied) 🕜 Show only pro	viders associated with s	selected provider		
		er IDs starting with				
	C Fill 3 include Provide	r Names starting with				
	<u>N</u> ew <u>V</u> iew/Updat	e <u>D</u> elete				

Click **New**³ to begin entering your provider information. This will bring up the provider information screen.

Entering Provider Information for Institutional Providers (Part A)



For Institutional (Part A) users, the below screen will appear:

Complete the information on this screen as appropriate for the facility. **Provider ID/No.**¹ is the PTAN or OSCAR of the facility. **LOB**² will be MCA for Medicare Part A. The Zip³ must be the full, nine-digit zip code. **The actual physical address of the facility must be used. PO Boxes and Lockboxes will not be accepted.** Enter the **NPI**⁴, and the **Tax ID and Type**⁵. **Taxonomy** is optional. Click the "Extended Info"⁶ tab.

Institutional Provider Information	×
General Info Extended Info 2	
Provider ID/No Type E-Mail Add	iess
Provider Accepts Assign _ 1	
Provider SOF	
Provider Name Match	Secondary Provider IDs (ANSI use only)
Force Legacy ID	
Requires POA Reporting 3	ID/Type #1
	ID/Type #2
Pay-To Provider Information (specify only if different)	
Name	NPI
Address	Tax ID/Type
	Provider ID/No.
City/St/Zip	Sec ID/Type #1 4
Country	Sec ID/Type #2
	<u>Save</u>

Right-click "Provider Accepts Assign"¹ and select the appropriate value. It is not required but recommended that you enter a contact e-mail address for the practice in the "E-Mail Address"² box.

Enter the provider's mailing address, NPI, and Tax ID/Type in the "Pay-To Provider"³ section, if the address is a PO Box or Lockbox. The full, nine-digit zip code must be used. Leave "Country," "Sec ID/Type #1," and "Sec ID/Type #2" blank. If the facility's information in the "General Info" tab is the actual mailing address this section does not need to be completed. This will not affect the facility's address information in the Medicare system, and will not change the address for remittances or correspondence. Click "Save"⁴ when complete.

Entering Provider Information for Professional Providers (Part B)

Professional Provider Information
General Extended Info 12 2 3
Provider Type: • Group Practice C Individual in Group O Solo Practice 9
Group Name 4 Group Label
Last/First/ML NPI
Address 5 Tax ID/Type
City/St/Zip Specialty Type Org
Phone () Fax () Taxonomy
Contact 7 Accept Assign? Participating?
Group ID/No. LOB LOB Signature Ind Date _/_/
Payer ID 6 Tag Provider Roles: Billing Y Rendering N
Remarks Provider Associations: Select None
8 LOB Provider ID Provider/Group Name
<u>S</u> ave <u>C</u> ancel

You will see the **Professional Provider Information** screen, shown below.

If you are entering the information for a group practice, first click **Group Practice**¹ to enter the group number information. You will click **Individual in Group**² after you have entered and saved the group number. You will need to enter the information for the group and for each provider in the group. For a solo practice, click **Solo Practice**³.

Group Name/Organization⁴ is the name of the practice. When entering solo practice information, this field will be called **Organization**, and is optional. This field will not be available when entering individual provider numbers in the group.

Last/First/MI⁵ is the last name, first name, and middle initial of the provider. If you are entering group number information you may leave these fields blank.

City/St/Zip. Enter the address, city, state, and zip information. The Zip must be the full nine digit zip code. For the Group Practice information, or if the provider is a solo practice, the address on this screen must be the physical

address of the provider. PO Boxes and Lockboxes will not be accepted. If the physical address and the mailing address for the provider are different you may enter the mailing address in the "Extended Info"¹² tab.

Phone and **Contact** will be the phone number and name of the person you want us to contact if there are problems with your file.

Provider ID/No.⁶ is where you will enter the provider's Medicare Part B number. If you selected "Group Practice" as the provider type then this field will be labeled **Group ID/No**. The legacy number (or PTAN) will go here. You may also enter the NPI in this field. If the NPI is entered here you will need to click the "Extended Info" tab and place an "XX" in the Provider ID/No. Type field. Even if you enter your PTAN, PC-ACE Pro32 will only send the NPI on your claims.

LOB⁷ stands for "Line of Business" and this will always be MCB for Professional Claims.

Right-click the **Payer ID^8** field and select the appropriate payer.

Tag is an optional field where you can enter information to help you identify a particular provider. This is helpful if you need to keep track of multiple providers.

Group Label⁹ is required if you are entering a group number or individual provider numbers associated with a group. This enables PC-ACE Pro32 to keep track of which provider numbers go with which group, and also helps you to keep track if you have multiple groups you are billing for. You may create any group label you wish, but each provider in the group must have the same group label as the group number.

NPI¹⁰ is the National Provider Identifier. You may enter the group's NPI here or in the Group ID/No. field.

Tax ID/Type¹¹ is the tax ID number of the practice. Type indicates if you are using an Employee Identification Number or EIN, indicated by "E," or a Social Security Number, indicated by "S."

UPIN is the Unique Physician Identification Number associated with this provider. This field should be left blank.

Specialty is the specialty code for the practice you are entering. To see a list you can right-click this field, scroll down, and select the appropriate specialty code for your practice. **Type Org** indicates if the practice is a corporation, private practice, etc. You can right click this field and select the appropriate value.

Taxonomy is the taxonomy code for the practice you are entering. You can right click this field to bring up a list, and use the filtering options to help you to select the appropriate taxonomy code. This field is not required.

Accept Assign? will either be 'A' for accepts assignment, or 'N' for does not accept assignment.

Participating? will either be 'Y' if the provider has signed an agreement with Medicare to accept assignment on all Medicare patients, or 'N' if the provider has not signed a participation agreement.

Signature Ind should be 'Y,' since the provider's signature will be on file with Medicare Part B if a Medicare Part B provider number has been issued. **Date** is the date of the signature we have on file. If you do not know the exact date, an approximate date will work.

Provider roles: Billing / Rendering indicates whether or not this provider is the actual performing provider, the billing provider, or both. The default values for these fields are usually correct for the type of provider you are entering.

If all of the information has been entered click the "Save"¹³ button.

If your practice needs to include mammogram certification numbers or CLIA numbers on claims, next click **Extended Info.** If you entered an NPI number in the ID number field on the General Info screen you must place an 'XX' in the ID/No type field on this screen.

Professional Provider Informa	×
General Info Extended Info	
CLIA No. 11D123456	Provider Name Match
Mammography No.	Force Legacy ID
HMO Contract No.	E-Mail Address
Dental Provider?	
Provider ID/No Type	Secondary Provider 1 51 use only)
Provider Name Suffix	ID/Type #1
Provider Country	1 ID/Type #2
Pay-To Provider Information (specify o	only if different)
Organization	
Last/First/MI	Fed Tax ID/Type
Address	Prov. ID/No./Type
	Sec ID/Type #1
City/St/Zip	Sec ID/Type #2
Country Name Suf	ix
	<u>Save</u>

Enter the CLIA and/or mammography number in the fields indicated. You may enter the e-mail address of the contact person for this provider in the "E-Mail Address" box if you want. While this is not required it is recommended. If you are entering the "Group Provider" information or if the provider is a "Solo Practice" and the mailing address for the practice is different from the physical address, enter the mailing address, the NPI, and the Tax ID/Type in the "Pay-To Provider Information" area. Leave the Country, Prov. ID/No/Type, Sec ID/Type #1, and Sec ID/Type #2 fields empty. The address information entered here will not alter the address information for the practice in the Medicare system.

When you are finished click **Save**. If you have omitted any required information you will get a list of errors and the fields in error will be flashing. If there are no errors the record will be saved and you will be taken back to the Provider Information screen. At this point you may enter another provider number, close the reference file maintenance screen, or move to another tab in the reference file maintenance screen.

Entering Payers

The payer information for Medicare has already been entered into your system. You will only need to enter payers if you are planning to bill Medigap or Medicare Secondary Payer (MSP).

On the Reference File Maintenance screen click the **Payer** tab. This will open the Payer Screen.

Œ	Reference	File Ma	aintenance			
Fi	e View Repo	orts /	1			
ſ	Patient Payer	IK	Prof) Codes/Misc			
	Payer ID	LOB	Description	State	Usage	<u>^</u>
	10101	MCA	J10 A/B MAC CAHABA GBA - AL PT A	AL	Inst Only	
	10102	MCB	J10 A/B MAC CAHABA GBA - AL PT B	AL	Prof Only	
	10201	MCA	J10 A/B MAC CAHABA GBA - GA PT A	AL	Inst Only	
	10202	MCB	J10 A/B MAC CAHABA GBA - GA PT B	AL	Prof Only	
	10301	MCA	J10 A/B MAC CAHABA GBA - TN PT A	AL	Inst Only	
	10302	MCB	J10 A/B MAC CAHABA GBA - TN PT B	AL	Prof Only	
						×
	Sort By: 💽 F	^D ayer ID	C Payer Description C Payer LOB C Payer	State		
	– List Filter Opti	ons				
	Show all j	payers (r	no filter applied)			
	C Filter list to	o include	Payer IDs starting with			
	○ Filter list to	o include	Payer Names starting with			
	<u>N</u> ew	⊻iev	w/Update Copy Delete			Close

To enter a Medigap identifier or a payer primary to Medicare click **New**. This will open the payer information screen.

. 1		
Payer Inforn ation		×
Payer ID / LOB Receiver ID / 2	ISA08 Override	
Address & Contact Information Address City City Contact Name Contact Name	Flags Source Media Usage	
Phone Ext Fax		
PrintLink Matching Descriptions	<u>S</u> ave !	Cancel

- If you are entering a Medigap payer, enter the Medigap identifier in the Payer ID¹ field and "GAP" in the LOB field.
 - If you are entering a payer that is **primary** to Medicare, you may use 99999 as the Payer ID and "COM", or other appropriate line of business in the LOB field.
 - If you need to enter more payers for MSP, then you can use 99998, 99997, etc., as payer IDs.
- **Full Description**² is where you will enter the company name.
- The Address & Contact Information section is where you will enter the address of the payer.
- Right-click **Source**³ to select the appropriate value.
- When you have completed entering this information click Save.

For an explanation of Medigap and a link to the list of Medigap identifiers visit our website at:

www.cahabagba.com/part_b/education_and_outreach/general_billing_info/coba. htm.

Entering Beneficiaries

From the **Reference File Maintenance** screen, click the **Patient** tab. Click **New** to bring up the patient information screen.

e View Reports		· · · · · ·				
Patient	Provider (Prof)	Codes/Misc				
PCN V	Last Name	First Name	MI	DOB	LOB	
777999888	BENEFICIARY	TESTINGANOTH		10/10/1940	/MCB	
MSP BENE 1	BENEFICIARY	MSP TESTING		01/10/1945	/COM	
TESTINGBENE	NAME	BOGUS	В	01/01/1930	/MCB	
	nt PCN C Patient Name					
- List Filter Options -	nt PCN C Patient Name					
 List Filter Options Show all patier 		ith				
 List Filter Options Show all patien Filter list to incl 	nts (no filter applied)	·				

Patient Information		×
'	· · · ·	of) Secondary Insured
Last Name First Name	MI Gen Patient Co	ntrol No (PCN)
		<
Patient Address	– Patient Status	
Address	Active Patient	Discharge Status
	Sex 🗌	Death Ind
City State Zip	DOB _/_/	
	Marital Status	Signature On File 📃 🧮
Country Phone	Employment Status	Release of Info
	Student Status	ROI Date _/_/
Notes	CBSA Code	
		Saus Canad
		<u>Save</u> <u>C</u> ancel

Enter the patient's name, address, date-of-birth, etc., on this screen. **Patient Control Number (PCN)** is your account or medical record number for this patient.

If you encounter a field that you are not familiar with, left-click it and a "tip" screen giving a more complete description of the field will appear. Right-clicking many fields will give you a list of values that should be entered in the field, allowing you to select which one is appropriate.

The first of the two blocks in the "Signature on File" area is for Part A. The second is for Part B. For "Release of Info" the only acceptable values are "I" and "Y". "ROI Date" is the date that the beneficiary signed the Release of Info form.

Part A users will click the **Primary Insured (Inst)**¹ tab to enter the patient's primary payer information. Part B users will click the **Primary Insured (Prof)**² tab to enter the patient's primary payer information. **Combined Part A and Part B users will need to enter this information in both tabs**. These screens are the same for Institutional and Professional Beneficiary Information.

1	2	
Patient Information	/	×
Extended Info Primary Insured (Inst) Primary Insure	ed (Prof) 🛛 Secondary Insure	d Tertiary Insured 👘 💶 🕨
Last Name First Name	MI Gen Patient Cor	ntrol No (PCN)
Patient Address Address City State Zip Country Phone	Patient Status Active Patient Y Sex DOB _/_/_ Marital Status Employment Status Student Status CBSA Code	Discharge Status
		
		<u>S</u> ave <u>C</u> ancel

Patient	ation		·		×	Ĺ
Genera 1	tion Extended Info	Primary Insured (Inst) Primary Insure	d (Prof) 📔 Secondary Ins		3
Payer ID	Payer Name		LOB	C Common Inst & Pr		
Group Name	Group	Number	Claim Office	Separate Inst & P	rof	
Insure 4	nation (F7) Employer	Information (F8)		Clear All Fields For I		
Rel Last	Name	First Name	MI Gen	Insured ID	3 5	
Address		S	iex 🗌	Assign of Benefits		
		C	OB _/_/	Release of Info		6
City	State Z	ip E	imploy Status	ROI Date _/_	∕↓	
Country P	hone	<u>:</u>]		Retire Date/_		7
				Save	Cancel	

The **Payer Name** and **LOB** fields will automatically populate with the payer's information when you enter the **Payer ID**¹. You may right-click and select the payer off the list. The **Group Name, Group Number,** and **Claim Office** fields should be left blank when entering the beneficiary's Medicare information. If the patient has insurance primary to Medicare you would utilize these fields for the information for that insurance policy. See the instructions for entering Medicare Secondary Payer claims in this manual for more information.

Insured Information Options² should always have "Separate Inst & Prof" selected.

Enter the patient's HIC (Medicare) number in the **Insured ID**³ field. Do not use spaces or hyphens. **Rel**⁴ is the patient's relationship to the insured. This should always be 18 for Medicare, which means the patient is the insured.

Enter a 'Y', 'W', or 'N', whichever is appropriate, in the "Assign of Benefits"⁵ box. Enter a 'Y' or an 'I', whichever is appropriate, in the "Release of Info"⁶ box. Enter the date the beneficiary signed the release of information form in the "ROI Date"⁷ box.

If the patient has a Medigap policy, click the **Secondary Insured⁸** tab. The Medigap identifier will need to be entered in the **Payer ID** field. Before the Medigap information can be entered, the Medigap company may need to be

added to the list of Payers. See the **Entering Payers** section for instructions on how to enter Medigap companies.

To select from a list of available payers click the Payer ID field and press your F2 key or right-click your mouse. This will bring up the list of payers already entered into your system. You will then be able to select the payer needed.

When you have completed entering the patient information click the **Save** button. If required information is missing you will get an error list, and the fields in error will begin flashing. You will then be able to correct the errors and save the record.

Entering Referring/Ordering/Attending Physician Information

You may enter referring/ordering/attending physician information into a database in PC-ACE Pro32. This will save you from having to enter the same referring/ordering/attending physician's information each time you need it on a claim.

🗓 Reference File Maintenance File View Reports Patient Payer Provider (Inst) Provider (Pro) Codes/Misc Shared <u>I</u>nstitu<mark>ti</mark> Professional SUBMITTER TOB POS DATA COMM CON/OCC/SP/VAL TOS HCPCS REVENUE CODE CHARGES MASTER MODIFIERS SPECIALTY ICD9 PHYSICIAN FACILITY MISC ANSI Close

From the Reference File Maintenance screen, click the **Codes/Misc** tab.

Now click the **PHYSICIAN** button. This will bring up the **Physician Setup** screen.

🖻 Physician Setup	X
Physician ID Type Physician NPI Physician Name	< III
Sort By: C Name (Last, First, MI) C Physician ID	~
List Filter Options Show all physicians (no filter applied)	
Filter list to include Physician IDs starting with Filter list to include Physician Names starting with	
New ⊻iew/Update Delete Close	

To enter a referring or ordering physician's information click **New.** This will bring up the **Physician Information** screen.

Physician Information				×
Physician ID / Type				(80)
Physician's Last Name		First Name		Suffix
Address				
City	State	Zip	Phone []	
Federal Tax ID / Type	NPI	Ta:	konomy	
		<u>S</u> ave		<u>C</u> ancel

Enter the physician's NPI in **Physician ID**¹. **Type**² should be "XX." **Phone, Address, City, State, Zip,** and **Federal Tax ID/Type** are optional fields. If the Zip is entered it must be the full nine-digit zip code. Since you are entering the NPI in the Physician ID/Type field the NPI field at the bottom should be left blank. **Taxonomy** is not required, but if a taxonomy code is entered it must be valid.

Claims Entry and Processing

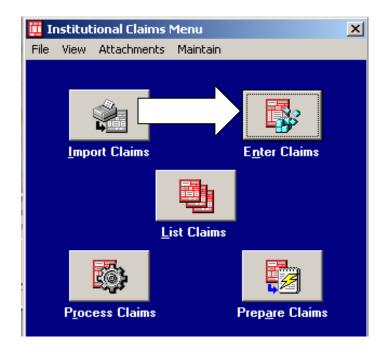
Entering Claims

For Institutional (Part A) Users

To enter, import, or process claims, or prepare claims to transmit, click the



Institutional Claims Menu button on the PC-ACE Pro32 toolbar. This will bring up the Institutional Claims Menu (below).



To enter claims click "Enter Claims" to open the Institutional Claim Form.

Institutional Claim Form	X
Patient Info & Codes Billing Line Items Payer Info Diagnosis/Procedure Diag/Proc (2) Extended General Ext. General (2) Extended Patient Info & Codes Billing Line Items Payer Info Diagnosis/Procedure Diag/Proc (2) Extended General Ext. General (2) Extended Patient Info & Codes Billing Line Items Payer Info Diagnosis/Procedure Diag/Proc (2) Extended General Ext. General (2) Extended Patient Info & Codes Billing Line Items Payer Info Diagnosis/Procedure Diag/Proc (2) Extended General Ext. General (2) Extended Patient Info & Codes Billing Line Items Payer Info Diagnosis/Procedure Diag/Proc (2) Extended General Ext. General (2) Extended Patient Info Diagnosis/Procedure D	ayer
LOB MCA FL 1 FL 2 Patient Control No. Type of Bill	60
Patient Last Name First Name MI Suffix Fed Tax ID Statement Covers Period	
Patient Address 1 Patient Address 2 Patient City State Patient Zip Country Patient Phone Image: State Patient Address 1 Image: State Patient City Image: State Patient Zip	L 38
Birthdate Sex MS Admission A-Hour Typ Src D-Hour Stat Medical Record No. Condition Codes //	
Occurrence Code Occurrence Date Occurrence Code Occurrence Span Code Occurrence Span Code Occurrence Span From Occurrence Span Thru _/_/ _/_/ _/_/ _/_/ _/_/ _/_/ _/_/ _/_/ _/_/ _/_/ _/_/ _/_/ _/_/ _/_/ _/_/ _/_/	
Value Value Value Value Value Value Value Value Value Code Amount Code Amount Code Amount Code Amount Code Amount	
SaveCan	cel

On the **Patient Info & Codes** tab MCA should already appear as the **LOB**. Complete the fields on this screen as required for the Institutional claim form. Then click the **Billing Line Items**¹ tab.

Institutional Claim Form	2 Diagnosis/Proced, 3 ag/Proc (2) Extended Gene	×
Patient Info & Codes Billing Line Items P	Diagnosis/Procedag/Proc (2) Extended Gener	ral Ext. General (2) Extended Payer
Line Item Details Extended Details (Line 1)	Ext Details 2 (Line 1)	1
42 44 44 - Modifier: LN Rev.Cd. HCPCS 1 2 3	44 45 - Service Date 46 🗸 4 Rate From Date Thru Date Units/Day.	47 48 s Total Charges Non-Cov Charges
2		
3		
4		
5		
6		
7		_ ↓
8		
	Recalculate Totals:	0.00 0.00
	Rec <u>a</u> lculate Totals:	
		<u>Save</u> <u>C</u> ancel

Complete the fields on this screen as required on the Institutional claims form. For Institutional Service lines the value in the "Units/Days"¹ field must be greater than zero. If necessary, click the **Extended Details 1**² or **Extended Details 2**³ tab for the line item you are billing for. This will open the Extended Details screen.

Institutional Claim Form						×
Patient Info & Codes Billin	g Line Items Payer Info	Diagnosis/Procedure	Diag/Proc (2)	Extended Genera	I Ext. General (2	2) Extended Payer
Line Item Details Extend	ded Details (Line 1) Ext	Details 2 (Line 1)				
Miscellaneous Line-leve	el Extended Details		2			
Form Loc. 49	Pro	c. Desc.			Service Tax	0.00
Procedure Type	\square 1	onal Drug Code			Facility Tax	0.00
Units Type		onal Drug Unit Price		0.000		
Line Ref. No.	Nat	Drug Units/Type		0.000		
Assessment Date	// Dru	g Ref No/Type				
Line-level Supporting F	Provider Information					
	Last Name	First Name	MI Suffix	Provider IDs	/ Types / Payer	IDs
Operating						-
Other Operating						-
Rendering						-
Referring						-
					Save	e Cancel

If you are billing for a miscellaneous procedure code, or a code that has "NOC" (Not Otherwise Classified) as part of its description, you can right-click the "Procedure Type"¹ box and select "HC" and enter the description of the procedure in the "Proc. Desc."² field. National Drug Code (NDC) information and pricing may also be entered on this screen.

If the charge you are billing for requires an attachment, click "Ext. Details 2."¹

in a l Claim Farm		
2 :ional Claim Form		×
Info & Codes Billing Line Items Payer Info Diagnosis/Procedure 1 roc (2) Extended General Ext.	General (2)	Extended Payer
Line Item Details Extended Details (Line 1) Ext Details 2 (Line 1)		
Miscellaneous Line-level Extended Details (continued)		[
Line Supplemental Information (PWK)		
Num Type Trans Attachment Control Number		
1		
2		
3		
	<u>S</u> ave	<u>C</u> ancel

Complete these fields as required for the Institutional claims form. Right-click "Type" and "Trans" to select the appropriate values, and enter your Attachment Control Number. Once you receive an acknowledgement that your claim has been accepted, you will need to complete the fax cover sheet from our website, print it out, and fax it along with the attachment to the number provided. See the instructions for this process on our website at

http://www.cahabagba.com/news/part-a-claims-submission-with-pwk/.

Click **Line Item Details**² to return to the previous screen and enter another line item.

Clicking Payer Info ¹	brings up this screen:
----------------------------------	------------------------

Institutional Claim Form	×
Patient Info & Codes Billing Line Items Payer Info Diagnostore D	General (2) Extended Payer
Sub Payer ID Payer Name Provider No. ROI AOB Prior Payments Amou	Int Due 0.00 Clear Payer Clear Payer Clear Payer Clear Payer 0.00
P.Rel Insured's Last/Org Name First Name MI Suffix Insured's ID Group Name	Group Number
Authorization Code / Type ESC Employer Name	
	<u>S</u> ave <u>C</u> ancel

Enter any information that is needed for the processing of this claim. Some of the fields on this screen will automatically be populated from the information entered for the beneficiary.

Institutional Claim Form	1				X
	Diagnosis/Procedure	Diag/Proc (2) Extended	d General∫Ext. 0	General (2) Exte	
Principal Diag.	Other Diagnosi:	s Codes (1 - 17)			
DX/PC Admitting Diagnosis Patient's Reas	on For Visit Codes (1 -	3) External Ca	ause of Injury Cod	les (1 - 3)	PPS/DRG
Principal Proc Code/Date Other	Procedure Codes/Dal	tes (1 - 5)	NPIExempt F	POA Type COB?	H.H. CR6?
Remarks		Supporting Provider I	nformation		
	Type Last/Org	Name First Name	MI Suffix	Provider IDs /	Y Types
	OPR				
×	ОТН				
				<u>S</u> ave	<u>C</u> ancel

Clicking the **Diagnosis/Procedure**¹ tab will open the screen below:

Enter any information required for the Institutional claim form.

Institutional Claim Form	1				
Patient Info & Codes Billing Line	Items Payer Info Diagnosis/Procedure Diag/Proc (2) Extended General Ext. General (2) Extended Payer				
Other Diagnosis Codes (18 - 24)					
External Cause of Injury Codes (4 - 12)					
Other Procedure Codes/Dates (6 - 24)					
	Additional Supporting Provider Information Last Name First Name MI Suffix Provider IDs / Types				
Other Operating					
Rendering					
Referring					
	<u>S</u> ave <u>C</u> ancel				

Clicking the **Diag/Proc (2)**¹ tab will open the screen below:

Enter any information required for processing of the claim.

	1
Institutional Claim Form Patient Info & Codes Billing Line Itematical 2 agnosis/Proceed	dure Diag/Proc (2) Extended General Ext. General (2) Ext 3 ver
Facility Information ID/Type Name Address City/State Zip/Country Tax ID/Type Miscellaneous General Information	Claim Supplemental Information (PWK) Num Type Trans Attachment Control Number / Description 1 Claim Notes (NTE) / File Information (K3) Num Type Narrative 1 V
Delay Reason Code Accident State Claim Tag EPSDT Referral	4
	<u>Save</u> <u>C</u> ancel

Clicking the **Extended General**¹ screen open the following screen:

Enter the facility information², as well as any other information required for the processing of the claim. If you have entered the facility information in Reference File Maintenance you may right-click the "ID/Type" field and select it from a list. The zip code for the facility must be the full, nine digit zip code. Attachment information for the entire claim can also be submitted in the "Claim Supplemental Information (PWK)"³ section. Right-click the "Type" and "Trans" fields and select the appropriate values, and enter your Attachment Control Number. For more information on submitting this information and for the cover sheets you will need to use when you fax it to visit our website us. at http://www.cahabagba.com/news/part-a-claims-submission-with-pwk/.

You may enter notes about the claim in the "Claim Notes (NTE)"⁴ area.

Clicking Extended General (2)¹ opens the screen belov	Clicking Extende	d General	(2) ¹	opens	the	screen	below
---	------------------	-----------	------------------	-------	-----	--------	-------

Patient Info & Codes Billing Line Iter	ns Payer Info Diagnosis/Procedure Dia	g/Proc (2) Extended General	Ext. General (2) Extended Payer
Additional Condition/Occurrence/S			,
Condition Codes (11 - 16)	Occurrence C	odes (9 - 16)	
	Code Date Code Date /_/ /_/ /_/ /_/	Code Date Code D	ate _/
()ccurrence Span Codes (5 - 10)		Value Codes (13 - 16)
Code From Thru C	Code From Thru Code F // // // // /_/ /_/	rom Thru Code	Amount Code Amount
Reserved CMS-1450 Claim Form Lo	ocators (UB92 and UB-04)		
FL 11 (UB92)	FL 78 (UB92)	FL 68 (UB	-04)
FL 31 (UB92)	FL 7 (UB-04)	FL 73 (UB	-04)
FL 56 (UB92)	FL 30 (UB-04)	FL 75 (UB	-04)
FL 57 (UB92)	FL 37 (UB-04)		

Enter any information required for the processing of an Institutional claim form.

Clicking **Extended Payer** opens the following screen:

stitutional Claim Form	
atient Info & Codes 🛛 Billing Line Items 🗍 Payer Info 🗍 Diagnosis/Procedure 🗍 [Diag/Proc (2) Extended General Ext. General (2) Extended Payer
Primary Payer Secondary Payer Tertiary Payer	
Payer Address & Miscellaneous	Insured Address & Miscellaneous
Address	Address
City/St/Zip	City/St/Zip
Payer Source Code Provider Accepts Assign	Country Birthdate/ Sex Patient ID
ICN/DCN Add'l Ref No/Type Add'l Ref No/Type	Investigational Device Exemption (IDE) Numbers IDE No. 1
	IDE No. 2

Enter the Primary, Secondary, or Tertiary Payer information if required for the processing of the claim.

