INOVALON| PC-ACE®
USER MANUAL

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PC-ACE USER MANUAL

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Administrative Services of Kansas (ASK) is proud to release INOVALON | PC-ACE® as our free-billing software solution. PC-ACE is a windows-based electronic claims filing software. There are many easy-to-use features in PC-ACE. Many of the features are out-lined in this user-friendly guide. This will provide you with a map of all steps to follow for a successful PC-ACE setup.

The intent of this condensed guide is to provide the user the basics of setting up and using your PC-ACE software. Details on these topics can be found within the HELP option of the PC-ACE software by pressing F1, or in this guide.

If you need further assistance, please contact the Helpdesk at 1-800-472-6481, option 1 and option 2 or via e-mail at askedi@ask-edi.com

For information on additional services offered thru ASK, visit our website at www.ask-edi.com

Chapter 1: Getting Started Guide

Minimum System Requirements

- SVGA monitor resolution (800 x 600)
- Windows 10, Windows 8 and 8.1, Windows 7 or Vista operating system
- Adobe Acrobat Reader Version 4.0 or later (for overlaid claim printing)

PC-ACE Installation

Follow the steps below to install PC-ACE in a single-user environment:

1) Refer to the confirmation e-mail that was sent to you to find the PC-ACE software and to start the PC-ACE installation. The link to the software will be included in this information. You will be required to sign up for the e-mail list notification before proceeding with the download.

2) Follow the on-screen wizard steps to complete the installation. The installation is password protected and requires a password to continue with the installation process. Please refer to the "ASK Confirmation Letter" for the password. You will be prompted to select a destination drive. For best performance, select a drive local to your machine. The PC-ACE files will be installed to the WINPCACE directory on the selected drive. Desktop icons will be created for PC-ACE and the current README file.

   ❖ **Note: If multi-user operation is required, select a drive accessible by all workstations on the network that will require PC-ACE access. When the installation is complete, reference the topic "Getting Started with PC-ACE" located in the HELP option within the software for instructions on using PC-ACE in a network environment.**

**NOTE: ASK does not support Network services and/or setups **

Logging into PC-ACE for the first time

1) Users are required to log into PC-ACE before performing any system activities. The login process involves entering a User Id and Password. PC-ACE is configured with a default user with full system access rights. The default User ID is "**SYSADMIN**" and the default password is "**SYSADMIN**". If you have difficulties logging into the system, contact the Help Desk at 800-472-6481, option 1 for assistance.

2) Once the PC-ACE program has been installed, Reference Files must be set up prior to processing claims. Please refer to Chapter 2 of the PC-Ace Manual titled "Setting up PC-ACE Reference Files" for instructions on setting up the Reference Files.

Claim Entry and Edit Processing

Once the reference files have been setup, the different claim entry features can be used to add and update claims. When manually adding or updating a claim, the data fields are typically entered in the order presented – from left-to-right and top-to-bottom on each tab of the claim form. Edit validation errors may be encountered during this entry process if the data entered violates any of the pre-defined edit rules for a specific claim type.

1) To enter claims in to the PC-ACE program, choose either Institutional Claims Processing or Professional Claims Processing from the PC-ACE Main Toolbar

2) Click on the Enter Claims button

3) This will display an empty Institutional or Professional claim record

4) Complete this form, including all tabs as needed, with the appropriate information. Many boxes are labeled with corresponding UB92 or HCFA-1500 paper form field numbers to assist in keying.

For helpful information on entering claims see Chapter 3: Basic Claim Information

__Importing claims__ - ****key entry users should disregard this section****

Claims can be imported directly from a file in the Electronic Media Claims (EMC) format. This method may be used in facilities where the providers practice management system can generate a reliable EMC output file. In order to do this, refer to the on-line HELP topic Importing claims by pressing F1.

https://www.inovalon.com/provider-contact-us/

INOVALON|PC-ACE has a PrintLink feature that allows you to import claims from "print image" files. This feature is not included when the software is downloaded from ASK, however if you are interested in the PrintLink mapping service you can contact INOVALON directly. ASK PC-ACE users will need to identify themselves as such and indicate that they are not an INOVALON direct licensee. Because this feature is an addition to the software there may be a cost associated with this feature.

Preparing Claims

When selecting Prepare Claims from the Institutional Claims Menu or the Professional Claims Menu, the program generates an EDI compatible formatted claims file that can be sent to ASK. This process saves the claim file at the location, C:\WINPCACE\BCTRANS.dat (for Institutional claims) or C:\WINPCACE\BSTRANS.dat (for Professional claims) - the drive could be different if running on a network.

Claims must be prepared before they can be transmitted.

Transmitting Claims

In order to transmit the claims file (BCTRANS.dat or BSTRANS.dat), a communication package will be needed. Please refer to Chapter 4 of the PC-ACE Manual "EDIFECS HIPAA 5010 File Transfer" document for instructions. If you choose to use a different communication package it will be the responsibility of the provider to know how to set up and use that program.

Additional PC-ACE Pro Features

PC-ACE allows you to use many additional features not outlined in this document. Following are a few of the features that may help you utilize the full functionality of this product.

- **Codes/Misc** - This is part of the Reference File Maintenance. Users can make modifications to the preloaded **HCPCS, ICD 9, ICD 10 and Taxonomy codes**. The user may also set up **UPIN, Physician and Facility information** to reduce key strokes on key-entry claims, as well as utilizing the **Charges Master** option to define charges for commonly used procedure codes.

- **System Utilities** - Backup/Restore feature and File Maintenance

- **E-mail Feature** - Send ASK an email to ask your question or make a suggestion.

- **Preferences** – The General Preferences tab settings control a number of claim entry options as well as other basic aspects of PC-ACE operation. Refer to the on-line help for a description of each available option.

PC-ACE Pro Tips

1) Pressing **ALT+F2** will make flashing fields appear on screen in the fields that have "lookup" drop down menus

2) **Right-clicking** or pressing **F2** in "lookup" fields will make a dropdown menu appear that lists the valid options for that field

3) If you hold the mouse pointer over a field, a brief description of that field will appear

4) Pressing F1 at any time will display the corresponding PC-ACE On-line HELP System topic

Chapter 2: Setting up PC-ACE Reference Files

If billing for one provider, you will set up a solo practice provider type. If setting up an individual provider within a group, you will need to set up a group practice and then set up a provider screen for each individual within the group.
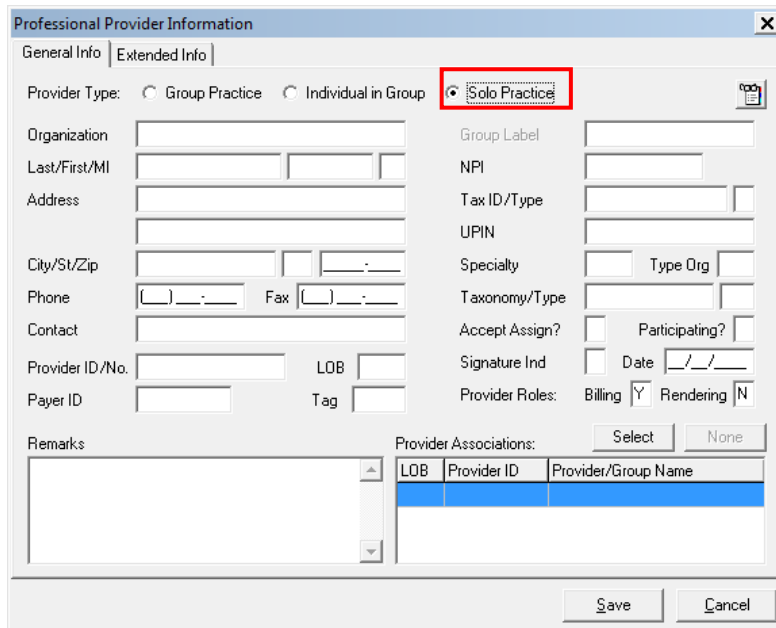
Submitter setup

1) With the PC-ACE program running, choose the **Reference File Maintenance** option from the Main Toolbar as seen below. **NOTE: if you have not logged in, you will be prompted to do so**
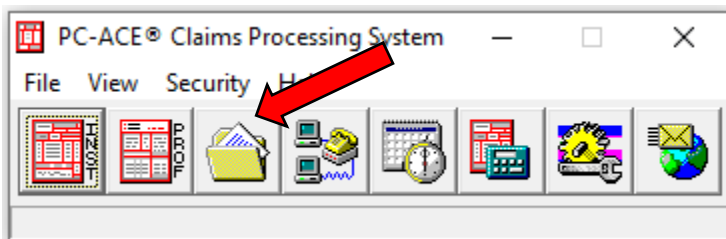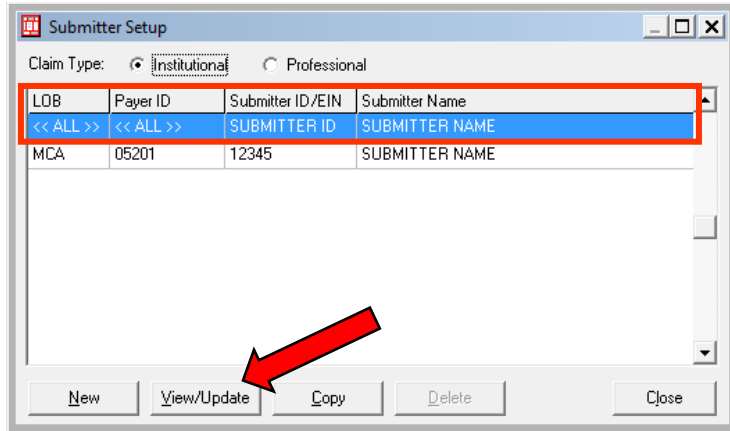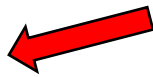

2) Select the **Codes/Misc** Tab and click on **Submitter**
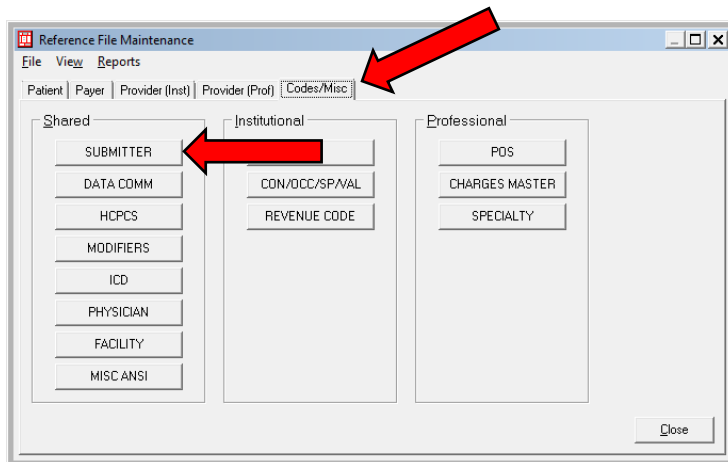
3) Select Claim Type: **Institutional** or **Professional** depending on the type of claims you are submitting
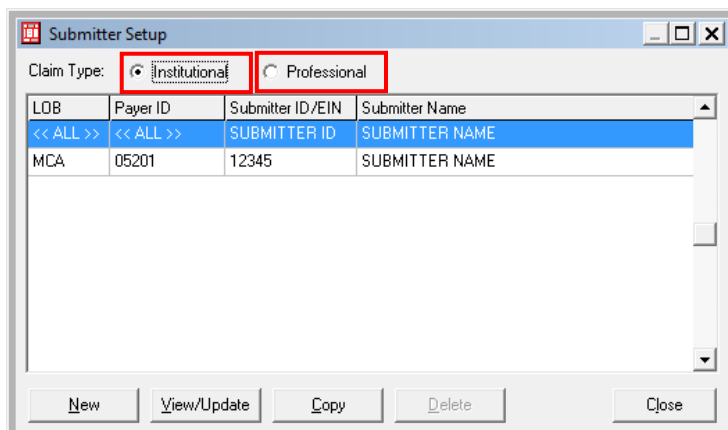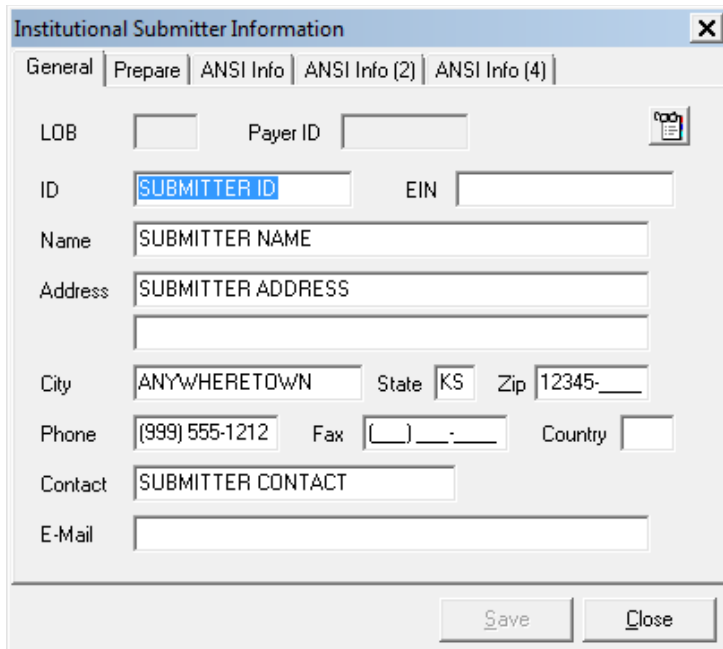
4) Highlight the entry that has a LOB of <<ALL>> and Payer ID of <<ALL>>, then click on **View/Update**

5) Enter your submitter information into the fields shown below on the **General Tab**
- **ID Field** - enter the **Trading Partner Number** that is documented on the ASK confirmation letter.
- The fields that are left blank in the example below are **NOT** required fields

6) After the fields have been updated, select **Save** and then **Close**

Professional Provider Setup

Prior to entering claims, Provider information must be added to the "**Provider (Prof)**" tab in the Reference File Maintenance. **NOTE: You will need to complete this process for each Line of Business you will be sending claims for.**

The Professional provider structure defines three distinct provider types:

Solo Practice - Identifies the provider record as representing a solo practice provider. Solo practice providers are not associated with any provider group, and will bill claims directly.

Group Practice - Identifies the provider record as representing a group practice for billing purposes.

Individual in Group - Identifies the provider record as representing an individual provider that is a member of one of the existing "group" providers.

Solo Practice Setup

1) Choose the **Reference File Maintenance** option from the Main Toolbar as seen below. ***Note - if you have not logged in, you will be prompted to do so**
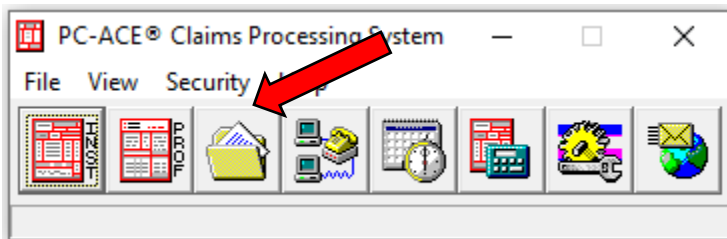
2) Select the **Provider (Prof)** tab and select **New**
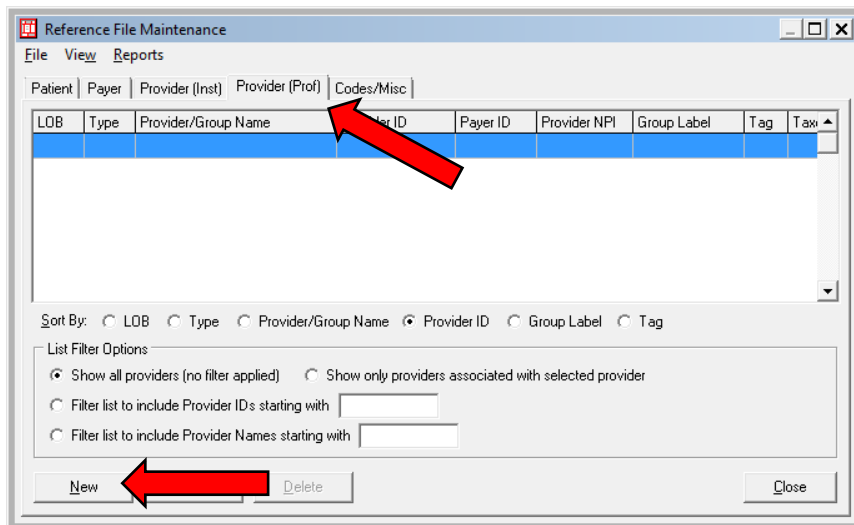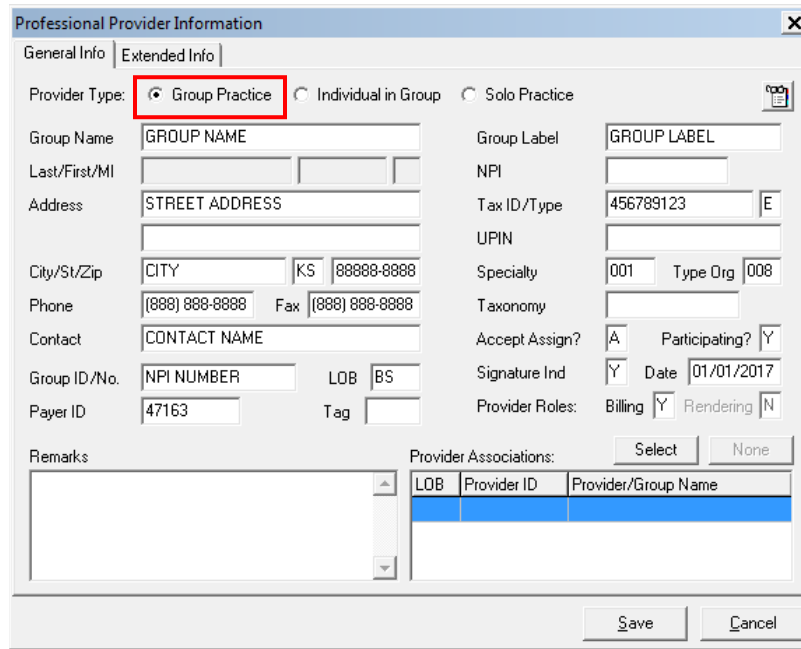
3) Select **Provider Type: Solo Practice** and complete the boxes with your office information.
   - The address must be a physical address. PO Boxes are not allowed
   - Provider ID is your NPI number
   - LOB is the Line of Business you are setting up. Right-click this field for a list of options
   - Payer ID is the electronic payer number for the selected line of business. Right-click this field for a list of options
   - NPI field can be left blank since it is listed in the Provider ID/No. field

4) Select the **Extended Info** and right-click in the **Provider ID/No Type** Field and select XX – National Provider ID and select Save.

Group Practice Setup

1) Select the **Provider (Prof)** tab and select **New**

2) Select **Provider Type: Group Practice** and complete the boxes with your office information.
- The address must be a physical address. PO Boxes are not allowed
- Group ID is your Group or Organizational NPI number. Located in box 33 of the paper HCFA-1500 claim form.
- LOB is the Line of Business you are setting up. Right-click this field for a list of options
- Payer ID is the electronic payer number for the selected line of business. Right-click this field for a list of options
- NPI field can be left blank since it is listed in the Group ID/No. field
- Select the appropriate Group Label. Right-click this field for a list of options.

3) Select the **Extended Info** and right-click in the **Group ID/No Type** Field and select XX – National Provider ID and select **Save**.

