

This document is a guide to assist PC-ACE users in entering and managing Medicare Durable Medical Equipment (DME) claim information.

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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 DME MAC Jurisdiction for any medical policy questions.

For more information concerning other aspects of the PC-ACE software, please review the PC-ACE manuals and documents on the CEDI Web site <u>https://www.ngscedi.com</u>.

For questions, please contact the CEDI Help Desk at <u>ngs.cedihelpdesk@anthem.com</u> or at 866-311-9184.







Claim Entry

From the PC-ACE main menu, select the **Professional Claims Processing** button.



This will bring up the Professional Claims Menu.

There are two ways to enter claims.

- 1) **Enter Claims** allows you to enter claims back to back. If you have a stack of paper claims forms and need to enter them all one after the other, this would be a good choice for you.
- 2) The **List Claims** option will allow you to enter a new claim and lists claims that you have already entered. We will be selecting **List Claims** for our examples.









The **Professional Claims List** screen displays the claims that are in your system.

- When you have several claims listed, it may be useful to use the **Sort By** and **Claim List Filter** options.
- See the built in help documentation (available by using the F1 lookup feature) for more information on using the filter options in PC-ACE.

Professiona	al Claim List				<u></u>		×
<u>File</u> Filter <u>A</u>	ctions <u>R</u> eports						
Status LOB	PCN	Patient Last		Bill Provider	Туре	Entered	S 🔨
							~
<							>
Sort By: 📀 P	atient Name 🛛 🤆 F	PCN C E	intry Date	C Service Dat	е		
Claim List Filter	Options						
Location: CL	to be transmitted	▼ S	itatus: << 4	All >>	_ u) DB: << All >>	· -
Checked claim	i count: 0			Clear Filters	Advan	ced Filter Opti	ions
New	View	Сору		elete		<u></u> lo	ise

Select New to enter your first claim.

Note: Right-clicking or using the F2 lookup feature is very useful for selecting data on these tabs. Numbered entries correspond to items on the paper CMS-1500 claims form.





Patient Info & General tab:

Professional Claim Form	×
Patient Info & General Insured Information Billing Line Items Ext. Patient/General Ext. Pat/Gen (2) Ext. Payer/Insu	ured
LOB MCB Billing Provider 1234560001 26 - Patient Control No. JASMITH	<u></u>
2 · Patient Last Name First Name MI Gen 3 · Birthdate Sex MS ES SS Ind SMITH JANE 01/01/1950 F	12 Legal NPI SOF Rep. Exempt B N
5 - Patient Address 1 Patient Address 2 Patient City State Patient Zip 220 VIRGINIA INDIANAPOLIS IN 12345	Country Patient Phone (866) 311-9184
10 - Patient Condition Related To R0I R0I Date Other Ins. 14 - Date/Ind of Current 15 - First Date 16 - UT Employment N Accident I 01/01/2024 3 _/_/ /_/ 17 - Referring Phys Name (Last/Org, First, Mid, Suffix) Referring Phys IDs/Types 18 - Hospitalization Dates	W/Disability Dates & Type to 0
19 - Reserved For Local Use 22 - Medicaid Resubmission Code	*& Ref No
25 - Fed. Tax ID 111223333 SSN/EIN E 27 - Provider Accepts Assignment? A PIN N 31 - Provider SOF Y Date 01/01/2022 Facility? Dental? COB? Frequency 33 - GRP N	o. 1234560001
	<u>Save</u> <u>Cancel</u>

- 1) Select the patient via **Patient Control No**. Use the right-click or F2 lookup feature to bring up the Patient Selection screen. (For more information about entering a new patient, see Appendix A.)
 - If you only have one billing provider or have linked the patient to the billing provider as indicated in the section on patient entry, the **Billing Provider** field will be entered when you select the **Patient Control No**.
 - Patient name and address information will be filled out automatically when you select the **Patient Control No**.
 - If this claim is for a different billing provider than what is linked in the patient information area, select the correct **Billing Provider** to override the link for this claim only.
- 2) Item 10 Patient Condition Related to Employment must be entered.
- **Note:** Along the bottom row is an entry for **COB?**. Enter a **Y** in this field to bring up COB tabs for entering Medicare as Secondary Payer, or MSP, claims. The Medicare as Secondary Payer Setup document and the PC-ACE User Guide on the CEDI Web site <u>https://www.ngscedi.com</u> as well as the on-line help (F1) have more details on how to enter this information.