When you have entered all of the required information click the **Save** button. If required information is missing or invalid you will get an Edit Validation Errors List. If you double-click on an error message you will be taken to the field in error, which will also be flashing.

Edit Validation Errors List
➤ Patient Control Number Is Required
X Type Of Bill Is Required
× Patient Last Name Is Required
X Patient First Name Is Required
X Claim Service From Date Is Required
X Claim Service Thru Date Is Required
× Patient Address Line 1 Is Required
× Patient City Is Required
► Patient State Is Required
Double-click error to jump to the corresponding field. X Indicates that error must be corrected before saving.

If there are no errors or when all errors have been resolved you will get a blank **Payer Info & Codes** screen after clicking **Save**, where you may begin entering another claim. When you have entered all of your claims click **Cancel** to exit the claim entry system.

For Professional (Part B) Users

To enter, process, or prepare claims to transmit, click the Professional Claims

Menu but

enu is button on the PC-ACE Pro32 toolbar.

This will bring up the Professional Claims Menu (below).



If you are using PrintLink, you will first need to **Import Claims**. This will begin the file conversion process. If any claims have errors you will be notified as the claims are converted.

If you are importing your claims using PrintLink and need help setting up your mapping, you will need to contact one of the private vendors who support this function. For a list of vendors who support PrintLink visit our website at **www.cahabagba.com/part_b/edi/ga_pc_ace_pro32_using_printlink.htm**.

To enter claims directly into the software, click **Enter Claims**. This will open the Professional Claim Form window.

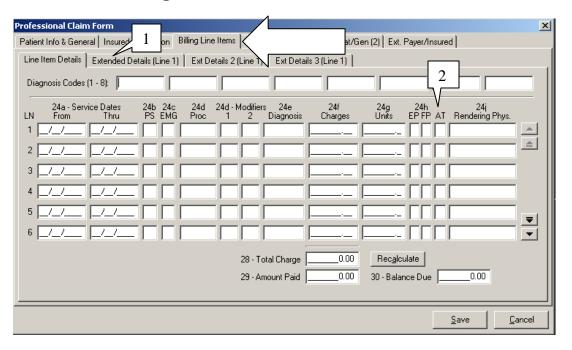
Professional Claim Form						
Patient Info & General Insured Information Billing Line Items Ext. Patient/General Ext. Pat/Gen (2) Ext. Payer/Insured						
LOB MCB Billing Provider 26 - Patient Control No.						
2 · Patient Last Name First Name MI Gen 3 · Birthdate Sex MS ES SS Ind SOF Rep. Exempt						
5 - Patient Address 1 Patient Address 2 Patient City State Patient Zip Country Patient Phone						
10 - Patient Condition Related To ROI ROI Date Other Ins. 14 - Date/Ind of Current 15 - First Date 16 - UTW/Disability Dates & Type Employment Accident						
17 - Heterring Phys Name [Last/Urg, First, MI, Suthix] Referring Phys IDs/Types 18 - Hospitalization Dates 20 - Outside Lab/Chgs Image: Comparison of the physic of the phys						
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>						

On the **Patient Info & General** screen, the line of business should already appear as **MCB**. **Billing Provider** is the group or solo practice provider number for Medicare Part B. This will automatically populate when you enter the LOB if you only have one group or solo practice provider number in your provider database.

Patient Control No is the account number of the patient. Once entered, the patient's name and address information will populate automatically. Right-clicking this field will bring up a list of the patients you have entered into the database so you can select the one you are entering a claim for.

If the claim requires an ordering or referring physician's NPI you will need to enter it in block 17 of this screen. If you have entered the ordering or referring physician's information in Reference File Maintenance, then you can right-click the **Referring Phys IDs/Types** field to bring up the list of providers you have entered, then left-click to select the one you need to use. You may also enter this information directly onto the form, placing an **XX** in the small box after the box where you enter the NPI.

The **Reserved for Local Use** block is the free-form line, where any additional information you feel is relevant to the processing of the claim can be entered. You would enter a 'Y' in the **COB?** field if you are entering a claim where Medicare is secondary. For more information on entering these types of claims, see **PC-ACE Pro32 and Medicare Secondary Payer**, elsewhere in this manual.



Next, click the Billing Line Items tab.

Enter the **Claim Diagnosis Codes**. You must have at least one valid diagnosis code on the claim. To bring up a list of valid diagnosis codes, hit your F2 key or right-click your mouse while this field is selected.

Enter the "From" date-of-service. This date will automatically be plugged into the "Through" date-of-service—if you are entering a date range, you can change this by keying over the "To" date with the correct date. **PS** is the place-of-service code. To bring up a list of valid place-of-service codes, hit your F2 key or right click this field. **EMG** is used to indicate if the service being billed is for an emergency situation. Right-click to select "Yes, Emergency related" or "No, not emergency related." **Proc** is the procedure code being billed. Hitting F2 or right-clicking while this field is selected will bring up a list of valid codes for this field. **Modifiers** 1 and 2 are where you would enter the first two modifiers for the code being billed. If you have more than two modifiers click **Extended details** (Line 1)¹ to enter the third and/or fourth modifiers.

If the charge you are billing for requires a CLIA number, or if you are an ambulance provider, chiropractic practice, physical therapist, or entering charges which require a special attachment such as the date last seen by primary care physician, you can **right-click** the **AT**² field. This will allow you to select from a variety of attachments. Selecting one will add an additional tab to the claim entry screen, with the name of the attachment. For example, if you select **Ambulance** you will see a tab next to **Ext Details 2 (Line 1)** that will be labeled "Ambulance." Clicking the new tab will allow you to enter the details relevant to the attachment you selected. You will need to do this for each line charge that requires an

attachment. If you have multiple line charges that require an attachment and the information required is the same as the first attachment, hitting the F5 key will copy the previous information to the new attachment. Most CPT codes which require an attachment will cause the appropriate attachment tab to appear automatically when you enter them. If a code does not cause an attachment tab to appear you may need to verify whether or not the information you were entering is still required for that code.

Diagnosis is where you will link the charge with the primary diagnosis associated with the charge. Enter a number here that corresponds with number of the relevant diagnosis code in the **Claim Diagnosis Codes** fields. For example, if you have ICD-9 code 4281 as the first Claim Diagnosis Code field, and this is the primary diagnosis for the code you are billing on the first line item, you would put a 1 in this field.

Charges is where the billed amount for the line item will be entered. **Units** is the number of service field. This field contains one decimal position, so the number 1 will appear as 1.0. The default for this field is 1.0. If this is not correct you can change it to the correct value by keying over it. **Rendering Physician** is where the performing physician's Medicare Part B provider number (PTAN) or NPI will be entered, if you are billing for a group practice. If you are entering claims for a group practice you right-click in this field and the Provider Selection screen will come up so you can select the rendering provider.

Total Charge is the total billed amount for the claim. You can click **Recalculate** to have this amount calculated and plugged in by the software. **Amount Paid** is the amount paid by the beneficiary. The **Balance Due** field will be calculated by the software.

If the claim has more than two modifiers, contains purchased service information, or if you are billing for anesthesia, you will need to click the **Extended Details** tab¹.

rofessional 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 1 2 (Line 1) Ext Details 3 (Line 1)								
Miscellaneous Extended Details								
24d - Modifiers 3 & 4 2 be Employed? Purch. Charges 0.00 Sales Tax 0.00								
Anesthesia/Other Minutes Co-Pay Status Initial Treatment/_/ Postage Claim0.00								
Units Type Code rchased Services? Shipped Date/_/								
Line-Level Supporting Provider Information								
Last/Org Name First Name MI Suffix Provider IDs / Types / Payer IDs								
Rendering								
Purch. Service								
Supervising								
Ordering								
Referring								
Referring (2nd)								
Asst. Surgeon								
<u>Save</u> <u>Cancel</u>								

You can enter the **third and fourth modifiers**² on the **Extended Details** screen. You may also enter the number of minutes for **anesthesia services**. If you are billing for anesthesia services, right click "Units Type Code"³ and select "MJ" to specify that the value in the Units field for this charge is the number of minutes. If you are billing for purchased services this information can be entered in this screen. **Hospice Information**, if needed, can also be entered on this screen. If you must enter line-level facility information (the facility where this service was rendered is different from the facility where the rest of the charges were rendered) or if you need to enter National Drug Code (NDC) or Universal Product Number (UPN) information, click **Ext Details 2**¹.

Professional Claim Form
Patient Info & General Insured Information Billing Line 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) 2 discellaneous Information 3 Proc Type/Desc Facility Name 0bstetric Anesthesia Additional Units 0.000 National Drug Code or UPN/Type City/St/Zip/Cntry National Drug Code or UPN/Type City/St/Zip/Cntry National Drug or UPN Units/Type 0.000 Prog Prescription Date _/_/_ DME Length of Need (Days) 0 DME Rental Price 0.000 DME Rental Price 0.000 DME Rental Price 0.000 DME Rental Price Ind.
<u>Save</u>

Enter the information in the indicated fields on this screen. If the procedure code billed is a miscellaneous code, or has "NOC" (Not Otherwise Classified) as part of the description, right-click the "Proc Type/Desc"² and select "HC," and enter a more detailed description of the service in the description box³. Enter National Drug Code or Universal Product Number information on this screen if it is required.

If you need to enter narrative information for this line or need to submit attachment information click **Ext Details 3**¹ to open the screen below:

Professional Claim Form 1					
Patient Info & General Insured Information Billing Line Items Ext. Patient/General Ext. Pay on (c) Ext. Payer/Insured					
Line Item Details Extended Details (Line 1) Ext Details 2 (Line 1) Ext Details 3 (Line 1)					
Line-level Miscellaneous Information (continued)					
Ordering Provider Address					
Address					
City/St/Zip/Cntry					
Line Supplemental Information (PWK) Num Type Trans Attachment Control Number 1 2					
Line Notes (NTE) / File Information (K3) Num Type Narrative 1 3					
Save Cancel					

Attachment information for the charge should be entered in the "Line Supplemental Information (PWK)"² section. Right-click the "Type" and "Trans" fields to select the appropriate value and enter your Attachment Control Number. For more information on submitting claim attachments, and the cover sheets to be used for faxes, visit our website at <u>http://www.cahabagba.com/news/part-b-claims-submission-with-pwk/</u>.

In the **Line Notes (NTE)/File Information (K3)** section³ right-click in the "Type" field and select ADD. Then enter the relevant information in the Narrative box.

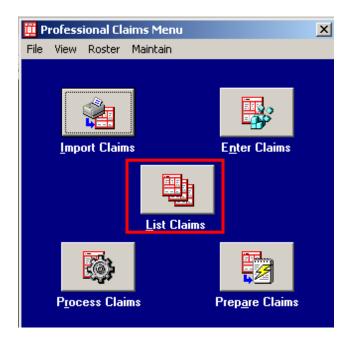
When you have completed entering the claim, click **Save**. If required information is missing or invalid, you will get an Edit Validation Errors List and be given the opportunity to correct them.

E	dit Validation Errors List	
	× 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	
	× Patient State Is Required	
I	➤ Patient ZIP Code Is Required 📃	
	Double-click error to jump to the corresponding field. X Indicates that error must be corrected before saving.	

The fields with errors will also start flashing. You can click the tabs in the Claim Form screen to see all of the fields involved, or use the Tab key to move to the next error. Clicking the error message will take you to the field where the correction needs to be made. Once you have corrected the errors click **Save** again to save the claim. If the errors have all been corrected, or if there were no errors, you will get a blank Patient Info & General screen where you may begin entering the next claim, or click the **Cancel** button if you are done entering claims.

Listing Claims

To look at claims that have already been entered or imported, click the **List Claims** button.



This will bring up the List Claims screen.

🛄 Professional Claim List 🔹 🗔 🔀 File Filter Actions Reports								
	Status	LOB	PCN	Patient Last	Bill Provider	Туре	Entered	S 🔼
	UNP	MCB	11ZZZZ101060	CRUSOE	GRP00	Group	11/15/2006	1
וב	CLN	MCB	123	CRUSOE	GRP00	Group	02/26/2007	0
	UNP	MCB	789	PUBLIC	GRP00	Group	11/17/2006	1
	UNP	MCB	456	ZIEGLER	GRP00	Group	07/03/2006	0
	m)							
۲ <u>S</u> o	_	 Patie 	ent Name C P	CN C Entry Date	C Service Dat	e		>
<u>S</u> o Cl	ort By: (laim List	Filter O		CN C Entry Date			DB: << All >>]	
<u>S</u> o Cl Lo	ort By: (laim List	Filter O	ptions o be transmitted			• u		•

You can select which claims you want to see by selecting the claim **Location** or the claim **Status.**

Claim location indicates if the claim is "clean" (no errors) and has not been transmitted yet, if the claim has been transmitted but not yet paid, transmitted and paid, or has been paid only. Claim status indicates if the claim contains no errors, if the claim contains errors, or is unprocessed. Claims with errors (status ERF or ERN) should have those errors corrected before they can be prepared and transmitted. Claims with a status of UNP must be processed before they can be prepared and transmitted.

Reactivating and Modifying Prepared Claims

You must reactivate a claim that has been prepared before it can be modified.

To look at claims that have been transmitted click **Location** and select "TR – Transmitted Only." This will bring up the list of claims that you have already prepared. You can sort the list of claims by Patient Name, PCN, Entry Date, Service Date, or Transmit Date.

If you need to reactivate a claim to be resubmitted you must first select the claim by clicking the box in the first column next to the claim. This will place a check mark in the box. You can select as many claims as you need. Next, click **Actions.** Select "Reactivate All Checked Claims." After changing the Location back to "CL—to be transmitted" you will be able to edit the claims to correct any errors and resubmit them. The "Action" menu also gives you the option to purge, print, hold, delete, or archive claims. You may also reactivate one claim at a time.

If you are reactivating claims that were prepared with an older version of PC-ACE Pro32 you may have some additional edits you will need to correct before you can prepare and retransmit the claim.

Processing Claims

If you are using PrintLink to convert your claim files from an upstream office management system, or if you have reactivated and modified claims, you will need to select **Process Claims** after importing or reactivating them.

You will be allowed to select which claims to be processed. You can select a particular LOB and/or a particular provider number. If you leave these fields blank then all claims in the claim file will be processed. You can also designate if you want claims with errors presented during processing for immediate correction, or you have the option of getting a list of claims with errors after processing has been completed.

Preparing Claims

Before transmitting you must first click **Prepare Claims.**

This creates the actual ANSI 837 file that you will transmit to us. Here you are given the option to select a particular LOB, payer, and/or provider number. **(Note:** only perform this action when you have finished entering or reactivating and editing your claims and are about to transmit them)

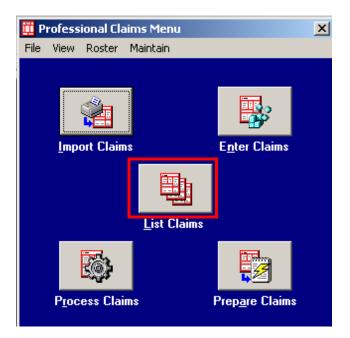
Creating a Request for Claim Status

It is possible to use PC-ACE Pro32 to get the status of a claim previously submitted with PC-ACE Pro32. This is a batch process, which means you will send a file with the status requests, and the Medicare processing system will create a response file during the overnight processing cycle if you submit your request before 3:30 p.m. Central Time. Requests after 3:30 p.m. Central Time will take an extra business day.

To create claim status requests, click the **Institutional Claims Processing**¹ button (for Part A) or **Professional Claims Processing**² button (for Part B) on the PC-ACE Pro32 tool bar. (Since this function is the same for Institutional and Professional claims only the Professional screens will be shown.)



Click the "List Claims" button.



Ħ	Profes	sional	Claim List						
File	: Filter	Action	ns Reports						
	Status	LOB	PCN	Patient Last		Bill Provider	Туре	Entered	S 🔼
<									
			ent Name 🔿 P	'CN O E	Entry Date	C Service Date	te		
	Claim List								
	Location:	-	to be transmitted	<u> </u>	Status: << 4	\II >>	- LI	DB: << All >>	-
	~	TR/P	o be transmitted D transmitted +	paid		Clear Filters	Advan	ced Filter Opti	ons
	Checked	TR	transmitted only paid only						
	<u>N</u> ew		⊻iew	С <u>о</u> ру)elete		<u>C</u> lo	se

Click "Location" in the lower left corner, then click "TR" from the drop down box. This will bring up the list of claims you have prepared.

🗓 Professional Claim List								
Status LOB	PCN	Patient Last	Bill Provider	Туре	Serv. From	s		
	12556	JOHNSON	472222222	Solo	07/11/2008	0		
CLN MCB	99999	BENE NAME	47222222	Solo	08/01/2008	0		
	1				1	-		
- ·								
						>		
<u>S</u> ort By: 💿 Pati	ent Name 🛛 🔿 P	CN C Entry Date	C Service Date	e O T	Tra <u>nsmit D</u> ate			
Claim List Filter O	ptions				2			
Location: TR	transmitted only	👻 Status: < 🖉	All >>	👻 L(DB://<< All >>]	•		
Checked claim c	ount: 0		Clear Filters	Advanc	ced Filter Option	ns		
New	View	Copy)elete		Close			
<u>New</u>	<u>View</u>		Jelete					

You may have several claims listed. You can use the "Sort By"¹ options across the middle to sort the claims by Patient Name, PCN, Entry Date, Service Date, or Transmit Date. You may also use the "Advanced Filter Options"² to find the claims to be reactivated. This may make it easier for you to find the particular claims you want to request a status for.

When you locate a claim you want to request a status for, click the empty box in the first column. This will place a check mark in it. If you select a claim and then change your mind you can click this box again to remove the check mark.

Once you have selected all of the claims you want a claim status for, click "Actions," then "Request All Checked Claims Status."

🛄 Profes sional Cla im List							
File Filter	Actions Reports						
Status	Refresh Claim List	F5	Bill Provider	Type Serv. From S			
CLN	Create New Claim		•	Solo 07/16/2008 0			
CLN	View Selected Claim			Solo 07/15/2008 0			
	Copy Selected Claim						
	Delete Selected Claim						
	Purge Selected Claim						
	Reactivate Selected Claim			6			
	Hold Selected Claim						
	Print Selected Claim						
	Archive Selected Claim						
	Show Selected Claim Payments						
	Set Selected Claim Media						
	Request Selected Claim Status						
	Show Selected Claim Status History						
	Copy All Checked Claims			>			
Sort By: (Delete All Checked Claims		C Service Dat	e 🔿 Transmit Date			
⊂ Claim List	Purge All Checked Claims						
	Reactivate All Checked Claims						
Location:	Hold All Checked Claims		All >>	▼ LOB: << All >> ▼			
	Print All Checked Claims						
Checked	Archive All Checked Claims		Clear Filters	Advanced Filter Options			
	Set All Checked Claims Media	<u> </u>			_		
<u>N</u> ew	(Request All Checked Claims Status)	<u>D</u> elete	<u>C</u> lose			

When you get the message "Ready to add all checked claims to the claim status queue," click "OK." If you are not ready click "Cancel." If you click "OK" you will get a message indicating that the claims have been successfully added to the claim status request queue. Click "OK" to clear this message. You may add more claims to the claim status request queue at this time. If you are finished, close the claims list by clicking "Close." This will take you back to the Professional Claims Menu.

Click "Maintain" then click "Prepare Claim Status Request File."

🗰 p	🗓 Professional Claims Me qu							
File	View	Roster	Maintain					
	Reverse Claim Import Transmission Log Acknowledgment File Log Prepare Claim Status Request File Claim Status Response Log Purge Claim Activity Log							
	List Claims Process Claims Process Proces							

Click the "Prepare Status Request" button to prepare the file for transmission.

Professional Claim Status Request File Prepare 🛛 🔀							
- Include F	Include Requested Claims Matching						
LOB:	<< All >>						
Payer:	<< All Payers for LOB(s) >>	-					
	Submission Status O Test						
Claim Status Request File Prepare Progress							
Prepare Status Request Cancel							

After the request has been prepared you will need to submit it in order for it to be processed. If you prepare another status request file before submitting this one, the second one will overwrite the first, so it would never be submitted to the Medicare system for processing.

Once the status request has been prepared, the file can be submitted. See the instructions for sending a claim status request (276) file elsewhere in this manual.

Filing claims and claim status requests and retrieving reports

After preparing your claims and creating your claim status requests you will need to send them to Cahaba to be processed. Once a file has been received our system produces reports for you to retrieve. Some Network Service Vendors provide scripts for submitters who use the free version of PC-ACE Pro32 that will submit and retrieve their files. Your Network Service Vendor will support any scripts they provide for you to use in conjunction with PC-ACE Pro32. **The following instructions are for submitters who do not have these scripts and need to send and receive their files manually.** These instructions assume you have PC-ACE Pro32 installed on your C:\ drive. If you have the software installed on another drive substitute that drive letter for C:\.

It is important that you retrieve and view your reports and, if you are set up for them, your electronic remittances, promptly after they become available. These reports will indicate if your files are being accepted for processing or if they rejected because of an edit. When you check your reports in a timely manner you will become aware of any issues so you can correct them and resubmit your claims before your cash flow is interrupted. Reports and remittances are available for you to retrieve for 45 days, after which time they will "roll off" of our FTP server and can no longer be retrieved. You can retrieve same report or remittance as many times as you want as long as it is not over 45 days old.

Manually Transmitting Claim Files and Claim Status Requests

In order to transmit your claim files and your claim status requests, you will need to know how to view the files on your system using Windows Explorer. Different versions of Windows have different ways of doing this. If you need help using Windows Explorer see the documentation you received with Windows or contact your support for your system.

Claim and claim status request file naming conventions

The instructions below will guide you through renaming the claim file and claim status requests before submitting them. This is necessary because if a file is not named correctly it will not be processed by our system. Please use the formats described below when naming your files. **The same file name should not be used twice in the same day.** If you need to send multiple files in the same day you can use a different four-digit sequence in the file name. The state code (al, ga, tn) should correspond with the state code that appears in your submitter code.

Part A

For claims the file naming convention is:

p(al, ga, tn)i0000-9999.8375010.clm.

For example, a claim file from a Tennessee submitter could appear as:

ptni0012.8375010.clm.

For claim status requests the file naming convention is:

p(al, ga, tn)a0000-9999.2765010.276

For example, a claim status request file from an Alabama submitter could appear as:

pala0001.2765010.276

Part B

For claims the file naming convention is:

p(al, ga, tn)p0000-9999.8375010.clm

For example, a claim file from a Georgia submitter could appear as:

pgap0010.8375010.clm

For claim status requests the file naming convention is:

p(al, ga, tn)b0000-9999.2765010.276

For example, a claim status request file from a Tennessee submitter could appear as:

ptnb0003.2765010.276.

PC-ACE Pro32 file names

PC-ACE Pro32 uses the following file names. Please note that you may not see a particular file name if you have not prepared any claims or created any claim status requests. Also, if your Windows Explorer is configured to not show file name extensions, you may not see the .DAT at the end of the file names.

PC-ACE Pro32 creates these files in the C:\WINPCACE folder.

Part A

Claims: BCTRANS.DAT Claim status requests: BCREQ276.DAT

Part B

Claims: BSTRANS.DAT Claim status requests: BSREQ276.DAT

Renaming the claim and claims status transmit files

After you have prepared your claims or created your claim status request (see instructions elsewhere in this manual for preparing claims and claim status requests), open Windows Explorer and navigate to your C:\WINPCACE folder.

Locate the file that you need to transmit using the PC-ACE Pro32 file names list above.

The example below uses Alabama Part A claims as an example.

Open Windows Explorer and navigate to the WINPCACE folder. Locate the file that needs to be renamed. For Part A claims the file is BCTRANS.DAT.

😂 WINPCACE			
File Edit View Favorites T	ools Help		
🚱 Back 🔹 🕥 🕤 🏂 🌽	🔵 Search 🛛 🎼 F	olders	× ♥
Address 🛅 C:\WINPCACE			
Name 🔺	Size	Туре	Date Modified
Ansi824r.exe	121 KB	Application	3/17/2005 9:53 PM
Ansi837h.exe	306 KB	Application	2/27/2013 2:39 PM
Ansi837i.exe	127 KB	Application	11/1/2010 9:02 AM
Ansi837u.exe	182 KB	Application	3/13/2013 4:10 PM
🗊 Ansi997r.exe	106 KB	Application	1/18/2011 11:35 AM
ANSI.CTL	1 KB	ctl File	4/25/2013 8:41 AM
BCCLMACT.LOG	20 KB	Text Document	4/25/2013 8:41 AM
CPRNTMP.CTL	1 KB	ctl File	4/30/1999 3:05 PM
BCPRNTV2.CTL	1 KB	ctl File	9/7/2006 7:37 AM
BCREQ276.DAT	1 KB	DAT File	4/25/2013 8:41 AM
🖻 BCTRANS.DAT 🧹	2 KB	DAT File	4/25/2013 8:41 AM
🗊 BSCLMACT.LOG	25 KB	Text Document	4/25/2013 8:40 AM
BSREQ276.DAT	1 KB	DAT File	3/27/2013 12:33 PM
BSTRANS.DAT	3 KB	DAT File	4/22/2013 3:22 PM
Si ⊂4dli.dli	388 KB	Application Extension	8/22/2002 12:54 PM
😼 Client32.exe	436 KB	Application	3/25/2013 11:51 AM
🛃 Clientup.exe	183 KB	Application	3/25/2013 11:52 AM
🔤 Emcsp301.dat	25 KB	DAT File	9/9/2011 12:27 PM
🔄 Emcspc60.dat	17 KB	DAT File	9/8/2011 4:13 PM

Click the file name once to select it, then right-click and select "Rename" from the menu.

WINPCACE						
File Edit View Favorites To	ols Help					
🚱 Back 🝷 🕥 🖌 🏂 🔎	Search 🛛 🍋 F	olders 📴 🍞	× 🍤 💷			
Address 🗁 C:\WINPCACE						
Name 🔺	Size	Туре	Date Modified			
Ansi824r.exe	121 KB	Application	3/17/2005 9:53 PM			
TAnsi837h.exe	306 KB	Application	2/27/2013 2:39 PM			
Ansi837i.exe	127 KB	Application	11/1/2010 9:02 AM			
Ansi837u.exe	182 KB	Application	3/13/2013 4:10 PM			
🗊 Ansi997r.exe	106 KB	Application	1/18/2011 11:35 AM			
NSI.CTL	1 KB	ctl File	4/25/2013 8:41 AM			
BCCLMACT.LOG	20 KB	Text Document	4/25/2013 8:41 AM			
CPRNTMP.CTL	1 KB	ctl File	4/30/1999 3:05 PM			
CPRNTV2.CTL	1 KB	ctl File	9/7/2006 7:37 AM			
🖻 BCREQ276.DAT	1 KB	DAT File	4/25/2013 8:41 AM			
BCTRANC DAT	2 KB	DAT File	4/25/2013 8:41 AM			
BSCLMA Scan for Viruses	25 KB	Text Document	4/25/2013 8:40 AM			
BSREQ2	1 KB	DAT File	3/27/2013 12:33 PM			
BSTRAN WinZip	ЗКВ	DAT File	4/22/2013 3:22 PM			
SQC4dll.dll Copy To Folder	388 KB	Application Extension	8/22/2002 12:54 PM			
😼 Client32 Move To Folder	436 KB	Application	3/25/2013 11:51 AM			
😼 Clientup Send To 🔹 🕨	183 KB	Application	3/25/2013 11:52 AM			
Emcsp30	- 25 KB	DAT File	9/9/2011 12:27 PM			
Emcspce Cut	17 KB	DAT File	9/8/2011 4:13 PM			
Tenabaut Copy	19 KB	Application	12/11/2000 1:39 PM			
The h14v2flc Create Shortcut	159 KB	Adobe Acrobat Doc	10/27/2006 9:37 AM			
Thisv2fld Delete	115 KB	Adobe Acrobat Doc	9/7/2010 10:47 AM			
Tah485fld. Rename		obe Acrobat Doc	5/20/2003 1:45 PM			
12 h486fld.		Hoobe Acrobat Doc	5/20/2003 1:49 PM			
h487fld. Properties	46 KB	Adobe Acrobat Doc	5/20/2003 1:50 PM			
🔁 h1450fld.pdf	123 KB	Adobe Acrobat Doc	9/4/2006 7:34 PM			

After clicking "Rename" you will see the file is selected and you can now change the file name.

