

PC-ACE Training Module for Part A Users

Revised 2/17/2025



Enroll with EDI



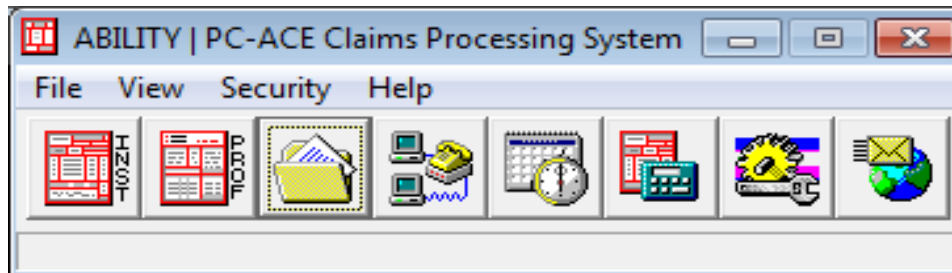
- Prior to using the program all users must enroll for PC-ACE using the EDI enrollment form (8292) available at https://medicare.fcso.com/EDI_Forms/.
- Once enrollment is complete the EDI welcome letter will be sent from First Coast that will include your submitter ID, mailbox ID and instructions for 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

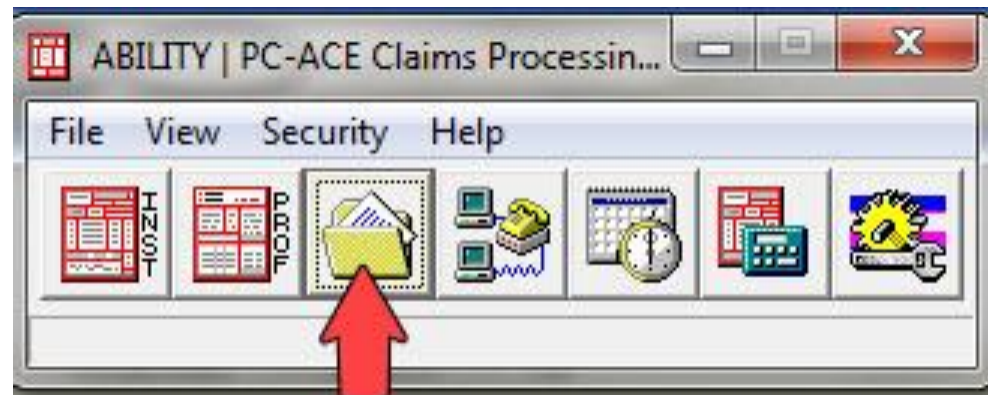


A dialog box titled "Sign On" with a light blue header. It contains two text input fields: "User ID:" and "Password:". Below the fields are two buttons: "OK" and "Cancel".



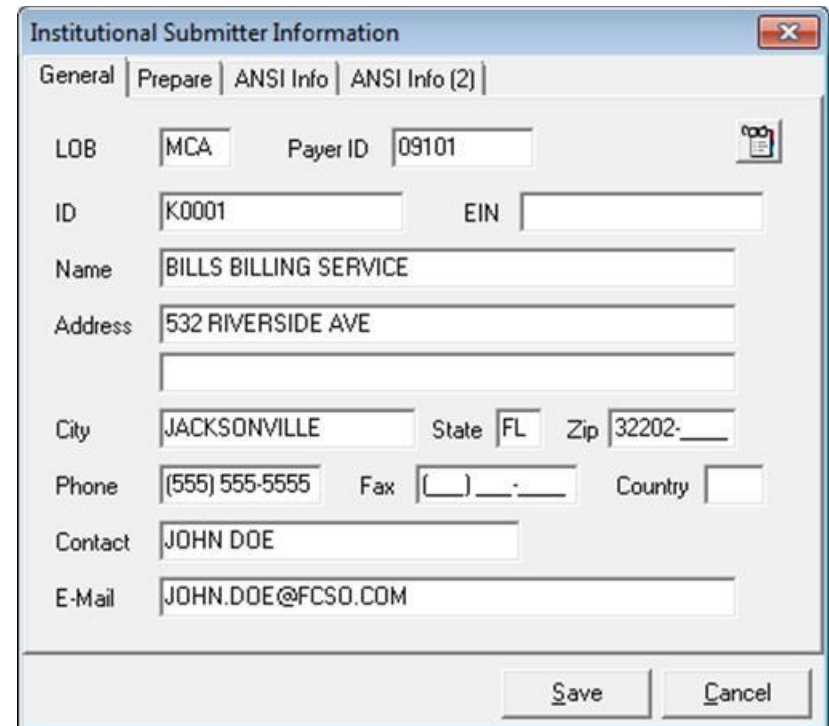
Setting Up the Program

- 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 > Copy
- 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



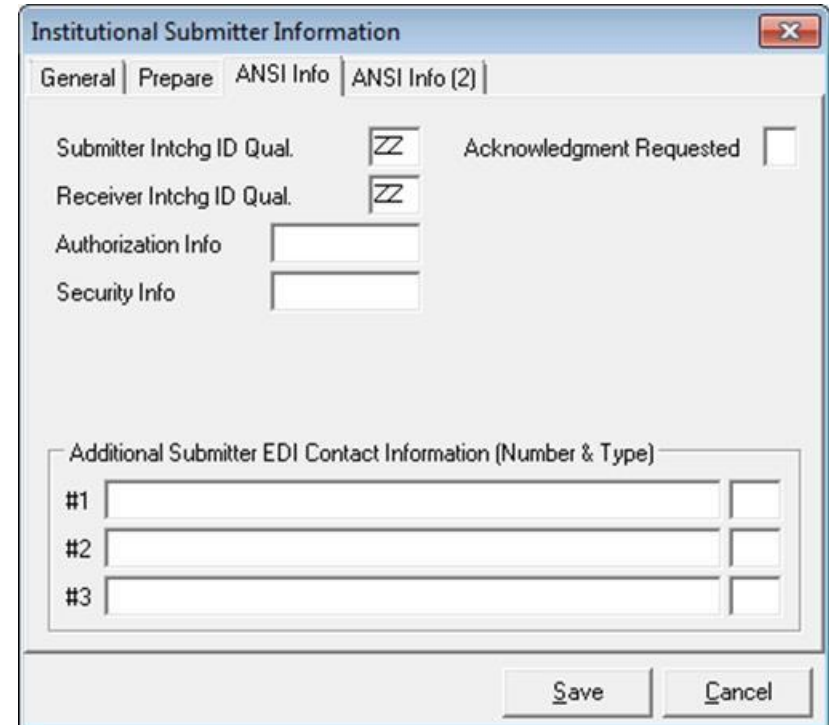
The screenshot shows a software window titled "Institutional Submitter Information" with a close button (X) in the top right corner. The window has four tabs: "General", "Prepare", "ANSI Info", and "ANSI Info (2)". The "General" tab is selected. The form contains the following fields:

LOB	MCA	Payer ID	09101
ID	K0001	EIN	
Name	BILLS BILLING SERVICE		
Address	532 RIVERSIDE AVE		
City	JACKSONVILLE	State	FL
Zip	32202	Country	
Phone	(555) 555-5555	Fax	() - -
Contact	JOHN DOE		
E-Mail	JOHN.DOE@FCSO.COM		

At the bottom right of the form are two buttons: "Save" and "Cancel".

Submitter ANSI Info

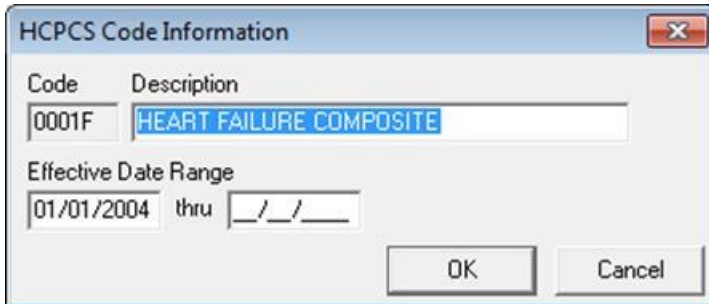
- **Submitter (Cont.):** Reference File Maintenance > Codes/Misc > Submitter > Institutional > ANSI Info
- Auto Populates: Submitter Intchg Qual. (ZZ) and Receiver Intchg Qual. (ZZ)
- Leave Blank: All other fields unless directed by PC-ACE Support



The screenshot shows a Windows-style dialog box titled "Institutional Submitter Information". It has four tabs: "General", "Prepare", "ANSI Info", and "ANSI Info (2)". The "ANSI Info" tab is currently selected. Inside the dialog, there are several input fields: "Submitter Intchg ID Qual." and "Receiver Intchg ID Qual." both containing the text "ZZ"; "Authorization Info" and "Security Info" which are empty text boxes; and an "Acknowledgment Requested" checkbox which is unchecked. Below these fields is a section titled "Additional Submitter EDI Contact Information (Number & Type)" containing three rows, each with a label (#1, #2, #3), a text input field, 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

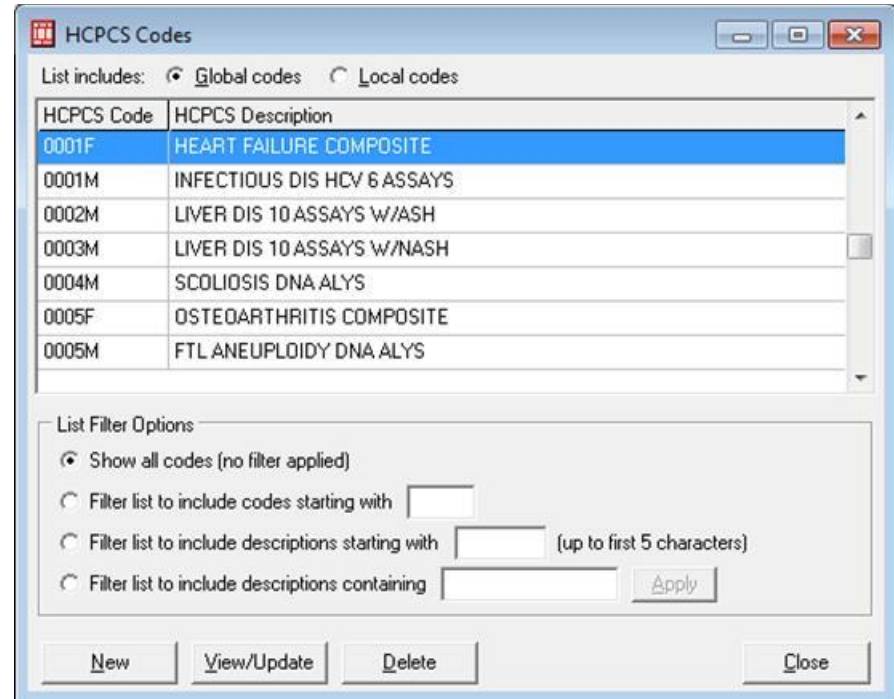


HCPCS Code Information

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/ASH
0003M	LIVER DIS 10 ASSAYS W/NASH
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

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:

Description:

Effective Date Range: thru

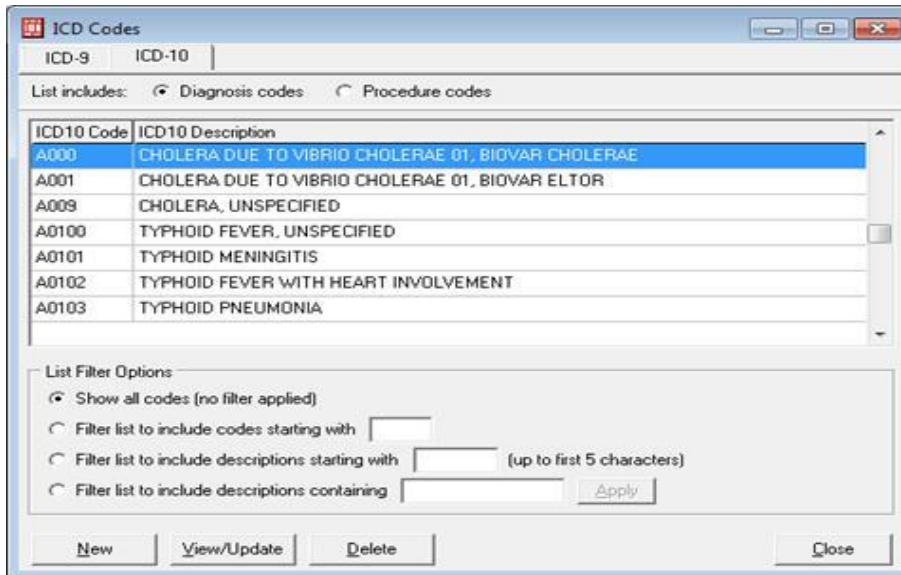
HCPCS Modifiers

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

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



ICD Codes

ICD-9 ICD-10

List includes: ☒ Diagnosis codes ☐ Procedure codes

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

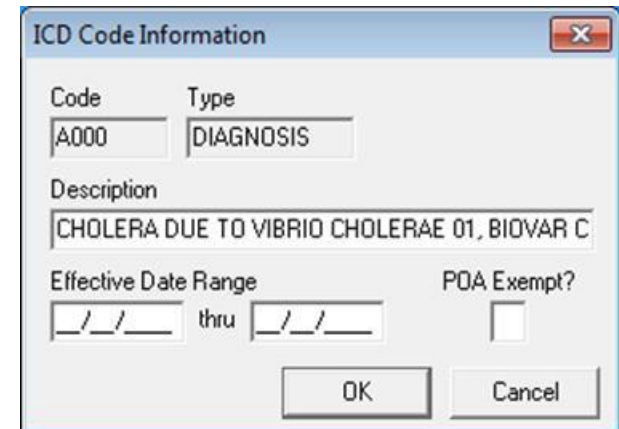
List Filter Options

☒ 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



ICD Code Information

Code Type

A000 DIAGNOSIS

Description

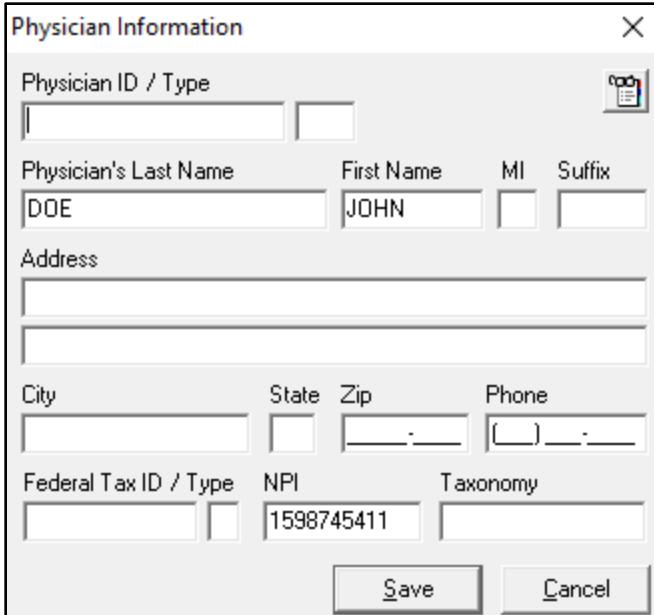
CHOLERA DUE TO VIBRIO CHOLERAE 01, BIOVAR C

Effective Date Range POA Exempt?

___/___/___ thru ___/___/___ ☐

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 'Physician Information' dialog box with the following fields and values:

Physician ID / Type			
<input type="text"/>			

Physician's Last Name	First Name	MI	Suffix
DOE	JOHN	<input type="text"/>	<input type="text"/>

Address

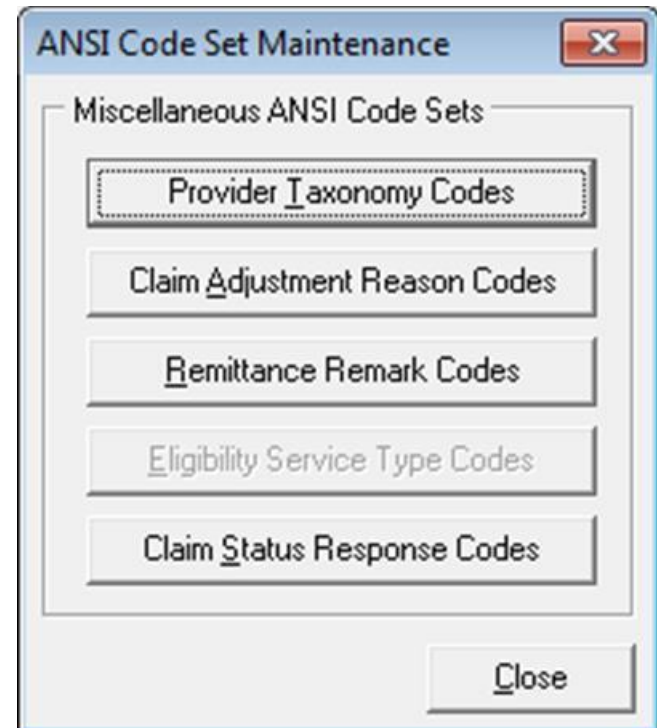
City	State	Zip	Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Federal Tax ID / Type	NPI	Taxonomy
<input type="text"/>	1598745411	<input type="text"/>