Add Individual Provider to Group

1) Once the group has been set up per the previous steps, select the correct Group the provider number will be associated with on the **Provider (Prof)** Tab and click **New**
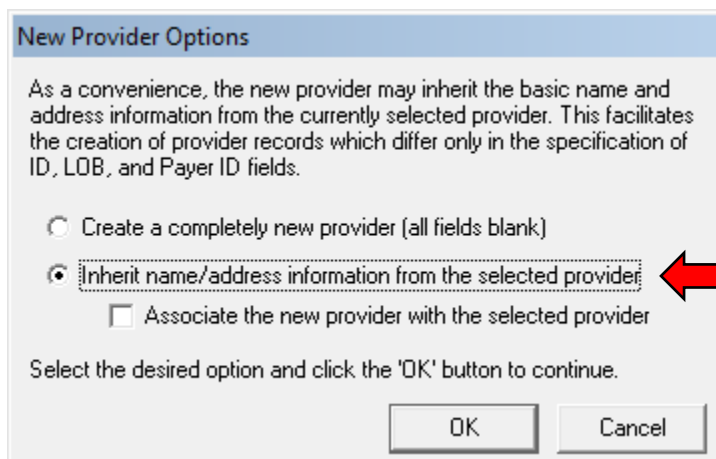
2) Select **Inherit name/address information from the selected provider** and select **OK**

3) Select Provider Type: **Individual in Group** and complete the boxes with your provider information.
   - Add the Individual Provider Name
   - Change the **Provider ID** to the **Individual provider NPI number**
   - Select the appropriate **LOB (Line of Business)**
   - Select the appropriate **Payer ID**
   - Select the appropriate **Group Label**
   - The NPI field can be left blank since the NPI is listed in the Provider ID/No. field

4) Select the **Extended Info** tab and right-click in the **Provider ID/No Type** Field. Select **XX – National Provider ID** and select Save

5) You should now see the individual provider tied to the group in the Reference File Maintenance window as shown below. Each individual provider that is part of the group will need to be set up per steps 1-4 of Add Individual Provider to Group
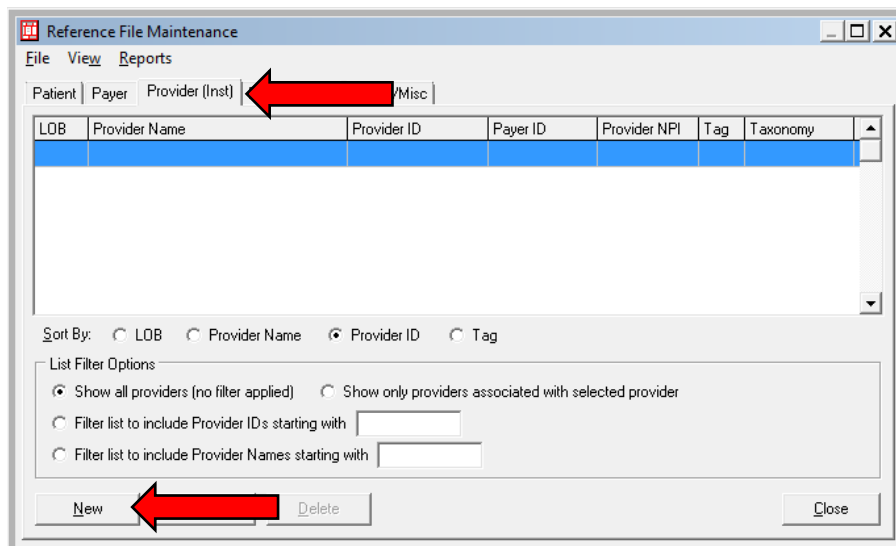
Institutional Setup

1) Choose the **Reference File Maintenance** option from the Main Toolbar as seen below. ***Note - if you have not logged in, you will be prompted to do so**
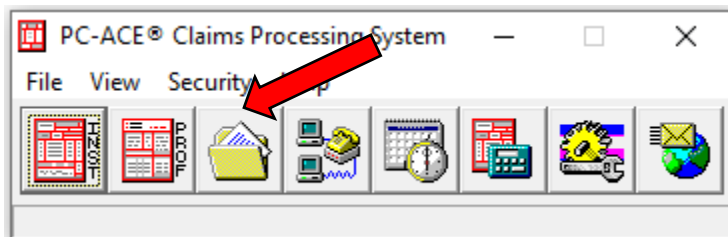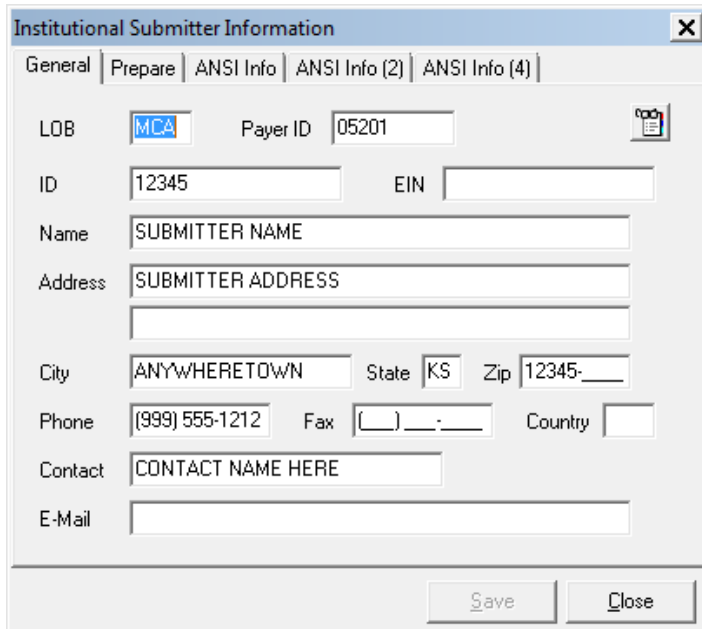

2) Select the **Provider (Inst)** tab and select **New**
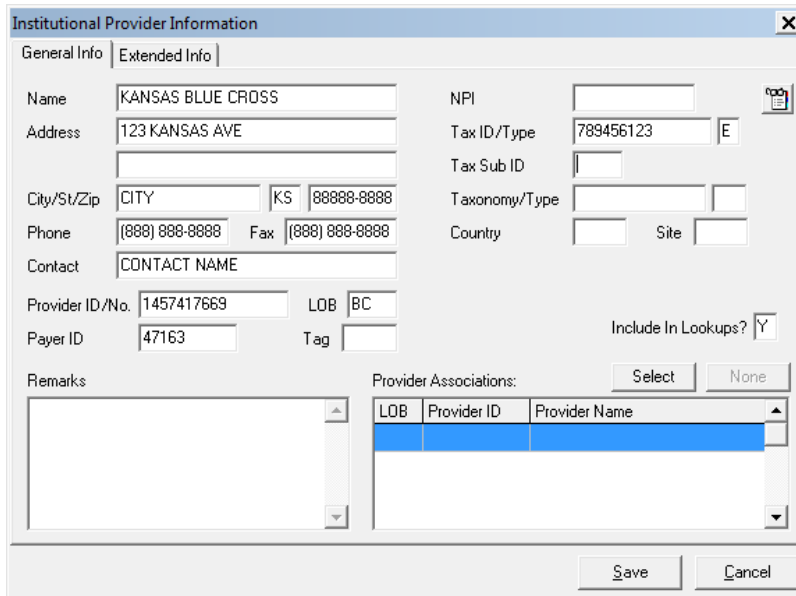
3) Complete the boxes with your office information
   ▪ **Name** - Group Provider Name
   ▪ **Address/City/State/Zip** – The address must be a physical address; PO Boxes are not allowed
   ▪ **Provider ID/No**. – Your Billing or Organizational NPI Number
   ▪ Select the appropriate **LOB** (Line of Business). Right-click for options
   ▪ Select the appropriate **Payer ID.** Right-click for options
   ▪ The NPI field can be left blank since the NPI is listed in the Provider ID/No. field

4) Go to the **Extended Info Tab** and right-click in the **Provider ID/No Type field. S**elect **XX=National Provider ID** (NPI) and select on **Save.**

Payer Setup

The **"Payer"** tab of the Reference File Maintenance screen provides access to maintain system payer information. Setup of the Payer reference file is mandatory for **Commercial Claim Filing**. Payer information for some payers has already been setup in the Payer Reference Files. Please make sure that the payer number is not listed before adding it to the Payer tab.

Payers that have one Payer ID but multiple names can be entered in the software. You can do this by adding a suffix to the Payer ID. **Example:** Payer ID 00023 is known as PHP and Freedom Network. The first entry can be payer ID 00023 the second can be 000230001. The first 5 digits will be sent electronically, the suffix will be suppressed when the claim is prepared

NOTE: The Commercial payer numbers are available at the ASK website under EDI Midwest at the following URL: https://www.ask-edi.com/user-documentation/

1) Choose the **Reference File Maintenance** option from the Main Toolbar as seen below. ***Note - if you have not logged in, you will be prompted to do so**
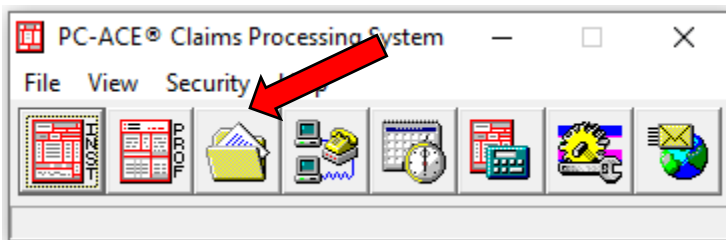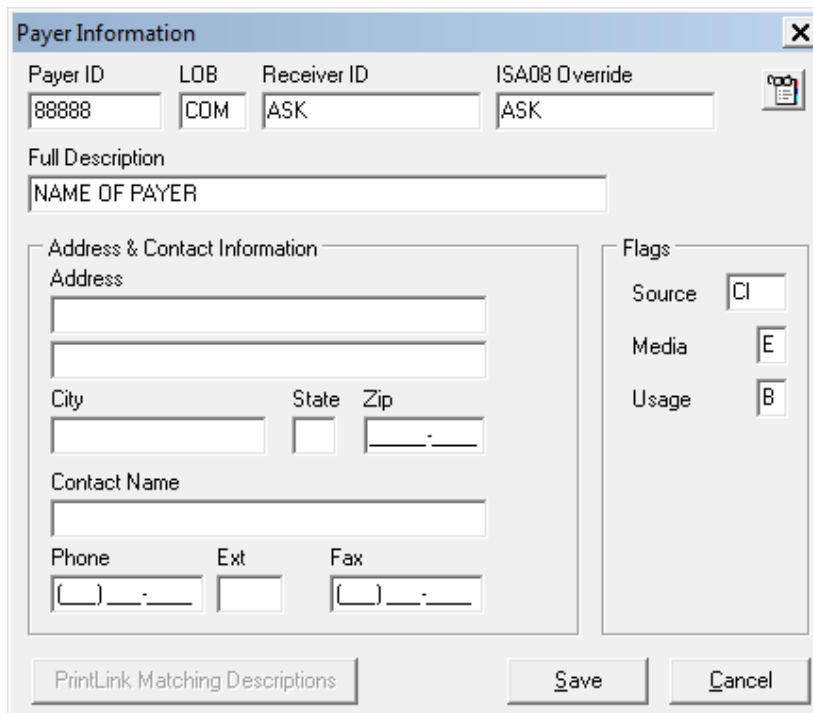
2) Select the **Payer** tab and select **New**
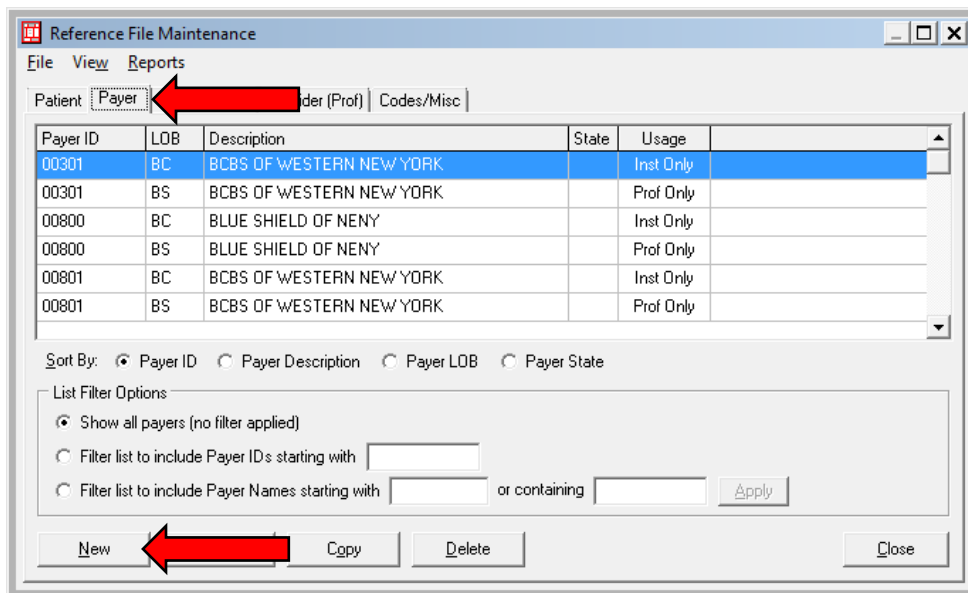
3) Complete the Payer Information form with the payer information
- All Commercial Payers need to have **LOB = COM**
- The **Receiver ID** and **ISA08 Override** must = ASK
- **Source Flag** must = **CI** for all payers
- **Media** must = **E**
- **Usage** can be any of the following
    - **U** = Institutional Only
    - **H** = Professional Only
    - **B** = Both Institutional and Professional

**4)** Select **Save** after information has been updated. Complete steps for each additional payer you want to add

Submitter Setup for WPS

The following changes will need to be made in the ASK version of PC-ACE software for submission of Medicare Claims to WPS.

Refer to WPS at https://wpshealth.com/resources/files/medicare-connection.pdf
for connectivity options and instructions on claim submission.

Professional Claims

1) With the PC-ACE program running, choose the **Reference File Maintenance** option from the Main Toolbar as seen below. **NOTE: if you have not logged in, you will be prompted to do so**
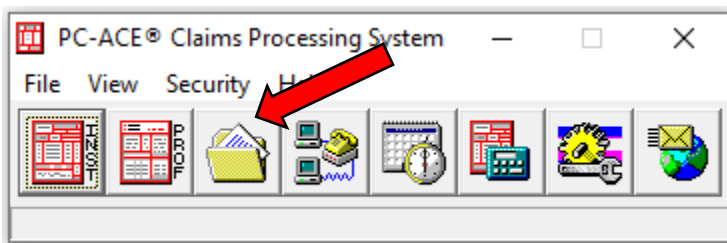

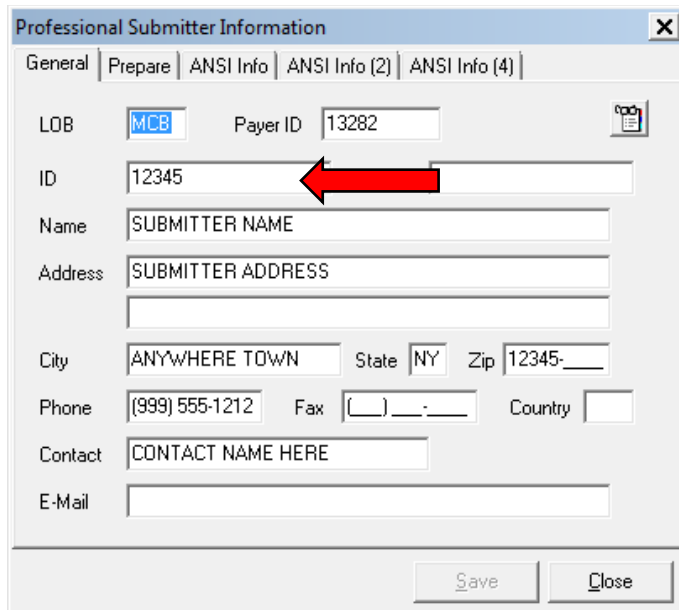2) Select the **Codes/Misc** Tab and click on **Submitter**
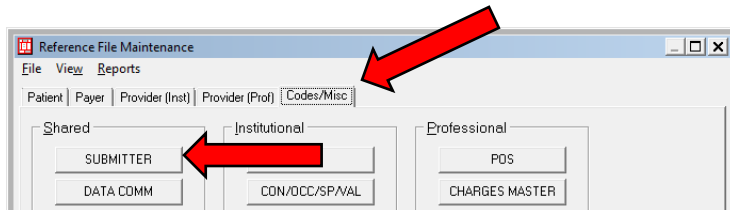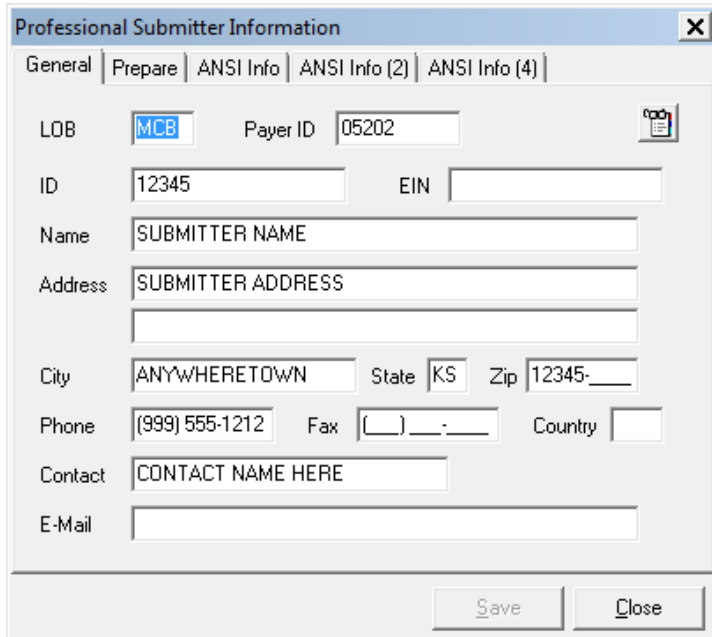
3) Choose **Claim Type: Professional**, **highlight the LOB** which you are setting up and click **View/Update**
   - Kansas Med B = 05202
   - Nebraska Med B = 05402
   - NW Missouri = 05302 (referred to by WPS as Western MO)

   NOTE: The LOB's for MCB not being used by the site can be deleted.
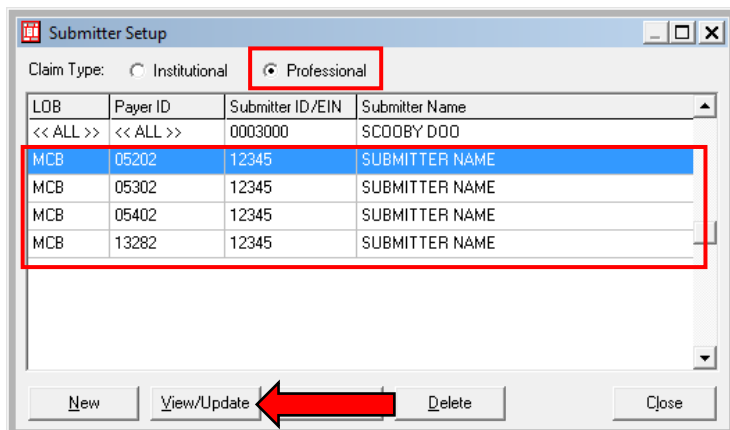
4) Complete all required fields on the General Tab—leave EIN, Country and Region fields blank. The ID field will be completed with the Submitter ID number assigned by WPS.

5) Select the **Prepare Tab** and complete/update the following fields as needed
   - **Submission Status** should be **T** during testing with WPS. This field will need to be changed to a **P** once testing is complete with WPS and can begin sending production claims.
   - **EMC File field** – this will be the **WPS Submitter ID** followed by .dat (example: 94999.dat)

Institutional Claims

1) With the PC-ACE program running, choose the **Reference File Maintenance** option from the Main Toolbar as seen below. **NOTE: if you have not logged in, you will be prompted to do so**

2) Select the **Codes/Misc** Tab and click on **Submitter**

3) Choose **Claim Type: Institutional**, highlight the **LOB/MCA** and click **View/Update**
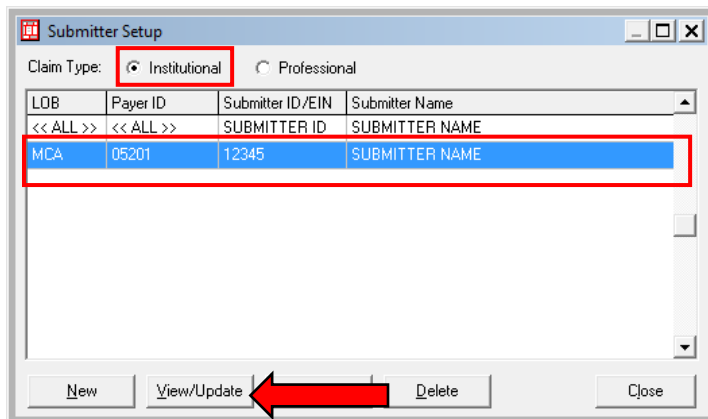
4) Complete all required fields on the General Tab—leave EIN, and Country fields blank. The ID field will be completed with the Submitter ID number assigned by WPS.