🗁 WINPCACE						
File Edit View Favorites Tools Help						
🕞 Back 🔹 🕥 🕤 🏂 Search 🗞 Folders 🕼 🕉 🗙 🌱 💷						
Address 🗁 C:\WINPCACE						
Name 🔺	Size 1	Гуре	Date Modified			
Ansi824r.exe	121 KB A	pplication	3/17/2005 9:53 PM			
Ansi837h.exe	306 KB - A	pplication	2/27/2013 2:39 PM			
Ansi837i.exe	127 KB - A	pplication	11/1/2010 9:02 AM			
Ansi837u.exe	182 KB - A	pplication	3/13/2013 4:10 PM			
🗊 Ansi997r.exe	106 KB A	pplication	1/18/2011 11:35 AM			
ANSI.CTL	1 KB d	tl File	4/25/2013 8:41 AM			
🗐 BCCLMACT.LOG	20 KB T	ext Document	4/25/2013 8:41 AM			
R BCPRNTMP.CTL	1 KB d	tl File	4/30/1999 3:05 PM			
BCPRNTV2.CTL	1 KB d	tl File	9/7/2006 7:37 AM			
BCREQ276.DAT	1 KB D	AT File	4/25/2013 8:41 AM			
E BCTRANS.DAT	2 KB D	AT File	4/25/2013 8:41 AM			
E BSCLMACT.LOG	25 KB - T	ext Document	4/25/2013 8:40 AM			
🔤 BSREQ276.DAT	1 KB D	AT File	3/27/2013 12:33 PM			
📼 BSTRANS.DAT	3 KB D	AT File	4/22/2013 3:22 PM			

Type in the new file name using the file naming conventions given previously. In the example below the file name was changed to **pali0001.8375010.clm.** After renaming the file hit your "Enter" key or click somewhere else on the screen to de-select it.

File Edit View Favorites T	ools Help			
🕒 Back 🔹 🕥 🕤 🏂	🔎 Search 🛛 🍋 Fe	olders 📴 🍞	× 9 💷	
Address 🛅 C:\WINPCACE				
Name 🔺	Size	Туре	Date Modified	
Ansi824r.exe	121 KB	Application	3/17/2005 9:53 PM	
Ansi837h.exe	306 KB	Application	2/27/2013 2:39 PM	
Ansi837i.exe	127 KB	Application	11/1/2010 9:02 AM	
Ansi837u.exe	182 KB	Application	3/13/2013 4:10 PM	
🗊 Ansi997r.exe	106 KB	Application	1/18/2011 11:35 AM	
ANSI.CTL	1 KB	ctl File	4/25/2013 8:41 AM	
BCCLMACT.LOG	20 KB	Text Document	4/25/2013 8:41 AM	
RCPRNTMP.CTL	1 KB	ctl File	4/30/1999 3:05 PM	
RCPRNTV2.CTL	1 KB	ctl File	9/7/2006 7:37 AM	
BCREQ276.DAT	1 KB	DAT File	4/25/2013 8:41 AM	
🔄 pali0001.8375010.clm	2 KB	CLM File	4/25/2013 8:41 AM	
BSCLMACT.LOG	25 KB	Text Document	4/25/2013 8:40 AM	
🔤 BSREQ276.DAT	1 KB	1 KB DAT File 3/27/2013 12:33 PM		
🔤 BSTRANS.DAT	3 KB	3 KB DAT File 4/22/2013 3:22 PM		
🔊 C4dli.dli	388 KB	Application Extension	8/22/2002 12:54 PM	
😼 Client32.exe	436 KB	Application	3/25/2013 11:51 AM	

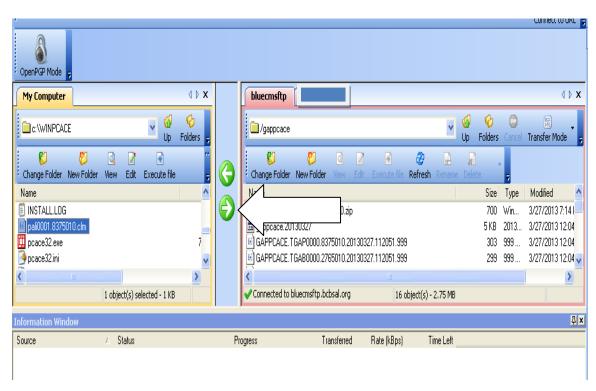
Logging on

To send and receive data you need to log onto your account on Cahaba's FTP server. The approval letter you received when your submitter code was established will contain your user ID and password. See the documentation for your FTP software for instructions on entering your user ID and password, and using the software. The instructions below assume you have a basic familiarity with your FTP software.

Manually Sending Files from PC-ACE Pro32™

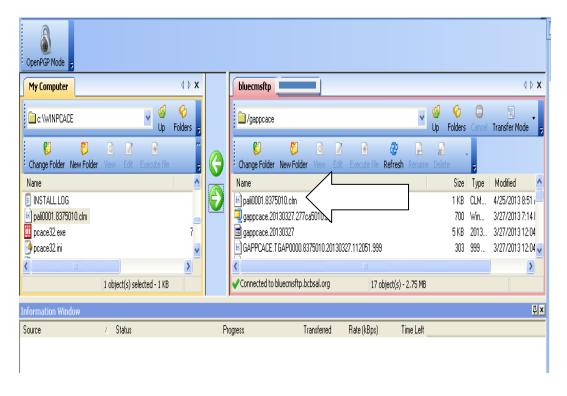
Below are instructions for manually sending files from PC-ACE Pro32 to our Secure FTP Server so they can be processed. These instructions assume you have some sort of FTP software such as WS-FTP (also known as "Ipswitch"), or Cute FTP Pro. More than likely the screen shots below will not match exactly with what you see when you follow these instructions. You should be able to adapt the information below to your particular system. Start your FTP software and log onto your FTP account using the instructions you were given by your Network Service Vendor and according to the instructions provided with your FTP client software. On the left side of your screen navigate to your WINPCACE directory and locate the file you need to send. When you locate the file click it one time to select it. In the example below the file is named **pali0001.8375010.clm**, which is an Alabama Part A claims file.

OpenPGP Mode			
My Computer	4 b X		bluecmsftp
C:\WINPCACE			/gappcace
Change Folder New Folder	View Edit Execute file	G	Change Folder New Folder View Edit Execute file Refresh Rename Delete
Name	<u>^</u>		Name Size Type Modified
INSTALL.LOG pali0001.8375010.clm		0	gappcace.20130327 5 KB 2013 3/27/2013 12:04 GAPPCACE.TGAP0000.8375010.20130327.112051.999 303 999 3/27/2013 12:04
🧕 pcace32.ini	×		GAPPCACE.TGA80000.2765010.20130327.112051.999 299 999 3/27/2013 12:04
<	1 object(s) selected - 1 KB		Connected to bluecmsftp.bcbsal.org 16 object(s) - 2.75 MB
Information Window			<u>4</u>
Source	∠ Status	P	Progress Transferred Rate (kBps) Time Left



Click the right arrow to upload the file to your FTP account.

When the transfer is complete you should see the file listed in your FTP account.



You can select another file and send it at this time if needed.

Manually Retrieving Files for PC-ACE Pro32™

Below are instructions for manually retrieving files from the Cahaba Secure FTP Server and having them processed in PC-ACE Pro32[™]. These instructions assume you have some sort of FTP software such as WS-FTP or Cute FTP Pro. More than likely the screen shots below will not match exactly with what you see when you follow these instructions. You should be able to adapt the information below to your particular system.

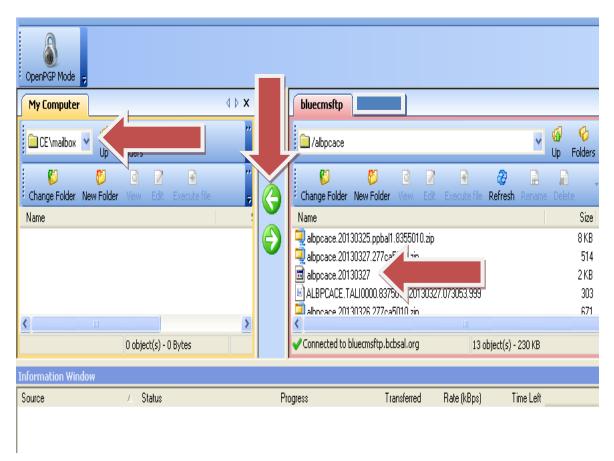
Daily Logs

You will have one daily log per day for each day you send a file.

The file naming convention for the daily log is:

User ID.date

The user ID in the example below is "albpcace" and the date is "20130327." Log onto your FTP account following the directions provided by your Network Service Vendor and, if this does not open your FTP software, start it now.



On the left side of your FTP client screen navigate to the C:\WINPCACE\mailbox subdirectory. On the right side click the file once to select it, then click the left arrow button to retrieve it. Your FTP client will then retrieve the file and place it in the WINPCACE\mailbox folder. See the directions elsewhere in this manual for instructions on viewing the daily log.

999s

Each file submitted creates a 999 which will indicate if the file was accepted, accepted with errors, or rejected.

To retrieve and process a 999 with PC-ACE Pro32, sign onto your FTP account using your FTP software.

The file naming convention for a 999 is: User ID.filename.(837 or 276)5010.date.time.999

In the example below, the file name is ALBPCACE.TALP0000.8375010.20130326.133053.999

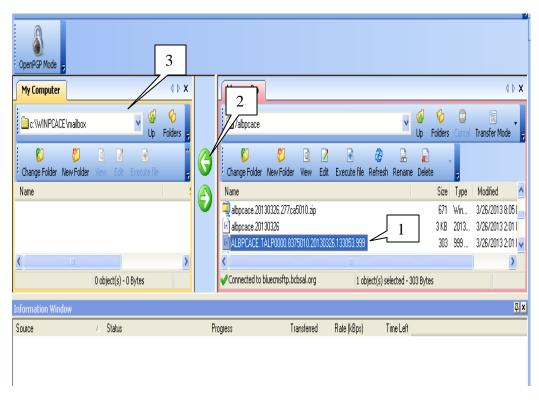
To view a 999 with PC-ACE Pro32 it must be retrieved to a particular subdirectory. This subdirectory is C:\WINPCACE\mailbox

Start your FTP client and log onto your FTP account.

In the area for your local drive in your FTP software, navigate to the "mailbox" subdirectory.

OpenPGP Mode 5										Connect to URI	- 5
My Computer	4 • • •	(bluecmsftp							4 Þ	х
a:\WINPCACE\ma	aibox		Albpcace				۷	☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑☑<	Cancel	Transfer Mode	-
	Folder View Edit Execute file	G	Change Folder		🗟 🛛 🖉 /iew Edit		∂ Refresh Rename		Ţ		
Name		Ð	Name					Size	Type	Modified	^
		V	albpcace.201		10.zip			671	Win	3/26/2013 8:05	
			B albpcace.201	30326 Alpooo0.83750	10.201303	26.133053.999		3 KB 303	2013 999	3/26/2013 2:01 3/26/2013 2:01	
<			<							>	
	0 object(s) - 0 Bytes		✔ Connected to b	luecmsftp.bcbs	al.org	13 o	bject(s) - 230 KB				
Information Window			,,							ŝ	Ş ×
Source	🛆 Status	F	Progress	Trans	sferred	Rate (kBps)	Time Left				

Click the file name to be retrieved once¹ to select it, then click the left arrow² to retrieve the file and store it in the mailbox subdirectory³.



See the instructions elsewhere in this manual for viewing the 999.

277CAs and 277s

The 277CA is the claims acknowledgement report and gives the details for accepted claim files. The 277 is a response to a submitted and accepted claim status request file (276). One 277CA is created per day when at least one file is submitted and accepted. A 277 is created when a claim status request (276) is submitted and accepted.

The file naming convention for the 277CA is:

User ID.date.277ca5010.zip.

For example, a 277CA for Tennessee submitter could be named:

tnbpcace.20130327.277ca5010.zip.

The file naming convention for the 277 is:

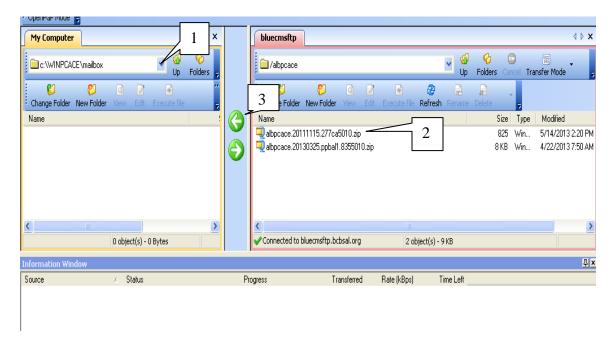
User ID.date.2775010.zip.

For example, a file for a Georgia submitter could be named:

gapcace.20130401.2775010.zip.

These files should be saved to the C:\WINPCACE\mailbox directory.

Start your FTP client software and log onto your FTP account. On your local drive (usually on the left) navigate to your WINPCACE\mailbox folder¹.



Click the 277CA or 277 that you want to retrieve once to select it. In the example above the file name is albpcace.20111115.277ca5010.zip². Click the left arrow³ to retrieve the file to your mailbox folder.

To process and view a 277CA and 277 see the instructions elsewhere in this manual.

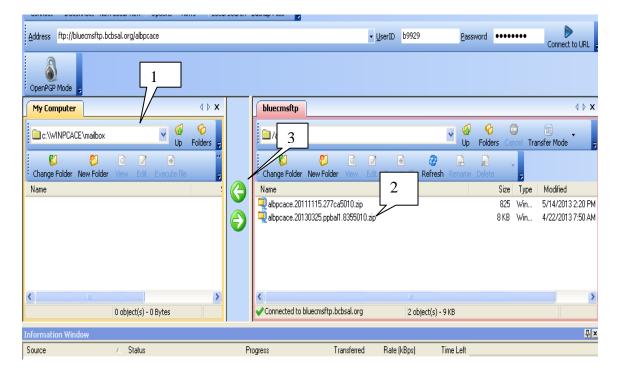
835s

The file naming convention for remittances (835s) is:

User ID.date.ppbal1.8355010.zip.

To retrieve an electronic remittance (835), start your FTP software and log onto your FTP account. The file name for the remittance in the example below is *albpcace.20130325.ppbal1.8355010.zip*.

On your local drive navigate to your C:\WINPCACE\mailbox directory¹. Locate and click the remittance you want to retrieve² from your FTP account and click the left-arrow³ to retrieve the remittance to the mailbox directory.



To view the remittances see the instructions elsewhere in this manual.

Viewing and Processing Reports

Once a file is received Cahaba produces reports that show whether or not the file was accepted or rejected, and also provides details for accepted files. It is important that you retrieve and process these reports so that you will become aware of and correct any issues that may prevent us from accepting your claims for processing before your cash flow is interrupted. See the "Manually Retrieving Files for PC-ACE Pro32" section elsewhere in this manual for instructions on retrieving these reports.

Viewing a Daily Log

To view retrieved daily logs, click the Institutional or the Professional Claims menu on the PC-ACE Pro32 toolbar.



Since these screens are identical for both, only the Professional screens will be used in the screen shots below.

Click "Maintain" → "Launch Report Manager."



Double-click the report you want to view to display it.

🗐 PC-ACE Pro32 Report Manager						
File Filter A	Action H	Help				
Date	Time	Description		Archive File	<u> </u>	
03/27/2013	12:34	Daily Log Report - 03/27/2013		DL130327.001		
					>	
Select <u>R</u> eport	Туре:		1		1	
Daily Log Re	port	T	<u>V</u> iew Report	Print Report	Close	

Use the navigation buttons at the top to page through, print, or close the daily log.

🛄 Report	Preview	
	Zoom 🔟 🛨 📢 Page 1 of 1 🕨 🖉 🖉 Close	

	TTNB0000.2765010.zip Date: 03/26/20	

	UNZIP RESULTS:	
	FILE UNZIPPED SUCCESSFULLY	***ACCEPTED***

	TTNP0000.8375010.zip Date: 03/26/20	

	UNZIP RESULTS:	
	FILE UNZIPPED SUCCESSFULLY	***ACCEPTED***

	TTNB0000.2765010.276 Date: 03/26/20	13 Time: 14:50:57

Processing and Viewing a File Acknowledgement (999)

The 999 is a report that is produced on an hourly basis that indicates if a file was accepted, accepted with errors, or rejected. You will receive one 999 for each claim or claim status request file submitted. See the directions in the Data Communications section for instructions on retrieving the 999.

The screens for Institutional and Professional are identical, so only the screens for Professional are shown.

Once you have retrieved all of your 999 files, click the appropriate claim processing option (Institutional or Professional) on the PC-ACE Pro32 toolbar.



🧮 Professional C	Claims Meny
File View Roster	Maintain Help
Import Claim	Reverse Claim Import Transmission Log Acknowledgment File Log Launch Report Manager Prepare Claim Status Request File Claim Status Response & Acknowledgment Log
	Purge Claim Activity Log
	<u>L</u> ist Claims
E P <u>r</u> ocess Clai	ms Prep <u>a</u> re Claims

At the Claims Menu, click "Maintain" then "Acknowledgement File Log."

Double-click the 999 you want to view to open it on your screen.

🗰 Professio	🗒 Professional Acknowledgment File Log								
Date	Time	Serial No	Status	Sender	Receiver	Trans Set #	Included	Received	Accepted Ar
03/26/2013	15:22	000029	A	10302	TNBPCACE	0001	1	1	1 AH
									-
<									>
,				1					
<u>V</u> iew Report		<u>D</u> elete		<u>R</u> efresh					<u>C</u> lose

🇰 Report Previe	ew (
Zoom		
	PC-ACE Pro32 ANSI-997/9	99 ACKNOWLEDGMENT REPORT
	File Date/Time: 03/26/2013 :	15:22:00 Serial No: 000029
	Acknowledgment Created (GSO4/05):	03/26/2013 15:22
	Sender Code (GSO2):	10302
	Receiver Code (GSO3):	TNBPCACE
	Ack Transaction Set Control No (STO2):	0001
	Prepare Serial Number:	000029
	Group Control Number (AK102):	29001
	Version/Release/Industry Code (&K103):	005010X222A1
	Transaction Set Control Number (AK2O2):	000029001
	Implementation Convention Ref (AK2O3):	005010X222A1
	Transaction Set Status (IK501):	A - Accepted
	Functional Group Status (AK901):	A - Accepted
	Transaction Sets Included (AK902):	1
	Transaction Sets Received (AK903):	1
	Transaction Sets Accepted (AK904):	1
	1	

Use the navigation buttons at the top of the screen to page through the report, print it, or close it.

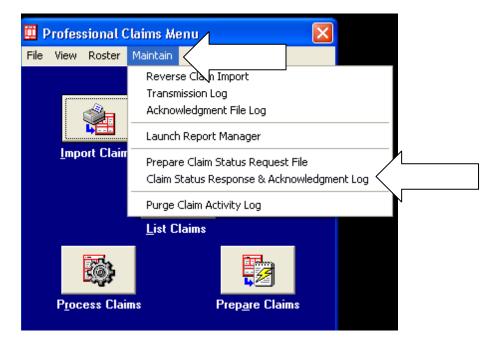
Processing a Claim Acknowledgement File (277CA)

See the directions in the Data Communications section of this manual for instructions on retrieving 277CA files.

• On the PC-ACE Pro32 tool bar click the "Institutional Claims Processing" button or the "Professional Claims Processing" button, whichever is appropriate.



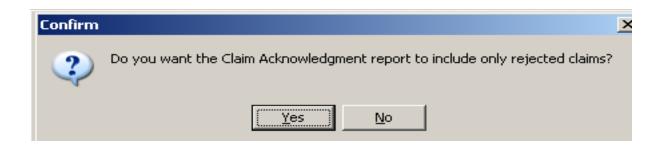
• Click "Maintain," then "Claim Status Response & Acknowledgement Log."



• Click to select the report to be viewed, and then click the "View Ack Report" button.

Institution	nal Clair	n Status Respon	ise & Acknowled	gment	Log				_	
Date	Time	Sender	Receiver	# Resp	# Ack	ISA Ctl. #	Group Ctl #	Trans Set #	Posted?	A
11/15/2011	15:21	10102	ALBPCACE	0	0	000000001	1	000000001	N/A	F
11/15/2011	15:21	10102	ALBPCACE	0	0	000000001	1	000000001	N/A	F
11/16/2011	03:20	10101	ALBPCACE	0	0	032031101	1	000000001	N/A	F
										•
<u>V</u> iew Ack	Report	<u>P</u> ost Re	sponse File	<u>D</u> elet	e	<u> </u>			<u>C</u> lose	;

• On the "Confirm" screen, click "Yes" to only include rejected claims on the report, or "No" to include all claims. This will open the report viewer.



• Use the navigation buttons at the top to move from one page of the report to another, to print the report, or to change the appearance of the report on your screen. The first page of the report will give details that pertain to the entire file.

	1
eport Preview	
Zoom 🔟 🗄 📢 Page 1 of 4 🕨 🖹 Qose	
	PC-ACE Pro32 AMSI-277 CLAIM ACKNOWLEDGHEWT REPORT
	File Date/Time: 11/15/2011 15:21:00
	tast purch target any system of a system of
	Acknowledgement Created (GSO4/O5): 11/15/2011 15:21
	Sender Code (GS02): 10102
	Receiver Code (GB03): ALBPCACE
	*** Transmission Acknowledgement # 1 ***
	Information Source ID: 10102 Name: CAEABA GBA
	Transmission Receipt Control #: 1010220111115000001
	Receipt Date: 11/15/2011
	Process Date: 11/15/2011
	*** Information Receiver Acknowledgement # 1 ***
	Information Source ID: 10102 Name: CAEABA GBA
	Receiver Name: CAHABA GBA 310 A/B MAC ID: ALBPCACE
	Receiver Info:
	Receiver Trace #: 000017
	Total Rejected Quantity: 3 Total Rejected Amount: \$150.00
	Receiver Status:
	Status Date: 11/15/2011
	Total Submitted Charges: \$150.00
	Acknowledgement #1:
	Category: 11 - Acknowledgement/Receipt-The claim/encounter has been
	received. This does not mean that the claim has been accepted for adjudication.
	Status: 19 - Entity acknowledges receipt of claim/encounter. Note:
	This code requires use of an Entity Code.
	Entity: PR - Payer
	*** Provider of Service Acknowledgement # 1 ***
	Information Source ID: 10102 Name: CANABA GBA
	Receiver Name: CAHABA GBA J10 A/B MAC ID: ALBPCACE
	Provider Name: PROVIDER, TESTING & NFI: 1234567890
	Provider Info:

• The next page will indicate if the claims for particular providers in the file were accepted. If a rejection is indicated at this level the individual claims

for that provider will not be listed. If the claims were accepted at the provider level then the individual claims will follow the provider level acceptance. If there are multiple providers in the file the results for the next provider will appear after the results for the previous provider.

🔲 🚆 Zoom 🎹 🗧 🕅 🕈 Page 2 of 10 🕨 🖉 🖉 🖓	
	`
	PC-ACE Pro32 ANSI-277 CLAIM ACKNOWLEDGMENT REPORT
	File Date/Time: 11/15/2011 13:12:00
	Provider Trace #:111611156664566612 Total Accepted Quantity: 1
	Total Accepted Amount: \$150.00
	Provider Status:
	Total Submitted Charges: \$150.00
	Acknowledgement #1:
	Category: Al - Acknowledgement/Receipt-The claim/encounter has been
	received. This does not mean that the claim has been accepted for adjudication.
	Status: 19 - Entity acknowledges receipt of claim/encounter. Note:
	This code requires use of an Entity Code. Entity: PR - Payer
	reith: hk = halat
	and Chain Johnson data and
	*** Claim Acknowledgement # 1 ***
	Information Source ID: 10102 Name: CAEABA GBA
	Receiver Nume: GENERAL INTERNAL MED D: ALEPCACE
	1004 SC2000
	Provider Nume: GENERAL INTERNAL MED NPI: 1234567890
	Patient:
	Name: BENEFICIARY, TESTING Subscriber #: 123456789A
	Claim: Trace #: 11151100010012315
	IGN/IGN: 291234567891011
	Service Date: 05/03/2010
	Status General:
	Status Date: 11/15/2011 Total Submitted Charges: \$150.00
	Acknowledgement #1: (Accepted) Category: k2 - Acknowledgement/Acceptance into adjudication system
	-The claim/encounter has been accepted into the adjudication
	system. Status: 20 - Accepted for processing.
	Status: 20 - Accepted for processing. Entity: PR - Payer

• Rejected claims will appear with an explanation for the rejection.

```
Patient:
 Name: GENERICIARY, TESTING
 Subscriber #: 123456789T
Claim:
 Trace #: 000011114445656
 Service Date: 09/01/2011-09/12/2011
Status General:
 Status Date: 11/03/2011
 Total Submitted Charges: $1,074.00
Acknowledgement #1: (Rejected)
 Category: A7 - Acknowledgement/Rejected for Invalid Information -
                The claim/encounter has invalid information as specified
                in the Status details and has been rejected.
  Status: 500 - Entity's Postal/Zip Code. Note: This code requires
                use of an Entity Code.
  Entity: 77 - Service Location
*** Claim Acknowledgement # 2 ***
```

Rejected claims will need to be reactivated, corrected, and resubmitted. For help reactivating transmitted claims see the instructions elsewhere in this manual.

Processing a Response to a Claim Status Request (277)

Since these screens are the same for Professional and Institutional users only the Professional screens are shown.

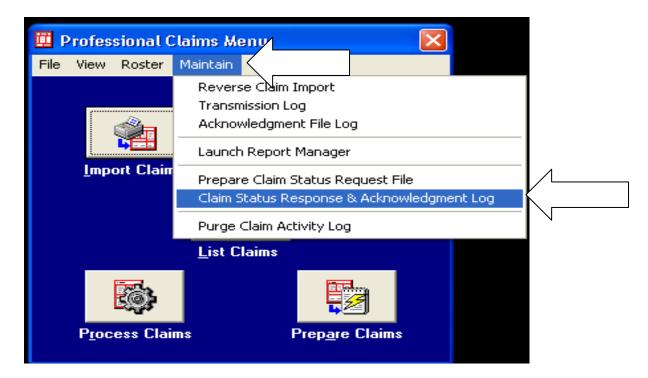
Once a response has been retrieved PC-ACE Pro32 will process it automatically and create reports indicating the result of the claim status request.

To view these reports, click the Institutional or Professional Claims Menu button on the PC-ACE Pro32 toolbar.



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On the Claims Menu click "Maintain," then "Claim Status Response & Acknowledgement Log."



This will bring up the list of available Claim Status Response Logs. Select the log you want to view by clicking it. Click "View Response Report" to see the

response from the Medicare processing system to each request in the file. Click "View Ack Report" to view the report. Click "Post Response File" (which will become available when a 277 has been selected) to have PC-ACE Pro32 post the results to the claims history.

Professio	nal Cla	nim Status Resp	onse & Acknov	vle dgm	ent Lo	g			
Date	Time	Sender	Receiver	# Resp	# Ack	ISA Ctl. #	Group Ctl #	Trans Set #	Posted? A
03/26/2013	15:35	10302	TNBPCACE	0	0	084941000	1	000000001	N/A F
									>
<u>V</u> iew Ack	. Report	Post Re:	sponse File	<u>D</u> elet	e	<u>R</u> efresh			<u>C</u> lose

To view the claim status response for a particular claim, click "List Claims" on the Professional Claims menu. Click "Location" in the lower left corner and select "TR – transmitted only." This will bring up the list of claims in this status.