Insured Information tab:

Professional Claim	n Form								×
Patient Info & Gene	eral Insured Information Billing	Line Items Ext. Patier	nt/General E	xt. Pat/Ger	n (2) Ext. Paye	er/Insured			
Sub Payer ID	Payer Name	Insured's ID 999000000A	P.Rel	Insured's L SMITH	ast/Org Name	First Nan JANE	ne		Gen
							_		
Birthdate Se 01/01/1950 F //	xx Sig AOB Insured's Ad	dress 1	Insured's Add	ress 2	Insured ANY TOWN	d's City I	State	Zi 12345	p ·
Country Insured's	s Phone / Ext. ESC I	Employer Name	Gro	oup Name	Gro	oup Number	_	Clear F	Payer
								Clear F	^o ayer
						<u>S</u> av	e	Ca	ncel

- 1) This tab should have most of the fields filled in automatically based on what was entered for the insurance information in the patient entry area.
- 2) Any required entry not filled in automatically will trigger edit validation warning flags when the claim is saved for you to enter the required information.





Billing Line Items tab:

Billing Line Items has multiple sub tabs including Line Item Details, Extended Details, Ext Details 2, and Ext Details 3.

Professional Claim Form	\times
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):	
24a · Service Dates From 24b 24c 24d · Mod 24e 24f 24g 24h 24j 1 /_// / 0	
28 - Total Charge0.00 Rec <u>a</u> lculate0.00 29 - Patient Amount Paid0.00 30 - Balance Due0.00 CPT® codes are copyright 2023 American Medical Association (AMA).	
<u>Save</u> <u>Cancel</u>	

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

- 1) Claim Diagnosis Codes
 - Use the right click or F2 lookup feature to select a valid diagnosis code
 - ICD-9 and ICD-10 codes are listed on separate tabs when the right click or F2 lookup feature is selected

ICD D)iagnosis Co	des	_	\times
ICD-9	ICD-10	1		
ICD10 Co	de ICD10 D	escription		^

• Diagnosis codes are entered without decimal points. The claims format will not allow them, but they are implied.

Example: M6281 will be read by the system as M62.81.

• The diagnosis codes are maintained by the PC-ACE software developers. However, if a diagnosis code changes, it can be updated under the **Codes/Misc** tab on the **Reference File Maintenance** screen by selecting option **ICD**.





- Up to twelve diagnosis codes can be entered on a claim; however, only four diagnosis pointers can be used on a charge line. More places for the diagnosis codes are displayed later in the document.
- 2) **LN** Charge Line Information
 - Each charge line of the claim will be entered as a separate **LN** entry here.
 - The line you are on will control the **Extended Details** tabs.

Example: Data is being entered on **LN 1** so the Extended Detail tabs indicate they are also for Line 1.

Note: Per the claims format specifications, the maximum number of allowed charge lines on any given claim is 50.

Entering Information on the Charge Line:

- 24a Service Dates: Enter the date of service for the charge line
- **24b PS**: Use the right click or F2 lookup feature to select the **Place of Service** for the claim.
- **24c EMG:** This is not used, and will be left blank
- 24d CPT/HCPCS: Use the right-click or F2 lookup feature to select the HCPCS procedure code. This information can also be typed in if you already know the HCPCS you want to use.

Warning: This list is maintained by the PC-ACE software developer and contains codes which are valid for other insurances but are not used for Medicare DME claims.

- > Make sure you select a valid Medicare DME HCPCS code.
- If you would like to create a specific code set to be used, follow the directions in Appendix B - Managing Code Lists for Creating a Specific HCPCS Code Set.
- > The PDAC website, <u>www.dmepdac.com</u>, is available for coding assistance.
- If a HCPCS procedure code changes, it can be updated under the Codes/Misc tab on the Reference File Maintenance screen by selecting the HCPCS button.
- To enter an NDC (National Drug Code), refer to the PC-ACE User Guide or the National Drug Code Entry document on the CEDI Web site <u>https://www.ngscedi.com</u> for more information.

Modifiers: Only two modifiers can be entered on the Line Item Details for 24d.

- > Additional modifiers will be entered on the first **Extended Details** tab.
- 24e Diagnosis: This field indicates which of the diagnosis codes above are relevant for this charge line.
 - > Up to four codes can be referenced by typing the numbers.
 - > To indicate both the 1st and 2nd diagnosis codes entered, type "**1,2**".