5) Select the **Prepare Tab** and complete/update the following fields as needed
    - **Submission Status** should be **T** during testing with WPS. This field will need to be changed to a **P** once testing is complete with WPS and can begin sending production claims.
    - **EMC File field** – this will be the **WPS Submitter ID** followed by .dat (example: 94999.dat)

Claims for Test File

Old claims can be used for testing with WPS. To do this you can copy 25 old claims from your PC-ACE software. Be sure to select only Medicare claims.

Be sure to make the appropriate changes to each claim as outlined in these instructions.

1) With PC-ACE running, click the **Professional** or **Institutional** Claims Processing button to display the appropriate Claims Menu. **NOTE: if you have not logged in, you will be prompted to do so**
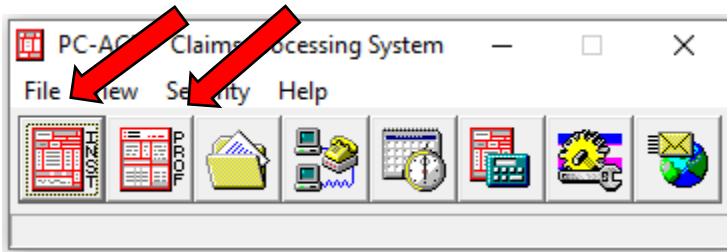
2) Click the **List Claims** button on the Claims Menu to display the list of claims. By default, the list will display claims in the "CL - to be transmitted" location.

3) Change the **Location Field** to **TR-transmitted only**. Check mark the claim (s) from the list, click on **Action** in the toolbar and choose **Copy All Checked Claims.**
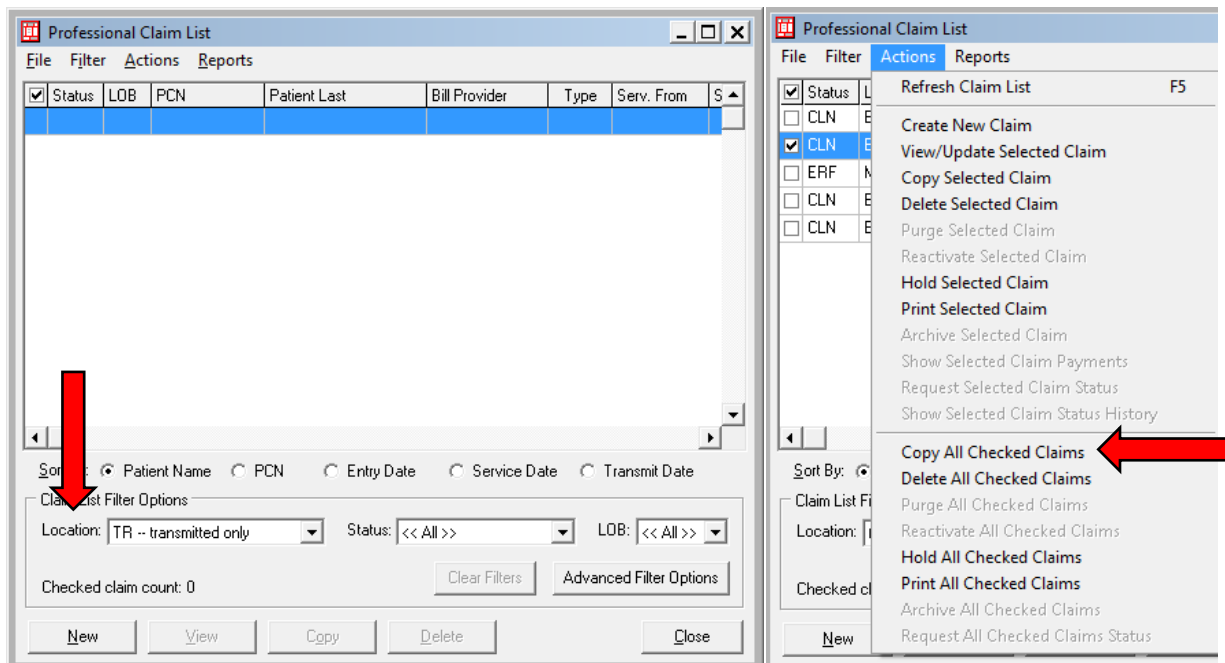
4) Click **OK** on the prompt: **Ready to copy all checked claims? NOTE:** The Copy feature will retain the original claim in the system.
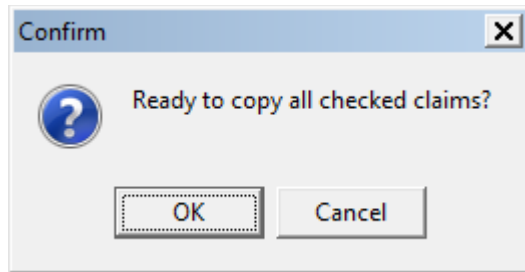
5) Once you have copied the claims, change the location back to **CL - to be transmitted**, you should now see the claims. **You will need to open each claim and go to the Insured Information Tab, put the cursor in the Payer ID field and right click, select the correct payer for WPS Medicare as follows and click SAVE**:

   ▪ Kansas Med B = 05202
   ▪ Nebraska Med B = 05402
   ▪ NW Missouri = 05302 (referred to by WPS as Western MO)
   ▪ Kansas Med A = 05201 **(if doing institutional claims)**

6) Once all claims are in a **CLN** status you are ready to **Prepare** and **Transmit** the claims to **WPS**.
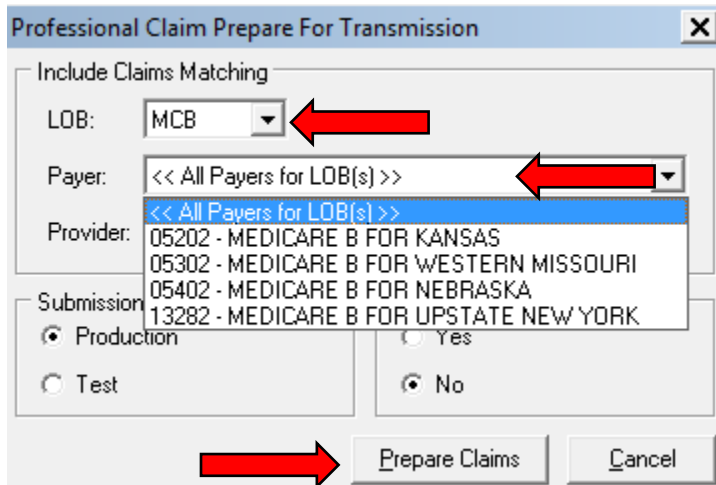
Preparing claims for WPS

1) Once the claims are prepared, close the **Claims List** and select **Prepare Claims**

2) In the **LOB** field, select **MCB** by clicking the drop down arrow and making this selection. In the **Payer** field, change the Payer to the correct Medicare Payer by clicking the drop down arrow and making the correct selection and select **Prepare Claims**:

- Kansas Med B = 05202
- Nebraska Med B = 05402
- NW Missouri = 05302 (referred to by WPS as Western MO)
- Kansas Med A = 05201 **(if doing institutional claims)**
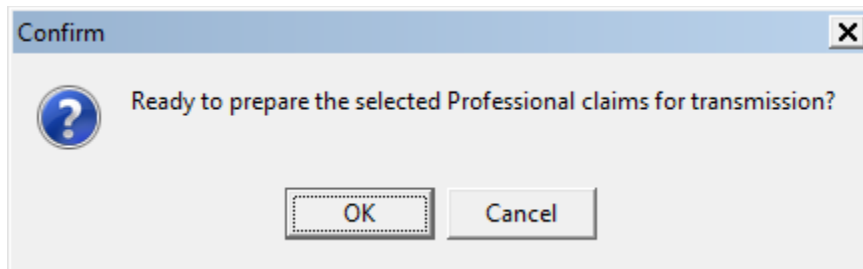
3) Select **OK** on the Confirm prompt: Ready to prepare the selected Professional/Institutional claims for transmission?

4) Select **OK** on Information prompt: The claim prepare operation has completed successfully. You are now ready to transmit claims to WPS

Patient Reference Files

If a site decides to setup their Patient Reference files—they will need to manually go into each patient file and update the fields on these screens.

This can be done from the Reference File Maintenance, Patient Tab or when entering a claim, they can right mouse click in the Patient Last Name field, locate the patient name, do a View/Update and then save the changes.

Submitter Setup for Upstate New York Medicare

The following changes will need to be made in the ASK version of PC-ACE software for submission of Medicare B Claims for Upstate New York.

1) With the PC-ACE program running, choose the **Reference File Maintenance** option from the Main Toolbar as seen below. **NOTE: if you have not logged in, you will be prompted to do so**
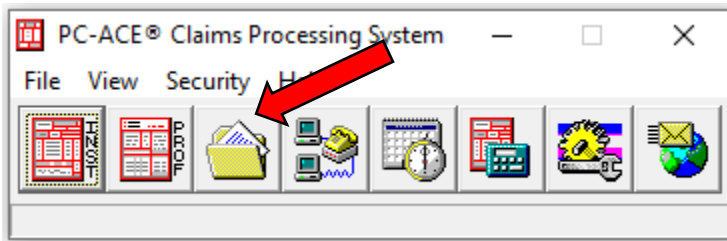
2) Select the **Codes/Misc** Tab and click on **Submitter**
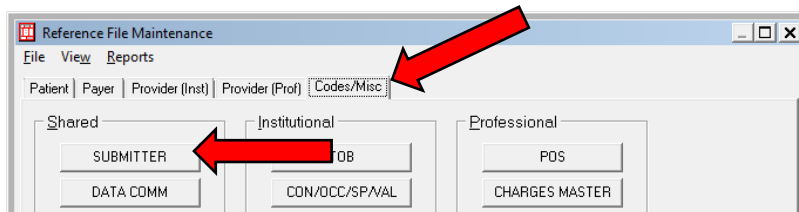
3) Choose **Claim Type: Professional**, highlight the **Payer ID** for Upstate NY **Medicare** and click **View/Update**

   ▪ Medicare B of Upstate New York Payer ID= 13282

   NOTE: The LOB's for MCB not being used by the site can be deleted.
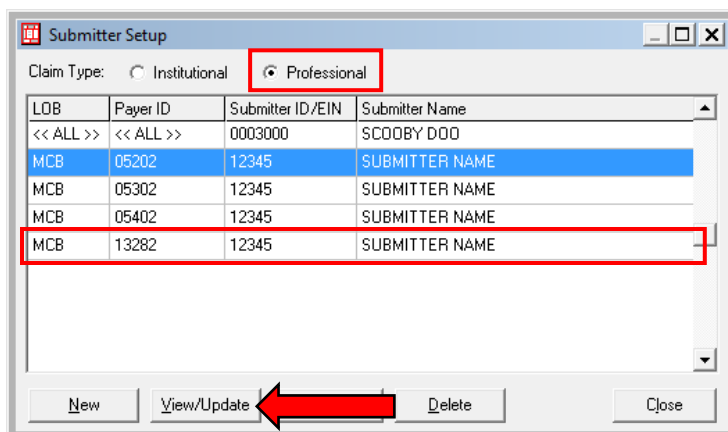
4) Complete all required fields on the **General** Tab. Leave EIN and Country fields blank. The **ID** field will be completed with the Submitter ID number assigned by Medicare B of Upstate New York. This Submitter ID will begin with **NYBU**.
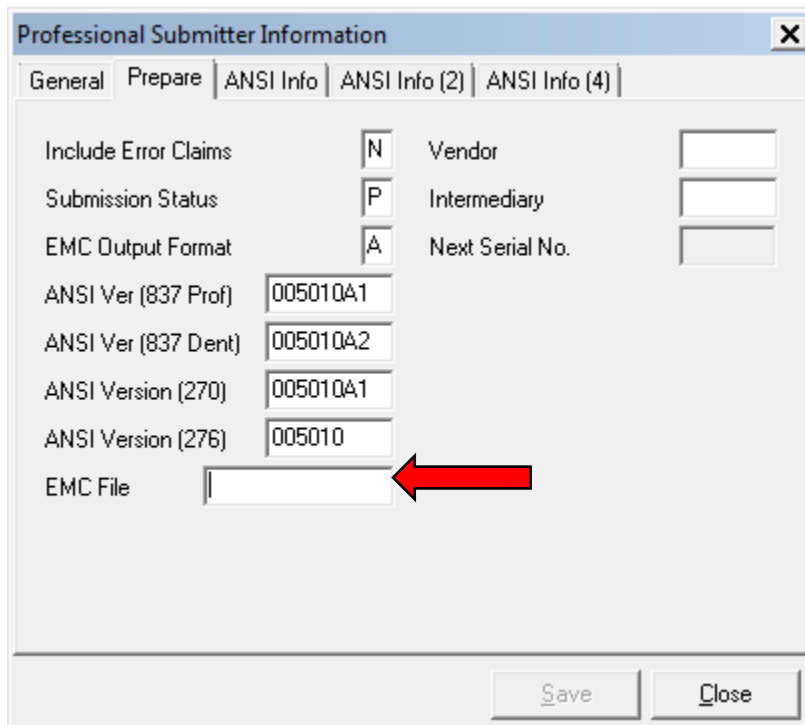
5) Select the **Prepare** Tab and update the **EMC File** field with the Upstate New York Medicare B Submitter ID followed by .DAT (Example: NYBU12345.DAT)
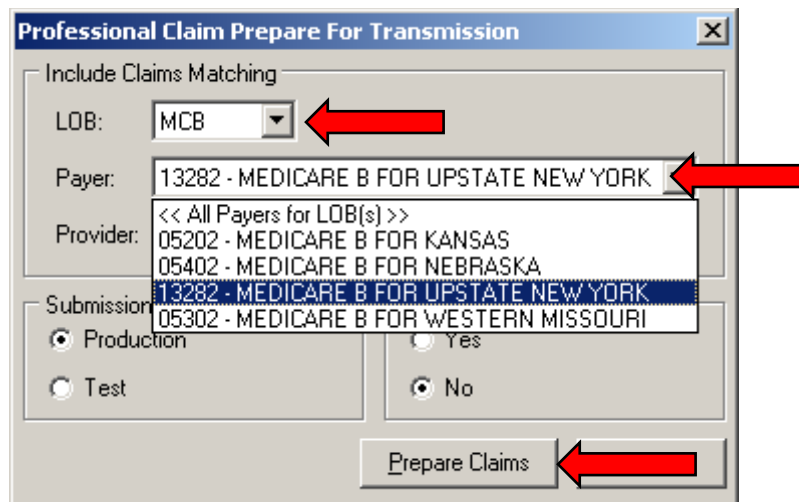
6) Select **Save** and **Close**.

Preparing claims for Upstate New York Medicare B:

1) From the **Claims Menu**, click on **Prepare Claims**
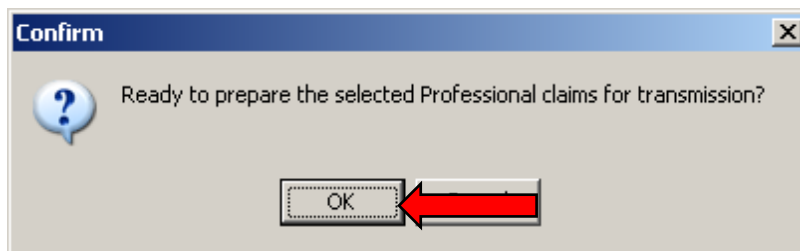
2) Change the **LOB** to **MCB** by clicking the drop down arrow. In the **Payer** field, change the Payer to the correct Medicare Payer: **Upstate New York Medicare B Payer ID = 13282.** Then click on **Prepare Claims**.
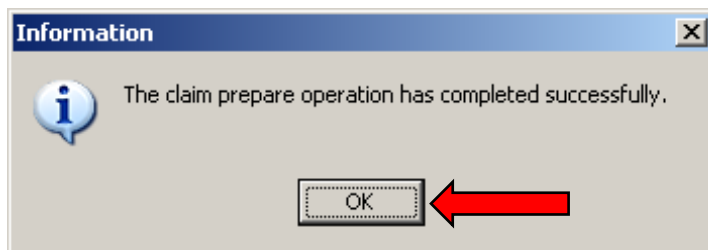
3) Click OK on Confirm Prompt

4) Click OK on Information Prompt

5) Select CLOSE and the claims are now ready to be transmitted

6) Please follow the steps outlined for transmitting your claims through your Network Service Vendor.

Chapter 3: Basic Claim Information

Pressing **Alt + F2** will display any field that has a lookup feature available (drop-downs with valid options) with flashing blue. Pressing **F2** or right-clicking in a lookup field will drop down the valid options list.

Professional Claims

When you first enter the claim screen, the **Patient Info & General** tab will show. Click the **Save** button. This will indicate most of the required fields within PC-ACE highlighted in red or purple. These fields will continue to flash red or purple until you click on **Save** again even if you have information entered in these fields

IMPORTANT: Different specialties and/or Payers may have more fields to complete than what is highlighted. This is just basic claim information to get you started.

Enter Claims

Insured Information tab - includes payer, insured, and employer fields for the primary, secondary, and tertiary payers.

Billing Line Items Tab

Certain specialties require additional attachments. When a procedure code specific to the specialty is entered, the attachment tab will appear above Claim Diagnosis Codes box 4 as shown in the below example with an Ambulance attachment. You will need to select this tab and enter the required information before saving the claim. The attachment only needs to be added to the first line item.
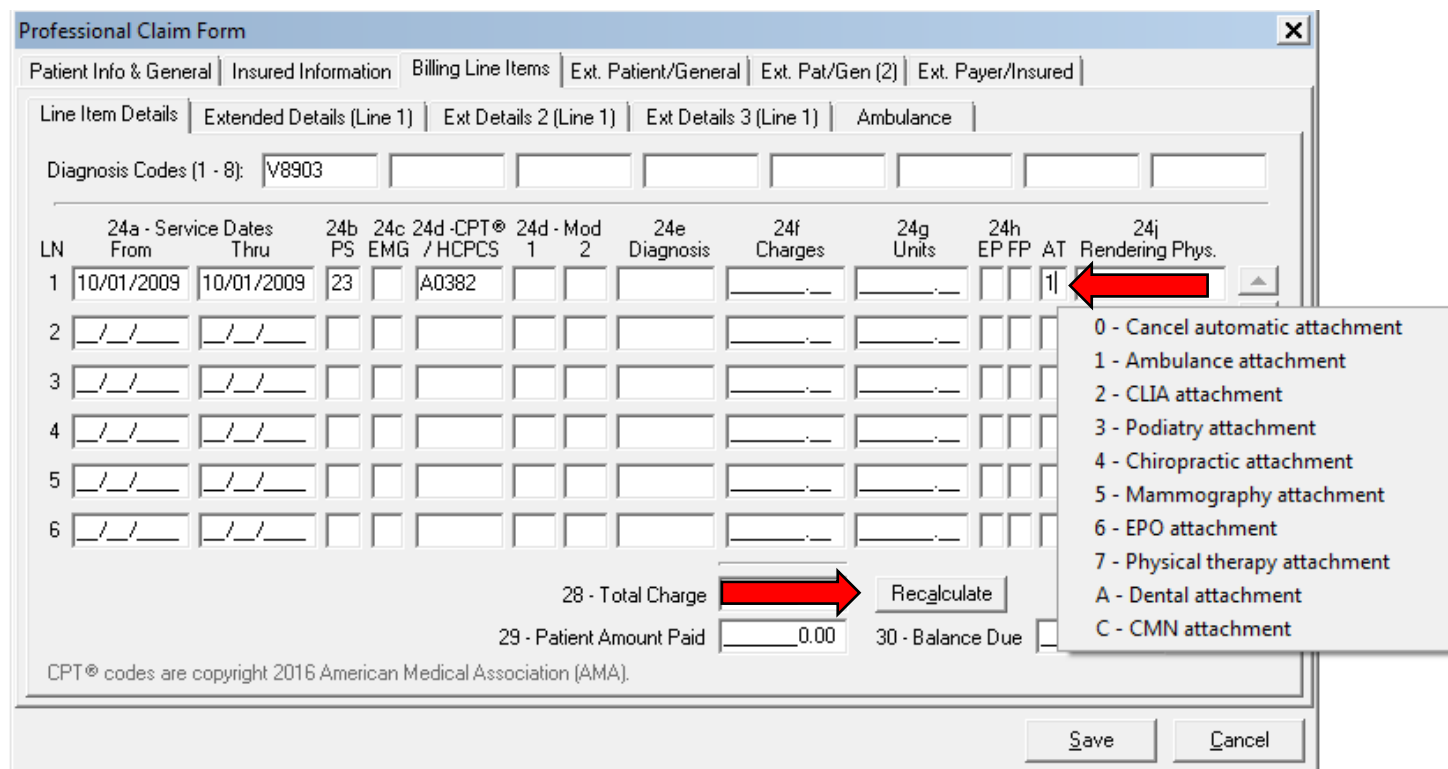
To access the attachment screen manually, select the proper parameter under the **AT** field by pressing to display the valid options, such as Ambulance, Chiropractic, etc. The extra attachment tab will then appear above Claim Diagnosis Code box 4 as shown in this example with an Ambulance attachment. The attachment only needs to be added to the first line item.

