

PC-ACE

Training Module for Part A

Users

Revised 2/27/2024



Enroll with EDI



- Prior to using the program all users must enroll for PC-ACE using the EDI enrollment form (8292) available at https://medicare.fcso.com/EDI_Forms/.
- Once enrollment is complete the EDI welcome letter will be sent from First Coast that will include your submitter ID, mailbox ID and instructions for downloading the software.
- This letter includes the installation and upgrade password. The upgrade password does not change and is needed for each quarterly upgrade; therefore, please keep it in a safe place where it is readily available.
- Next, access the [PC-ACE software](#) landing page and select the most recent version download option that is appropriate for you (new or existing user) to download the program.
- Then complete the following steps to set up the program.

Sign on Procedures

- Sign On
- Open the PC-ACE Software
- Select “Help” then “About PC-ACE”
- Ensure current version is installed
 - Refer to https://medicare.fcso.com/PC-ACE_software/ for available versions. An installation password will be required.
- Select an icon from the Main Toolbar
- Enter SYSADMIN for both User ID and Password

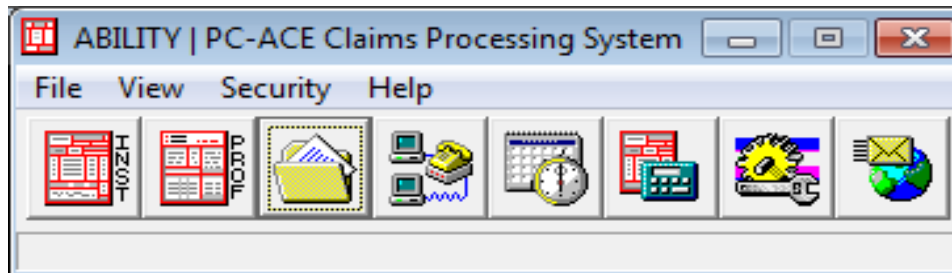


Sign On

User ID:

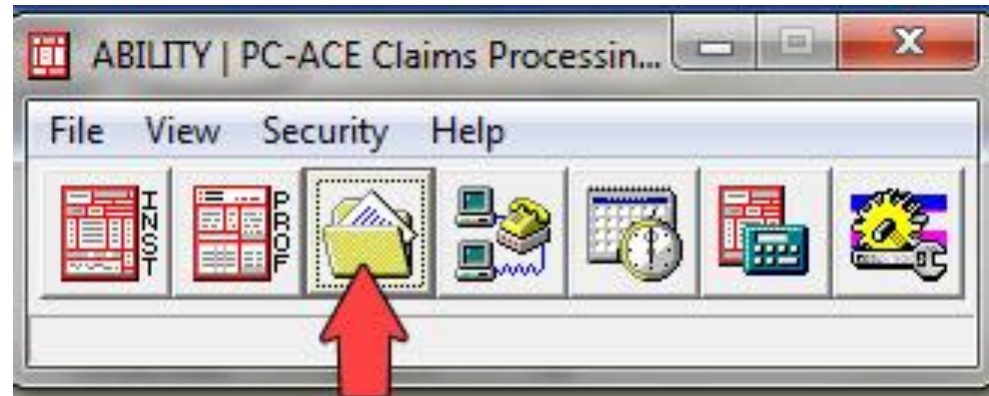
Password:

OK Cancel



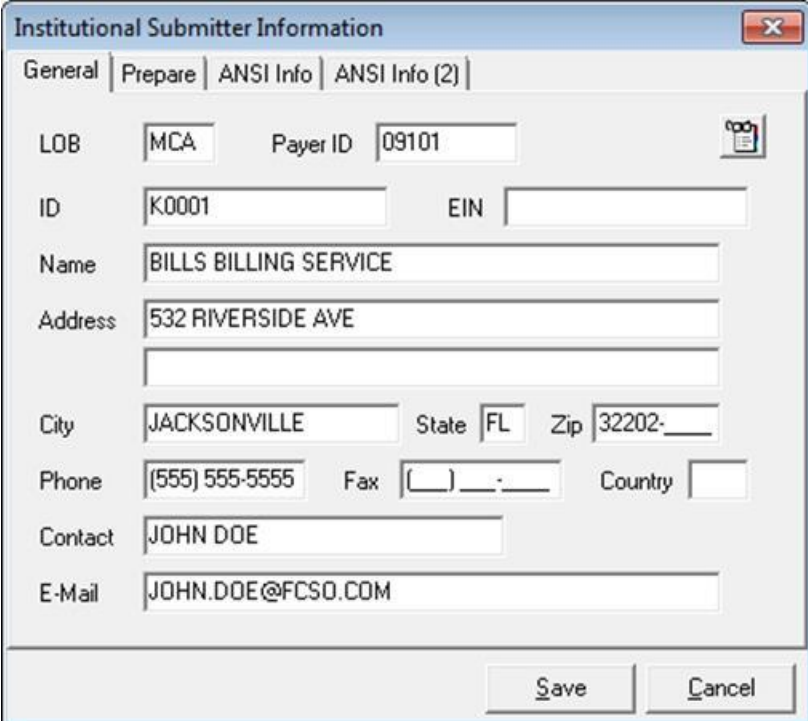
Setting Up the Program

- There are several pieces of information that must be entered into the program in order to submit a claim file.
- The provider data, patient data, payer data and submitter data should all be entered in the Reference File Maintenance folder.
- Proceed to the Reference File Maintenance folder by clicking on the third icon.



Submitter General

- **Submitter:** Reference File Maintenance > Codes/Misc > Submitter > Institutional > Payer ID 09101 > View/Update
- Required: ID (Sender/Submitter Number), Name, Address, City, State, Zip, Phone, Contact
- Optional: Fax
- Requested: Email [Save with Errors if Unavailable]
- Leave Blank: EIN, Country



Institutional Submitter Information

General | Prepare | ANSI Info | ANSI Info (2)

LOB: MCA Payer ID: 09101

ID: K0001 EIN:

Name: BILLS BILLING SERVICE

Address: 532 RIVERSIDE AVE

City: JACKSONVILLE State: FL Zip: 32202

Phone: (555) 555-5555 Fax: () - : Country:

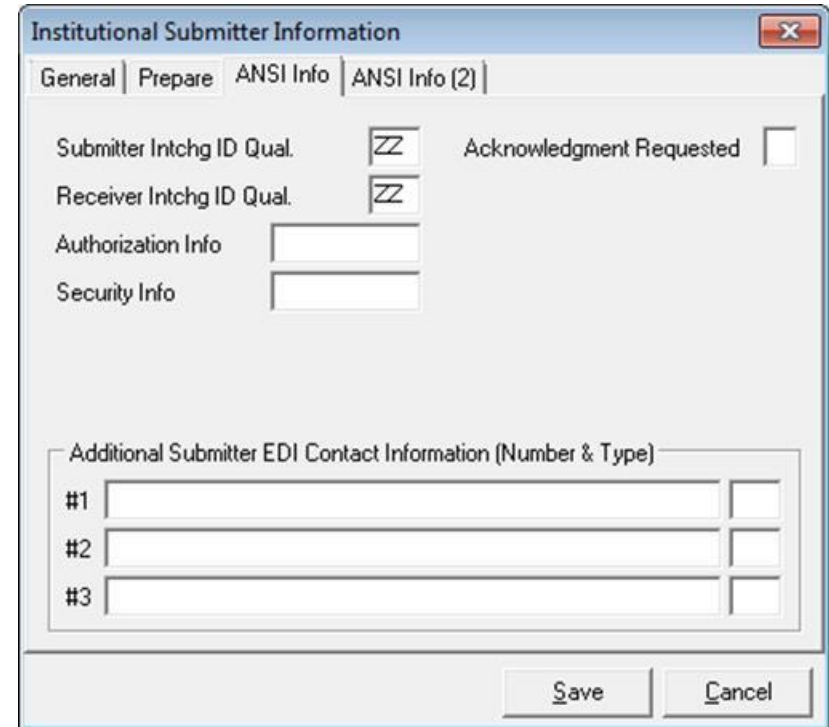
Contact: JOHN DOE

E-Mail: JOHN.DOE@FCSO.COM

Save Cancel

Submitter ANSI Info

- **Submitter (Cont.):** Reference File Maintenance > Codes/Misc > Submitter > Institutional > ANSI Info
- Auto Populates: Submitter Intchg Qual. (ZZ) and Receiver Intchg Qual. (ZZ)
- Leave Blank: All other fields unless directed by PC-ACE Support



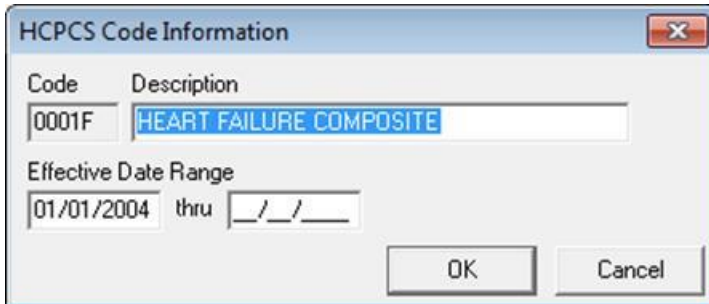
The screenshot shows a software dialog box titled "Institutional Submitter Information". It has a tabbed interface with four tabs: "General", "Prepare", "ANSI Info", and "ANSI Info (2)". The "ANSI Info" tab is currently selected. The dialog contains the following fields and controls:

- Submitter Intchg ID Qual. (Text box containing "ZZ")
- Receiver Intchg ID Qual. (Text box containing "ZZ")
- Acknowledgment Requested (Checkbox, currently unchecked)
- Authorization Info (Text box)
- Security Info (Text box)
- Additional Submitter EDI Contact Information (Number & Type) section containing three rows, each with a label (#1, #2, #3), a text box, and a small square checkbox.

At the bottom right of the dialog are "Save" and "Cancel" buttons.

HCPCS Code Information

- **HCPCS:** Reference File Maintenance > Codes/Misc > HCPCS
- Updated each quarter as appropriate
- Ability to narrow search using search options
- View effective date range of code
- Ability to add new codes

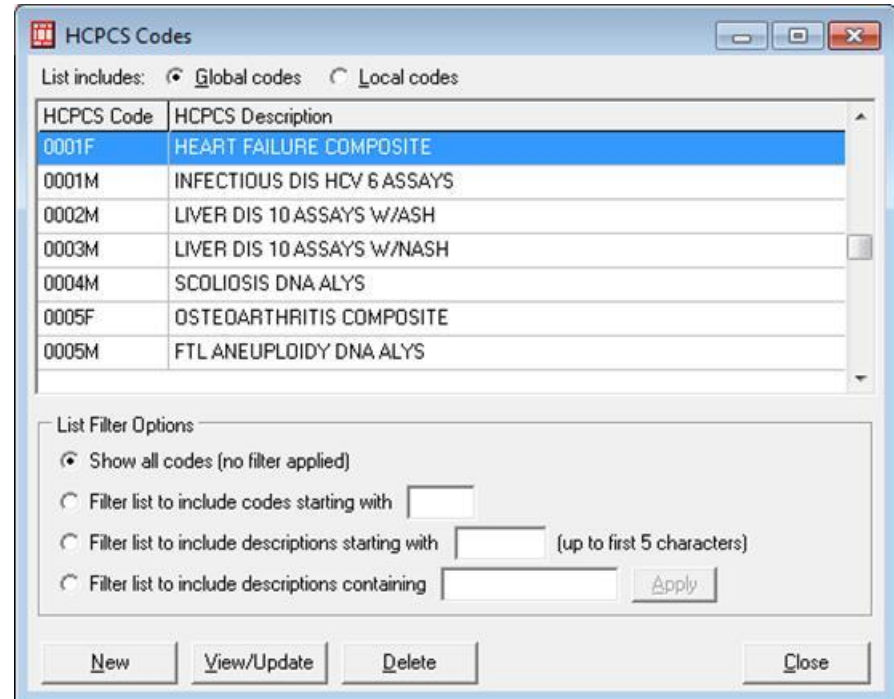


HCPCS Code Information

Code	Description
0001F	HEART FAILURE COMPOSITE

Effective Date Range
01/01/2004 thru ___/___/___

OK Cancel



HCPCS Codes

List includes: Global codes Local codes

HCPCS Code	HCPCS Description
0001F	HEART FAILURE COMPOSITE
0001M	INFECTIOUS DIS HCV 6 ASSAYS
0002M	LIVER DIS 10 ASSAYS W/WASH
0003M	LIVER DIS 10 ASSAYS W/WASH
0004M	SCOLIOSIS DNA ALYS
0005F	OSTEOARTHRITIS COMPOSITE
0005M	FTL ANEUPLOIDY DNA ALYS

