

PC-ACE Pro32 Certificate of Medical Necessity

This document is intended as a help guide for attaching a Certificate of Medical Necessity (CMN) to a durable medical equipment (DME) claim entered in the PC-ACE Pro32 software. It is not intended to replace the general help (accessible by the F1 key) or specific item help (accessible by right-clicking or hitting the F2 key on a specific item) functions, or the *PC-ACE Pro32 User Manual* itself. For assistance with any questions not covered here, please consult these documents.

CEDI technical support staff is not trained in medical billing. The information in this document is intended to provide the user with enough information in order to successfully enter claims using medical policy knowledge that the user already has. Please contact the Jurisdiction that will be billed with any medical policy questions.

PC-ACE Pro32 was designed for both Institutional (Medicare Part A, or hospital) and Professional (Medicare Part B, or office visits, and durable medical equipment, or DME) billing. Since this is a DME support document, we will not be covering Medicare Part A or Part B functions.

Note: DME Information Forms (DIFs) are classified as CMNs in the software and claims format, and are selected the same way. Follow the directions below to attach a CMN or a DIF to a claim using the PC-ACE Pro32 software.

If you have any questions, please contact the CEDI Help Desk at ngs.cedihelpdesk@wellpoint.com or at 866-311-9184.

Attaching a CMN

The CMN information will be added to the claim under the **Billing Line Items** tab.

The **Billing Line Items** tab has multiple sub tabs.

LN	24a - Service Dates From	24a - Service Dates Thru	24b PS	24c EMG	24d Proc	24d - Modifiers 1	24d - Modifiers 2	24e Diagnosis	24f Charges	24g Units	24h EP	24h FP	24h AT	24j Rendering Phys.
1	07/15/2008	10/12/2008	12		A4253	NU	KX	12	278.97	6.0			C	
2														
3														
4														
5														
6														

28 - Total Charge 278.97 Recalculate

29 - Amount Paid 0.00 30 - Balance Due 278.97

Save Cancel

Line Item Details sub tab (the first tab on the second row of tabs in the screenshot above):

- **Indicators and Attachments:** The small boxes to the right of **Units (EP, FP, and AT)** are used to indicate a situation or include an attachment. **AT** is used to indicate a Certificate of Medical Necessity (CMN) on the claim. DME Information Forms (DIFs) are classified as CMNs in the software and claims format, and are selected the same way.
 - A **C** for **CMN Attachment** will produce a tab for entering a CMN.
 - This can be entered manually or chosen by right-clicking/using the F2 look up option.
 - The charge line the **C** is placed on will attach the CMN to only that charge line. If a CMN needs to be attached to multiple charge lines, the **C** will need to be placed in the corresponding **AT** fields.
 - The CMN tab will become the fifth tab in the second row under Billing Line Items.

CMN tab:

The CMN tab is only visible if the **AT** field on the **Line Item Details** tab has a value of C entered.

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) | **CMN**

General | Enteral / Parenteral Nutrition (1) | Enteral / Parenteral Nutrition (2)

CERTIFICATE OF MEDICAL NECESSITY

Certificate Type: 10.03 (right-click or press F2 key to select)

Claim Information: Claim Line: 1 HCPCS Code: A4253 Modifier: NU POS: 12
Diagnosis (ICD-9) 1. 25002 2. 25090

Patient Information: DOB: 09/16/1928 Sex: F Height: 65 Weight: 125

CMN Type: I On File? Y Date Initial: 05/30/2008 Revised: ___/___/___ Est. length of need (months): 99 Replacement?