To delete an attachment, place the cursor in the **AT** field, press the **F2** key, select 0 = Cancel Automatic Attachment.

IMPORTANT: The software will warn you of any missing information that may be required, such as facility information, etc. once the **Save** button has been clicked. If the claim is clean (no errors), it will return you to the beginning of a new claim. If you do not wish to continue to enter claims, please click on Cancel to exit the claim screen.

Once you have completed the Line Items Detail information you will need to click on the **Recalculate** button to total the separate line item charges on each claim.

Once the necessary information has been completed correctly, click on **Save**.

Institutional Claims

When you first enter the claim screen, click the **Save** button. This will indicate most of the required fields within PC-ACE highlighted in red or purple. These fields will continue to flash red or purple until you click on **Save** again even if you have information entered in these fields.

IMPORTANT: Different Types of Bill and/or Payers may have more fields to complete than what is highlighted. This is just basic claim information to get you started.

Billing Line Items

Once you have completed the Line Items Detail information you will need to click on the **Recalculate** button to total the separate line item charges on each claim.

IMPORTANT: The software will warn you of any missing information once the **Save** button has been clicked. If the claim is clean (no errors), it will return you to the beginning of a new claim. If you do not wish to continue to enter claims, please click on **Cancel** to exit the claim screen.

Once the necessary information has been completed correctly, click on **Save.**
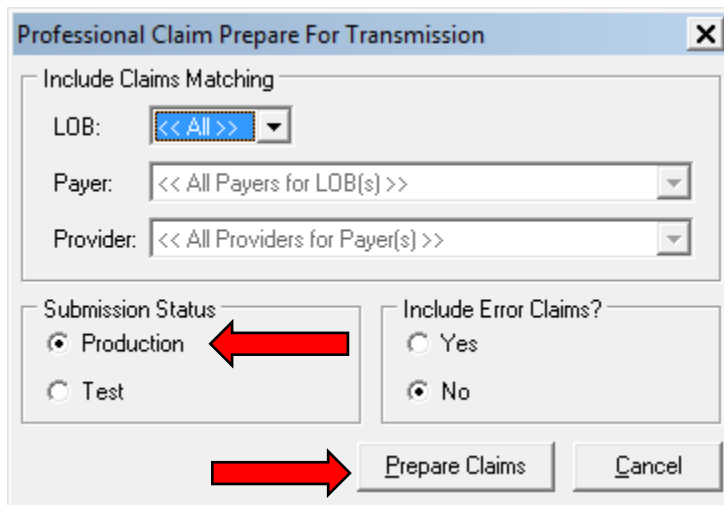
Chapter 4: EDIFECS HIPAA 5010 File Transfer

Transmit via Internet Instructions

1) Click **Prepare Claims** from the **Institutional** or **Professional Claims Menu**
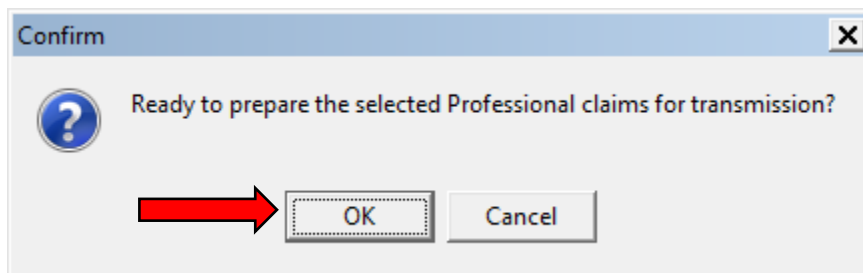
2) **Submission Status** should default to **Production**. The only time the above LOB and Payer fields should be changed is when Preparing Medicare claims. Click on **Prepare Claims**.

3) Click **OK**

4) Click **OK** once the claim prepared operation has completed.

5) Click on **Close** if you do not want to review the results or click on **View Results** to print a status report of the claims. Once the Prepare is completed successfully, please transmit the file before preparing any other claims for transmission

6) To transmit the file, close out of the Claims Menu and select the **Data Communications** button on the Claims Processing System Menu or go to https://edisftp.bcbsks.com and skip to Step 9
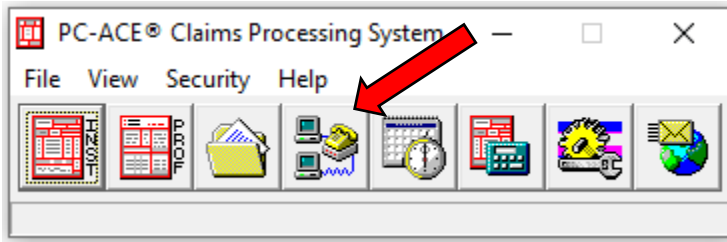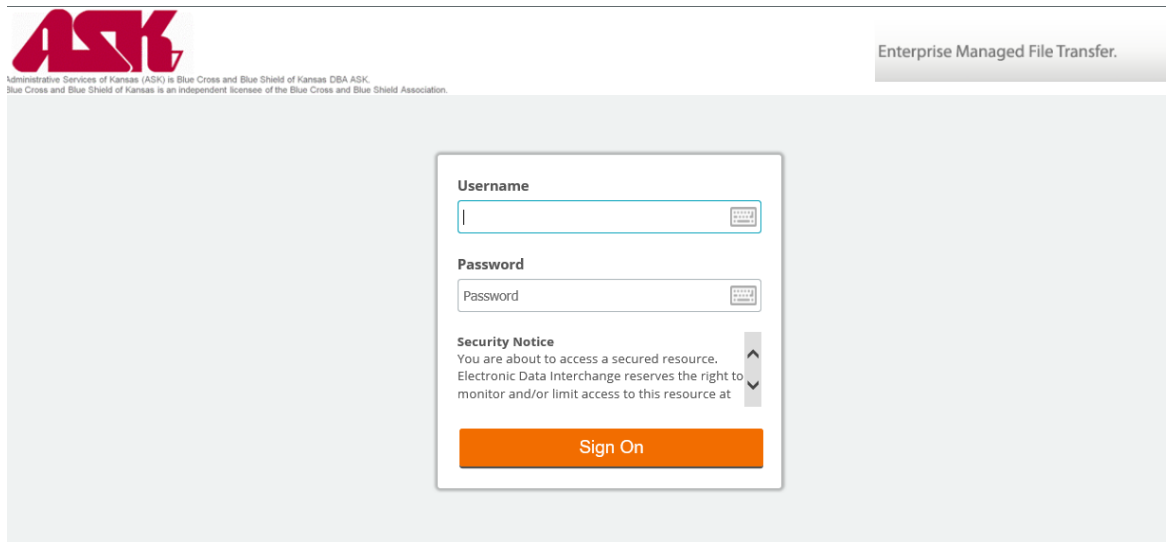
7) From the **Data Communications Options** Menu, select **UB92 (Institutional)** or **1500 (Professional)** and select **ASK via Internet**
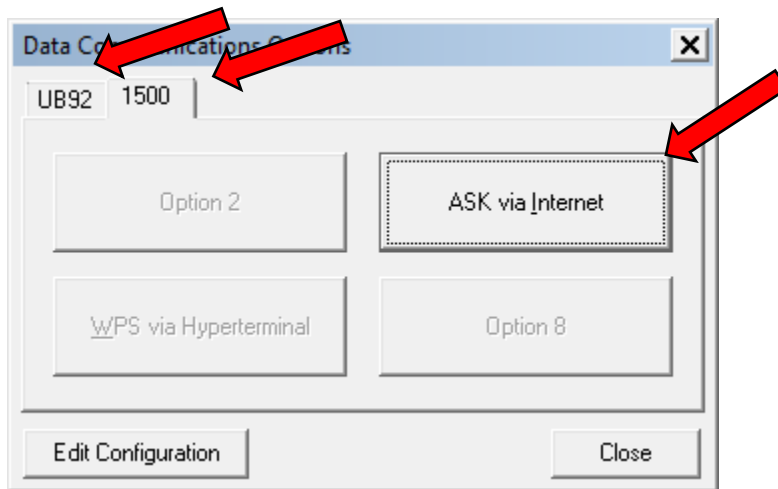
8) This will bring you to the www.ask-edi.com home page. From here, select the **EDIFECS Login** button at the top of the page to be taken to the ASK secure transmission site - https://edisftp.bcbsks.com
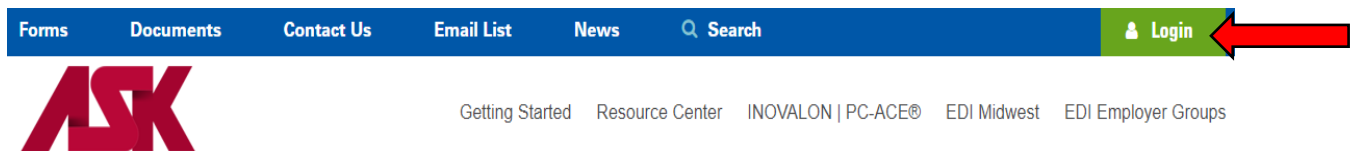
9) Log in using your Trading Partner number and password. Trading partners logging in for the first time will be forced to select a new password. **See Password Requirements**

10) From the home page, select Upload. **NOTE: DO NOT UPLOAD ANY FILES TO YOUR OUTBOUND FOLDER. They will not be transmitted to ASK.**
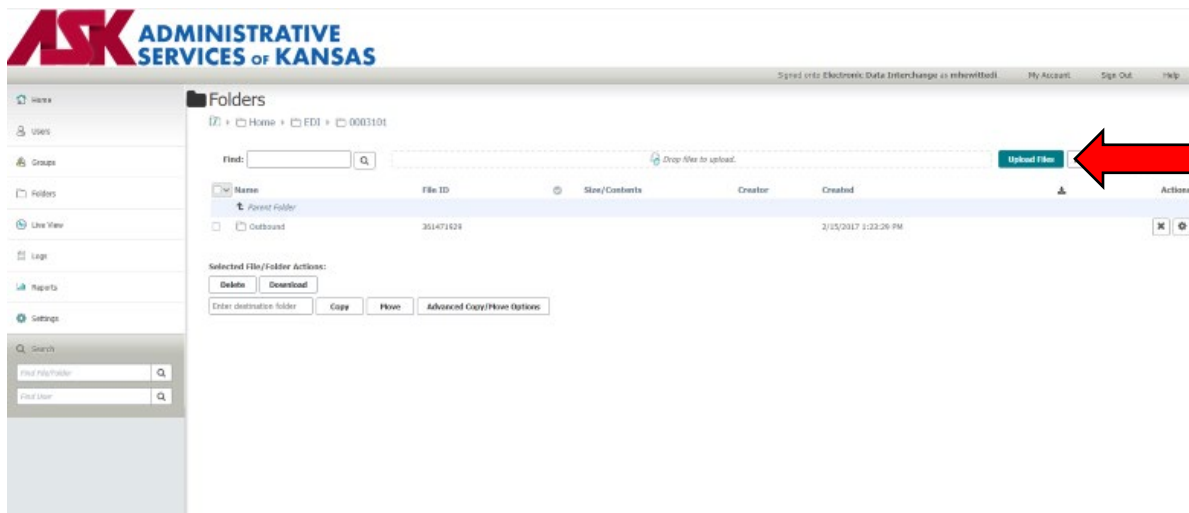
11) Select **Browse** in the **Upload Files** window

Upload Files

Upload To

/Home/EDI/0003101

Notes

Notes

Drop files to add or **Browse...**

Upload   Cancel
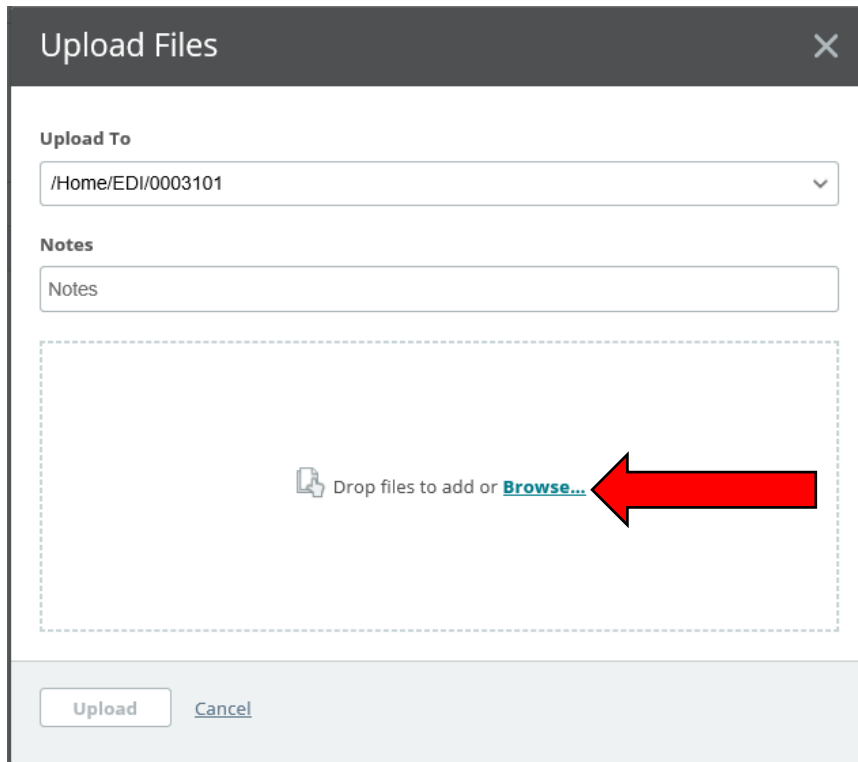
12) Browse your computer to choose the file to upload and select **open**. The default location for files is **C:\WINPCACE** or the location you selected when installing the software. The file will be named **BSTRANS.DAT** for Professional Claims or **BCTRANS.DAT** for Institutional Claims.
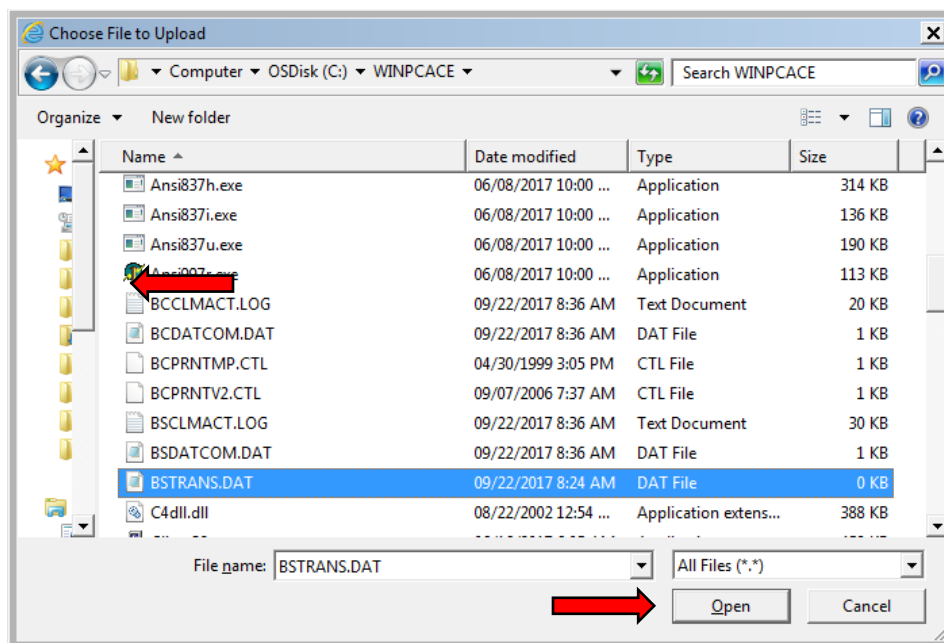
13) The file will now show in the Upload Files window. Select **Upload**.

14) The Upload Files window will show the file uploaded successfully. Select Close.

15) You will now see the uploaded file in your Home folder.

ASK Secure Site Password Requirements
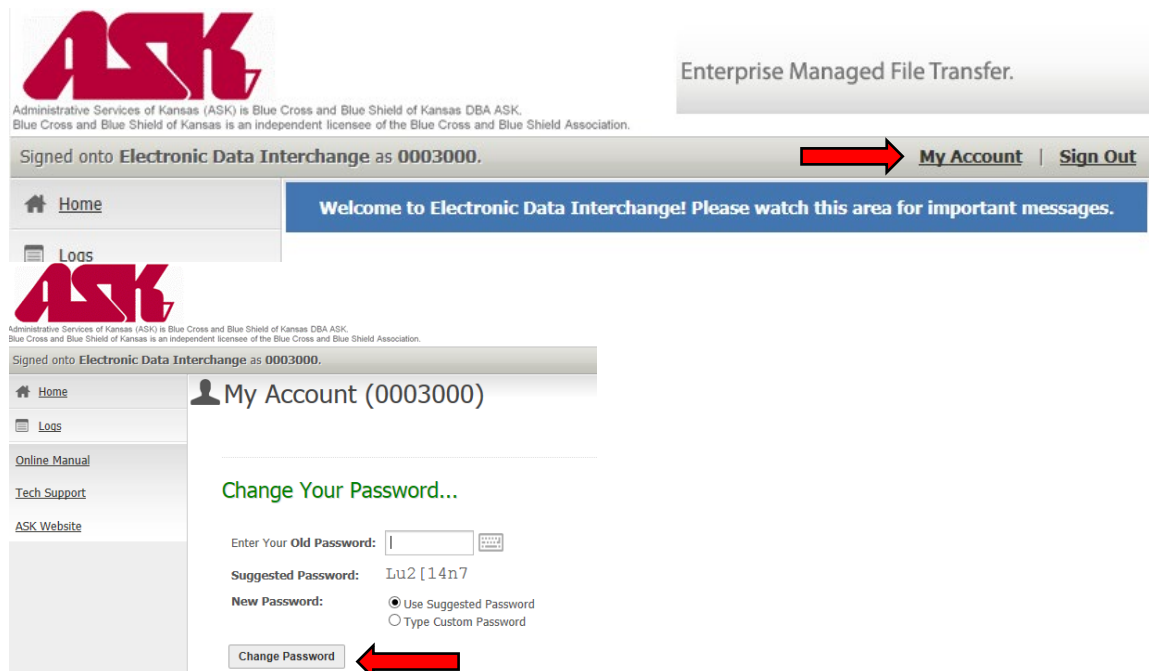
To change your current password, you must enter and confirm your new password. We encourage you to make your passwords as strong as possible. You must follow these criteria:

- Passwords must be a minimum of 8 characters in length.
- Passwords must include both alpha and numeric characters.
- Special characters (such as # $ % ' * ; @) must be included in your password.
- A password cannot be used again for at least six generations. In other words, you must create at least six new passwords before you can use the first one again in the future.
- Your password must be changed every 90 days.
- Cannot have repeating characters.

NOTE: Passwords are case sensitive.

Instructions for Changing Password

1) Log into ASK SFTP Server - https://edisftp.bcbsks.com
2) Click on **My Account** in the upper right corner of the screen
3) In the **Change Your Password** Section
   - A. Enter your old password
   - B. Choose "Use Suggested Password" or
   - C. Choose "Type Custom Password" and enter your own password
   - D. Click "**Change Password**" button to save new password

Chapter 5: Downloading and Viewing Acknowledgment Files

Downloading Acknowledgment Files

ASK will return Acknowledgment reports for all transmitted files. Acknowledgment files for download will be:

999 – verifies that a file is syntactically correct.

277CA – file acceptance along with any errors the file contained at the claim level.