List Filter Options

Show all codes (no filter applied)

Filter list to include codes starting with

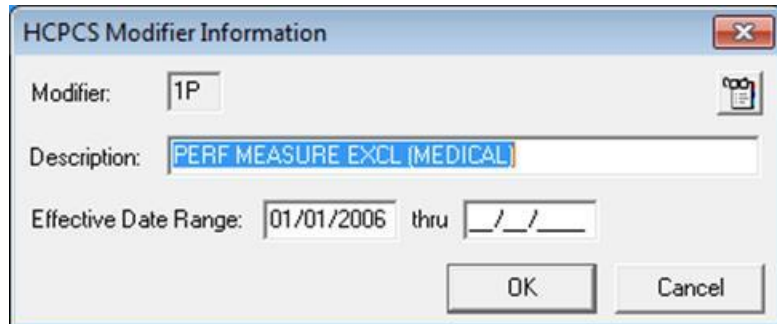
Filter list to include descriptions starting with (up to first 5 characters)

Filter list to include descriptions containing

New View/Update Delete Close

HCPCS Modifier Information

- **Modifiers:** Reference File Maintenance > Codes/Misc > Modifiers
- Updated each quarter as appropriate
- View effective date range of code
- Option to add new codes



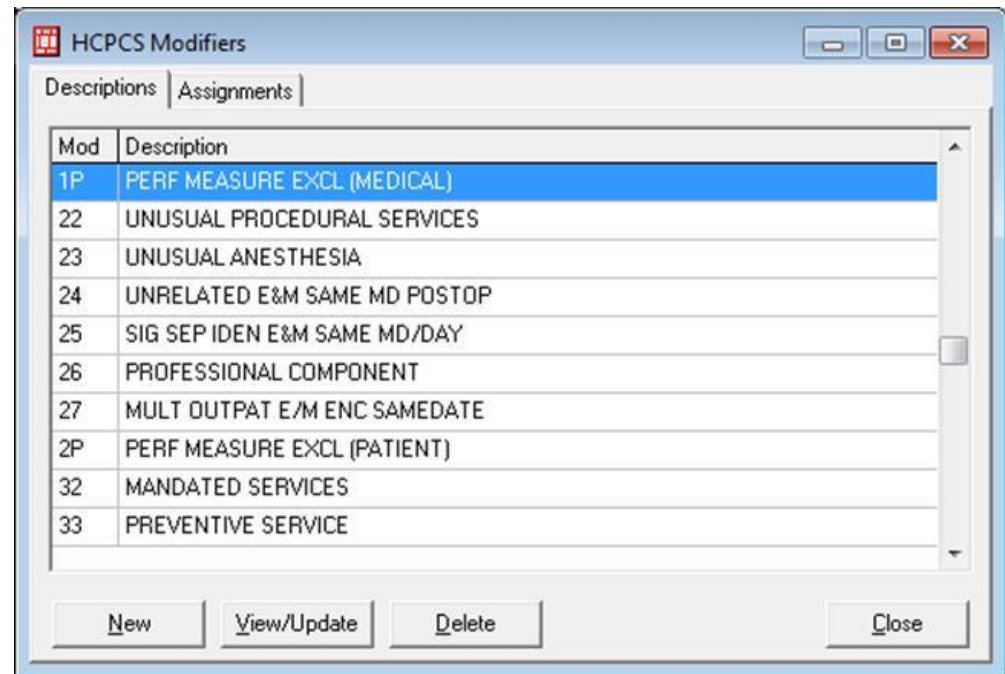
HCPCS Modifier Information

Modifier: 1P

Description: PERF MEASURE EXCL (MEDICAL)

Effective Date Range: 01/01/2006 thru / /

OK Cancel



HCPCS Modifiers

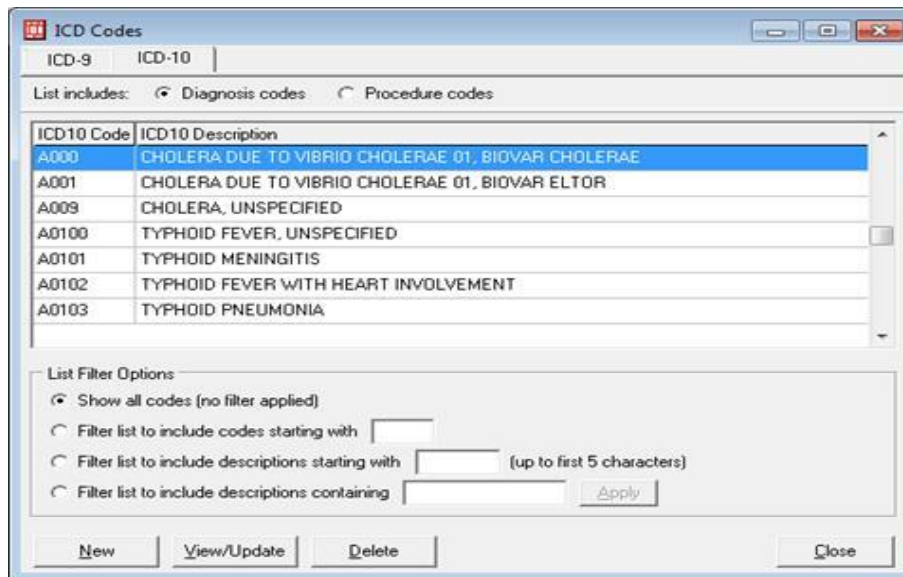
Descriptions | Assignments

Mod	Description
1P	PERF MEASURE EXCL (MEDICAL)
22	UNUSUAL PROCEDURAL SERVICES
23	UNUSUAL ANESTHESIA
24	UNRELATED E&M SAME MD POSTOP
25	SIG SEP IDEN E&M SAME MD/DAY
26	PROFESSIONAL COMPONENT
27	MULT OUTPAT E/M ENC SAME DATE
2P	PERF MEASURE EXCL (PATIENT)
32	MANDATED SERVICES
33	PREVENTIVE SERVICE

New View/Update Delete Close

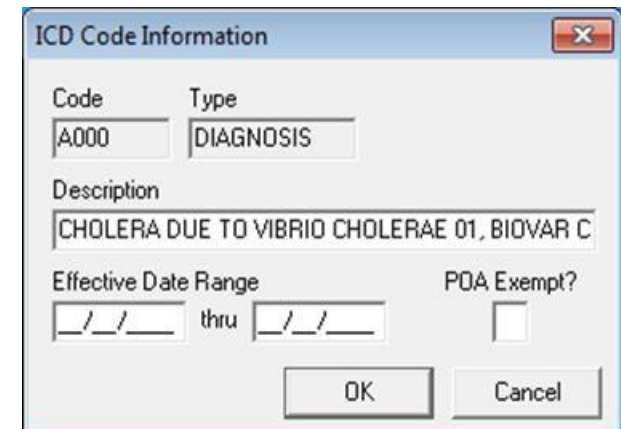
ICD Code Information

- **ICD Codes:** Reference File Maintenance > Codes/Misc > ICD
- Updated each quarter as appropriate
- Ability to narrow search using search options
- Updated to contain ICD-10 codes effective 10/1/2015
- View effective date range of code



The screenshot shows the 'ICD Codes' application window. It has tabs for 'ICD-9' and 'ICD-10'. Below the tabs, there are radio buttons for 'List includes: Diagnosis codes' and ' Procedure codes'. A table lists ICD-10 codes and descriptions, with 'A000 CHOLERA DUE TO VIBRIO CHOLERAE 01, BIOVAR CHOLERAE' selected. Below the table are 'List Filter Options' with three radio buttons: 'Show all codes (no filter applied)', 'Filter list to include codes starting with []', and 'Filter list to include descriptions starting with [] (up to first 5 characters)'. There is also a 'Filter list to include descriptions containing []' option with an 'Apply' button. At the bottom are 'New', 'View/Update', 'Delete', and 'Close' buttons.

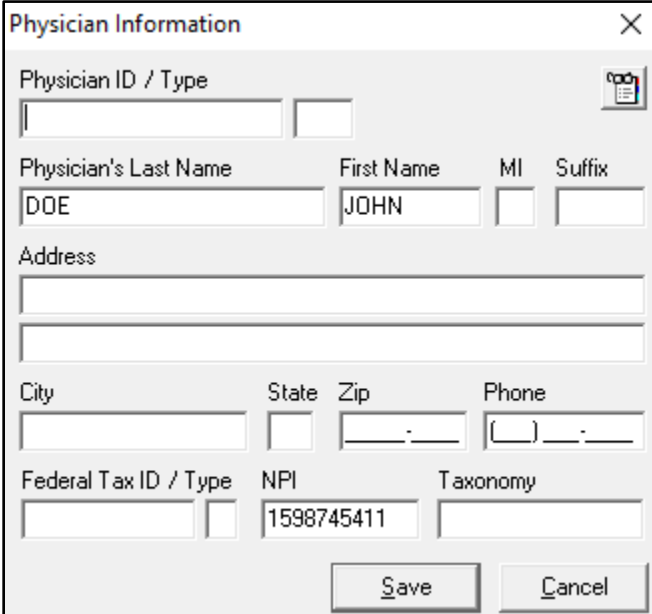
ICD10 Code	ICD10 Description
A000	CHOLERA DUE TO VIBRIO CHOLERAE 01, BIOVAR CHOLERAE
A001	CHOLERA DUE TO VIBRIO CHOLERAE 01, BIOVAR ELTOR
A009	CHOLERA, UNSPECIFIED
A0100	TYPHOID FEVER, UNSPECIFIED
A0101	TYPHOID MENINGITIS
A0102	TYPHOID FEVER WITH HEART INVOLVEMENT
A0103	TYPHOID PNEUMONIA



The screenshot shows the 'ICD Code Information' dialog box. It has fields for 'Code' (A000) and 'Type' (DIAGNOSIS). Below these is a 'Description' field containing 'CHOLERA DUE TO VIBRIO CHOLERAE 01, BIOVAR C'. There are also fields for 'Effective Date Range' (two date pickers separated by 'thru') and a 'POA Exempt?' checkbox. At the bottom are 'OK' and 'Cancel' buttons.