- > To indicate the second diagnosis only, a **2** would be entered.
- **24f Charges:** Enter the **Charges** appropriate for the line item.
 - > Charges should be entered as the total charge
 - For example: If an item costs \$10 per unit, and there are 3 units, enter the charge as \$30.
 - If you use the Charges Master to set your own code list, the charge amount for 1 unit will be entered automatically for you.
- **24g Units:** Enter the **Units** appropriate for the line item.
 - Units should be limited to no more than 9999.9. Billing more than 9999.9 units on a single charge line will result in front end errors.
 - If more than 9999.9 units need to be billed, contact the DME MAC Jurisdiction where the claim will be processed for clarification on how they want the charge billed.
- Indicators and Attachments: The small boxes to the right of Units (EP, FP, and AT) are not used, and will be left blank
- **Rendering Phys.:** This field is not used for Medicare DME.





Extended Details (Line #) tab:

The (Line #) will change based on the charge line being entered.

Each charge line on a claim will enter information on a separate tab.

Verify the (Line #) indicates the charge line under Line Items Details you wish to add the additional information.

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)	
Miscellaneous Extended Details	
24d - Modifiers 3 & 4 Hospice Employed? Purch. Charges 0.00 Sales Tax	_0.00
Anesthesia/Other Minutes Co-Pay Status Initial Treatment/_/ Postage Claim	_0.00
Units Type Code Purchased Services? Shipped Date _/_/	
Line-Level Supporting Provider Information	
Last/Org Name First Name MI Suffix Provider IDs / Types / Payer IDs	_
Rendering	•
Purch. Service	-
Supervising	-
Ordering	
Referring	•
Referring (2nd)	-
Asst. Surgeon	-
Save	Cancel

1) Miscellaneous Extended Details

Modifiers: As previously indicated, additional Modifiers 3 and 4 are entered here.

Under some circumstances, there will be more than four modifiers.

- A special modifier is used in the fourth modifier slot to indicate there are more than four modifiers on a claim.
- Modifiers four, five, and any additional modifiers are entered in the narrative. (Information about entering a narrative will be covered at a later point.)
- The DME MAC Jurisdiction which will process the claim should be contacted for more information on what modifiers to use in this situation.

Units Type Code: Use if the units of service are anything other than Units.

• This can usually be left blank.

2) Line-Level Supporting Provider Information:

Only the Ordering Physician will be used for Medicare DME claims. The other fields should be left blank.





- **Ordering:** Right-click or use the F2 lookup to select the appropriate Ordering Physician for the selected charge line.
- **3)** Other information on this screen should only be entered if it is needed, and can cause edits/errors in the claims. These fields are usually not needed for a Medicare DME claim.

Ext Details 2 (Line #) tab:

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)	
Line-level Miscellaneous Information Proc Type/Desc Facility Name	
Obstetric Anesthesia Additional Units0.000 Facility Address	
National Drug Unit Price City/St/Zip/Cntry	
Nat. Drug or UPN Units/Type 0.000 Fac IDs/Types	
Drug Ref No/Type Fac Type	
Drug Prescription Date	
DME Length of Need (Days)	
DME Purchase Price 0.00	
DME Rental Price 0.00	
DME Rental Unit Price Ind.	
<u>Save</u>	el

Line-Level Miscellaneous Information

Proc Type/Desc: If you are using a procedure code requiring a description because it is a generic or miscellaneous procedure code, you will need to enter the description in the Proc Desc box.

- The first little box will be left blank.
- The description is entered into the second longer box
- All other narratives will be entered later.

National Drug Code Information: This information is only used when billing information pertaining to a National Drug Code (NDC).

 If you will be billing an NDC, please refer to the PC-ACE User Guide or the National Drug Code Entry document on the CEDI Web site <u>https://www.ngscedi.com</u> for more information.

DME Fields: These fields are not used for Medicare DME billing.





Facility: Information entered on this tab is for line level only.

- If the Place of Service requires facility information, you must enter it at the claim level.
- Only use the line level facility information to indicate a different facility from what is reported at claim level.

Ext Details 3 (Line #) tab:

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)	
Line-level Miscellaneous Information (continued)	
Ordering Provider Address	
Address City/St/Zip/Cntry	
Line Supplemental Information (PWK) Num Type Trans Attachment Control Number 1 Image: Control Number Image: Control Number	
Line Notes (NTE) / File Information (K3) Num Type Narrative 1	
Save Canc	el

Line-Level Miscellaneous Information (continued)

Ordering Provider Address: The address information for the ordering provider.