Buttons: Save, Cancel

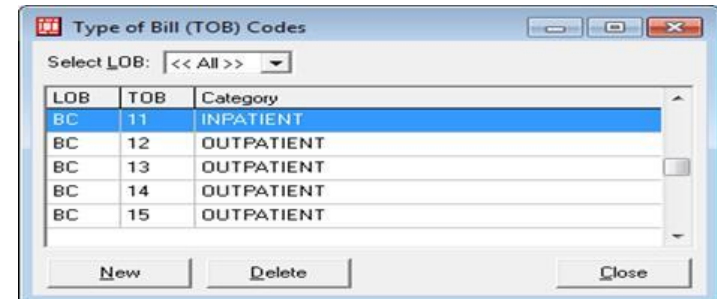
ANSI Code Set Maintenance

- **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

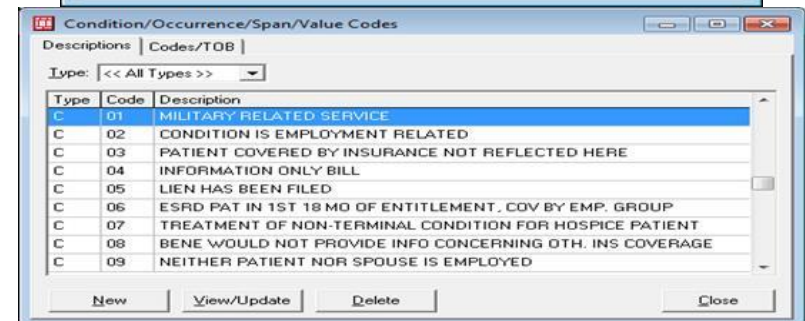


Institutional TOB, CON/OCC/SPAN/VAL

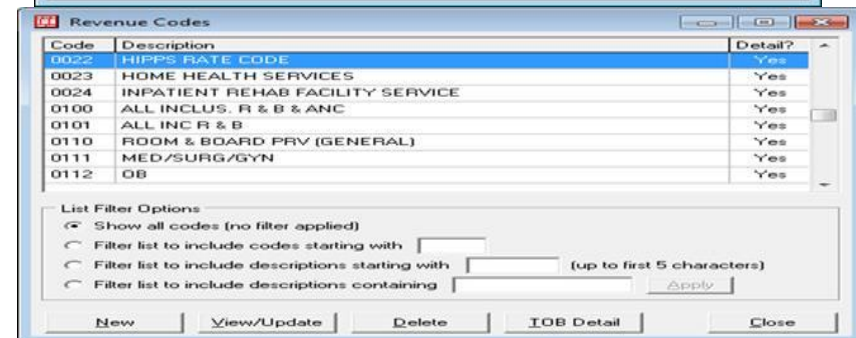
- **TOB, CON/OCC/SP/VAL and Revenue Codes:** Reference File Maintenance > Codes/Misc > TOB, CON/OCC/SP/VAL > Revenue Code
- Updated each quarter as appropriate
- Can be updated manually if revisions (new/revised codes) become available before a release is received
- Select LOB (MCA) for TOB
- Select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



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



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



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

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:

Address:

City/St/Zip:

Phone: Fax:

Contact:

Provider ID/No.: LOB:

Payer ID: Tag:

NPI:

Tax ID/Type:

Tax Sub ID:

Taxonomy/Type:

Country: Site:

Include In Lookups? ☒

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 ☒ A

Provider SDF ☐

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.

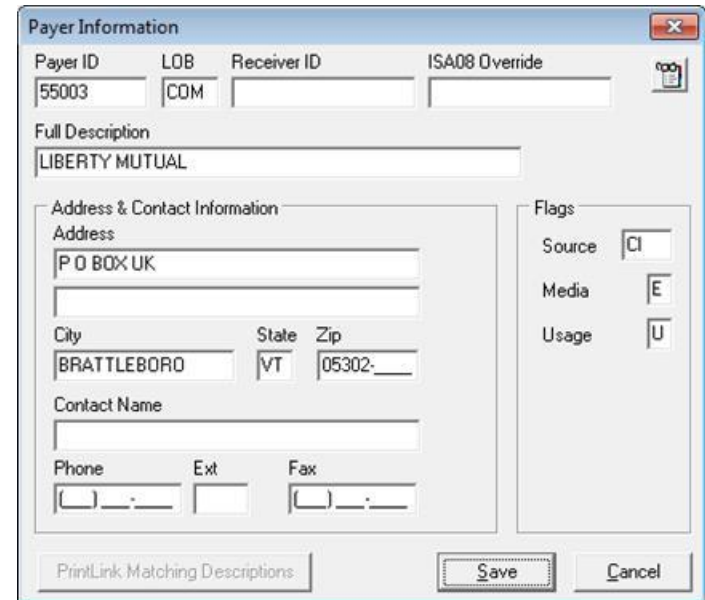
Sec ID/Type #1

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' window 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	Media	Usage
CI	E	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,

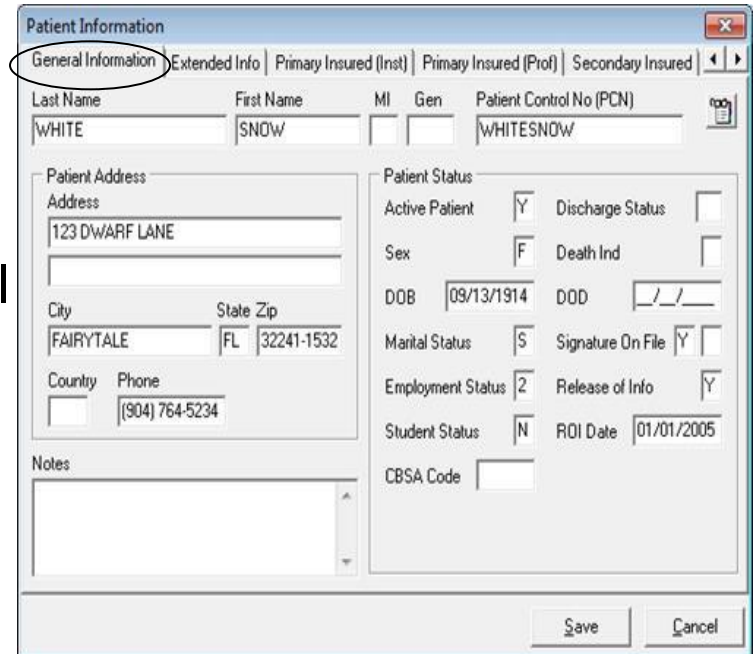
Address, City, State, Zip, Sex,
DOB, Signature on File – first field,
Release of Info, ROI Date

- 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



The screenshot shows a software window titled "Patient Information" with a tabbed interface. The "General Information" tab is selected and circled. The form contains the following fields and values:

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

Patient Address	
Address 123 DWARF LANE	
City FAIRYTALE	State Zip FL 32241-1532
Country	Phone (904) 764-5234

Patient Status	
Active Patient	<input checked="" type="checkbox"/> Y
Discharge Status	<input type="checkbox"/>
Sex	<input checked="" type="checkbox"/> F
Death Ind	<input type="checkbox"/>
DOB	09/13/1914
DOD	
Marital Status	<input checked="" type="checkbox"/> S
Signature On File	<input checked="" type="checkbox"/> Y
Employment Status	<input checked="" type="checkbox"/> 2
Release of Info	<input checked="" type="checkbox"/> Y
Student Status	<input checked="" type="checkbox"/> N
ROI Date	01/01/2005
CBSA Code	

Notes: [Empty text area]

