



PC-ACE using SPOT training module

First Coast

Electronic Data Interchange (EDI)

Created: 03/18/2026

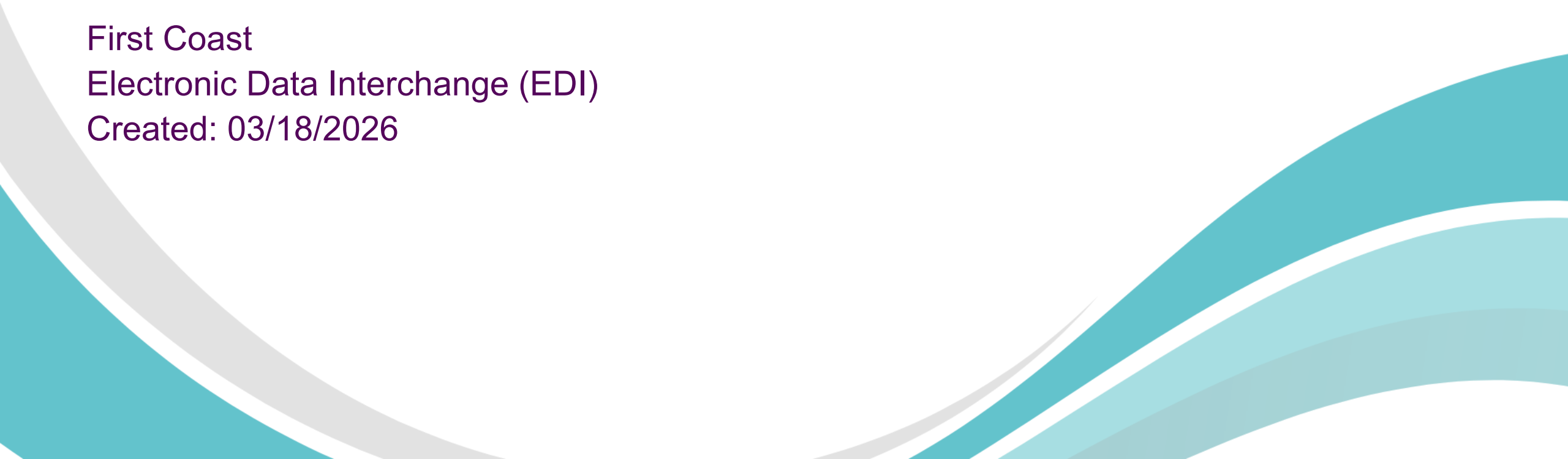




Table of Contents

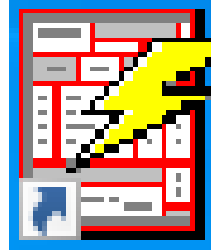
- Enroll with EDI..... 3
- Sign on Procedures..... 4
- Program Tips..... 5
- Step One: Setting up the Program..... 6
- Step Two: Entering a Claim..... 23
- Step Three: Preparing a File for Transmission..... 30
- Transmitting the File Using SPOT..... 32
- Pulling reports using SPOT..... 37
- Viewing the 999 Acknowledgement..... 41
- Viewing the 277CA Acknowledgement..... 42
- Claim re-activation..... 43
- Viewing 835 remittance..... 44
- Data backup..... 46
- Data restore..... 47
- Quarterly upgrades..... 48
- Resources..... 49

Enrollment

- Enrollment is required to use PC-ACE software. PC-ACE can be requested on the EDI or the SPOT enrollment forms. If it was not requested with the initial enrollment, the form must be resubmitted to request PC-ACE.
 - [SPOT enrollment form for new providers](#)
 - [SPOT enrollment form for third-party organizations.](#)
- Once enrollment is complete, the PC-ACE approval letter will be sent that includes instructions for downloading the software.
 - This letter includes the installation password. The password does not change and is needed for each quarterly upgrade or new installation; therefore, please keep it in a safe place where it is readily available.
- Next, visit the First Coast [website](#) and download the program.
- Then complete the following steps to set up the program.

Sign on

- Open the PC-ACE Software.
- Ensure current version is installed.
 - Select “Help” then “About PC-ACE”.
 - Refer to the [PC-ACE upgrade page](#) on our website for the most current version files. An installation password will be required for downloading the file.
- Select the Reference File Maintenance icon from the Main Toolbar.
- Enter SYSADMIN for both User ID and Password.

A screenshot of the 'Sign On' dialog box. The dialog has a title bar that says 'Sign On'. It contains two text input fields: 'User ID:' with the text 'SYSADMIN' entered, and 'Password:' with several asterisks '*****' entered. At the bottom of the dialog are two buttons: 'OK' and 'Cancel'.

Program Tips

- To access the lookup list for a field, place the cursor in the field and press F2 (or right-click the mouse). When an item from the list is selected, its value is automatically entered in the field.
- To identify fields that contain a lookup list, hold the Alt key and press F2.
- To see what fields are required, click save.
- To disable the flashing notifications, press the Esc key.
- To access the program's help feature, click "Help" and then "Help Topics" from the main toolbar.

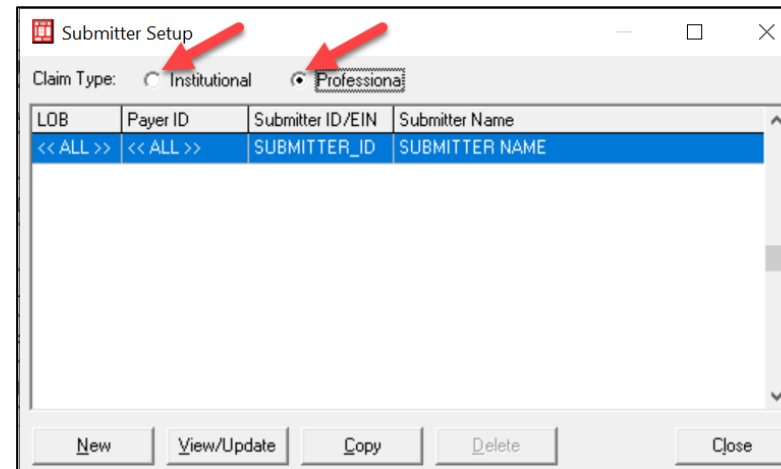
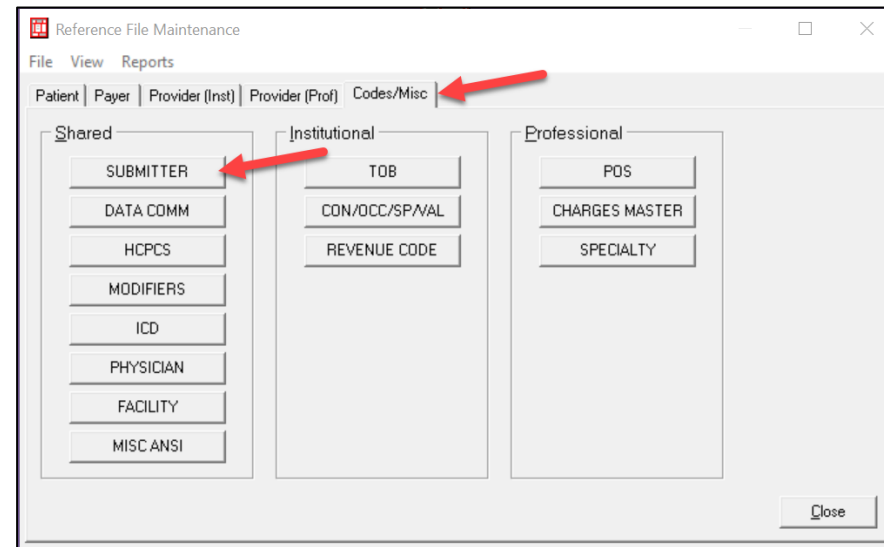
Step one: setting up the program

- There are several pieces of information that must be entered into the program 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.



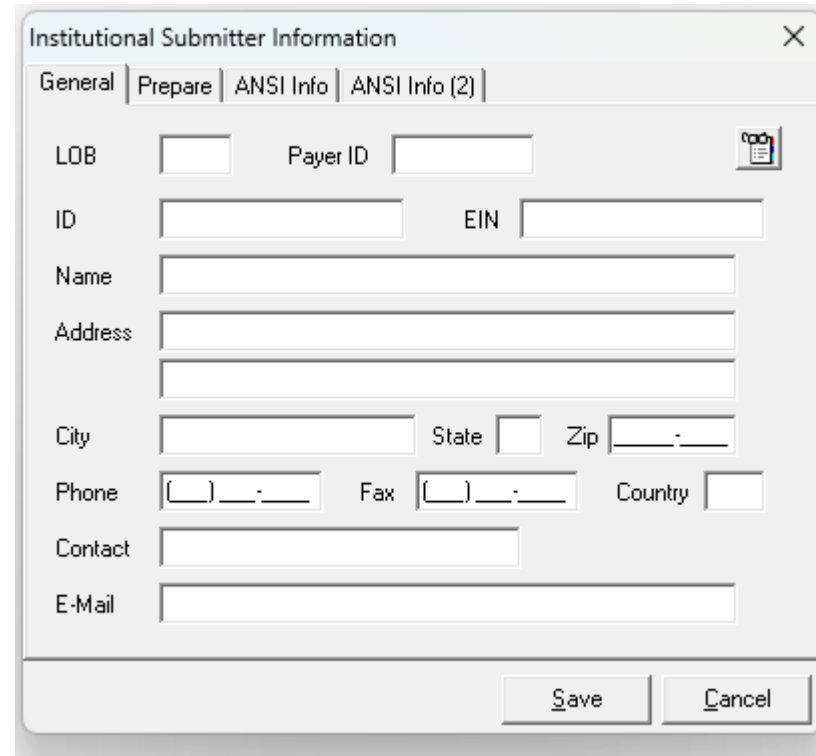
Setting up the submitter

- Click the Codes/Misc tab.
- Click the Submitter button.
- Click the appropriate Claim Type radial button:
Institutional for Part A or Professional for Part B.
 - For Part A, click Copy.
 - For Part B, select the row with the LOB showing MCB and then click View/Update.




Setting up the submitter, general tab

- Enter the required information and click Save.
- **Required:** LOB, Payer ID, ID (submitter ID), Name, Address, City, State, Zip (all 9 digits), Phone, Contact, E-mail
- Leave the Country and EIN fields blank.
- The submitter ID can be found in your initial SPOT Approval letter and in SPOT under the My Account Profile information.



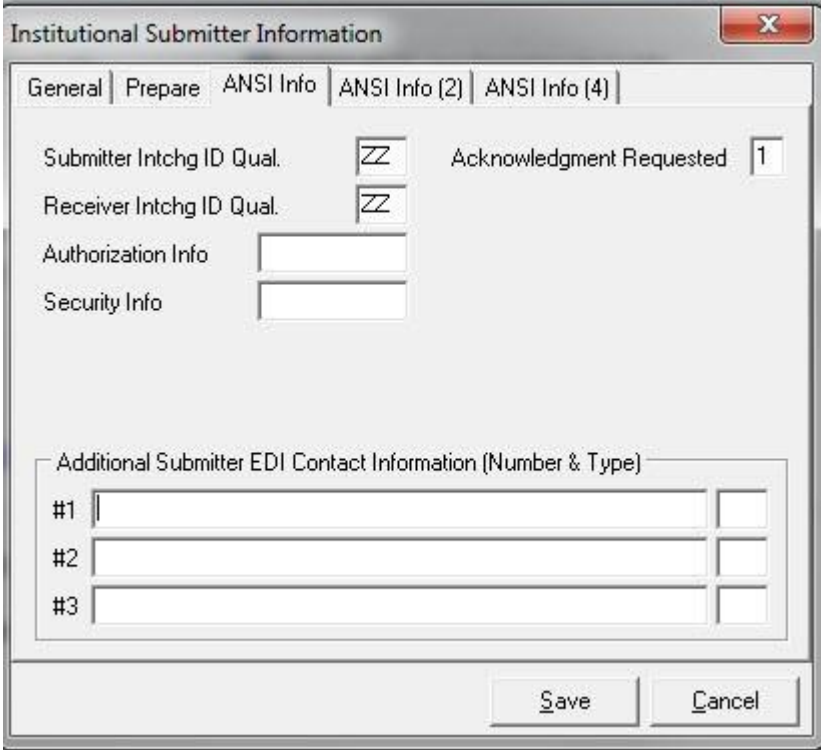
The screenshot shows a dialog box titled "Institutional Submitter Information" with a close button (X) in the top right corner. The dialog has four tabs: "General", "Prepare", "ANSI Info", and "ANSI Info (2)". The "General" tab is selected. The form contains the following fields:

- LOB:
- Payer ID: 
- ID: EIN:
- Name:
- Address:
- City: State: Zip:
- Phone: Fax: Country:
- Contact:
- E-Mail:

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

Setting up the submitter, ANSI info tab

- Click on the ANSI Info tab.
- Enter 1 in the Acknowledgement Requested field.
- Click Save and then close.