- If the ordering provider was entered in the Reference File Maintenance Menu, the ordering provider's address will automatically populate when the ordering provider is selected on the Extended Details (Line #) tab.
- If the ordering provider was not entered in the Reference File Maintenance Menu, you will need to add the address information manually.

Line Supplemental Information (PWK): This field is not typically used. Please refer to the Entering the PWK (Paperwork) Segment document located on the CEDI Web site https://www.ngscedi.com under the PC-ACE Document section for more information on the use of this field.

Line Notes (NTE)/File Information (K3): Use this field to enter narrative information.

- Select **ADD** for general narrative.
- Only letters and numbers should be entered in the Narrative field.





• Do not use special characters such as *, ~, or : as they can cause 999 rejection errors.

Return to the Line Item Details tab. Repeat the above steps as needed for to bill multiple charge lines on a claim.

Once all charge lines are entered for the claim select the **Recalculate** button at the bottom of the Line Items Details tab.





Ext. Patient/General tab:

If the Place of Service code you entered for your charge lines requires facility information to be sent, return to the Patient Info & General tab.

Item **31** – **Facility?** Must be selected as **Y** if facility information is required in this claim.

• If you are not sure if your place of service requires facility information, contact the DME MAC Jurisdiction which will process the claim.

Selecting Y in the Facility field will automatically take you to the Ext. Patient/General tab. The Facility Information section is the only section used for Medicare DME claims.

Professional Claim Form		×
Patient Info & General Insured Information Billing Line Items	Ext. Patient/General Ext. Pat/Gen (2) Ext. Payer/Insured
Patient Legal Representative Information	Miscellaneous Patient & General Infor	mation
Name (L/F)	Date of Death	First Contact Date
Address	Accident Date	Special Program Indicator
City/St/Zip	Accident State/Hour	Medical Rec No
Country Phone ()	Accident Country	IDE Number
	Responsibility Ind	Form Loc 31
- Facility Information -	FL-10d	EPSDT Referral
Name	Homebound Ind	Submission Reason Code
Address	Date Care Assumed	Delay Reason Code
	Date Care Relinquished//	Pregnancy Indicator
City/St/Zip	Date Last Seen _/_/_	Claim Tag
Cntry / IDs	Date Last Worked	Patient Weight (lbs)
Fac Type Phone/Ext []	Return To Work Date _/_/_	-
Contact	Prescription Date _/_/_	-
,		
		<u>S</u> ave <u>C</u> ancel

1) Facility Information

- Use the right click or F2 lookup feature in the Facility Name field to bring up the Facility Selection screen. Select the facility you need to send for this claim, if required.
- Places of service codes which do not require facility information may reject if this information is sent.
- 2) Miscellaneous Patient & General Information and Representative Information

This information is generally is not required.





Ext. Pat/Gen (2) tab:

Professional Claim Form	×
Patient Info & General Insured Information Billing Line Items Ext. Patient/G	eneral Ext. Pat/Gen (2) Ext. Payer/Insured
Diagnosis Codes (9 · 12):	ICD Ind. Anesthesia Proc. Codes
Claim Supplemental Information (PWK)	Condition Codes
Num Type Trans Attachment Control Number	
Chine Notes (NTE) / Eils Information (V2)	Dental - Tooth Status (DN2) Num Tooth No. Status
Num Type Narrative	
Additional Supporting Provider Information	
Last/Org Name First Name MI	Suffix Provider IDs / Types
Referring (2nd)	
Supervising	
Asst. Surgeon	
	<u>Save</u> <u>C</u> ancel

- 1) Diagnosis Codes (9-12): If more than 8 diagnosis codes need to be entered in the claim, the first 8 will be placed on the Billing Line Items tab and the remaining diagnosis codes will be placed here.
- 2) Claim Supplemental Information (PWK): This field is not typically used. Please refer to the Entering the PWK (Paperwork) Segment document located on the CEDI Web site <u>www.ngscedi.com</u> under the PC-ACE Document section for more information on the use of this field.
- 3) Claim Notes (NTE)/File Information (K3): This field is used for a claim level narrative if needed.
 - **Type** should be **ADD** to indicate claim level narrative

Note: Not all DME MAC Jurisdictions use this level of narrative. If you are in doubt, enter the narrative at the line level instead or contact the Provider Contact Center for the DME MAC Jurisdiction which will process the claim.

4) Other Fields: All other fields on this tab should not be used for Medicare DME claims.

Note: Please note Medicare DME claims will not utilize all tabs or fields in the PC-ACE Software.

When all the information is entered, select **Save**.