1) New files available for download will show on your Home page. Click the Download button to the right of file to begin download. To view Files available for download, click on Browse Other Folders.
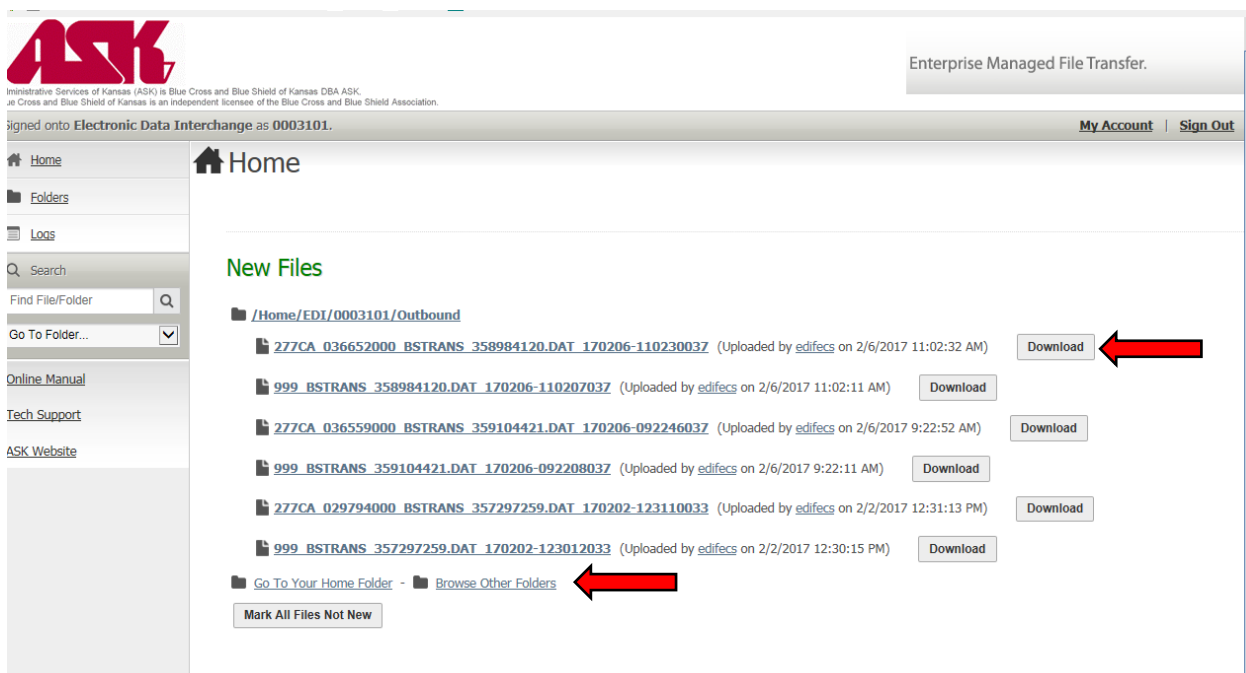
2) If using Browse Other Folders option, select **/Home/EDI/Your Trading Partner Number/Outbound** to view available acknowledgement files

3) Find the file needed for downloading and select the download button to the right of the screen
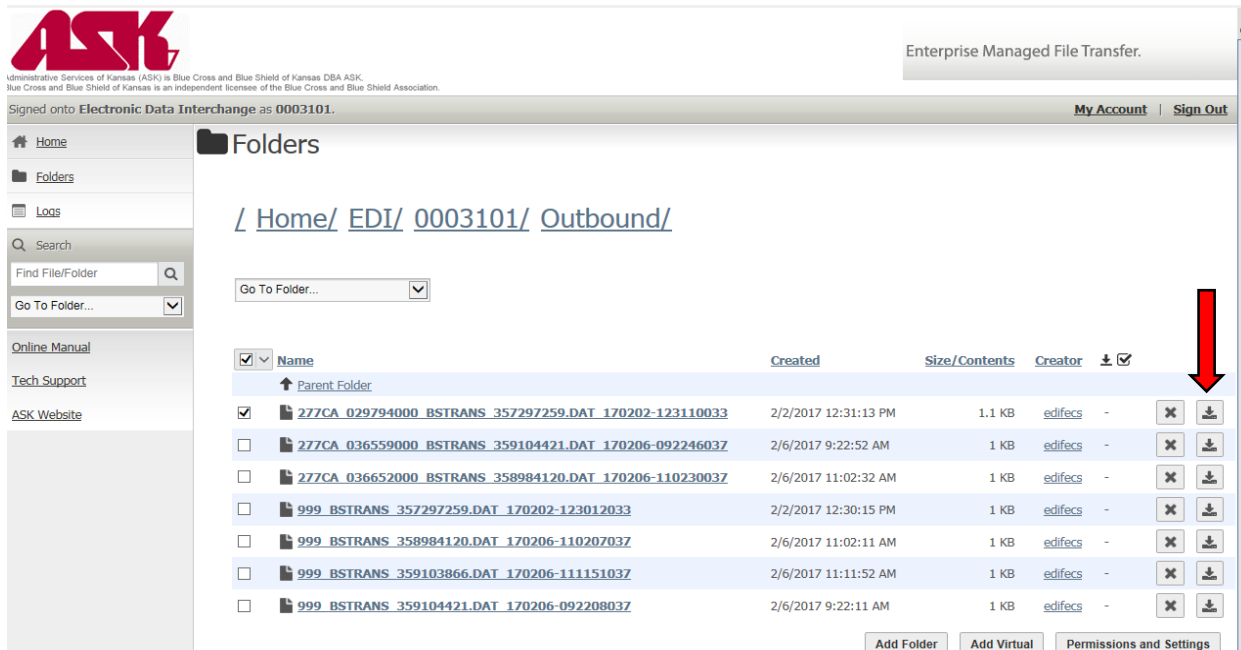
4) Chrome user's acknowledgment file will download to lower left corner of Chrome browser
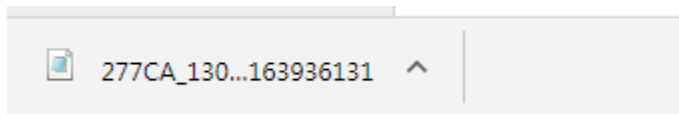
5) Right Click on the file and select open
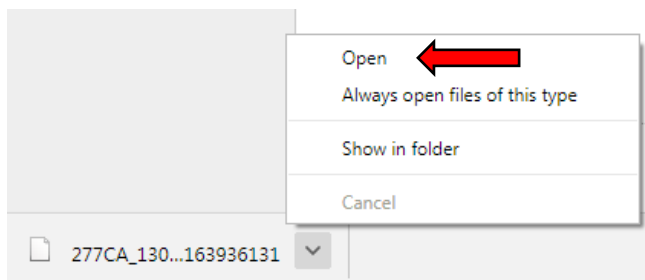
6) A windows pop up box will open. Select the "Select a program from a list of installed programs" option
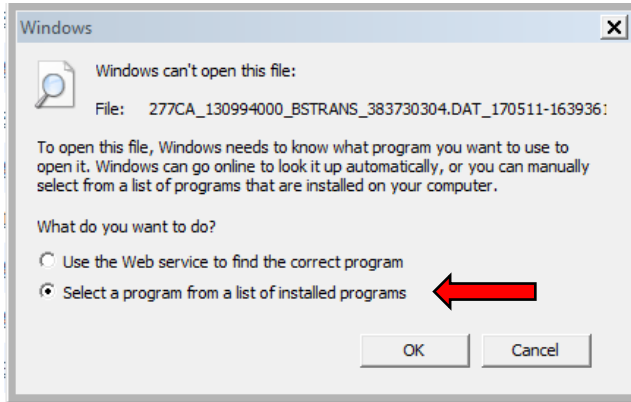
7) Select Notepad or WordPad. May be different depending on operating system
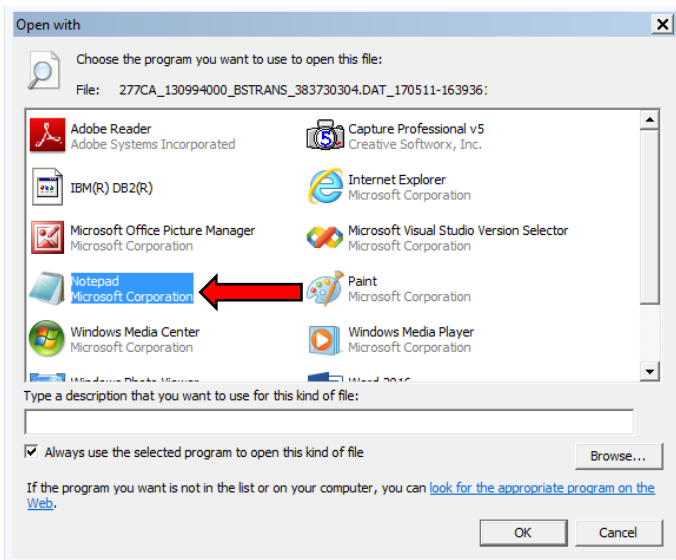
8) Notepad or WordPad will open up with the file contents. Select File>Save As
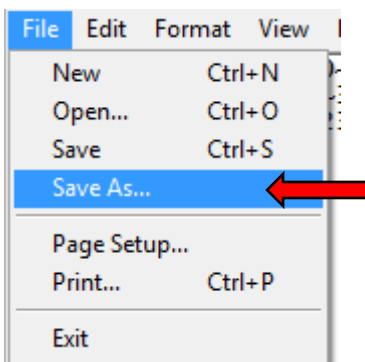
9) Save the 277CA file to the following location for Professional Claims **C:\WINPCACE\Ansi277\Stat1500** and for Institutional Claims **C:\WINPCACE\Ansi277\Statub92** and select Save. **NOTE: You should ONLY see the Archive folder in this location. If you see anything other than Archive, please delete it.**
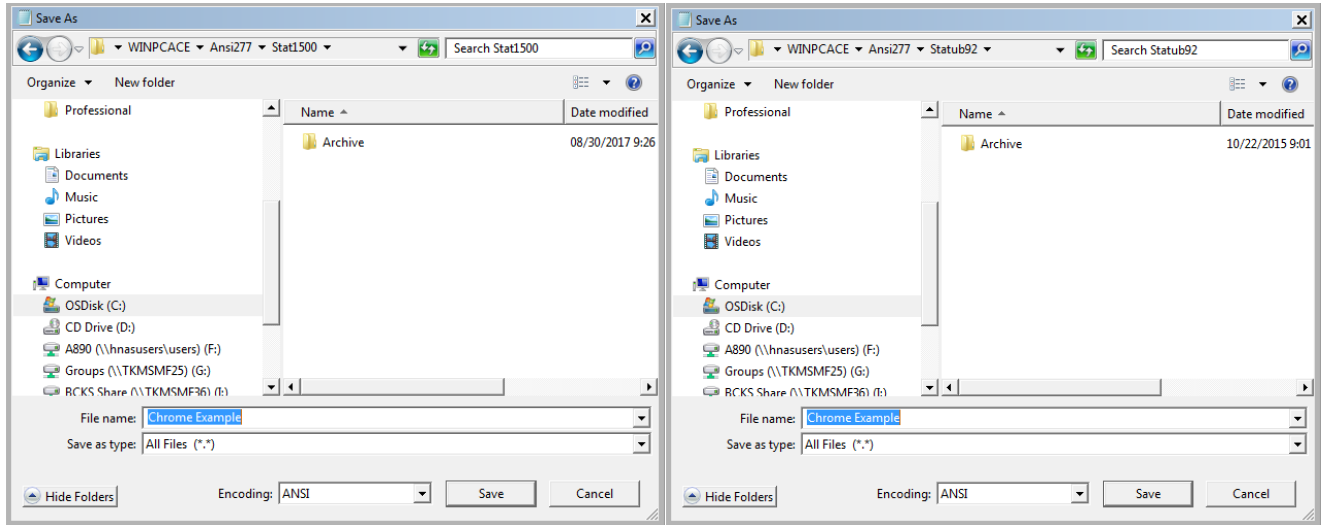
10) Firefox users acknowledgment file will download to the upper right corner of the browser window. Select Save File, click the down arrow in the upper right corner and double click the file name in the drop down menu.
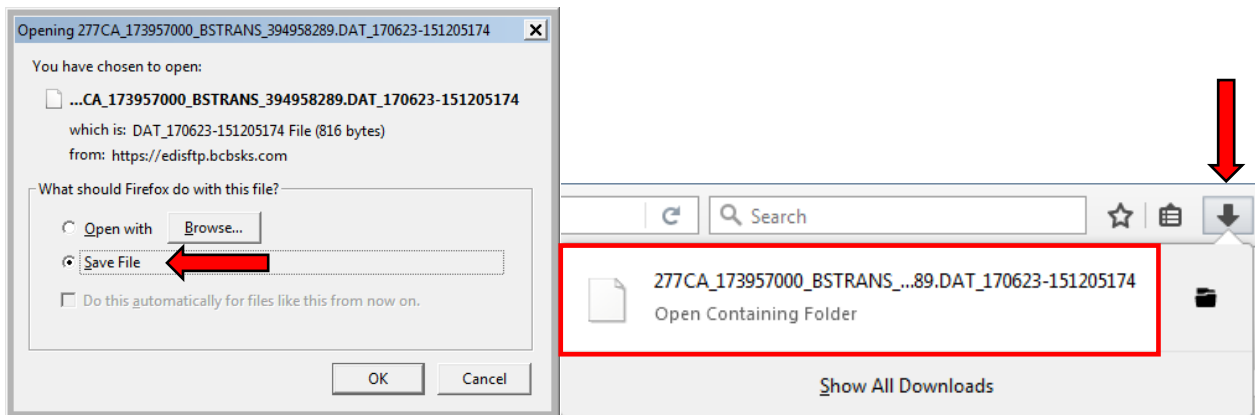
11) A windows pop up box will open. Select the "Select a program from a list of installed programs" option
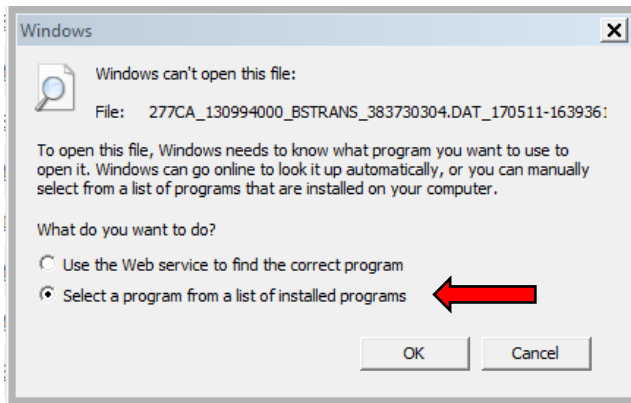
12) Select Notepad or WordPad. May be different depending on operating system
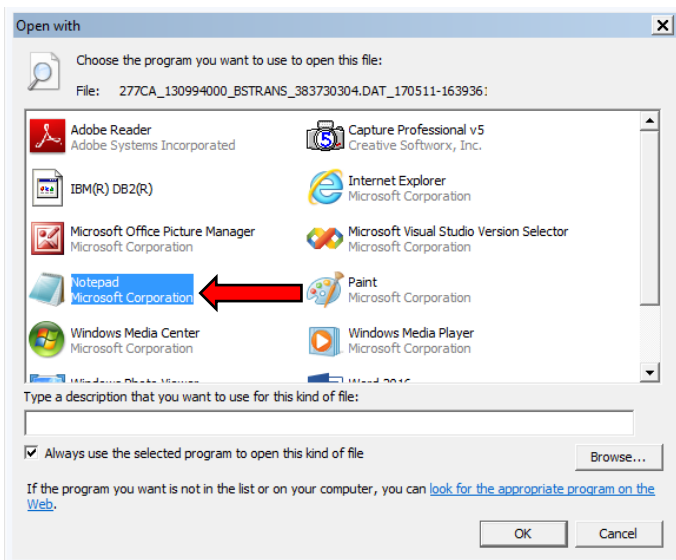
13) Notepad or WordPad will open up with the file contents. Select File>Save As
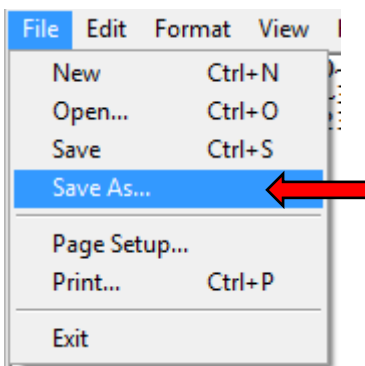
14) Save the 277 CA file to the following location for Professional Claims **C:\WINPCACE\Ansi277\Stat1500** and for Institutional Claims **C:\WINPCACE\Ansi277\Statub92** and select Save. **NOTE: You should ONLY see the Archive folder in this location. If you see anything other than Archive, please delete it.**
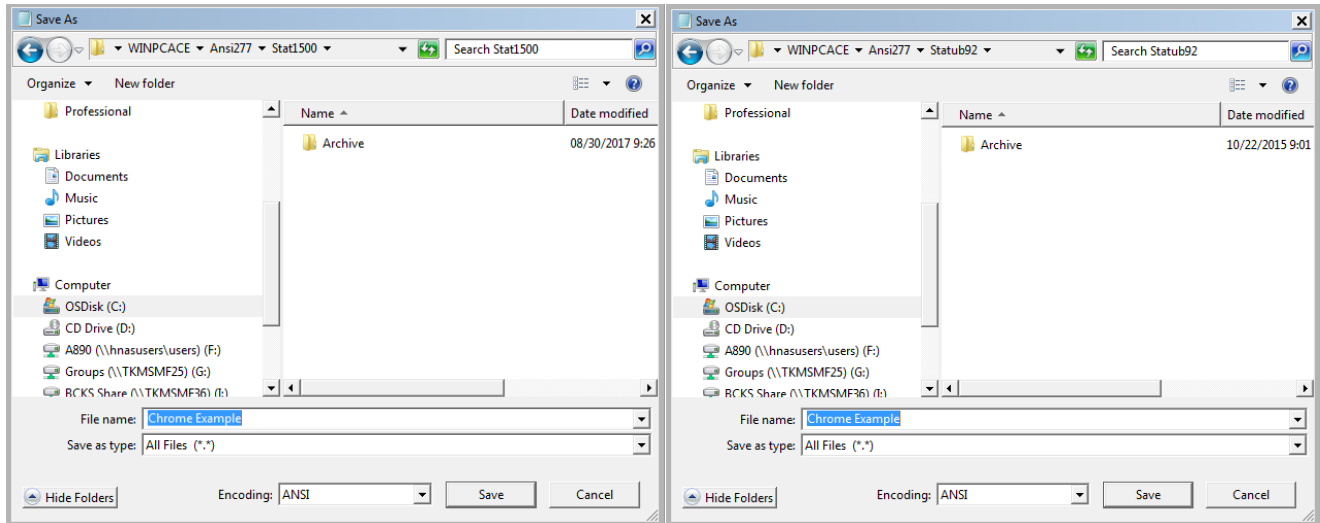
Viewing Acknowledgement Reports in PC-ACE

Once the acknowledgement reports have been saved, you can view them within PC-ACE using the following instructions.