The screenshot shows a dialog box titled "Institutional Submitter Information" with a close button (X) in the top right corner. The dialog has five tabs: "General", "Prepare", "ANSI Info", "ANSI Info (2)", and "ANSI Info (4)". The "ANSI Info" tab is currently selected. The fields in this tab are:

- Submitter Intchg ID Qual.
- Receiver Intchg ID Qual.
- Authorization Info
- Security Info
- Acknowledgment Requested

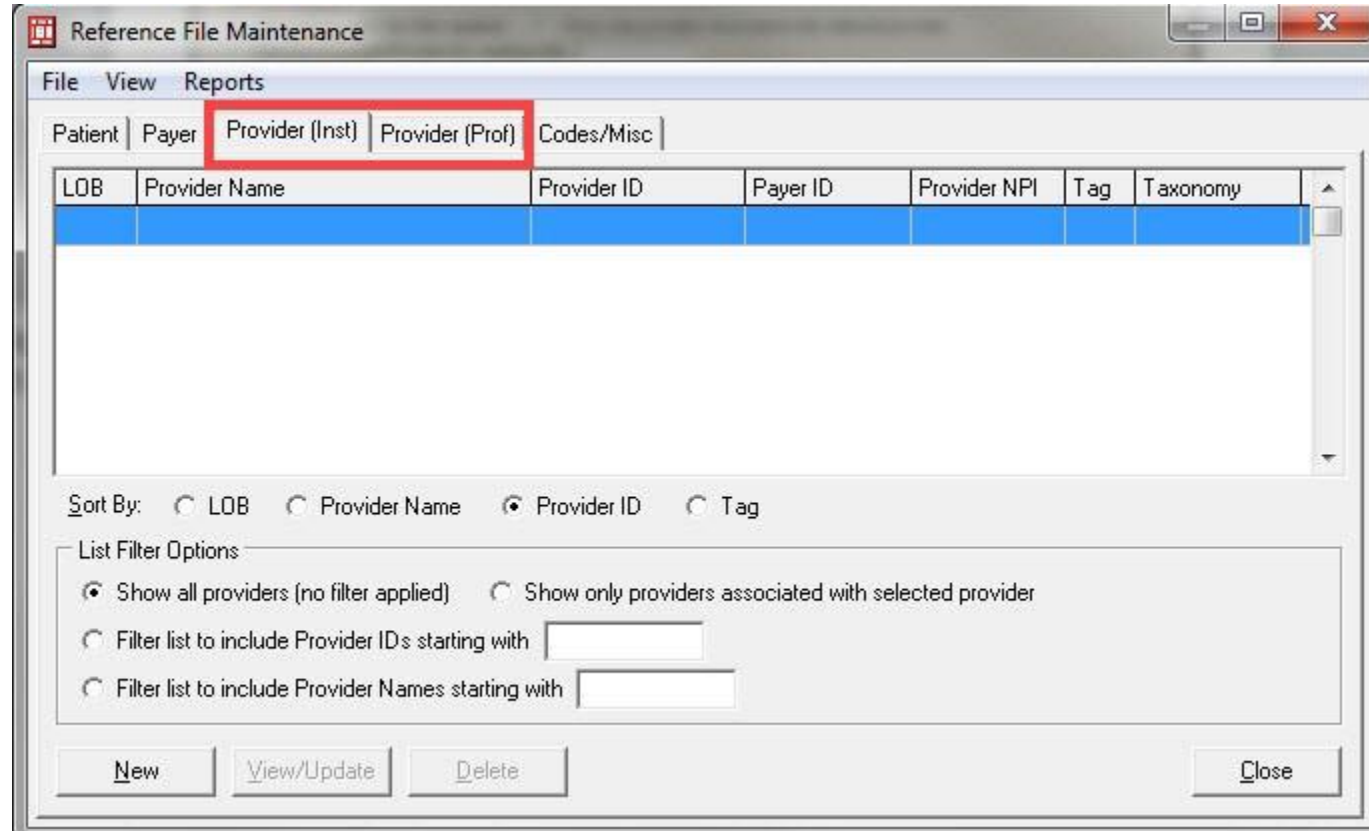
Below these fields is a section titled "Additional Submitter EDI Contact Information (Number & Type)" containing three rows:

Number	Type
#1	<input type="text"/>
#2	<input type="text"/>
#3	<input type="text"/>

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

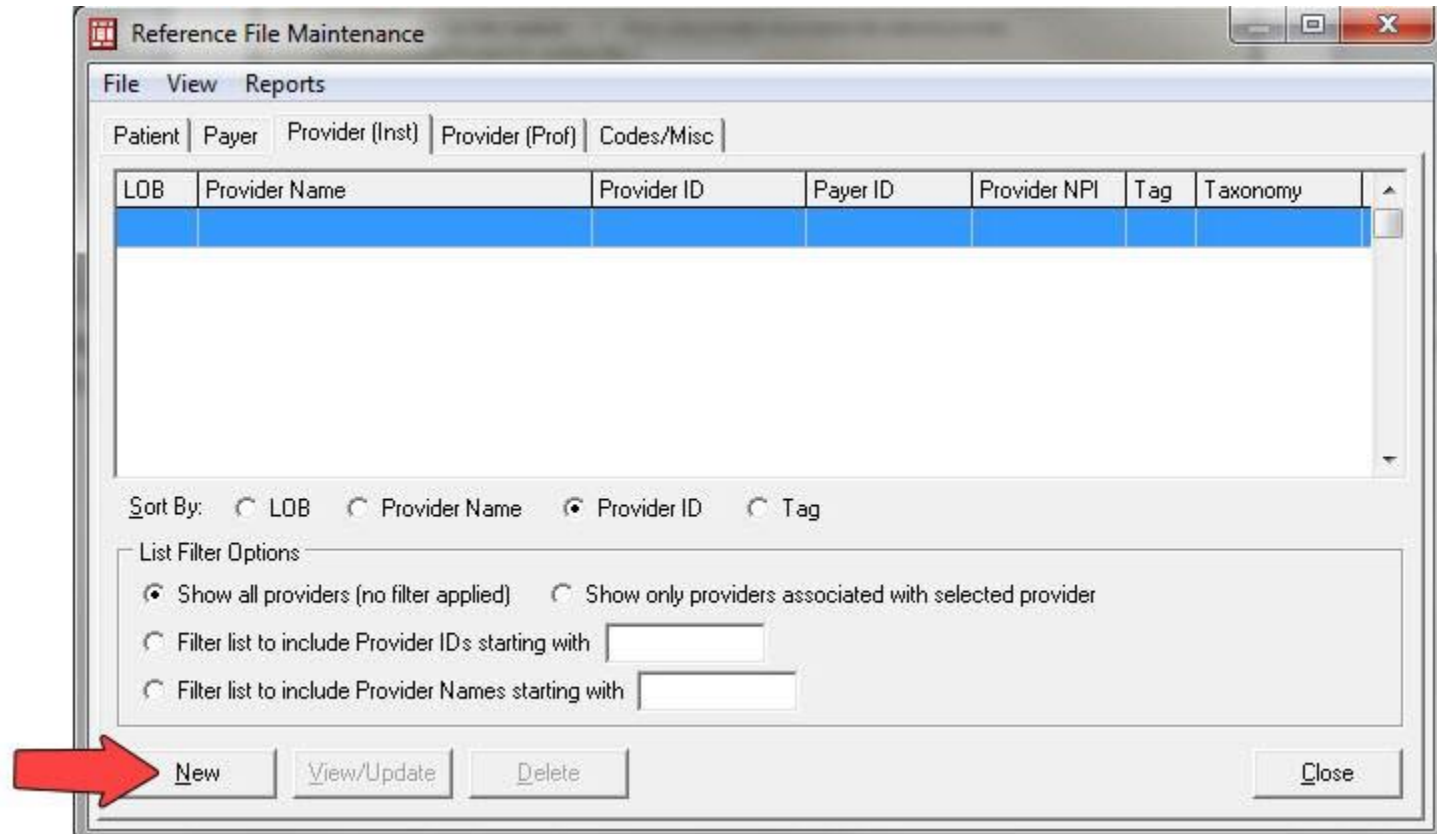
Setting up provider information

- Click the provider tab for either institutional (Part A) or professional (Part B).



Setting up provider information, continued

- Click the New button.



Setting up provider information, solo practice

Solo providers and organizations without rendering providers, such as ambulance or ambulatory surgery centers, would use this option.

Solo Practice: Reference File Maintenance > Provider Prof > Solo Practice.

- Enter the required information and click Save.
- **Required:** Provider Type – Solo Practice, Last/First, Address, City, State, Zip (all 9 digits), Phone, Contact, Provider ID/NO, LOB, Payer ID, NPI, Tax ID/Type, Specialty, Accept Assign, Participating, Signature Ind, Date

The screenshot shows the 'Professional Provider Information' window with the 'Solo Practice' option selected. The form is divided into 'General Info' and 'Extended Info' tabs. The 'General Info' tab is active, showing fields for Organization, Last/First/MI (SMITH JOHN), Address (STREET ADDRESS), City/St/Zip (ANY CITY FL 11111-1111), Phone (111) 111-1111, Fax, Contact (CONTACT NAME), Provider ID/No. (XXXXX), LOB (MCB), Payer ID (09102), Tag, and Remarks. The 'Extended Info' tab is also visible, showing fields for Group Label, NPI (111111111), Tax ID/Type (111111111 E), UPIN, Specialty (001), Type Org, Taxonomy/Type, Accept Assign? (A), Participating? (Y), Signature Ind (Y), Date (01/01/2017), and Provider Roles (Billing Y, Rendering N). There are 'Save' and 'Cancel' buttons at the bottom right.

Setting up provider information, group practice

Group Practice: Reference File Maintenance > Provider Prof > Group Practice.

- Enter the required information and click Save.
- **Required:** Provider Type--Group Practice, Group Name, Address, City, State, Zip (all 9 digits), Phone, Contact, Group ID/NO, LOB, Payer ID, Group Label, NPI, Tax ID/Type, Specialty, Accept Assign, Participating, Signature Ind, Date

The screenshot shows a software window titled "Professional Provider Information" with two tabs: "General Info" and "Extended Info". The "General Info" tab is active. The form contains the following fields and controls:

- Provider Type:** Radio buttons for "Group Practice" (selected), "Individual in Group", and "Solo Practice".
- Group Name:** Text box containing "GROUP NAME".
- Last/First/MI:** Three text boxes.
- Address:** Text box containing "STREET ADDRESS".
- City/St/Zip:** Text boxes for "ANY CITY", "FL", and "11111-1111".
- Phone:** Text boxes for "(111) 111-1111" and "Fax".
- Contact:** Text box containing "CONTACT NAME".
- Group ID/No.:** Text box containing "XXXXX".
- LOB:** Text box containing "MCB".
- Payer ID:** Text box containing "09102".
- Tag:** Text box.
- Group Label:** Text box containing "GROUP LABEL".
- NPI:** Text box containing "111111111".
- Tax ID/Type:** Text box containing "11111111" and a dropdown menu with "E" selected.
- UPIN:** Text box.
- Specialty:** Text box containing "001" and a dropdown menu for "Type Org".
- Taxonomy:** Text box.
- Accept Assign?:** Dropdown menu with "A" selected.
- Participating?:** Dropdown menu with "Y" selected.
- Signature Ind:** Dropdown menu with "Y" selected.
- Date:** Text box containing "01/01/2017".
- Provider Roles:** "Billing" dropdown with "Y" selected, and "Rendering" dropdown with "N" selected.

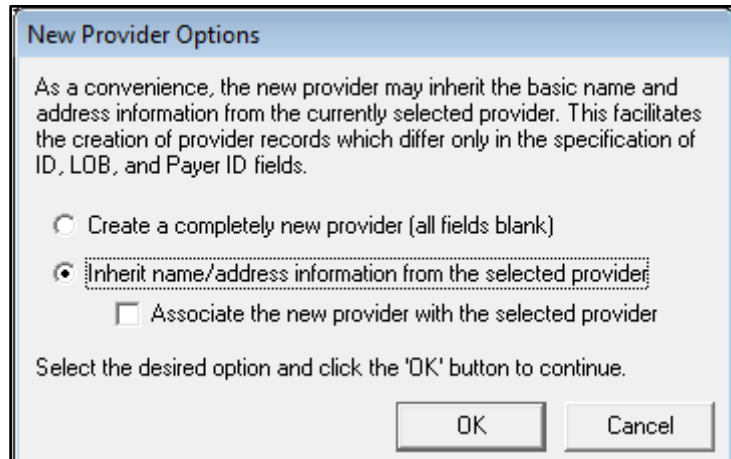
At the bottom, there is a "Remarks" text area, a "Provider Associations" table, and "Save" and "Cancel" buttons.