Physician Information

- **Physician Information:** Reference File Maintenance > Codes/Misc > Physician
- Required: Physicians Last Name, First Name, NPI
- Optional: Physician ID (if entered, Type is required), Address, City, State, Zip (to include last 4), Phone, Taxonomy
- Leave Blank: Federal Tax ID/Type



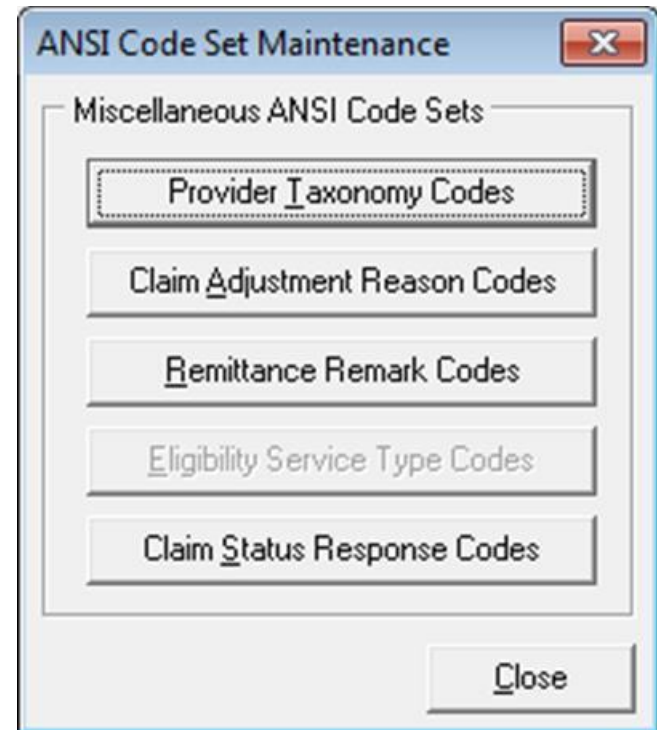
The screenshot shows a dialog box titled "Physician Information" with a close button (X) in the top right corner. The form contains the following fields:

- Physician ID / Type: A text box and a dropdown menu.
- Physician's Last Name: Text box containing "DOE".
- First Name: Text box containing "JOHN".
- MI: Text box.
- Suffix: Text box.
- Address: Two stacked text boxes.
- City: Text box.
- State: Text box.
- Zip: Text box.
- Phone: Text box.
- Federal Tax ID / Type: Text box and dropdown menu.
- NPI: Text box containing "1598745411".
- Taxonomy: Text box.

At the bottom right of the dialog box are "Save" and "Cancel" buttons.

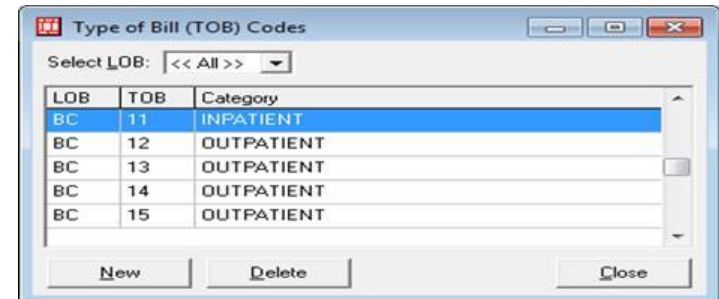
ANSI Code Set Maintenance

- **ANSI Code Set Maintenance:** Reference File Maintenance > Codes/Misc > Misc ANSI
- Updated each quarter as appropriate
- Provider Taxonomy Codes
- Claim Adjustment Reason Codes
- Remittance Remark Codes
- Claim Status Response Codes



Institutional TOB, CON/OCC/SPAN/VAL

- **TOB, CON/OCC/SP/VAL and Revenue Codes:** Reference File Maintenance > Codes/Misc > TOB, CON/OCC/SP/VAL > Revenue Code
- Updated each quarter as appropriate
- Can be updated manually if revisions (new/revised codes) become available before a release is received
- Select LOB (MCA) for TOB
- Select Type (Condition, Occurrence, Span, Value Codes)

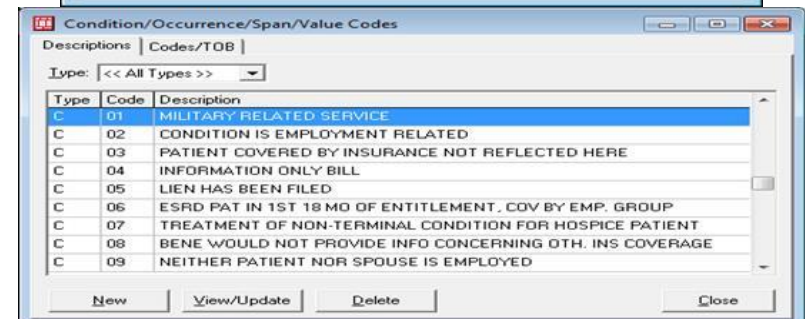


Window: Type of Bill (TOB) Codes

Select LOB: << All >>

LOB	TOB	Category
BC	11	INPATIENT
BC	12	OUTPATIENT
BC	13	OUTPATIENT
BC	14	OUTPATIENT
BC	15	OUTPATIENT

Buttons: New, Delete, Close



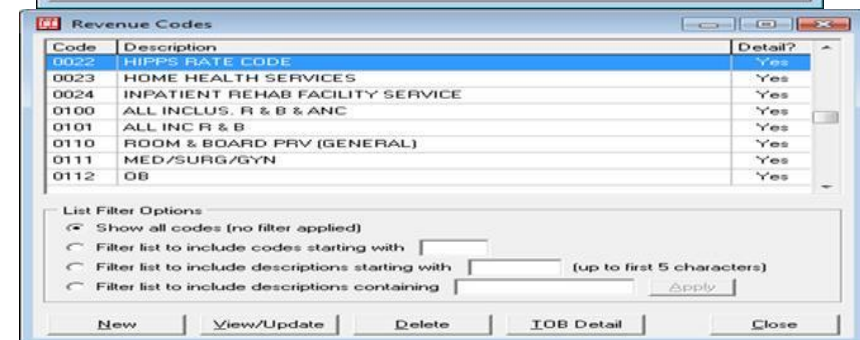
Window: Condition/Occurrence/Span/Value Codes

Descriptions | Codes/TOB |

Type: << All Types >>

Type	Code	Description
C	01	MILITARY RELATED SERVICE
C	02	CONDITION IS EMPLOYMENT RELATED
C	03	PATIENT COVERED BY INSURANCE NOT REFLECTED HERE
C	04	INFORMATION ONLY BILL
C	05	LIEN HAS BEEN FILED
C	06	ESRD PAT IN 1ST 18 MO OF ENTITLEMENT, COV BY EMP. GROUP
C	07	TREATMENT OF NON-TERMINAL CONDITION FOR HOSPICE PATIENT
C	08	BENE WOULD NOT PROVIDE INFO CONCERNING OTH. INS COVERAGE
C	09	NEITHER PATIENT NOR SPOUSE IS EMPLOYED

Buttons: New, View/Update, Delete, Close



Window: Revenue Codes

Code	Description	Detail?
0022	HIPPS RATE CODE	Yes
0023	HOME HEALTH SERVICES	Yes
0024	INPATIENT REHAB FACILITY SERVICE	Yes
0100	ALL INCLUS. R & B & ANC	Yes
0101	ALL INC R & B	Yes
0110	ROOM & BOARD PRV (GENERAL)	Yes
0111	MED/SURG/GYN	Yes
0112	OB	Yes

List Filter Options

Show all codes (no filter applied)

Filter list to include codes starting with []

Filter list to include descriptions starting with [] (up to first 5 characters)

Filter list to include descriptions containing []

Buttons: New, View/Update, Delete, IOB Detail, Close

Institutional General Provider Information



- **Provider:** Reference File Maintenance > Provider (Inst) > General Info
- Required: Name, Address, City, State, Zip (to include last 4), Phone, Contact, Provider ID/No., LOB – MCA, Payer ID – 09101, NPI, Tax ID/Type
- Optional: Tax Sub ID and Taxonomy/Type, Remarks
- Leave Blank: Tag, Country, Site, Provider Associations

Institutional Provider Information

General Info | Extended Info

Name: NPI:

Address: Tax ID/Type:

City/State/Zip: Tax Sub ID:

Phone: Fax: Taxonomy/Type:

Contact: Country: Site:

Provider ID/No.: LOB: Include In Lookups?

Payer ID: Tag:

Remarks:

Provider Associations:

LOB	Provider ID	Provider Name

Provider Extended Information



- **Provider:** Reference File Maintenance > Provider (Inst) > Extended Info
- Required: Provider Accepts Assign
- Leave Blank: All other fields, unless directed by PC-ACE Support.

Institutional Provider Information

General Info **Extended Info**

Provider ID/No Type E-Mail Address

Provider Accepts Assign

Provider SOF

Provider Name Match

Force Legacy ID

Requires POA Reporting

Secondary Provider IDs (ANSI use only)

ID/Type #1

ID/Type #2

Pay-To Provider Information (specify only if different)

Name NPI

Address

City/St/Zip

Country

Tax ID/Type

Provider ID/No.

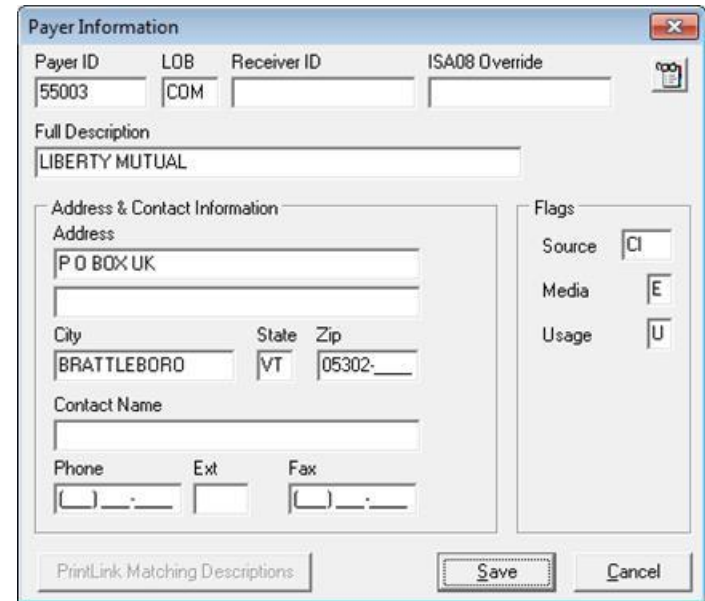
Sec ID/Type #1

Sec ID/Type #2

Save Close

Payer Information

- **Payer:** Reference File Maintenance > Payer
- Required: Payer ID, LOB – COM, Full Description, Address, City, State, Zip (to include last 4), Source (CI), Media (E)
- Optional: Receiver ID leave blank, Contact Name, Phone, Ext, Fax, Usage
(U for Institutional, B for both Professional and Institutional or leave blank or B for both Professional and Institutional)
- Leave Blank: ISA08 Override



The screenshot shows a 'Payer Information' dialog box with the following fields and values:

Payer ID	LOB	Receiver ID	ISA08 Override
55003	COM		

Full Description: LIBERTY MUTUAL

Address & Contact Information:

Address: P O BOX UK

City: BRATTLEBORO, State: VT, Zip: 05302-____

Contact Name: _____

Phone: () - - , Ext: , Fax: () - -

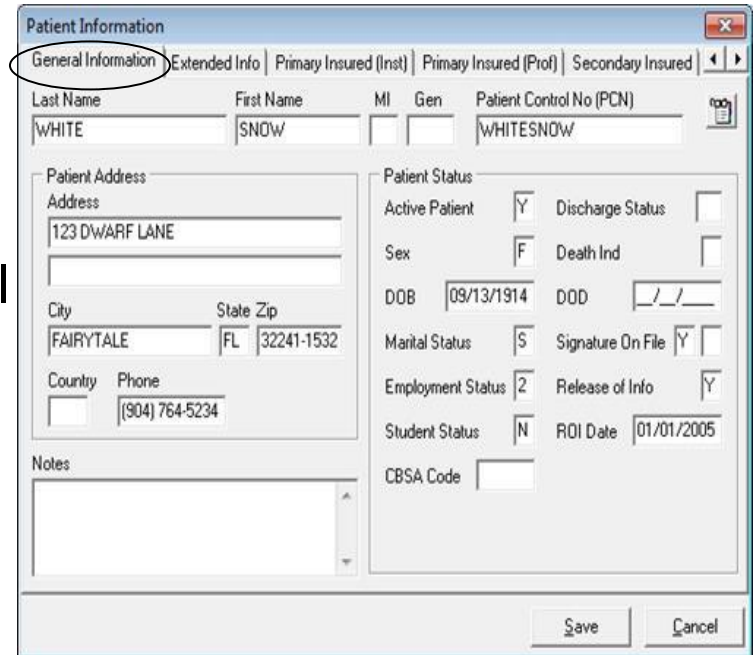
Flags:

Source	<input checked="" type="checkbox"/> CI
Media	<input checked="" type="checkbox"/> E
Usage	<input checked="" type="checkbox"/> U

Buttons: PrintLink Matching Descriptions, Save, Cancel

Payer Information General

- **Medicare Primary Patient Information/General Information:**
Reference File Maintenance > Patient > General Information
- Required: Last Name, First Name, PCN, Address, City, State, Zip, Sex, DOB, Signature on File – first field, Release of Info, ROI Date
- Optional: MI, Gen, Phone, Notes, Marital Status, Employment Status, Student Status, CBSA Code, Death Ind, DOD
- Leave Blank: Country, Discharge Status, Signature on File – second field
- Auto Populates: Active Patient - Y



Patient Information

General Information | Extended Info | Primary Insured (Inst) | Primary Insured (Prof) | Secondary Insured

Last Name: WHITE | First Name: SNOW | MI: | Gen: | Patient Control No (PCN): WHITESNOW

Patient Address: 123 DWARF LANE

City: FAIRYTALE | State: FL | Zip: 32241-1532

Country: | Phone: (904) 764-5234

Patient Status: Active Patient: Y | Discharge Status: | Sex: F | Death Ind: | DOB: 09/13/1914 | DOD: | Marital Status: S | Signature On File: Y | Employment Status: 2 | Release of Info: Y | Student Status: N | ROI Date: 01/01/2005 | CBSA Code:

Notes:

Save Cancel

Patient Information Medicare Primary Insured



- **Medicare Primary Insured (Inst):** Reference File Maintenance > Patient > Primary Insured (Inst)
- Required: Payer ID (right click to select from Payer Database to auto-populate Payer ID, Payer Name and LOB), Rel, Last Name, First Name, Insured ID, Address, City, State, DOB, Assign of Benefits, Release of Info, ROI Date
- Optional: MI, Gen, Phone, Employ Status, Retire Date
- Leave Blank: Group Name, Group Number, Claim Office, Country

The screenshot shows a software window titled "Patient Information" with several tabs: "General Information", "Extended Info", "Primary Insured (Inst)", "Primary Insured (Prof)", and "Secondary Insured". The "Primary Insured (Inst)" tab is active. The form contains the following fields and values:

General Information		Extended Info		Primary Insured (Inst)		Primary Insured (Prof)		Secondary Insured			
Payer ID	09101	Payer Name	MEDICARE A FLORIDA	LOB	MCA	Insured Information Options					
Group Name		Group Number		Claim Office		<input type="radio"/> Common Inst & Prof <input checked="" type="radio"/> Separate Inst & Prof					
Clear All Fields For Insured											
Insured Information (F7)					Employer Information (F8)						
Rel	18	Last Name	WHITE	First Name	SNOW	MI		Gen		Insured ID	456789123A
Address		123 DWARF LANE		Sex	F	Assign of Benefits		Y			
				DOB	09/13/1914	Release of Info		Y			
City	FAIRYTALE	State	FL	Zip	32241-1532	Employ Status	2	ROI Date	01/01/2005		
Country		Phone	(904) 764-5234		Retire Date		_/_/				

Buttons: Save, Cancel

Patient Information General Info – Medicare Secondary



- **Medicare Secondary Patient Information/General Information:**
Reference File Maintenance > Patient > General Information
- Required: Last Name, First Name, PCN, Address, City, State, Zip, Sex, DOB, Signature on File – first field, Release of Info, ROI Date
- Optional: MI, Gen, Phone, Notes, Marital Status, CBSA Code, Employment Status, Student Status, Death Ind, DOD
- Leave Blank: Country, Discharge Status, Signature on File – First field
- Auto Populates: Active Patient - Y

The screenshot shows a software window titled "Patient Information" with several tabs. The "General Information" tab is selected and circled. The form contains the following data:

Last Name	First Name	MI	Gen	Patient Control No (PCN)
BOOP	BETTY	A		MSP FOR MED A

Patient Address:

Address: 532 RIVERSIDE AVE

City: JACKSONVILLE State: FL Zip: 32202

Country: Phone: (904) 355-0313

Notes:

Patient Status:

Active Patient	Discharge Status	Sex	Death Ind	DOB	DOD	Marital Status	Signature On File	Employment Status	Release of Info	Student Status	ROI Date	CBSA Code
<input checked="" type="checkbox"/>	<input type="checkbox"/>	F	<input type="checkbox"/>	01/05/1940	/ /	M	<input checked="" type="checkbox"/>	2	<input checked="" type="checkbox"/>	N	05/05/2001	

Buttons: Save, Cancel

Patient Information Primary Insured



- **Medicare Secondary Patient Information/Primary Insured Information** : Reference File Maintenance > Patient > Primary Insured (Inst)
- Required: Payer ID (right click to select from Payer Database to auto-populate Payer ID, Payer Name and LOB), Group Number, Rel, Last Name, First Name, Insured ID, Address, City, State, DOB, Assign of Benefits, Release of Info, ROI Date
- Optional: Group Name, MI, Gen, Phone, Employ Status, Retire Date
- Leave Blank: Claim Office, Country

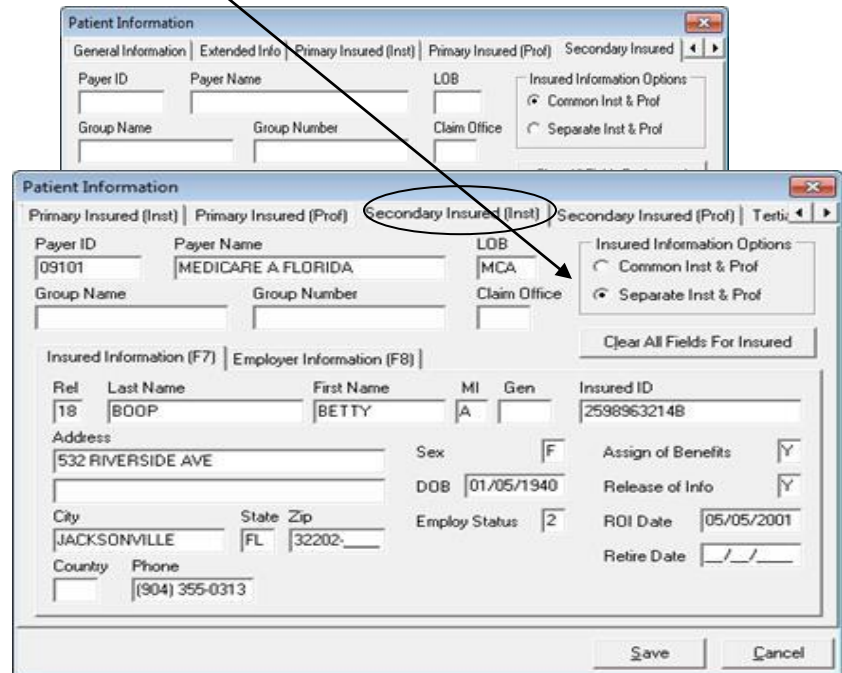
The screenshot shows a software window titled "Patient Information" with several tabs: "General Information", "Extended Info", "Primary Insured (Inst)", "Primary Insured (Prof)", and "Secondary Insured". The "Primary Insured (Inst)" tab is active. The form contains the following fields and values:

Field	Value
Payer ID	55003
Payer Name	LIBERTY MUTUAL
LOB	CDM
Group Name	WALMART
Group Number	ULM55003
Claim Office	
Insured Information Options	<input checked="" type="radio"/> Separate Inst & Prof
Insured Information (F7)	
Rel	18
Last Name	BOOP
First Name	BETTY
MI	A
Gen	
Insured ID	258741236A
Address	532 RIVERSIDE AVE
Sex	F
DOB	01/05/1940
City	JACKSONVILLE
State	FL
Zip	32202
Employ Status	2
Country	
Phone	(904) 355-0313
Assign of Benefits	<input checked="" type="checkbox"/>
Release of Info	<input checked="" type="checkbox"/>
ROI Date	05/05/2001
Retire Date	/ /

Buttons at the bottom: Save, Cancel

Patient Information Separate Institutional and Professional

- **Medicare Secondary:** Reference File Maintenance > Patient > Secondary Insured (Inst) > Separate Inst & Prof > Secondary Insured (Inst)
- Required: Payer ID (right click to select from Payer Database to auto-populate Payer ID, Payer Name and LOB), Group Number, Rel, Last Name, First Name, Insured ID, Address, City, State, DOB, Assign of Benefits, Release of Info, ROI Date
- Optional: MI, Gen, Phone
- Employ Status, Retire Date
- Leave Blank: Claim Office, Country, Group Name, Group Number



Patient Information

General Information | Extended Info | Primary Insured (Inst) | Primary Insured (Prof) | Secondary Insured

Payer ID: [] Payer Name: [] LOB: [] Insured Information Options:
 Common Inst & Prof
 Separate Inst & Prof

Group Name: [] Group Number: [] Claim Office: []

Patient Information

Primary Insured (Inst) | Primary Insured (Prof) | **Secondary Insured (Inst)** | Secondary Insured (Prof) | Terti

Payer ID: 09101 Payer Name: MEDICARE A FLORIDA LOB: MCA Insured Information Options:
 Common Inst & Prof
 Separate Inst & Prof

Group Name: [] Group Number: [] Claim Office: []

Clear All Fields For Insured

Insured Information (F7) | Employer Information (F8)

Rel	Last Name	First Name	MI	Gen	Insured ID
18	BOOP	BETTY	A	F	25989632148

Address: 532 RIVERSIDE AVE Sex: F Assign of Benefits: Y
DOB: 01/05/1940 Release of Info: Y

City: JACKSONVILLE State: FL Zip: 32202 Employ Status: 2 ROI Date: 05/05/2001
Retire Date: / /

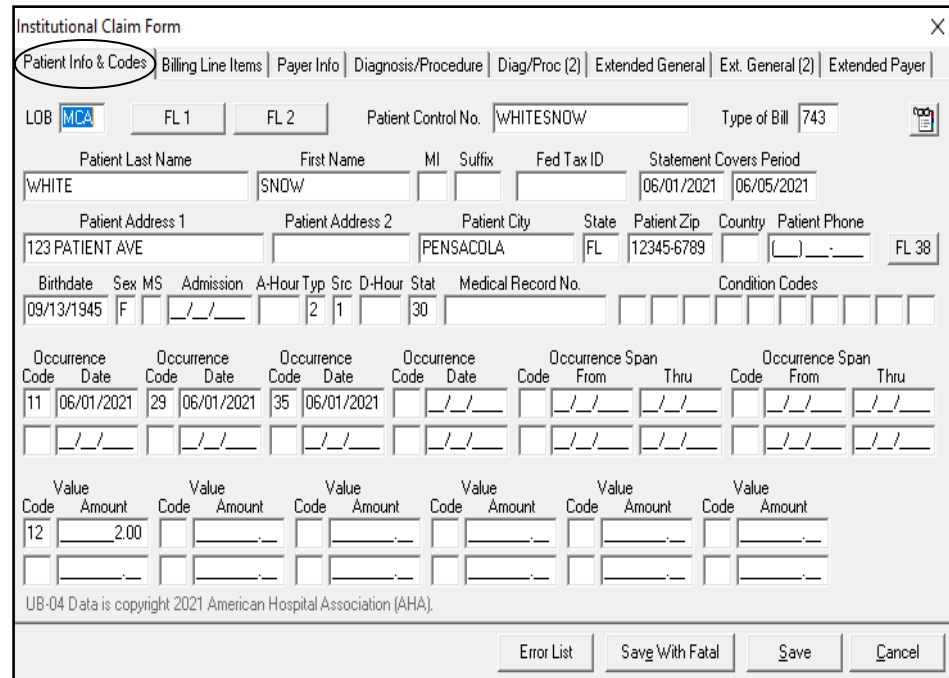
Country: [] Phone: (904) 355-0313

Save Cancel

Institutional Claim Form Patient Info & Codes



- **Medicare Primary:** Institutional Claims Menu > Enter Claims > Patient Info & General
- Required: LOB (MCA will auto populate), Patient Control No. (right click to select from Patient database, Type of Bill, Statement Covers Period.
- Optional: The remaining fields are optional depending upon the type of billing you are billing. The program will edit the claim based on the Type of Bill entered.



