

PC-ACE Pro32 Migration Updates for 5010A1

<u>Overview:</u>	2
<u>Update Billing Provider Information</u>	2
<u>Update Facility Information</u>	3
<u>Patient Information</u>	4
<u>Procedure Code Descriptions</u>	5
<u>National Drug Code (NDC) Changes</u>	6
<u>Medicare as a Secondary Payer (MSP) Changes</u>	7

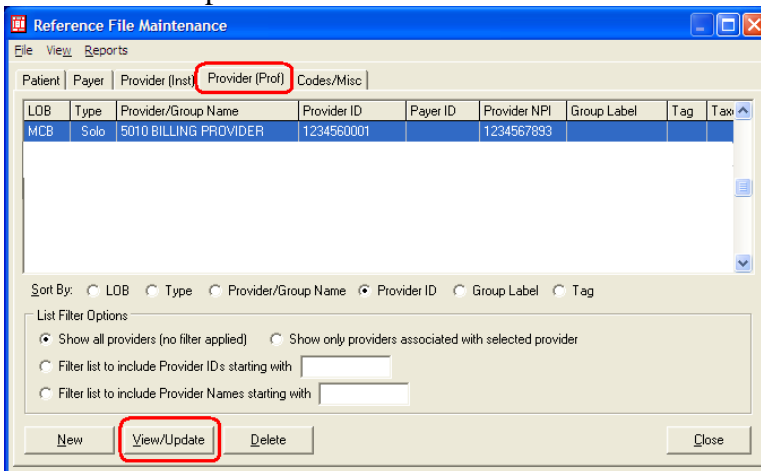
Overview:

PC-ACE Pro32 version 2.32 will default to the 5010 transaction format. This document will walk you through updating/modifying fields that have changed in 5010. Some changes have been included that are optional to complete depending on the type of claims being prepared.

Update Billing Provider Information

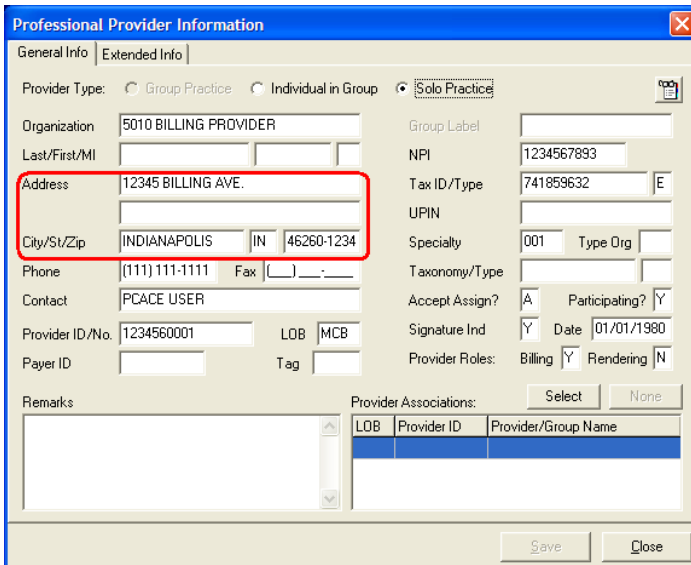
Click on the “Provider (Prof)” tab

Select “View/Update”



Verify that the address listed is a physical location. P.O. Boxes and Lock Boxes can not be used for the Billing Provider address in 5010A1 and will cause a front-end rejection.

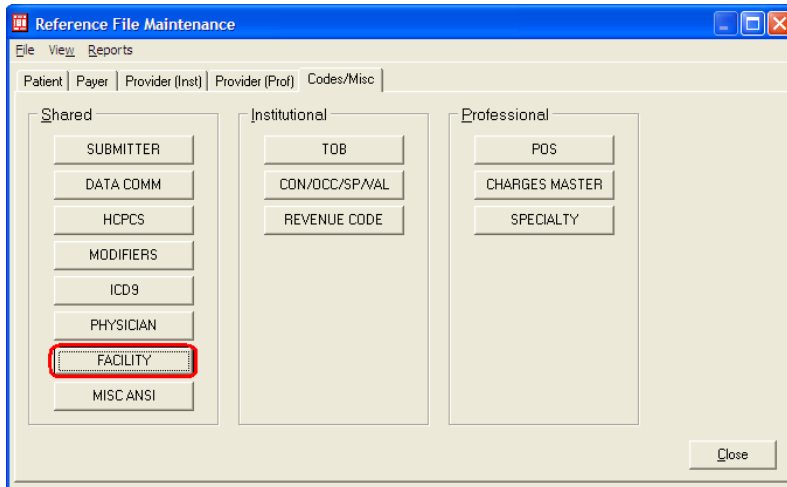
Verify that the address has the full 9-digit ZIP Code. This is a new requirement for 5010A1.