LOB	Provider ID	Provider/Group Name

Setting up provider information, individual

Group Practice: Reference File Maintenance > Provider Prof > Individual in Group.

- Click the New button.
- Select Inherit name/address information from the selected provider
- Do not check Associate the new provider with the selected provider
- Click OK



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.

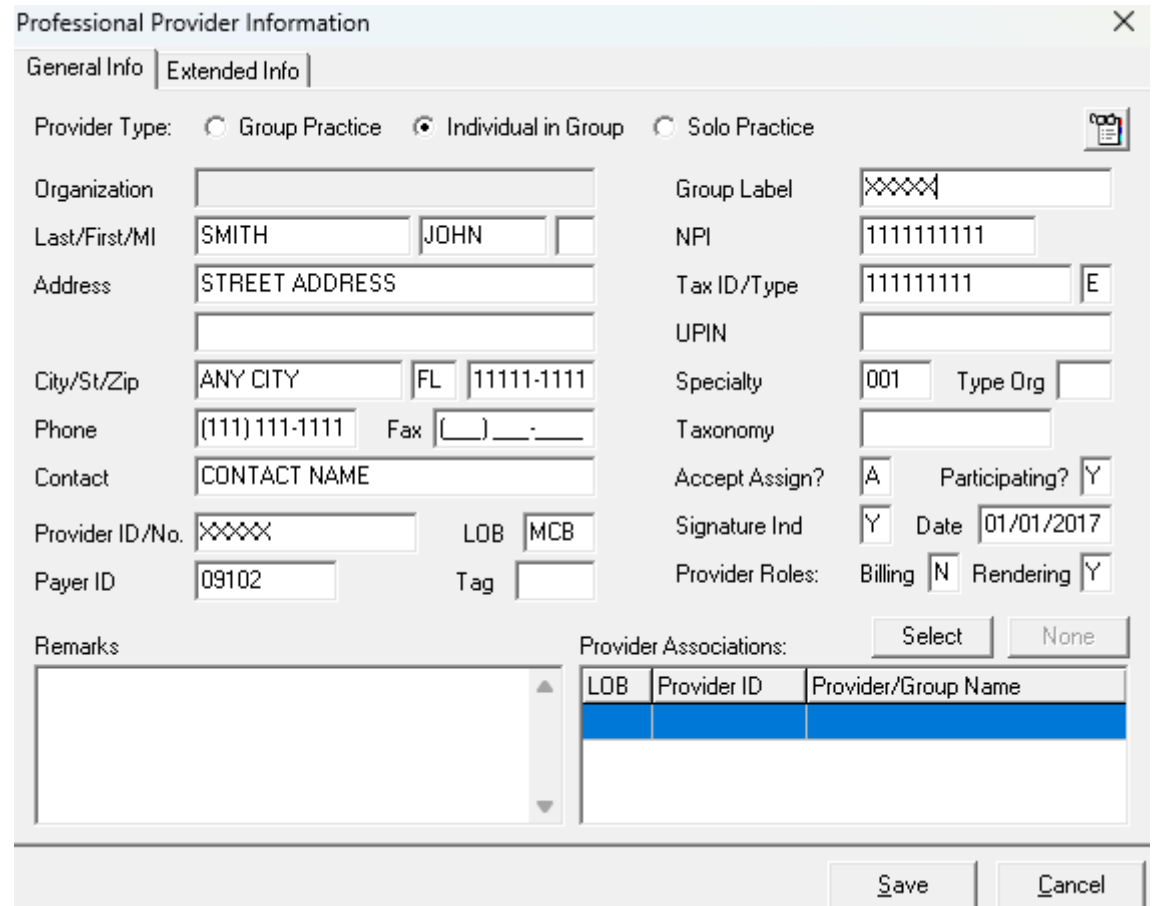
Create a completely new provider (all fields blank)

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



Professional Provider Information

General Info | Extended Info

Provider Type: Group Practice Individual in Group Solo Practice

Organization: [] Group Label: [XXXXX]

Last/First/MI: SMITH JOHN Address: STREET ADDRESS

City/St/Zip: ANY CITY FL 11111-1111 NPI: 111111111

Phone: (111) 111-1111 Fax: []-[]-[] Tax ID/Type: 111111111 E

Contact: CONTACT NAME UPIN: []

Provider ID/No.: [XXXXX] LOB: MCB Specialty: 001 Type Org: []

Payer ID: 09102 Tag: [] Taxonomy: []

Accept Assign?: A Participating?: Y

Signature Ind: Y Date: 01/01/2017

Provider Roles: Billing: N Rendering: Y

Remarks: []

Provider Associations: [Select] [None]

LOB	Provider ID	Provider/Group Name

Save Cancel

Setting up provider information, rendering

This is an example of a Rendering Physician for a group practice.

Individual in Group: Reference File Maintenance > Provider Prof > Individual in Group

- Enter the required information and click Save.
- **Required:** Provider Type-Individual in Group Last/First, Address, City, State, Zip (all 9 digits), Phone, Contact, Provider ID/No., LOB, Payer ID, Group label, NPI, Tax ID/Type, Specialty, Accept Assign, Participating, Signature Ind, Date

Tip: complete the group information first so you can copy it and edit what needs changed. To copy, select New and then Inherit name/address information from selected provider.

The screenshot shows a software window titled "Professional Provider Information" with two tabs: "General Info" and "Extended Info". The "General Info" tab is active. At the top, there are radio buttons for "Provider Type": "Group Practice", "Individual in Group" (which is selected), and "Solo Practice". Below this are several input fields and dropdown menus. The "Organization" field is empty. "Last/First/MI" is split into "SMITH" and "JOHN". "Address" is "STREET ADDRESS". "City/St/Zip" is "ANY CITY", "FL", "11111-1111". "Phone" is "(111) 111-1111" and "Fax" is empty. "Contact" is "CONTACT NAME". "Provider ID/No." is "XXXXX" and "LOB" is "MCB". "Payer ID" is "09102" and "Tag" is empty. On the right side, "Group Label" is "XXXXX", "NPI" is "111111111", "Tax ID/Type" is "111111111" with a dropdown "E", "UPIN" is empty, "Specialty" is "001" and "Type Org" is empty, "Taxonomy" is empty, "Accept Assign?" is "A" and "Participating?" is "Y", "Signature Ind" is "Y" and "Date" is "01/01/2017", and "Provider Roles" are "Billing" (N) and "Rendering" (Y). At the bottom right, there are "Select" and "None" buttons. Below the main form is a "Remarks" text area and a "Provider Associations" table with columns "LOB", "Provider ID", and "Provider/Group Name". The table is currently empty. At the bottom of the window are "Save" and "Cancel" buttons.

Setting up payers

PC-ACE is already pre-loaded with the First Coast payer numbers. If your patient has another payer as either their primary or secondary insurer, you must set them up in the Payer tab.

Payers: Reference File Maintenance > Payer

- To add a payer, click New.
- Enter the required information and click Save.
- **Required:** Payer ID, LOB, Full Description, Address, City, State, Zip (all 9 digits), Source, Media

A separate payer screen must be completed for each insurance that is primary to Medicare, and Medigap as a secondary insurer. Secondary insurances that accept crossover claims do not need to be set up as a payer.

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: JACKSONVILLE, State: FL, Zip: 32231-0019

Contact Name: MEDICARE B CUSTOMER SERVICE

Phone: (866) 454-9007, Ext: , Fax: () - -

Flags:

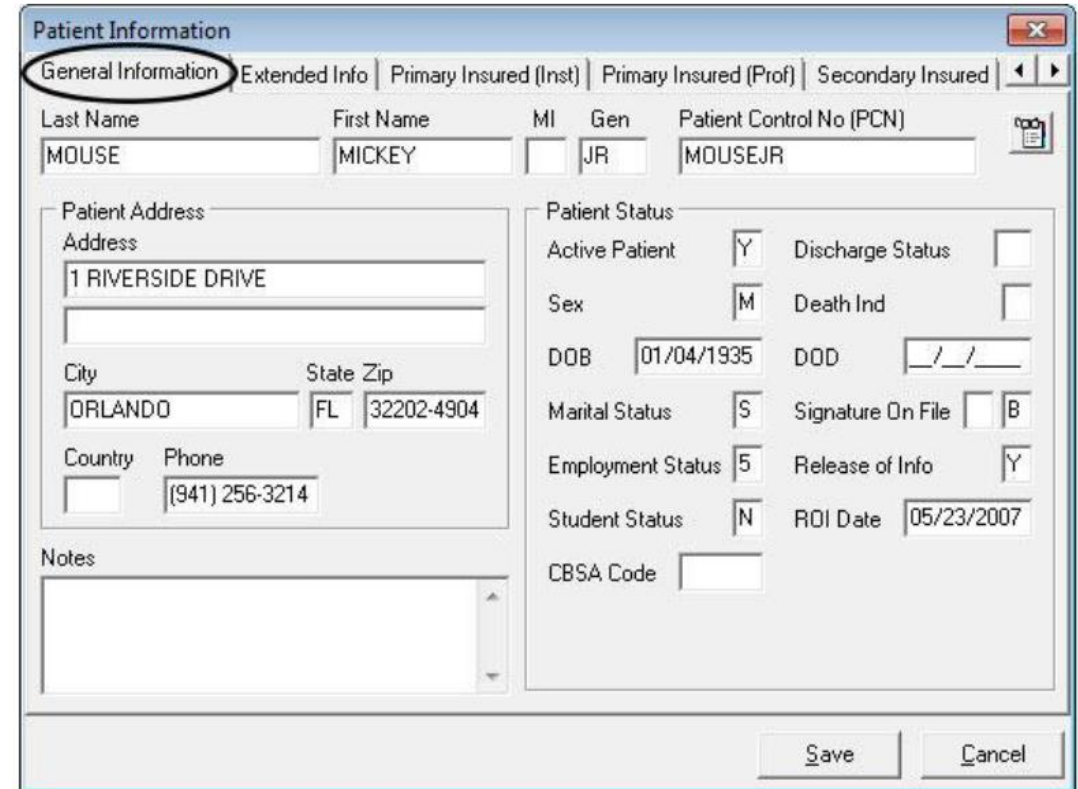
Source	MB
Media	E
Usage	H

Buttons: PrintLink Matching Descriptions, Save, Close

Setting up patients

Patient: Reference File > Patient > Maintenance > General Information

- Enter the required information and click Save.
- **Required:** Last Name, First Name, PCN (Patient Account number) Address, City, State, Zip, Sex, DOB, Signature on File, Release of Info (ROI), ROI Date



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

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

Patient Address:

Address	City	State	Zip
1 RIVERSIDE DRIVE	ORLANDO	FL	32202-4904

Country: [Empty]
Phone: (941) 256-3214

Notes: [Empty text area]

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	

Buttons: Save, Cancel

Setting up patients, primary insured

Primary Insured Tab: Reference File Maintenance > Patient, Primary Insured tab.

- Select the appropriate primary insured tab: Inst for Part A or Prof for Part B.
- Select the appropriate radio button for the Insured Information Options.
- Enter the required information and click Save.
- **Required:** Payer ID (right click to select from Payer Database), Rel, Last Name, First Name, Insured ID, Address, City, State, DOB, Assign of Benefits, Release of Info, ROI Date

When Medicare is the primary: the Insured ID must be the Medicare ID, the Rel field should be “18” for self, and the Group Name and number must be blank.

When Medicare is secondary: the Payer ID must be for the primary insurance, and the Insured ID must be the primary insurance policy number.

The screenshot shows a software window titled "Patient Information" with a tabbed interface. The "Primary Insured (Inst)" tab is selected and highlighted with a red box. The form contains several sections: "General Information" with fields for Payer ID, Payer Name, LOB, Group Name, Group Number, and Claim Office; "Insured Information Options" with radio buttons for "Common Inst & Prof" and "Separate Inst & Prof"; "Insured Information (F7)" with fields for Rel, Last Name, First Name, MI, Gen, and Insured ID; "Employer Information (F8)" with fields for Address, Sex, Assign of Benefits, Release of Info, ROI Date, Retire Date, City, State, Zip, and Employment Status; and "Country" and "Phone" fields. A "Clear All Fields For Insured" button is located below the Insured Information Options. "Save" and "Cancel" buttons are at the bottom right.