Code	Value	Amount	Code	Value	Amount	Code	Value	Amount	Code	Value	Amount	Code	Value	Amount	Code	Value	Amount
11	06/01/2021		29	06/01/2021		35	06/01/2021										
12		2.00															

Institutional Claim Form Tips



- **Medicare Primary:** Institutional Claims Menu > Enter Claims > Billing Line Items > Line Item Details
- Tips: Right click: Accesses information from databases or available pull down menus

F4: Field Duplication

F5: Line Duplication

F7: Line deletion

F8: Advance to next line

Continued on next slide

The screenshot shows the 'Institutional Claim Form' window with several tabs: 'Patient Info & Codes', 'Billing Line Items', 'Payer Info', 'Diagnosis/Procedure', 'Diag/Proc (2)', 'Extended General', 'Ext. General (2)', and 'Extended Payer'. The 'Billing Line Items' tab is active, and the 'Line Item Details' sub-tab is selected. The table below contains two rows of data for line items 1 and 2, with columns for Line Number (LN), Revision Code (Rev.Cd.), CPT/HCPCS code, modifiers, rate, service dates, units, total charges, and non-covered charges. A 'Recalculate' button and a 'Totals' row are visible at the bottom of the table area.

LN	42 Rev.Cd.	44 - CPT® /HCPCS	44 - Modifiers 1	2	3	4	44 Rate	45 - Service Date From Date	Thru Date	46 Units/Days	47 Total Charges	48 Non-Cov Chgs
1	0420	97110	GP				0.00	06/01/2021	06/05/2021	3.0	60.00	0.00
2	0420	97110	GP				0.00	06/01/2021	06/05/2021	1.0	61.00	0.00
3												
4												
5												
6												
7												
8												

Recalculate Totals: 121.00 0.00

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Error List Save With Fatal Save Cancel

Institutional Claim Form Line-Item Details



- **Medicare Primary (Cont.):** Institutional Claims Menu > Enter Claims > Billing Line Items > Line Item Details
- Required: Rev. Cd., HCPCS, From Date, Units/Days, Total Charges.
- Optional: Modifiers, Rate, Thru Date, Non-Cov Chgs
- Auto Populated: When Recalculate is selected, it will update the totals for Total Charges and Non-Cov Chgs based upon information entered on each detail line.

The screenshot shows a software window titled "Institutional Claim Form" with a tabbed interface. The "Billing Line Items" tab is active. Below the tabs is a table with columns for Line Number (LN), Revision Code (Rev.Cd.), HCPCS code, Modifiers (1-4), Rate, Service Dates (From Date, Thru Date), Units/Days, Total Charges, and Non-Cov Chgs. Two lines are populated with data. At the bottom, there is a "Recalculate" button and a "Totals" section showing 131.06 for Total Charges and 0.00 for Non-Cov Chgs. "Save" and "Cancel" buttons are at the bottom right.

LN	42 Rev.Cd.	44 HCPCS	44 - Modifiers	44 Rate	45 - Service Date	46 Units/Days	47 Total Charges	48 Non-Cov Chgs
			1 2 3 4		From Date Thru Date			
1	0420	97110	GP	0.00	04/01/2015 04/01/2015	3.0	60.00	0.00
2	0420	97110	GP	0.00	04/01/2015 04/01/2015	1.0	71.06	0.00
3					// //			
4					// //			
5					// //			
6					// //			
7					// //			
8					// //			

Recalculate Totals: 131.06 0.00

Save Cancel

Institutional Claim Form Payor Info



- **Medicare Primary (Cont.):** Institutional Claims Menu > Enter Claims > Payer Info

Institutional Claim Form

Patient Info & Codes | Billing Line Items | **Payer Info** | Diagnosis/Procedure | Diag/Proc (2) | Extended General | Ext. General (2) | Extended Payer

Sub	Payer ID	Payer Name	Provider No.	ROI	ADB	Prior Payments	Amount Due	
<input type="checkbox"/>	09101	MEDICARE A FLORIDA	106873	Y	Y	0.00	0.00	Clear Payer
<input type="checkbox"/>								Clear Payer
<input type="checkbox"/>								Clear Payer

Due From Patient >> 0.00 0.00

P.Rel	Insured's Last/Org Name	First Name	MI	Suffix	Insured's ID	Group Name	Group Number
18	WHITE	SNOW			456789123A		

Authorization Code / Type	ESC	Employer Name
	2	

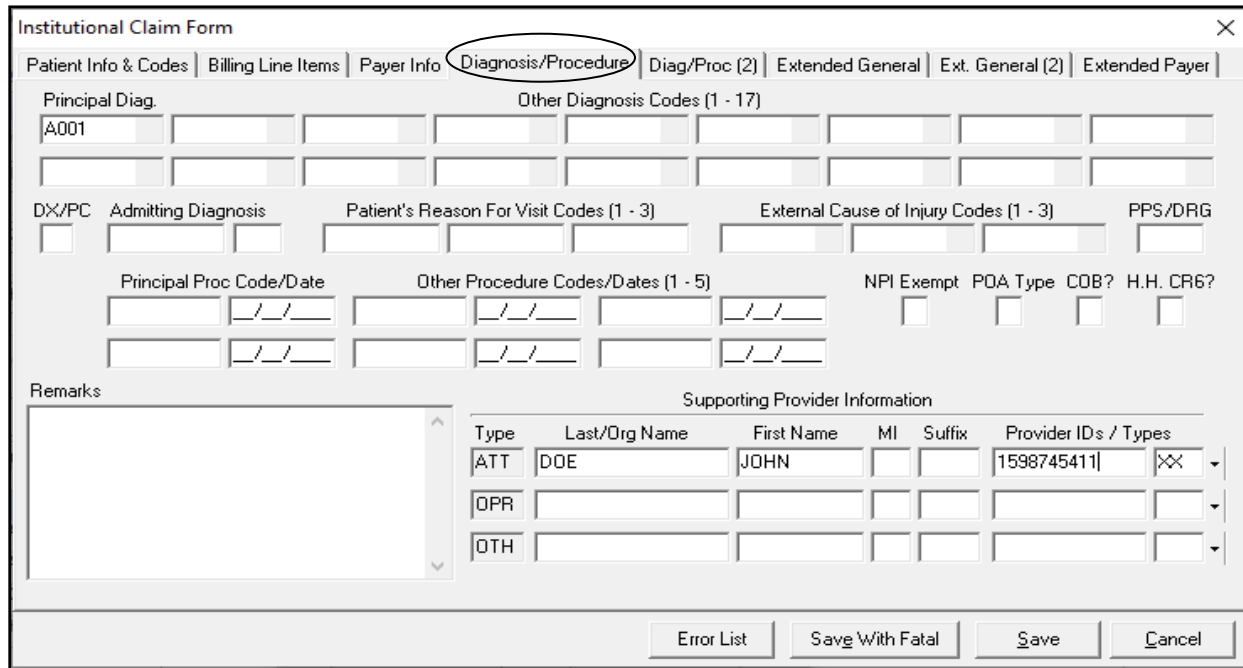
Save Cancel

Institutional Claim Form

Diagnosis/Procedures



- **Medicare Primary (Cont.):** Institutional Claims Menu > Enter Claims > Diagnosis/Procedure
- Required: Principal Diag., Attending Physician
- Optional: Fields are optional based on the TOB entered



Institutional 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)

A001

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

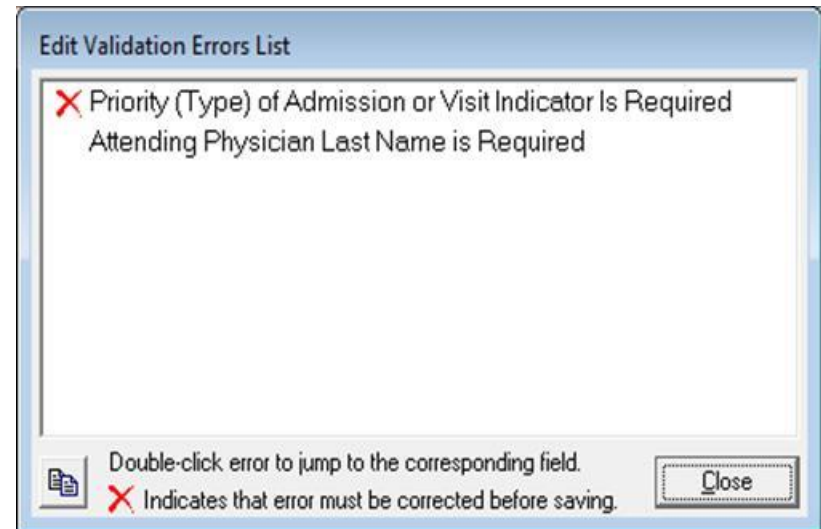
Supporting Provider Information

Type	Last/Org Name	First Name	MI	Suffix	Provider IDs / Types
ATT	DOE	JOHN			1598745411 XX
OPR					
OTH					

Error List Save With Fatal Save Cancel

Edit Validation Errors List

- **Edit Validation Errors List:** Once “Save” is selected, the claim will edit for known requirements.
- Error message will indicate the line or field the error is associated with
- Double click on error to jump to corresponding field
- Once error is corrected select “Save” again to re-edit claim
- Red **X** error must be corrected before transmitting



Institutional Claim Form Patient Info & Codes Medicare Secondary



- **Medicare Secondary/Payment Made:** Institutional Claims Menu > Enter Claims > Patient Info & General
- Required: LOB (MCA will auto populate), Patient Control No. (right click to select from Patient database, auto populating all associated fields), Type of Bill, Statement Covers Period, and Value Code and Amount. The Value Code can be obtained by right clicking in the Code field and selecting from the list (12 - 16, 41 - 43, or 47), and the amount is equal to the amount paid on the entire claim.
- Optional: The remaining fields are optional based on your specific type of bill.

A screenshot of the "Institutional Claim Form" software interface. The window title is "Institutional Claim Form". The "Patient Info & Codes" tab is selected and circled in red. The form contains various input fields for patient information, including LOB (MCA), Patient Control No. (MSP FOR MED A), Type of Bill (743), Patient Last Name (BOOP), First Name (BETTY), MI (A), Fed Tax ID, Statement Covers Period (04/01/2015 to 04/08/2015), Patient Address 1 (532 RIVERSIDE AVE), Patient Address 2, Patient City (JACKSONVILLE), State (FL), Patient Zip (32202), Patient Phone ((904) 355-0313), Birthdate (01/05/1940), Sex (F), MS (M), Admission, A-Hour Typ, Src, D-Hour, Stat, Medical Record No., and Condition Codes. There are also tables for Occurrence and Value. The Occurrence table has columns for Code, Date, and Occurrence Span. The Value table has columns for Code and Amount. The Value table shows a value code of 43 with an amount of 80.00, and a value code of 50 with an amount of 2.00. At the bottom right, there are buttons for "Error List", "Save With Fatal", "Save", and "Cancel".

Institutional Claim Form Line Item Details Medicare Secondary



- **Medicare Secondary/Payment Made (Cont.):** Institutional Claims Menu > Enter Claims > Billing Line Items > Line Item Details
- Required: Rev. Cd., HCPCS, From Date, Units/Days, Total Charges.
- Optional: Modifiers, Rate, Thru Date, Non-Cov Chgs.
- Auto Populated: When Recalculate is selected, it will update the totals for Total Charges and Non-Cov Chgs based upon information entered on each detail line.