Ħ.	Profes	sional	Claim List						
File	Filter	Action	ns Reports						
	Status	LOB	PCN	Patient Las	t	Bill Provider	Туре	Entered	S 🔨
	(1999)								
			entName 🔿 F	PCN O	Entry Date	C Service Dat	te		
	laim List				Chathan Land				
	.ocation:	-	to be transmitted o be transmitted	-	Status: << /	All >>	<u> </u>	DB: << All >>	
ſ	Checked	TR/P	D transmitted +	paid		Clear Filters	Advanc	ced Filter Opt	ions
			transmitted only paid only						
	<u>N</u> ew		⊻iew	Сору		<u>)</u> elete		<u></u> lo	ose

File Filter Actions Reports							
✓ Status		PCN	Patient Last	Bill Provider	Туре	Serv. From	S 🔼
	MCB	12556	JOHNSON	47222222	Solo	07/11/2008	0
CLN	MCB	99999	BENE NAME	47ZZZZZZ	Solo	08/01/2008	0
							-
- ·							
							E
							_
							2
<u>S</u> ort By: (Pati	ent Name 🔿 P	CN C Entry Date	C Service Date	e OT	ransmit Date	
🖵 Claim List	Filter O	ptions					
Location:	TB	transmitted only	👻 Status: 🤫	11 >>		DB: << All >>]	-
		and formation of hy				I STURY	
Checked	Checked claim count: 0 Clear Filters Advanced Filter Options						
New		⊻iew	Сору)elete		<u>C</u> lose	,

Click the claim you want to view the status response request log for, and then click "Actions."

Profess	rional Claim List						
File Fil <mark>t</mark> er	Actions Reports						
Status	Refresh daim List F						
CLN	Create New Claim	Create New Claim					
CLN	View Selected Claim						
	Copy Selected Claim						
	Delete Selected Claim						
	Purge Selected Claim						
	Reactivate Selected Claim						
	Hold Selected Claim						
	Print Selected Claim						
	Archive Selected Claim						
	Show Selected Claim Payments						
	Set Selected Claim Media						
	Request Selected Claim Status						
	Show Selected Claim Status History	<u>لــــــــــــــــــــــــــــــــــــ</u>					
	Copy All Checked Claims						
	Delete All Checked Claims						
<u>S</u> ort By: (Delete All Checked Claims						
<u>S</u> ort By: (Delete All Checked Claims Purge All Checked Claims						
<u>S</u> ort By: (Claim List	Delete All Checked Claims Purge All Checked Claims Reactivate All Checked Claims						
<u>S</u> ort By: (Delete All Checked Claims Purge All Checked Claims Reactivate All Checked Claims Hold All Checked Claims						
Sort By: (Claim List Location:	Delete All Checked Claims Purge All Checked Claims Reactivate All Checked Claims Hold All Checked Claims Print All Checked Claims						
<u>S</u> ort By: (Claim List	Delete All Checked Claims Purge All Checked Claims Reactivate All Checked Claims Hold All Checked Claims Print All Checked Claims Archive All Checked Claims						
Sort By: (Claim List Location:	Delete All Checked Claims Purge All Checked Claims Reactivate All Checked Claims Hold All Checked Claims Print All Checked Claims	•					

This will bring up the Claim Status Request/Response History for this claim. You may have multiple requests and responses for the same claim. Double-click the response you wish to view.

	🗓 Claim Status Request/Response History									
l	Post Date	Time	Action	Category 1	Status 1	Entity 1	Status Date	Paid Amount	Paid Date	
	09/16/2008	13:26	Request							
	09/16/2008	13:48	Response	F3F	16		9/15/2008	\$592.08	07/28/2008	
										\neg
										- a
	<									
			1		- 1					
	⊻iew		<u>D</u> elete	Print Histo	עז				<u></u> lo	se

Claim Status Response Details	
Response Posted:	09/16/2008 13:48
General Claim Information: Claim Trace #: ICN/DCN:	20444456789055556 1199999111444466
General Status Information: Status Date: Submitted Charges: Payment Amount/Date/Method: Check Issue/EFT Eff Date:	09/15/2008 \$2,800.00 \$592.08 07/28/2008 (Check) 07/28/2008
Check/EFT Trace #:	1234567890
Response #1 Response #2 R	lesponse #3
processing has been	arded-The claim/encounter a completed. Any applicable ade and the claim/encounter has a completed of the claim/encounter has a complete the claim has a
Status: 16 : Claim/encounter	has been forwarded to entity.
Entity:	
Create Date/Time: 09/15/2008 23 Ctrl.# (ISA/GS/ST): 000000003/1/1 Archive Filename: RH080915.001	

Click the "Response" tabs if there is more than one response for this claim. When you have finished click "Close" to close this screen.

For questions about claims denials, or claims in a pending status, contact the Provider Call Center for your state. For a list of Provider Contact Center phone numbers, visit our website at:

http://www.cahabagba.com/contact.htm.

Processing and Viewing an Electronic Remittance Advice (835)

After retrieving your electronic remits, in PC-ACE Pro32 click the "ANSI-835 Functions" button. (See the instructions for retrieving electronic remittances elsewhere in this manual.)

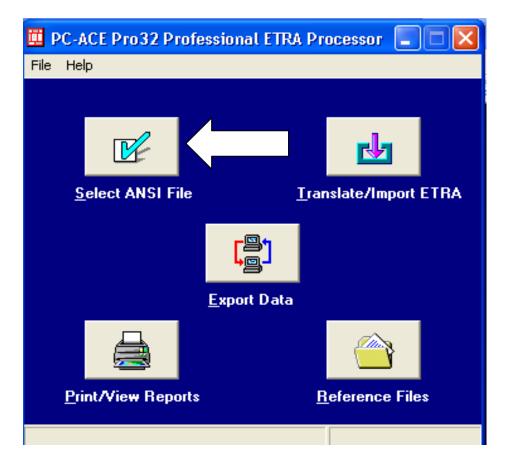
🗰 PC-ACE Pro	32 Clai	ms Proc	cessing		
File View Secu	urity Helj	p			
				$\langle \rangle$	

At the "System Selection" screen click the "Institutional" (for Part A) or the "Professional" (for Part B) button.

ANSI-835 System Selection				
ANSI-835 Selection Options				
Institutional <u>P</u> rofessional				
	<u>C</u> lose			

Since the screens for the Institutional and the Professional processors are identical, the example below will use the Professional processor.

On the ETRA Processor screen click "Select ANSI File."

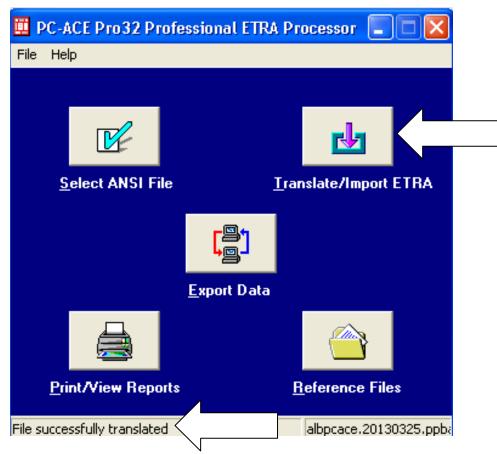


This will display the list of available remits. Double-click the remit to be viewed, or click it once and click the "Select" button.

File Date	File Size	File Name	
3/26/2013 0/31/2006	41027	albpcace.2013032	25.ppbal1.8355010
10/31/2006	1744	SAMPLE.DAT	
<u>D</u> elete			Select Cancel

This will return you to the ETRA processor screen.

Click the "Translate/Import ETRA" button.



When translation is complete "File successfully translated" will appear at the bottom of the screen. This typically only takes a few seconds.

To view the remit click "Print/View Reports."

🗓 PC-ACE Pro32 Professional ETRA Processor 🔳 🗖 🔀				
File Help				
Select ANSI File	:	Iranslate/Import ETRA		
	<u>E</u> xport Data			
Print/View Reports		<u>R</u> eference Files		
File successfully translated		albpcace.20130325.ppb;		

This will bring up a list of available reports.



Double-click a report to have it displayed on your screen. You may experiment to discover which report will work best for you. The first report, "Medicare Remittance Advice (Detail)" will display the remittance in a format that is similar to the Standard Paper Remittance (SPR) that you would receive in the mail.

If you get the "Report Selection Criteria" screen you can use this to select claims for a particular beneficiary or provider, or display a certain page range. If you leave all of these fields blank and click "OK" the entire remittance will be displayed.

Report Selection Criteria			
Start Page	End Page		
Provider			
PCN			
HIC			
ICN			
	OK Cancel		

PC-ACE Pro32 and Medicare Secondary Payer

Some beneficiaries may have an insurance policy that is primary to Medicare. For these beneficiaries the claim must first be submitted to the primary payer, and then submitted to Medicare after the primary company has adjudicated the claim. Before Medicare can pay these claims the primary payment information must be received; otherwise, Medicare will deny payment for those services.

PC-ACE Pro32 allows you to submit this information electronically. This document describes the required fields needed to submit a Medicare Secondary Payer claim.

Before entering MSP claims the primary payer may need to be entered. See instructions on entering payers in this manual. The beneficiary's information, with the primary and secondary payers, will also need to be entered. See instructions for entering beneficiaries in this manual.

There are two levels of information when sending MSP: line level and claim level. The process is different for Part A and for Part B so there are different sections for Institutional and for Professional claims.

Entering MSP Claims -- Part A (Institutional)

Before entering MSP claims the primary payer and the beneficiary's information, with the primary and secondary payers, will need to be entered. See instructions for entering payers and beneficiaries elsewhere in this manual.

There are additional instructions on entering MSP claims at the end of this manual

In the **Patient Info & Codes** tab enter any information needed to process the claims.

Institutional Claim Form
Patient Info & Codes Billing Line Items Payer Info Diagnosis/Procedure Diag/Proc (2) Extended General Ext. General (2) Extended Payer
LOB MCA FL 1 FL 2 Patient Control No. Type of Bill "
Patient Last Name First Name MI Suffix Fed Tax ID Statement Covers Period
Patient Address 1 Patient Address 2 Patient City State Patient Zip Country Patient Phone Image: Country Patient Address 1 Image: Country Patient Address 2 Patient City State Patient Zip Country Patient Phone Image: Country Patient Address 2 Patient City Image: Country Patient Phone Image: Country Patient Phone Image: Country Patient Phone Image: Country Patient Phone Image: Country Patient Phone Image: Country Patient Phone Image: Country Patient Phone Image: Country Patient Phone Image: Country Patient Phone Image: Country Patient Phone Image: Country Patient Phone Image: Country Patient Phone Image: Country Patient Phone Image: Country Patient Phone Image: Country Patient Phone Image: Country Patient Phone Image: Country Patient Phone Image: Country Patient Phone Image: Country Patient Phone Image: Country Patient Phone Image: Country Patient Phone Image: Country Patient Phone Image: Country Patient Phone Image: Country Patient Phone Image: Country Patient Phone Image: Country Patient Phone Image: Country Patient Phone Image: Country Patient Phone Image: Country Patient Phone Image: Country Patient Phone Image: Country Patient Phone </td
Birthdate Sex MS Admission HR Type SRC D HR Stat Medical Record No. Condition Codes
Occurrence Occurrence Occurrence Occurrence Occurrence Span Occurrence Span Code Date Code Date Code Date Code From Thru Code From Thru
Value Value Value Value Value Value Code Amount Code Amount Code Amount Code Amount Image: Ima
<u>S</u> ave <u>C</u> ancel

Enter any Occurrence Codes and Value Codes required in the relevant sections on this screen.

If you need to enter more Condition, Occurrence, Span, or Value Codes, click the **Ext. General (2)**¹ tab.

		J
Institutional Claim Form		×
Patient Info & Codes Billing Line Items Payer Info	Diagnosis/Procedure Diag/Proc (2) Exte	nded General Ext. General (2) Extended Payer
Additional Condition/Occurrence/Span/Value Code	20	
Condition Codes (11 - 16)	Occurrence Codes (9 - 16)	
	Ate Code Date Code Date / /	Code Date
Occurrence Span Codes (5 - 8) Value Cod	les (13 - 16)
Code From Thru Code From / / / / / / / / / / / /	Thru Code Amount /	Code Amount
Reserved CMS-1450 Claim Form Locators (UB92 ar	nd UB-04)	
FL 11 (UB92)	FL 78 (UB92)	FL 68 (UB-04)
FL 31 (UB92)	FL 7 (UB-04)	FL 73 (UB-04)
FL 56 (UB92)	FL 30 (UB-04)	FL 75 (UB-04)
FL 57 (UB92)	FL 37 (UB-04)	
		<u>Save</u> <u>Cancel</u>

Enter any additional information required for processing this claim.

nstitutional Claim Form
Patient Info & Codes Billing Line Items Payer Info Diagnosis/Procedure Diag/Proc (2) Extended General Ext. General (2) Extended Payer
Principal Diag. Other Diagnosis Codes (1 - 17)
DX/PC Admitting Diagnosis Patient's Reason For Visit Codes (1 - 3) External Cause of Injury Codes (1 - 3) PPS/DRG
Principal Proc Code/Date Other Procedure Codes/Dates (1 - 5) NPI Exempt POA Type COB? H.H. CR6?
Remarks Supporting Provider Information
Type Last/Org Name First Name MI Suffix Provider IDs / Types ATT Image: Comparison of the second se
Save

Next, click the **Diagnosis/Procedure**¹ tab.

To indicate that this is a Medicare Secondary Payer claim, enter a 'Y' in the **COB**?² field. Enter any other information required on this screen.

Next, click the **Billing Line <u>Item</u>s¹** tab.

	_			
Institutiona 2	Form			×
Patient Info	Billing Line Items Payer Inf	o Diagnosis/Procedure Dia	ag/Proc (2) 🛛 Extended Gene	eral 🛛 Ext. General (2) 🗍 Extended Payer 📄
Line Item Details	Extended Details (Line 1)	xt Details 2 (Line 1) 📔 MSP/C	OB (Line 1)	
42 LN Rev.Cd. H	44 44 - Modifiers HCPCS 1 2 3 4		iervice Date 46 e Thru Date Units/Da	47 48 ys Total Charges Non-Cov Charges
1				
2				
3				
4				
5				
6				
7				
8				
			Rec <u>a</u> lculate Totals	0.000.00
				<u>S</u> ave <u>C</u> ancel

Enter any information required on Line Item Details² for the processing of the claim as usual. Enter information into Extended Details and Ext Details 2 if required.

Repeat this process for each line charge on the claim.

When all of the line-level information has been entered click the **Extended Payer**¹ tab. $\boxed{2}$

Institutional Claim Form
Patient Info & Codes Billing Line Items Payer Info Diagnosis/Procedure Diag/Proc (2) Extended General Ext. General (2) Extended Payer
Primary Payer Secondary Payer Tertiary Payer COB Info (Primary) COB Info (Secondary)
Claim Adjustments / COB Amounts / MIA - MOA Information (ANSI-837 Only)
Claim Level Adjustments (CAS) COB / MIA / MOA Amounts
Num Group Reason Amount Units 4 um Code Amount
2 2 2
3 3 4 3 4 3
Medicare Inpatient Adjudication (MIA) Remarks Codes
Medicare Outpatient Adjudication (MOA) Remarks Codes
Claim Adjudication Date// 5
<u>Save</u>

Click the **COB Info (Primary)**² tab to enter the primary paid and adjustments. In the **COB/MIA/MOA Amounts**³ section enter the amount the primary payer paid with C4 in the "Code" field, and the total submitted charges, with a T3 in the "Code" field. Enter any other amounts, such as the primary paid amount, with the appropriate code. You may right-click the "Code" field and select the appropriate code from a list.

In the **Claim Level Adjustments (CAS)**⁴ section enter any adjustment information.

Enter the date of the primary remittance in the **Claim Adjudication Date**⁵ field. Click **Save** when you are done. If there are no errors you will be presented with a blank **Patient Info & Codes** screen, where you may begin entering a new claim or click the "Cancel" button if you have finished entering claims. If there are errors you will be presented with a list and you may click on the error message to be taken to the field where the error occurred. Fields in error will also begin flashing. Claims that do not balance will not be accepted into the processing system. The Total Primary Payer Paid Amount (C4) plus the adjustment amounts must equal the Total Submitted Charge (T3).

Example Total Submitted Charge		\$125.00
(C4)	Payer Paid Amount	\$ 75.00
(T3)	Adjustments Total Submitted Charge	<u> </u>

Entering MSP Claims – Part B (Professional)

There is a section giving additional information about entering MSP claims at the end of this manual.

Line Level MSP Information

Professional Claim Form	×
Patient Info & General Insured Information Billing Line Items Ext. Patient/General Ext. Pat/Gen (2) Ext. Payer/Insured	
LOB MCB Billing Provider 26 - Patient Control No.	2
1 2 - Patient Last Name First Name MI Gen 3 - Birthdate Sex MS ES SS Ind SOF Rep.	
5 - Patient Address 1 Patient Address 2 Patient City State Patient Zip Patient Phone	
10 - Patient Condition Related To ROI ROI Date Other Ins. 14 - Date/Ind of Current 15 - First Date 16 - UTW//Disability Dates & Type Employment Accident	-
17 - Referring Physician's Name (Last, First, MI) 17a - Referring Phys ID/Type 18 - Hospitalization Dates 20 - Outside Lab & Charges	
19 - Reserved For Local Use 22 - Medicaid Resubmission Code & Ref No	
25 - Fed. Tax ID SSN/EIN 27 - Provider Accepts Assignment? 33a - PIN No.	-
31 - Provider SOF Date _/_/ Facility? Dental? COB? Y Frequency 33b - GRP No.	
2 <u>S</u> ave <u>C</u> ancel	

- The LOB (Line of Business) field should contain MCB (Medicare Part B). Complete all necessary information.
- 2. The COB (Coordination of Benefits) field should contain the letter "Y".

Professional Claim Form		x
Patient Info & General Insured Information Billing Line Items Ext. Patient/General Ext. Pat/Gen (2) Ext. Payer/Ir	nsured	
3		
Sub Payer D Payer Name Insured's ID P.Rel Insured's Last Name	First Name	MI Gen
999999 BLUECROSS BLUESHIELD		
MEDICARE PART B		
Birthdate Sex Sig AOB Insured's Address 1 Insured's Address 2 Insured's (City State	: Zip
		<u> </u>
	— <u> </u>	· · ·
Insured's Phone ESC Employer Name Group Name Group Number		
		Clear Payer
	_	Clear Payer
	-	Clear Payer
	<u>S</u> ave	<u>C</u> ancel

- 3. On the Insured Information tab, enter the primary payer into the Payer ID field. You may need to add this payer in Reference File Maintenance before you are able to select it in the claim. You will need to also fill in the other fields relating to the insured's primary insurance.
- 4. Enter Medicare as the Secondary Payer ID. Right-click on this field and select the appropriate identifier from the list.

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) MSP/COB (Line 1)
Claim Diagnosis Codes: 1 36610 2 3 4 5 6 7 8
24a - Service Dates 24b 24c 24d - Modifiers 24e 24f 24g LN From Thru PS TS Proc 1 2 Diagnosis Charges Units EP FPEM CB AT Rendering Physician
28 - Total Charge50.00 (Recalculate)
29 - Amount Paid0.00 30 - Balance Due50.00
<u>S</u> ave <u>C</u> ancel

- 5. On the Billing Line Items tab, complete the line information the same as if Medicare Part B was the primary insurance.
- 6. After the first line on the claim is completed click the MSP/COB (Line 1) tab and begin to enter information from your primary EOB.

Professional Claim Form	X			
Patient Info & General Insured Informat	ion Billing Line Items Ext. Patient/General Ext. Pat/Gen (2) Ext. Payer/Insured			
Line Item Details Extended Details (Common Line MSP Amounts	7 Ext Details 2 (Line 1) Ext Details 3 (Line 1) MSP/COB (Line 1) 7 hal Line-level Adjudication / COB Information (ANSI-837 Use Only) 8			
Approved 0.00	Service Line Adjudication (SVD) Information			
0TAF0.00	SVD P/S Proc. Qual / Code Modifiers 1 thru 4 Paid Amount Paid Units B/U Line 1			
	Line Adjustment (CAS) & Miscellaneous Adjudication Info Procedure Code Description Line Level Adjustments (CAS)			
	Intelleter Adjustments (CAS) Image: State S			
	Adj/Payment Date 2			
	Remaining Owed			
	10			
	<u>Save</u>			

- 7. Enter information from primary EOB if applicable (denied, deductible, and co-insurance).
- 8. Service Line Adjudication (SVD) Information.
 - Right click in P/S, Proc fields and select the appropriate information
 - Right click in Proc. Field and select the appropriate information
 - In the Qual / Code field enter the same procedure code from billing line item
 - Paid Amount field enter the amount primary insurance paid even if the amount is zero
 - Tab to Paid Units field and enter the same number of units from billing line item
- 9. Line Level Adjustments (CAS) section determines the line level adjustments that caused the amount paid to be different from the original charged amount.
 - Right click the Group and Reason field to select the appropriate information
 - In the amount field enter the amount for the reason code
 - Next enter the units from the original service line
- 10. Enter the Adj/Payment Date. This is the date the primary payer adjudicated the service line.

Once information is complete on the first line you can go back to the Line Item Details and complete information on second service line, etc.

Claim Level Information

Professional Claim Form				
Patient Info & General Insured Informatio	n Billing Line Items Ext. Patient/General Ext. Pat/Gen (2)	. Payer/Insured		
Primary Payer/Insured Secondary Payer/Insured Tertiary Payer/Insured COB Info (Primary) COB Info (Secondary)				
Common Payer MSP Information	Additional Adjustment / COB Amounts / MOA Information (ANSI-8	15		
	Claim Level Adjustments (CAS)	COB / MOA Amounts		
Zero Payment Ind	Num Group Reason Amount Units 1	Num Code Amount 1 2 3		
P		<u>S</u> ave <u>C</u> ancel		

- 11. Click the Ext. Payer/Insured tab and click the COB Info (Primary) tab.
- 12. Right click the Zero Payment Ind. and select the appropriate information
- 13. COB / MOA Amounts right click and select "**D**" for the total amount paid for the claim.
- 14. Fill in the Claim Adjudication Date.

Note: Total of all line level amounts must equal claim level amounts.

MSP claims that do not balance at the line and the claim level will not be accepted. To balance an MSP claim, the total submitted charge, minus all adjustment amounts, must equal the payer paid amount.

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) MSP/COB (Line 1)
Claim Diagnosis Codes: 1 36610 2 3 4 5 6 7 8
24a - Service Dates 24b 24c 24d 24d 24d 24e 24f 1 LN From Thru PS TS Proc 1 2 Diagnosis Charge omts EP FPEM CB AT Rendering Physician 1 01/25/2005 01/25/2005 11 92012 1 60.00 10
28 - Total Charge60.00 [Recalculate] 29 - Amount Paid0.00 30 - Balance Due60.00
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- 1. Complete the billing line item. In this case the charge is \$60.00.
- 2. After the first line on the claim is completed click the MSP/COB (Line 1) tab begin to enter information from your primary EOB.

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)	I) Ext Details 2 (Line 1) Ext Details 3 (Line 1) MSP/COB (Line 1)		
Common Line MSP Amounts Add	dditional Line-level Adjudication / COB Information (ANSI-837 Use Only) Service Line Adjudication (SVD) Information		
0TAF 0.00 SVD	D P/S Proc. Qual / Code Modifiers 1 thru 4 Paid Amount Paid Units B/U Line P HC 92012		
2			
	Line Adjustment (CAS) & Miscellaneous Adjudication Info (for SVD 1 above) Procedure Code Description Line Level Adjustments (CAS)		
	▲ Num Group Reason Amount Units ✓ 1 CO 45 0.000 0.000		
	Adj/Payment Date 06/30/2005 2 PR 310.000.000 Remaining Owed000 31		
	<u>S</u> ave <u>C</u> ancel		

- 3. Service Line Adjudication (SVD) Information.
 - a. Right click in P/S, Proc fields and select the appropriate information
 - b. Right click in Proc. Field and select the appropriate information
 - c. In the Qual / Code field enter the same procedure code from billing line item
 - d. Paid Amount field enter the amount primary insurance paid even if the amount is zero
 - e. Tab to Paid Units field and enter the same number of units from billing line item
- 4. Line Level Adjustments (CAS) section determines the line level adjustments that caused the amount paid to be different from the original charged amount.
 - a. Right click the Group and Reason field to select the appropriate information
 - b. In the amount field enter the amount for the reason code
 - c. Next enter the units from the original service line

System Functions

Performing Backups

When closing PC-ACE Pro32, you are given the option to perform a backup of your files. If you want to perform a backup, click **Start Backup**. If not, click **Close.**

System Utilities	X
Backup/Restore File Maintenance	
Backup Validate Restore This utility performs a backup of the PC-ACE Pro32 databases and configuration settings. Specify a destination drive (e.g., 'A:\') or hard disk folder path and click	
the 'Start Backup' button. Destination Drive or Folder:	
, Include infrequently changed database files (backup will be larger)	
<u>Options</u> Start <u>B</u> acku	P
c	ose

Click the drop-down box at the end of the "Destination Drive or Folder:" field to navigate to the destination where you want the backup to be created. Click the "Start Backup" button to perform the backup. It is recommended that you perform backups on a regular basis. Clicking **Options** will allow you to select specific database files to be included in or excluded from the backup. To backup to a CD you will first need to perform the backup to your C:\ drive and then burn the resulting file, which will be named "PCACEPBK.ZIP", to a blank CD. You may also perform the backup to your network drive if your system is part of a network by changing the destination drive to your network drive.

Part II: Field-by-Field Explanations

Patient Information

General Information

Patient Information		×
General Information Extended Info Primary Insured	d (Inst) 🗍 Primary Insured (Pro	of) 🛛 Secondary Insured 🚺 🕨
Last Name First Name	MI Gen Patient Co	ntrol No (PCN)
Address Address	Patient Status Active Patient	Discharge Status
	Sex 🗌	Death Ind
City State Zip	DOB _/_/	DOD _/_/
	Marital Status	Signature On File 📃 📃
Country Phone	Employment Status	Release of Info
	Student Status	R0I Date//
Notes	CBSA Code	
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Last Name	Patient's Last Name
	Enter the patient's last name as it appears on
	his or her Medicare card, including spaces,
	dashes, apostrophes, etc.
First Name	Patient's First Name
	Enter the patient's first name.
MI	Patient's Middle Initial
	Enter the patient's middle initial.
Gen	Patient's Generation Identifier
	Enter the patient's generation identifier. If you
	enter a generation designation (such as II, III,
	Jr., etc.) in the GEN field, do not use periods or
	commas.