Ordering Physician: UPIN: _____ NPI: 1231231238 Phone: (866) 311-9184 Signature Date: ___/___/___

Name (Last/First/MI/Suffix): SMITH JOHN

Address 1: 10180 KNUE AVE

Address 2: _____

City: INDIANAPOLIS State: IN Zip: 46250-____

Save Cancel

General tab

- **Certificate Type:** Right-click or use the F2 lookup feature to select the appropriate CMN from the list.
- **Claim Information:** This should be entered for you from the **Line Item Details** tab.
- **Patient Information:** Enter information as appropriate for the CMN selected.
- **CMN Type:** Using the right-click or F2 lookup feature, select the CMN type
 - I – Initial
 - R – Renewed
 - S – Revised
- **On File?:** Select the appropriate option for the CMN selected.
- **Date Initial/Revised:** Enter the date associated with this CMN.
 - **Revised** date is only entered if the **CMN Type** is **R** or **S**.
- **Est. length of need (months)** and **Replacement?:** Select the appropriate option for the CMN selected.
- **Ordering Physician:** Enter information as appropriate for the CMN selected.
 - UPINs are no longer submitted in DME claims and should not be entered.
- **Signature Date:** This date corresponds to the date the physician signed the CMN or the date the Supplier signed the DIF.

Additional tabs:

The **Additional** tab(s) are based on the CMN that is being entered in the claim and should be completed in relation to the CMN selected.

Note: For electronic Oxygen CMNs where Question 1a) is answered with a value from 56 to 59, or where Question 1b) is answered with a value greater than 88, at least one of the three questions on the **Oxygen (2)** tab must be answered with a **Y** for Yes.

- The claim may have a valid CMN indicating **N** for No on all three questions
- If the CMN does not have at least one **Y**, this claim may need to be billed by paper.
 - Contact the jurisdiction where the claim will be processed in order to verify the claim meets the requirements for paper claims submission.
- The paper CMN indicates that these questions must be answered only if the value in Question 1b) is equal to 89. The requirements for electronic claims are based on wording in the ANSI Implementation Guide for 4010A1 indicating greater than 88. The requirements for Question 1a) are the same for paper and electronic.

Entering a Narrative:

The narrative for a CMN is typically entered on the charge line.

Under **Billing Line Items**, you would select the **Ext Details 3 (Line #)** for the charge line where the CMN was attached.

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) | CMN

Line-level Miscellaneous Information (continued)

Ordering Provider Address

Address: 10180 KNUE AVE

City/St/Zip/Cntry: INDIANAPOLIS IN 46250-__

Line Supplemental Information (PwK)

Num	Type	Trans	Attachment	Control Number
1				

Line Notes (NTE) / File Information (K3)

Num	Type	Narrative
1	ADD	CMN NARRATIVE

Save Cancel

Under the **Line Note (NTE)/File Information (K3)** section enter the following information:

- **Type:** Enter or select **ADD** using the right-click or F2 look-up feature to add a Narrative or note to the charge line.
- **Narrative:** Enter the note/narrative for the CMN.

Ext. Pat/Gen (2) tab:

The Ext. Pat/Gen (2) tab can be used to enter a narrative for a CMN if one is required at the claim level.

Note: Contact the Jurisdiction where the claim will be processed for more information if a claim level narrative is needed if you are not sure.

The screenshot shows the 'Professional Claim Form' window with the 'Ext. Pat/Gen (2)' tab active. The interface includes several data entry sections:

- Diagnosis Codes (9 - 12):** Four empty text boxes.
- Anesthesia Procedure Codes:** Two empty text boxes.
- Condition Codes:** A 2x5 grid of empty text boxes.
- Claim Supplemental Information (FWK):** A table with columns: Num, Type, Trans, Attachment, Control Number. Row 1: 1, [empty], [empty], [empty], [empty].
- Claim Notes (NTE) / File Information (K3):** A table with columns: Num, Type, Narrative. Row 1: 1, [empty], [empty].
- Dental - Tooth Status (DN2):** A table with columns: Num, Tooth No., Status. Rows 1-3: 1, [empty], [empty]; 2, [empty], [empty]; 3, [empty], [empty].
- Additional Supporting Provider Information:** A table with columns: Last/Org Name, First Name, MI, Suffix, Provider IDs / Types. Rows: Referring (2nd), Supervising, Asst. Surgeon.

Buttons for 'Save' and 'Cancel' are located at the bottom right of the form.

Claim Notes(NTE)/File Information (K3)

- **Type:** Select CER using the right-click or F2 lookup feature to indicate CMN narrative information.

Narrative: Enter the CMN narrative if needed.