Institutional Claim Form

Patient Info & Codes | **Billing Line Items** | Payer Info | Diagnosis/Procedure | Diag/Proc (2) | Extended General | Ext. General (2) | Extended Payer

Line Item Details | Extended Details (Line 2) | Ext Details 2 (Line 2)

LN	42 Rev.Cd.	44 - CPT® /HCPCS	44 - Modifiers				44 Rate	45 - Service Date		46 Units/Days	47 Total Charges	48 Non-Cov Chgs
			1	2	3	4		From Date	Thru Date			
1	0420	97110	GP				0.00	06/01/2021	06/05/2021	3.0	60.00	0.00
2	0420	97110	GP				0.00	06/01/2021	06/05/2021	1.0	61.00	0.00
3								//	//			
4								//	//			
5								//	//			
6								//	//			
7								//	//			
8								//	//			

Totals:

CPT® codes are copyright 2020 American Medical Association (AMA).

Institutional Claim Form Payor Info Medicare Secondary



- Medicare Secondary/Payment Made (Cont.):** Institutional Claims Menu > Enter Claims > Payer Info

Institutional Claim Form

Patient Info & Codes
 Billing Line Items
 Payer Info
 Diagnosis/Procedure
 Diag/Proc (2)
 Extended General
 Ext. General (2)
 Extended Payer

Sub	Payer ID	Payer Name	Provider No.	ROI	AOB	Prior Payments	Amount Due	
<input checked="" type="checkbox"/>	55003	LIBERTY MUTUAL		Y	Y	0.00	0.00	Clear Payer
<input type="checkbox"/>	09101	MEDICARE A FLORIDA	55555	Y	Y			Clear Payer
<input type="checkbox"/>								Clear Payer

Due From Patient >> 0.00 0.00

P.Rel	Insured's Last/Drg Name	First Name	MI	Suffix	Insured's ID	Group Name	Group Number
18	JANE	DOE			132456798S		123456
18	JANE	DOE			123456789A		12345

Authorization Code / Type	ESC	Employer Name

Save Cancel

Institutional Claim Form

Diag/Proc Medicare Secondary



- **Medicare Secondary/Payment Made (Cont.):** Institutional Claims Menu > Enter Claims > Diagnosis/Procedure
- Required: Principal Diag. and COB? indicator must be (Y) when billing Medicare Secondary. Supporting Provider
- Optional: Fields are optional based on the TOB entered

Institutional 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

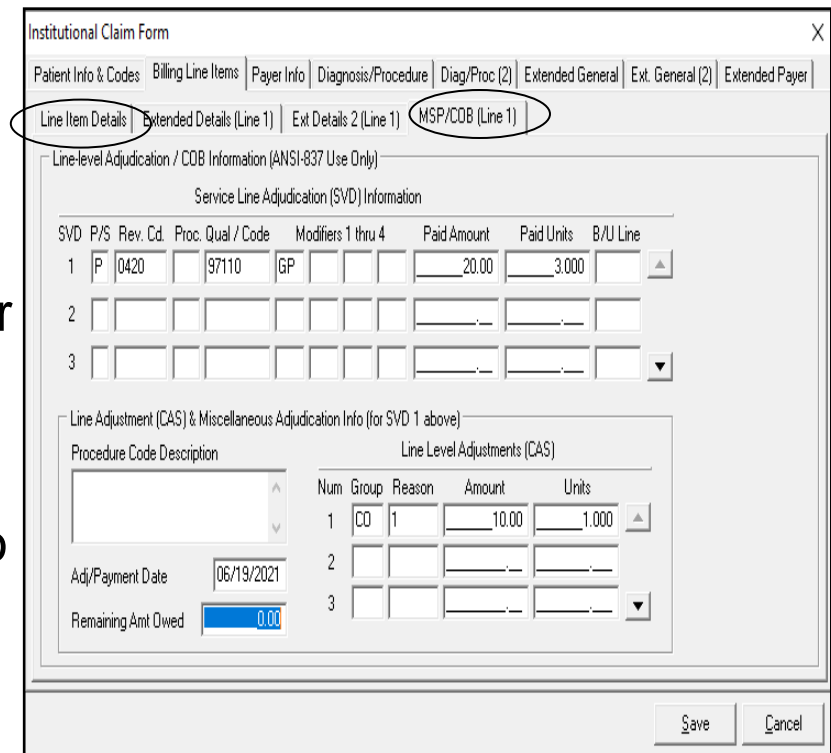
Type	Last/Drg Name	First Name	MI	Suffix	Provider IDs / Types
ATT	DOE	JOHN			1538140371 XX
OPR					
OTH					

Institutional Claim Form

MSP/COB Line 1



- **Medicare Secondary/Payment Made (Cont.):** Institutional Claims Menu > Enter Claims > Billing Line Items > Line Item Details, MSP/COB (Line 1)
- SVD = Primary Paid amount
- CAS = Difference between billed amount minus primary paid amount
- Adj/Payment Date = Date of Provider Claim Summary from Primary Insurance
- Tips: F5 function key can be used to copy from Line Item Details, but you must edit the paid amount.



The screenshot shows the 'Institutional Claim Form' window with the 'MSP/COB (Line 1)' tab selected. The interface includes a navigation bar with tabs for Patient Info & Codes, Billing Line Items, Payer Info, Diagnosis/Procedure, Diag/Proc (2), Extended General, Ext. General (2), and Extended Payer. The 'MSP/COB (Line 1)' tab is circled in red. Below the navigation bar, there are sections for 'Line-level Adjudication / COB Information (ANSI-837 Use Only)', 'Service Line Adjudication (SVD) Information', and 'Line Adjustment (CAS) & Miscellaneous Adjudication Info (for SVD 1 above)'. The 'Service Line Adjudication (SVD) Information' section contains a table with columns for SVD, P/S, Rev. Cd., Proc. Qual / Code, Modifiers 1 thru 4, Paid Amount, Paid Units, and B/U Line. The 'Line Adjustment (CAS) & Miscellaneous Adjudication Info' section contains a 'Procedure Code Description' dropdown, an 'Adj/Payment Date' field (06/19/2021), a 'Remaining Amt Owed' field (0.00), and a 'Line Level Adjustments (CAS)' table with columns for Num, Group, Reason, Amount, and Units.

SVD	P/S	Rev. Cd.	Proc. Qual / Code	Modifiers 1 thru 4	Paid Amount	Paid Units	B/U Line
1	P	0420	97110	GP	20.00	3.000	▲
2							
3							▼

Num	Group	Reason	Amount	Units
1	CO	1	10.00	1.000
2				
3				

Institutional Claim Form

MSP/COB Line 2



- **Medicare Secondary/Payment Made (Cont.):** Institutional Claims Menu > Enter Claims > Billing Line Items > Line Item Details > MSP/COB (Line 1)
- Required: P/S, Rev. Code, Qual/Code, Paid Amount, Paid Units, Group, Reason, Amount, Units, Adj/Payment Date
- Leave Blank: All fields for lines 2 and 3 under SVD and CAS, and Remaining Owed

The screenshot shows the 'Institutional Claim Form' window with the 'MSP/COB (Line 2)' tab selected. The interface includes several sections:

- Service Line Adjudication (SVD) Information:** A table with columns for SVD, P/S, Rev. Cd., Proc. Qual / Code, Modifiers 1 thru 4, Paid Amount, Paid Units, and B/U Line. Row 1 is populated with P, 0420, 97110, GP, 20.00, and 1.000.
- Line Adjustment (CAS) & Miscellaneous Adjudication Info (for SVD 1 above):** A section with a 'Procedure Code Description' dropdown, 'Adj/Payment Date' (06/19/2021), and 'Remaining Amt Owed' (0.00). It also contains a 'Line Level Adjustments (CAS)' table with columns for Num, Group, Reason, Amount, and Units. Row 1 is populated with 1, CD, 1, 10.00, and 1.000.

Institutional Claim Form

MSP/COB Line 2 cont.



- **Medicare Secondary/Payment Made (Cont.):** Institutional Claims Menu, Enter Claims > Billing Line Items > Line Item Details > MSP/COB (Line 2)
- Required: P/S, Rev. Code, Qual/Code, Paid Amount, Paid Units, Group, Reason, Amount, Units, Adj/Payment Date
- Leave Blank: All fields for lines 2 and 3 under SVD and CAS, and Remaining Owed.

Institutional Claim Form

Patient Info & Codes | Billing Line Items | Payer Info | Diagnosis/Procedure | Diag/Proc (2) | Extended General | Ext. General (2) | Extended Payer

Line Item Details | Extended Details (Line 2) | Ext Details 2 (Line 2) | MSP/COB (Line 2)

Line-level Adjudication / COB Information (ANSI-837 Use Only)

Service Line Adjudication (SVD) Information

SVD	P/S	Rev. Cd.	Proc. Qual / Code	Modifiers 1 thru 4	Paid Amount	Paid Units	S/U Line
1	P	0420	97112 GP		20.00	1.000	
2							
3							

Line Adjustment (CAS) & Miscellaneous Adjudication Info (for SVD 1 above)

Procedure Code Description

Num	Group	Reason	Amount	Units
1	CO	1	10.00	1.000
2				
3				

Adj/Payment Date: 04/22/2015

Remaining Amt Owed: 0.00

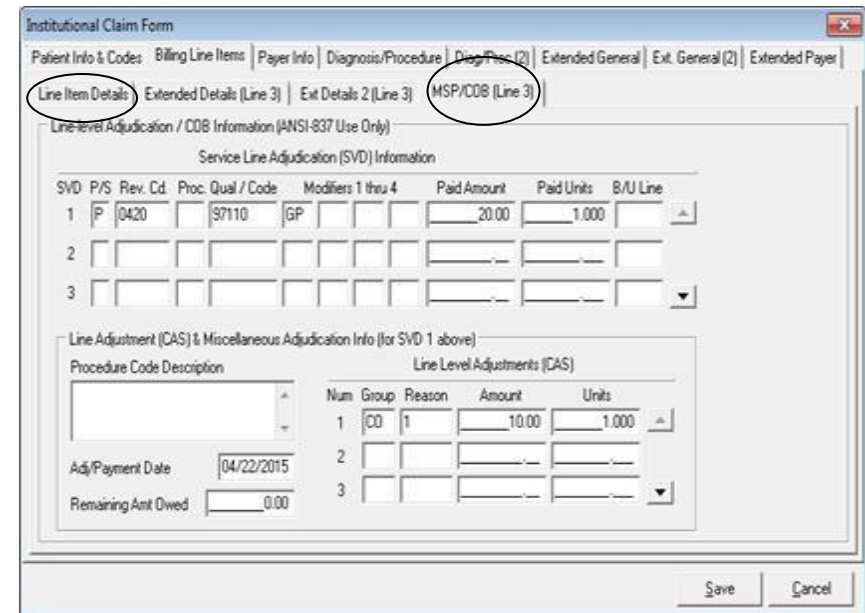
Save Cancel

Institutional Claim Form

MSP/COB Line 3



- **Medicare Secondary/Payment Made (Cont.):** Institutional Claims Menu > Enter Claims > Billing Line Items > Line Item Details > MSP/COB (Line 3)
- Required: P/S, Rev. Code, Qual/Code, Paid Amount, Paid Units, Group, Reason, Amount, Units, Adj/Payment Date
- Leave Blank: All fields for lines 2 and 3 under SVD and CAS, and Remaining Owed.



The screenshot shows the 'Institutional Claim Form' window with the 'MSP/COB (Line 3)' tab selected. The 'Service Line Adjudication (SVD) Information' table is visible, showing three lines. Line 1 is populated with P/S 'P', Rev. Cd '0420', Proc 'S9110', Qual 'GP', Modifiers '1 thru 4' empty, Paid Amount '20.00', Paid Units '1.000', and B/U Line empty. Lines 2 and 3 are empty. Below this is the 'Line Adjustment (CAS) & Miscellaneous Adjudication Info (for SVD 1 above)' section, which includes a 'Procedure Code Description' field, a 'Line Level Adjustments (CAS)' table, and fields for 'Adj/Payment Date' (04/22/2015) and 'Remaining Amt Owed' (0.00). The 'Line Level Adjustments (CAS)' table has three rows: Row 1 has Num '1', Group 'CO', Reason '1', Amount '10.00', and Units '1.000'; Rows 2 and 3 are empty.