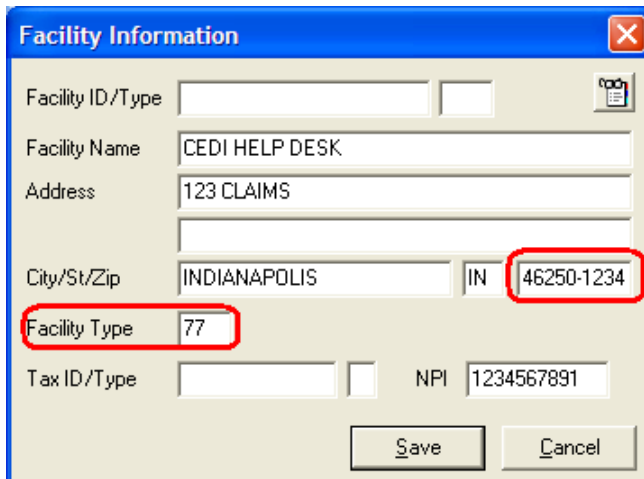
Update Facility Information

If you do not use Facility information in your claims, you can skip this information.

Click on the “Code/Misc” tab. Click the “Facility” option on the lower left hand corner.



View/Update your facility information.

The image shows a screenshot of the 'Facility Information' form. The form has a blue title bar with the text 'Facility Information' and a close button. The form contains several input fields and checkboxes. The 'Facility ID/Type' field is empty. The 'Facility Name' field contains 'CEDI HELP DESK'. The 'Address' field contains '123 CLAIMS'. The 'City/St/Zip' field is split into three parts: 'INDIANAPOLIS', 'IN', and '46250-1234'. The 'Facility Type' field contains '77'. The 'Tax ID/Type' field is empty, and the 'NPI' field contains '1234567891'. There are 'Save' and 'Cancel' buttons at the bottom of the form. The 'Facility Type' field and the '46250-1234' part of the 'City/St/Zip' field are highlighted with red rectangular boxes.

Update all Facilities you have listed with the full 9-digit ZIP Code.

Verify that the Facility Type is indicated as “77”. The other values are no longer accepted in the 5010A1 format.

Patient Information

There are 2 changes to the Patient Information related to the 5010A1 changes. These can either be updated under **Reference File Maintenance** or when entering a claim and selecting the patient information.

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

General Information		Extended Info	Primary Insured (Inst)	Primary Insured (Prof)	Secondary Insured
Last Name	First Name	MI	Gen	Patient Control No (PCN)	
DOE	JOHN			JDOE	
Patient Address					
Address					
1234 CHERRY TREE LN					
City State Zip					
MELVIN	MI	48454			
Country	Phone				
	() - -				
Notes					
Patient Status					
Active Patient	<input checked="" type="checkbox"/>	Discharge Status	<input type="checkbox"/>		
Sex	M	Death Ind	<input type="checkbox"/>		
DOB	01/01/1901	DOD	/ /		
Marital Status	<input type="checkbox"/>	Signature On File	<input type="checkbox"/> B		
Employment Status	9	Release of Info	<input checked="" type="checkbox"/>		
Student Status	<input type="checkbox"/>	RDI Date	04/01/2010		
CBSA Code					

Buttons: Save, Cancel

The **Release of Info** codes have been changed to I and Y. If any patients have a different code, this information must be updated before sending the claim.

Procedure Code Descriptions

Procedure Codes (HCPCS) that are generic and require a description are no longer reported in the Narrative field. The description is now entered under **Billing Line Items** under **Ext Details 2 (line #)** in **Proc Type/Desc**.