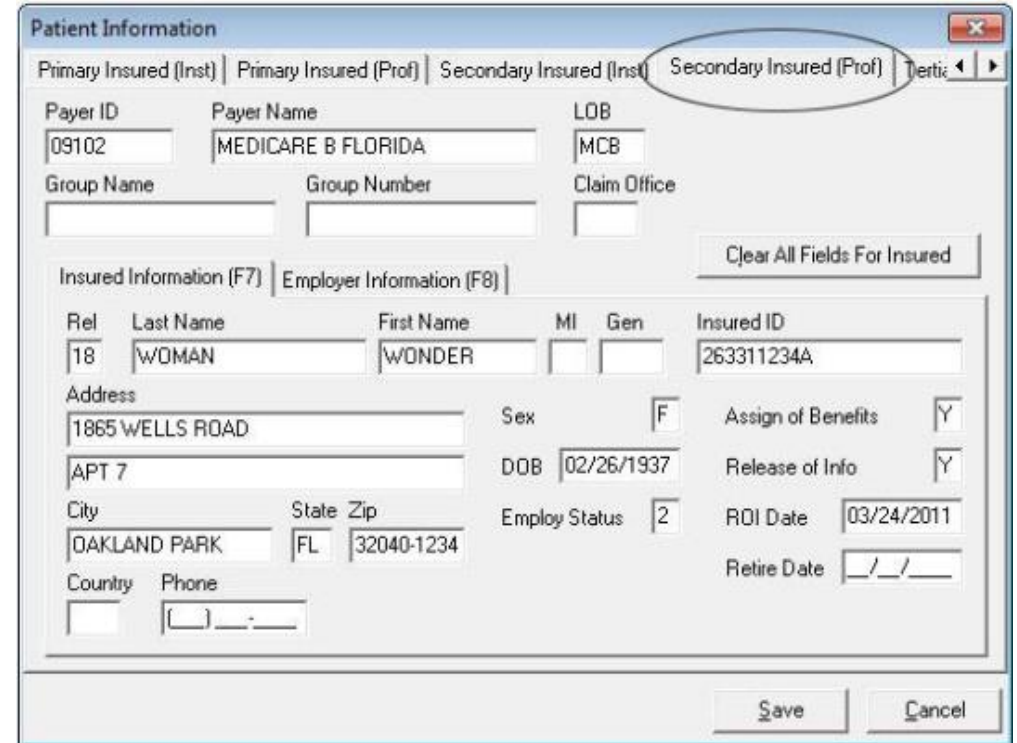
Setting up patients, secondary insured

This should be completed when Medicare is secondary and for Medigap insurance information. Secondary insurances that accept crossover claims should not be listed.

Secondary Insurance Tab: Reference File Maintenance
> Patient > Primary Insured tab.

- Select the appropriate primary insured tab:
Inst for Part A or Prof for Part B.
- Enter the required information and click Save.
- **Required:** Payer ID (right click to select from Payer Database), Rel, Last Name, First Name, Insured ID, Address, City, State, DOB, Assign of Benefits, Release of Info, ROI Date

When Medicare is secondary, the Group Name and Group Number must be left blank.



The screenshot shows a software window titled "Patient Information" with several tabs. The "Secondary Insured (Prof)" tab is selected and circled in red. The form contains the following fields and values:

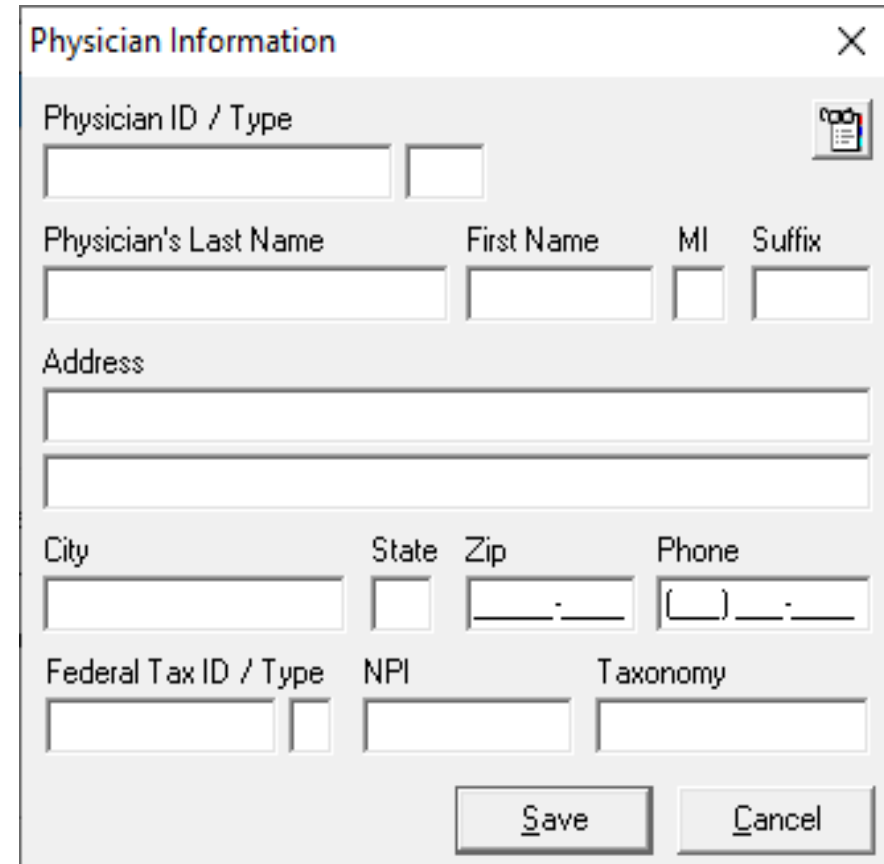
Primary Insured (Inst)	Primary Insured (Prof)	Secondary Insured (Inst)	Secondary Insured (Prof)	Terti	
Payer ID	Payer Name	LOB			
09102	MEDICARE B FLORIDA	MCB			
Group Name	Group Number	Claim Office			
<input type="button" value="Clear All Fields For Insured"/>					
Insured Information (F7)		Employer Information (F8)			
Rel	Last Name	First Name	MI	Gen	Insured ID
18	WOMAN	WONDER			263311234A
Address		Sex		Assign of Benefits	
1865 WELLS ROAD		F		Y	
APT 7		DOB		Release of Info	
		02/26/1937		Y	
City	State	Zip	Employ Status	ROI Date	
DAKLAND PARK	FL	32040-1234	2	03/24/2011	
Country	Phone			Retire Date	
	() - -			/ /	
<input type="button" value="Save"/> <input type="button" value="Cancel"/>					

Physician information

This is for the referring, ordering, attending, or supervising physician information. Enter the billing and / or referring provider in the Provider Information screen.

Physician Information: Reference File Maintenance > Code/Misc > Physician

- Enter the required information and click Save.
- **Required:** Physicians Last Name, First Name, NPI



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:

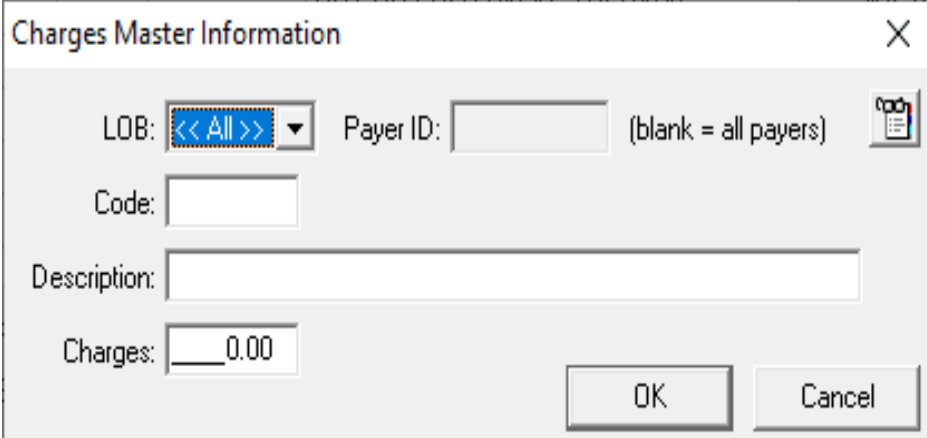
- Physician ID / Type: A text box followed by a dropdown menu.
- Physician's Last Name, First Name, MI, Suffix: Four separate text boxes.
- Address: Two stacked text boxes.
- City, State, Zip, Phone: Four text boxes. The State box is a dropdown menu. The Zip box has a format of "____-____". The Phone box has a format of "(____) ____-____".
- Federal Tax ID / Type, NPI, Taxonomy: Three text boxes. The Federal Tax ID / Type box is followed by a dropdown menu.
- Buttons: "Save" and "Cancel" buttons at the bottom right.

Charges master information

This allows for the HCPCS file to be narrowed down to only the codes you use and their charges.

Charges Master: Reference File Maintenance > Codes/Misc > Charges Master

- Select New.
- Enter the required information and click Save.
- **Required:** Code (HCPCS), Charges



Charges Master Information

LOB: << All >> Payer ID: (blank = all payers)

Code:

Description:

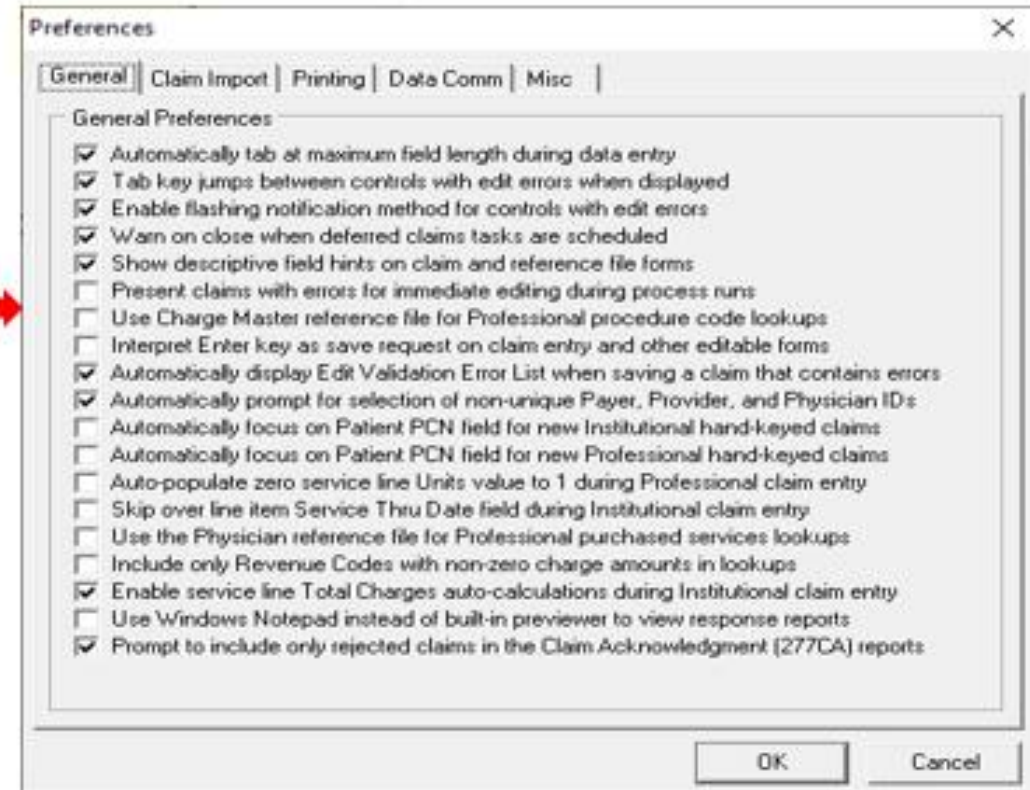
Charges: 0.00

OK Cancel

Charges master information, continued

General Preferences: File > Preferences
> General Tab

- Select Use Charge Master reference file for Professional procedure code look-ups.
- Click OK.

