

PC-ACE Training Module for Part B Users

Revised 2/24/2025

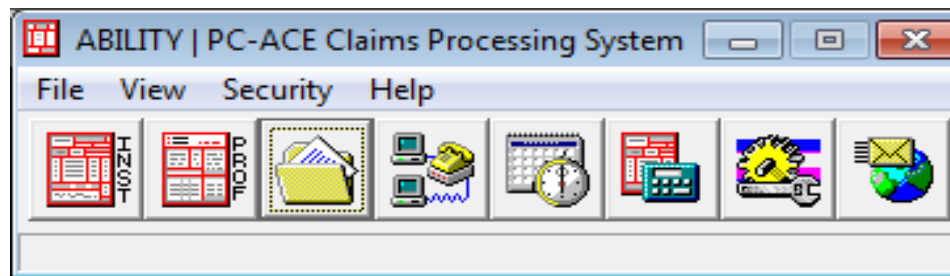
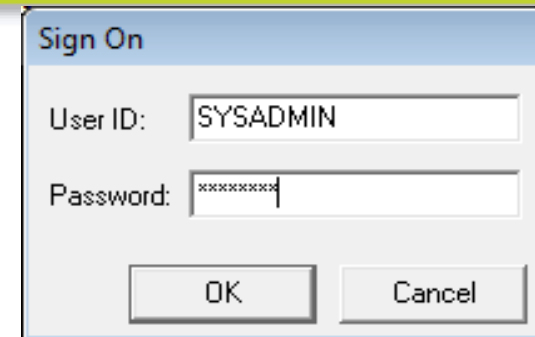
Enroll with EDI



- 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 web page](#) and download the program.
- Then complete the following steps to set up the program.

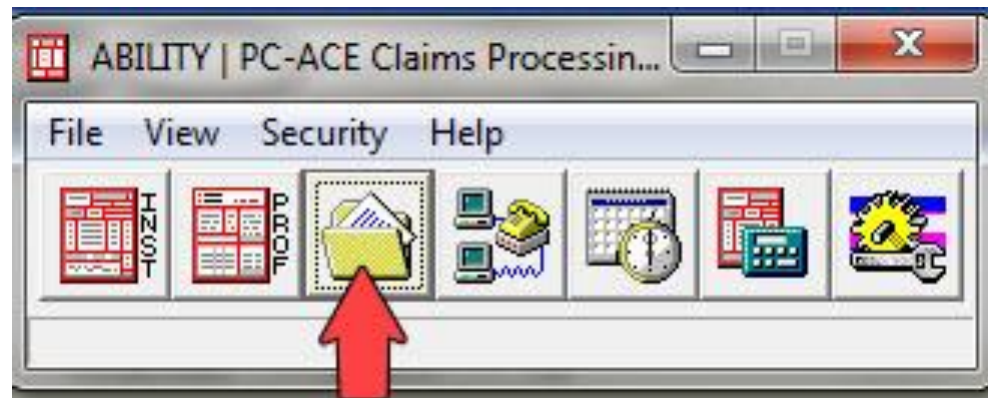
Sign on Procedures

- 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
 - Reference File Maintenance
- Enter SYSADMIN for both User ID and Password



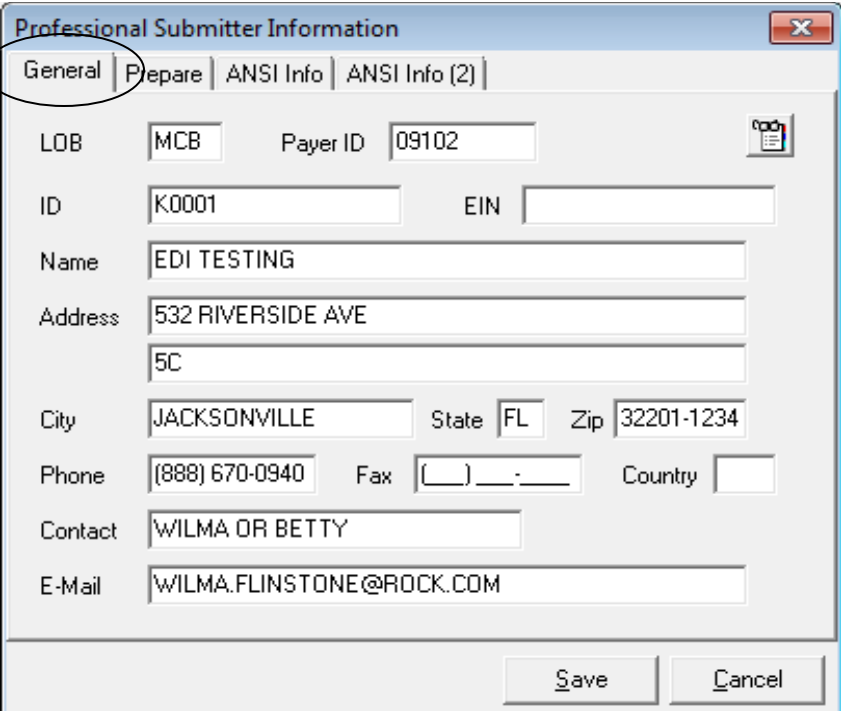
Setting Up the Program

- 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, Professional, Payer ID 09102, View/Update
- Required: ID (Sender/Submitter number), Name, Address, City, State, Zip (all 9 digits), Phone, Contact
- Optional: Fax
- Requested: Email [Save with Errors if Unavailable]
- Leave Blank: EIN, Country



Professional Submitter Information

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

LOB: MCB Payer ID: 09102

ID: K0001 EIN:

Name: EDI TESTING

Address: 532 RIVERSIDE AVE
5C

City: JACKSONVILLE State: FL Zip: 32201-1234

Phone: (888) 670-0940 Fax: () . Country:

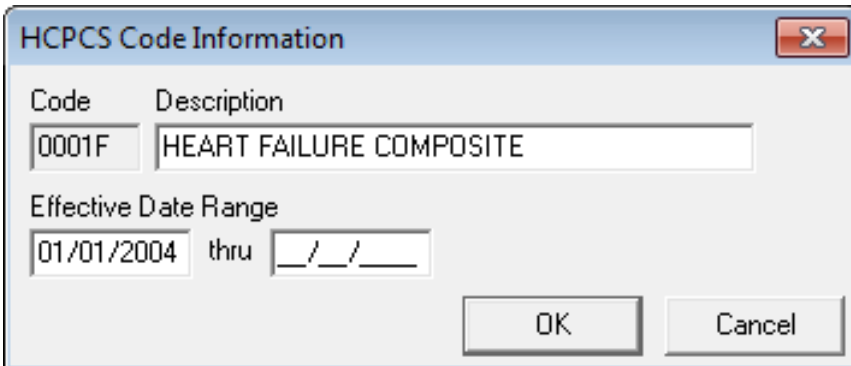
Contact: WILMA OR BETTY

E-Mail: WILMA.FLINSTONE@ROCK.COM

Save Cancel

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

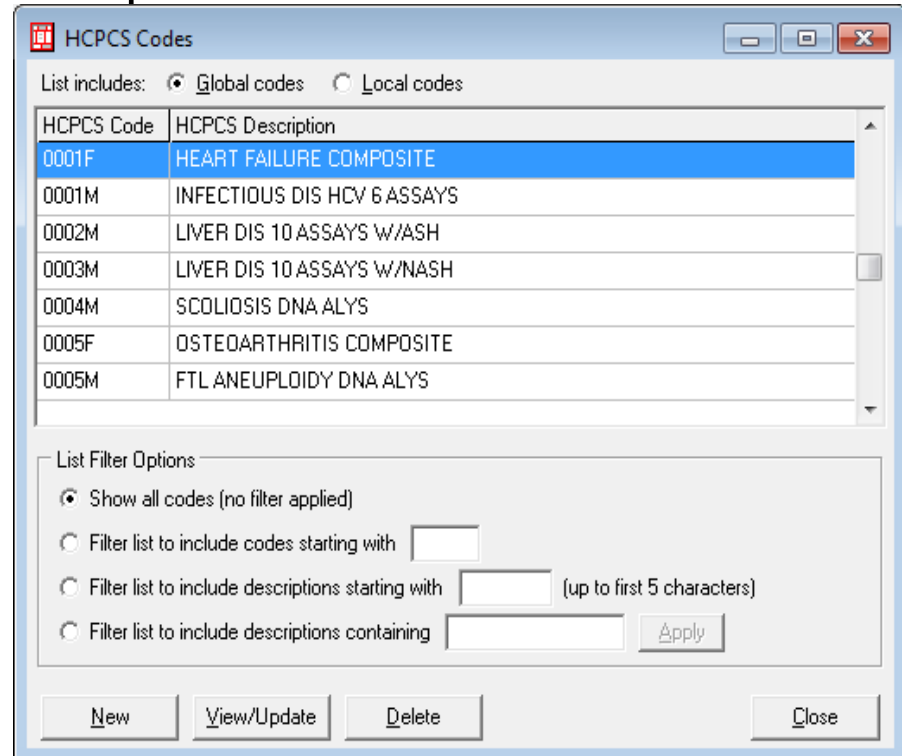


HCPCS Code Information

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)

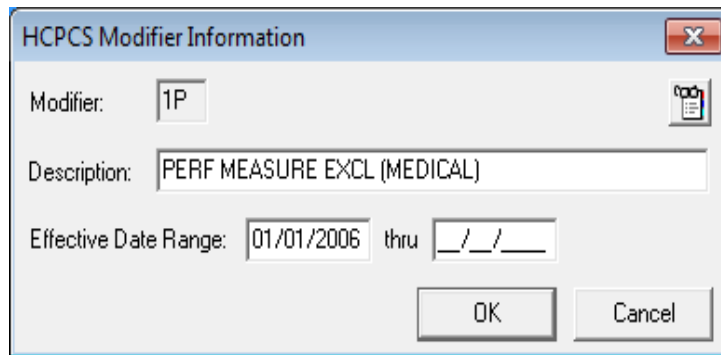
☐ Filter list to include codes starting with []

☐ 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



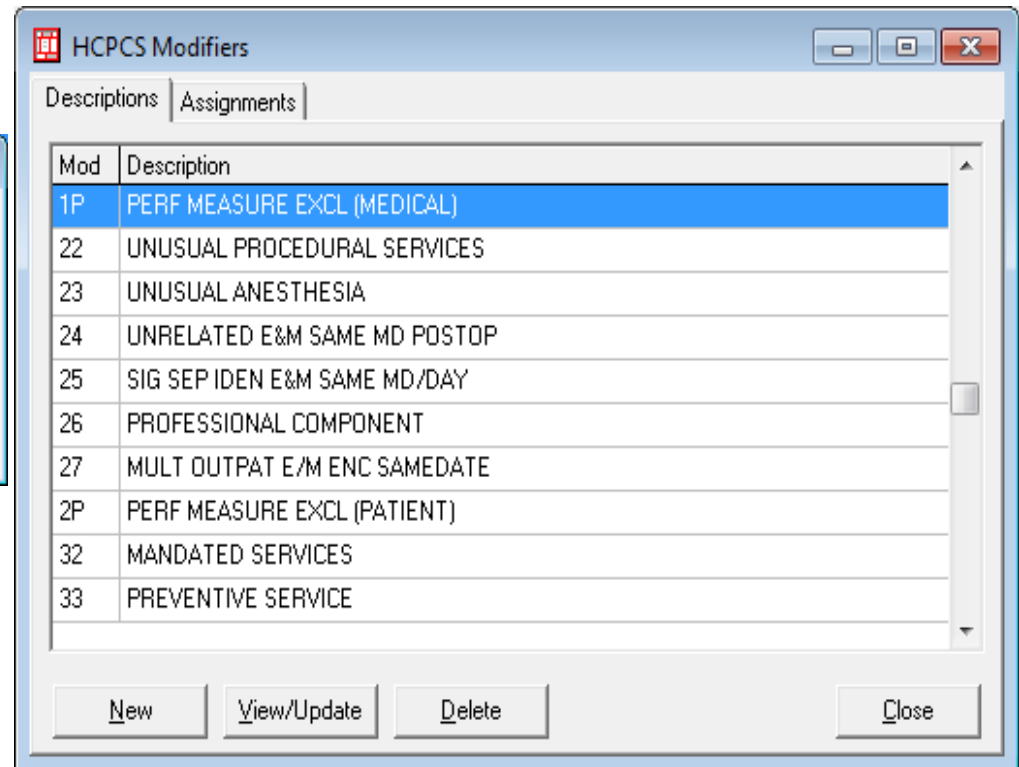
HCPCS Modifier Information

Modifier: 1P

Description: PERF MEASURE EXCL (MEDICAL)