Buttons: 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

Patient Information

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

Payer ID: 09101 Payer Name: MEDICARE A FLORIDA LOB: MCA

Group Name: Group Number: Claim Office:

Insured Information Options:
☐ Common Inst & Prof
☒ **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: / /

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

Patient Information

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

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

Patient Address:
Address: 532 RIVERSIDE AVE
City: JACKSONVILLE State: FL Zip: 32202
Country: Phone: (904) 355-0313

Patient Status:
Active Patient: Y Discharge Status:
Sex: F Death Ind:
DOB: 01/05/1940 DOD:
Marital Status: M Signature On File: Y
Employment Status: 2 Release of Info: Y
Student Status: N ROI Date: 05/05/2001
CBSA Code:
Notes:
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

Patient Information

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

Payer ID: 55003 | Payer Name: LIBERTY MUTUAL | LOB: COM

Group Name: WALMART | Group Number: ULM55003 | Claim Office:

Insured Information Options:
☐ Common Inst & Prof
☒ **Separate Inst & Prof**

Clear All Fields For Insured

Insured Information (F7) | Employer Information (F8)

Rel	Last Name	First Name	MI	Gen	Insured ID
18	BOOP	BETTY	A		258741236A

Address: 532 RIVERSIDE AVE

City: JACKSONVILLE | State: FL | Zip: 32202

Country: | Phone: (904) 355-0313

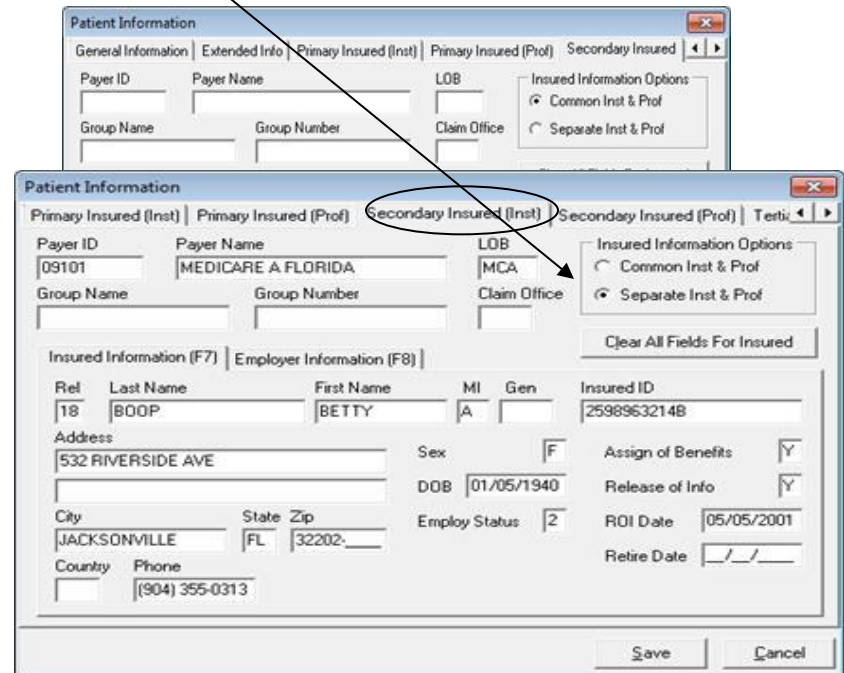
Sex: F | DOB: 01/05/1940 | Employ Status: 2

Assign of Benefits: Y | Release of Info: Y | ROI Date: 05/05/2001 | Retire Date: / /

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



The screenshot shows the 'Patient Information' form with the 'Secondary Insured (Inst)' tab selected. The 'Insured Information Options' section has 'Separate Inst & Prof' selected. The 'Insured Information (F7)' section is populated with data for Betty A. BOOP, born 01/05/1940, residing at 532 Riverside Ave, Jacksonville, FL 32202. The 'Assign of Benefits' and 'Release of Info' checkboxes are checked. The 'ROI Date' is 05/05/2001. The 'Retire Date' field is empty.

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.

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. WHITESNOW | Type of Bill 743

Patient Last Name: WHITE | First Name: SNOW | MI: | Suffix: | Fed Tax ID: | Statement Covers Period: 06/01/2021 to 06/05/2021

Patient Address 1: 123 PATIENT AVE | Patient Address 2: | Patient City: PENSACOLA | State: FL | Patient Zip: 12345-6789 | Country: | Patient Phone: | FL 38

Birthdate: 09/13/1945 | Sex: F | MS: | Admission: | A-Hour Typ: | Src: 2 | D-Hour: 1 | Stat: 30 | Medical Record No.: | Condition Codes: |

Occurrence Code	Occurrence Date	Occurrence Code	Occurrence Date	Occurrence Code	Occurrence Date	Occurrence Code	Occurrence Date	Occurrence Span Code	Occurrence Span From	Occurrence Span Thru	Occurrence Span Code	Occurrence Span From	Occurrence Span Thru
11	06/01/2021	29	06/01/2021	35	06/01/2021								

Value Code	Value Amount	Value Code	Value Amount	Value Code	Value Amount	Value Code	Value Amount	Value Code	Value Amount	Value Code	Value Amount
12	2.00										

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Error List | Save With Fatal | Save | Cancel