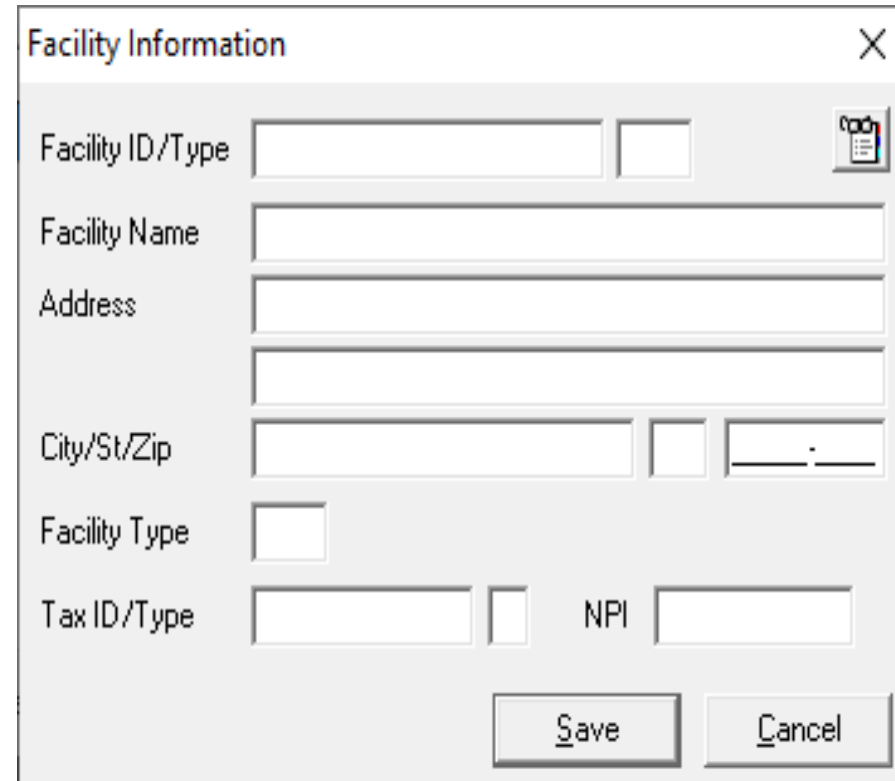


Facility information

Facility information is required when billing a place of service other than office (11).

Facility: Reference File Maintenance > Codes/Misc > Facility

- Enter the required information and click Save.
- **Required:** Facility Name, Address, City, State, Zip (all 9 digits), Facility Type



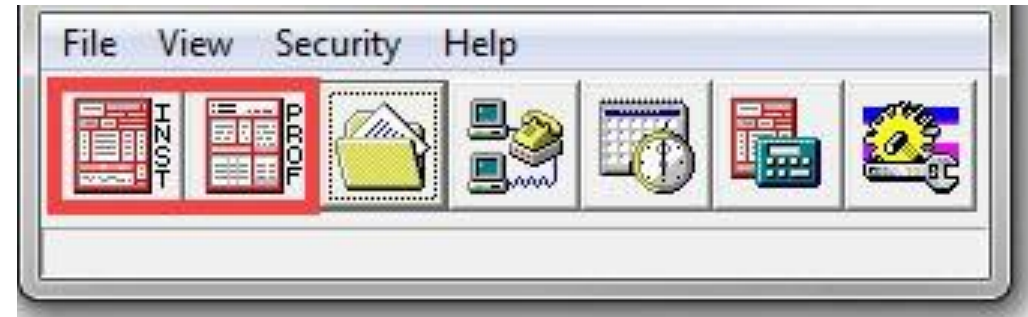
The image shows a software dialog box titled "Facility Information" with a close button (X) in the top right corner. The dialog contains several input fields and buttons:

- Facility ID/Type:** A text input field followed by a small square checkbox and a "Copy" icon.
- Facility Name:** A single-line text input field.
- Address:** A multi-line text input field.
- City/St/Zip:** A text input field followed by a small square checkbox and a field with a colon separator.
- Facility Type:** A small square checkbox.
- Tax ID/Type:** A text input field followed by a small square checkbox, the label "NPI", and another text input field.
- Buttons:** "Save" and "Cancel" buttons at the bottom right.

Step Two: Entering a claim

Claims Processing: Institutional or Professional Claims Processing icon > Enter Claims > Patient Info & General.

- Choose INST for Part A claims.
- Choose PROF for Part B and dental (837D) claims.



Entering a claim, continued

- Click the Enter Claims tile.



Entering a claim, continued 2

- Enter the required information and click Save.
- **Required:** LOB, Billing Provider, Patient Control No, Employment, Accident, Outside Lab, Dental (for 837D claims only)

The Edit Validation Errors list will be shown if any required fields have not been completed.

Many of the fields have a pop-up selection feature that lists valid entries for that specific field.

Access the list by pressing the “F2” key or right clicking in the specific field.

The screenshot shows a software window titled "Professional Claim Form" with a close button (X) in the top right corner. The window contains several tabs: "Patient Info & General", "Insured Information", "Billing Line Items", "Ext. Patient/General", "Ext. Pat/Gen (2)", and "Ext. Payer/Insured". The "Patient Info & General" tab is active. The form includes the following fields and controls:

- LOB: MCB
- Billing Provider: [Text Field]
- 26 - Patient Control No.: [Text Field]
- 2 - Patient Last Name, First Name, MI, Gen: [Text Fields]
- 3 - Birthdate: [Date Field]
- Sex: [Dropdown]
- 8 - Pat. Status: MS, ES, SS: [Dropdowns]
- Death Ind: [Dropdown]
- 12 - SOF: [Dropdown]
- Legal Rep.: [Dropdown]
- NPI Exempt: [Dropdown]
- 5 - Patient Address 1, Patient Address 2: [Text Fields]
- Patient City, State, Patient Zip, Country, Patient Phone: [Text Fields]
- 10 - Patient Condition Related To: Employment, Accident: [Dropdowns]
- ROI, ROI Date, Other Ins.: [Text Fields]
- 14 - Date/Ind of Current: [Date Field]
- 15 - First Date: [Date Field]
- 16 - UTW/Disability Dates & Type: [Date Fields]
- 17 - Referring Phys Name (Last/Org, First, Mid, Suffix), Referring Phys IDs/Types: [Text Fields]
- 18 - Hospitalization Dates: [Date Fields]
- 20 - Outside Lab/Chgs: Y/N, [Text Field]
- 19 - Reserved For Local Use: [Text Field]
- 22 - Medicaid Resubmission Code & Ref No.: [Text Fields]
- 25 - Fed. Tax ID, SSN/EIN: [Text Fields]
- 27 - Provider Accepts Assignment?: [Checkbox]
- PIN No.: [Text Field]
- 31 - Provider SOF, Date: [Dropdown, Date Field]
- Facility?, Dental?, COB?, Frequency: [Checkboxes]
- 33 - GRP No.: [Text Field]

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

Professional claim form, insured information

Professional Claim Form: Professional Claims Menu > Enter Claims > Insured Information

Information will pull from the Patient database when the patient is selected on the Patient Info & General Tab

The screenshot shows a software window titled "Professional Claim Form" with a close button (X) in the top right corner. The window has several tabs: "Patient Info & General", "Insured Information" (which is the active tab), "Billing Line Items", "Ext. Patient/General", "Ext. Pat/Gen (2)", and "Ext. Payer/Insured".

The "Insured Information" tab contains a table with the following columns: Sub, Payer ID, Payer Name, Insured's ID, P.Rel (with a '6' above it), Insured's Last/Org Name, First Name, MI, and Gen. There are three rows of input fields, each with a checkbox to its left.

Below this table is another set of input fields with the following columns: Birthdate (with a date mask), Sex, Sig, AOB (with a '13' above it), Insured's Address 1, Insured's Address 2, Insured's City, State, and Zip (with a dash and underscore mask). There are three rows of input fields.

At the bottom of the form are columns for Country, Insured's Phone / Ext. (with a phone number mask), ESC, Employer Name, Group Name, and Group Number. There are three rows of input fields. To the right of the Group Number column are three "Clear Payer" buttons, one for each row.

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

Professional claim form, billing line items

Billing Line Items: Professional Claims Menu > Enter Claims > Billing Line Items > Line-Item Details

- Enter the required information.
- **Required:** Diagnosis Codes (at least one), Service From/Thru Dates (DOS), Charges, PS (place of service), CPT/HCPCS, Diagnosis Pointer, Charges, Units, Rendering Phys. (unless billing as a Solo Provider), Total Charge, Dental tab (837D claims only)
- Click Recalculate.
- Click Save.

Professional Claim Form

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

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

Diagnosis Codes (1 - 8):

LN	24a - Service Dates From	24a - Service Dates Thru	24b PS	24c EMG /HCPCS	24d -CPT® 1	24d - Mod 2	24e Diagnosis	24f Charges	24g Units	24h EP FP AT	24j Rendering Phys.
1							1	100.00	0.00		
2	/ /	/ /									
3	/ /	/ /									
4	/ /	/ /									
5	/ /	/ /									
6	/ /	/ /									

28 - Total Charge 100.00

29 - Patient Amount Paid 0.00 30 - Balance Due 100.00

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

Entering a Medicare secondary payer (MSP) claim

COB Info: Professional Claim form > Ext. Payer/Insured tab > COB Info tab

- Complete the required fields as normal for a Medicare claim.
- Type a “Y” in the COB? field on the Diagnosis/Procedure Code (Institutional) or Patient Info & General (Professional) screens to indicate the patient has Medicare as a secondary payer.
- Click on Ext. Payer/Insured tab, and then COB Info (Primary) tab.
- Enter the information from the primary Explanation of Benefits.

Do not send the primary EOB to First Coast.

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)

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	CO	45	25.00	1.000	1	D	10.00
2	PR	1	15.00	1.000	2		
3					3		

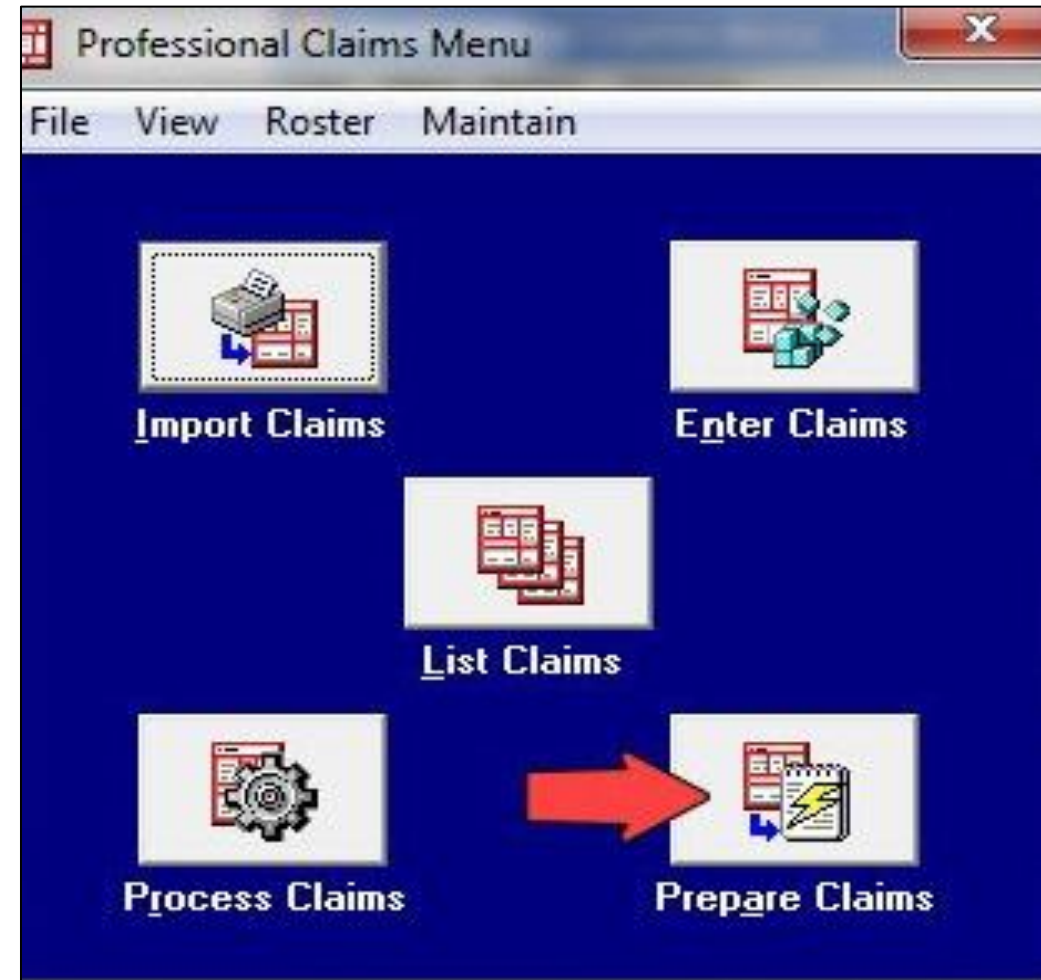
Medicare Outpatient Adjudication (MOA) Remarks Codes

Claim Adjudication Date

Save Cancel

Step Three: Preparing a file for transmission

- Click the Prepare Claims tile after all claims are saved.



Preparing a file for transmission, continued

- Select MCB for the LOB.
- Select the appropriate Payer
- Keep radial button options selected as:
 - Submission Status = Production
 - Include Error Claims? = No
- Click the Prepare Claims button.

This will create a file named “BCTRANS.dat” for Part A or “BSTRANS.dat” for Part B.

The file will be in your “C” or other local drive under the WINPCACE folder.