Patient Control No (PCN)	Patient Control Number
Patient Control No (PCN)	
	A unique identification assigned to the patient
	by the provider. The account number or
	medical records number assigned to the
	patient by the provider's office.
Patient Address	Patient Address – Line 1 and Line 2
	Enter the patient's address. Enter additional
	address information on the second address
	line. If there is no additional address
	information, bypass this field by pressing
	<tab>.</tab>
City	City
-	Enter the city in which the patient lives.
State	State
	Enter the two-character abbreviation of the
	state in which the patient lives.
Zip	Zip Code
	Enter a valid 5- or 9-digit zip code.
Phone	Telephone Number
	Enter patient's telephone number, including
	area code.
Patient Status Active Patient	Active Patient
	Enter one of the following values:
	Y = Patient is active
	N = Patient is inactive
Sex	Sex
	Enter one of the following values:
	M = Male
	F = Female
	U = Unknown
DOB	
	Date of Birth
	Date of Birth Enter the patient's date of birth in MMDDYYCC
Marital Status	Enter the patient's date of birth in MMDDYYCC
Marital Status	Enter the patient's date of birth in MMDDYYCC format. Marital Status
Marital Status	Enter the patient's date of birth in MMDDYYCC format.
Marital Status	Enter the patient's date of birth in MMDDYYCC format. Marital Status Enter one of the following values:
Marital Status	Enter the patient's date of birth in MMDDYYCC format. Marital Status Enter one of the following values: S = Single
Marital Status	Enter the patient's date of birth in MMDDYYCC format. Marital Status Enter one of the following values: S = Single M = Married
Marital Status	Enter the patient's date of birth in MMDDYYCC format. Marital Status Enter one of the following values: S = Single M = Married X = Separated
Marital Status	Enter the patient's date of birth in MMDDYYCC format. Marital Status Enter one of the following values: S = Single M = Married X = Separated D = Divorced

Employment Status	Employment Status
Employment Status	Employment Status
	Enter one of the following values:
	1 = Full time
	2 = Part time
	3 = Not employed
	4 = Self employed
	5 = Retired
	6 = On active military duty
	9 = Unknown
Student Status	Student Status
	Enter one of the following values:
	F = Full time
	P = Part time
	N = Not a student
CBSA Code	Core Based Statistical Area Code
CB3A Code	
	Enter the 5-digit code specifying the area in
	which the patient lives.
Discharge Status	Discharge Status
	Enter one of the following values:
	01 = Discharged to home or self care (routine
	discharge)
	02 = Discharged/transferred to a short-term
	general hospital for inpatient care
	03 = Discharged/Transferred to SNF with
	Medicare cert in anticipation of skilled care
	04 = Discharged/transferred to a facility that
	provides custodial or supportive care
	05 = Discharged/transferred to a Designated
	Cancer Center or Children's Hospital
	06 = Discharged/transferred to home under
	care of organized HH serv org pending covered
	skilled care
	07 = Left against medical advice or
	discontinued care
	08 = Discharged/transferred to home under
	5
	care of home IV drug therapy provider (not
	Medicare cert.)
	09 = Admitted as an inpatient to this hospital
	20 = Expired (or did not recover – Christian
	Science Patient)
	21 = Discharged/transferred to Court/Law
	Enforcement
	30 = Still patient or expected to return for
	outpatient services
	40 = Expired at home
	41 = Expired in a hospital, SNF, ICF, FREE
	42 = Expired - place unknown
	43 = Discharged/transferred to a federal health
	care facility
	50 = Discharge to hospice home
	51 = Discharge to hospice medical facility
	61 = Discharged/transferred to a hospital-
	based, Medicare-approved swing bed
	62 = Discharged to rehabilitation facility/unit

	63 - Discharged to long form care (LTC)
	63 = Discharged to long term care (LTC)
	hospital
	64 = Discharged/transferred to nursing home
	certified under Medicaid (but not under
	Medicare)
	65 = Discharged/transferred to a psych hospital
	or psych distinct part unit of hospital
	66 = Discharges/transfers to to Critical Access
	Hospitals
	69 = Discharged/transferred to a Designated
	Disaster Alternative Care Site
	70 = Discharged/transferred to another
	Institution Type not Defined Elsewhere in this
	List
	81 = Discharged to Home or Self Care with a
	Planned Acute Care Hospital Inpatient
	Readmission
	82 = Discharged/Transferred to a Short Term
	General Hospital for Inpatient Care
	(w/PACHIR)
	83 = Discharged/Transferred to a SNF with a
	Medicare Certification (w/PACHIR)
	84 = Discharged/Transferred to a Facility that
	Provides Custodial or Supportive Care
	(w/PACHIR)
	85 = Discharged/Transferred to a Designated
	Cancer Center or Children's Hospital
	(w/PACHIR)
	86 = Discharged/Transferred to a Home Under
	Care of Organized Home Health Service Org
	(w/PACHIR)
	87 = Discharged/Transferred to Court/Law
	Enforcement (w/PACHIR)
	88 = Discharged/Transferred to a Federal
	Health Care Facility (w/PACHIR)
	89 = Discharged/Transferred to a Hospital-
	based Medicare Approved Swing Bed
	(w/PACHIR)
	90 = Discharged/Transferred to an IRF
	including Rehab Distinct Part Units of a
	Hospital (w/PACHIR)
Death Ind	Death Indicator
	Code indicating whether or not the patient is
	deceased. Enter one of the following values:
	Y = Patient is deceased
	N = Patient not deceased
DOD	Date of Death
	Enter patient's date of death, if deceased.

Signatura On Eila	Signatura an Eila
Signature On File	Signature on File
	The first field is for Institutional Claims, the
	second is for Professional.
	For Institutional Claims (first block):
	Y = Signed signature authorization is on file.
	N = Signed signature authorization is not on
	file.
	For Professional Claims (second block)
	Enter one of the following CMS-1500 values
	specific to the claim type:
	C = [1500] Signed CMS-1500 on file
	S = [1500] Signed signature authorization form
	(Block 12) on file
	$\dot{M} = [1500]$ Signed signature authorization form
	(Block 13) on file
	$\dot{B} = [1500]$ Signed signature authorization form
	(Blocks 12 &13) on file
	P = [1500] Signature generated by provider
	(patient not physically present)
Release of Info	Release of Information
	A code indicating whether the provider has on
	file for this patient a signed statement
	permitting the release of medical data to other
	organizations in order to adjudicate the claims.
	Enter one of the following values:
	I = Informed consent to release data regulated
	by statute
	Y = Yes, provider has a signed statement
	permitting data release
ROI Date	Release of Information Date
	Specifies the date that the patient signed the
	Release of Information statement.
Notes	Notes
NUICO	
	Enter any notes pertinent to the patient.

Extended Info

Patient Informatio	n					×
General Information	Extended Info	Primary Insured (Inst)	Primary Insure	ed (Prof)	Secondary	Insured 💶 🕨
Patient Legal Rep	resentative Inforr	mation (Professional us	e only)			
Name (L/F)						
Address						
City/ST/Zip			·			
Country	Phone					
Primary Provider II) (Institutional us	e only)				
Provider ID		(press F2	2 to select)			
Billing/Rendering	Provider IDs (Pro	fessional use only) ——				
Billing Provider ID		(press F)	2 to select)			
Rendering Provid	er ID					
				9	ave	<u>C</u> ancel

Last Name	Last Name of Patient's Legal
	Representative
	Enter the patient's legal representative's last
	name.
First Name	First Name of Patient's Legal
	Representative
	Enter the patient's legal representative's first
	name.
MI	Middle Initial of Patient's Legal
	Representative
	Enter the patient's legal representative's middle
	initial
Address Line 1	Address Line 1 of Patient's Legal
	Representative
	Enter the address of the patient's legal
	representative.

Address Line 2	Address Line 2 of Patient's Legal Representative Enter additional address information on the second address line. If there is no additional address information, bypass this field by
City	pressing <tab></tab> . City Enter the city of the patient's legal representative.
State	State Enter the two-character abbreviation of the state in which the patient's legal representative resides.
Zip	Zip Code Enter the 5- or 9-digit zip code.
Phone	Telephone Number Enter the telephone number of the patient's legal representative, including area code.
Provider ID	Provider Identifier Enter the provider number for the Primary Provider or press F2 to select from the list.

Patient Information				×
General Information Extended Info	Primary Insured (Inst	() Primary Insured	l (Prof) Secondary	y Insured 💶 🕨
Payer ID Payer Name		LOB	 Insured Informat C Common Inst 	
Group Name Group	o Number	Claim Office	 Separate Inst 	t & Prof
Insured Information (F7) Employe	r Information (F8)		Clear All Fields	For Insured
Rel Last Name	First Name	MI Gen	Insured ID	
Address	Sex		Assign of Bene	fits
	DOE	3 _/_/	Release of Info	
City State 2	Zip Emp	loy Status	ROI Date	
Country Phone			Retire Date	
			<u>S</u> ave	<u>C</u> ancel

Primary, Secondary, and Tertiary Insured

Payer ID	Payer National Identification Number
	Right click in the Payer ID field and select the
	appropriate Payer ID number from the Payer
	Selection screen.
Payer Name	Payer Description
	The Payer description will automatically be
	entered when the Payer ID number is selected.
LOB	Line of Business
	The line of business (LOB) will automatically be
	entered when the Payer ID number is selected.
Group Name	Group Name
	The name of the group or plan through which
	insurance is being provided.
Group Number	Group Number
	The identification number assigned by the
	payer to the group or plan through which
	insurance is provided.
Claim Office	Claim Office
	Identifies specific payer location responsible for
	processing claims for this patient.

Insured Information (F7)	
Rel	Relationship
	A code indicating the relationship of the patient
	to the insured. Enter one of the following
	values:
	01 = Spouse
	04 = Grandfather or grandmother
	05 = Grandson or granddaughter
	07 = Nephew or niece
	09 = Adopted child
	10 = Foster child
	15 = Ward
	17 = Stepson or stepdaughter
	18 = Self
	19 = Child
	20 = Employee
	21 = Unknown
	22 = Handicapped dependent
	23 = Sponsored dependent24 = Dependent of a minor dependent
	24 = Dependent of a minor dependent29 = Significant other
	32 = Mother
	33 = Father
	34 = Other adult
	36 = Emancipated minor
	39 = Organ donor
	40 = Cadaver donor
	41 = Injured plaintiff
	43 = Child where insured has no financial
	responsibility
	53 = Life partner
	76 = Dependent
	G8 = Other relationship
	If the value entered is 18 (Self), the following
	fields will automatically be entered:
	Last Name, First Name, MI, Gen, Insured ID,
	Address, City, State, Zip, Telephone, Sex,
	DOB.
Last Name	Last Name
First Name	Enter the insured's last name. First Name
riist name	Enter the insured's first name.
MI	Middle Initial
	Enter the insured's middle initial.
Gen	Generation Identifier
	Enter the insured's generation identifier. If you
	enter a generation designation (such as II, III,
	Jr., etc.) in the GEN field, do not use periods or
	commas.
Insured ID	Insured Identification
	Enter the insured's identification number
	assigned by this payer.
	ລວວາງເກີດບັນງີ້ ແກ່ວ່າ ປັ່ນປະເທດ

Address	Address – Line 1 and Line 2
	Enter the insured's address information.
City	City
	Enter the insured's city.
State	State
	Enter the insured's state.
Zip	Zip Code
•	Insured's 5- or 9-digit zip code.
Telephone	Telephone Number
•	Insured's telephone number, including area
	code.
Sex	Sex
	A code indicating the insured's sex. Enter one
	of the following values:
	M = Male
	F = Female
	U = Unknown
DOB	Date of Birth
	Enter the insured's date of birth in
	MMDDYYCC format.
Employ Status	Employment Status
	Enter one of the following values indicating the
	insured's employment status:
	1 = Full time
	2 = Part time
	3 = Not employed
	4 = Self employed
	5 = Retired
	6 = On active military duty
	9 = Unknown
Assign of Benefits	Assignment of Benefits
	A code indicating whether the provider has
	been authorized to receive benefit payments
	on behalf of the insured. Enter one of the
	following values:
	Y = Yes (payment to provider is authorized)
	W = Not Applicable (use if patient refuses to
	assign benefits)
	N = No (payment to provider is not authorized)
Release of Info	Release of Information
	A code indicating whether the provider has on
	file for this patient a signed statement
	permitting the release of medical data to other
	organizations in order to adjudicate the claim.
	Enter one of the following values:
	I = Informed consent to release data regulated
	by statute
	Y = Yes, provider has a signed statement
	permitting data release
ROI Date	Release of Information Date
	Specifies the date that the patient signed the
	Release of Information statement.
Retire Date	Retire Date
	The insured's retire date

Employer Information (F8)		
Employer Name	Employer Name	
	Enter the name of the insured's employer.	
Employee ID	Employee Identification	
	Enter the unique identification number	
	assigned by the employer to the insured.	
Address	Address	
	Enter the current mailing address of the	
	insured's employer.	
City	City	
	Enter the city of the insured's employer.	
State	State	
	Enter the state of the insured's employer.	
Zip	Zip Code	
	Enter the 5- or 9-digit zip code of the insured's	
	employer.	

Provider Types

The Provider tab of the Reference File Maintenance form provides access to maintain the providers to be referenced on Professional claims. This is the Plan Information as issued by your State Agency. Setup of the Professional (Part B) provider reference file is required to process Professional claims. All providers referenced on professional claims must be represented in this reference file. The Professional Provider tab can be sorted by LOB, Type, Provider/Group Name, **Provider ID, Group Label**, and **Tag**.

The following options can be performed from the Provider tab:

- Adding a Provider—Click the New button and the Professional Provider Information window will display where you can enter necessary information. After adding information, click **Save**.
- Updating or Viewing an existing Provider—Click the View/Update button or double click the record you wish to view/update and the Professional Provider Information window (see Figure 4.10) will display. After making the necessary corrections, click **Save**.
- **Deleting an existing Provider record**—Select the desired record from the Provider list, click the **Delete** button, and confirm the deletion.

(Note: Claims are linked to provider records by an internal control number. Deleting a provider record will irrevocably break any such links that may exist in claims in the system. The Provider Deletion Confirmation will display and outline alternatives to deleting.)

Entering Provider Information

The Professional Provider information form provides access to a provider's type, name and address information, identification fields (Provider or Group ID/No., LOB, Payer ID, and Group Label), miscellaneous information, and optional local fields. The professional provider structure defines three distinct provider types:

Group Practice—Identifies the provider record as representing a group practice for billing purposes. When creating group provider records, the user must enter a unique "Group Label" to identify the group. The members of the group must be assigned as "Individuals."

Individual in Group—Identifies the provider record as representing an individual provider that is a member of one of the existing "Group" providers. When creating "Individual in a Group" provider records, select the desired **Group Label** from a lookup list of applicable group providers. Claims may not be billed directly to the "Individual in a Group" provider, rather these providers are specified as rendering providers on the CMS-1500 claim form. Group information should be entered first.

Solo Practice—Identifies the provider record as representing a solo practice provider. Solo practice providers are not associated with any provider group.

Provider Information

General Info

Professional Pro	ovider Information		×
General Info Ex	tended Info		
Provider Type:	Group Practice C Individual in Gro	oup 🔘 Solo Practice	<u>``</u>
Group Name		Group Label	
Last/First/MI		NPI	
Address		Tax ID/Type	
		UPIN	
City/St/Zip		Specialty	Type Org
Phone	[] Fax []	Taxonomy	
Contact		Accept Assign?	Participating?
Group ID/No.	LOB	Signature Ind	Date _/_/
Payer ID	Tag	Provider Roles:	Billing Y Rendering N
Remarks	Pi	rovider Associations:	Select None
		.0B Provider ID Pro	ovider/Group Name
	_		
			<u>S</u> ave <u>C</u> ancel

Provider Type	Provider Type
	Select the appropriate Provider type (Group
	Practice, Individual in Group, or Solo Practice).
Group Name or Organization	Group Name
	If the Provider Type is a "Group Practice," enter
	the group name for "Group" Providers in the
	Group Name field.
	Organization
	If the Provider Type is "Solo Practice," enter an
	optional organization name in the Organization
	field.
	Note: If the Provider Type is "Individual in
	Group," this field will not be available.

Last/First/MI	Provider's Name
	For "Individual in Group" and "Solo Practice"
	Providers, enter the provider's last name, first
	name, and middle initial. Note: If the Provider
	Type is "Group Practice," this field will not be
	available.
Address	Address – Line 1 and Line 2
	Enter the provider's physical address.
City/St/Zip	City/State/Zip Code
	Enter the provider's physical city, state, and 9-
	digit zip code.
Phone	Telephone Number
	Enter the provider's service telephone number,
	including area code.
Fax	Fax
	Enter the provider's service fax number,
	including area code.
Group ID/No. or Provider ID/No.	Group Identification/Number
•	If the Provider Type is "Group Practice," enter
	the unique provider (or group) identifier used
	on claims for this Line of Business (LOB). If the
	Payer ID field is also specified, then this
	provider/group identifier is used only on that
	Payer's claims.
	Provider Identification/Number:
	If the Provider Type is "Individual in Group" or
	"Solo Practice," enter the unique provider (or
	group) identifier used on claims for this Line of
	Business (LOB). If the Payer ID field is also
	specified, then this provider/group identifier is
	used only on that Payer's claims.
	If an NPI is entered here, the value "XX" must
	appear in the "Provider ID No/Type" field on the
	"Extended Info" screen.
LOB	Line of Business
	The internal Line of Business (LOB), or payer
	category, to which this Provider ID applies. A
	Provider record must be established for each
	LOB for which claims will be submitted. Right
	click in the field and select MCB (SC Med Part
	B) from the list of available values.
Payer ID	Payer Identification
-	The Payer ID field, <i>if specified</i> , designates this
	provider as being for use with this specific
	payer only. This feature allows the creation of a
	"payer-specific" Provider ID if required by the
	payer.
	μαχει.

TagTagAn optional user-assigned "tag" or pneumoni that can be established to assist in eas identification of the provider record.Group LabelGroup LabelSpecifies the group label assigned to a "Group Practice" provider and to the "Individual i Group" providers that belong to this group Each "Group Practice" provider must b assigned a unique alphanumeric group label and each provider assigned to the group practice must have the same value in his or here.
that can be established to assist in easidentification of the provider record. Group Label Group Label Specifies the group label assigned to a "Group Practice" provider and to the "Individual i Group" providers that belong to this group Each "Group Practice" provider must b assigned a unique alphanumeric group label and each provider assigned to the group practice must have the same value in his or here.
identification of the provider record. Group Label Specifies the group label assigned to a "Group Practice" provider and to the "Individual i Group" providers that belong to this group Each "Group Practice" provider must b assigned a unique alphanumeric group label and each provider assigned to the group practice must have the same value in his or here.
Group Label Group Label Specifies the group label assigned to a "Group Practice" provider and to the "Individual i Group" providers that belong to this group Each "Group Practice" provider must b assigned a unique alphanumeric group labe and each provider assigned to the group practice must have the same value in his or here.
Specifies the group label assigned to a "Group Practice" provider and to the "Individual i Group" providers that belong to this group Each "Group Practice" provider must b assigned a unique alphanumeric group labe and each provider assigned to the group practice must have the same value in his or he
Practice" provider and to the "Individual i Group" providers that belong to this group Each "Group Practice" provider must b assigned a unique alphanumeric group labe and each provider assigned to the grou practice must have the same value in his or he
Group" providers that belong to this group Each "Group Practice" provider must b assigned a unique alphanumeric group labe and each provider assigned to the grou practice must have the same value in his or he
Each "Group Practice" provider must b assigned a unique alphanumeric group labe and each provider assigned to the grou practice must have the same value in his or he
assigned a unique alphanumeric group labe and each provider assigned to the grou practice must have the same value in his or he
and each provider assigned to the grou practice must have the same value in his or he
practice must have the same value in his or he
Group Label.
Note: If the Provider Type is "Solo Practice
this field will not be available.
NPI National Provider Identifier
Enter the National Provider Identifier.
Tax ID/Type Tax Identification Number
Enter the federally assigned Tax Identificatio
Number (TIN) of the billing provider, either th
Employer ID number (EIN) or the Social
Security Number (SSN). The data i
automatically posted to claim form block 2
during claim entry.
Type
A code that identifies the type of Provider Ta
ID entered in the previous field. Enter one of
the following values:
E = Employer Identification Number
S = Social Security Number
X = Corporate Name, but Social Securit
Number
UPIN Unique Provider Identification Number
Enter the provider's Unique Provide
Identification Number (UPIN). The UPIN i
required for Medicare provider records.
Specialty Specialty
Enter the appropriate code indicating the
primary specialty of the provider for this Line of
Business, as defined by the payer/receive
Right click in the Specialty field and choos
from the Provider Specialties list.

Turne Ore	Turne of Ormanizational Structure
Type Org	Type of Organizational Structure
	The organizational structure of the provider.
	Enter one of the following values:
	001 = Solo Practice
	002 = Partnership
	003 = PA (Professional Association)
	004 = Clinic
	005 = Single entity facility/hospital
	006 = Distinct part facility/hospital
	007 = Individual
	008 = Corporation
Taxonomy	Taxonomy Code
	A code indicating the type, classification, and
	specialization of the provider for this Line of
	Business. These codes are defined in the
	Health Care Provider Taxonomy Code list.
Accept Assign?	Accept Assignment?
	Enter one of the following values indicating
	whether the provider accepts assignment for
	this Line of Business:
	A = Assigned
	C = Not assigned
	B = Assignment accepted on Clinical Lab
	services only (Prof. only)
Participating?	Participating Provider?
-	Enter one of the following values indicating if
	the provider participates in the Medicare
	program:
	Y = Participates in Medicare program
	N = Does not participate in Medicare Program
Signature Ind	Signature Indicator
-	Enter one of the following values indicating if
	the provider's signature is on file:
	Y = Signature of provider is on file
	N = Signature of provider is not on file

Date	Signature Date
	If the Signature Ind is "Y," then enter the date
	that the provider's signature was placed on file
	with the payer/receiver.
Provider Roles	Billing:
	Enter one of the following values to determine
	whether this provider will be included in the
	lookup list during claim entry:
	Y = Include in Billing Provider lookups
	N = Do not include in Billing Provider lookups.
	Rendering:
	Enter one of the following values to determine
	whether this "Individual in Group" or Solo
	Practice" provider record will be included in the
	service line "Rendering Provider" (block 24K)
	lookup list during claim entry:
	Y = Include in Rendering Provider lookups
	N = Do not include in Rendering Provider
	lookups
	Note: If the Provider Type is "Group Practice,"
	this field will not be available.
Remarks	Remarks
	Optional information can be entered in this
	field.

Extended Info

Professional Provider Information		×
General Info Extended Info		
CLIA No.	Provid	ider Name Match
Mammography No.	Force	e Legacy ID
HMO Contract No.	E-Mail	ail Address
Dental Provider?		
Provider ID/No Type		Secondary Provider IDs (ANSI use only)
Provider Name Suffix		ID/Type #1
Provider Country		ID/Type #2
Pay-To Provider Information (specify only if differen	ntj	
Organization		NPI
Last/First/MI		Fed Tax ID/Type
Address		Prov. ID/No./Type
		Sec ID/Type #1
City/St/Zip	·	Sec ID/Type #2
Country Name Suffix		
		<u>S</u> ave <u>C</u> ancel

CLIA No.	CLIA Number
	The Clinical Laboratory Improvement Act
	number for the provider
Mammography No.	Mammography Number
	The mammography certification number
	assigned to this provider
HMO Contract No.	HMO Contract Number
	The HMO Contract identifier required for
	Medicare Providers in states where a
	Medicare HMO Contract is in effect.
Dental Provider?	Dental Provider
	Indicates if the provider is a dental provider
	who will be submitting claims for dental
	services.
	Y = Dentist office submitting dental claims
	N = Not a dentist office

Provider ID/No. Type	Provider ID number type
	An optional code indicating the provider ID
	number type used.
	0B = State License Number
	1A = Blue Cross Provider Number
	(Solo/Group/Dental Only)
	1B = Blue Shield Provider Number
	1C = Medicare Provider Number
	1D = Medicaid Provider Number
	1E = Dentist License Number (Dental
	Only)
	1G = Provider UPIN Number (Prof. Only)
	1H = TRICARE/CHAMPUS Identification
	Number
	1J = Facility ID Number (Solo/Group Only)
	B3 = Preferred Provider Organization
	Number (Solo/Group Only)
	BQ = Health Maintenance Organization
	Code Number (Solo/Group Only) EI = Employer's Identification Number
	FH = Clinic Number (Solo/Group Only)
	G2 = Provider Commercial Number
	G5 = Provider Site Number
	(Solo/Group/Dental Only)
	LU = Location Number
	N5 = Provider Plan Network Identification
	Number (Individual Only)
	SY = Social Security Number
	TJ = Federal Taxpayer's Identification
	Number (Individual Only)
	U3 = Unique Supplier Identification
	Number (USIN) (Solo/Group Only)
	X5 = State Industrial Accident Provider
	Number
	XX = National Provider ID (NPI)
Provider Name Suffix	Provider Name Suffix
	The "solo" or "individual in group" provider
Brovidor Country	name suffix.
Provider Country	Provider Country Code
	Country code for provider (if other than US).
Provider Name Match	Provider Name Match
	An optional string used during the claim
	import process to facilitate the provider
	matching process. Use only under the
	supervision of your system maintainer.

	ree Lagov Identifier
	orce Legacy Identifier
	code specifying if this provider's legacy
	entifier should always be reported in
	NSI transactions regardless of the NPI.
	= Yes, use legacy identifier
	= No, do not use legacy identifier.
	ontact E-Mail Address
	he E-mail address for the contact person
	r the practice.
Secondary Provider IDs (ANSI use only)	na (Oa a an da ma Island (King/Tana
	rst Secondary Identifier/Type
	ne first of two optional secondary
	entifiers that may be used if additional
	entifiers are required to specify the
	ovider.
	econd Secondary Identifier/Type
	ne second of two optional secondary entifiers that may be used if additional
	entifiers are required to specify the
Pay-To Provider Information (specify only if	ovider.
	ganization Name
	he name of the organization.
	ovider's Last Name, First Name,
	iddle Initial
	he name of the provider.
	ovider Address
	he mailing address for the provider.
	ty/State/Zip Code
	he mailing city, state, and full nine-digit
	code for the provider.
	ountry Code
	he Country Code for the provider if
	tside of the US.
	ovider Name Suffix
	he name suffix for the solo or individual in
	oup provider.
	ational Provider Identifier
Th	e NPI for the provider.
	deral Tax Identifier/ Type
	e SSN or EIN of the provider.
Th	e SSN or EIN of the provider. ovider Identifier/Type
Th Prov. ID/No/Type Pr	

Sec ID/Type #1	First Secondary Identifier/Type The first of two optional secondary identifiers that may be used if additional identifiers are required to specify the		
Sec ID/Turne #2	provider.		
Sec ID/Type #2	Second Secondary Identifier/Type The second of two optional secondary identifiers that may be used if additional identifiers are required to specify the provider.		

Entering Claim Information - Professional Patient Info & General

Professional Claim Form
Patient Info & General Insured Information Billing Line Items Ext. Patient/General Ext. Pat/Gen (2) Ext. Payer/Insured
LOB MCB Billing Provider 26 - Patient Control No.
2 · Patient Last Name First 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 Related To 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, MI, Suffix) Referring Phys IDs/Types 18 - Hospitalization Dates 20 - Outside Lab/Chgs Image: Comparison of the system of the syst
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>

LOB	Line of Business		
	Enter the line of business (LOB), or payer		
	category, for this claim		
Billing Provider	Billing Provider		
	Enter the unique Provider ID assigned for ID		
	purposes by the payer/receiver and for which		
	payment is requested. The ID must reside on		
	the Provider database in Reference Files for		
	the claim's LOB and will correspond to the		
	claim field 33a - PIN No. or 33b - GRP No.		
26 Patient Control No.	Patient Control Number		
	Enter the unique identification number		
	assigned to the patient by the provider to		
	identify the patient.		
2 Patient Last Name	Patient Last Name		
	The last name of individual for whom the		
	services were performed will be entered		
	automatically based on the Patient Control		
	Number entered at the top of the form. If the		
	name shown in the field is incorrect, it must be		
	changed in the reference file. No change should be made to this field.		

Circt Nome	Eirot Nome
First Name	First Name
	The first name of individual for whom the
	services were performed will be entered
	automatically based on the Patient Control
	Number entered at the top of the form. If the
	name shown in the field is incorrect, it must be changed in the reference file. No change
	0
- M1	should be made to this field. Middle Initial
MI	
	The middle initial for individual for whom the
	services were performed will be entered
	automatically based on the Patient Control
	Number entered at the top of the form. If the
	initial shown in the field is incorrect, it must be
	changed in the reference file. No change
0.00	should be made to this field.
Gen	Generation Identifier
	The generation identifier, if any, will be entered
	automatically based on the Patient Control
	Number entered at the top of the form. If the
	identifier shown in the field is incorrect, it must
	be changed in the reference file. No change
3 Birth date	should be made to this field. Birth date
3 birth date	
	The date the patient was born will be entered automatically based on the Patient Control
	Number entered at the top of the form. If the date shown in the field is incorrect, it must be
	changed in the reference file. No change
	should be made to this field.
Sex	Silouid be made to this field.
Jex	
	One of the following values indicating the sex of the patient will be entered automatically
	based on the Patient Control Number entered
	at the top of the form:
	M = Male
	F = Female
	V = Unknown
	If the value shown in the field is incorrect, it
	must be changed in the reference file. No
	change should be made to this field.