To view 277CA Acknowledgment reports:

1) With the PC-ACE program running, choose the **Professional or Institutional Claims Menu** option from the Main Toolbar as seen below. **NOTE: if you have not logged in, you will be prompted to do so**
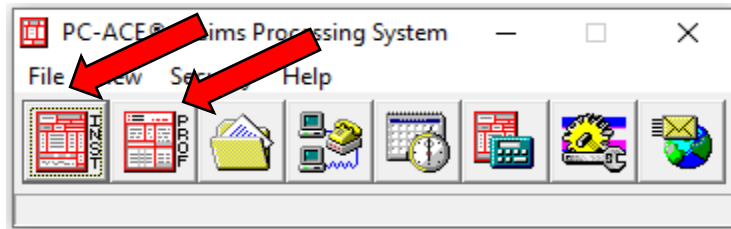

2) Click on **Maintain** from the **Professional or Institutional Claims Menu** and select the **Claim Status Response & Acknowledgment Log**
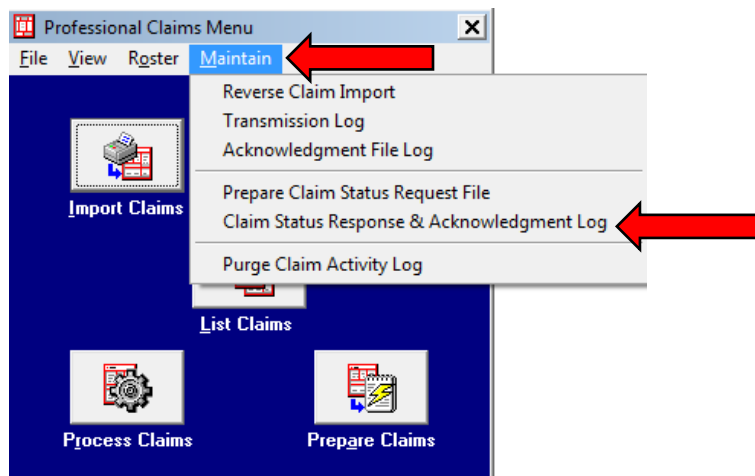
3) Select the 277CA File you wish to view and double click or click the **View Ack Report** button

Administrative Services of Kansas (ASK) is Blue Cross and Blue Shield of Kansas DBA ASK
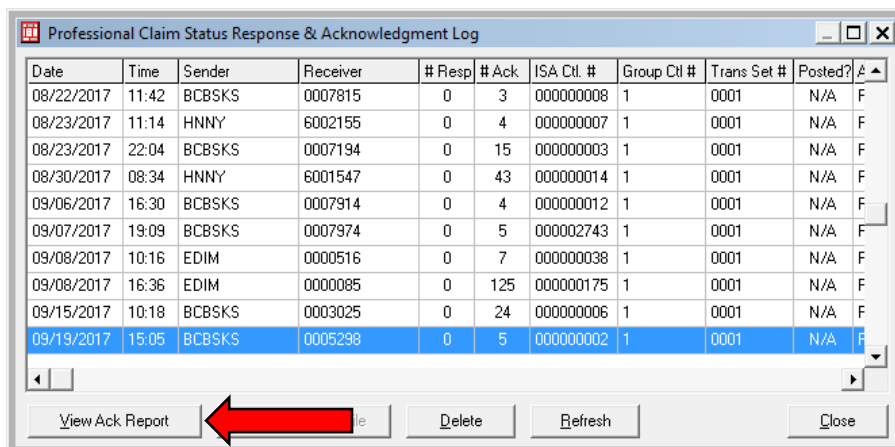
4) You will have the option to view all claims in the file by selecting **No** or view rejected files only by selecting **Yes** on the prompt
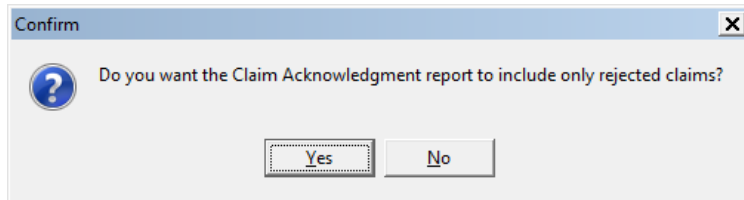
5) A Notepad or WordPad document will open showing the acknowledgement information. To learn more about the information contained in your acknowledgement files, please review the Claim Status Codes: http://www.x12.org/codes/health-care-claim-status-codes/

To View 999 Reports:

1) With the PC-ACE program running, choose the **Professional or Institutional Claims Menu** option from the Main Toolbar as seen below. **NOTE: if you have not logged in, you will be prompted to do so**
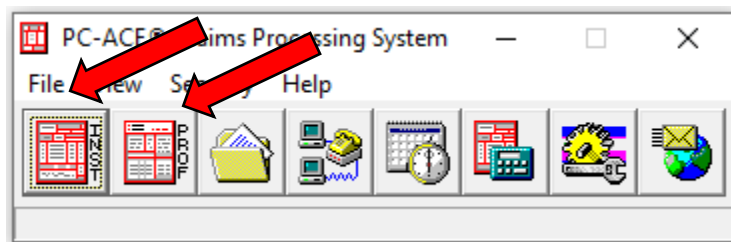

2) Click on **Maintain** from the **Professional or Institutional Claims Menu** and select the **Acknowledgment File Log**
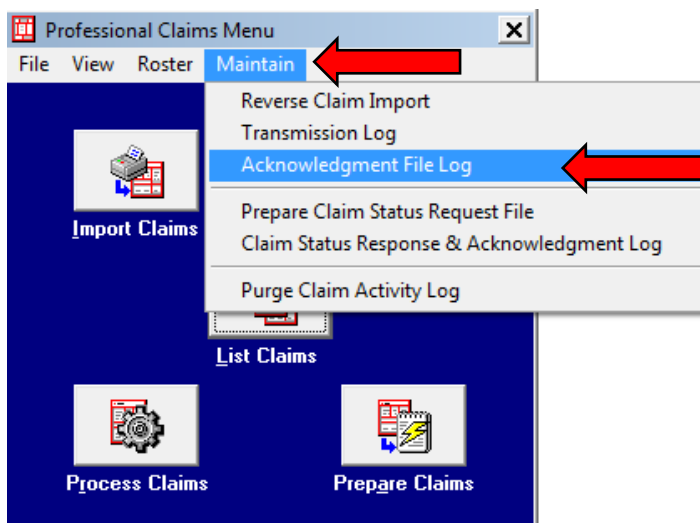
6) Select the 999 File you wish to view and double click or click the **View Report** button
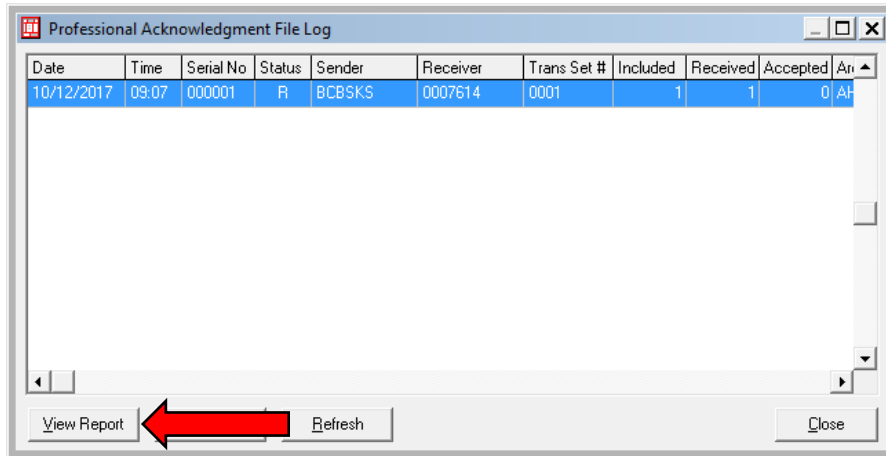
7) A Notepad or WordPad document will open showing the acknowledgement information.

Chapter 6: Importing 835 Electronic Remittance Advice

In order to receive electronic remittance advice through the ASK EDI system, please complete the ERA form for the payer of choice: https://www.ask-edi.com/forms/

1) Electronic remits must be saved in one of the following folders: **Institutional** remittance files are saved in the **C:\WINPCACE\Etraub92\Ansi835** directory. **Professional** remittance files are saved in the **C:\WINPCACE\Etra1500\Ansi835** directory. Follow the steps listed in Chapter 5 to download Electronic Remittance files received from ASK. These files will start with KS835V5, KC835V5 or HN835V5.

2) With the PC-ACE program running, choose the **ANSI-835 Functions** option from the Main Toolbar as seen below. **NOTE: if you have not logged in, you will be prompted to do so**
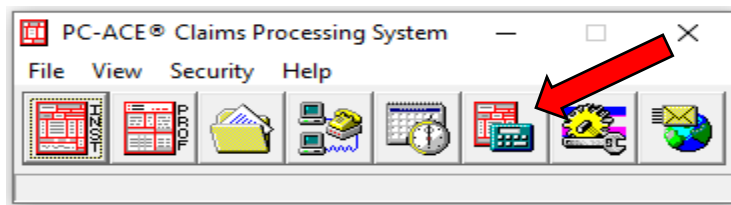
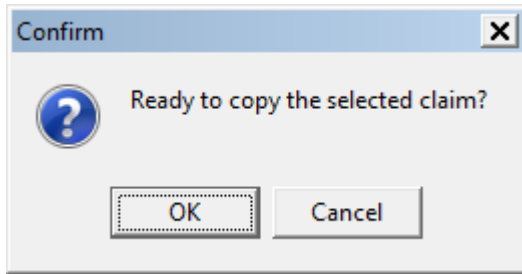3) Select either Institutional or Professional depending on which type of 835 you are viewing.
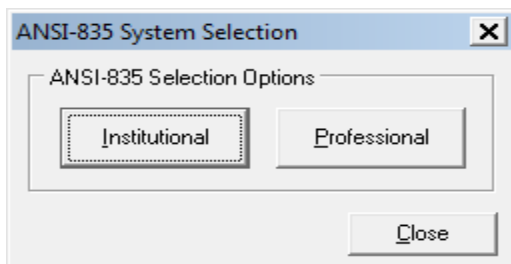
4) From the ETRA Processor menu, choose Select ANSI file
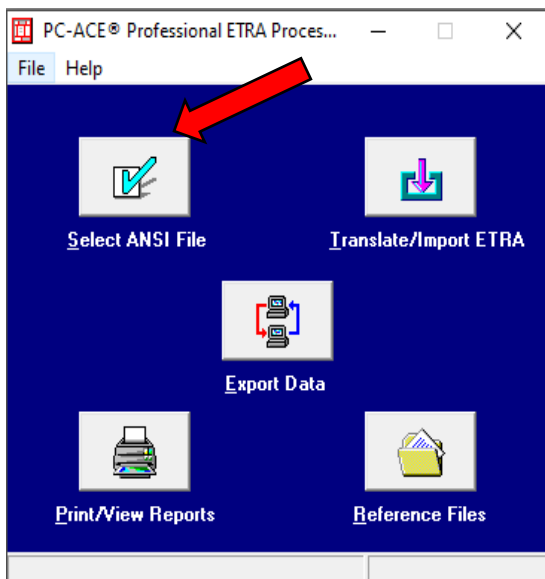
5) Highlight the file to be viewed and click Select
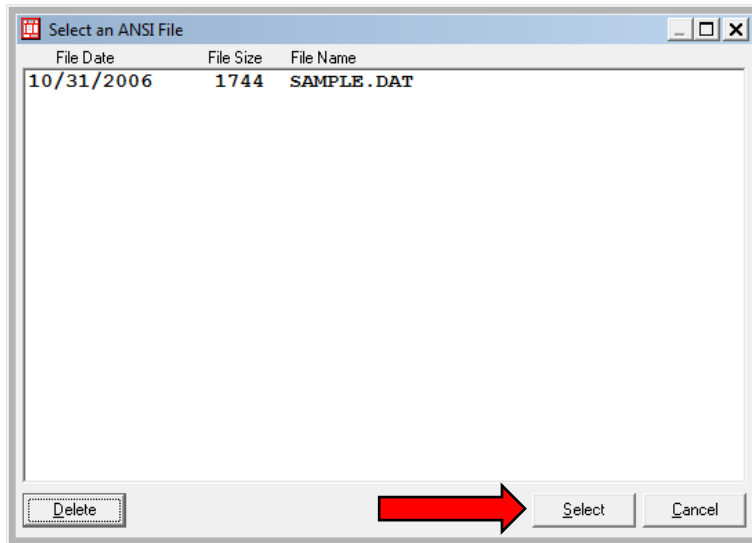
6) You will be taken back to the ETRA Processor Menu and select Translate/Import ETRA. You will see the File Successfully Translated message in the lower left corner of the menu.
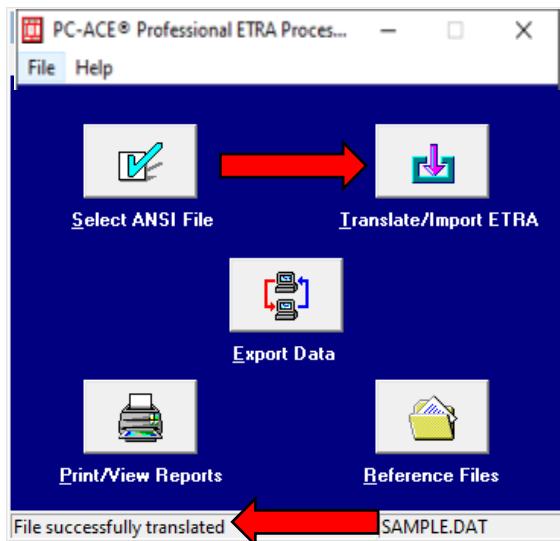
7) Select Print/View Reports
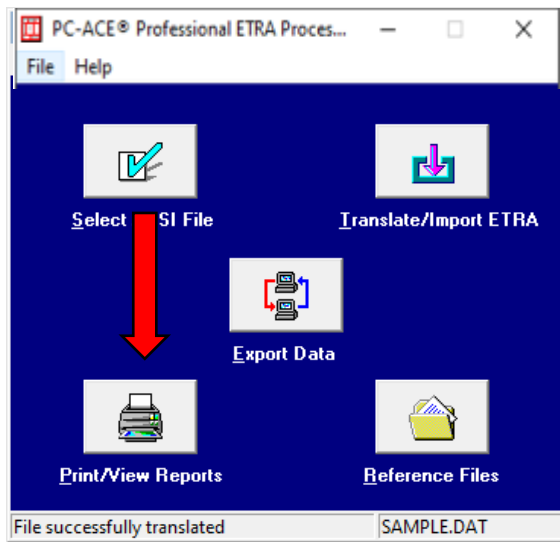
8) Highlight Remittance Advice and select OK
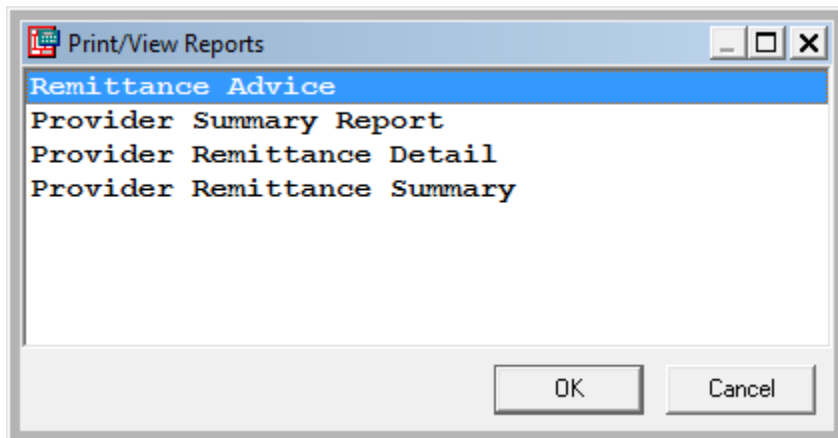
9) No information is needed on the Report Selection Criteria menu, select OK
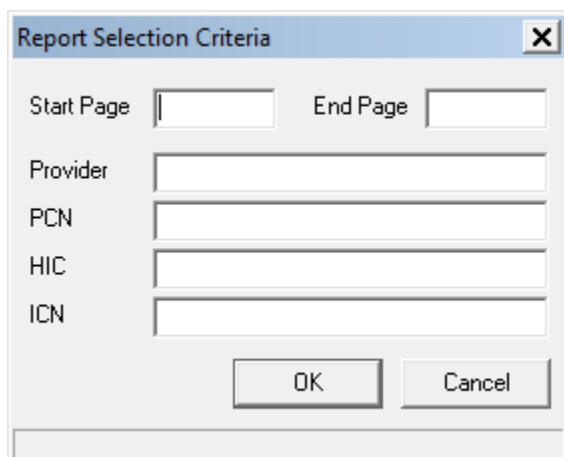
10) Your remittance is now in a readable format

Chapter 7: Advanced Options

Archiving Claims

Reasons to Archive claims:
- It reduces the size and optimizes the performance of the current claims database
- It eliminates claims that are no longer of interest from the current claims database, making it easier to locate and work with the current claims
- It promotes organized storage of older claims without requiring you to purge these claims

Claim archives can be maintained by transmit date, line-of-business, "submission" payer or other preferred criteria. Archived claims can be viewed and printed just like claims located in the Transmitted Only (TR) location in the current database.

To archive and unarchive claims, follow these steps:
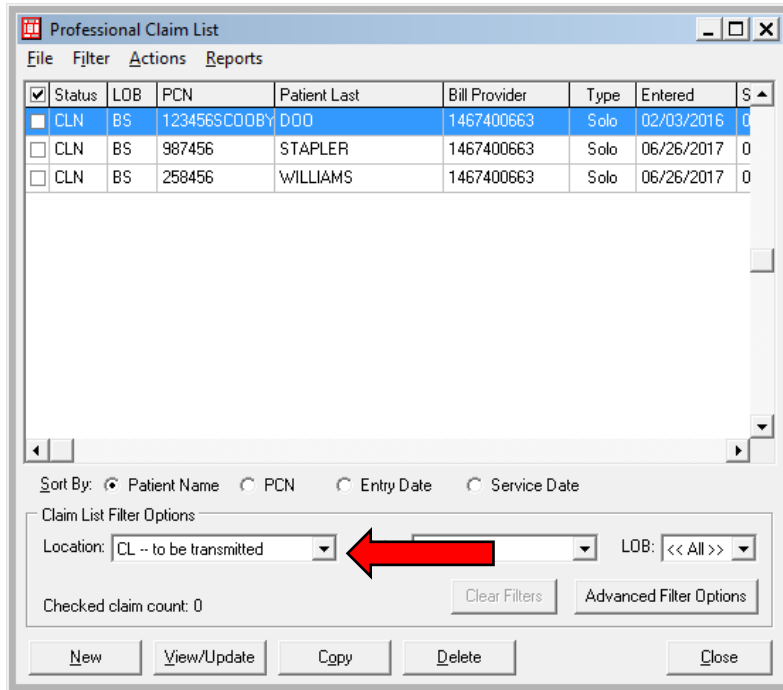
1) With the PC-ACE program running, choose the **Professional or Institutional Claims Menu** option from the Main Toolbar as seen below. **NOTE: if you have not logged in, you will be prompted to do so**
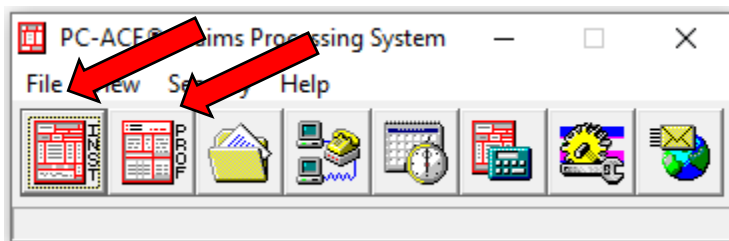
2) Select the **List Claims** button

3) By default, the list will display claims in the **CL – To Be Transmitted** location


4) From the Claim List, click **File** on the toolbar, select the **Open Claim Archive** to display the Open Claim Archive form. This will display a list of all existing claim archives (if any).