Validating Claim Information:

Data entered in the claim may trigger the need for data in fields not covered in this document. PC-ACE will run a series of validation edits to check for missing or incorrect information. Any missing or incorrect information will generate a dialogue box displaying the errors. You can save a claim with errors, even fatal errors.

Example: The claim in this document will be saved without the **Ordering Provider** field being entered.

Edit V	alidation Errors List	
×L	ine 1 - Ordering Provider Last Name Required ine 1 - Ordering Provider NPI or Legacy ID Is Re	quired
Ð	Double-click error to jump to the corresponding field. X Indicates that error must be corrected before saving.	

Double-click on the error to go to the tab where the error is located.

All fields with errors will be flashing red or purple.

Professional Claim	Form					×
Patient Info & Genera	al Insured Information B	illing Line Items Ext. Patien	/General Ext. Pat	/Gen (2) Ext. Pay	er/Insured	
Line Item Details	Extended Details (Line 1)	Ext Details 2 (Line 1) Ex	t Details 3 (Line 1)	1		
Miscellaneous Ex	tended Details					
24d - Modifiers 3 8	x 4	Hospice Employed?	Purch. Charges	0.00	Sales Tax	0.00
Anesthesia/Other	Minutes 0	Co-Pay Status	Initial Treatment		Postage Claim	0.00
Units Type Code		Purchased Services?	Shipped Date			
		Line-Level Supporting Pro	vider Information			
	Last/Org Name	e First Name	MI Suffix	Provider IDs /	Types / Payer IDs	
Rendering						-
Purch. Service						-
Supervising						
Ordering						-
Referring						—-i
Referring (2nd						— •
Asst. Surgeon						-
Line 1 · Ordering Prov	ider Last Name Required	1	Error List	Sav <u>e</u> With Fata	I <u>S</u> ave	<u>C</u> ancel

Saving the claim will take you back to the Professional Claims List screen.





Check the status of the claim:

Status equaling **ERR** or **ERF** indicates the claim has errors.

Claims with no errors will show a status of CLN.

Ψ	Profes	sional	Claim List					\times
<u>F</u> ile	e F <u>i</u> lte	r <u>A</u> ct	ions <u>R</u> eports					
◄	Status	LOB	PCN	Patient Last	Bill Provider	Туре	Entered	S 🔨
	ERF	MCB	JASMITH	SMITH	1234560001	Solo	12/11/2024	1

Managing Claims

Claims can be managed from the Professional Claims List.

- Select the Professional Claims Processing option on the PC-ACE main menu
- Select List Claims

Claims can have several different status indicators.

From the PC-ACE built-in Help feature (F1 from any screen in PC-ACE):

- The possible status codes are: "clean/ready" (CLN), "deleted" (DEL), "has fatal errors" (ERF), "has errors" (ERR), "held" (HLD) and "unprocessed" (UNP).
 - CLN: This indicates the claim is ready to be prepared into a claims file for submission through the CEDI SFTP Gateway.
 - ERR: This indicates the claim will not be put into claims files for transmission to the CEDI SFTP Gateway unless you select the option to include them when preparing a file for transmission.
 - **ERF:** This indicates the claim cannot be sent until it is corrected.

Select **View/Update** to return to a claim to make any needed corrections.

Example: In the example used during the Claims Entry part of this document, we have selected the **Ordering Provider** and saved the claim again, so it is now reflecting a **CLN** (clean) status.

	Ψ	Profes	sional	Claim List			_		\times
	<u>F</u> ile	e F <u>i</u> lte	r <u>A</u> ct	ions <u>R</u> eports					
	•	Status	LOB	PCN	Patient Last	Bill Provider	Туре	Entered	S 🔨
I		CLN	MCB	JASMITH	SMITH	1234560001	Solo	12/11/2024	1







Placing claims on hold:

This will allow a clean claim to not be batched into the claims file for submission to CEDI. The claim status will show **HLD** once the claim is placed on hold.

- To place one claim on hold, right-click on the claim you wish to hold and select **Hold Selected Claim**.
- To place multiple claims on hold, select the boxes in front of a series of claims you wish to hold, right-click or use **Actions** at the top of the screen, and select **Hold All Checked Claims** (which is further down the list in the example).



The status will show **HLD** and the claim will not be sent until the status is changed back.

Ψ	Profes	sional	Claim List			_		×
<u>F</u> ile	e F <u>i</u> lte	r <u>A</u> ct	ions <u>R</u> eports					
◄	Status	LOB	PCN	Patient Last	Bill Provider	Туре	Entered	^
	HLD	MCB	JASMITH	SMITH	1234560001	Solo	12/11/2024	







Releasing a claim on hold:

This is done by the same process as putting the claim on hold.