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

OK Cancel



HCPCS Modifiers

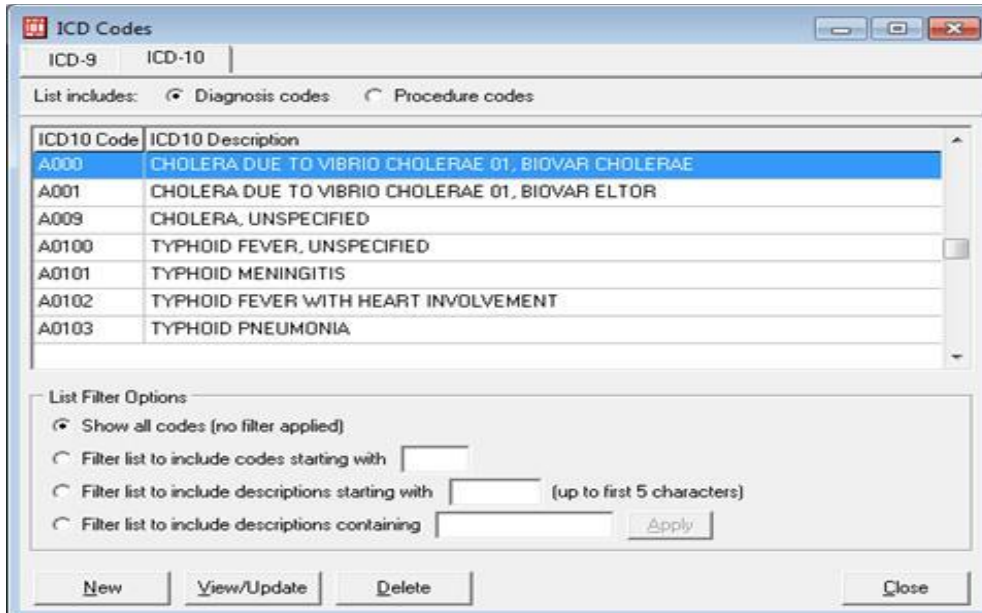
Descriptions Assignments

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 OUTPUT 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



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

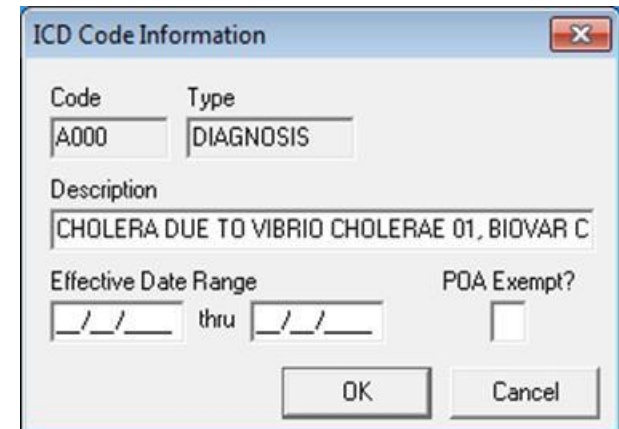
List Filter Options

☒ 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

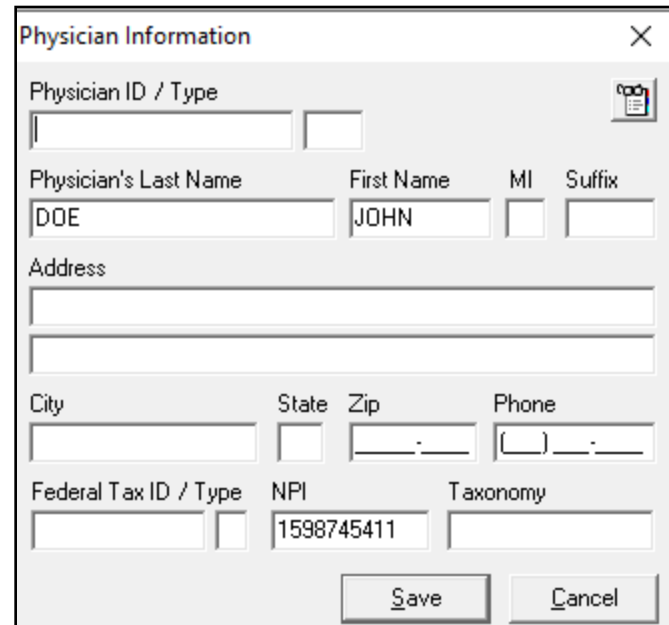
CHOLERA DUE TO VIBRIO CHOLERAE 01, BIOVAR C

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



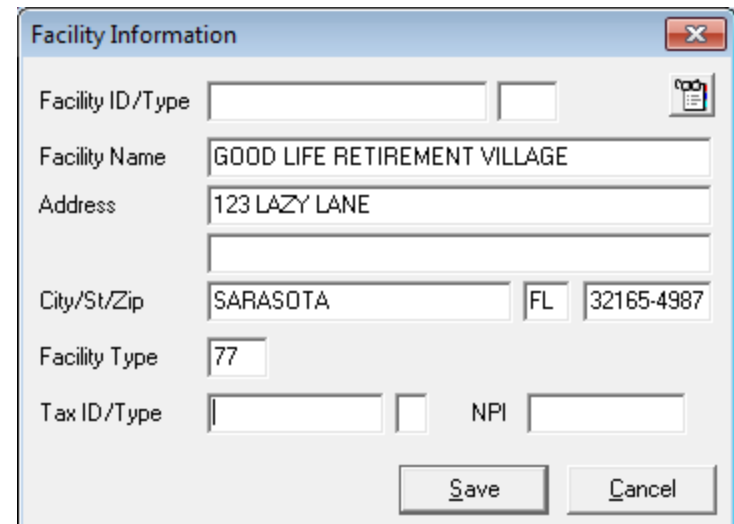
The screenshot shows a software window titled "Physician Information" with a close button (X) in the top right corner. The form contains the following fields:

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

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

Facility Information

- **Facility setup:** Reference File Maintenance, Codes/Misc, Facility
- Required: Facility Name, Address, City, State, Zip (to include last 4), Facility Type
- Optional: NPI is not required if entering patient information
- Leave Blank: Facility ID/Type, Tax ID/Type
- Tips: Facility information is required when Billing Place of Service other than 11. If providing services at patients home; beneficiary's information would be used.

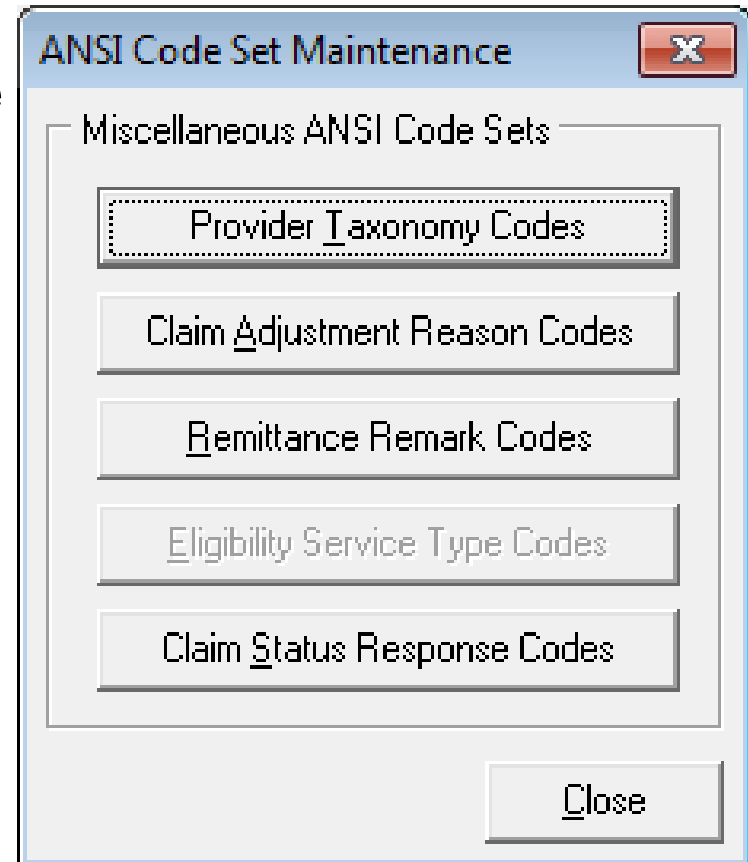


The image shows a screenshot of a software dialog box titled "Facility Information". It contains several input fields for facility details. The "Facility ID/Type" field is empty. The "Facility Name" field contains "GOOD LIFE RETIREMENT VILLAGE". The "Address" field contains "123 LAZY LANE". The "City/St/Zip" field is split into three parts: "SARASOTA", "FL", and "32165-4987". The "Facility Type" field contains "77". The "Tax ID/Type" field is empty, and there is an "NPI" field next to it, also empty. At the bottom right, there are "Save" and "Cancel" buttons.

Facility ID/Type	
Facility Name	GOOD LIFE RETIREMENT VILLAGE
Address	123 LAZY LANE
City/St/Zip	SARASOTA FL 32165-4987
Facility Type	77
Tax ID/Type	
NPI	

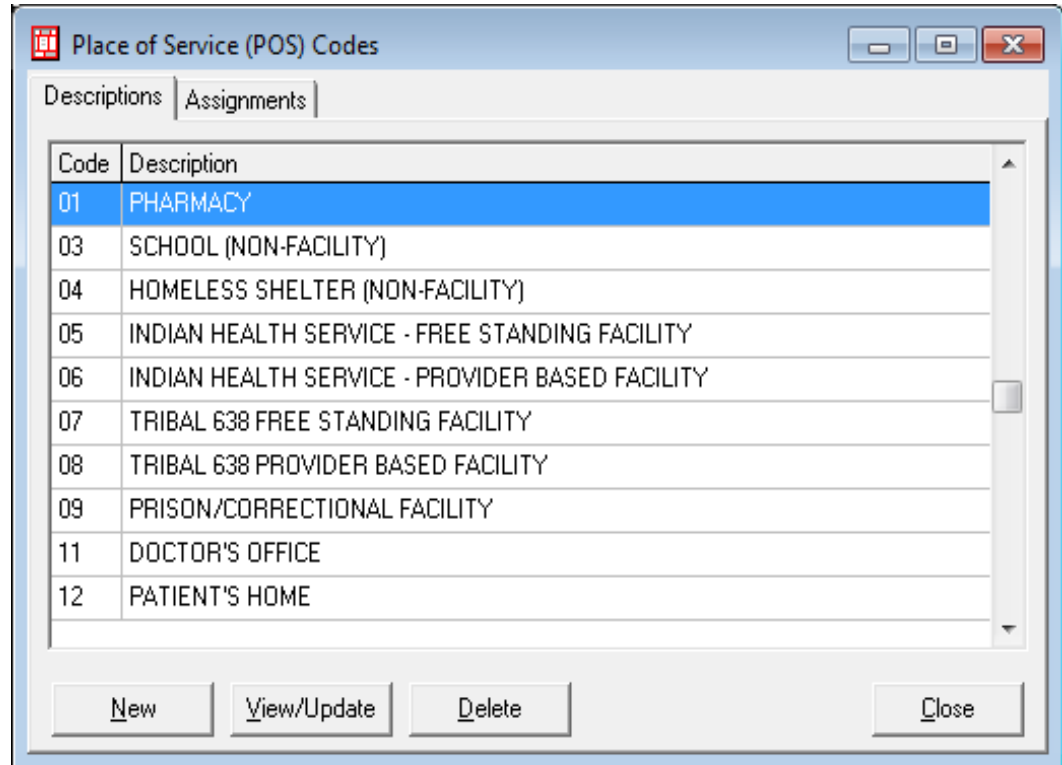
ANSI Code Set Maintenance

- **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



Place of Service

- **Place of Service (POS) Codes:** Reference File Maintenance, Codes/Misc, POS
- Updated each quarter as appropriate
- View effective date range
- Ability to add new codes