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

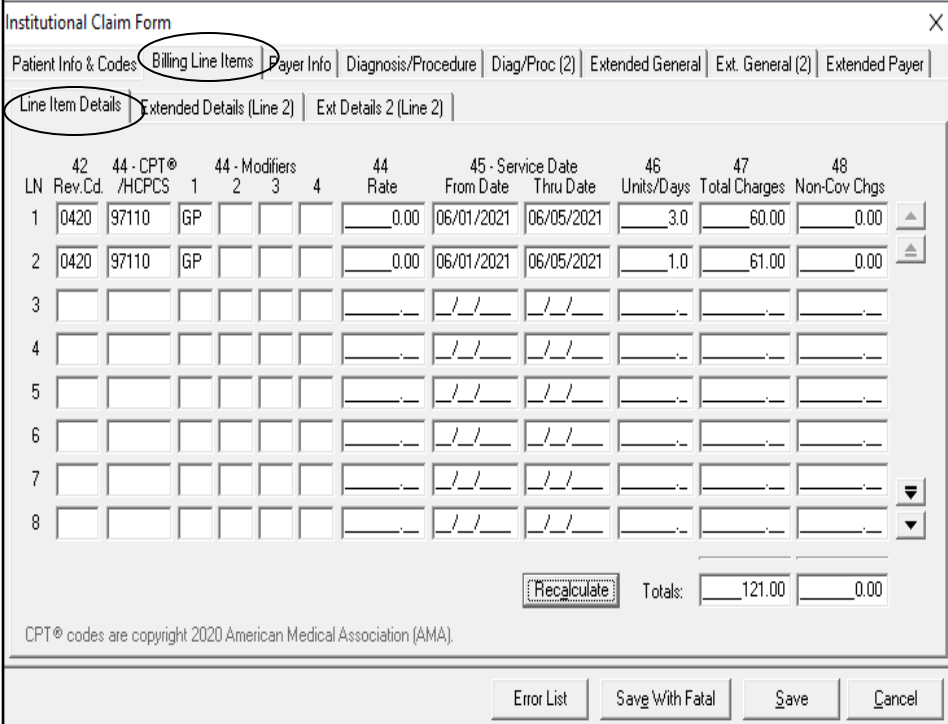
F4: Field Duplication

F5: Line Duplication

F7: Line deletion

F8: Advance to next line

Continued on next slide



LN	Rev.Cd	42 - 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

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

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.

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 > Payor 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. A001 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

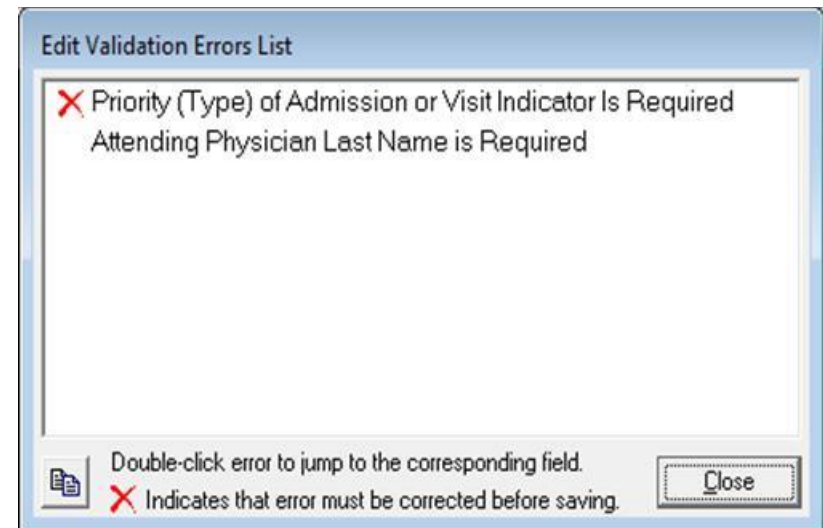
Supporting Provider Information

Type	Last/Org Name	First Name	MI	Suffix	Provider IDs / Types
ATT	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.

Value Code	Amount	Value Code	Amount	Value Code	Amount	Value Code	Amount	Value Code	Amount
43	80.00	50	2.00						

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.

LN	Rev.Cd.	42 - 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								

Recalculate Totals: 121.00 0.00

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

Error List Save With Fatal Save Cancel

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/Org Name	First Name	MI	Suffix	Insured's ID	Group Name	Group Number
18	JANE	DOE			1324567985		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.
A001

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

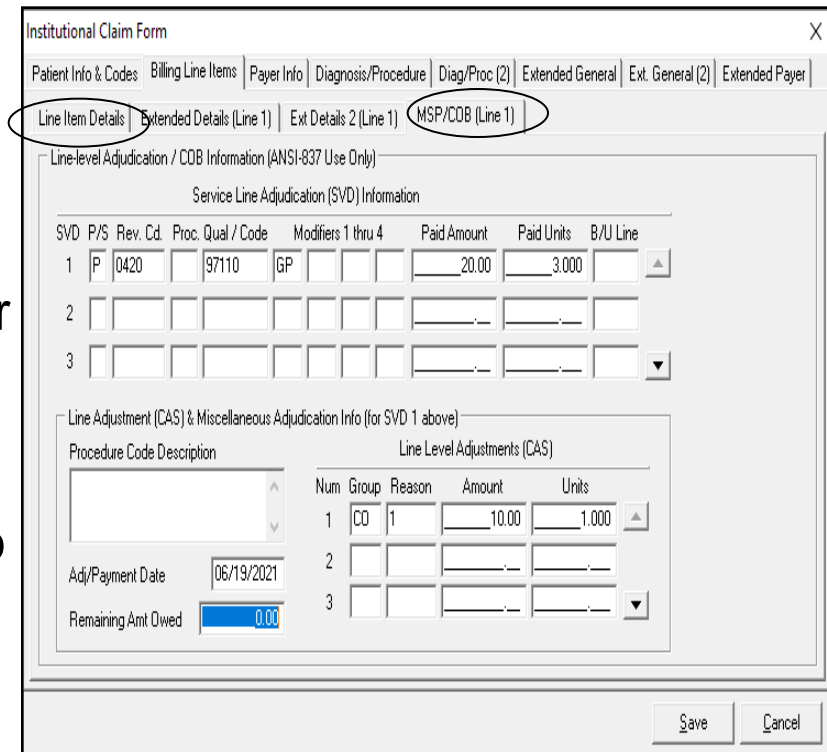
Type	Last/Org Name	First Name	MI	Suffix	Provider IDs / Types
ATT	DOE	JOHN			1538140371
OPR					
OTH					

Save Cancel

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.



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 1) | Ext Details 2 (Line 1) | **MSP/COB (Line 1)**

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	B/U Line
1	P	0420	97110	GP	20.00	3.000	▲
2							
3							▼

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

Procedure Code Description

Line Level Adjustments (CAS)

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

Adj/Payment Date: 06/19/2021

Remaining Amt Owed: 0.00

Save Cancel

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

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	B/U Line
1	P	0420	97110	GP	20.00	1.000	
2							
3							

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

Procedure Code Description

Adj/Payment Date: 06/19/2021

Remaining Amt Owed: 0.00

Line Level Adjustments (CAS)

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

Save Cancel

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 Adjustment (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	1
2							
3							

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

Procedure Code Description

Line Level Adjustments (CAS)

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.