- Check the box of the claim(s) you wish to release.
- Select Actions at the top of the menu.
- Select Release Selected Claim or Release All Checked Claims.



The status will then show UNP for Unprocessed.

🗰 Profes	sional	Claim List			•		×
<u>File</u> Filte	r <u>A</u> ct	ions <u>R</u> eports					
✓ Status	LOB	PCN	Patient Last	Bill Provider	Туре	Entered	Serv. 🔺
UNP	MCB	JASMITH	SMITH	1234560001	Solo	12/11/2024	12/01

Note: Claims marked **UNP** will not be included when you prepare batches. Only claims with a status of **CLN** will be included in the claims file to be transmitted.

To change the status to CLN:

- Select View/Update to open the claim, then select Save.
- For a large number of reactivated claims, exit to the **Professional Claims Menu** and select **Process Claims.**

Select Close to return to the Professional Claims Menu when finished entering claims.





Preparing to Send a File

To create a file to transmit, start from the **Professional Claims Menu** and select **Prepare Claims**.



Professional Claim Prepare For Transmission screen:



1) Include Claims Matching

LOB: This should reflect <<ALL>>

• If you use the PC-ACE software to bill Medicare Part A or Medicare Part B, you may need to adjust this field.

Payer: Only one Medicare Payer can be selected at a time. If the PC-ACE software is only used for Medicare DME claim submission and only one payer ID was entered in the claims, you can leave this field as **<<ALL Payers for LOB(s)>>**.





• If you selected one Medicare DME Payer ID for all patients and providers regardless of the DME MAC Jurisdiction they live in, you will be able to send all claims in one transmission.

Note: CEDI will send the claims to the correct Jurisdiction based on the patient's address information entered in the claim, not the Medicare DME Payer ID.

• If you selected the proper Medicare Payer ID for the Jurisdiction the patient lives in, you will need to prepare the claims as separate transmissions.

Note: You will need to send the created file before batching a new file.

Provider: This will allow you to select to build a claims file for all providers or for a specific one if you have multiple billing providers.

2) Submission Status

Production: This will indicate the claims are sent to be processed for payment.

Test: This will allow you to send trial claims which will not be forwarded to the appropriate DME MAC even if they have no CEDI front end errors.

3) Include Error Claims?

This indicates whether or not to include claims with an **ERR** status in this transmission.

- Make sure all claims with an ERR status are claims you intend to send
- Any ERR status claim you do not wish to send must be flagged as HLD for hold.

Note: Error claims with a status of **ERF** (indicating a fatal error) will not be sent no matter what setting is selected.

When you click **Prepare Claims**, it will prompt you for confirmation you wish to create a file to send and will display a message when it is finished creating the file.

When completed, the following dialogue box will be displayed:

Claim prepare operation c	omplete	
Prepare Totals	Count	Dollar Value
Prepared Clean	1	50.00
Rejected	0	0.00

View Results will display a printable report of the claims prepared in this transmission.

Close will return you to the Professional Claims Menu.

Note: The PC-ACE software does not offer a communication component to send claims to the CEDI SFTP Gateway. All Trading Partners must use a Network Service Vendor to connect to the CEDI SFTP Gateway to send and receive claim files. A list of approved Network Service





Vendors is available on the CEDI Web site <u>https://www.ngscedi.com</u> under Telecommunications.

Restoring a Previously Sent Claim

From the Professional Claims Menu, select List Claims.

Use the drop down menu for **Location** to select **TR** for claims which have already been transmitted.

Claim List	Filter Options	
Location:	CL to be transmitted	-
Checked	CL to be transmitted TR/PD transmitted + paid TR transmitted only PD paid only	

This will display any claims prepared for transmission.

- To restore a previously sent claim, right-click on the claim you wish to restore and select **Reactivate Selected Claim**.
- To restore multiple claims previously sent, select the boxes in front of a series of claims you wish to restore, right-click or use **Actions** at the top of the screen, and select **Reactivate All Checked Claims** (which is further down the list).



Change your **Location** back to **CL**. The claim should now be marked **UNP**.





Select View/Update to edit the claim.

• This is useful for correcting errors received on the front end edit reports. Saving the claim should result in it being returned to a **CLN** status, ready to be prepared for transmission.

You can also reactivate an entire file for retransmission.