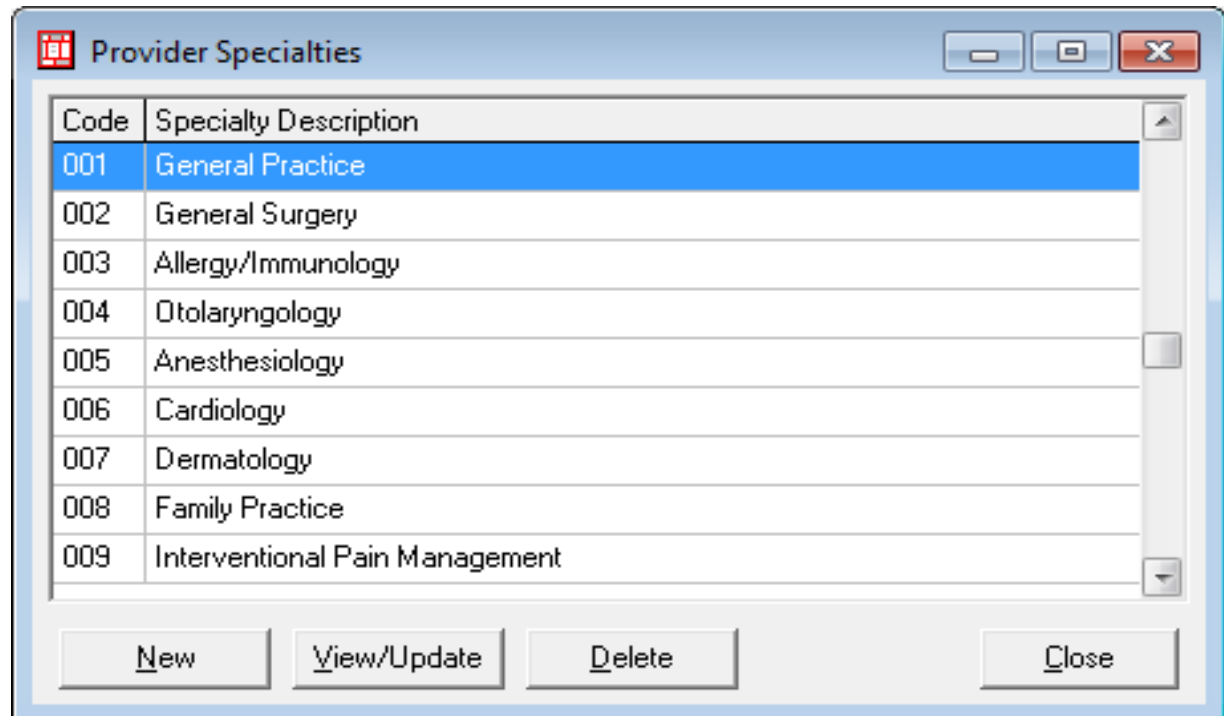


The screenshot shows a software window titled "Place of Service (POS) Codes". It has two tabs: "Descriptions" (selected) and "Assignments". The "Descriptions" tab contains a table with two columns: "Code" and "Description". The table lists 12 entries, with the first entry "01 PHARMACY" highlighted in blue. Below the table are four buttons: "New", "View/Update", "Delete", and "Close".

Code	Description
01	PHARMACY
03	SCHOOL (NON-FACILITY)
04	HOMELESS SHELTER (NON-FACILITY)
05	INDIAN HEALTH SERVICE - FREE STANDING FACILITY
06	INDIAN HEALTH SERVICE - PROVIDER BASED FACILITY
07	TRIBAL 638 FREE STANDING FACILITY
08	TRIBAL 638 PROVIDER BASED FACILITY
09	PRISON/CORRECTIONAL FACILITY
11	DOCTOR'S OFFICE
12	PATIENT'S HOME

Provider Specialties

- **Provider Specialties:** Reference File Maintenance, Codes/Misc, Specialty
- Updated each quarter as appropriate
- View Effective Date Range of code
- Add new codes

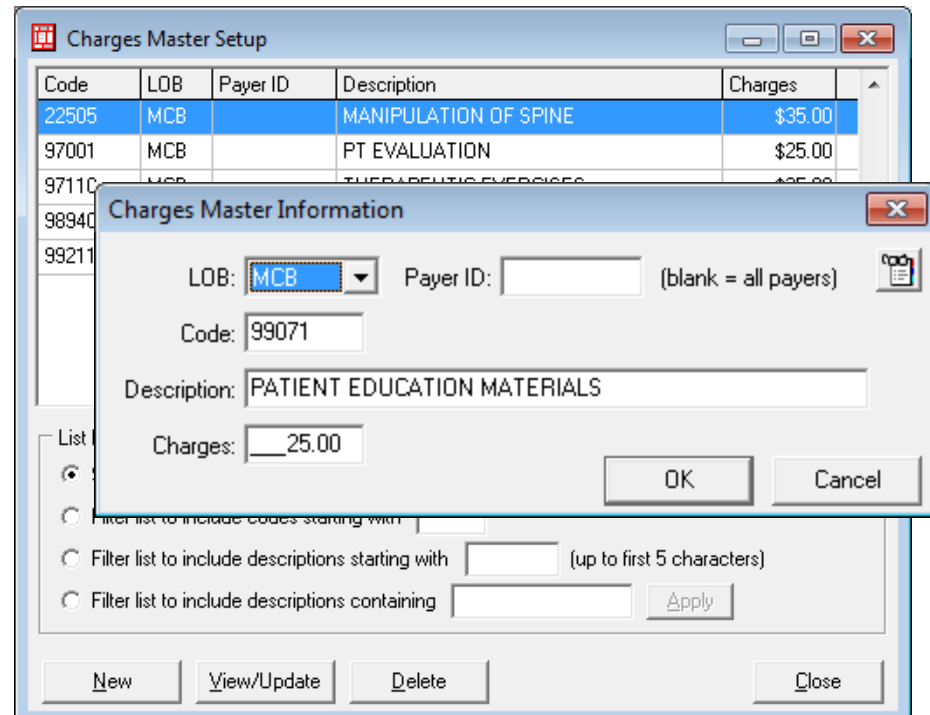


The screenshot shows a software window titled "Provider Specialties". It contains a table with two columns: "Code" and "Specialty Description". The table lists nine specialties, with "General Practice" (Code 001) highlighted in blue. Below the table are four buttons: "New", "View/Update", "Delete", and "Close".

Code	Specialty Description
001	General Practice
002	General Surgery
003	Allergy/Immunology
004	Otolaryngology
005	Anesthesiology
006	Cardiology
007	Dermatology
008	Family Practice
009	Interventional Pain Management

Charges Master

- **Charges Master:** Reference File Maintenance, Codes/Misc, Charges Master
- Select New
- LOB can be left at <ALL> or changed to <MCB>
- Enter HCPC in the code field or right click to select from HCPCS Code database
- Enter Charges for one unit of service
- Select OK
- Information maintained by user



The screenshot shows two overlapping windows from a software application. The background window is titled "Charges Master Setup" and contains a table with the following data:

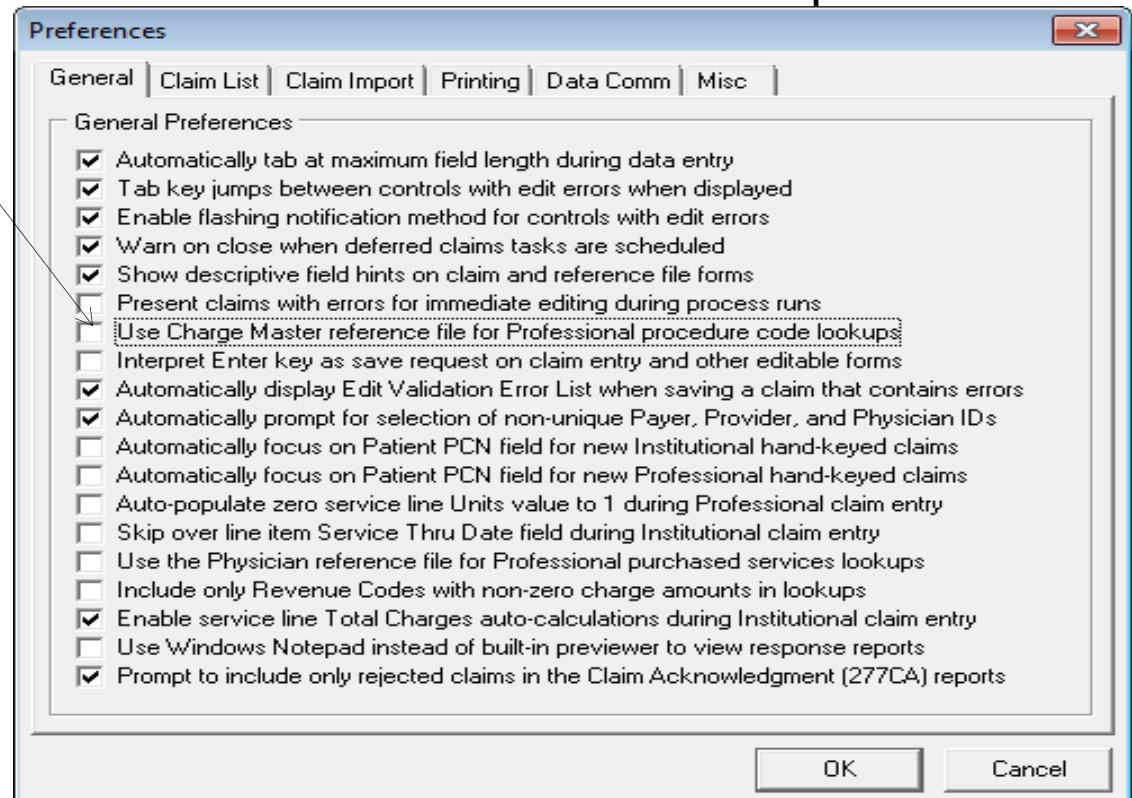
Code	LOB	Payer ID	Description	Charges
22505	MCB		MANIPULATION OF SPINE	\$35.00
97001	MCB		PT EVALUATION	\$25.00
97110	MCB		THERAPEUTIC EXERCISES	\$35.00
98940				
99211				

The foreground window is titled "Charges Master Information" and contains the following fields and controls:

- LOB: MCB (dropdown menu)
- Payer ID: (text field) (blank = all payers)
- Code: 99071 (text field)
- Description: PATIENT EDUCATION MATERIALS (text field)
- Charges: 25.00 (text field)
- Buttons: OK, Cancel
- Buttons at the bottom: New, View/Update, Delete, Close
- Filter options at the bottom:
 - Filter list to include codes starting with (text field)
 - Filter list to include descriptions starting with (text field) (up to first 5 characters)
 - Filter list to include descriptions containing (text field) Apply

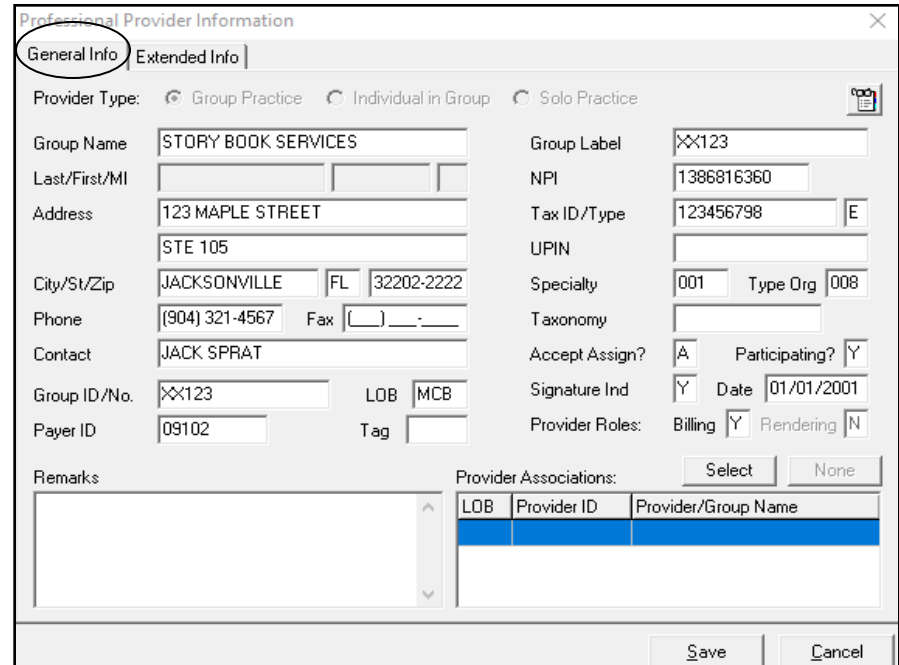
Charges Master (Cont.)