8 Pat. Status MS ES SS	Patient Marital Status
	One of the following values indicating the
	marital status of the patient will be entered
	automatically based on the Patient Control
	Number entered at the top of the form:
	S = Single
	M = Married
	X = Separated
	D = Divorced
	W = Widowed
	P = Life Partner
	U = Unknown
	If the value shown in the field is incorrect, it
	must be changed in the reference file. No
	change should be made to this field.
	Patient Employment Status
	One of the following values indicating the
	employment status of the patient will be
	entered automatically based on the Patient
	Control Number entered at the top of the form:
	1 = Full Time
	2 = Part time
	3 = Not employed
	4 = Self employed
	5 = Retired
	6 = On active military duty
	9 = Unknown
	If the value shown in the field is incorrect, it
	must be changed in the reference file. No
	change should be made to this field.
	Patient Student Status
	One of the following values indicating the
	patient's student status will be entered
	automatically based on the Patient Control
	Number entered at the top of the form:
	F = Full time
	P = Part time
	N = Not a student
	If the value shown in the field is incorrect, it
	must be changed in the reference file. No
	change should be made to this field.
Death Ind	Death Indicator
	One of the following values indicating if the
	provider is billing services for a patient that is
	deceased will be entered automatically based
	on the Patient Control Number entered at the
	top of the form:
	D = Patient is deceased
	N = Patient is not deceased
	If the value shown in the field is incorrect, it
	must be changed in the reference file. No
	change should be made to this field.

40.005	0: (
12 SOF	Signature on File One of the following values will be entered automatically based on the Patient Control Number entered at the top of the form: C = [1500] Signed CMS-1500 claim Form on file S = [1500] Signed signature authorization Form (Block 12) on file M = [1500] Signed signature authorization Form (Block 13) on file B = [1500] Signed signature authorization Form (Block 12 & 13) on file P = [1500] Signature generated by provider (patient not physically present) If the value shown in the field is incorrect, it must be changed in the reference file. No change should be made to this field.
Legal Rep.	Legal Representative
	One of the following values indicating that someone other than the patient is to receive the explanation of benefits and/or the payment will be entered automatically based on the Patient Control Number entered at the top of the form: Y = Yes, there is a responsible party N = No, there is not a responsible party
	If the value shown in the field is incorrect, it must be changed in the reference file. No change should be made to this field.
NPI Exempt	NPI Exempt
	Enter a 'Y' to indicate if claim is exempt from NPI reporting status. Set this field to "Y" to bypass NPI editing requirements only when applicable.
5 Patient Address 1	Patient Address 1
	The patient's mailing address will be entered automatically based on the Patient Control Number entered at the top of the form. If the address shown in the field is incorrect, it must be changed in the reference file. No change should be made to this field.
Patient Address 2	Patient Address 2
	Line two (if any) of the patient's mailing address will be entered automatically based on the Patient Control Number entered at the top of the form. If the address shown in the field is incorrect, it must be changed in the reference file. No change should be made to this field.

Potiont City	Potiont City
Patient City	Patient City
	The city in which the patient resides will be
	entered automatically based on the Patient
	Control Number entered at the top of the form.
	If the city shown in the field is incorrect, it must
	be changed in the reference file. No change
	should be made to this field.
State	State
	The state in which the patient resides will be
	entered automatically based on the Patient
	Control Number entered at the top of the form.
	If the state shown in the field is incorrect, it
	must be changed in the reference file. No
Defined 7's	change should be made to this field.
Patient Zip	Patient Zip Code
	The patient's zip code will be entered
	automatically based on the Patient Control
	Number entered at the top of the form. If the
	zip code shown in the field is incorrect, it must
	be changed in the reference file. No change
Patient Phone	should be made to this field.
Patient Phone	Patient Telephone Number
	The patient's telephone number will be entered
	automatically based on the Patient Control Number entered at the top of the form. If the
	number shown in the field is incorrect, it must
	be changed in the reference file. No change
	should be made to this field.
10 Patient Condition Related To:	Patient Condition Related to Employment
Employment Accident	Enter one of the following values:
	Y = Yes (employment related)
	N = No (not employment related)
	U = Unknown
	Patient Condition Related to Accident
	Enter one of the following values:
	A = Auto Accident
	O = Other, non-auto accident
	N = No accident
ROI	Release of Information
	One of the following values indicating whether
	the provider has on file a signed statement
	permitting the release of medical data to other
	organizations in order to adjudicate the claim
	will be entered automatically based on the
	Patient Control Number entered at the top of
	the form:
	Y = Yes, signed release on file
	M = Modified or restricted release on file
	N = No, signed release not on file
	If the value shown in the field is incorrect, it
	must be changed in the reference file. No
	change should be made to this field.

POI Data	POI Data
ROI Date	ROI Date
	The date that the patient signed the Release of
	Information statement, if applicable, will be
	entered automatically based on the Patient
	Control Number entered at the top of the form.
	If the date shown in the field is incorrect, it
	must be changed in the reference file. No
	change should be made to this field.
Other Ins.	Other Insurance Indicator
	Enter one of the following values indicating if
	the patient has other insurance which may or
	may not be reflected on this claim:
	1 = Yes, patient has other insurance
	2 = Yes, patient has other insurance not on
	claim
	3 = No, patient does not have other insurance
14 Date/Ind of Current Date Indicator	Date of Current
	Enter the previous date that the patient
	experienced symptoms similar or identical to
	those for which services submitted on this
	claim were rendered.
	Indicator of Current
	Enter one of the following values indicating as
	to whether the patient reported that they have
	previously experienced symptoms similar or
	identical to those for which services submitted
	on this claim were rendered:
	0 = No symptom date
	1 = Date of first symptoms of illness
	2 = Date of Last Menstrual Period (LMP)
15 First Date	First Date
	Enter the first date of same or similar illness.
16 UTW/Disability Dates & Type	UTW/Disability Dates
	Enter the beginning and ending dates that the
	patient, in the provider's opinion, was or will be
	unable to perform the duties normally
	associated with his/her work.
	Туре
	Enter one of the following values indicating the
	type of disability:
	1 = Short Term Disability
	2 = Long Term Disability
	3 = Permanent/Total Disability
	4 = No Disability
17 Referring Physician's Name (Last, First,	Referring Physician's Name
MI)	Enter the referring physician's last name, first
	name, and middle initial.
17a Referring Phys ID	Referring Physician's ID
	Enter the referring physician's UPIN.
18 Hospitalization Dates	Hospitalization Dates
	Enter the beginning and ending hospital dates
	related to current service.

20 Outside Lab & Charges	Outside Lab & Charges
20 Outside Lab & Charges	Outside Lab & Charges
	Enter the following value indicating if outside charges are included in this claim:
	Y = Yes, outside lab charges included in this
	claim
	N = No, outside lab charges not included in this
	If "Y," enter the dollar amount of the outside
	charges included in the claim.
19 Reserved For Local Use	Reserved for Local Use
	Refers to Block 19 of the CMS-1500 Claim
	form (usage varies by state).
22 Medicaid Resubmission Codes & Ref No	Medicaid Resubmission Codes & Reference
	Number
	Enter one of the following values indicating the
	reason for the claim submission:
	00 = Original claim
	01 = Void/Cancel prior claim
	02 = Resubmission
	Enter into the second field the Reference
	Number assigned by the payer to the original
25 Fed. Tax ID	claim. Federal Tax Identification
	The federally assigned Tax Identification Number (TIN) of the billing provider will be
	entered automatically based on the Billing
	Provider entered at the top of the form. If the
	number shown in the field is incorrect, it must
	be changed in the reference file. No change
	should be made to this field.
SSN/EIN	SSN/EIN Indicator
SSN/LIN	One of the following values indicating the type
	of Provider Tax ID identified in Field 25
	provider will be entered automatically based on
	the Billing Provider entered at the top of the
	form:
	E = Employer Identification Number
	S = Social Security Number
	X = Corporate Name, but Social Security
	Number
	If the value shown in the field is incorrect, it
	must be changed in the reference file. No
	change should be made to this field.
	change should be made to this held.

27 Provider Accordo Accimmento	Provider Accente Accienment?
27 Provider Accepts Assignment?	Provider Accepts Assignment?
	One of the following values indicating whether
	or not the provider accepts assignment will be
	entered automatically based on the Billing
	Provider entered at the top of the form:
	A = Assigned
	B = Assignment accepted on Clinical Lab
	Services only (Prof. only)
	C = Not assigned
	If the value shown in the field is incorrect, it
	must be changed in the reference file. No
	change should be made to this field.
31 Provider SOF	Provider Signature on File
	One of the following values indicating if the
	signature of the provider of service(s) reported
	on this claim which acknowledges the
	performance of the service(s) and authorizes
	payment is on file in the provider's office will be
	entered automatically based on the Billing
	Provider entered at the top of the form:
	Y = Signature of provider is on file
	N = Signature of provider is not on file
	If the value shown in the field is incorrect, it
	must be changed in the reference file. No
	change should be made to this field.
Date	Date
	The date of the provider's signature, if
	applicable, will be entered automatically based
	on the Billing Provider entered at the top of the
	form. If the date shown in the field is incorrect,
	it must be changed in the reference file. No
	change should be made to this field.
32 Facility Info?	Facility Information
	Enter one of the following values indicating
	whether the facility information is included with
	the claim:
	Y = Yes, facility information included
DentalO	N = No, facility information not included
Dental?	Dental
	One of the following values indicating whether
	this claim is being submitted by a dentist office
	will be entered automatically based on the
	Billing Provider entered at the top of the form:
	Y = Dental claim submitted by a dentist office
	N = Not a dental claim
	If the value shown in the field is incorrect, it
	must be changed in the reference file. No
	change should be made to this field.
COB?	Coordination of Benefits
	Enter a 'Y' if the claim is for a beneficiary who
	has an insurance primary to Medicare; otherwise, leave blank.

Frequency	Frequency Indicator	
	One of the following values indicates if the	
	claim is an original, a replacement, or a void	
	claim:	
	1 = Original	
	7 = Replacement	
	8 = Void/cancel of a prior claim	
33a PIN No.	PIN	
	Enter the unique Provider ID of the rendering	
	provider (solo or group member). For claims	
	billed to a group, this provider serves as the	
	rendering provider for all service lines.	
33b GRP No.	Group Number	
	The group number will be entered	
	automatically based on the Billing Provider	
	entered at the top of the form. If the number	
	shown in the field is incorrect, it must be	
	changed in the reference file. No change	
	should be made to this field.	

The Professional Claim Form, Patient Info & General tab includes fields that will automatically "fill" with information pulled from the Reference Files. If any of the automatically entered information is incorrect, it cannot be changed from this tab. You must exit the Claim Form and make the necessary change(s) directly to the appropriate Reference File.

Insured Information

Patient Info & Genera	Insured Information	Billing Line Items Ext.	Patient/General Ext. Pat/Gen	(2) Ext. Payer/Insured	
ub Payer ID	Payer Name	Insure	d's ID P.Rel Insured's La	st/Org Name First Nam	e Mi Gen
Birthdate Sex _/_/	13 Sig AOB Insure	d's Address 1	Insured's Address 2	Insured's City	State Zip
Country Insured's F	Phone / Ext. ESC	Employer Name	Group Name	Group Number	Clear Payer Clear Payer Clear Payer Clear Payer

Payer ID	Payer ID The National identification number for the payer will be entered automatically based on the Billing Provider entered into the Patient Info & General tab. If the number shown in the field is incorrect, it must be changed in the reference file. No change should be made to this field.
Payer Name	Payer Name The descriptive name associated with the payer identification number will be entered automatically based on the Billing Provider entered into the Patient Info & General tab. If the name shown in the field is incorrect, it must be changed in the reference file. No change should be made to this field.
Insured's ID	Insured's Identification Number The Insured's identification number assigned by the payer will be entered automatically based on the PCN entered into the Patient Info & General tab. If the number shown in the field is incorrect, it must be changed in the reference file. No change should be made to this field.

6 P. Rel	Patient Relationship
0 F. Rei	
	One of the following values indicating the
	relationship of the patient to the insured will be
	entered automatically based on the PCN entered into the Patient Info & General tab:
	01 = Spouse
	04 = Grandfather or grandmother
	05 = Grandson or granddaughter
	07 = Nephew or niece
	09 = Adopted child
	10 = Foster child
	15 = Ward
	17 = Stepson or stepdaughter
	18 = Self
	19 = Child
	20 = Employee
	21 = Unknown
	22 = Handicapped dependent
	23 = Sponsored dependent
	24 = Dependent of a minor dependent
	29 = Significant other
	32 = Mother
	33 = Father
	34 = Other adult
	36 = Emancipated minor
	39 = Organ donor
	40 = Cadaver donor
	41 = Injured plaintiff
	43 = Child where insured has no financial
	responsibility
	53 = Life partner
	76 = Dependent
	G8 = Other relationship
	If the value shown in the field is incorrect, it
	must be changed in the reference file. No
	change should be made to this field.
Insured's Last Name	Insured's Last Name
	The last name of the insured will be entered
	automatically based on the PCN entered into
	the Patient Info & General tab. If the name
	shown in the field is incorrect, it must be
	changed in the reference file. No change
	should be made to this field.
First Name	First Name
	The first name of the insured will be entered
	automatically based on the PCN entered into
	the Patient Info & General tab. If the name
	shown in the field is incorrect, it must be
	changed in the reference file. No change
	changed in the reference life. No change
	should be made to this field.

automatically	itial of the insured will be entered
automatically	
-	hand on the DON optaged into
the Detient I	based on the PCN entered into
	nfo & General tab. If the initial
	e field is incorrect, it must be
	the reference file. No change
	de to this field.
Gen Generation lo	
	on identifier, if any, will be entered
	based on the PCN entered into
	fo & General tab. If the identifier
	e field is incorrect, it must be
	the reference file. No change
	de to this field.
Birth date Birth date	
	birth of the insured will be entered
	based on the PCN entered into
	nfo & General tab. If the date
	e field is incorrect, it must be
	the reference file. No change
	de to this field.
Sex Sex	
	ollowing values indicating the sex
	ed will be entered automatically
	PCN entered into the Patient Info
& General tab):
M = Male	
F = Female	
	shown in the field is incorrect, it
	anged in the reference file. No
	d be made to this field.
Sig Signature	
	llowing values indicating how the
patient/subscr	•
	and how they are being retained
	der will be entered automatically
	PCN entered into the Patient Info
& General tab	
	gned CMS-1500 claim form on file
	gned signature authorization Form
(Block 12) on	
	Signed signature authorization
Form (Block 1	
	gned signature authorization Form
(Block 12 & 1)	
	Signature generated by provider
(patient not ph	hysically present).
If the value s	shown in the field is incorrect, it
If the value s	shown in the field is incorrect, it anged in the reference file. No

12 400	Assignment of Ponofits
13 AOB	Assignment of Benefits
	One of the following values indicating whether
	or not the provider has obtained a signed form
	authorizing the payer to pay the provider will be
	entered automatically based on the PCN
	entered into the Patient Info & General tab:
	Y = Yes (payment to provider is authorized)
	W = Not Applicable (use if patient refuses to
	assigned benefits)
	N = No (payment to provider not authorized)
	If the value shown in the field is incorrect, it
	must be changed in the reference file. No
	change should be made to this field.
Insured's Address 1	Insured's Address 1
	The current mailing address of the insured will
	be entered automatically based on the PCN
	entered into the Patient Info & General tab. If
	the address shown in the field is incorrect, it
	must be changed in the reference file. No
	change should be made to this field.
Insured's Address 2	Insured's Address 2
	The current mailing address (line 2, if needed)
	of the insured will be entered automatically
	based on the PCN entered into the Patient Info
	& General tab. If the address shown in the field
	is incorrect, it must be changed in the
	reference file. No change should be made to this field.
Insured's City	Insured's City
insuleu's City	The city if the insured will be entered
	automatically based on the PCN entered into
	the Patient Info & General tab. If the city shown
	in the field is incorrect, it must be changed in
	the reference file. No change should be made
State	to this field.
State	State
	The state of the insured will be entered
	automatically based on the PCN entered into
	the Patient Info & General tab. If the state
	the Patient Info & General tab. If the state shown in the field is incorrect, it must be
	the Patient Info & General tab. If the state shown in the field is incorrect, it must be changed in the reference file. No change
	the Patient Info & General tab. If the state shown in the field is incorrect, it must be changed in the reference file. No change should be made to this field.
Zip	the Patient Info & General tab. If the state shown in the field is incorrect, it must be changed in the reference file. No change should be made to this field. Zip Code
Zip	 the Patient Info & General tab. If the state shown in the field is incorrect, it must be changed in the reference file. No change should be made to this field. Zip Code The zip code for the insured will be entered
Zip	the Patient Info & General tab. If the state shown in the field is incorrect, it must be changed in the reference file. No change should be made to this field. Zip Code The zip code for the insured will be entered automatically based on the PCN entered into
Zip	 the Patient Info & General tab. If the state shown in the field is incorrect, it must be changed in the reference file. No change should be made to this field. Zip Code The zip code for the insured will be entered automatically based on the PCN entered into the Patient Info & General tab. If the zip code
Zip	 the Patient Info & General tab. If the state shown in the field is incorrect, it must be changed in the reference file. No change should be made to this field. Zip Code The zip code for the insured will be entered automatically based on the PCN entered into the Patient Info & General tab. If the zip code shown in the field is incorrect, it must be
Zip	 the Patient Info & General tab. If the state shown in the field is incorrect, it must be changed in the reference file. No change should be made to this field. Zip Code The zip code for the insured will be entered automatically based on the PCN entered into the Patient Info & General tab. If the zip code
Zip	 the Patient Info & General tab. If the state shown in the field is incorrect, it must be changed in the reference file. No change should be made to this field. Zip Code The zip code for the insured will be entered automatically based on the PCN entered into the Patient Info & General tab. If the zip code shown in the field is incorrect, it must be
Zip Country	 the Patient Info & General tab. If the state shown in the field is incorrect, it must be changed in the reference file. No change should be made to this field. Zip Code The zip code for the insured will be entered automatically based on the PCN entered into the Patient Info & General tab. If the zip code shown in the field is incorrect, it must be changed in the reference file. No change
	 the Patient Info & General tab. If the state shown in the field is incorrect, it must be changed in the reference file. No change should be made to this field. Zip Code The zip code for the insured will be entered automatically based on the PCN entered into the Patient Info & General tab. If the zip code shown in the field is incorrect, it must be changed in the reference file. No change should be made to this field.
	 the Patient Info & General tab. If the state shown in the field is incorrect, it must be changed in the reference file. No change should be made to this field. Zip Code The zip code for the insured will be entered automatically based on the PCN entered into the Patient Info & General tab. If the zip code shown in the field is incorrect, it must be changed in the reference file. No change should be made to this field. Country Code

Incurred's Dhane / Ext	Incurad's Tolophone Number
Insured's Phone / Ext	Insured's Telephone Number
	The telephone number and extension for the
	insured will be entered automatically based on
	the PCN entered into the Patient Info &
	General tab. If the number shown in the field is
	incorrect, it must be changed in the reference
	file. No change should be made to this field.
ESC	Employment Status Code
	One of the following values indicating the
	employment status of the insured will be
	entered automatically based on the PCN
	entered into the Patient Info & General tab:
	1 = Full time
	2 = Part time
	3 = Not employed
	4 = Self employed
	5 = Retired
	6 = On active military duty
	9 = Unknown
	If the value shown in the field is incorrect, it
	must be changed in the reference file. No
	change should be made to this field.
Employer Name	Employer Name
	The name of the insured's employer will be
	entered automatically based on the PCN
	entered into the Patient Info & General tab. If
	the name shown in the field is incorrect, it must
	be changed in the reference file. No change
	should be made to this field.
Group Name	Group Name
	The name of the group or plan through which
	insurance is being provided will be entered
	automatically based on the PCN entered into
	the Patient Info & General tab. If the name
	shown in the field is incorrect, it must be
	changed in the reference file. No change
	should be made to this field.
Group Number	Group Number
	The identification number assigned by the
	payer to the group or plan through which
	insurance is provided will be entered
	automatically based on the PCN entered into
	The Patient Into & (apperaition if the number
	the Patient Info & General tab. If the number
	shown in the field is incorrect, it must be
	shown in the field is incorrect, it must be changed in the reference file. No change
Clear Payor	shown in the field is incorrect, it must be changed in the reference file. No change should be made to this field.
Clear Payer	shown in the field is incorrect, it must be changed in the reference file. No change should be made to this field. Clear Payer
Clear Payer	shown in the field is incorrect, it must be changed in the reference file. No change should be made to this field.

Line Item Details

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
6 _/_// Z8 - Total Charge0.00 Recalculate0.00 29 - Amount Paid0.00 30 - Balance Due0.00
<u>Save</u>

Claim Diagnosis Codes: 1-8	Claim Diagnosis Codes
	Enter the Diagnosis Code(s) identifying a
	diagnosed medical condition resulting in a line
	item service.
24a Service Dates: From Thru	Service Dates – From
	Enter the date the service was initiated.
	Service Dates – Through
	The date entered into the From field will
	automatically be entered into the Thru field.
	This date can be changed if needed by typing
	over the automatic entry.
24b PS	Place of Service
	Enter the code that identifies where the service
	was performed. Right click the PS field to
	select from the Place of Service (POS) Codes.
24c EMG	Emergency Indicator
	Indicates whether or not the charges are
	emergency related.
	Y = Yes, emergency related
	N = No, not emergency related
24d Proc	Procedure Code
	Enter the HCPCS/CPT-4 code that describes
	this service. Right-click in the Proc code field to
	select from the HCPCS codes. A procedure
	code must be entered before you can select an
	attachment (see field "AT").

24d Modifiers 1 2	Modifiers 1 and 2
240 Modifiers 1 2	
	Enter the HCPCS modifier code(s) that
	identifies the special circumstances related to
	the performance of the service. Right-click in
	the Modifiers field to select from the HCPCS
	Modifiers List. Third and fourth modifiers, if
	needed, can be entered on the Extended
	Details screen.
24e Diagnosis	Diagnosis
	Enter the pointer to the claim diagnosis code
	(Claim Diagnosis Codes) in the order of
	importance to this service.
24f Charges	Charges
	Enter the charges related to this service.
24g Units	Units
	Enter the number of services rendered in days
	or units.
EP	Early and Periodic Screen for Diagnosis
	and Treatment of Children
	Enter one of the following values indicating
	whether or not Early and Periodic Screen for
	Diagnosis and Treatment of Children (EPSDT)
	services were involved with this detail line:
	Y = Yes, EPSDT involvement
	,
FP	N = No, EPSDT not involved Family Planning Indicator
	Enter one of the following values indicating
	whether or not Family Planning Services were
	involved with this detail line:
	Y = Yes, family planning involved
47	N = No, family planning not involved
AT	Attachment
	Enter one of the following values for the
	associated attachment:
	0 = Cancel automatic attachment
	1 = Ambulance attachment
	2 = CLIA
	3 = Podiatry attachment
	4 = Chiropractic attachment
	5 = Mammography attachment
	6 = EPO attachment
	7 = Physical therapy attachment
	A = Dental attachment
	You must first enter a procedure code before
	any of these values will be available. A new
	sub-tab will display under the Billing Line Items,
	Line Item Details tab, with the fields required
	for the associated attachment.
Rendering Physician	Rendering Physician
	Enter the National Provider Identifier assigned
	to the rendering provider. Right-click in the field
	to select from the Rendering Provider list.

28 Total Charges	Total Charges
_	The Total Charges field will update when the
	Recalculate button is clicked. Do not enter
	information into this field.
29 Amount Paid	Amount Paid
	Enter the amount paid by the patient at the
	time the claim services were rendered.
30 Balance Due	Balance Due
	The Balance Due field will update when the
	Recalculate button is clicked. Do not enter
	information into this field.
Recalculate	Recalculate
	Click this button to recalculate and update the
	Total Charges and Balance Due fields from the
	current claim line items charges values and the
	Amount Paid field value.

Professional Claim Fo	- rm					×
Patient Info & General	Patient Info & General Insured Information Billing Line Items Ext. Patient/General Ext. Pat/Gen (2) Ext. Payer/Insured					
Line Item Details Ext	Line Item Details Extended Details (Line 1) Ext Details 2 (Line 1) Ext Details 3 (Line 1)					
Miscellaneous Exten	ded Details					
24d - Modifiers 3 & 4	н	ospice Employed?	Purch. Charges	0.00	Sales Tax	0.00
Anesthesia/Other Mir	nutes Co	o-Pay Status	Initial Treatment		Postage Claim	0.00
Units Type Code	P	urchased Services?	Shipped Date	_/_/		
		Line-Level Supporting Pro	vider Information			
	Last/Org Name	First Name	MI Suffix	Provider IDs	/Types/PayerIDs	
Rendering						•
Purch. Service						-
Supervising						-
Ordering						-
Referring						-
Referring (2nd)						-
Asst. Surgeon						-
					Save	<u>C</u> ancel

Billing Line Items, Extended Details

24d Modifiers 3 & 4	Modifiers 3 & 4
	Enter the HCPCS modifiers that identify the
	special circumstances related to the
	performance of the service. Right-click in the
	desired field to select the correct modifier from
	the modifier list.
Anesthesia Minutes	Anesthesia Minutes
	Enter the actual number of minutes the patient
	was anesthetized or number of minutes of
	oxygen.
Units Type Code	Units Type Code
	Describes the type of units entered.
	F2 = International Unit.
	MJ = Minutes.
	UN = Units.
Hospice Employed?	Hospice Involvement Indicator
	Y = Yes, physician is employed by the hospice.
	N = No, physician is not employed by the
	hospice.

Co-Pay Status	The status of the beneficiary's co-pay
CO-Pay Status	0 = co-pay exempt.
	1 = recipient did not pay when asked.
	2 = recipient did not pay when asked.
	3 = recipient was not asked.
Purchased Services?	Purchased Services Indicator
Fuicilaseu Selvices	Y = service was purchased from another entity.
	N = service was purchased from another entity.
	entity.
Purch. Charges	Purchased Charges
Fulch. Charges	The amount of the charges that were
	purchased from another entity.
Initial Treatment	Initial Treatment Date
	The date the patient was first treated for the
	condition.
Shipped Date	Shipped Date
Shipped Date	The date the billed item was shipped.
Sales Tax	Sales Tax
	The sales tax applicable for the billed item.
Postage Claim	Postage Amount
	The Amount of postage claimed for the billed
	item.
Line-Level Supporting Provider Information	
Last/Org Name	Last name of Provider or Organization
0	Name
	The last name of the provider or the name of
	the organization used for the line item.
First Name	First Name of Provider
	The first name of the provider of the services
	being billed.
MI	Middle Initial
	The middle initial of the provider of the services
	being billed.
Suffix	Suffix
	The suffix for the provider's name (Jr., Sr., etc.)
	for the provider of the services being billed.
Provider IDs/Types/Payer IDs	Provider Identifiers, Types, Payer IDs
	Identifier used for the provider.
	Types:
	G2 = provider commercial number
	LU = location number
	Payer IDs = the payer ID of the non-destination
	payer who assigned the identifier used.

Supplemental Provider Information	
Supervising: Provider ID Provider UPIN	Supervising Provider Identification
Provider Last Name First Name MI State	Enter the National Provider Identifier assigned
	to the supervising provider (who supervised the
	service).
	Provider UPIN
	Enter the supervising provider's UPIN (Unique
	Provider Identification Number).
	Provider Last Name
	Enter the supervising provider's last name.
	First Name
	Enter the supervising provider's last name.
	Middle Initial
	Enter the supervising provider's middle initial. State
	Enter the supervising provider's practicing
	state.
Ordering: Provider ID Provider UPIN	Ordering Provider Identification
Provider Last Name First Name MI State	Enter the National Provider Identifier assigned
	to the physician who ordered the service.
	Provider UPIN
	Enter the ordering provider's UPIN (Unique
	Provider Identification Number).
	Provider Last Name
	Enter the ordering provider's last name.
	First Name Enter the ordering provider's first
	name. Middle Initial
	Enter the ordering provider's middle initial.
	State
	Enter the ordering provider's practicing state.
Referring: Provider ID Provider UPIN	Referring Provider Identification
Provider Last Name First Name MI State	Enter the National Provider Identifier assigned
	to the referring provider (who referred the
	services).
	Provider UPIN
	Enter the referring provider's UPIN (Unique
	Provider Identification Number).
	Provider Last Name
	Enter the referring provider's last name. First Name
	Enter the referring provider's first name.
	Middle Initial
	Enter the referring provider's middle initial.
	State
	Enter the referring provider's practicing state.