- Use the built-in F1 help document for instructions to search for the topic **Reactivating an Entire EMC File for Retransmission.**
- This will recreate the exact claims file prepared during the transmission, including control numbers and create dates.
- This is for resending when an entire file did not make it into the editing system.

WARNING: By default, PC-ACE keeps a backup copy of the claims file in a zipped/compressed format for 90 days. These zipped/compressed files cannot be sent to CEDI and must be reactivated as instructed above.

To change the length of time the file is kept, you can change the setting from the PC-ACE main menu.

Select File and Preferences.



This will produce the **Preferences** menu.

Select the Misc tab.

The first item listed is Purge archived EMC transmission file after 90 days.



Adjust the number of days to the desired length of time to maintain a duplicate copy of the claims file.







Appendix A – New Patient Entry

Entering a new patient while on the Professional Claim form

Click in field 26 – Patient Control No. Use the right-click or F2 lookup feature to bring up the Patient Selection screen.

Professional Claim Form			×
Patient Info & General Insured Infor	mation Billing Line Items Ext. Patie	nt/General Ext. Pat/Gen (2) Ext. P	ayer/Insured
LOB MCB Billing Provider 12	234560001 26 - Patien	Control No.	
2 - Patient Last Name	First Name MI Gen	8 - Pat. Status 3 - Birthdate Sex MS ES SS	Death 12 Legal NPI Ind SOF Rep. Exempt
5 - Patient Address 1	Patient Address 2	Patient City State Pat	ient Zip Country Patient Phone
10 - Patient Condition Related To Employment Accident 17 - Referring Phys Name (Last/Org	ROI ROI Date Other Ins. 14 - D	Date/Ind of Current 15 - First Date /_/ /_/ s/Types 18 - Hospitalization v /_/ to	16 - UTW/Disability Dates & Type
19 - Reserv	red For Local Use	22 - Medicaid Resubmiss	ion Code & Ref No
25 - Fed. Tax ID 111223333 31 - Provider SOF Y Date 01/0	SSN/EIN E 27 - Provider Acce	pts Assignment? A COB? Frequency 3	PIN No. 1234560001 3 - GRP No.
			<u>S</u> ave <u>C</u> ancel

Select $\ensuremath{\textbf{New}}$ in the bottom left corner of the Patient Selection Screen.

Enter your patient information





General Information tab:

Patient Information	×
General Information Extended Info Prir	nary Insured (Inst) Primary Insured (Prof) Secondary Insured 💶
Last Name First Nam SMITH JANE	e MI Gen Patient Control No (PCN)
Patient Address Address 1234 MAIN ST City State Zip ANY TOWN IN 1234 Country Phone (866) 311-9184 Notes	Patient Status Active Patient Y Discharge Status Sex F Death Ind D0B 01/01/1950 DOD _/_/ 5 Marital Status Signature On File B Employment Status Release of Info I Student Status ROI Date 01/01/2024
	<u>S</u> ave <u>C</u> ancel

Right click or use the F2 lookup feature for lists of options in many of these fields.

Make sure the patient's name is entered exactly as it appears on the patient's Medicare ID card.

Patient Control Number is an ID number assigned by the provider or submitter.

There are two boxes by Signature on File.

- The first box (empty in the example above) is for Medicare Part A Institutional claims and will be blank.
- The second box is for Medicare DME and Medicare Part B Professional. Right click or use the F2 lookup feature to get the list of valid values.

Release of Info has several options listed on its right click/F2 lookup list. Only I or Y are valid for Medicare DME. Any other entries will result in front end rejections.

Note: Some fields may not be required. Only enter information if it applies to this patient.





PC-ACE Claim Management

Extended Info tab:

Patient Information	>	<
General Information	Extended Info Primary Insured (Inst) Primary Insured (Prof) Secondary Insured	۲
Patient Legal Rep	esentative Information (Professional use only)	
Name (L/F)		
Address		
City/ST/Zip		
Country	Phone ()	
Primary Provider II	(Institutional use only)	
Provider ID	(press F2 to select)	
Billing/Rendering	vrovider IDs (Professional use only)	
Billing Provider ID	(press F2 to select)	
Rendering Provide	r ID	
L		
	<u>S</u> ave <u>C</u> ancel	

- **Patient Legal Representative Information:** This field should only be filled out when the patient is legally represented by someone else. For example, this would be the name of the person who has power of attorney.
- **Primary Provider ID (Institutional use only):** This is not used for Medicare DME and will be left blank.