- **Charges Master (Cont.):** File, Preferences
- Main Toolbar, File, Preferences
- Select Use Charge Master reference file for Professional procedure code look-ups
- Select OK
- Tip: If used, you may need to reselect after installing an update



Professional Group Practice

- **Group Practice:** Reference File Maintenance, Provider Prof, Group Practice
- Required: Provider Type – Group Practice, Group Name, Address, City, State, Zip (to include last 4), Phone, Contact, Group ID/NO, LOB, Payer ID, Group Label, NPI, Tax ID/Type, Specialty, Accept Assign, Participating, Signature Ind, Date
- Optional: Fax, Type Org, Taxonomy, and Remarks
- Leave Blank: Tag, UPIN, Provider Association
- Auto Populates: Billing – Y, Rendering - N



The screenshot shows the 'Professional Provider Information' window with the 'General Info' tab selected. The form contains the following fields and values:

Provider Type:	
<input checked="" type="radio"/> Group Practice	<input type="radio"/> Individual in Group
<input type="radio"/> Solo Practice	

Group Name	STORY BOOK SERVICES		
Last/First/MI			
Address	123 MAPLE STREET		
	STE 105		
City/St/Zip	JACKSONVILLE	FL	32202-2222
Phone	(904) 321-4567	Fax	() - -
Contact	JACK SPRAT		
Group ID/No.	XX123	LOB	MCB
Payer ID	09102	Tag	

Group Label	XX123
NPI	1386816360
Tax ID/Type	123456798 E
UPIN	
Specialty	001
Type Org	008
Taxonomy	
Accept Assign?	A
Participating?	Y
Signature Ind	Y
Date	01/01/2001
Provider Roles:	Billing Y Rendering N

Remarks: [Empty text area]

Provider Associations:

LOB	Provider ID	Provider/Group Name

Buttons: Save, Cancel

Professional Provider Information



- **Professional Provider Information (Cont.):** Reference File Maintenance, Provider Prof, Group Practice, Extended Info.
- Optional: CLIA No. and Mammography
- Leave Blank: All other fields, unless directed by PC-ACE Support.

Professional Provider Information

General Info | **Extended Info**

CLIA No. Provider Name Match

Mammography No. Force Legacy ID ☐

HMD Contract No. E-Mail Address

Dental Provider? ☐

Group ID/No Type

Provider Name Suffix

Provider Country

Secondary Provider IDs (ANSI use only)

ID/Type #1

ID/Type #2

Pay-To Provider Information (specify only if different)

Organization NPI

Last/First/MI Fed Tax ID/Type

Address

City/St/Zip Group ID/No./Type

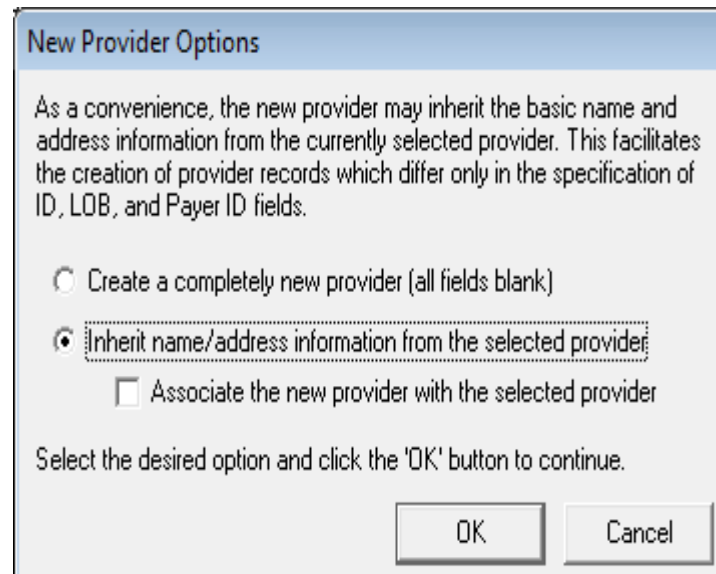
Country Name Suffix Sec ID/Type #1

Sec ID/Type #2

Save Close

Individual in Group Information

- **Individual In Group:** Reference File Maintenance, Provider Prof, Individual in Group
- Tips: If you have individual Providers associated with a Group, create the Group information first. You can copy the groups file and edit it to contain the individual providers information by selecting New and Inherit name/address information from the selected provider



New Provider Options

As a convenience, the new provider may inherit the basic name and address information from the currently selected provider. This facilitates the creation of provider records which differ only in the specification of ID, LOB, and Payer ID fields.

☐ Create a completely new provider (all fields blank)

☒ Inherit name/address information from the selected provider

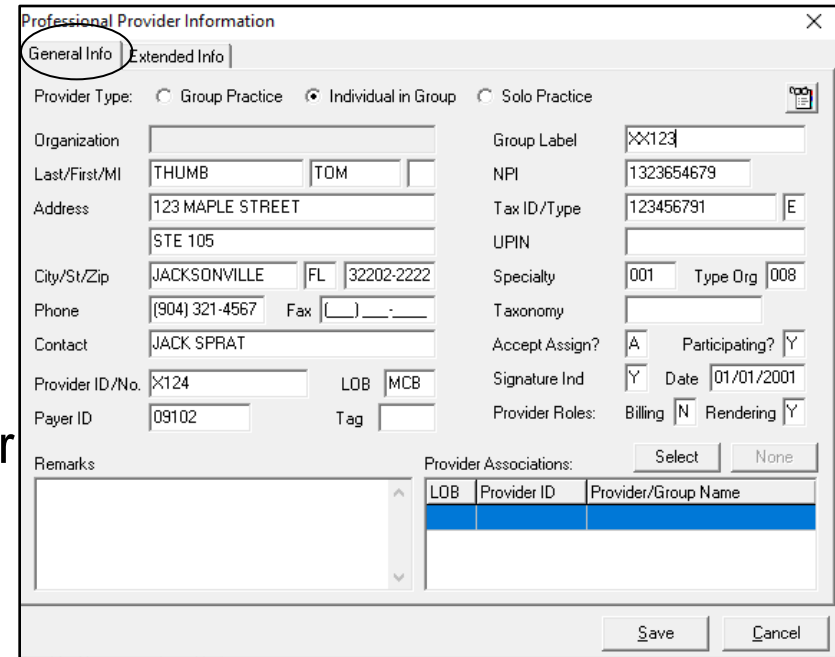
☐ Associate the new provider with the selected provider

Select the desired option and click the 'OK' button to continue.

OK Cancel

Individual in Group

- **Individual In Group:** Reference File Maintenance, Provider Prof, Individual in Group
- Required: Provider Type – Individual In Group, Last/First, Address, City, State, Zip (to include last 4), Phone, Contact, Provider ID/NO, LOB, Payer ID, Group Label,
- NPI, Tax ID/Type, Specialty,
- Accept Assign, Participating,
- Signature Ind, Date
- Optional: MI, Fax, Type Org, Taxonomy, and Remarks
- Leave Blank: Tag, UPIN, Provider Associations
- Auto Populates: Billing – N, Rendering – Y



Professional Provider Information

General Info | Extended Info

Provider Type: ☐ Group Practice ☒ Individual in Group ☐ Solo Practice

Organization: [] Group Label: XX123

Last/First/MI: THUMB TOM NPI: 1323654679

Address: 123 MAPLE STREET Tax ID/Type: 123456791 E

STE 105 UPIN: []

City/St/Zip: JACKSONVILLE FL 32202-2222 Specialty: 001 Type Org: 008

Phone: (904) 321-4567 Fax: [] Taxonomy: []

Contact: JACK SPRAT Accept Assign? A Participating? Y

Provider ID/No.: X124 LOB: MCB Signature Ind: Y Date: 01/01/2001

Payer ID: 09102 Tag: [] Provider Roles: Billing N Rendering Y

Remarks: []

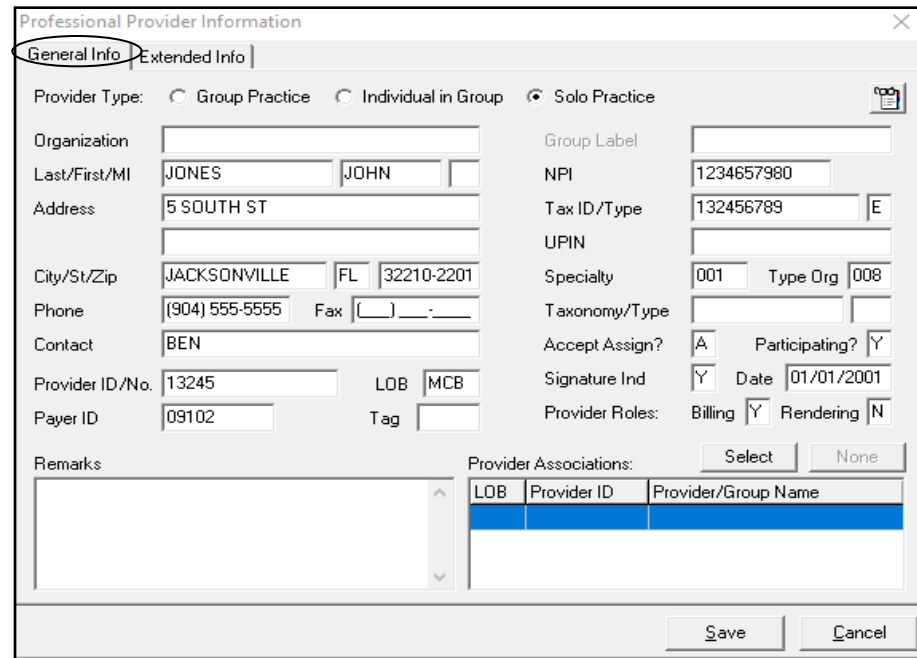
Provider Associations: [Select] [None]

LOB	Provider ID	Provider/Group Name

Save Cancel

Solo Practice Information

- **Solo Practice:** Reference File Maintenance, Provider Prof, Solo Practice
- Required: Provider Type – Solo Practice, Last/First, Address, City, State, Zip (to include last 4), Phone, Contact, Provider ID/NO, LOB, Payer ID, NPI, Tax ID/Type, Specialty, Accept Assign, Participating, Signature Ind, Date.
- Optional: Fax, Type Org, Taxonomy, Remarks
- Leave Blank: Tag, UPIN, Provider Associations
- Auto Populates: Billing – Y, Rendering – N



Professional Provider Information

General Info | Extended Info

Provider Type: ☐ Group Practice ☐ Individual in Group ☒ Solo Practice

Organization: []

Last/First/MI: JONES | JOHN | []

Address: 5 SOUTH ST

City/St/Zip: JACKSONVILLE | FL | 32210-2201

Phone: (904) 555-5555 Fax: [] [] []

Contact: BEN

Provider ID/No.: 13245 LOB: MCB

Payer ID: 09102 Tag: []

Group Label: []

NPI: 1234567980

Tax ID/Type: 132456789 [E]

UPIN: []

Specialty: 001 Type Org: 008

Taxonomy/Type: [] []

Accept Assign? [A] Participating? [Y]

Signature Ind: [Y] Date: 01/01/2001

Provider Roles: Billing [Y] Rendering [N]

Remarks: []

Provider Associations: [Select] [None]

LOB	Provider ID	Provider/Group Name

Save Cancel

Professional Provider Information

Extended Info



- **Professional Provider Information (Cont.):** Reference File Maintenance, Provider Prof, Group Practice, Extended Info
- Optional: CLIA No. and Mammography
- Leave Blank: all other fields, unless directed by PC-ACE Support

Professional Provider Information

General Info | **Extended Info**

CLIA No.	10D1234567	Provider Name Match	
Mammography No.		Force Legacy ID	<input type="checkbox"/>
HMO Contract No.		E-Mail Address	
Dental Provider?	<input type="checkbox"/>		
Provider ID/No Type			
Provider Name Suffix			
Provider Country			

Secondary Provider IDs (ANSI use only)

ID/Type #1		
ID/Type #2		

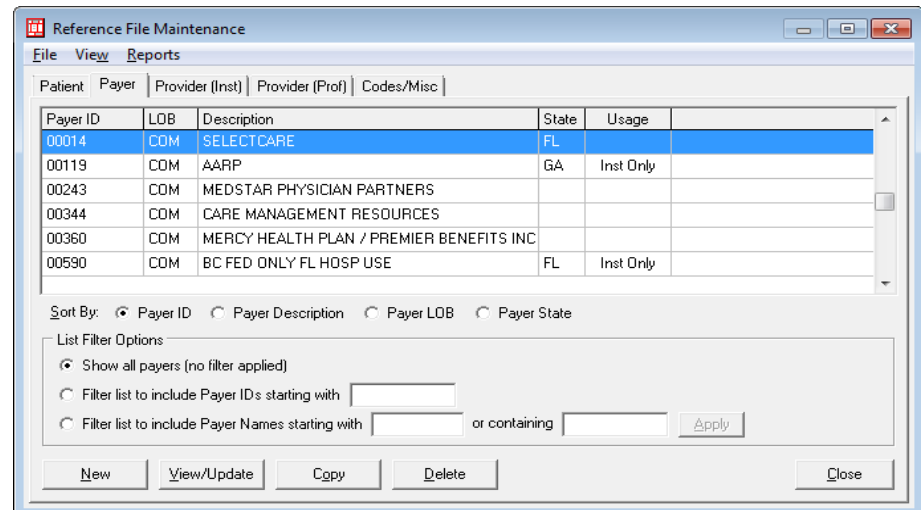
Pay-To Provider Information (specify only if different)