Professional Claim Prepare For Transmission

Include Claims Matching

LOB: << All >>

Payer: << All Payers for LOB(s) >>

Provider: << All Providers for Payer(s) >>

Submission Status

Production

Test

Include Error Claims?

Yes

No

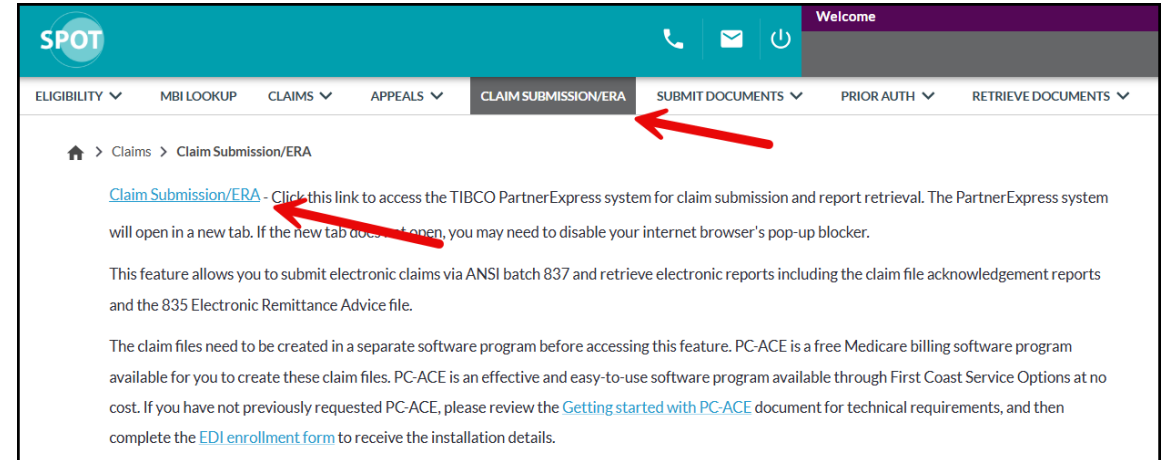
Prepare Claims

Cancel

Transmitting the file

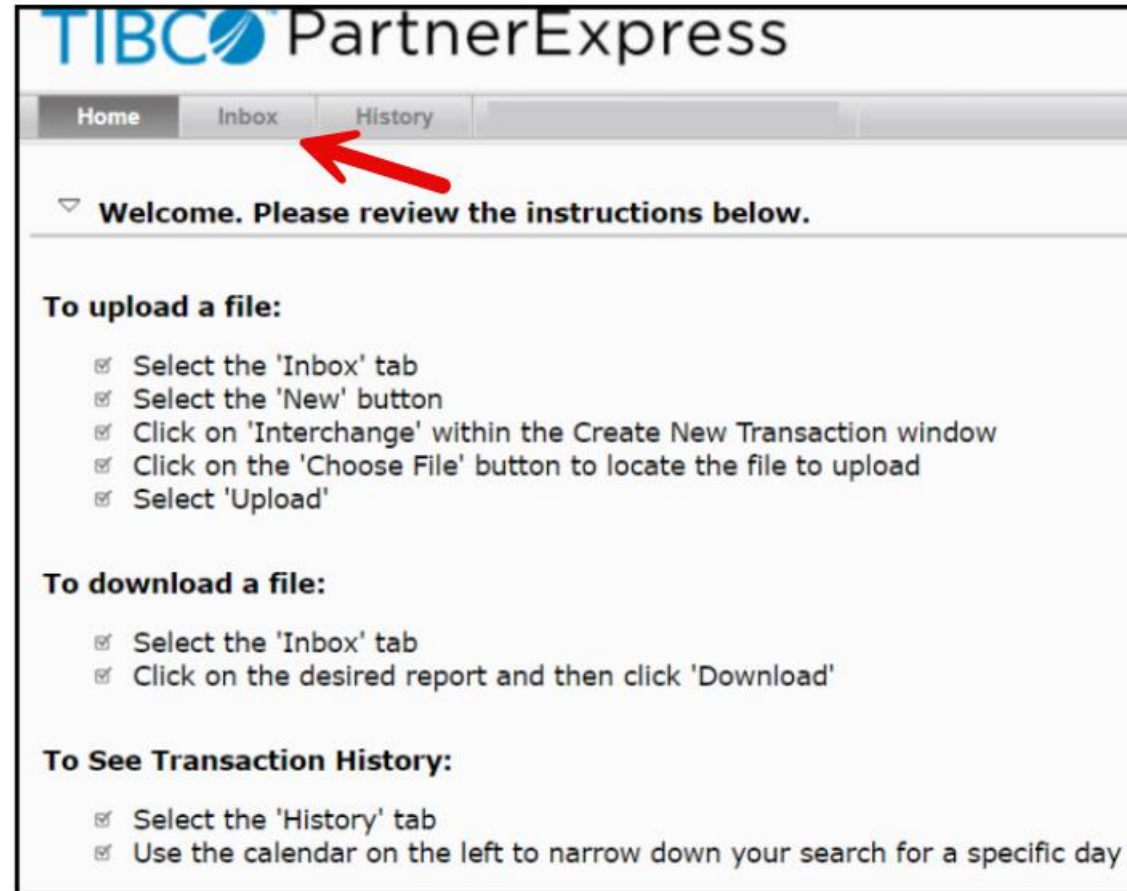
- Access the SPOT portal.
- Click the Claim Submission/ERA feature.
- Click the Claim Submission/ERA link.

A separate browser window will open. If the new window does not open automatically, you may need to turn off your internet browser's pop-up blocker or add the website address to list of the allowed sites.



Transmitting the file, inbox

- Click the Inbox tab.

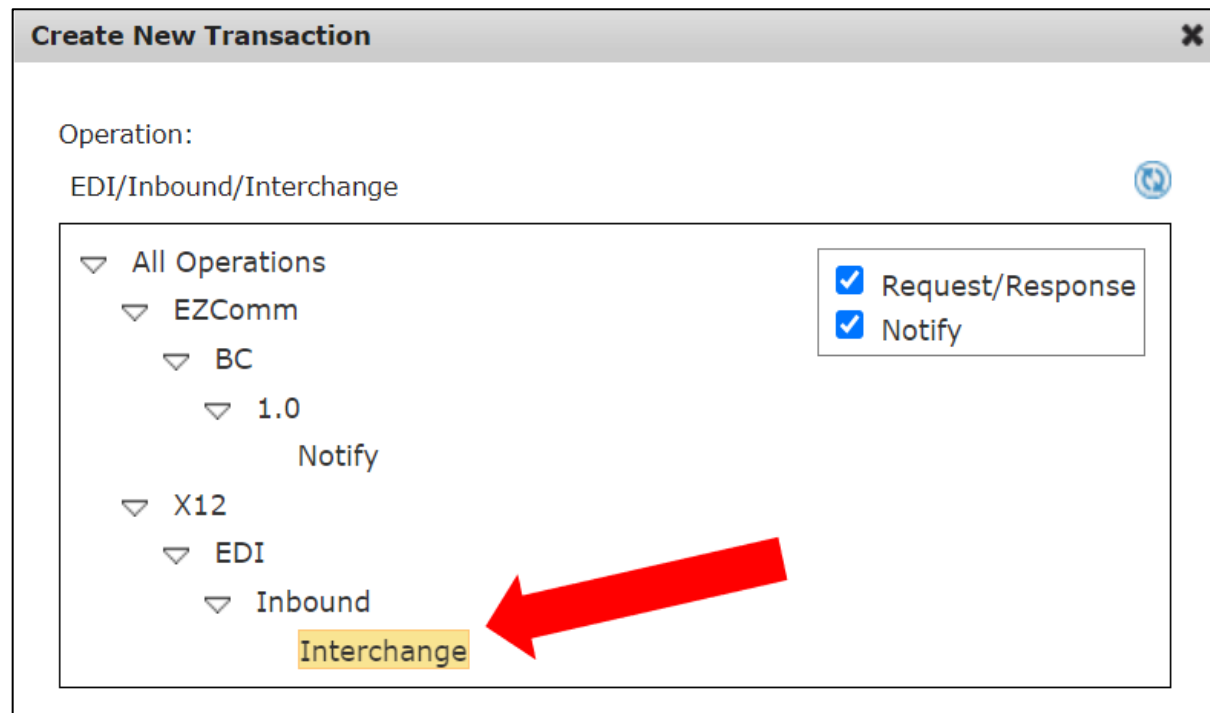


The screenshot displays the TIBC PartnerExpress web application interface. At the top, the logo 'TIBC PartnerExpress' is visible. Below the logo is a navigation bar with three tabs: 'Home', 'Inbox', and 'History'. The 'Inbox' tab is highlighted, and a red arrow points to it from the right. Below the navigation bar, there is a welcome message: 'Welcome. Please review the instructions below.' followed by three sections of instructions:

- To upload a file:**
 - ☑ Select the 'Inbox' tab
 - ☑ Select the 'New' button
 - ☑ Click on 'Interchange' within the Create New Transaction window
 - ☑ Click on the 'Choose File' button to locate the file to upload
 - ☑ Select 'Upload'
- To download a file:**
 - ☑ Select the 'Inbox' tab
 - ☑ Click on the desired report and then click 'Download'
- To See Transaction History:**
 - ☑ Select the 'History' tab
 - ☑ Use the calendar on the left to narrow down your search for a specific day

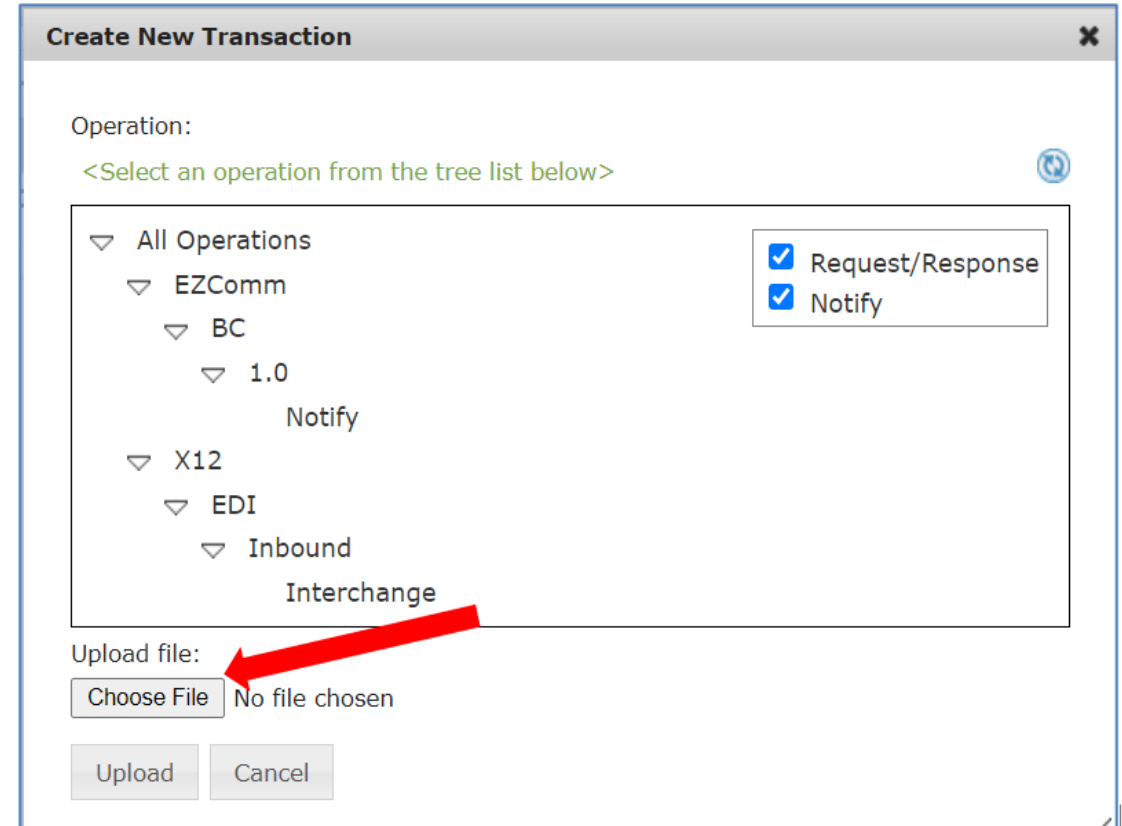
Transmitting the file, new transaction

- Click the New button.
- Select Interchange.



Transmitting the file, choose file

- Click **Choose File** and then navigate to the WINPCACE folder and look for the file named BCTRANS.dat for Part A and BSTRANS.dat for Part B files.
- Select the file(s) and click **Open**. The selected file will display in “Upload file” textbox.