Billing/Rendering Provider IDs (Professional use only):

- **Billing Provider ID** is where you can indicate which supplier is most likely the one this patient will have claims for. This will save time during claims entry.
- **Rendering Provider ID** is left blank this is for Medicare Part B (office visit) claims, not DME.







Primary Insured (Prof) tab:

Right-click or use the F2 lookup feature to select the primary payer. This should fill in the Payer ID, Payer Name, and LOB (Line of Business) fields.

atient Information				>
ieneral Information Extended	Info Primary Insure	d (Inst) Primary Ins	ured (Prof) Secon	dary Insured 📕
Payer ID Payer Name 17013 DME MAC	URISDICTION B	LOB MCB		
Group Name C	àroup Number	Claim Offi	ce	
Insured Information (F7)	bloyer Information (F8	3)	Clear All Fiel	ds For Insured
Rel Last Name	First Name JANE	MI Gen	Insured ID 999000000A	
Address 1234 MAIN ST		Sex DOB 01/01/195	F Assign of Be	enefits <u>Y</u> nfo I
City St. ANY TOWN IN	ate Zip 12345	Employ Status	ROI Date	01/01/2024
[(866) 311-9184				,
			<u>S</u> ave	<u>C</u> ancel

Payer ID: When claims are prepared for submission, only one Medicare Payer can be selected at a time. Either

- Select one Medicare DME Payer ID for all patients regardless of the DME MAC Jurisdiction they live in. This will allow you to send all Medicare DME claims in one transmission
- Select the proper Medicare Payer ID for the DME MAC Jurisdiction the patient lives in. This will force you to prepare separate submissions for each DME MAC Jurisdiction
- **Group Name** and **Group Number:** These are only entered if they are indicated on the patient's insurance ID card these are left blank for Medicare.

Claim Office: This will most likely be blank unless indicated on the insurance ID card.

Insured Information (F7):

Rel: Select the relationship of the patient to the insured party.

- For Medicare, this is always **18 Self**. This will fill out the rest of the information.
- Use the right-click or F2 lookup function to make the appropriate choice.

Insured ID:

• For Medicare, this is the field for the Medicare ID number. It must match the information on the patient's Medicare ID card exactly.





If the patient has a secondary insurance, the insured party will be added on the **Secondary Insured** tab. For Medicare DME patients, secondary insurance information will need to be entered under **Secondary Insured (Prof).**

For more information about entering secondary insurances or Medicare as a secondary payer, please refer to the PC-ACE help documents and the PC-ACE User Guide on the CEDI Web site https://www.ngscedi.com.

Medicare does not allow tertiary insurance claims, so this tab should be left blank.

Click **Save** once all patient information is entered.

Highlight the patient you entered and click Select in the bottom right corner of the Patient Selection screen.

Return to "Patient Info & General tab" instructions to finish entering claim information.





Appendix B – Managing Code Lists

The Procedure codes (HCPCS), Modifiers, and ICD codes are maintained by the software. However, if a code changes or a new code is not in the list, the information can be updated under the **Reference File Maintenance** screen.

PC-ACE®	Claims Pro	cessi	_	×
<u>F</u> ile <u>V</u> iew	Security	Help		

Select the Codes/Misc tab.

	_
<u>C</u> lose	;
	<u>_</u> lose

To update or add a HCPCS, Modifier, or ICD code, select the appropriate option from the list under the Shared column.

Select **New** if adding a new code not in the list.

Select View/Update if updating information for a current code in the list.

Managing the HCPCS List (used when entering claim information):

When entering claim information, the right-click and F2 lookup functions will access the global HCPCS list. If you would like to create a specific code set to be used, follow the directions below for **Creating a Specific HCPCS Code Set**.





Creating a Specific HCPCS Code Set:

Users can specify a specific set of codes for the Procedure Code (HCPCS) lookup feature instead of using the global list.

- 1. From the **Reference File Maintenance** on the tab for **Codes/Misc**, the **Charges Master** option is located in the **Professional** area on the right.
- 2. Enter a limited list of procedure codes (and their standard charges) which will be used.
- 3. Close the Charges Master and Reference File Maintenance when the list is complete.



- 4. From the PC-ACE main menu, select File and Preferences.
- 5. This will produce the **Preferences** menu.







- 6. Place a checkmark in the box for Use Charge Master reference file for Professional procedure code lookup.
- 7. Only codes entered into the **Charges Master** area will be listed in the right-click or F2 lookup functions.

Note: The lookup functions for procedure code either make use of the general list <u>or</u> the list entered in **Charges Master**, not both.