Organization				NPI	
Last/First/MI				Fed Tax ID/Type	
Address				Prov. ID/No./Type	
				Sec ID/Type #1	
City/St/Zip				Sec ID/Type #2	
Country		Name Suffix			

Save Close

Payer Information

- **Payer:** Reference File Maintenance, Payer
- Optional: You are not required to include the secondary information when Medicare is primary
- If you are going to include the patient's secondary insurance, or enter a Medicare Secondary claim, ensure the Payer is available prior to entering the patient information
- If a Payer is not found you have the ability to add the Payer by selecting New
- Maintained by user



Reference File Maintenance

File View Reports

Patient Payer Provider (Inst) Provider (Prof) Codes/Misc

Payer ID	LOB	Description	State	Usage
00014	COM	SELECTCARE	FL	
00119	COM	AARP	GA	Inst Only
00243	COM	MEDSTAR PHYSICIAN PARTNERS		
00344	COM	CARE MANAGEMENT RESOURCES		
00360	COM	MERCY HEALTH PLAN / PREMIER BENEFITS INC		
00590	COM	BC FED ONLY FL HOSP USE	FL	Inst Only

Sort By: ☒ Payer ID ☐ Payer Description ☐ Payer LOB ☐ Payer State

List Filter Options

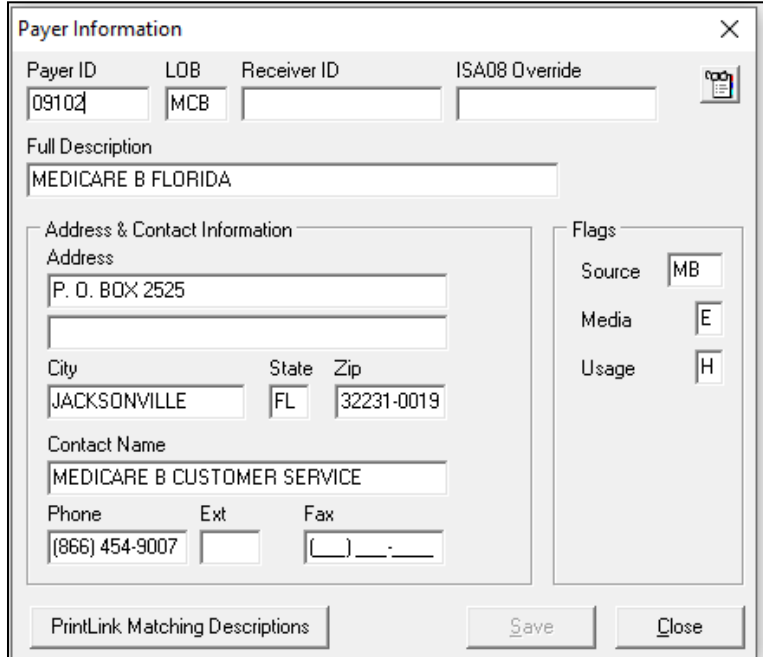
☒ Show all payers (no filter applied)

☐ Filter list to include Payer IDs starting with

☐ Filter list to include Payer Names starting with or containing

Payer Information

- **Payer (Cont.):** Reference File Maintenance, Payer (Primary 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, (H for Professional, B for both Professional and Institutional, or leave blank)
- Leave Blank: ISA08 Override
- Maintained by user who is responsible for ensuring the information is accurate prior to submitting claims



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

Payer ID	LOB	Receiver ID	ISA08 Override
09102	MCB		

Full Description: MEDICARE B FLORIDA

Address & Contact Information:

Address		
P. O. BOX 2525		

City	State	Zip
JACKSONVILLE	FL	32231-0019

Contact Name: MEDICARE B CUSTOMER SERVICE

Phone	Ext	Fax
(866) 454-9007		

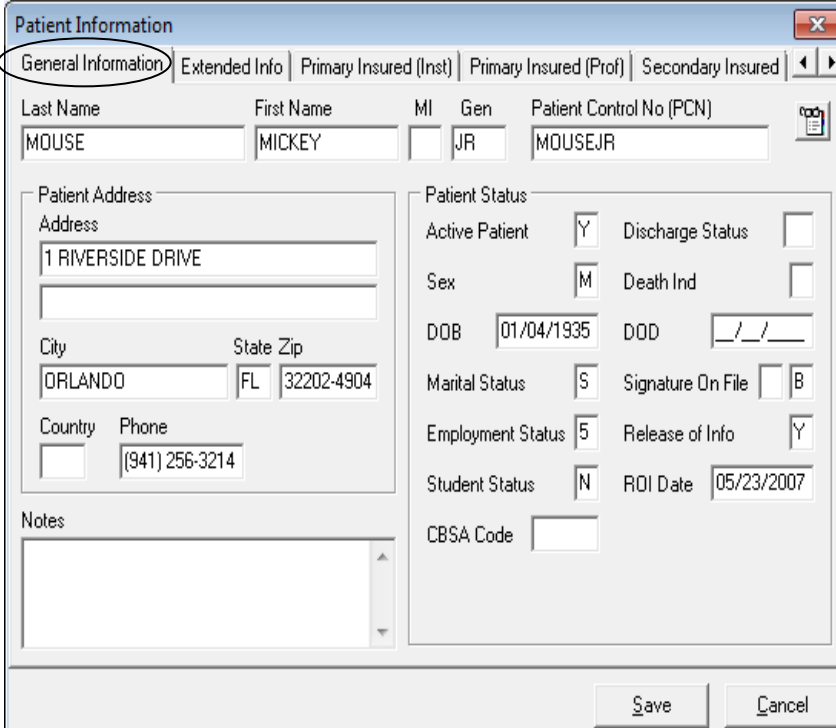
Flags:

Source	Media	Usage
MB	E	H

Buttons: PrintLink Matching Descriptions, Save, Close

Patient Information

- **Patient - Medicare Primary:** Reference File Maintenance, Patient, General Information
- You must update the General Information and Primary Insured (Prof) tabs. The claim will populate when the patient PCN is selected
- Required: Last Name, First Name, PCN, Address, City, State, Zip (does not require last 4 but is recommended), Sex, DOB, Signature on File (second field), Release of Info, ROI Date
- Optional: MI, Gen, Phone, Notes, Marital Status, Employment Status, Student Status, Death Ind, DOD
- Auto Populates: Active Patient - Y



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 "General Information" tab is selected and circled. The form contains the following fields:

Last Name	First Name	MI	Gen	Patient Control No (PCN)
MOUSE	MICKEY		JR	MOUSEJR

Patient Address:

Address: 1 RIVERSIDE DRIVE

City: ORLANDO State: FL Zip: 32202-4904

Country: Phone: (941) 256-3214

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"/>	M	<input type="checkbox"/>	01/04/1935		S	<input type="checkbox"/>	5	<input checked="" type="checkbox"/>	N	05/23/2007	

Save Cancel

Patient Information Primary Insured Prof



- **Patient - Medicare Primary (Cont.):** Reference File Maintenance, Patient, Primary Insured (Prof)
- 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: 09102 | Payer Name: MEDICARE B FLORIDA | LOB: MCB

Group Name: | Group Number: | Claim Office: |

Insured Information (F7) | Employer Information (F8) | Clear All Fields For Insured

Rel: 18 | Last Name: MOUSE | First Name: MICKEY | MI: | Gen: JR | Insured ID: 456123456A

Address: 1 RIVERSIDE DRIVE | Sex: M | Assign of Benefits: Y

DOB: 01/04/1935 | Release of Info: Y

City: ORLANDO | State: FL | Zip: 32202-4904 | Employ Status: 5 | ROI Date: 05/23/2007 | Retire Date: |

Country: | Phone: (941) 256-3214

Save | Cancel

Patient Information General Information



- **Patient - Medicare Secondary:** Reference File Maintenance, Patient, General Information
- When there is a primary insurance and Medicare is secondary
- Required: Last Name, First Name, PCN, Address, City, State, Zip (does not require last 4 but is recommended), Sex, DOB, Signature on File (second field), Release of Info, ROI Date,
- Optional: MI, Gen, Phone, Notes, Marital Status, Employment Status, Student Status, Death Ind, DOD
- Leave Blank: Country, CBSA Code, 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 (Inst)

Last Name: WOMAN First Name: WONDER MI: Gen: Patient Control No (PCN): Ww1234 MSP

Patient Address:
Address: 1865 WELLS ROAD
APT 7
City: OAKLAND PARK State: FL Zip: 32040-1234
Country: Phone:

Patient Status:
Active Patient: ☒ Y Discharge Status: ☐
Sex: ☒ F Death Ind: ☐
DOB: 02/26/1937 DOD:
Marital Status: ☒ W Signature On File: ☐ B
Employment Status: ☒ 2 Release of Info: ☒ Y
Student Status: ☒ N ROI Date: 03/24/2011
CBSA Code:

Notes:

Save Cancel

Patient Information Cont

- **Patient - Medicare Secondary (Cont.):** Reference File Maintenance, Patient, Primary Insured (Prof)
- Tips: Payer ID - right click to select from Payer Database to auto-populate Payer ID, Payer Name and LOB.
- Insured Information (F7), you can select or enter “18” in the Rel field, it will auto populate the information previously entered on the General Information tab onto the Primary Insured (Prof) tab. If the Patient and the Insured are the same, you only need to add the Assignment of Benefits and Release of Info indicators. If they are not the same person, simply edit the information and reselect the appropriate relationship in the Rel field

Patient Information Primary Insured Professional



- **Patient - Medicare Secondary (Cont.):** Reference File Maintenance, Patient, Primary Insured (Prof)
- Required: Payer ID, 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 a tabbed interface. The "Primary Insured (Prof)" tab is selected and circled. The form contains the following fields:

General Information		Extended Info	Primary Insured (Inst)	Primary Insured (Prof)	Secondary Insured (Inst)
Payer ID	Payer Name	LOB			
20031	BCBS OF GEORGIA	COM			
Group Name	Group Number	Claim Office			
	BC1234				
<input type="button" value="Clear All Fields For Insured"/>					
Insured Information (F7)		Employer Information (F8)			
Rel	Last Name	First Name	MI	Gen	Insured ID
18	WOMAN	WONDER			263311234
Address			Sex		Assign of Benefits
1865 WELLS ROAD			F		Y
APT 7			DOB	02/26/1937	Release of Info
					Y
City	State	Zip	Employ Status	2	ROI Date
OAKLAND PARK	FL	32040-1234			03/24/2011
Country	Phone	Retire Date			
	() . .	_/_/_			

Buttons: Save, Cancel

Patient Information Secondary Insured Prof



- **Patient - Medicare Secondary (Cont.):** Reference File Maintenance, Patient, Secondary Insured (Prof)
- Required: Payer ID (Enter Payer ID or right click to select from Payer database. Either option will auto-populate Payer ID, Payer Name and LOB), Rel, Last Name, First Name, Insured ID, Address, City, State, Zip (does not require last 4 but is recommended), Phone, Sex, 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 (Prof) | Tertiary

Payer ID: 09102 Payer Name: MEDICARE B FLORIDA LOB: MCB

Group Name: Group Number: Claim Office:

Insured Information (F7) | Employer Information (F8) | Clear All Fields For Insured