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 3) | Ext Details 2 (Line 3) | **MSP/COB (Line 3)**

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	B/U Line
1	P	0420		S7110	GP	20.00	1.000	
2								
3								

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

Procedure Code Description

Adj/Payment Date: 04/22/2015

Remaining Amt Owed: 0.00

Line Level Adjustments (CAS)

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

Save Cancel

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.

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 4) | Ext Details 2 (Line 4) | **MSP/COB (Line 4)**

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	B/U Line
1	P	0420	97124	GP	20.00	1.000	
2							
3							

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

Procedure Code Description

Line Level Adjustments (CAS)

Num	Group	Reason	Amount	Units
1	PR	1	15.00	1.000
2				
3				

Adj/Payment Date: 04/22/2015

Remaining Amt Owed: 0.00

Save Cancel

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

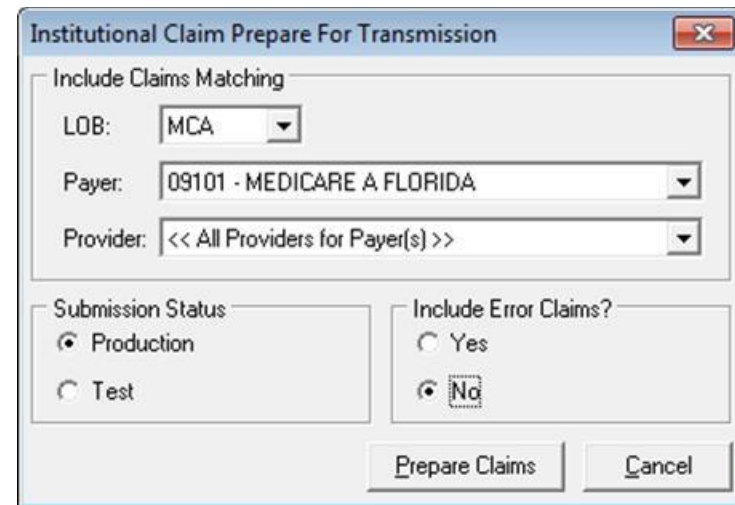
Medicare Outpatient Adjudication (MOA) Remarks Codes

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 \(fcso.com\)](#) 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

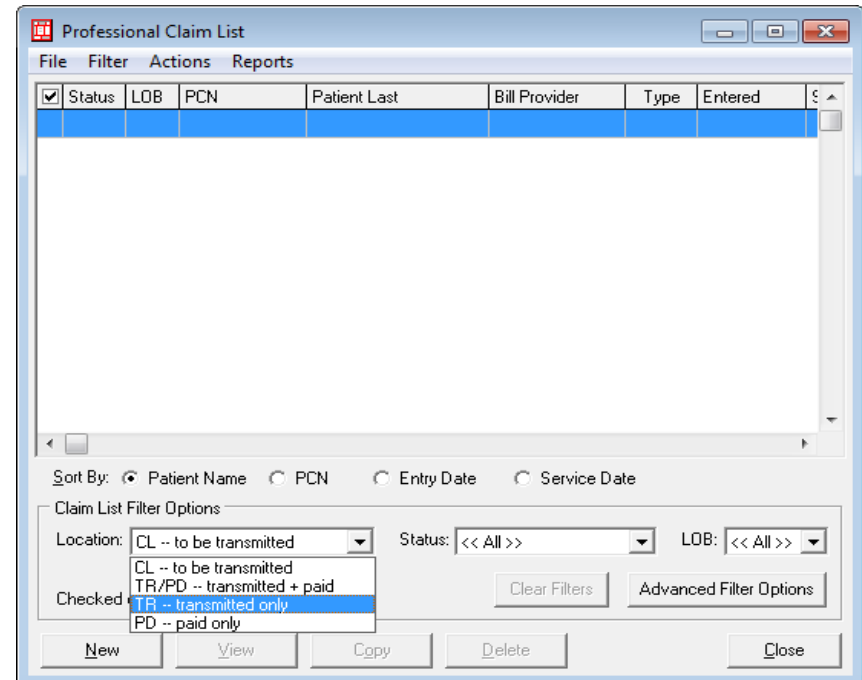
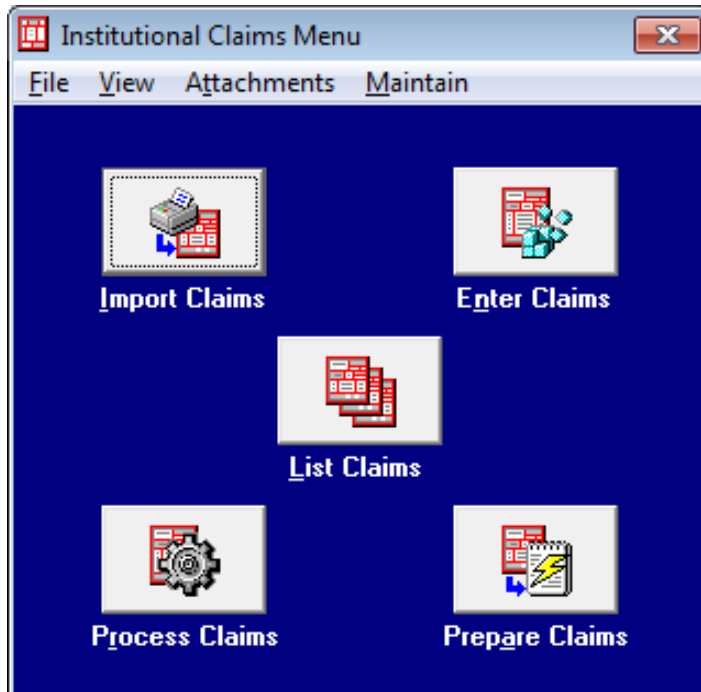
Acknowledgement #1: **(Rejected)**