Create New Transaction

Operation:
<Select an operation from the tree list below>

- ▽ All Operations
 - ▽ EZComm
 - ▽ BC
 - ▽ 1.0
 - Notify
 - ▽ X12
 - ▽ EDI
 - ▽ Inbound
 - Interchange

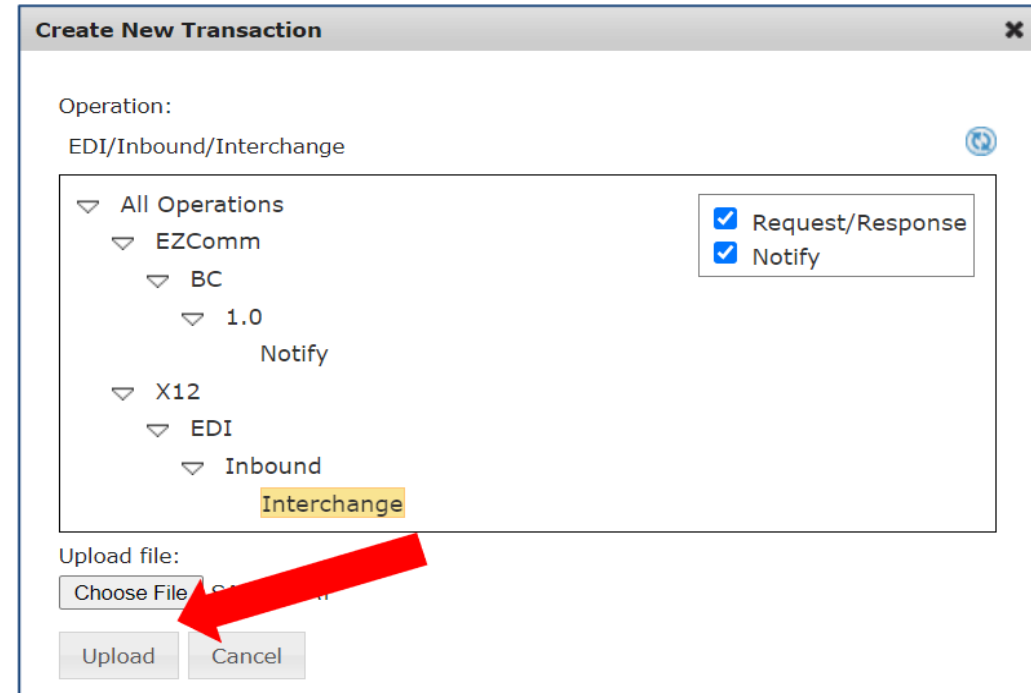
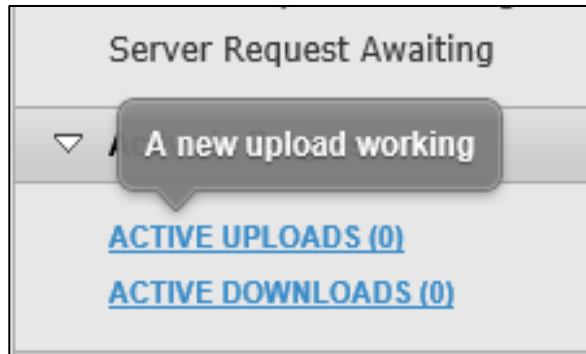
Request/Response
 Notify

Upload file:
Choose File No file chosen

Upload Cancel

Transmitting the file, upload

- Click **Upload** to submit the file.
- “A new upload working” pop-up message will be displayed briefly.



Pulling reports

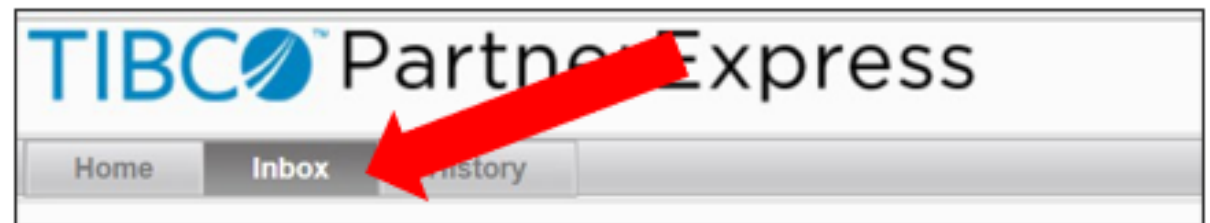
999 Acknowledgement Report - This report will display in the Inbox a few minutes after submitting an 837 claim file. This report will tell you if the file is initially accepted or rejected. If rejected, the report will give the reason for rejection when downloaded and viewed in PC-ACE.

277CA Claims Acknowledgement Report - This report will display in the Inbox a few minutes after a 999 Acknowledgement Report without any errors. This report will tell you if each claim was accepted for processing or was rejected. If rejected, the report will give the reason for rejection when downloaded and viewed in PC-ACE.

835 Electronic Remittance Advice (ERA) – The ERA is the HIPAA-compliant remittance file containing finalized payment or rejection information from the Medicare processing system. The ERA is available daily.

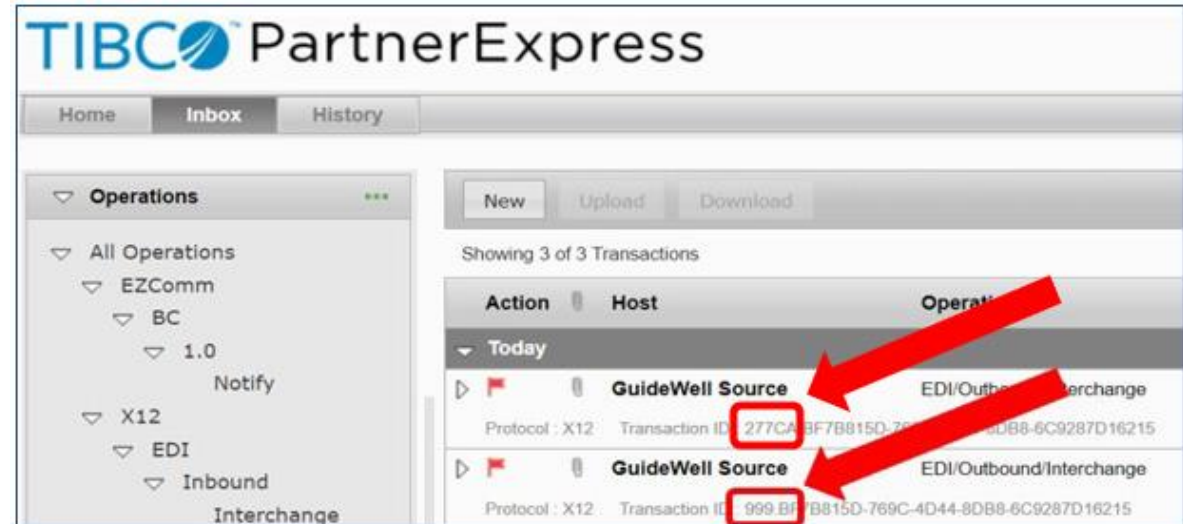
To download reports, complete the following steps:

- Close PC-ACE.
- Access SPOT.
- Click on Claim Submission/ERA.
- Click the Claim Submission/ERA link.
- Click on the Inbox.



Pulling reports, transaction ID

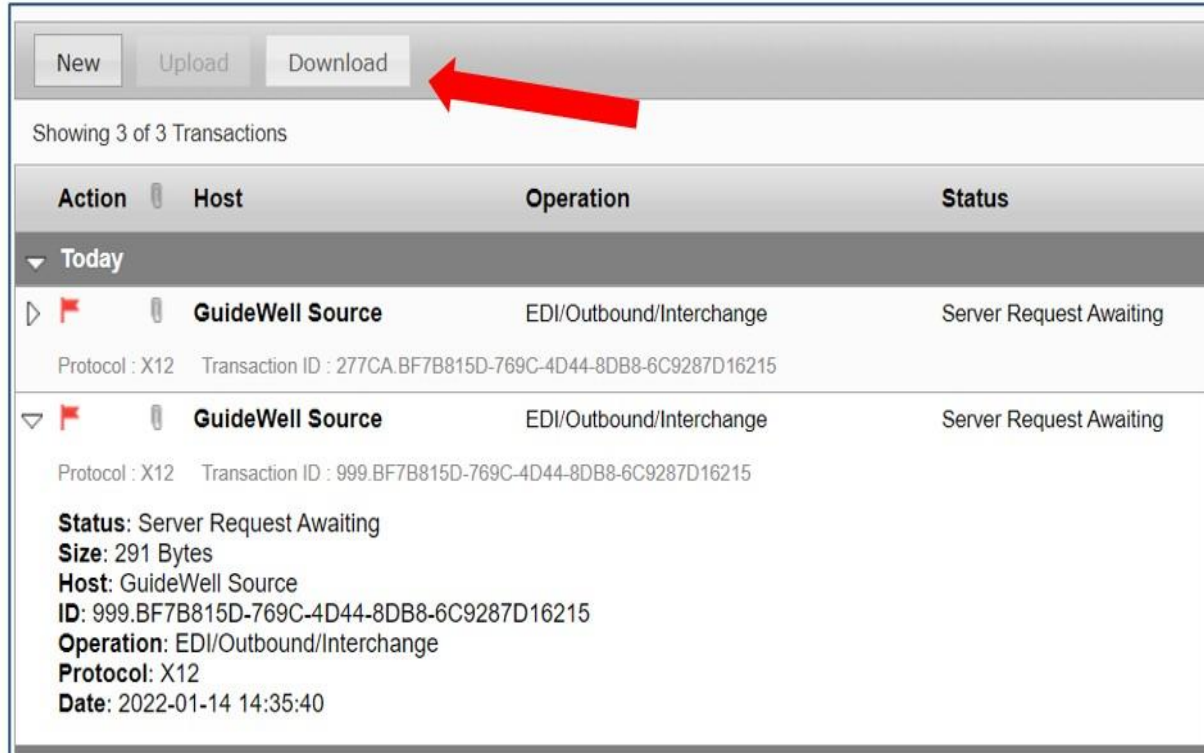
- Look for the Transaction ID starting with 999, 277CA, or 835.





Pulling reports, download

- Select the report from the Inbox list and click **Download**.

The EDI Reports are only available for retrieval for 60 calendar days.



Showing 3 of 3 Transactions

Action	Host	Operation	Status
▶ 	GuideWell Source	EDI/Outbound/Interchange	Server Request Awaiting
Protocol : X12 Transaction ID : 277CA.BF7B815D-769C-4D44-8DB8-6C9287D16215			
▼ 	GuideWell Source	EDI/Outbound/Interchange	Server Request Awaiting
Protocol : X12 Transaction ID : 999.BF7B815D-769C-4D44-8DB8-6C9287D16215			

Status: Server Request Awaiting
Size: 291 Bytes
Host: GuideWell Source
ID: 999.BF7B815D-769C-4D44-8DB8-6C9287D16215
Operation: EDI/Outbound/Interchange
Protocol: X12
Date: 2022-01-14 14:35:40

Pulling reports, file name

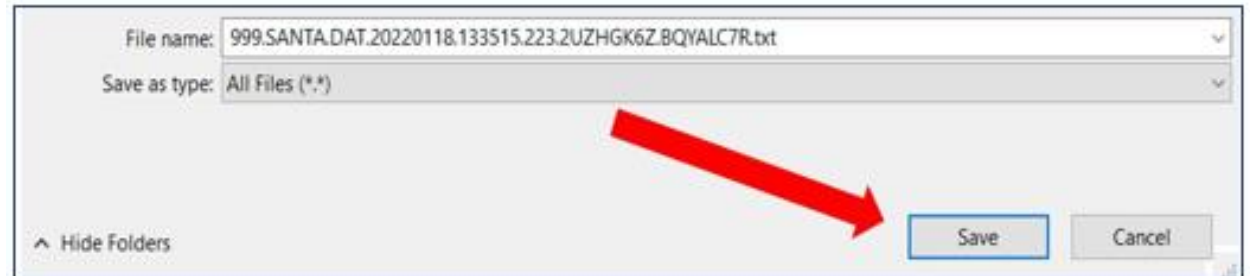
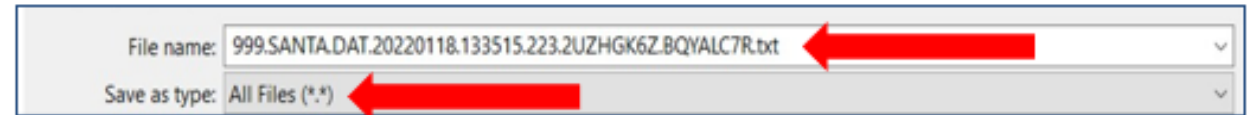
- Navigate to the proper location on your computer and click **Save**. The default locations are:

Part A:

- 999 and TA1 -
C:\WINPCACE\Ansi997\Ackub92
- 277CA -
C:\WINPCACE\Ansi277\Statub92
- 835 - C:\WINPCACE\Etraub92\Ansi835

Part B:

- 999 and TA1 -
C:\WINPCACE\Ansi997\Ack1500
- 277CA -
C:\WINPCACE\Ansi277\Stat1500
- 835 - C:\WINPCACE\Etra1500\Ansi835



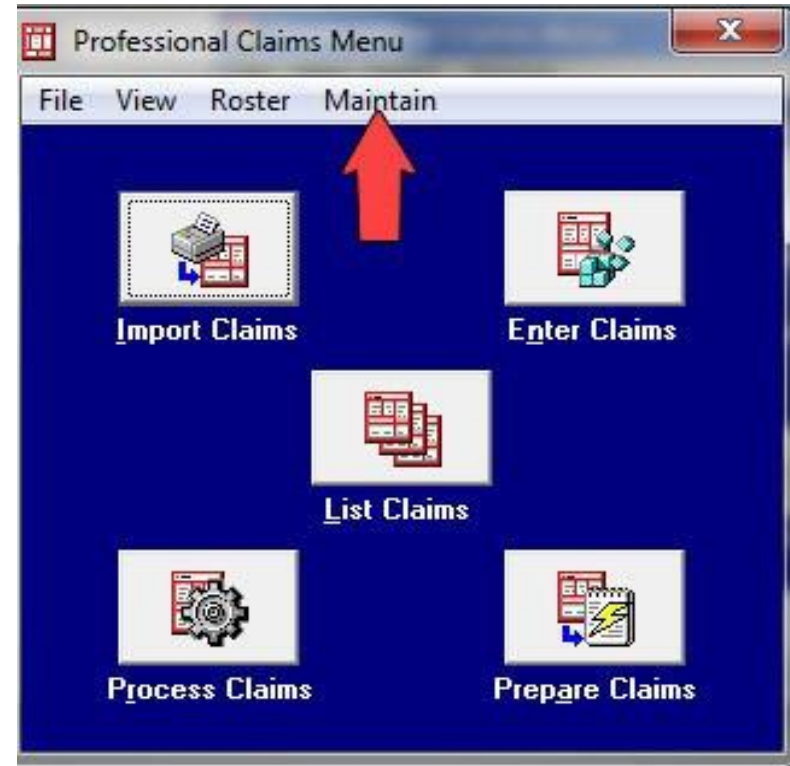
Viewing the 999

After downloading the report using SPOT:

- Click the appropriate claim tile:
 - INST for Part A
 - PROF for Part B
- Click Maintain
- Click Acknowledgement File Log
- Click the appropriate report
- Click View Report

Claims rejecting on this report will need to be corrected and resent.

More information on reading the report is available here: [Interpreting the CTX segments within the ASC X12N 999 transaction](#)



Viewing the 277CA

After downloading the report using SPOT:

- Click the appropriate claim tile:
 - INST for Part A
 - PROF for Part B
- Click Maintain
- Click Acknowledgement Log
- Click the appropriate report
- Click View Report

Claims rejecting on this report will need to be corrected and resent.



Claim re-activation

Professional Claim List: Professional Claims Menu > List Claims > TR-Transmitted Only

- Check selected claims for reactivation.
 - If selecting more than one claim, go to Professional claims menu to process the claims prior to completing these steps.
- Click Action.
- Click Reactivate all Checked Claim

If corrections are needed, change the location to CL-to be transmitted then update and save the claim.

Professional Claim List

File Filter Actions Reports

<input checked="" type="checkbox"/>	Status	LOB	PCN	Patient Last	Bill Provider	Type	Serv. From	Se
-------------------------------------	--------	-----	-----	--------------	---------------	------	------------	----

Sort By: Patient Name PCN Entry Date Service Date Transmit Date

Claim List Filter Options

Location: TR -- transmitted only Status: << All >> LOB: << All >>

Checked: CL -- to be transmitted
TR/PD -- transmitted + paid
TR -- transmitted only
PD -- paid only

Clear Filters Advanced Filter Options

New View Copy Delete Close

Claim re-activation cont.

Professional Claim List: Professional Claims Menu > List Claims > TR-Transmitted Only

- If corrections are not needed, close the window and select Process Claims
- Click the Process button then click OK to confirm. Once the claims are processed, close the window.
- Click the Prepare Claims icon.
- Click the Prepare Claims button then click OK to confirm.
- Once the Prepare Claims operation is complete, close the window. The claims are now ready for transmission.

The 'Automated Claim Processing' dialog box contains the following elements:

- Process Claims Matching (leave blank for all claims):
 - LOB: []
 - Provider: []
- Reprocess claims with errors
- Present claims with errors for immediate editing
- Include edit error details in process error report
- Buttons: Process, Close

The 'Professional Claim Prepare For Transmission' dialog box contains the following elements:

- Include Claims Matching:
 - LOB: [MCB]
 - Payer: [09102 - MEDICARE B FLORIDA]
 - Provider: [<< All Providers for Payer(s) >>]
- Submission Status:
 - Production
 - Test
- Include Error Claims?:
 - Yes
 - No
- Buttons: Prepare Claims, Cancel

Viewing the 835/Electronic Remittance

If you are setup to receive ERA to your SPOT submitter ID, the 835 file will display in the TIBCO Inbox (accessed through SPOT's Claim Submission/ERA feature).

After downloading the 835 file using SPOT:

- Click the ANSI – 835 Functions icon.
- Click Institutional or Professional.



Viewing the 835, continued

- Click Select ANSI File.
- Click on the ERAfile you would like to view.
- Click Select.
- Click Translate/Import ETRA.
- Click Print/View Reports.
- Choose the type of report you would like to view and click OK.
- Enter specific pages to view or click OK.



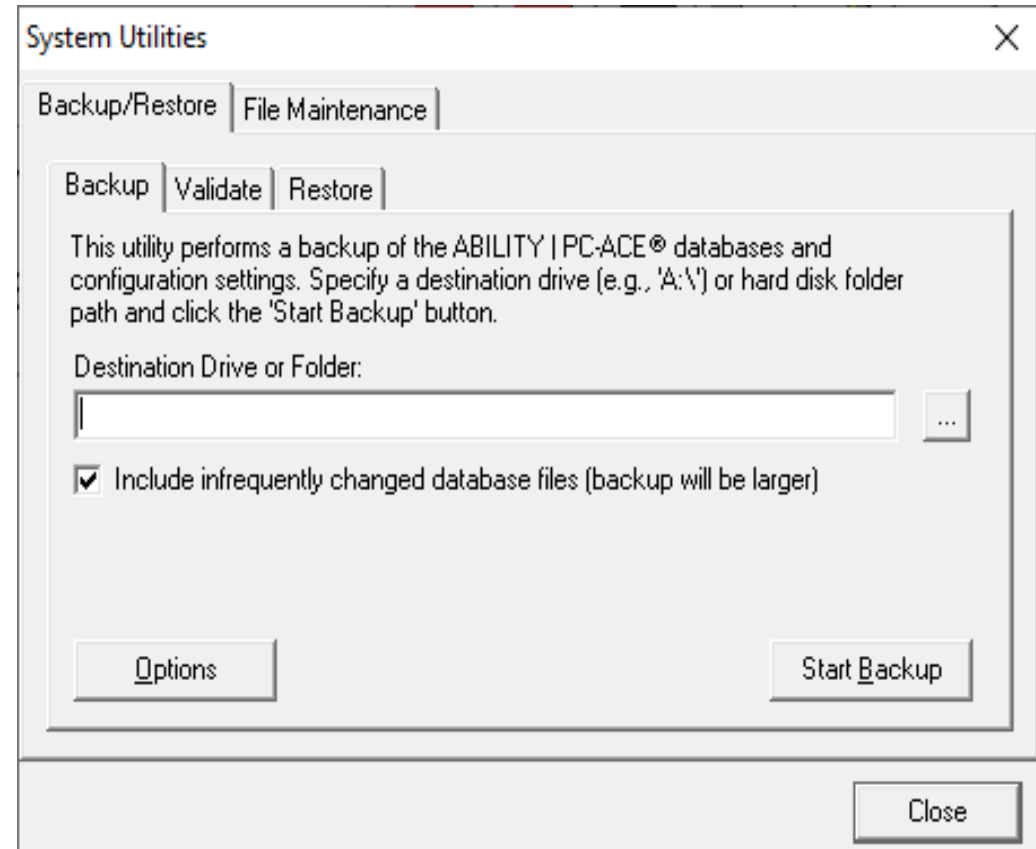
Data backup

PC-ACE can back up databases such as patient records and provider records each time you close the program.

You are encouraged to back up the software every time you upgrade and when adding large amounts of data to the program.

Backup: System Utilities > Backup

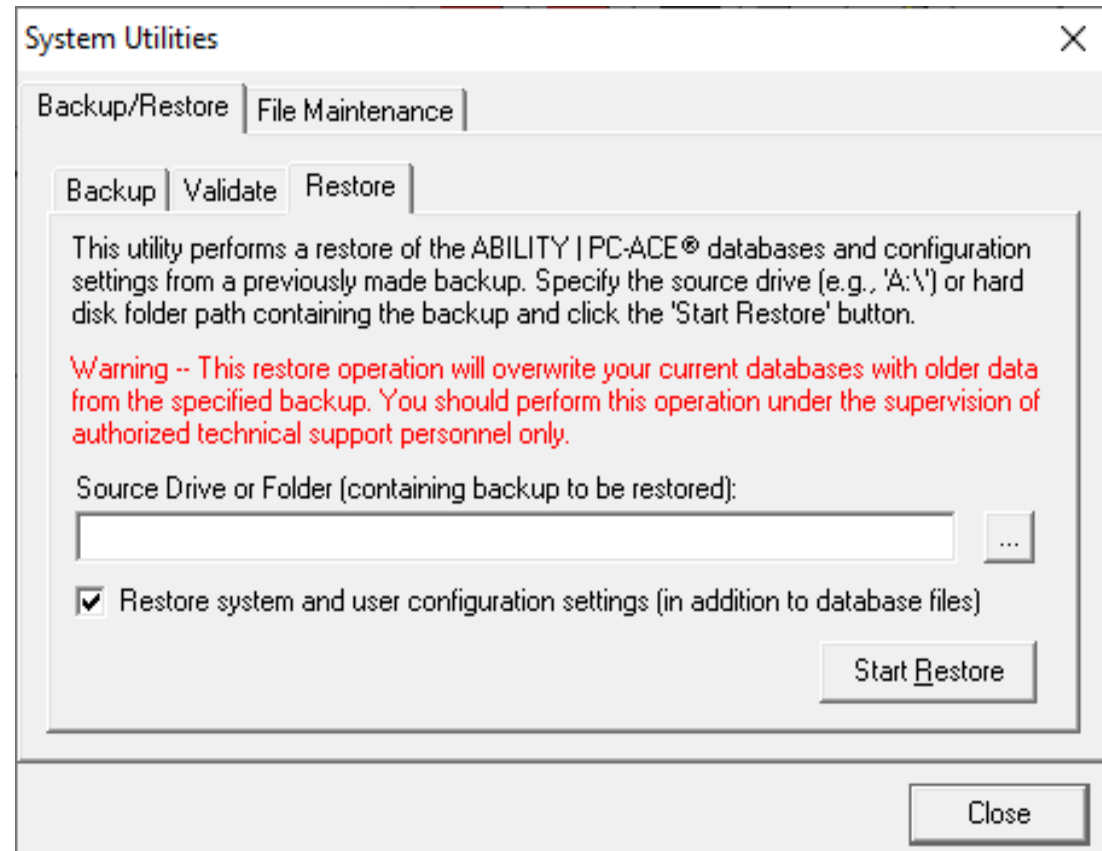
- Choose a destination folder by clicking the three-dot button.
- Click Start Backup.



Data restore

Restore: System Utilities > Restore

- Click the three-dots button.
- Locate your stored backup.
- Click Start Restore.





Quarterly upgrades

Upgrades are issued to the PC-ACE program every quarter in January, April, July, and October.

The download password for the upgrades was provided in the Initial SPOT PC-ACE Approval letter. The password does not change and is needed for each quarterly upgrade or new installation; therefore, please keep it in a safe place where it is readily available.

Upgrades should be downloaded as soon as possible to avoid claim rejections.

Resources

Additional information on PC-ACE:

- [Getting started with PC-ACE](#)
- [PC-ACE training module: Getting started](#)
- [PC-ACE user guide index](#)
- [PC-ACE upgrade and installation instructions](#)
- [Contact EDI](#)

Additional information on SPOT:

- [SPOT features and functionality](#)
- [How to register for SPOT](#)
- [SPOT user guide](#)
- [Contact the SPOT help desk](#)