Rel: 18 Last Name: WOMAN First Name: WONDER MI: Gen: Insured ID: 263311234A

Address: 1865 WELLS ROAD Sex: F Assign of Benefits: Y

APT 7 DOB: 02/26/1937 Release of Info: Y

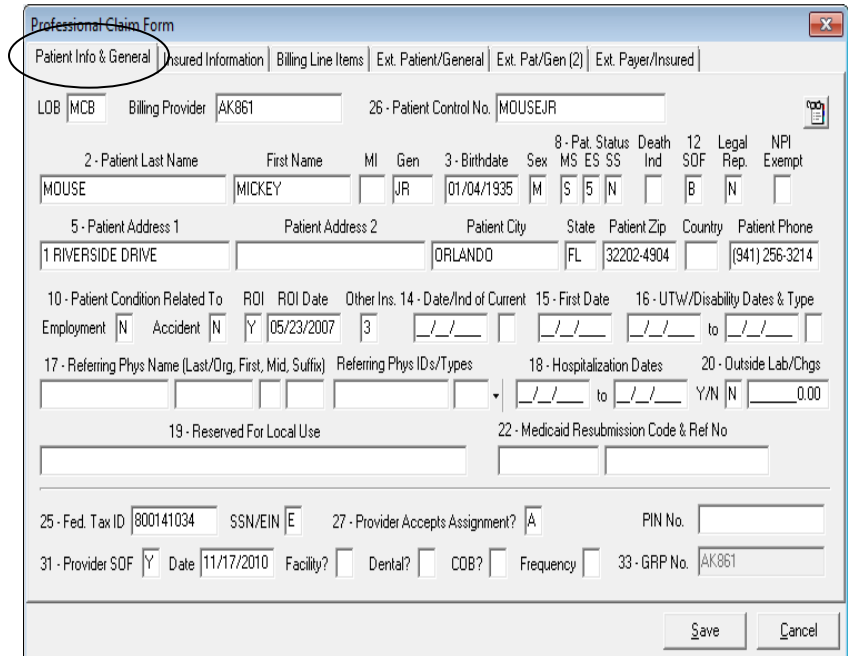
City: OAKLAND PARK State: FL Zip: 32040-1234 Employ Status: 2 ROI Date: 03/24/2011

Country: Phone: Retire Date: / /

Save Cancel

Professional Claim Entry

- **Claim Entry - Medicare Primary:** Professional Claims Menu, Enter Claims, Patient Info & General
- Required: LOB, Billing Provider, Patient Control No, Employment, Accident, Outside Lab, Dental (for 837D claims only)
- Optional: Date/Ind of Current, First Date, UTW/Disability Dates & Types, Hospitalization Dates, Outside Lab Chgs, Facility, Referring Phys Name
- Leave Blank: Medicaid Resubmission Code & Ref No, Dental (for 837 claims), COB, Frequency



Professional Claim Form

Patient Info & General | Insured Information | Billing Line Items | Ext. Patient/General | Ext. Pat/Gen (2) | Ext. Payer/Insured

LOB: MCB Billing Provider: AK861 26 - Patient Control No: MOUSEJR

2 - Patient Last Name: MOUSE First Name: MICKEY MI: Gen: JR 3 - Birthdate: 01/04/1935 Sex: M MS ES SS: N 8 - Pat. Status: Death Ind: B 12 Legal Rep: N NPI Exempt: N

5 - Patient Address 1: 1 RIVERSIDE DRIVE Patient Address 2: Patient City: ORLANDO State: FL Patient Zip: 32202-4904 Country: Patient Phone: (941) 256-3214

10 - Patient Condition Related To: Employment N Accident N Y 05/23/2007 3 14 - Date/Ind of Current: 15 - First Date: 16 - UTW/Disability Dates & Type: to: 20 - Outside Lab/Chgs: Y/N N 0.00

17 - Referring Phys Name (Last/Org, First, Mid, Suffix): Referring Phys IDs/Types: 18 - Hospitalization Dates: to: 22 - Medicaid Resubmission Code & Ref No:

19 - Reserved For Local Use: 25 - Fed. TaxID: 800141034 SSN/EIN: E 27 - Provider Accepts Assignment?: A PIN No: 31 - Provider SOF: Y Date: 11/17/2010 Facility?: Dental?: COB?: Frequency: 33 - GRP No: AK861

Save Cancel

Professional Claim Entry Insured Information



- **Claim Entry - Medicare Primary:** Professional Claims Menu, Enter Claims, Insured Information
- Information pulled from Patient database when patient selected on Patient Info & General Tab

Professional Claim Form

Patient Info & General | **Insured Information** | Billing Line Items | Ext. Patient/General | Ext. Pat/Gen (2) | Ext. Payer/Insured

Sub	Payer ID	Payer Name	Insured's ID	6 P.Rel	Insured's Last/Org Name	First Name	MI	Gen
<input type="checkbox"/>	09102	MEDICARE B FLORIDA	456123456A	18	MOUSE	MICKEY		JR
<input type="checkbox"/>								
<input type="checkbox"/>								

Birthdate	Sex	13 Sig	DOB	Insured's Address 1	Insured's Address 2	Insured's City	State	Zip
01/04/1935	M	B	Y	1 RIVERSIDE DRIVE		ORLANDO	FL	32202-4904
__/__/__								__-__
__/__/__								__-__

Country	Insured's Phone / Ext.	ESC	Employer Name	Group Name	Group Number	
	(941) 256-3214	5				Clear Payer
	() -					Clear Payer
	() -					Clear Payer

Save Cancel

Professional Claim Entry Line Item Details



- **Claim Entry - Medicare Primary:** Professional Claims Menu, Enter Claims, Billing Line Items, Line Item Details
- Required: Diagnosis Codes (at least one), Service From/Thru Dates, Charges, PS, Proc, Diagnosis Pointer, Charges, Units, Rendering Phys. (unless billing as a Solo Provider), Total Charge, Dental tab (837D claims only)
- Optional: Additional Diagnosis, EMG, Modifiers, EP, FP, AT, Rendering Physician (unless billing as a group)
- Auto Populated: Recalculate, Patient Amount Paid, and Balance due when Recalculate is selected

The screenshot displays the 'Professional Claim Form' with the 'Line Item Details' tab selected. The form includes fields for Patient Info, Insured Information, Billing Line Items, and various tabs for extended details. The 'Line Item Details' tab is active, showing a table with columns for Line Number (LN), Service Dates (24a), Service Dates (24c), CPT/HCPCS codes (24b, 24d), Modifiers (24e), Diagnosis (24f), Charges (24g), Units (24h), EP/FP/AT (24i), and Rendering Physician (24j). The table contains two rows of data for Line 1 and Line 2. At the bottom, there are fields for '28 - Total Charge' (70.00), '29 - Patient Amount Paid' (0.00), and '30 - Balance Due' (70.00), along with a 'Recalculate' button. The footer indicates 'CPT® codes are copyright 2020 American Medical Association (AMA)'.

LN	24a - Service Dates From	24c - Service Dates Thru	24b - PS	24d - CPT® / HCPCS	24e - Mod	24f - Diagnosis	24g - Charges	24h - Units	24i - EP FP AT	24j - Rendering Phys.
1	06/15/2021	06/15/2021	11	99071	1	1	25.00	1.00		X123
2	06/15/2021	06/15/2021	11	98940		12	45.00	1.00		X123
3										
4										
5										
6										

28 - Total Charge 70.00 Recalculate
29 - Patient Amount Paid 0.00 30 - Balance Due 70.00

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Save Cancel

Professional Claim Entry Line Item Details - Dental



- **Claim Entry - Medicare Primary:** Professional Claims Menu, Enter Claims, Billing Line Items, Line Item Details
- The Dental tab will display when a valid dental HCPCS code is provided along with “A” in the 24h AT field

Professional Claim Form

Patient Info & General | Insured Information | Billing Line Items | Ext. Patient/General | Ext. Pat/Gen (2) | Ext. Payer/Insured

Line Item Details | Extended Details (Line 1) | Ext Details 2 (Line 1) | Ext Details 3 (Line 1) | Dental

Diagnosis Codes (1 - 8): H9532

LN	24a - Service Dates From	24a - Service Dates Thru	24b PS	24c EMG	24d - CPT® / HCPCS	24d - Mod 1	24d - Mod 2	24e Diagnosis	24f Charges	24g Units	24h EP	24h FP	24h AT	24j Rendering Phys.
1	08/01/2024	08/01/2024	11		21497			1	50.00	0.00			A	
2														
3														
4														
5														
6														

28 - Total Charge 50.00 Recalculate

29 - Patient Amount Paid 0.00 30 - Balance Due 50.00

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Save Close

Professional Claim Form

Patient Info & General | Insured Information | Billing Line Items | Ext. Patient/General | Ext. Pat/Gen (2) | Ext. Payer/Insured

Line Item Details | Extended Details (Line 1) | Ext Details 2 (Line 1) | Ext Details 3 (Line 1) | Dental

Tooth #1 Tooth #2 Tooth #3 Tooth #4

Tooth Number

Tooth Surface(s)

Oral Cavity Area(s)

Placement Status Ind

Prior Placement Date: Actual Estimated

Treatment Period: Start Date End Date

Orthodontic Treatment? Total Treatment Months Months Remaining

Ortho Appliance Placement Replacement

Save Cancel

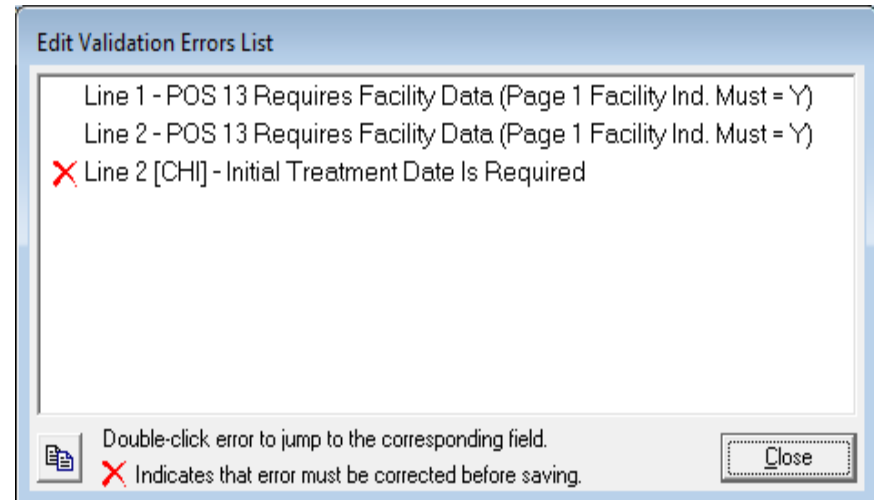
Professional Claim Entry Tips

- **Claim Entry - Medicare Primary (Cont.):** Professional Claims Menu, Enter Claims, Billing Line Items, Line Item Details
- Tips: Right click or F2: Accesses information from databases or available pull down menus
 - F4: Field Duplication
 - F5: Line Duplication
 - F7: Line deletion
 - F8: Advance to next line

Professional Claim Entry Edit Validation List



- **Claim Entry - 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
- Only claims saved as CLN or ERR can be transmitted



Professional Claim Entry Patient Info & General



- **Claim Entry - Medicare Secondary/Payment Made:** Professional Claims Menu, Enter Claims, Patient Info & General
- Required: LOB, Billing Provider, Patient Control No., Employment, Accident, Outside Lab, COB, Dental (for 837D claims)
- Optional: Date/Ind of Current, First Date, UTW/Disability Dates & Types, Hospitalization Dates, Outside Lab Chgs, Facility, Referring Phys Name
- Leave Blank: Medicaid Resubmission Code & Ref No, Dental (for 837 claims), Frequency, Reserved For Local Use

Professional Claim Form

Patient Info & General | Insured Information | Billing Line Items | Ext. Patient/General | Ext. Pat/Gen (2) | Ext. Payer/Insured

LOB: MCB Billing Provider: 32654 26 - Patient Control No.: w/w1234 MSP

2 - Patient Last Name: WOMAN First Name: WONDER MI: Gen: 3 - Birthdate: 02/26/1937 Sex: F MS ES SS Ind: 8 - Pat. Status: W 2 N Death: 12 SOF: B Legal Rep: N NPI Exempt: N

5 - Patient Address 1: 1865 WELLS ROAD Patient Address 2: APT 7 Patient City: OAKLAND PARK State: FL Patient Zip: 32040-1234 Country: Patient Phone: () - -

10 - Patient Condition Related To: Employment N Accident N ROI Y ROI Date: 03/24/2011 Other Ins. 14 - Date/Ind of Current: 1 Hospitalization Dates: 15 - First Date: 16 - UTW/Disability Dates & Type: to Y/N N 0.00

17 - Referring Phys Name (Last/Org, First, Mid, Suffix): Referring Phys IDs/Types: 18 - Hospitalization Dates: 19 - Reserved For Local Use: 20 - Outside Lab/Chgs: 22 - Medicaid Resubmission Code & Ref No:

25 - Fed. Tax ID: 596547894 SSN/EIN: E 27 - Provider Accepts Assignment? A PIN No.: 32654

31 - Provider SOF: Y Date: 01/10/2005 Facility?: Dental?: COB?: Y Frequency: 33 - GRP No.:

Save Cancel

Professional Claim Entry Insured Information Medicare Secondary



- **Claim Entry - Medicare Secondary/Payment Made (cont.):**
Professional Claims Menu, Enter Claims, Insured Information.
- Information is pulled from Patient database when patient selected on Patient Info & General Tab

Professional Claim Form

Patient Info & General | **Insured Information** | Billing Line Items | Ext. Patient/General | Ext. Pat/Gen (2) | Ext. Payer/Insured

Sub	Payer ID	Payer Name	Insured's ID	P.Rel	Insured's Last/Org Name	First Name	MI	Gen
<input type="checkbox"/>	20031	BCBS OF GEORGIA	263311234	18	WOMAN	WONDER		
<input checked="" type="checkbox"/>	09102	MEDICARE B FLORIDA	263311234A	18	WOMAN	WONDER		
<input type="checkbox"/>								

Birthdate	Sex	Sig	AOB	Insured's Address 1	Insured's Address 2	Insured's City	State	Zip
02/26/1937	F	B	Y	1865 WELLS ROAD	APT 7	OAKLAND PARK	FL	32040-1234
02/26/1937	F	B	Y	1865 WELLS ROAD	APT 7	OAKLAND PARK	FL	32040-1234
/ /								

Country	Insured's Phone / Ext.	ESC	Employer Name	Group Name	Group Number	
	() -	2			BC1234	Clear Payer
	() -	2				Clear Payer
	() -					Clear Payer

Save Cancel

Professional Claim Entry

MSP/COB Line 1



- **Claim Entry - Medicare Secondary/Payment Made (cont.):**
Professional Claims Menu, Enter Claims, Billing Line Items, Line Item Details
- Required: Diagnosis Codes (at least one), Service From/Thru Dates, PS, Proc, Diagnosis Pointer, Units, Rendering Phys (unless billing as a Solo Provider), Recalculate
- Optional: Additional Diagnosis, EMG, Modifiers, EP, FP, AT, Rendering Physician (unless billing as a group)
- Auto Populated: Total Charge, Patient Amount Paid, and Balance due when Recalculate is selected

Professional Claim Form

Patient Info & General | Insured Information | **Billing Line Items** | Ext. Patient/General | Ext. Pat/Gen (2) | Ext. Payer/Insured

Line Item Details | Extended Details (Line 1) | Ext Details 2 (Line 1) | Ext Details 3 (Line 1) | **MSP/COB (Line 1)**

Diagnosis Codes (1 - 8): 8479 A0101

LN	24a - Service Dates From	24a - Service Dates Thru	24b PS	24c EMG	24d - CPT® / HCPCS	24d - Mod 1	24d - Mod 2	24e Diagnosis	24f Charges	24g Units	24h EP	24h FP	24h AT	24i Rendering Phys.
1	06/21/2021	06/21/2021	11		99071			1	25.00	1.00				
2	06/21/2021	06/21/2021	11		98940			12	45.00	0.00				
3	/ /	/ /												
4	/ /	/ /												
5	/ /	/ /												
6	/ /	/ /												

28 - Total Charge 70.00 Recalculate

29 - Patient Amount Paid 0.00 30 - Balance Due 70.00

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Save Cancel

Professional Claim Entry

MSP/COB Line 1 cont.



- **Claim Entry - Medicare Secondary/Payment Made (cont.):**
Professional Claims Menu, Billing Line Items, MSP/COB Line 1
- Required: Approved, SVD, CAS, Adj/Payment Date
- Leave Blank: OTAF, Information on lines 2 and 3 of SVD and CAS, Procedure Code Description, Remaining Owed

Professional Claim Form

Patient Info & General | Insured Information | Billing Line Items | Ext. Patient/General | Ext. Pat/Gen (2) | Ext. Payer/Insured

Line Item Details | Extended Details (Line 1) | Ext Details 2 (Line 1) | Ext Details 3 (Line 1) | **MSP/COB (Line 1)**

Common Line MSP Amounts

Approved: 20.00

OTAF: 0.00

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

Service Line Adjudication (SVD) Information

SVD	P/S	Proc. Qual / Code	Modifiers 1 thru 4	Paid Amount	Paid Units	B/U Line
1	P	99071		10.00	1.000	
2						
3						

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

Procedure Code Description: [Dropdown]

Line Level Adjustments (CAS)

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

Adj/Payment Date: 06/21/2021

Remaining Owed: 0.00

Save Cancel

Professional Claim Entry

MSP/COB Line 2



- **Claim Entry - Medicare Secondary/Payment Made (cont.):**
Professional Claims Menu, Billing Line Items, MSP/COB Line 2
- Required: Approved, SVD, CAS, Adj/Payment Date
- Leave Blank: OTAF, Information on lines 2 and 3 of SVD and CAS
Procedure Code Description, Remaining Owed

Professional Claim Form

Patient Info & General | Insured Information | Billing Line Items | Ext. Patient/General | Ext. Pat/Gen (2) | Ext. Payer/Insured |

Line Item Details | Extended Details (Line 2) | Ext Details 2 (Line 2) | Ext Details 3 (Line 2) | MSP/COB (Line 2) | Chiropractic |

Common Line MSP Amounts

Approved: 30.00

OTAF: 0.00

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

Service Line Adjudication (SVD) Information

SVD	P/S	Proc. Qual / Code	Modifiers 1 thru 4	Paid Amount	Paid Units	B/U Line
1	P	98940		20.00	0.000	
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	2	25.00	1.000
2				
3				

Adj/Payment Date: 06/21/2021

Remaining Owed: 0.00

Save Cancel

Professional Claim Entry Ext. Payer Insured – Secondary Payor



- **Claim Entry - Medicare Secondary/Payment Made (cont.):**
Professional Claims Menu, Ext. Payer/Insured, Primary Payer Insured
- Required: Insurance Type
(insurance type was left blank for training purposes)
- Auto Populates: Payer Address, Payer Source
- Optional: Insured's Contact, Patient ID
- Leave Blank: Payer/Insured Reference IDs/Types

Professional Claim Form

Patient Info & General | Insured Information | Billing Line Items | Ext. Patient/General | Ext. Pat/Gen(2) | Ext. Payer/Insured

Primary Payer/Insured | Secondary Payer/Insured | Tertiary Payer/Insured | COB Info (Primary) | COB Info (Secondary)

Miscellaneous Secondary Payer / Insured Information

Payer Address: MEDICARE PART B ROUTINE PAPER

P. O. BOX 2525

City/St/Zip: JACKSONVILLE FL 32231-0019

Payer Source: MB

Insurance Type: ☐

Insured's Contact:

Patient ID:

Payer / Insured Reference IDs / Types

Save Cancel

Professional Claim Entry Ext Payer/Insured – COB Info Primary



- **Claim Entry - Medicare Secondary Payment Made (cont.):**
Professional Claims Menu, Enter Claims, Ext. Payer/Insured, COB Info (Primary)
- Required: Zero Payment Made Ind N – to indicate payment was made, COB Code (D – to indicate total claim payer paid amount), MOA Amount
- Leave Blank: OTAF, CAS, Medicare Outpatient Adjudication (MOA) Remarks Codes, Claim Adjudication Date

Professional Claim Form

Patient Info & General | Insured Information | Billing Line Items | Ext. Patient/General | Ext. Pat/Gen (S) | **Ext. Payer/Insured**

Primary Payer/Insured | Secondary Payer/Insured | Tertiary Payer/Insured | **COB Info (Primary)** | COB Info (Secondary)

Common Payer MSP Information

OTAF

Zero Payment Ind ☐

Additional Adjustment / COB Amounts / MOA Information (ANSI-837 Only)

Claim Level Adjustments (CAS)					COB / MOA Amounts		
Num	Group	Reason	Amount	Units	Num	Code	Amount
1					1	D	80.12
2					2		
3					3		

Medicare Outpatient Adjudication (MOA) Remarks Codes

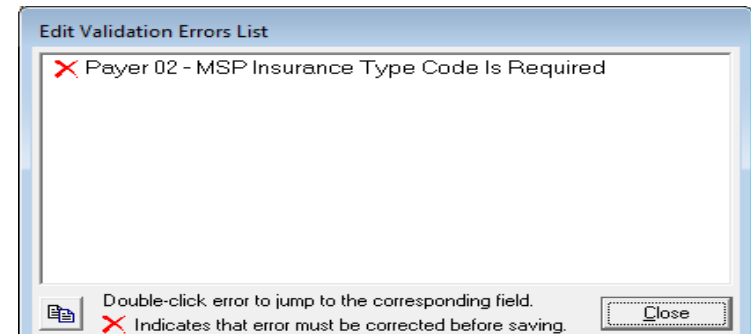
Claim Adjudication Date

Save Cancel

Professional Claim Entry Edit Validation List for MSP Claim

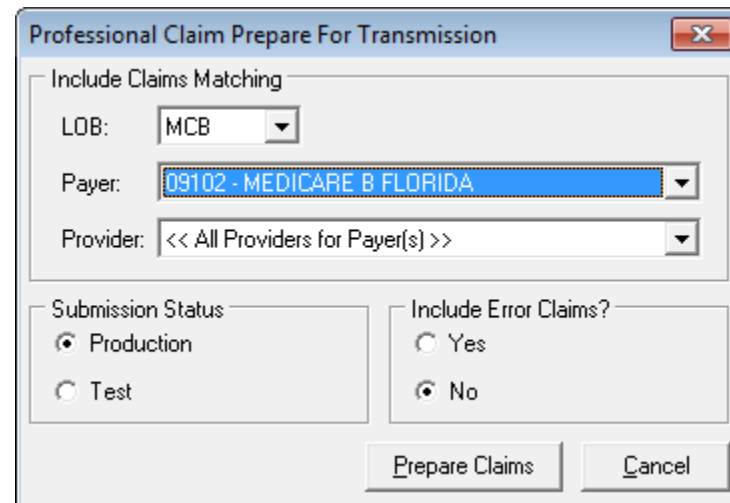
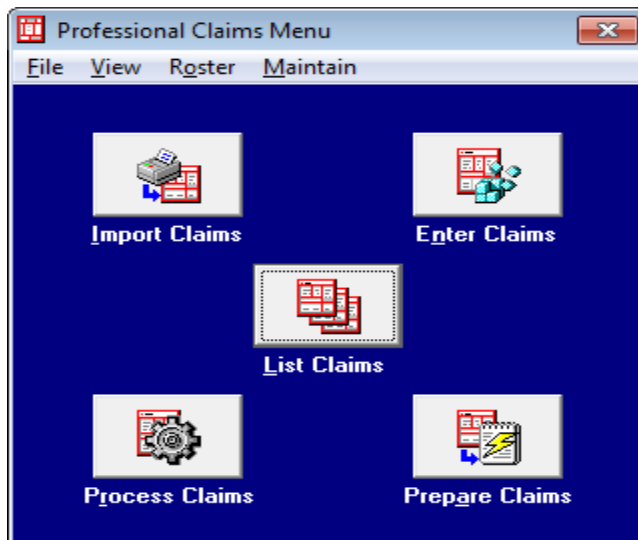


- **Claim Entry - Edit Validation Errors List:** Once “Save” is selected, the claim will edit for known requirements.
- Error message will indicate the line or field the error is associated with
- Double click on error to jump to corresponding field
- Once error is corrected select “Save” again to re-edit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



Claim Preparation

- **Claim Preparation:** Professional Claims Menu, Professional Claim Prepare For Transmission
- Required: LOB (MCB) and Payer (09102 – Medicare B 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 BSTRANS.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 Professional staging directory for the 999 is:
C:\WINPCACE\Ansi997\Ack1500
 - The Professional staging directory is for the 277CA:
C:\WINPCACE\Ansi277\Stat1500
 - If connecting via SPOT, Refer to the [SPOT UG 7 Claim Submission / ERA \(fcso.com\)](#) for instructions on downloading the reports

View ANSI 999



- Once the file is retrieved; from the Main Toolbar select Professional Claims Menu, Maintain, Acknowledgement File Log, View report

PC-ACE Pro32 ANSI-997/999 ACKNOWLEDGMENT REPORT

File Date/Time: 03/14/2013 14:04:00 Serial No: 000044

Acknowledgement Created (GS04/05):	04/08/2015 14:04	
Sender Code (GS02):		09102
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):	

Transaction Sets Included (AK902):	1
Transaction Sets Received (AK903):	1
Transaction Sets Accepted (AK904):	1

*** START NEW INTERCHANGE ENVELOPE (ISA/IEA) ***

View 277CA



- Once the file is retrieved; from the Main Toolbar select Professional Claims Menu, Maintain, Claim Acknowledgment Log, and View Ack 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.