The screenshot shows the 'Professional Claim Form' window with the 'Ext Details 2 (Line 1)' tab active. The 'Proc Type/Desc' field is highlighted with a red rectangle. The form includes various input fields for patient and billing information, including facility details and drug-related data. A table for 'Line-level Reference IDs / Types / Payer IDs' is located at the bottom right of the form area.

Currently, you will still want to list the same narrative in the NTE field on the Ext Details 3 tab as well. The Jurisdiction needs the information in both places to be able to read the information.

NOTE: You will still need to send general narratives/notes in the NTE field located under **Ext Details 3 (line #)**. General narratives will **NOT** need to be sent under the Proc Type/Desc field.

* Line # indicates which charge line the information will be attached.

National Drug Code (NDC) Changes

NDC codes are still entered on the **Ext Details 2 (line #)** tab.

If you bill NDCs and they do not crossover to a HCPCS code you will need to use gap fill codes. For the procedure code box 24d on the **Line Items Details** tab, you will need to use S5000 and S5001 instead of the XXXXX gap fill code we used in 4010A1. The S5000 should be used with generic NDCs and the S5001 should be used with name brand NDCs.

The screenshot shows the 'Professional Claim Form' window with the 'Billing Line Items' tab selected. The 'Ext Details 2 (Line 2)' sub-tab is active. The '24d Proc' field is highlighted with a red box, showing two options: 'S5000' and 'S5001'. Below the table, there are fields for '28 - Total Charge' (0.00), '29 - Patient Amount Paid' (0.00), and '30 - Balance Due' (0.00), along with a 'Recalculate' button and 'Save'/'Cancel' buttons.

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	/ /	/ /			S5000									
2	/ /	/ /			S5001									
3	/ /	/ /												
4	/ /	/ /												
5	/ /	/ /												
6	/ /	/ /												

The Procedure Type is no longer entered in 5010A1. Leave the field on **Billing Line Items** under **Ext Details 2 (line #)** blank.

The screenshot shows the 'Professional Claim Form' window with the 'Billing Line Items' tab selected. The 'Ext Details 2 (Line 2)' sub-tab is active. The 'Line-level Miscellaneous Information' section is expanded, showing various fields. The 'Proc Type/Desc' field is highlighted with a red box. Other fields include 'Obstetric Anesthesia Additional Units', 'National Drug Code or UPN/Type', 'National Drug Unit Price', 'Nat. Drug or UPN Units/Type', 'Drug Ref No/Type', 'Drug Prescription Date', 'DME Length of Need (Days)', 'DME Purchase Price', 'DME Rental Price', 'DME Rental Unit Price Ind.', 'Facility Name', 'Facility Address', 'City/St/Zip/Cntry', 'Fac IDs/Types', 'Fac Type', and 'Line-level Reference IDs / Types / Payer IDs'. 'Save' and 'Cancel' buttons are at the bottom.

Medicare as a Secondary Payer (MSP) Changes

The Approved/Allowed amounts previously sent in MSP claims are no longer sent in the 5010A1 format.

Under **Billing Line Items** in the **MSP/COB (line #)** tab, the Approved amount under “Common Line MSP Amounts” should not be sent.

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)**

Common Line MSP Amounts

Approved: 0.00

DTAF: 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						
2						
3						

Line Adjustment (CAS) & Miscellaneous Adjudication Info

Procedure Code Description

Num	Group	Reason	Amount	Units
1				
2				
3				

Adj/Payment Date: / /

Remaining Owed: / /

Save Cancel

Under **Ext. Payer/Insured** in the **COB Info (Primary)** tab, the COB/MOA Amount codes have been changed. The B6 (Allowed Amount) code is no longer sent. The D (Payer Paid Amount) code still must be sent.

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

DTAF: 0.00

Zero Payment Ind:

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

Claim Level Adjustments (CAS)

Num	Group	Reason	Amount	Units
1				
2				
3				

COB / MOA Amounts

Num	Code	Amount
1	D	0.00
2		
3		

Medicare Outpatient Adjudication (MOA) Remarks Codes

Claim Adjudication Date: / /

Save Cancel