5) To create a new archive, click the New button and enter a descriptive name
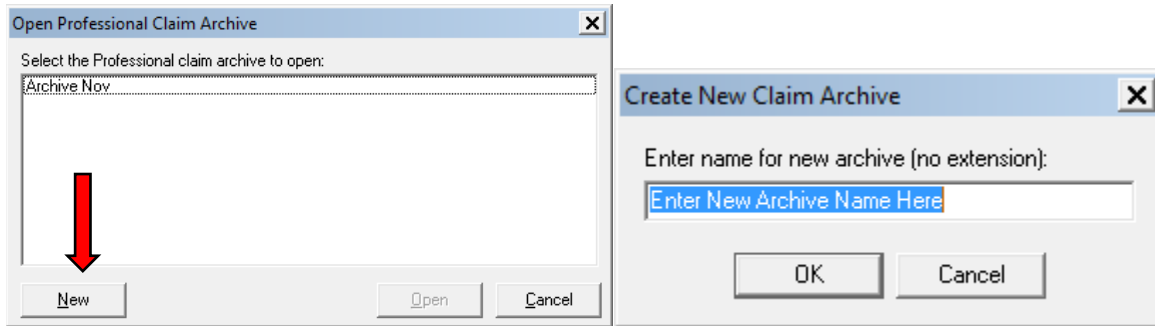
6) The empty archive file will be created and the entry will be added to the selection list. Select the new archive from the list and click the Open button (or double click the new file to open). The new claim archive file will be opened and you will be returned to the Claim List. Select OK on the prompt
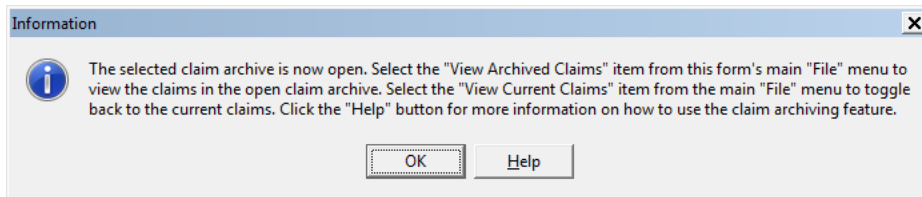
7) Only claims from the **TR – transmitted** only can be archived. Change location to **TR – transmitted only**
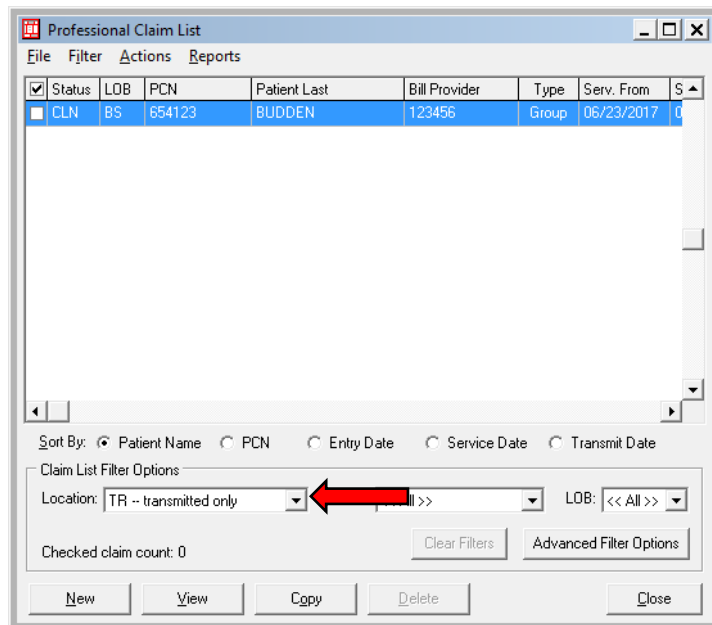
8) To archive a single claim, select the desired claim from the list, go to the **Actions** option on the toolbar and select **Archive Selected Claim**. To Archive **multiple** claims at once, simply check the desired claims from the list, go to the **Actions** option on the toolbar and **Archive All Checked Claims**.
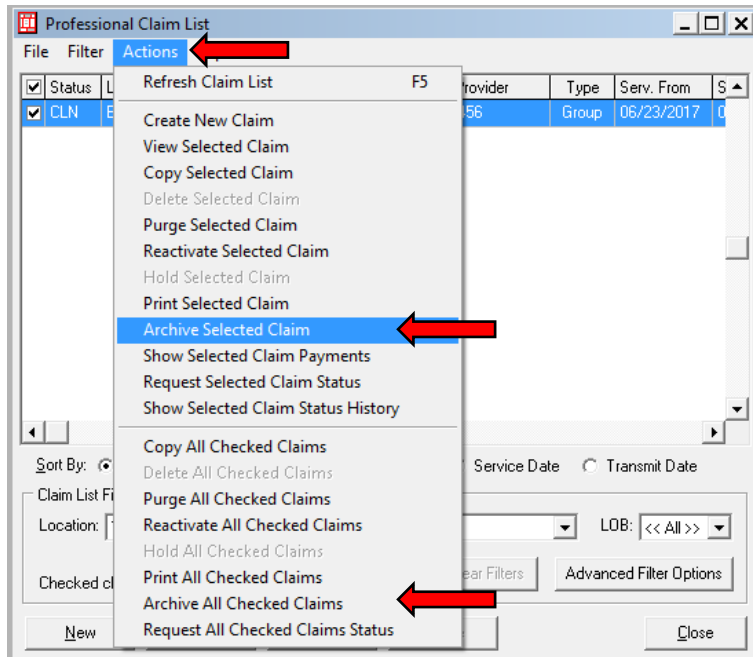
9) You will receive the message below, click OK to have the claim moved to the open archive file. The selected claim will disappear from the current claims list.
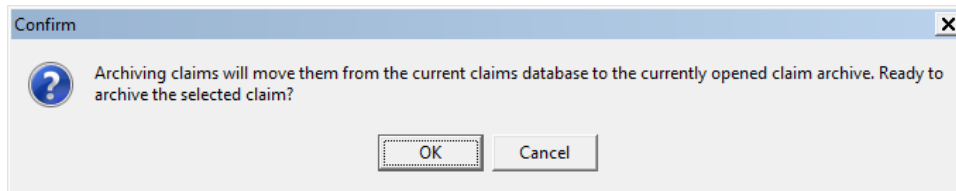
10) To Archive an entire batch of claims, go to **Filter** on the toolbar, select **Check All Claims from Selected Transmission**
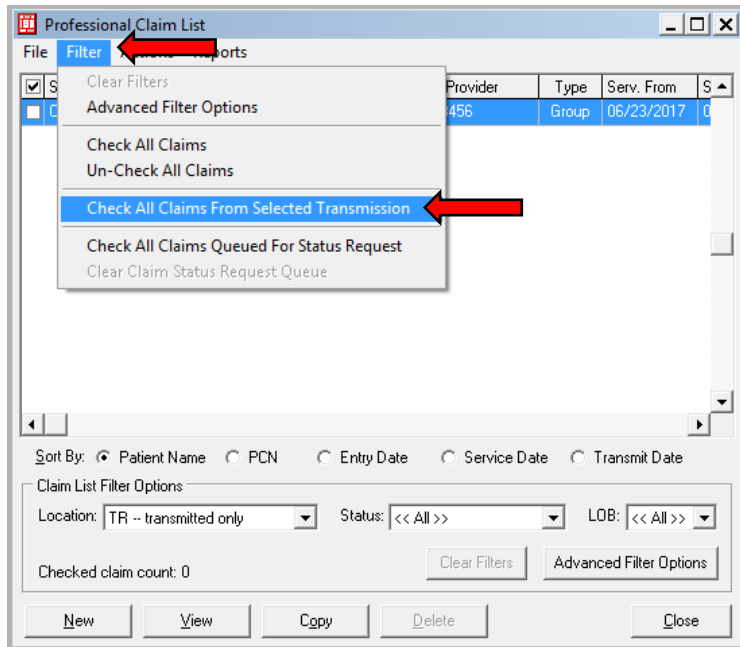
11) The window below will appear, highlight the batch you would like to archive and click select
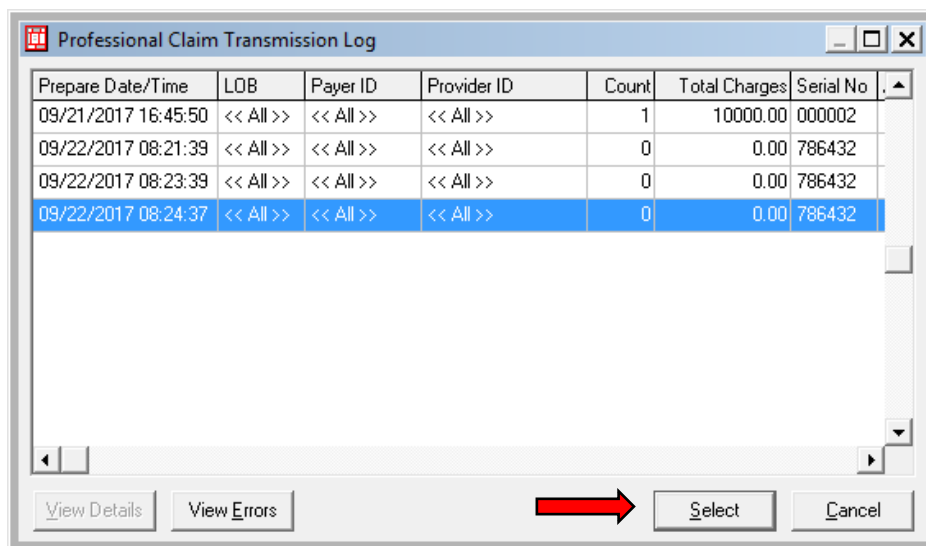
12) Go to the **Actions** option on the toolbar, select **Archive All Checked Claims**. You will receive the following message, click OK.
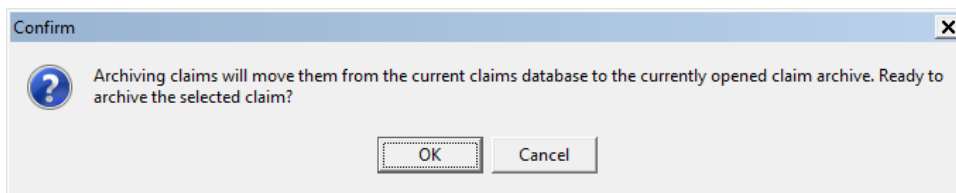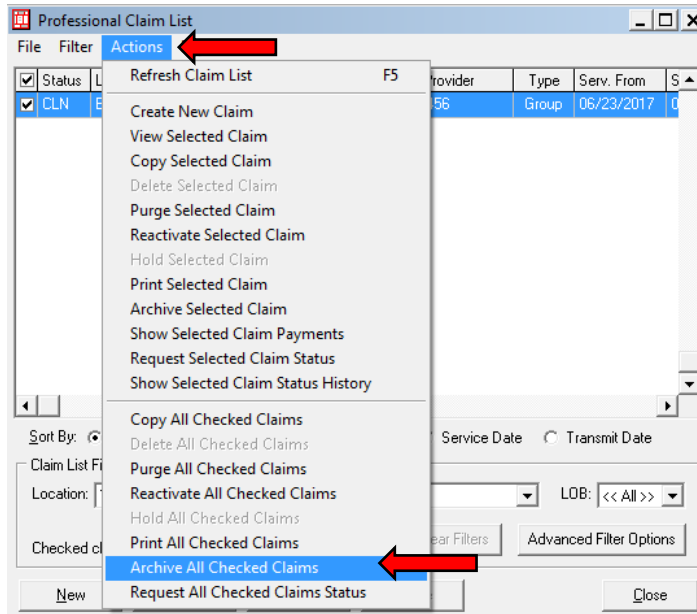
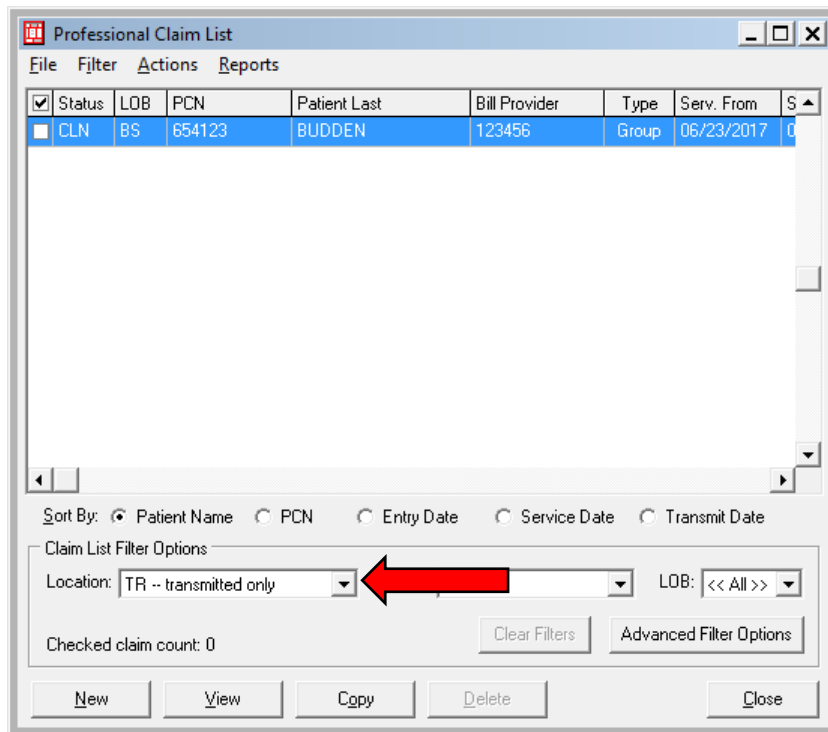

View Archived Claims

1) With the PC-ACE program running, choose the **Professional or Institutional Claims Menu** option from the Main Toolbar as seen below. **NOTE: if you have not logged in, you will be prompted to do so**
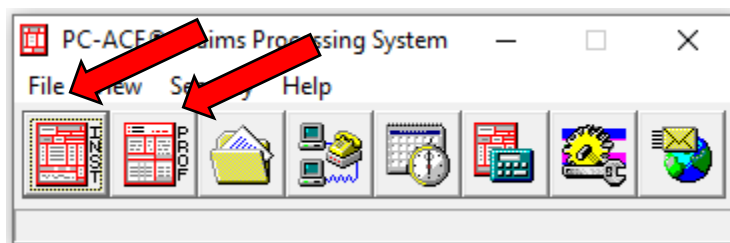
2) Select the **List Claims** button
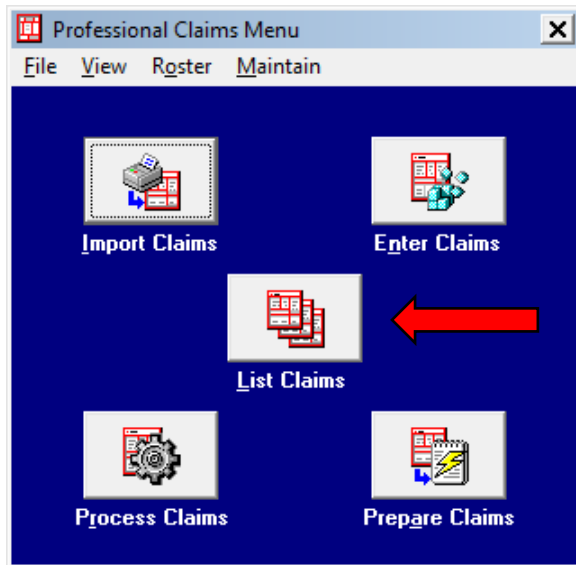
3) From the Claims List menu, choose **File** on the toolbar and select the **Open Claim Archive** to display the Open Claim Archive files.
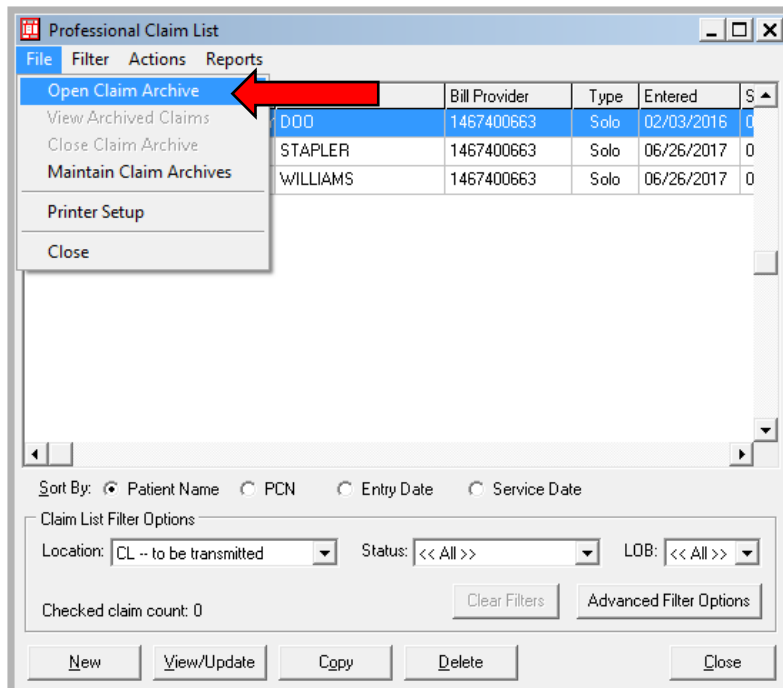
4) A list displaying all existing claim archives will show. Open the file you wish to review by highlighting the file name and choosing Open
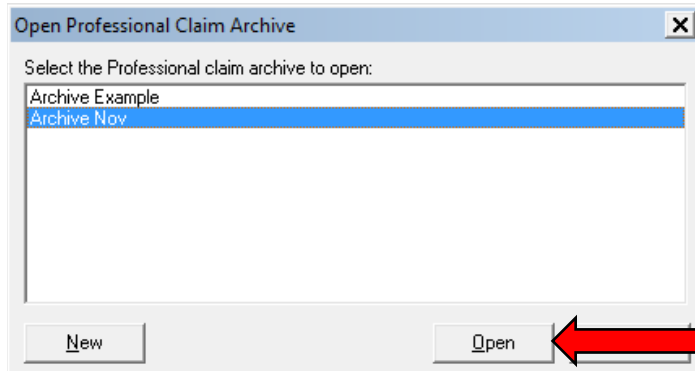
5) The follow message will display. Select **OK**
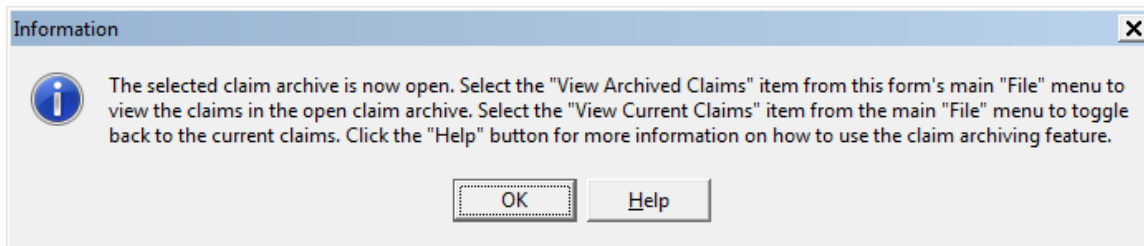
6) Choose **File** on the toolbar, and select **View Archived Claims**. This will bring up a list of your archived claims within the archive file. You can view your selected claims from this location.
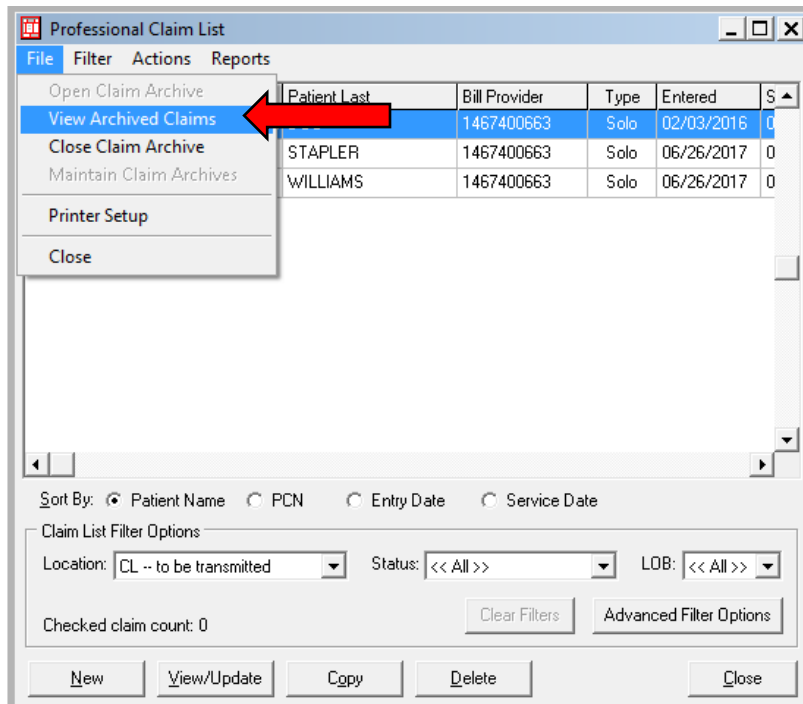
7) You can **Unarchive** your claims from this location by checking the desired claim (s) and choosing either the **Unarchive Selected Claim** or the **Unarchive All Checked Claims** from the **Actions** option on the toolbar.

8) Select the **Close Claim Archive** item from the **File** option on the toolbar to close the open claim archive. You will be prompted to "pack" the claim archive before closing. Click the "Yes" button to pack and close the archive. Click the "No" button to close the archive without packing. Click the "Cancel" button to leave the archive open.