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

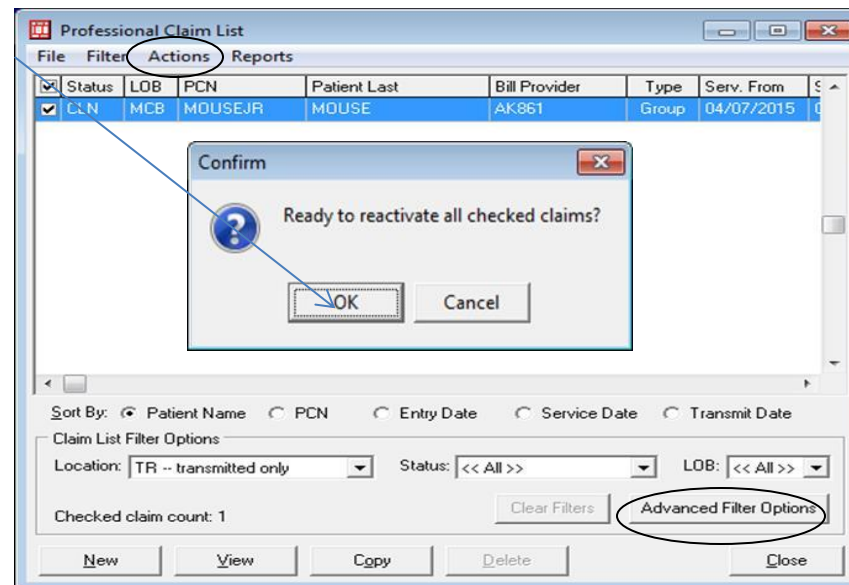
Claim Re-activation

- **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

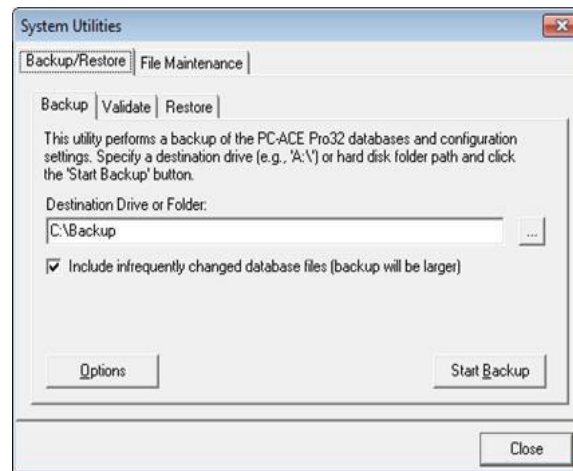
Zoom 100 Page 1 of 7

PC-ACE PRO32 ALL CLAIMS REPORT
100200 BACK ON YOUR FEET REBAS CT FTE:090101 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	REFID 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
CLAIMS	CLM STATUS	TOB	NCCHG HICHS	CV LN DRG #	DRG CAP AMT	COVD CHGS	COINSURANCE	INTEREST	MISC ADJUST
NATIONAL PROVIDER ID	ADJUDICATION REMARK CODES	ADJUSTMENT REASON CODES							
MASTERMAN J	BA30200000000019	0	0	0.00	2272.94	0.00	0.00	2.50	5980.05
AL22456789	BA302-19	0	0	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	925.17	102.64
1	19	HIC CHG=BN TOB=72X	0	0.00	1249.49	206.82	0.00	215.40	924.77
MR01 45									
REV DATE	HCPCS MOOD	APC/HIPPS QTY	CHARGES	ALLOWED GC	REW	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									
RITALIP M	MR2244 ADJ	0	0	0.00	100.00	0.00	0.00	0.00	0.00
12245678989		0	0.00	0.00	0.00	0.00	100.00	1.00	0.00
09/01/00	09/05/00	20016600000908	0	0.00	0.00	100.00	0.00	100.00	0.00
2	1	HIC CHG=BN TOB=751	0	0.00	100.00	0.00	0.00	0.00	0.00
MR01									
REV DATE	HCPCS MOOD	APC/HIPPS QTY	CHARGES	ALLOWED GC	REW	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	2872.94	0.00	0.00	2.50	5980.05
		0	0.00	0.00	0.00	0.00	1425.27		0.00

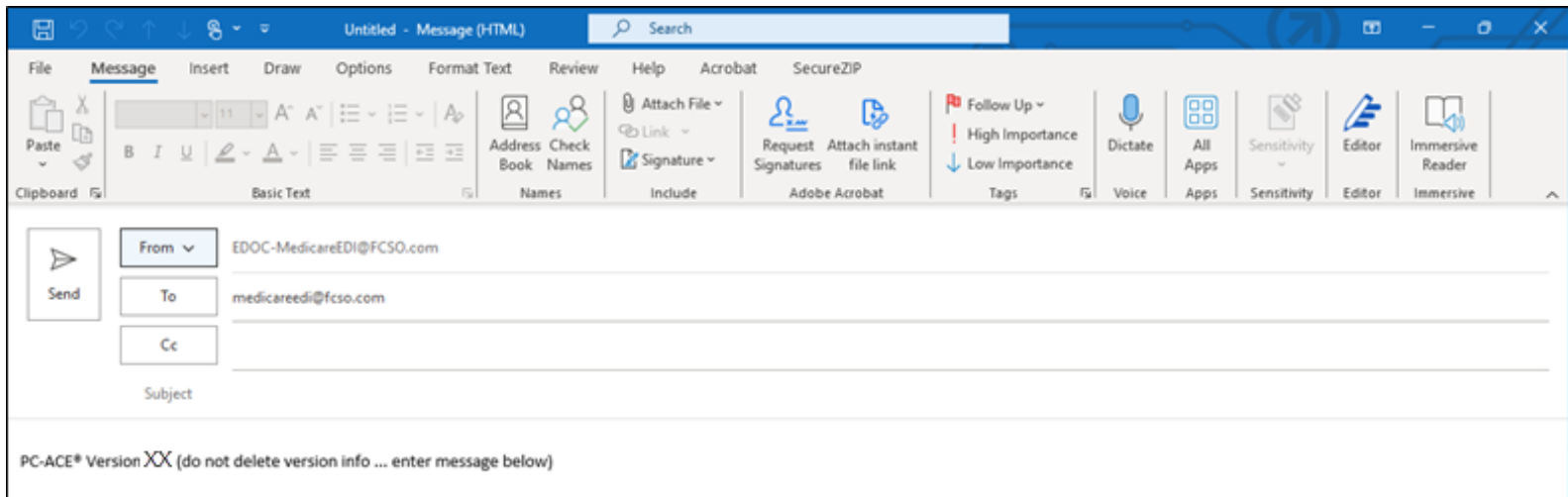
System Utilities

- **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

First Coast Service Options Inc.

medicare.fcso.com

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