Billing Line Items, Ext Details 2

Professional Claim Form	
Patient Info & General Insured Information Billing Line Items Ext. Pa	atient/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)
Line-level Miscellaneous Information	
Proc Type/Desc	Facility Name
Obstetric Anesthesia Additional Units0.000	Facility Address
National Drug Code or UPN/Type	
National Drug Unit Price0.000	City/St/Zip/Cntry
Nat. Drug or UPN Units/Type0.000	Fac IDs/Types
Drug Ref No/Type	Fac Type
Drug Prescription Date	
DME Length of Need (Days)	Line-level Reference IDs / Types / Payer IDs
DME Purchase Price	
DME Rental Price 0.00	
DME Rental Unit Price Ind.	
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Line-level Miscellaneous Info	
Proc Type/Desc	Procedure Type
	ER = Jurisdiction Specific Procedure and
	Supply Codes
	HC = CMS Procedure Coding System
	(HCPCS) Codes (Prof. Only)
	IV = Home Infusion EDI Coalition (HIEC)
	Product/Service Code (Prof. Only)
	WK = Advanced Billing Concepts(ABC) Codes
	ZZ = Mutually Defined
	AD = American Dental Association Codes
	(Dental Only)
	Description
	Free form description of procedure used when
	submitter feels the code used does not
	adequately describe the service.
Obstetric Anesthesia Additional Units	Obstetric Anesthesia Additional Units
	Used to report additional anesthesia to reflect
	unusual complexity of procedure.
National Drug Code or UPN/Type	National Drug Code
	The National Drug Code or the Universal
	Product Number and NDC or UPN qualifier.

National Drug Unit Price	National Drug Unit Price
hadonal brag one i noo	The unit price of the specified drug
Nat. Drug Units/Type	National Drug Units
	The dispensing quantity of the specified drug.
	Type
	F2 = International Unit
	GR = Gram
	ME = Milligram
	ML = Milliliter
	UN = Unit
DME Length of Need (Days)	Length of Need
	The length of time in days the Durable Medical
	Equipment (DME) will be needed.
DME Purchase Price	Purchase Price
	The purchase price for the Durable Medical
	Equipment (DME).
DME Rental Price	Rental Price
	The rental price for the Durable Medical
	Equipment (DME).
DME Length of Need (Days)	DME Length of Need
	The length of time the Durable Medical
	Equipment (DME) will be needed
DME Purchase Price	DME Purchase Price
	The Durable Medical Equipment (DME)
	purchase price
DME Rental Price	DME Rental Price
	The Durable medical Equipment (DMC) DME
DME Deside Hubble Debes had	Rental Price
DME Rental Unit Price Ind	Rental Price Indicator
	The unit of time covered by the rental price indicated.
	1 = Weekly
	4 = Monthly
	6 = Daily
Facility Name	Facility Name
	The name of the facility where the services
	were rendered.
Facility Address	Facility Address
	The street address of the facility where the
	services were rendered.

Facility City/St/Zip	Facility City State Zip
	The city, state, and zip code of the facility
	where the services were rendered.
Facility IDs/Types	Facility IDs/Types
	The identifier for the facility where the services
	were rendered.
	Types
	OB = State License Number (4010 only)
	1A = Blue Cross Provider Number (4010 only)
	1B = Blue Shield Provider Number (4010 only)
	1C = Medicare Provider Number (4010 only)
	1D = Medicaid Provider Number (4010 only)
	1G = Provider UPIN Number (4010 only)
	1H = TRICARE/CHAMPUS Identification
	number (4010 only)
	24 = Employer's Identification Number (4010
	only)
	34 = Social Security Number (4010 only) EI = Employers Identification Number (4010
	only)
	G2 = Provider's Commercial Number
	LU = Location Number
	NS = Provider Plan Network Identification
	Number (Prof. 4010 only)
	SY = Social Security Number (4010 only)
	TJ = Federal Taxpayer's Identification Number
	(4010 only)
	X4 = Clinical Laboratory Improvement Act
	(CLIA) number (4010 only)
	X5 = State Industrial Accident Provider Number
	(4010 only)
	XX = National Provider Identifier (NPI)
	Identifier
	The Payer Identifier of the non-destination
	payer that assigned this identifier. Leave blank
	if the destination payer assigned the identifier.

Fac Type	Facility Type
	The type of facility indicated by the facility
	information above.
	77 = Service Location
	FA = Facility (4010 only)
	LI = Independent Lab (4010 only)
	TL = Testing Laboratory (4010 only)
Line-level Reference IDs/Types/Payer IDs	Reference IDs
	An optional code, identifier, or reference
	number providing additional service line
	information required by the payer.
	Types
	9F = Referral Number
	G1 = Prior Authorization Number
	6R = Line Item Control Number
	X4 = Clinical Laboratory Improvement Act
	(CLIA) number (4010 only)
	F4 = Referring CLIA facility Certification
	Number (4010 only)
	BT = Immunization Batch Number (Prof only)
	1S = Ambulatory Patient Group (APG) number
	(Prof 4010 only)
	G3 = Predetermination of Benefits Identification
	Number (Dental only)
	OZ = Universal Product Number (Prof 4010
	only)
	VP = Vendor Product Number (Prof 4010 only) Payer IDs
	The Payer ID of the non-destination payer that
	assigned the identifier. Leave blank when ID
	was assigned by the destination payer.
	was assigned by the desiliation payer.

Billing Line Items, Ext Details 3

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)	
Line-level Miscellaneous Information (continued)	- 11
Ordering Provider Address	
Address	
City/St/Zip/Cntry	
- Line Complemental Lefence Line (TAVN)	
Line Supplemental Information (PWK) Num Type Trans Attachment Control Number	
Line Notes (NTE) / File Information (K3)	
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Ordering Provider Address	
Address	Address
	The address of the ordering physician for this
	item.
City/St/Zip/Cntry	City/State/Zip/Country
	The city, state, and zip code for the ordering
	physician for this item.
Line Supplemental Information (PWK)	
Туре	Туре
	The type of additional documentation kept on
	file.
	Trans
	Format of additional documentation.
	Attachment Control Number
	Control number assigned to the
	documentation. Required when the value in the
	previous field = AA (available on request at
	provider site.)

Line Notes (NTE)/File Information (K3)	
Туре	Туре
	The type of line notes submitted.
	ADD = Additional Information (Prof. only)
	CDP = Goals, Rehabilitation Potential, or
	Discharge Plans (Prof. only)
	PMT = Payment (Prof. 4010 only)
	TPO = Third Party Organization notes (Prof.
	4010 only)
	K3 = File Information
Narrative	Free Form Narrative
	The free form narrative that provides the
	additional information for the item billed.

Billing Line Items, MSP/COB

Professional Claim Form	×
Patient Info & General Insured Information	n Billing Line Items Ext. Patient/General Ext. Pat/Gen (2) Ext. Payer/Insured
Line Item Details Extended Details (Line	e 1) Ext Details 2 (Line 1) Ext Details 3 (Line 1) MSP/COB (Line 1)
Common Line MSP Amounts	Additional Line-level Adjudication / COB Information (ANSI-837 Use Only)
Approved 0.00	Service Line Adjudication (SVD) Information
0TAF0.00	SVD P/S Proc. Qual / Code Modifiers 1 thru 4 Paid Amount Paid Units B/U Line
	2
	3
	Line Adjustment (CAS) & Miscellaneous Adjudication Info
	Procedure Code Description Line Level Adjustments (CAS)
	Amount Units
	Adj/Payment Date/ 2
	Remaining Owed
	<u>Save</u>

Common Line MSP Amounts	
Approved	Approved
	Amount the primary payer approved for this
	line charge
OTAF	Obligated to Accept in Full
	Amount the provider agreed to accept as
	payment in full under the provisions of the
	contract for this line item.
Additional Line-level Adjudication/CO	
P/S	Primary/Secondary
	Indicates if the information applies to the
	primary or secondary payer.
	P = Primary Payer
	S = Secondary Payer
Proc. Qual/Code	Procedure Qualifier/Code
	Qualifier
	Qualifier to indicate what type of code is used for the procedure.
	HC = CMS Common Procedure Coding
	System (HCPCS)
	IV = Home Infusion EDI Coalition (HIEC) Code
	AD = American Dental Association Code
	ZZ = Mutually Defined
	Code
	The code used on this line item.

Modifiers 1 thru 4	Modifiers 1 through 4
	Modifiers used for this line item.
Paid Amount	Paid Amount
	Primary amount paid for this line item
Paid Units	Paid Units
	Number of units paid by the primary for this line
	item.
B/U Line	Bundling/Unbundling Line
	A reference identifier used only for bundling of
	service lines. The line number of the service
	line into which this line was bundled.
Line Adjustment (CAS) & Miscellaneous Adj	
Procedure Code Description	Procedure Code Description
	A description of the procedure code specified
	on this SVD line.
Adj/Payment Date	Primary Paid Date
	The date of the remittance from the primary
	payer for this line item.
Group	Group Code
	A code identifying a general group/category of
	payment adjustment.
	CO = Contractual Obligations
	CR = Correction and Reversals
	OA = Other Adjustments
	PI = Payer Initiated Reductions
Reason	PR = Patient Responsibility Reason Code
Reason	A code identifying the detailed reason an
	adjustment was made.
Amount	Adjustment Amount
	The amount of the adjustment associated with
	this group and reason code.
Units	Adjustment Units
	The number of units associated with this group
	and reason code.

Ambulance Attachment

Professional Claim Form			×
Patient Info & General Insured Infor	rmation Billing Line Items Ext. Patie	ent/General Ext. Pat/Gen (2) Ext. Payer/Insured	
Line Item Details Extended Detail	ls (Line 1) Ext Details 2 (Line 1) F	Ext Details 3 (Line 1) Ambulance	
Type of Transport Image: Confined Confined (Before) Bed Confined (After) Image: Confined	Physical Restraints	Ambulance Pick-Up Location Address City/St/Zip/Cntry Ambulance Drop-Off Location Address	
Emergency Situation	Miles	City/St/Zip/Cntry	
		<u>S</u> ave <u>C</u> ancel	

Type of Transport	Type of TransportEnter one of the following values indicating thetype of transport:I = InitialR = ReturnT = TransferX = Round Trip
Transport To/For	Transport To/ForEnter one of the following values indicating the reason for transport:A = To the nearest facility for care of symptoms and/or complaintsB = For the benefit of a preferred physician C = For the nearness of family members D = For the care of a specialist or for availability of specialized equipment E = Patient was transferred to a rehabilitation facility
Stretcher	StretcherEnter one of the following values indicating the use of a stretcher: Y = Patient was moved by stretcher N = Patient was not moved by stretcher

Ded Confined (Defens)	Ded Confined (Defens)
Bed Confined (Before)	Bed Confined (Before)
	Enter one of the following values indicating the
	status of the patient:
	Y = Patient was bed confined before
	ambulance service
	N = Patient was not bed confined before
	ambulance service
Bed Confined (After)	Bed Confined (After)
	Enter one of the following values indicating the
	status of the patient:
	Y = Patient was bed confined after ambulance
	service
	N = Patient was not bed confined after
	ambulance service
Bed/Chair Confined (During)	Bed or Chair Confined (During)
	Y = Patient was bed or chair confined during
	ambulance service.
	N = Patient was not bed or chair confined
	during ambulance service.
Unconscious/Shock	Unconscious/Shock
	Enter one of the following values indicating the
	status of the patient:
	Y = Patient was unconscious or in shock
	N = Patient was not unconscious or in shock
Emergency Situation	Emergency Situation
	Enter one of the following values indicating the
	status of the situation:
	Y = Emergency situation
	N = Not an emergency situation
Physical Restraints	Physical Restraints
	Enter one of the following values indicating the
	status of physical restraints:
	Y = Physical restraints needed
	N = No physical restraints used
Visible Hemorrhaging	Visible Hemorrhaging
	Enter one of the following values indicating the
	patient's status:
	Y = Visible hemorrhaging noted
	N = No visible hemorrhaging noted
Services Available	Services Available
	Enter one of the following values indicating the
	status of the services:
	Y = Services were available at the first facility
	N = Services were not available at the first
	facility
	Medically Necessary
Medically Necessary	
Medically Necessary	Enter one of the following values indicating the
Medically Necessary	
Medically Necessary	Enter one of the following values indicating the
Medically Necessary	Enter one of the following values indicating the status of medical necessity:
Medically Necessary	Enter one of the following values indicating the status of medical necessity: Y = Ambulance service was medically

Patient Admitted	Patient Admitted
	Enter one of the following values indicating the
	status of the patient's admission:
	Y = Patient was admitted to a hospital
	N = Patient was not admitted to a hospital
Patient Count	Patient Count
	Number of patients transported during this trip.
Patient Weight	Patient Weight
	Enter the patient's weight.
Miles	Miles
	Enter the number of miles.
Ambulance Pick-Up Location	Pick-Up Address
	The address, city, state, and zip where the
	patient was picked up for transport.
Ambulance Drop-Off Location	Drop-Off Address
	Address, city, state, and zip where the patient
	was dropped off.
Purpose of Round Trip	Purpose of Round Trip
	Enter the purpose of the round trip.
Purpose of Stretcher	Purpose of Stretcher
	Enter the purpose of the stretcher if applicable.

CLIA Attachment

HCFA-1500 Claim Form	1
Patient Into & General Insured Information Billing Line Items Extended Patient/General Extended Payer/Insured	
Line Item Details Extended Details (Line 1) Ext Details 2 (Line 1) CLIA	
CLIA Certification Number	
<u>Save</u>	1

CLIA Certification Number	CLIA Certification Number					
	Enter	the	CLIA	Certification	Number,	if
	applicable.					

Podiatry Attachment

Professional Claim Form					
Patient Info & General Insure	ed Information Billing Line Items	Ext. Patient/General Ext. Pat/	/Gen (2) Ext. Payer/Insured		
Line Item Details Extended	Details (Line 1) Ext Details 2 (L	.ine 1) Ext Details 3 (Line 1)	Podiatry		
Date Last Seen					
			<u>S</u>	ave	<u>C</u> anc
ate Last Seen		Date Last Se			

Date Last Seen
Enter the date last seen
Supervising Provider Identifier
Enter the identifier assigned to the supervising provider by the destination payer.

Chiropractic Attachment

Professional Claim Form)
Patient Info & General [Insured Information Billing Line Items] Ext. Patient/General [Ext. Pat/Gen (2) [Ext. Payer/Ir	nsured]	
Line Item Details Extended Details (Line 1) Ext Details 2 (Line 1) Ext Details 3 (Line 1) Chiropractic	indired [
Initial Treatment Date Initial Treatment Date Symptom Description Date of Last X-Ray /_/ X-Rays on File at Site	×	
	<u>S</u> ave	<u>C</u> ancel

Initial Treatment Date	Initial Treatment Date			
	Enter the initial treatment date in			
	MM/DD/CCYY format.			
Data of Loot V Day				
Date of Last X-Ray	Date of Last X-Ray			
	Enter the last x-ray date in MM/DD/CCYY			
	format.			
X-Rays on File at Site	X-Rays on File at Site			
	Enter one of the following values indicating the			
	location of the x-rays:			
	Y = X-rays are on file, maintained and ready for			
	review at site			
	N = X-rays are not maintained and are not			
	ready for review on site			
Nature of Condition	Nature of Condition			
	A = Acute Condition			
	C = Chronic Condition			
	D = Non-acute			
	E = Non-life threatening			
	F = Routine			
	G = Symptomatic			
	M = Acute Manifestation of a chronic condition			
Acute Manifestation Date	Acute Manifestation Date			
	Enter the acute manifestation date in			
	MM/DD/CCYY format.			
Symptom Description	Symptom Description			
	Enter the symptom description.			

Mammography Attachment

Patient Info & General Insured Information Billing Line Items Extended Patient/General Extended Payer/Insured Line Item Details Extended Details (Line 1) Ext Details 2 [Line 1) Mammography Mammography Detitification Number	HCFA-1500 Claim Form	×
Mammography Cettification Number	Patient Info & General Insured Information Billing Line Items Extended Patient/General Extended Payer/Insured	
	Line Item Details Extended Details (Line 1) Ext Details 2 (Line 1) Mammography	
Save Cancel	Mammography Dettification Number	
	<u>S</u> ave	Cancel

Mammography Certification Number	Mammography Certification Number
	Enter the mammography certification number.

EPO Attachment

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) MSP/COB (Line 1) EPO
HGB/HCT Date Image: Comparison of the second of the se
Save Cancel

HBG/HCT Date	HBG/HCT Date
	Enter the HBG/HCT date in MM/DD/CCYY
	format.
HGB Result	HGB Result
	Enter the HGB result.
HCT Result	HCT Result
	Enter the HCT result.
Patient Weight	Patient Weight
	Enter the patient weight in pounds.
Dosage	Dosage
	Enter the dosage amount.
Serum Creatine Date	Serum Creatine Date
	Enter the serum creatine date in MM/DD/CCYY
	format.
Creatine Result	Creatine Result
	Enter the creatine result.

Physical Therapy Attachment

fessional Claim Form		
tient Info & General Insured Information Billing Line Items Ext. Patient/General Ext. Pat/Gen (2) Ext. Payer/Ir	nsured	
ine Item Details Extended Details (Line 1) Ext Details 2 (Line 1) Ext Details 3 (Line 1) Physical Therapy Attending/Supervising Phys ID Date Last Seen Treatment Plan on File		
	<u>S</u> ave	<u>C</u> ancel

Attending Physician UPIN	Attending Physician UPIN
	Enter the attending physician UPIN. Select
	from the Physician/UPIN listing by right clicking
	in the form.
Date Last Seen	Date Last Seen
	Enter the Date Last Seen in MM/DD/CCYY
	format.
Treatment Plan On File	Treatment Plan On File
	Enter one of the following values indicating the
	status of the treatment plan:
	Y = Plan of treatment is on file
	N = Plan of treatment is not on file

Dental Attachment

Professional Claim Form		×
Patient Info & General Insured Information Billing Line Items Ext. Patient/General Ext. Pat/Gen (2) Ext. Payer/Insu	red]	
Line Item Details Extended Details (Line 1) Ext Details 2 (Line 1) Ext Details 3 (Line 1) Dental		
Tooth Number or Arch	poth)	
	Save C	ancel

Tooth Number Or Arch	Tooth # 1 Tooth #2 Tooth #3 Tooth # 4		
	Identify each tooth where this procedure was		
	performed.		
Tooth Surfaces(s)	Surfaces		
	Identify up to five surfaces per tooth where this		
	procedure was performed.		
Quadrant(s)	Quadrant(s)		
	Area of the oral cavity where services were		
	performed. Up to five per line can be specified.		
Placement Status Ind	Placement Status Indicator		
	Indicate the status of the placement.		
Prior Placement Date	Prior Placement Date		
	Actual		
	The date of any previous placement.		
	Estimated		
	If the actual prior placement is not known, the		
	estimated date of placement.		
Treatment Period	Treatment Period		
	Enter the start and stop dates of the treatment.		
Orthodontic Treatment?	Orthodontic Treatment?		
	Indicate if services were performed for		
	orthodontic treatment		
	Y = yes, services were performed as part of		
	orthodontic treatment		
	N = no, services were not performed as part of		
	orthodontic treatment		

Total treatment Months	Total Treatment Months	
	If orthodontic treatment, the number of months	
	the patient will be undergoing the treatment.	
Months Remaining	Months Remaining	
	If patient is undergoing orthodontic treatment,	
	the number of months remaining.	
Ortho Appliance Placement	Orthodontic Appliance Placement Date	
	The date the orthodontic appliance was placed.	
Replacement	Orthodontic Appliance Replacement Date	
	The date the orthodontic appliance was	
	replaced.	

Extended Patient/General Patient Legal Representative Information

Professional Claim Form		X
Patient Info & General Insured Information Billing Line Items	Ext. Patient/General Ext. Pat/Gen (2)	Ext. Payer/Insured
Patient Legal Representative Information	Miscellaneous Patient & General Inform	ation
Name (L/F)	Date of Death	First Contact Date
Address	Accident Date	Special Program Indicator
City/St/Zip	Accident State/Hour	Medical Rec No
Country Phone []	Accident Country	IDE Number
, ,	Responsibility Ind	Form Loc 31
Facility Information	FL-10d	EPSDT Referral
Name	Homebound Ind	Submission Reason Code
Address	Date Care Assumed _/_/	Delay Reason Code
	Date Care Relinquished//	Pregnancy Indicator
City/St/Zip	Date Last Seen _/_/	Claim Tag
Cntry / IDs	Date Last Worked _/_/	Patient Weight (lbs)
Fac Type Phone/Ext ()	Return To Work Date _/_/	
Contact	Prescription Date _/_/	
	,	
		<u>S</u> ave <u>C</u> ancel

Patient Legal Representative Information		
Name (L/F)	Legal Representative Name	
	Enter the name (last name, first name) of the	
	responsible person who is to receive the	
	explanation of benefits and/or the payment on	
	behalf of the patient.	
Address	Legal Representative Address	
	Enter the mailing address of the responsible	
	party.	
City/State/Zip	Legal Representative City/State/Zip	
	Enter the city, state, and zip code of the	
	responsible party.	
Country	Legal Representative Country	
	Enter the county of the responsible party if	
	outside of the US	
Phone	Legal Representative Phone Number	
	Enter the phone number of the responsible	
	party	

Facility Information	
Facility Name	Facility Name
-	Enter the name of the Hospital, Nursing Facility,
	Laboratory, or other facility where services
	being submitted on this claim were rendered.
Address Line	Facility Address Line
	Enter the address of the facility where services
	were rendered.
City	Facility City
	Enter the city of the facility where services were
	rendered.
State	Facility State
	Enter the state code of the facility where
	services were rendered.
Zip	Facility Zip Code
	Enter the 9-digit zip code of the facility where
	services were rendered.
Cntry / IDs	Facility Country and IDs
	Country code of country where facility is located
	if outside of the United States. Identification
	number and ID number type for facility.
Fac Type	Facility Type Code
	Code to identify the type of facility. Leave blank
	to use default.
	77 = Service Location

Date of Death	Date of Death
Date of Death	
	Enter the date the patient was deceased. (Required if death indicator = D.)
Accident Date	Accident Date
Accident Date	
Assidant Otata/Harm	Enter the date the accident occurred
Accident State/Hour	Accident State
	Enter the State Postal Code identifying the state in which the automobile accident
	occurred.
	Accident Hour
	Enter the hour (0-23) when the accident
	occurred that necessitated the rendering of a
	service submitted on this claim.
Accident Country	Accident Country
	Enter the country code where the accident
	occurred if outside of the United States.
Responsibility Ind	Responsibility Indicator
	Enter one of following values indicating whether
	or not the accident or illness was caused by
	another party:
	Y = Yes, accident /illness caused by another
	party
	N = No, accident/illness not caused by another
	party
FL-10d	Reserved
	Currently not in use.
Homebound Ind	Homebound Ind
	Enter one of the following values indicating
	whether an independent lab rendered services
	to a homebound patient:
	Y = Yes, patient is homebound
	N = No, patient is not homebound
Date Care Assumed	Date Care Assumed
	Enter the date the care of the patient was
	assumed by another physician.
Date Care Relinquished	Date Care Relinquished
	Enter the date the care of the patient was
	relinquished by another physician.
Return to Work Date	Return to Work Date
	The date that, in the provider's opinion, the
	patient will be able to return to work.
Prescription Date	Date of Prescription
	The date the prescription was written for
	hearing devices or vision frames being billed on
	this claim.
First Contact Date	First Contact Date
	The first date the beneficiary first consulted the
	provider by any means for this condition.

Special Program Indicator	Special Program Indicator	
Special Program mulcator	A code indicating a special program or project	
	under which services were rendered to the	
	patient:	
	01 = EPSDT or CHAP	
	02 = Physically Handicapped Children's	
	Program	
	03 = Special Federal Funding	
	05 = Disability	
	06 = PPB/Medicare 100% Payment	
	07 = Induced Abortion – Danger to Life	
	08 = Induced Abortion – Rape or Incest	
	09 = Second Opinion or Surgery	
	30 = Medicare Demo Project (Lung Volume	
	Reduction Surgery)	
	31 = Veteran's Administration (VA) claim	
	45 = Chiropractic Services Demonstration	
	P = Partnership, Internal/External (TRICARE	
	use only)	
	R = Resource Sharing (TRICARE use only).	
Medical Rec No	Medical Record Number	
	Enter the number assigned by the provider to	
	identify the patient's medical records.	
IDE Number	Investigational Device Exemption	
	Enter the investigational device exemption	
	(IDE) number for FDA Approved clinical trials.	
EPSDT Referral	EPSDT Referral	
	An indicator that reflects whether or not an	
	EPSDT referral was given to a patient.	
	EPSDT Referral Codes	
	AV = Available (not used)	
	NU = Not Used	
	S2 = Under Treatment	
Submission Reason Code	ST = New Services Requested Submission Reason	
	An optional code specifying the reason the	
	claim was submitted.	
	Submission Reason Code	
	PB = Predetermination of Dental Benefits	
	PR – Predetermination of Liental Repetite	

Delay Reason Code Delay Rea	
	at specifies why a claim was delayed.
	when claim is submitted past the date
	imitations and any of the allowable
codes apr	
Delay Rea	ason Codes
1 – Proof	of Eligibility Unknown or Unavailable
2 – Litigat	ion
3 – Autho	rization Delays
4 – Delay	in Certifying Provider
5 – Delay	in Supplying Billing Forms
6 – De	lay in Delivery of Custom-made
Appliance	s
7 – Third	Part Processing Delay
	in Eligibility Determination
9 – Or	iginal Claim Rejected or Denied
	d to the billing Limitation Rules)
	inistration Delay in the Prior Approval
Process	
11 – Othe	r
15 – Natu	ral Disaster.
Pregnancy Indicator Pregnanc	cy Indicator
	ndicating whether or not the patient
was pregr	
	y Indicator Codes
	atient was pregnant
	atient was not pregnant
Claim Tag Claim Tag	
An option	al user assigned "tag" or pneumonic
	e established for easy identification of
the claim	
	record. The data is not reported in stransmission file.
	record. The data is not reported in stransmission file.
Patient Weight (lbs.) Patient W	record. The data is not reported in stransmission file.