PC-ACE Pro32 ANSI-277 CLAIM ACKNOWLEDGMENT REPORT

File Date/Time: 04/08/2015 14:04:00

Acknowledgement Created (GS04/05): 04/08/2015 14:04
Sender Code (GS02): 09102
Receiver Code (GS03): K0001

*** Transmission Acknowledgement # 1 ***

Information Source ID: 09102 Name: FIRST COAST SERVICE OPTIONS

Transmission Receipt Control #: 0910220130314000001
Receipt Date: 02/07/2014
Process Date: 02/07/2014

*** Information Receiver Acknowledgement # 1 ***

Information Source ID: 09102 Name: FIRST COAST SERVICE OPTIONS

Receiver Name: EDI TESTING ID: K0001

Receiver Info:
Receiver Trace #: 072736000000010001
Total **Accepted** Quantity: 1
Total **Accepted** Amount: \$70.00

Receiver Status:
Status Date: 04/08/2015
Total Submitted Charges: \$70.00

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.)

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

*** Claim Acknowledgement # 1 ***

Information Source ID: 09102 Name: FIRST COAST SERVICE OPTIONS

Receiver Name: EDI TESTING ID: K0001

Provider Name: DR BONES NPI: 13869098929

Patient:

Name: MOUSE, MICKEY
Subscriber #: 456123456A

Claim:

Trace #: 10302
ICN/DCN: 1113073445400
Service Date: 02/07/2014

Status General:

Status Date: 02/07/2014
Total Submitted Charges: 70.00

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 (cont.)

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

PC-ACE Pro32 ANSI-277 CLAIM ACKNOWLEDGMENT REPORT

File Date/Time: 04/08/2015 14:04:00

Acknowledgement Created (GS04/05): 04/08/2015 14:04
Sender Code (GS02): 09102
Receiver Code (GS03): K0001
*** Transmission Acknowledgement # 1 ***

Information Source ID: 09102 Name: FIRST COAST SERVICE OPTIONS

Transmission Receipt Control #: 0910220130314000001
Receipt Date: 04/08/2015
Process Date: 04/08/2015

*** Information Receiver Acknowledgement # 1 ***

Information Source ID: 09102 Name: FIRST COAST SERVICE OPTIONS

Receiver Name: EDI TESTING ID: K0001

Receiver Info:
Receiver Trace #: 072736000000010001
Total **Rejected** Quantity: 1
Total **Rejected** Amount: \$70.00

Receiver Status:
Status Date: 04/08/2015
Total Submitted Charges: \$70.00

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 (cont.)

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

*** Claim Acknowledgement # 1 ***

Information Source ID: 09102 Name: FIRST COAST SERVICE OPTIONS

Receiver Name: SANDYS BILLING SERVICE ID: K0001

Provider Name: DR BONES NPI: 13869098929

Patient:

Name: BOB, MICKEY MOUSE
Subscriber #: 456123456A

Claim:

Trace #: 10302
ICN/DCN: 1113073445400
Service Date: 02/07/2014

Status General:

Status Date: 03/14/2013
Total Submitted Charges: \$70.00

Acknowledgement #1: (Rejected)

Category: A7 - Acknowledgement/Rejected for Invalid Information –
The Claim/encounter has invalid information as specified
in the Status details and has been rejected.

Status: 500 - Entity's Postal/Zip Code. Note: this code requires use of an Entity Code.

Entity: IL - Insured or Subscriber

For easy-to-understand
descriptions of the
reject codes, access the
[5010 reject code lookup](#)
tool on our website.



5010 reject code lookup - Microsoft Internet Explorer provided by BlueCross BlueShield of Florida

http://medicare.fcso.com/EDI_resources/errorcode.asp

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Entire site (Excluding archives) Search

Home > Part II > EDI resources > 5010 reject code lookup

5010 reject code lookup

First Coast Service Options Inc. (FCSO) has developed this application to provide you with a way to view the descriptor associated with the EDI reject code(s) returned on your HIPAA 5010 277CA - Claim Acknowledgement. Enter the reject code in the appropriate field (i.e., CSCC, CSC, EIC) and then click the **Submit** button. The description associated with the reject code combination you entered will appear in a results box below.

If you need help determining the reject codes in the 277CA, please refer to the 5010 reject code: Help guide.

CSCC: CSC: EIC: **Submit**

CSCC	CSC	EIC	Description
A7	500	IL	Acknowledgement/Rejected for Invalid Information - The claim/encounter has invalid information as specified in the Status details and has been rejected. Entity's Postal/Zip Code. Subscriber

To look up another description, enter the reject code and click the Submit button.

View 835 Remittance



- **Retrieve/Print an ANSI 835 Remittance**
- The Professional staging directory is
C:\WINPCACE\Etra1500\Ansi835
- **ANSI-835 Functions, Professional , 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 Medicare Remittance Advice (Detail)

Zoom 150 Page 1 of 6

Close

MEDICARE PART B
532 RIVERSIDE AVE.
P.O. BOX 2360
JACKSONVILLE, FL 32231

MEDICARE
REMITTANCE
ADVICE

PAYER BUSINESS CONTACT INFORMATION
TELEPHONE: 8664549007

PAYER TECHNICAL CONTACT INFORMATION
NAME: MEDICARE EDI
TELEPHONE: 8886700940
URL: MEDICARE.PCSO.COM

TELL ME WHAT YOU WANT WHAT YOU REALLY REALLY WANT

SUITE 180
606 N HUNT CLUB BLVD
LONGWOOD, FL 327792218

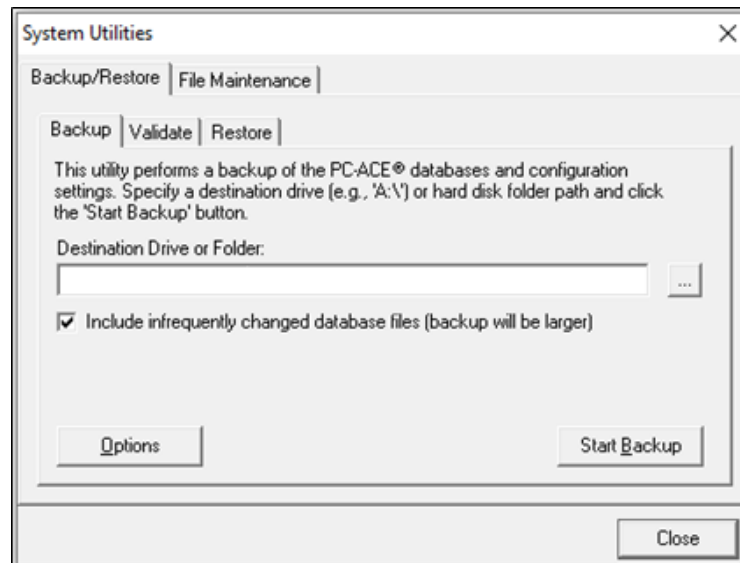
PROVIDER #:
PAGE #: 1
DATE: 10/01/2012
CHECK/EFT #: 327916546

NPI: 1346397882

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GR-REASON	CD	AMT	PROV	PAID
NAME POPPINS, MARY HIC 123654123A ACNT 19915 - 0209 ICW 0912268068700 ASG Y MOA MA01																
1538216874	0906	090612	11		0.000	G0283GP		35.00	0.00	0.00	0.00	PR-119		35.00	0.00	
SUB NOS: 1.000																
1538216874	0906	090612	11		0.000	97112GP		65.00	0.00	0.00	0.00	PR-119		65.00	0.00	
SUB NOS: 1.000																
1538216874	0906	090612	11		0.000	97140GP		130.00	0.00	0.00	0.00	PR-119		130.00	0.00	
SUB NOS: 2.000																
1538216874	0906	090612	11		0.000	97110GP		130.00	0.00	0.00	0.00	PR-119		130.00	0.00	
SUB NOS: 2.000																
PT RESP 360.00 CLAIM TOTALS 360.00 0.00 0.00 0.00 360.00 0.00																
ADJ TO TOTALS: PREV PD INTEREST 0.00 LATE FILING CHARGE 0.00 NET 0.00																
NAME POPPINS, MARY HIC 123654123A ACNT 19916 - 0209 ICW 0912268068710 ASG Y MOA MA01																
1538216874	0910	091012	11		0.000	G0283GP		35.00	0.00	0.00	0.00	PR-119		35.00	0.00	
SUB NOS: 1.000																
1538216874	0910	091012	11		0.000	97112GP		65.00	0.00	0.00	0.00	PR-119		65.00	0.00	
SUB NOS: 1.000																
1538216874	0910	091012	11		0.000	97140GP		130.00	0.00	0.00	0.00	PR-119		130.00	0.00	
SUB NOS: 2.000																
1538216874	0910	091012	11		0.000	97110GP		130.00	0.00	0.00	0.00	PR-119		130.00	0.00	
SUB NOS: 2.000																
PT RESP 360.00 CLAIM TOTALS 360.00 0.00 0.00 0.00 360.00 0.00																
ADJ TO TOTALS: PREV PD INTEREST 0.00 LATE FILING CHARGE 0.00 NET 0.00																
NAME ARENESS, JAMES HIC 111222333A ACNT 19948 - 0220 ICW 0912268069010 ASG Y MOA MA01																
1538216874	0904	090412	11		0.000	97140GP		130.00	0.00	0.00	0.00	PR-19		130.00	0.00	
SUB NOS: 2.000																
1538216874	0904	090412	11		0.000	97112GP		65.00	0.00	0.00	0.00	PR-19		65.00	0.00	
SUB NOS: 1.000																
1538216874	0904	090412	11		0.000	97110GP		65.00	0.00	0.00	0.00	PR-19		65.00	0.00	
SUB NOS: 1.000																
1538216874	0906	090612	11		0.000	97140GP		130.00	0.00	0.00	0.00	PR-19		130.00	0.00	
SUB NOS: 2.000																

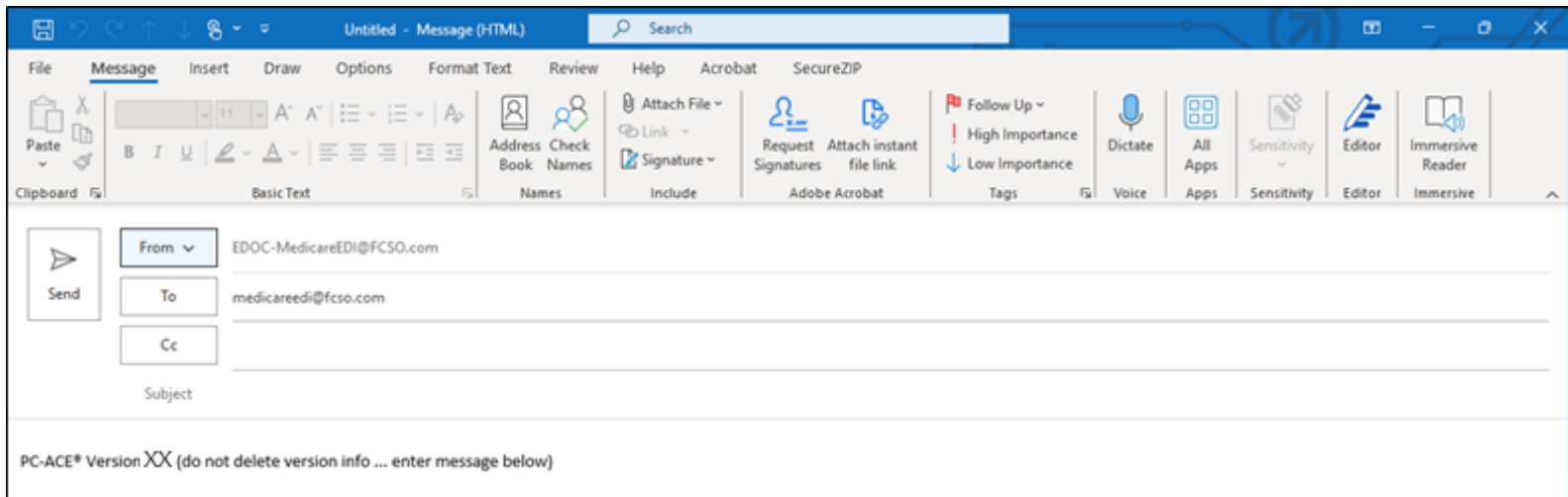
System Utilities

- **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.

Where To Get Answers

Billing Questions

- Part B IVR (877) 847-4992
- Medicare Part B (866) 454-9007

Medicare EDI (888) 670-0940

First Coast Service Options Inc.

medicare.fcso.com

medicareespanol.fcso.com

Centers for Medicare & Medicaid
Services

www.cms.gov