SVD	P/S	Rev. Cd	Proc	Qual / Code	Modifiers 1 thru 4	Paid Amount	Paid Units	B/U Line
1	P	0420	S9110	GP		20.00	1.000	
2								
3								

Num	Group	Reason	Amount	Units
1	CO	1	10.00	1.000
2				
3				

Institutional Claim Form

MSP/COB Line 4



- **Medicare Secondary/Payment Made (Cont.):** Institutional Claims Menu > Enter Claims > Billing Line Items > Line Item Details > MSP/COB (Line 4)
- Required: P/S, Rev. Code, Qual/Code, Paid Amount, Paid Units, Group, Reason, Amount, Units, Adj/Payment Date
- Leave Blank: All fields for lines 2 and 3 under SVD and CAS, and Remaining Owed.

Service Line Adjudication (SVD) Information									
SVD	P/S	Rev. Cd.	Proc. Qual / Code	Modifiers 1 thru 4			Paid Amount	Paid Units	B/U Line
1	P	0420	97124	GP			20.00	1.000	
2									
3									

Line Level Adjustments (CAS)				
Num	Group	Reason	Amount	Units
1	PR	1	15.00	1.000
2				
3				

Institutional Claim Form COB Info Primary



- **Medicare Secondary/Payment Made (Cont.):** Institutional Claims Menu > Enter Claims > Extended Payer > COB Info (Primary)
- Total amount paid on the entire claim
- Enter **D** in the COB/MIA/MOA Amounts code field to indicate Payer Paid Amount
- Enter Amount equal to the total of all Service Line Adjudication (SVD) amounts

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	Num	Code	Amount
1					1	D	75.00
2					2		
3					3		

Medicare Inpatient Adjudication (MIA) Remarks Codes

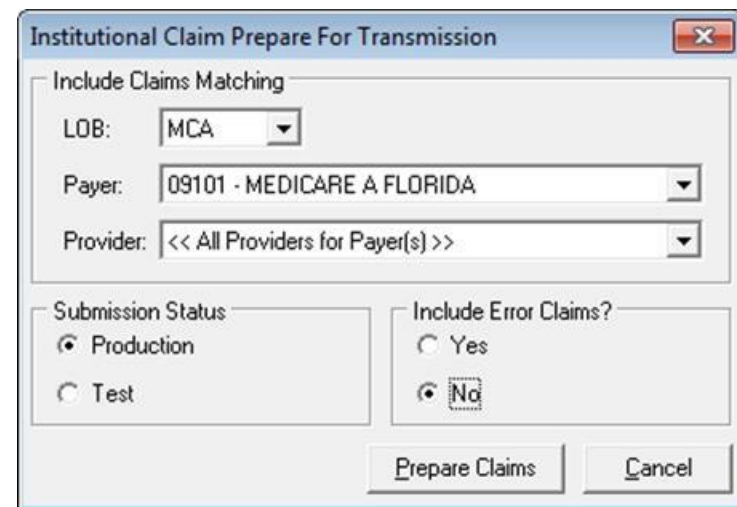
Medicare Outpatient Adjudication (MOA) Remarks Codes

Claim Adjudication Date: ___/___/___

Error List | Save With Errors | Save | Cancel

Institutional Claim Preparation

- Claim Preparation: Institutional Claims Menu > Institutional Claim Prepare For Transmission
- Required: LOB (MCA) and Payer (09101 Medicare A Florida)
- Optional: Provider
- Auto Populated: Submission Status (Production) and Include Error Claims? (No)



Connection



- Two types of connections are available to transmit your claim files to First Coast
 1. Network Service Vendor (NSV) – a fee-for-service entity that specialized in providing connectivity to the First Coast EDI Gateway.
 - Refer to the [5010 approved vendor list](#) for the list of NSV contact information and establish the connection to First Coast through the NSV.
 2. Secure Provider Online Tool (SPOT) – First Coast’s free online portal
 - If not yet enrolled for SPOT, refer to the [How to register](#) webpage.
 - If already enrolled, the Claim Submission/ERA feature will connect you directly to First Coast.

Claim File Submission



- Once claims are prepared, the electronic claim file (837) is located at C:\WINPCACE (C:\ being the default drive), and is named BCTRANS.DAT
 - If connecting via NSV, contact your NSV for instructions to submit the claim file.
 - If connecting via SPOT, Refer to the [SPOT UG 7 Claim Submission / ERA \(fcso.com\)](#) for instructions on uploading claim files.

- After submitting the electronic claim file, the claim file acknowledgement reports (999 and 277CA) must be retrieved and reviewed to determine if any errors need correction.
 - If connecting via NSV, contact your NSV for instructions to retrieve these reports. They will need to know the name and location of the files you transmit/retrieve:
 - The Institutional staging directory for the 999 is:
C:\WINPCACE\Ansi997\Ackub92
 - The Institutional staging directory for the 277CA is:
C:\WINPCACE\Ansi277\Statub92
 - If connecting via SPOT, Refer to the [SPOT UG 7 Claim Submission / ERA \(fcsso.com\)](#) for instructions on downloading the reports

View ANSI 999



- **View ANSI 999 Acknowledgement:** Institutional Claims Menu, Maintain, Acknowledgement File Log, View Report

PC-ACE ANSI-997/999 ACKNOWLEDGMENT REPORT	
File Date/Time: 04/01/2015 14:04:00 Serial No: 000294	
Acknowledgement Created (GS04/05):	04/01/2015 14:04
Sender Code (GS02):	09101
Receiver Code (GS03):	K0001
Ack Transaction Set Control No (ST02):	0001
Prepare Serial Number:	000294
Group Control Number (AK102):	294001
Version/Release/Industry Code (AK103):	005010X222A1
Transaction Set Control Number (AK02):	00000000001
Implementation Convention Ref (AK03):	005010X222A1
Transaction Set Status (IK01):	A – Accepted
Functional Group Status (AK901):	A – Accepted
Transaction Sets Included (AK902):	1
Transaction Sets Received (AK903):	1
Transaction Sets Accepted (AK904):	1
*** START NEW INTERCHANGE ENVELOPE (ISA/IEA) ***	

View 277CA



- **Retrieve/Translate the 277CA** from the Main Toolbar select Institutional Claims Menu, Maintain, Claim Acknowledgment Log, and View Report. You will have the option to view all claims or only the rejected claims.
- If any claims are rejected, refer to the reject lookup application at: <https://medicare.fcso.com/Help/224962.asp>
- The description associated with the reject code combination you entered will appear in the results box.

View 277CA Accepted



- Accepted 277CA

Shows Total Quantity accepted and Total Amount Accepted.

- Category = CSCC
- Status = CSC
- Entity = EIC

PC-ACE ANSI-277 CLAIM ACKNOWLEDGMENT REPORT

File Date/Time: 04/01/2015 14:04:00

Acknowledgement Created (GS04/05): 04/01/2015 14:04
Sender Code (GS02): 09101
Receiver Code (GS03): K0001

*** Transmission Acknowledgement # 1 ***

Information Source ID: 09101 Name: FIRST COAST SERVICE OPTIONS

Transmission Receipt Control #: 0910220130314000001
Receipt Date: 04/01/2015
Process Date: 04/01/2015

*** Information Receiver Acknowledgement # 1 ***

Information Source ID: 09101 Name: FIRST COAST SERVICE OPTIONS

Receiver Name: FEEL GOOD SERVICES ID: K0001

Receiver Info:
Receiver Trace #: 072736000000010001
Total Accepted Quantity: 1
Total Accepted Amount: \$131.06

Receiver Status:
Status Date: 04/01/2015
Total Submitted Charges: \$131.06

Acknowledgement #1:
Category: A1 - 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 ***

View 277CA Accepted cont.



■ Accepted 277CA (cont.)

*** Claim Acknowledgement # 1 ***

Information Source ID: 09101 Name: FIRST COAST SERVICE OPTIONS

Receiver Name: BILLS BILLING SERVICE ID: K0001

Provider Name: FEEL GOOD SERVICES NPI: 1568468858

Patient:

Name: WHITE, SNOW
Subscriber #: 456789123A

Claim:

Trace #: 10302
ICN/DCN: 1113073445400
Service Date: 04/01/2015

Status General:

Status Date: 04/01/2015
Total Submitted Charges: \$131.06

Acknowledgement #1: **(Accepted)**

Category: A2 - Acknowledgement/Acceptance into adjudication system
The claim/encounter has been accepted into the adjudication system.

Status: 20 - Accepted for processing.

Entity: PR - Payer

View 277CA Rejected



- Rejected 277CA
- View Acknowledgment
- Only Rejected: Yes
- Category = CSCC
- Status = CSC
- Entity = EIC

PC-ACE ANSI-277 CLAIM ACKNOWLEDGMENT REPORT

File Date/Time: 04/01/2015 14:04:00

Acknowledgement Created (GS04/05): 04/01/2015 14:04
Sender Code (GS02): 09101
Receiver Code (GS03): K0001

*** Transmission Acknowledgement # 1 ***

Information Source ID: 09101 Name: FIRST COAST SERVICE OPTIONS

Transmission Receipt Control #: 0910220130314000001
Receipt Date: 04/01/2015
Process Date: 04/01/2015

*** Information Receiver Acknowledgement # 1 ***

Information Source ID: 09101 Name: FIRST COAST SERVICE OPTIONS

Receiver Name: BILLS BILL SERVICE ID: K0001

Receiver Info:
Receiver Trace #: 072736000000010001
Total Rejected Quantity: 1
Total Rejected Amount: \$131.06

Receiver Status:
Status Date: 04/01/2015
Total Submitted Charges: \$131.06

Acknowledgement #1:
Category: A1 - 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 ***

View 277CA Rejected cont.



- **Rejected 277CA (continued)**
- **View Acknowledgment**
- **Only Rejected: Yes**
- **Category = CSCC**
- **Status = CSC**
- **Entity = EIC**

*** Claim Acknowledgement # 1 ***

Information Source ID: 09101 Name: FIRST COAST SERVICE OPTIONS

Receiver Name: BILLS BILLING SERVICE ID: K0001

Provider Name: FEEL GOOD SERVICES NPI: 1568468858

Patient:

Name: WHITE, SNOW
Subscriber #: 456789123A

Claim:

Trace #: 10302
ICN/DCN: 1113073445400
Service Date: 04/01/2015

Status General:

Status Date: 04/01/2015
Total Submitted Charges: \$131.06

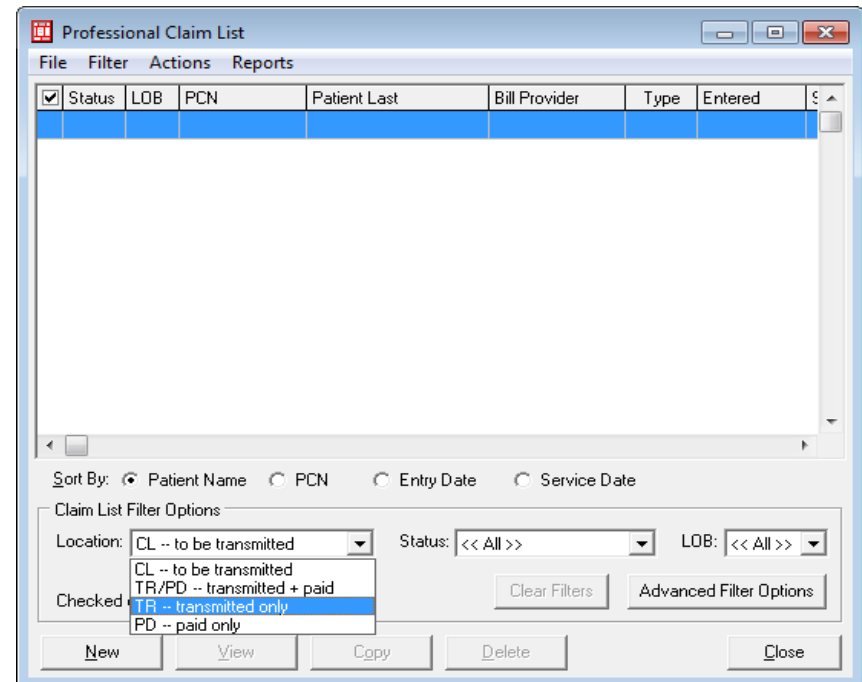
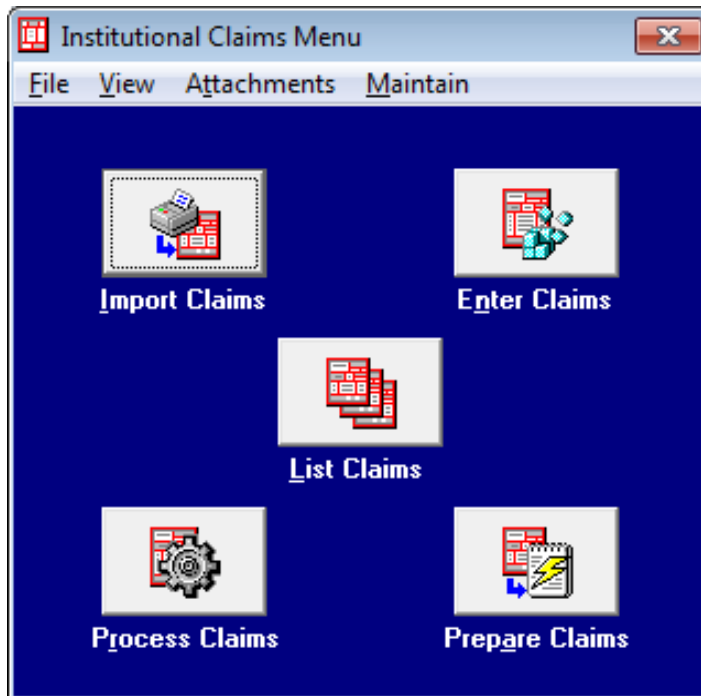
Acknowledgement #1: **(Rejected)**

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: IL - Insured or Subscriber

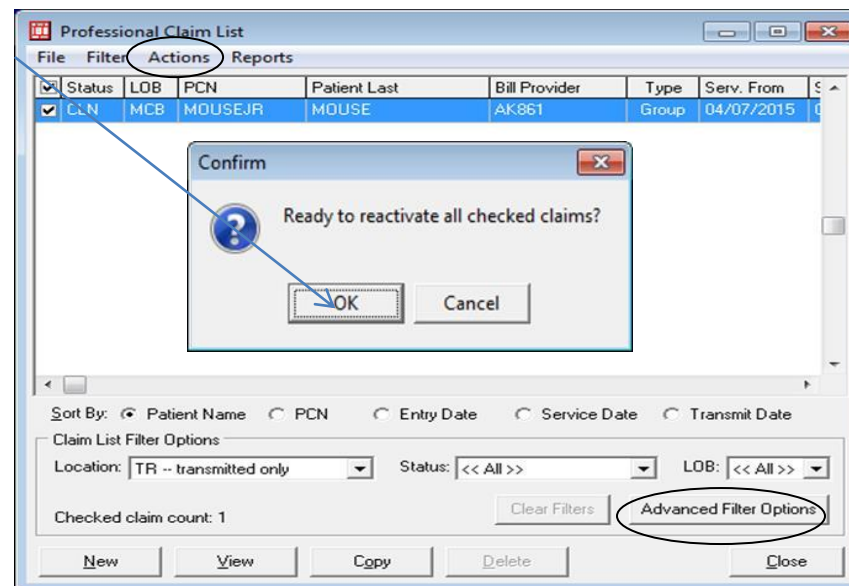
Claim Re-activation

- Institutional Claims Menu > List Claims > TR – Transmitted Only



Claim Re-activation Cont.

- Institutional Claims Menu > List Claims > TR – Transmitted Only
- Select Advanced Filter Options and enter search criteria
- Check selected claims for reactivation or Filter and Check all Claims and the OK
- Select Reactivate all Checked Claims



View 835 Remittance



- **Print an ANSI 835 Remittance**
- The Institutional staging directory is C:\WINPCACE\Etraub92\Ansi835
- ANSI-835 Functions, Institutional, Select ANSI File, Translate/Import ETRA, Print/View Reports.

- File reloads are available at:

https://medicare.fcso.com/Tools_center/eraReload.asp

PC-ACE Pro32 ETRA All Claims Report With Line Detail

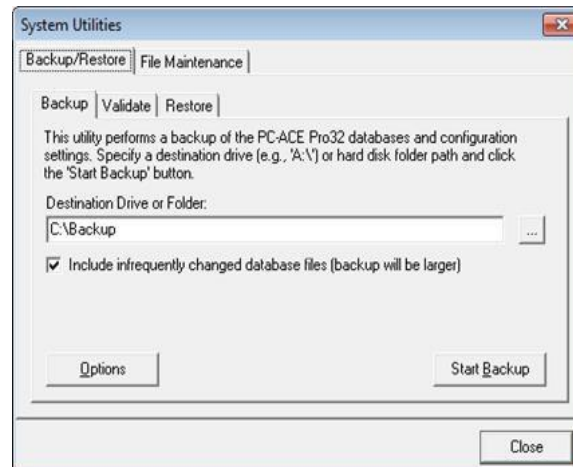
Zoom 100 Page 1 of 7

PC-ACE PRO32 ALL CLAIMS REPORT
100200 BACK ON YOUR FEET REBAS CT FYE:080101 TOB 72X PAID DATE: 10/05/01 DATE:04/14/2015 TIME:10:24 PAGE: 1

PATIENT NAME	PATIENT CNTRL NUMBER	COST	NCV 1	DRG TOT	AMT	REPID	CHGS	MSP LIAB	M	PROF	COMP	ESRD	NET	ADJ	CONTRACT	ADJ
HIC NUMBER	MEDICAL REC NUMBER	COVDY	OUTCD	DRG OFR	AMT	NCVDY	CHGS	MSP PAYMT	PAT	RESP	REIMS	RATE	PER	DIEM	AMT	
FROM DT	THRU DT	ICN NUMBER	NCVDY	DRG OUT	AMT	DENIED	CHGS	DEDUCTIBLES	PAT	REFUND	ALLOWED	AMT	HCPCS	AMOUNT		
CLAIM#	CLM STATUS	TOB	NRCHG	HICHS	CV	LN	DRG #	DRG CAP	AMT	COVD	CHGS	COINSURANCE	INTEREST	MISC	ADJUST	NET REIMS
NATIONAL PROVIDER ID	ADJUDICATION	REMARK	CODES	ADJUSTMENT	REASON	CODES	NEW	TECH								
MASTERMAN J	BA3020000000019	0	0	0.00	272.54	0.00	0.00	0.00	0.00	0.00	2.50	5880.05				
AL28456789	BA302-19	0	0	0.00	0.00	0.00	0.00	0.00	1825.27	1.00	0.00					
12/20/00	12/29/00	20100200028802	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	825.17	102.64				
1	19	HIC CHG=EN TOB=72X	0	0.00	1249.49	206.82	0.00	0.00	0.00	0.00	215.40	824.77				
MR01 45																
REV	DATE	HCPCS	MOOD	APC/HIPPS	QTY	CHARGES	ALLOWED	GC	RW	UNITS	AMOUNT	SS	REMARKS	CODES		
0272	12/29	A4207		4	17.84	2.00	CO	42		0.000	15.84					
										PR 2	0.000	0.40				
0694	12/29			5	1204.50	240.00	CO	45		0.000	904.50					
										PR 2	0.000	60.00				
0696	12/29	J2800		4	300.20	80.51	CO	42		0.000	199.56					
										PR 2	0.000	20.13				
0821	12/29	90999 G2		5	1750.00	502.66	CO	118		0.000	2.50					
										CO 45	0.000	1118.55				
										PR 2	0.000	126.29				
										PR 45	0.000	1118.55				
MR01																
REV	DATE	HCPCS	MOOD	APC/HIPPS	QTY	CHARGES	ALLOWED	GC	RW	UNITS	AMOUNT	SS	REMARKS	CODES		
0696	09/01	90748		1	100.00	100.00	PR	1		0.000	100.00					
SUBTOTAL TOB 72X																
					0	0	0.00	272.54	0.00	0.00	0.00	2.50	5880.05			
					0	0	0.00	0.00	0.00	0.00	1425.27	0.00				

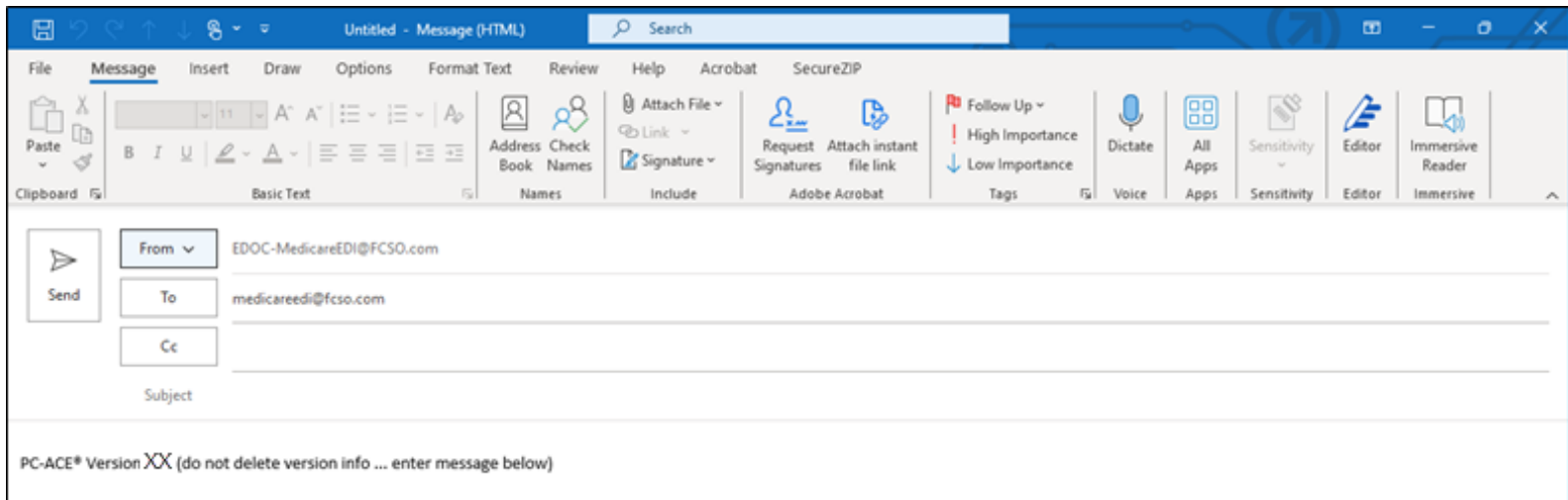
System Utilities

- **Backup:** System Utilities > Backup > Source Destination Drive or Folder > Start Backup
- **Restore:** System Utilities > Restore > Source Destination Drive or Folder > Start Restore
- **File Maintenance:** System Utilities > File Maintenance > Select All > Reindex > Pack



Send an E-mail

- **Send from PC-ACE:** Main toolbar, Email



- **Send from your e-mail:** You may also send an email from your personal email account, but it will not capture the version number of the software you are using. Include you Sender/Submitter number in the Subject line.

Contact Information



Billing Questions

- Part A IVR (877) 602-8816
- Medicare Part A (888) 664-4112

Medicare EDI (888) 670-0940

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