Ext. Pat/Gen (2)

Professional Claim	Form						
Patient Info & General	Insured Information Billin	ng Line Items 🗍 Ext. Pa	atient/(General Ext. I	Pat/Gen (2) Ext. Payer/	Insured	
Diagnosis Codes (9 - 12	2):			ICD Ind.	Anesthesia Proc.	Codes	
Claim Supplemental In Num Type Trans	nformation (PWK) Attachment Control Numb	er	<u>_</u>		Condition Codes		
Claim Notes (NTE) / F Num Type Narr	file Information (K3)				Tooth Status (DN2) ooth No. Status		
		~		2 3			
	Additional S	upporting Provider Info	ormatio	n			
	Last/Org Name	First Name	MI	Suffix F	Provider IDs / Types		
Referring (2nd)						•	
Supervising						•	
Asst. Surgeon						-	
						<u>S</u> ave	Cancel

Diagnosis Codes (9-12)	Additional Diagnosis Codes
Diagnosis Codes (9-12)	
	Ninth through twelfth diagnosis codes for claim
	if necessary.
Claim Supplemental Information (PWK)	Supplemental Information Indicator
	Indicates type of supplemental information
	available to support billing for services on the
	claim.
Claim Notes (NTE)/File Information (K3)	Claim Notes
	Free-form message for additional information
	needed to support the services billed on the
	claim.
ICD Ind.	Diagnosis Code Qualifier
	Indicates if diagnosis codes used are ICD-9 or
	ICD-10.
	9 = ICD-9-CM
	0 = ICD-10-CM
Anesthesia Procedure Codes	Anesthesia Procedure Codes
Anesthesia Procedure Codes	Anesthesia Procedure Codes Surgical codes for procedure where anesthesia
	Anesthesia Procedure Codes Surgical codes for procedure where anesthesia is being billed.
Anesthesia Procedure Codes Condition Codes	Anesthesia Procedure Codes Surgical codes for procedure where anesthesia is being billed. Condition Codes
Condition Codes	Anesthesia Procedure Codes Surgical codes for procedure where anesthesia is being billed. Condition Codes Used when condition codes apply to claim.
	Anesthesia Procedure Codes Surgical codes for procedure where anesthesia is being billed. Condition Codes
Condition Codes	Anesthesia Procedure Codes Surgical codes for procedure where anesthesia is being billed. Condition Codes Used when condition codes apply to claim. Tooth Status Used to indicate status of teeth involved in a
Condition Codes Dental – Tooth Status (DN2)	Anesthesia Procedure Codes Surgical codes for procedure where anesthesia is being billed. Condition Codes Used when condition codes apply to claim. Tooth Status
Condition Codes Dental – Tooth Status (DN2) Additional Supporting Provider Information	Anesthesia Procedure Codes Surgical codes for procedure where anesthesia is being billed. Condition Codes Used when condition codes apply to claim. Tooth Status Used to indicate status of teeth involved in a
Condition Codes Dental – Tooth Status (DN2)	Anesthesia Procedure Codes Surgical codes for procedure where anesthesia is being billed. Condition Codes Used when condition codes apply to claim. Tooth Status Used to indicate status of teeth involved in a dental claim. Referring Provider Identifier
Condition Codes Dental – Tooth Status (DN2) Additional Supporting Provider Information	Anesthesia Procedure Codes Surgical codes for procedure where anesthesia is being billed. Condition Codes Used when condition codes apply to claim. Tooth Status Used to indicate status of teeth involved in a dental claim. Referring Provider Identifier Used if more than one referring or ordering
Condition Codes Dental – Tooth Status (DN2) Additional Supporting Provider Information Referring (2 nd)	Anesthesia Procedure Codes Surgical codes for procedure where anesthesia is being billed. Condition Codes Used when condition codes apply to claim. Tooth Status Used to indicate status of teeth involved in a dental claim. Referring Provider Identifier Used if more than one referring or ordering provider is required for this claim.
Condition Codes Dental – Tooth Status (DN2) Additional Supporting Provider Information	Anesthesia Procedure Codes Surgical codes for procedure where anesthesia is being billed. Condition Codes Used when condition codes apply to claim. Tooth Status Used to indicate status of teeth involved in a dental claim. Referring Provider Identifier Used if more than one referring or ordering provider is required for this claim. Supervising Provider
Condition Codes Dental – Tooth Status (DN2) Additional Supporting Provider Information Referring (2 nd) Supervising	Anesthesia Procedure Codes Surgical codes for procedure where anesthesia is being billed. Condition Codes Used when condition codes apply to claim. Tooth Status Used to indicate status of teeth involved in a dental claim. Referring Provider Identifier Used if more than one referring or ordering provider is required for this claim. Supervising Provider Identifier for the supervising provider.
Condition Codes Dental – Tooth Status (DN2) Additional Supporting Provider Information Referring (2 nd)	Anesthesia Procedure Codes Surgical codes for procedure where anesthesia is being billed. Condition Codes Used when condition codes apply to claim. Tooth Status Used to indicate status of teeth involved in a dental claim. Referring Provider Identifier Used if more than one referring or ordering provider is required for this claim. Supervising Provider

Extended Payer/Insured; Primary, Secondary, Tertiary Payer/Insured

Payer Address & Miscellaneous

Professional Claim Form
Patient Info & General Insured Information Billing Line Items Ext. Patient/General Ext. Pat/Gen (2) Ext. Payer/Insured
Primary Payer/Insured Secondary Payer/Insured Tertiary Payer/Insured
Miscellaneous Primary Payer / Insured Information
Payer Address Payer / Insured Reference IDs / Types
City/St/Zip
Payer Source
Insurance Type
Insured's Contact
Patient ID
<u>S</u> ave <u>C</u> ancel

Miscellaneous (Primary/Secondary/Tertiary) Payer/Insured		
Payer Address	Address – Line 1 and Line 2	
	Enter the payer's claim mailing address for this	
	particular Payer ID and claim office.	
City/St/Zip	City/State/Zip Code	
	Enter the payer's claim mailing city, state, and	
	5- or 9-digit zip code for this particular Payer ID	
	and claim office.	
Payer Source	Payer Source Code	
	Enter one of the following values indicating the	
	payment source for this claim for the indicated	
	payer:	
	09 = Self Pay	
	10 = Central certification	
	11 = Other non-Federal programs	
	12 = Preferred provider organization (PPO)	
	13 = Point of service	
	14 = Exclusive provider organization (EPO)	
	15 = Indemnity insurance 16 = HMO Medicare risk	
	17 = Dental maintenance organization AM = Automobile medical	
	BL = Blue Cross/Blue Shield	
	CH = Tricare/Champus	
	CI = Commercial insurance	

Г	DC Dischility	
	DS = Disability	
	FI = Federal Employees Program	
	HM = Health maintenance organization	
	LI = Liability	
	LM = Liability medical	
	M = Family or friends	
	MB = Medicare Part B	
	MC = Medicaid	
	MH = Managed care non-HMO	
	OF = Other Federal program	
	P = Blue Cross	
	SA = Self-administered group	
	TV = Title V	
	VA = Veteran Administration	
	WC = Worker's Compensation health claim	
la companya a Toma	ZZ = Mutually defined	
Insurance Type	Insurance Type Indicator	
	A code that indicates the type of insurance.	
	12 = [MSP] Working aged beneficiary/spouse	
	with employer group plan.	
	13 = [MSP] ESRD Beneficiary (12 month	
	coordination period/employer group plan).	
	14 = [MSP] No fault insurance including	
	auto/other.	
	15 = [MSP] Worker's compensation.	
	16 = [MSP] PHS or other federal agency.	
	41 = [MSP] Black Lung.	
	42 = [MSP] Veteran's Administration.	
	43 = [MSP] Disabled beneficiary under age 65	
	with LGHP.	
	47 = [MSP] Other liability insurance	
	AP = Auto Insurance Policy	
	C1 = Commercial	
	CP = Medicare Conditionally Primary	
	GP = Group Policy	
	HM = Health Maintenance Organization.	
	IP = Individual Policy.	
	LD = Long Term Policy	
	LT = Litigation	
	MB = Medicare Part B	
	MC = Medicaid	
	MI = Medigap	
	MP = Medicare Primary	
	OT = Other	
	PP = Personal Payment	
	SP = Supplemental Policy	
Insured's Contact	Contact	
	Contact person other than the insured	
Patient ID	Membership ID	
	ID number of the patient for this plan if plan	
	issues ID numbers to each dependent.	
Payor/Insurad Potoronaa IDa/Turaa	Reference Identifiers	
Payer/Insured Reference IDs/Types		
	Additional identifiers required by this payer for	
	the services billed, such as Prior Authorization	
	Numbers.	

Extended Payer/Insured; MSP Info (Primary, Secondary)

COB Info (Primary)

Professional Claim Form		X	
Patient Info & General Insured Information	n Billing Line Items Ext. Patient/General Ext. Pat/Gen (2) Ext.	Payer/Insured	
Primary Payer/Insured Secondary Payer/Insured Tertiary Payer/Insured COB Info (Primary) COB Info (Secondary)			
Common Payer MSP Information	Additional Adjustment / COB Amounts / MOA Information (ANSI-83	37 Only)	
0TAF0.00	Claim Level Adjustments (CAS)	COB / MOA Amounts	
Zero Payment Ind	Num Group Reason Amount Units 1	Num Code Amount	
	2	2	
	3 ▼	3	
	Medicare Outpatient Adjudication (MOA) Remarks Codes		
	Claim Adjudication Date		
		<u>S</u> ave <u>C</u> ancel	

Common Payer MSP Information	
OTAF	Obligated to Accept In Full
	Amount the primary payer and the provider
	have agreed would be considered payment in
	full for the services.
Zero Payment Ind	Zero Payment Indicator
	Z = primary payment was equal to zero
	N = primary payment was greater than zero.

System Utilities

Backup

System Utilities
Backup/Restore File Maintenance
Backup Validate Restore
This utility performs a backup of the PC-ACE Pro32 databases and configuration settings. Specify a destination drive (e.g., 'A:\') or hard disk folder path and click the 'Start Backup' button.
Destination Drive or Folder:
Include infrequently changed database files (backup will be larger)
Start Backup
Close

You can perform a backup of the PC-ACE Pro32 database files and configuration settings from the Backup sub-tab. All files to be included are compressed into a single archive and written to the specified destination drive or directory. The following controls and options apply to the backup operation:

Destination Drive or Folder—Specifies the drive or Windows folder (directory) to which the backup archive file will be written. This path may point to a removable media device or to a standard Windows directory on a hard disk drive (local or remote). Disk "spanning" is supported for backups to diskette. The user will be prompted to insert blank diskettes as needed. To backup to a CD, the backup must first be performed to the C:\ drive or a network drive. Then the resulting backup file can be burned to a CD.

Include infrequently changed database files—Specifies whether or not to include certain infrequently changed database files in the backup. The optional files include only reference file databases that are generally static for long periods. Examples include the HCPCS Codes and Edit Validation database files. The backup archive will be somewhat smaller if these optional files are omitted.

Note: To ensure minimal problems in the event that a database restoration is required, we recommend leaving this option checked for all backups.

Once the desired destination and options have been specified, click the **Start Backup** button to proceed. You will be notified upon successful backup completion.

Note: Exclusive system access is required to perform backups in PC-ACE Pro32. If this program is in use on another client workstation, you will be notified when the **Start Backup** button is clicked. You can either instruct the other users to exit PC-ACE Pro32 and then continue the backup, or simply cancel the backup request.

Validate

You can validate an existing backup file from the **Validate** sub-tab. The backup archive's integrity is confirmed and the archive details (date of backup, etc.) are presented to the user. No data will be restored during the validation process, so it is always "safe" (and advisable) to validate an archive before attempting a subsequent restore operation.

Source Drive or Folder—Specifies the drive or Windows folder (directory) from which the backup archive file will be read. This path may point to a removable media device (diskettes, writeable CDROM) or to a standard Windows directory on a hard disk drive (local or remote). Disk "spanning" is supported for backup archives on diskette. The user will be prompted to insert specific diskettes from the backup archive as needed.

Note: When validating backup archives that span multiple diskettes, insert the last diskette in the set first. The system will prompt for the first and subsequent diskettes as the validation proceeds. Once the desired source drive/folder path has been specified, click the **Start Validate** button to proceed. You will be presented with details of the validated backup archive upon completion.

Restore

From the **Restore** sub-tab, you can restore database files and configuration settings (optional) from a backup file. The Restore option will only be visible to users with the appropriate permissions. The following controls and options apply to the restore operation:

Source Drive or Folder—Specifies the drive or Windows folder (directory) from which the backup archive file will be read. This path may point to a removable media device (diskettes, writeable CDROM) or to a standard Windows directory on a hard disk drive (local or remote). Disk "spanning" is supported for backup archives on diskette. The user will be prompted to insert specific diskettes from the backup archive as needed. **Note**: When restoring backup archives that span multiple diskettes, insert the last diskette in the set first. The system will prompt for the first and subsequent diskettes as the restoration proceeds.

Restore system and user configuration settings—Specifies whether or not to restore the system and user configuration settings that were included in the backup archive. These settings define system/user preference settings, for example. Unless otherwise instructed by a technical support specialist, this

option should always be checked. Once the desired source drive/folder path and option settings have been specified, click the **Start Restore** button to proceed. **The restore operation will overwrite your current database files with older data from the specified backup. You should perform this operation** *only* **under the supervision of authorized technical support personnel.** You will be notified when the restore operation completes. PC-ACE Pro32 will terminate automatically following a restore operation. The restored database files and configuration settings will be available the next time the program is executed. Exclusive system access is required to perform a restore operation in PC-ACE Pro32. If this program is in use on another client workstation, you will be notified when the **Start Restore** button is clicked. You can either instruct the other users to exit PC-ACE Pro32 and then continue the restore operation, or simply cancel the restore request.

Part III: Troubleshooting and Appendixes

Appendix A: Definitions of Terms

FTP---stands for "File Transfer Protocol." The method PC-ACE Pro32 uses to send and receive data once a connection has been established.

LOB---stands for "Line-of-business." Refers to a specific type of business, such as Medicaid, private insurance, Medicare Part B, Medicare Part A, etc.

Medicare Secondary Payer (MSP)—a situation where another insurance company is primary over Medicare.

MSP—see Medicare Secondary Payer (above).

Network Service Vendor—a company that provides connectivity.

NSV—see Network Service Vendor (above).

Submitter Code--a code that identifies the sender of a file to our system. This will be assigned by EDI Services and is given to PC-ACE Pro32 users in a letter faxed to them when they are approved to use the software.

Submitter ID—see "Submitter Code."

User Name--can be used interchangeably with "user ID." Assigned by Cahaba EDI Services and given to users in a letter when they are approved to use PC-ACE Pro32.

User ID--see "User Name."

Appendix B: Loops and Segments

1000A—Submitter

1000B—Receiver

2000A—Billing/Pay-To Provider

2000B---Subscriber

2010AA—Billing Provider

2010AB—Pay-to Provider

2010BA—Subscriber

2010BB—Payer

2310A—Referring Provider (Part B) (Attending Provider (Part A)

2310B—Rendering Provider (Part B) Operating Physician (Part A)

2310C—Service Facility Location (Part B) Other Operating Physician (Part A)

2310D—Supervising Provider (Part B) Rendering Provider (Part A)

2310E---Ambulance Pick-Up Location (Part B) Service Facility Location (Part A)

2310F---Ambulance Drop-Off Location (Part B) Referring Provider (Part A)

2320---Subscriber Primary Payer

2330A—Other Subscriber

2330B—Other Payer

2400—Service Line

2420A—Rendering Provider (Part B) Operating Physician (Part A)

2420B—Purchased Service Provider (Part B) Other Operating Physician (Part A)

2420C—Service Facility Location (Part B) Rendering Provider (Part A)

2420D—Supervising Provider

2420E—Ordering Provider

2420F—Referring Provider

2420G---Ambulance Pick-Up Location

2420H---Ambulance Drop-Off Location

Appendix C: Entering Medicare Secondary Payer (MSP) Claims

MSP General Information



Medicare Secondary Payer (MSP) Electronic Data Interchange (EDI) Instructions for Part B Providers

Want to avoid denial of your MSP claim? Are you confused about what is required when submitting information to Medicare for secondary payment? This article is designed to assist you with the proper submission of your electronic claims, especially when there is primary payment made by another payer.

What is an MSP claim? Medicare Secondary Payer (MSP) claims are those claims that are submitted to another insurance company (payer) before they are submitted to Medicare. When a Medicare beneficiary has other insurance primary to Medicare, the other insurer's payment information must be included on the claim that is submitted to Medicare. Without this information your claim will be **denied**. Likewise, information not properly submitted on the claim can potentially result in the claim being paid incorrectly or denied.

CMS now requires all claims, including MSP claims, to be filed electronically, with few reference CMS exceptions. Please Change Request 3440 available at http://www.cms.hhs.gov/Transmittals/downloads/R450CP.pdf and the Administration Simplification Compliance Act (ASCA) of 2001. An exception to this rule is when there is more than one payer responsible for payment before Medicare considers the charges. These claims may still be submitted hardcopy. Complete information about submitting electronic MSP claims is included in the ASC X12 Standards for Electronic Data Interchange Technical Report Type 3 Health Care Claim (837). The Technical Report Type 3 (TR3) documentation is available at http://www.wpc-edi.com.

If another insurance company pays primary benefits, secondary Medicare benefits may be payable to supplement the amount paid by the primary insurer. Medicare secondary benefits may be payable if all of the following situations apply:

- The primary insurer's payment is less than the provider's charges for Medicare covered services;
- The primary insurer's payment is less than the maximum amount payable by Medicare; and,
- The provider does not accept and is not obligated to accept the primary insurer's primary payment as payment in full.

The following commonly used terms and field explanations will serve as a guide for submitting proper electronic MSP claims.

Commonly Used Terms

Contractual Obligation	Contractual Obligation is the difference between billed amount and primary allowed amount that cannot be billed to the patient.
Patient Responsibility	Patient responsibility is the difference between primary allowed amount and the primary (PE) paid amount.

- Line Adjustments Line adjustments are required if the primary payer made line level adjustments that caused the amount paid to be different from the amount originally charged. Line adjustment information is reported in the CAS segment, including the claim adjustment group code, claim adjustment reason code and the monetary adjustment amounts.
- **Line Adjudication** Line Adjudication segment is used to report the date the claim was adjudicated by the primary payer and is required on all MSP claims.
- **CAS Segment** CAS Segment is used to report the adjustment reason codes and amounts as needed.
- Adjustment Reason Adjustment Reason is used to report the adjustment on each service line such as co-insurance, deductible, contractual adjustment, etc.

Example: The provider submits an MSP claim with the following:

\$60 Billed Amount\$20 Network Discount\$40 Primary Allowed Amount\$10 Co-payment Amount\$30 Primary Paid Amount

The \$20 difference between the allowed and the billed amount will be a Contract Obligation (CO) adjustment. The \$10 difference between the primary paid and the primary allowed will be a Patient Responsibility (PR) adjustment. The primary payment will be \$30.

The Claim Adjustment Reason codes are located on the Washington Publishing Company web site <u>http://www.wpc-edi.com</u>.

Instructions for Electronic Billing of MSP Claims:

For more detailed information, see the Loops and Segments Table beginning on Page 201.

Claim Level Primary Payer Paid Amount

For claim level information, physicians and suppliers must indicate the other payer paid amount for the claim in loop 2320 AMT01 = D (qualifier) and AMT02 the monetary amount. **NOTE: All line level payments when added together must equal the total amount paid on the claim.**

Line Level Primary Payer Paid

For line level information, physicians and suppliers must indicate the other payer paid amount for that particular service in loop 2430 SVD02.

Loops and Segments Table

The following are instructions for the segments and elements that are required when submitting MSP information electronically. Please note that some segments and elements are situational but may become required when used.

Loop 2000B – Subscriber Information

Usage	Element	Value	Comment
Required	SBR01	 P =Primary S = Secondary T = Tertiary Use to indicate 'payer of last resort' 	Code identifying the insurance carrier's level of responsibility for payment of a claim. (To identify whether Medicare is primary, secondary or tertiary) For Medicare Secondary Payer (MSP) claims being sent to Medicare Part B the code would be "S".
Situational	SBR02	18	Specifies the relationship to the person insured.
Situational	SBR03		Policy or group number
Situational	SBR04		The name of group plan
Situational	SBR05	 12 = Medicare Secondary Working Aged Beneficiary or Spouse with Employer Group Health Plan 13 = Medicare Secondary End-Stage Disease Beneficiary in the 12 month coordination period with an employer's group health plan 14 = Medicare Secondary, No-fault Insurance including Auto is Primary 15 = Medicare Secondary Worker's Compensation 16 = Medicare Secondary Public Health Services (PHS) or Other Federal Agency 41 = Medicare Secondary Veteran's Administration 43 = Medicare Secondary Disabled Beneficiary Under Age 65 with Large group Health Plan (LGHP) 47 = Medicare Secondary, Other Liability Insurance is Primary 	Code to identify the type of insurance policy within a specific insurance program.
Situational	SBR09	 09 = Self-pay 10 = Central Certification 11 = Other Non-Federal Programs 12 = Preferred Provider Organization (PPO) 13 = Point of Service (POS) 14 = Exclusive Provider Organization (EPO) 15 = Indemnity Insurance 16 = Health Maintenance Organization (HMO) Medicare Risk AM = Automobile Medical BL = Blue Cross/Blue Shield 	Code to identify the type of claim

CH = Champus	
CI = Commercial Insurance Co.	
DS = Disability	
HM = Health Maintenance Organization	
LI = Liability	
LM = Liability Medical	
MB = Medicare Part B	
MC = Medicaid	
OF = Other Federal Program	
TV = Title V	
VA = Veteran Administration Plan	
WC = Workers' Compensation Health	
Claim	
ZZ = Mutually Defined	

Loop 2320 – Other Subscriber Information Required if other payers are known to potentially be involved in paying on this claim.

Usage	Element	Value	Comment
Required	SBR01	 P = Primary S = Secondary T = Tertiary Use to indicate 'payer of last resort' 	Code identifying the insurance carrier's level of responsibility for payment of a claim. If claim is being sent to Medicare Part B the code would be "P" to identify primary information.
Required	SBR02	 01 = Spouse 04 = Grandfather or Grandmother 05 = Grandson or Granddaughter 07 = Nephew or Niece 10 = Foster Child 15 = Ward 17 = Stepson or Stepdaughter 18 = Self 19 = Child 20 = Employee 21 = Unknown 22 = Handicapped Dependent 23 = Sponsored Dependent 24 = Dependent of a Minor Dependent 29 = Significant Other 32 = Mother 33 = Father 36 = Emancipated Minor 39 = Organ Donor 40 = Cadaver Donor 41 = Injured Plaintiff 43 = Child Where Insured has No Financial Responsibility 53 = Life Partner 68 = Other Relationship 	Specifies the relationship to the insured
Situational	SBR03		Policy or group number
Situational	SBR04		Name of plan

Required	SBR05	 AP = Auto Insurance Policy C1 = Commercial CP = Medicare Conditionally Primary GP = Group Policy HM = Health Maintenance Organization (HM0) IP = Individual Policy LD = Long Term Policy LT = Litigation MB = Medicare Part B MC = Medicaid MI = Medigap Part B MP = Medicare Primary OT = Other PP = Personal Payment (Cash – No Insurance) SP = Supplemental Policy 	Code to identify the type of insurance policy within a specific insurance program
Required	SBR09	 OP = Supplemental Policy OP = Self-pay 10 = Central Certification 11 = Other Non-Federal Programs 12 = Preferred Provider Organization (PPO) 13 = Point of Service (POS) 14 = Exclusive Provider Organization (EPO) 15 = Indemnity Insurance 16 = Health Maintenance Organization (HMO) Medicare Risk AM = Automobile Medical BL = Blue Cross/Blue Shield CH = Champus CI = Commercial Insurance Co DS = Disability HM = Health Maintenance Organization LI = Liability LM = Liability Medical MB = Medicare part B MC = Medicaid OF = Other Federal Program TV = Title V VA = Veteran Administration Plan Refers To Veterans Affairs Plan WC = Worker's Compensation Health Claim ZZ = Mutually Defined Unknown 	Code to identify the type of claim

Loop 2320 – Other Subscriber Information

Coordination of Benefits (COB) Payer Paid Amount and Allowed Amount

Required	AMT01	D	Code to identify the primary paid amount
Required	AMT02		Total amount paid by the primary payer

Subscriber Demographic Information

Required	DMG01	D8	Code indicating the format of the date
Required	DMG02		Date of birth (CCYYMMDD)
Required	DMG03	F = Female M = Male U = Unknown	Code indicating the sex of the individual

Other Insurance Coverage Information

Required	OI03	N = No Y = Yes	A " Y " value indicates insured or authorized person authorizes benefits to be assigned to the provider; an " N " value indicates benefits have not been assigned to the provider.
Situational	OI04	B = Signed signature authorization form or forms for both HCFA-1500 Claim Form block 12 and block 13 are on file C = Signed CMS Claim Form on file M = Signed signature authorization form for CMS Claim Form block 13 on file P = Signature generated by provider because the patient was not physically present for services S = Signed signature authorization form for CMS Claim Form block 12 on file	Indicates how the patient or subscriber authorization signature was obtained and how it is being retained by the provider.
Required	O106	A = Appropriate Release of Information on File at Health Care Service Provider or at Utilization Review Organization I = Informed Consent to Release Medical Information for Conditions or Diagnoses Regulated by Federal Statues M = The Provider has Limited or Restricted Ability to Release Data Related to a Claim N = No, Provider is Not Allowed to Release Data O = On file at Payer or at Plan Sponsor Y = Yes, Provider has a Signed Statement Permitting Release of Medical Billing Data Related to a Claim	Code indicating whether the provider has on file a signed statement by the patient authorizing the release of medical data to other organizations.

Usage	Element	Value	Comment
Required	NM101	IL	Code identifying the insured or subscriber
Required	NM102	1 = Person 2 = Non-Person Entity	Code qualifying the type of entity
Required	NM103		Last Name or Organization Name
Situational	NM104		Subscriber first name
Situational	NM105		Subscriber middle
Situational	NM107		Subscriber generation (suffix)
Required	NM108	MI = Member Identification Number to convey the following terms: Insured's ID, Subscriber's ID, Health Insurance Claim Number (HIC), etc.	Code to indicate Member ID
Required	NM109		Identification Number
Required	N301		Address Information (address 1)
Situational	N302		Address Information (address 2) required if second address exists
Situational	N401		City Name Required when information is available
Situational	N402		State or Province Code Required when information is available
Situational	N403		Postal Code Required when information is available
Situational	N404		Country Code Required if the address is out of the U.S.

Loop 2330A Other Subscriber Name and Address

Loop 2330B - Other Payer Name

Usage	Element	Value	Comment
Required	NM101	PR = Payer	Code to identify an organizational entity or
·			other payer
Required	NM102	2 = Non-Person Entity	Code to identify type of entity
Required	NM103		Name Last or Organization Name
Required	NM108	PI = Payer Identification XV = Health Care Financing Administration National Plan ID	Code to identify Payer or organization
Required	NM109		Payer Identification Code

Loop 2400 – Service Line

Contract Information

Required	CN101	01 = Diagnosis Related Group (DRG) 02 = Per Diem 03 = Variable Per Diem 04 = Flat 05 = Capitated 06 = Percent 09 = Other	Code to identify the contract type
Situational	CN102		The amount of the contract agreement (Obligated to Accept as Payment in Full Amount)

Loop 2430 - Line Adjudication Information

Usage	Seg/El	Value	Comment
Required	SVD01		Payer Identification Code
Required	SVD02		The amount paid by the primary payer for each service line Zero "0" is an acceptable value for this element.
Required	SVD03- 1	 HC = Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes IV = Home Infusion EDI Coalition (HIEC) Product/Service Code ZZ = Mutually Defined 	Code to identify the type of medical procedure
Required	SVD03- 2		Procedure Code
Situational	SVD03- 3		Procedure Code Modifier Procedure Modifier 1
Situational	SVD03- 4		Procedure Code Modifier Procedure Modifier 2
Situational	SVD03- 5		Procedure Code Modifier Procedure Modifier 3

Situational	SVD03-	Procedure Code Modifier
	6	Procedure Modifier 4
Required	SVD05	Paid units of service
Situational	SVD06	Assigned Number (used only for bundling
		of service lines).

Line Adjustment

Usage	Seg/El	Value	Comment
Required	CAS01	 CO = contractual Obligations CR = Correction and Reversals OA = Other Adjustments PI = Payer Initiated Reductions PR = Patient Responsibility 	Code to identify the general category of payment adjustment.
Required	CAS02		Claim Adjustment Reason codes are located on the Washington Publishing Company web site at http://www.wpc- edi.com
Required	CAS03		Monetary Amount Use this amount for the adjustment amount
Situational	CAS04		Quantity Use as needed to show payer adjustment
Situational	CAS05		Claim Adjustment Reason Code Use as needed to show payer adjustment
Situational	CAS06		Monetary Amount Use as needed to show payer adjustment
Situational	CAS07		Quantity Use as needed to show payer adjustment
Situational	CAS08		Claim Adjustment Reason Code Use as needed to show payer adjustment
Situational	CAS09		Monetary Amount Use as needed to show payer adjustment
Situational	CAS10		Quantity Use as needed to show payer adjustment
Situational	CAS11		Claim Adjustment Reason Code Use as needed to show payer adjustment
Situational	CAS12		Monetary Amount Use as needed to show payer adjustment
Situational	CAS13		Quantity Use as needed to show payer adjustment
Situational	CAS14		Claim Adjustment Reason Code Use as needed to show payer adjustment
Situational	CAS15		Monetary Amount Use as needed to show payer adjustment
Situational	CAS16		Quantity Use as needed to show payer adjustment
Situational	CAS17		Claim Adjustment Reason Code Use as needed to show payer adjustment

Situational	CAS18	Monetary Amount Use as needed to show payer adjustment
Situational	CAS19	Quantity Use as needed to show payer adjustment

Line Adjudication Date

Usage	Seg/El	Value	Comment
Required	DTP01	573	Date/Time Qualifier
Required	DTP02	D8	Date Expressed in Format CCYYMMDD
Required	DTP03		Date Time Period

Appendix D: Contacting Cahaba EDI Services

Cahaba EDI Services

J10 A/B MAC (AL, GA, and TN Part A and Part B) users Phone (866) 582-3253 Part A E-mail <u>PartAEDIServices@cahabagba.com</u> Part B E-mail <u>PartBEDIServices@cahabagba.com</u>