**Packing a claim archive database minimizes the disk space requirements and enhances performance. It is recommended that claim archive databases be packed periodically. The packing process can be lengthy for large databases. Once the packing operation has started, it must continue to completion. It is recommended that "packing" claims only when no other users are accessing PC-ACE.
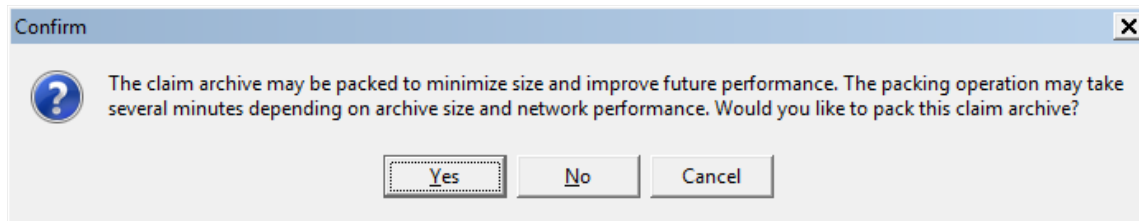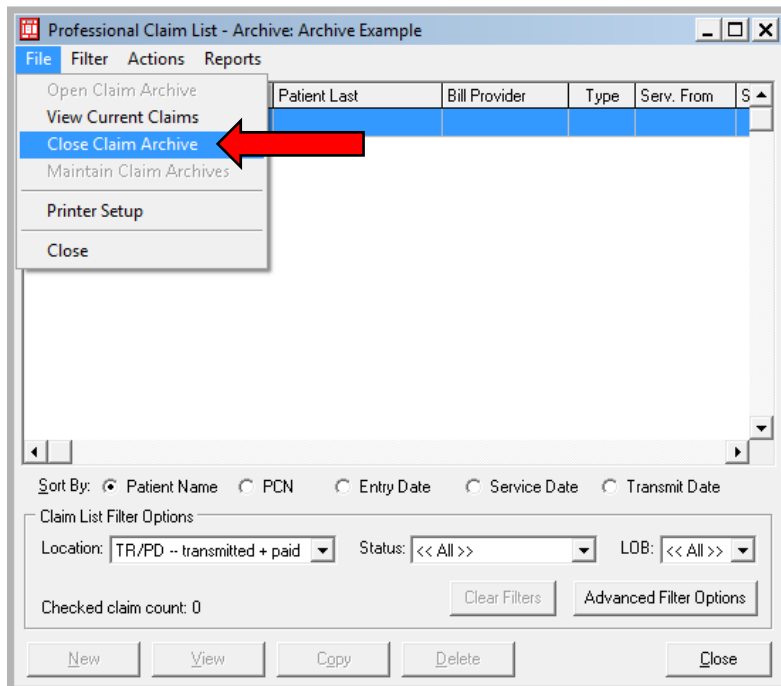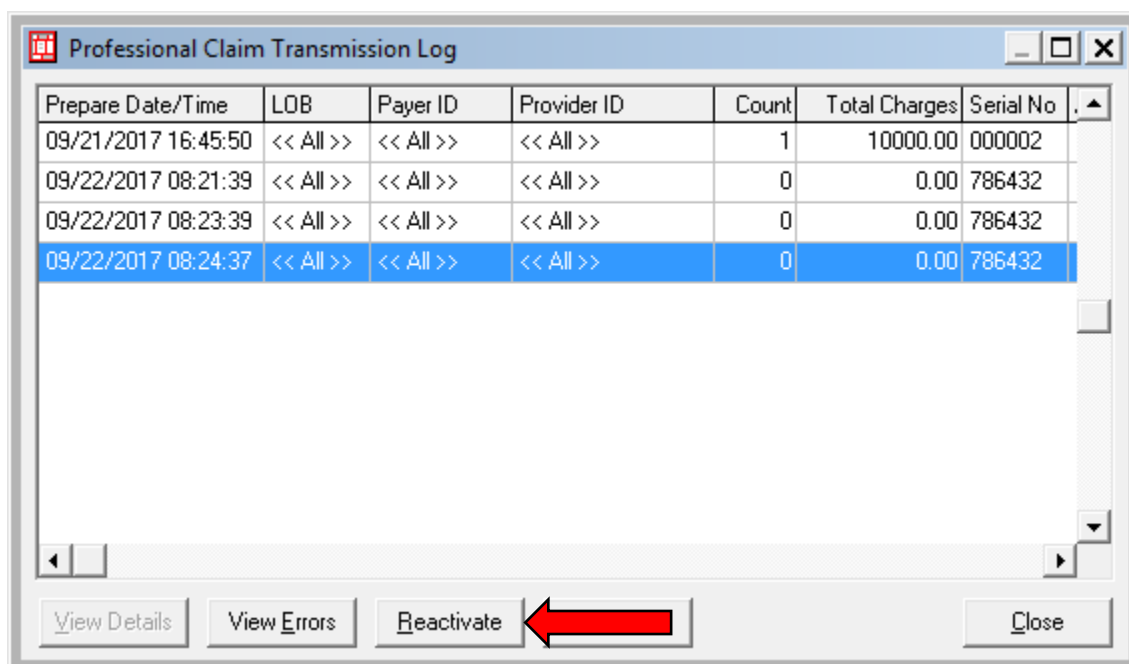
Copying Claims

1) With the PC-ACE program running, choose the **Professional or Institutional Claims Menu** option from the Main Toolbar as seen below. **NOTE: if you have not logged in, you will be prompted to do so**
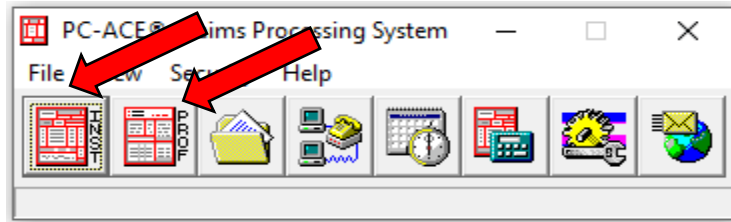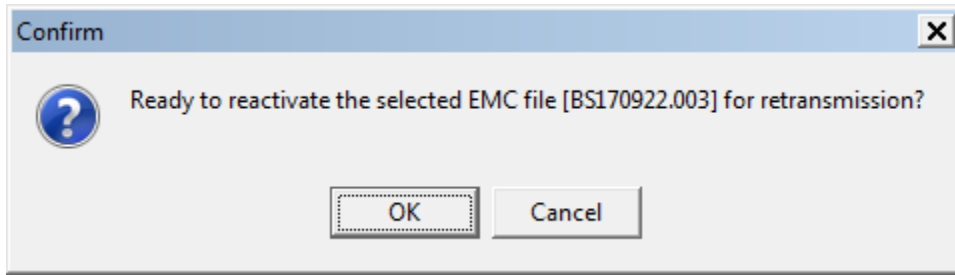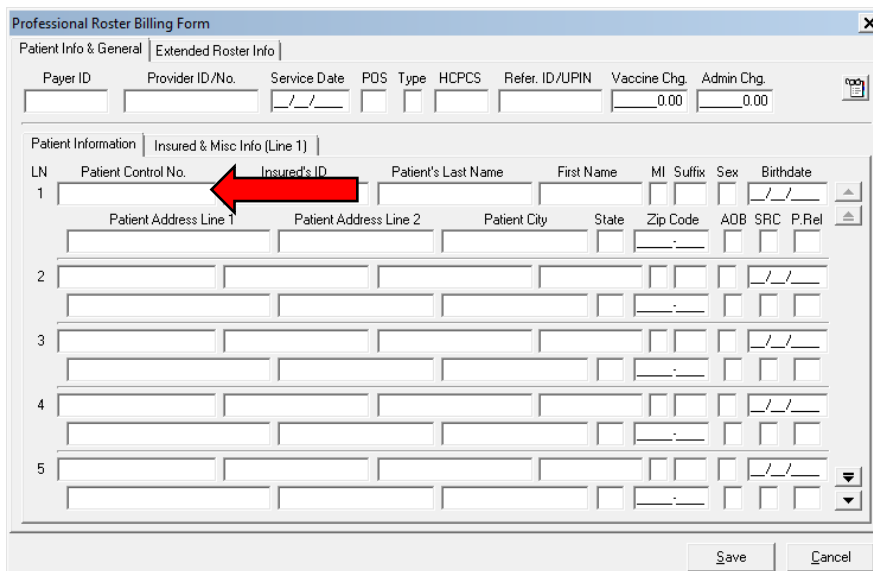

2) Click the **List Claims** button on the Claims Menu to display the list of claims.
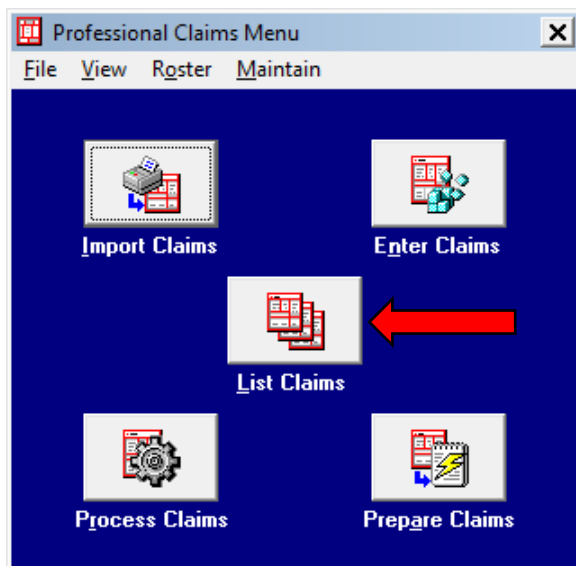
3) Claims can be copied from any of the locations listed in the location field. Select the claim(s) from the list, choose the **Copy Selected Claim** or **Copy All Checked Claims** from **Actions** on the toolbar.
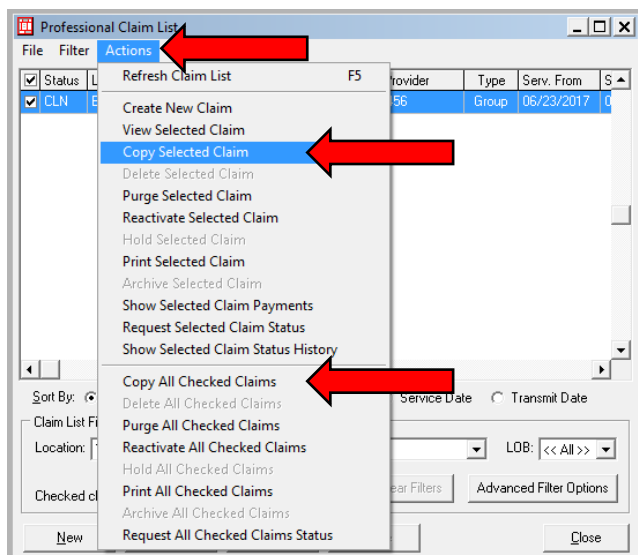
4) The following message will display, choose **OK**.
NOTE Copying claims will retain the original claim in the system.
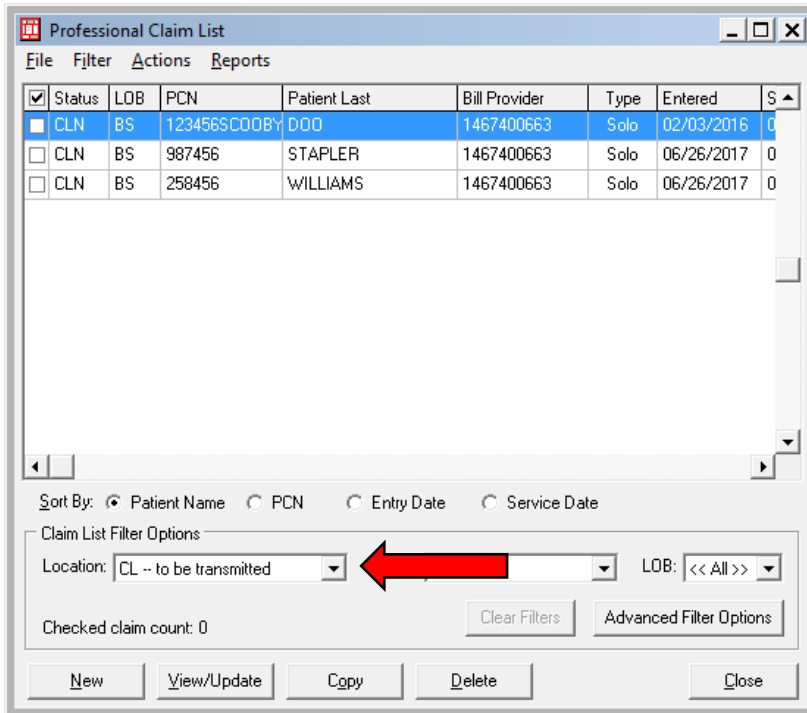
Confirm

Ready to copy the selected claim?

OK   Cancel

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Deleting Claims

1) With the PC-ACE program running, choose the **Professional or Institutional Claims Menu** option from the Main Toolbar as seen below. **NOTE: if you have not logged in, you will be prompted to do so**
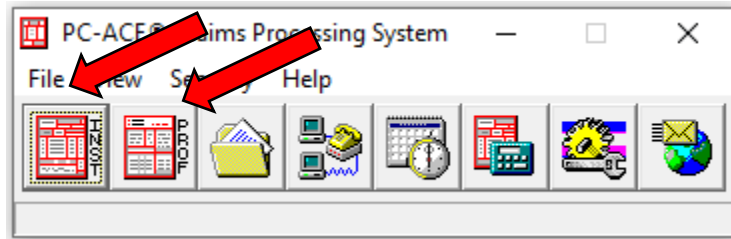
2) Click the **List Claims** button on the Claims Menu to display the list of claims.
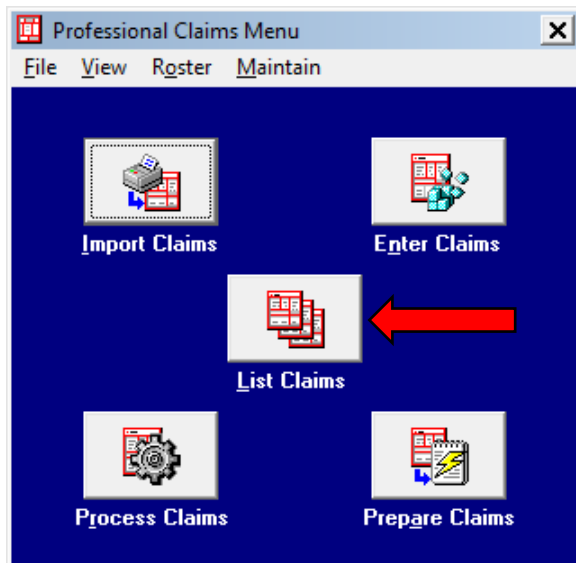
3) By default, the list will display claims in the **CL – to be transmitted** location. You can only delete claims from this location.
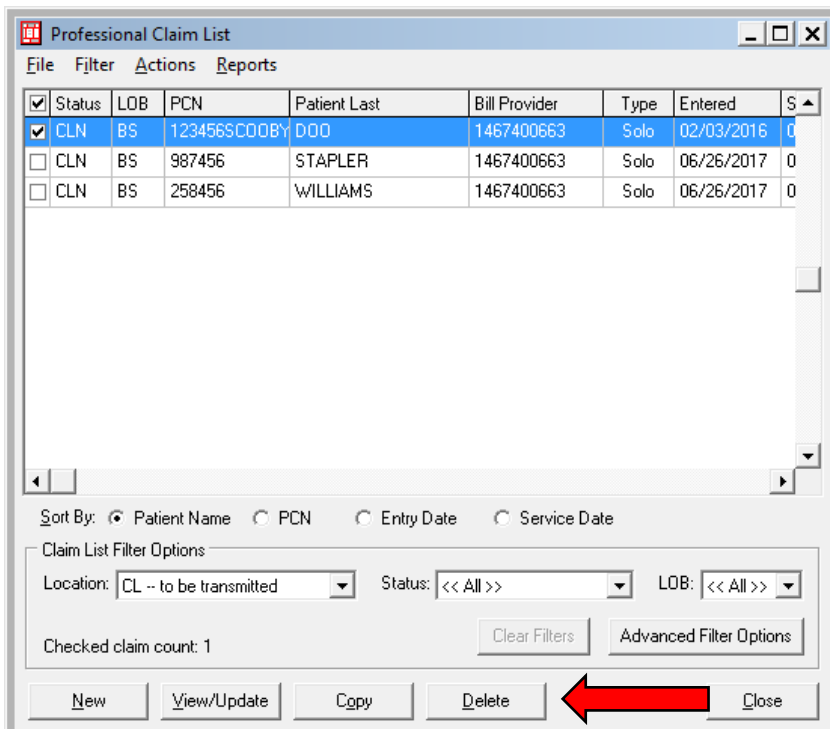
4) Select the claim to be deleted, click the **delete** button at the bottom of the screen (or choose the Delete Selected Claim from Actions on the tool bar).

5) You can also check numerous claims at one time, then choose the **Delete All Checked Claims** from **Actions** on the toolbar.
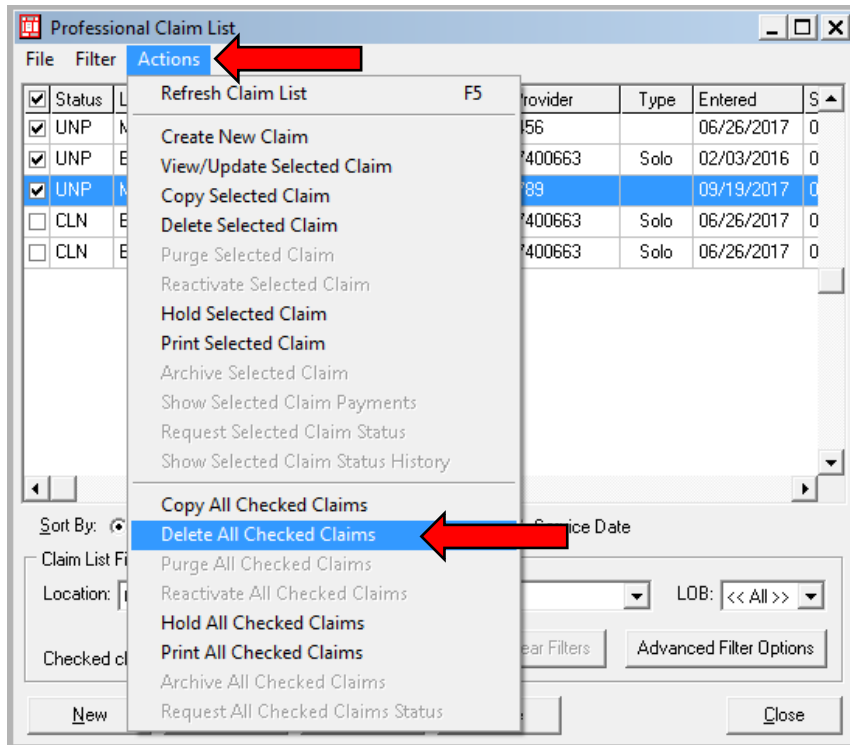
6) Deleted claims are assigned a **DEL** status and **can be recovered** (un-deleted) if needed. To do this go to the **Status** field on the Claims List and change this to **DEL -- deleted**.
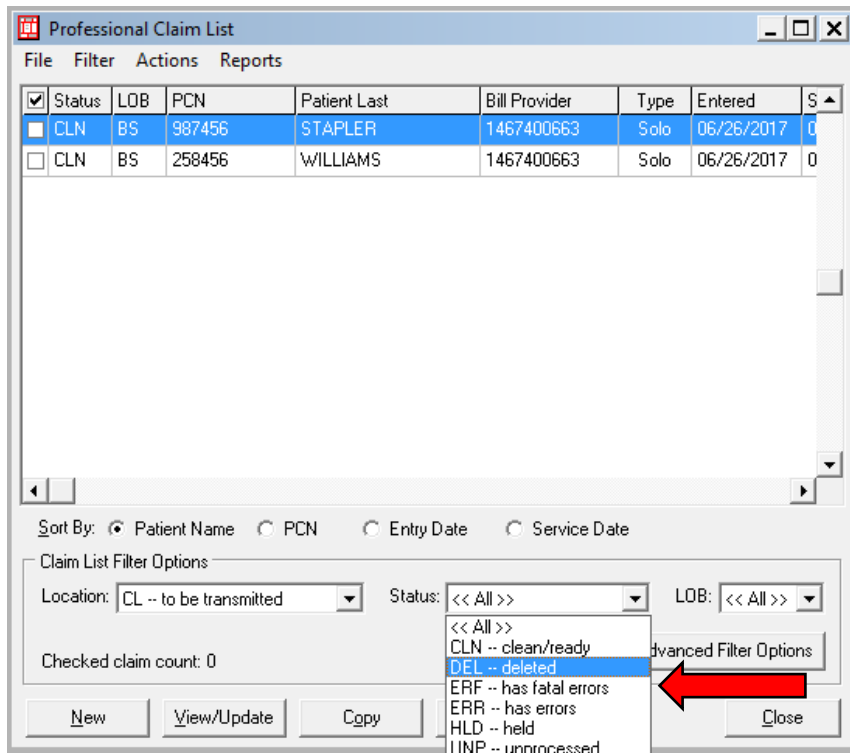
7) Select the claim to be recovered (un-deleted), if doing one claim can select the **Undelete** at the bottom of the screen or choose the Undelete selected claim from Actions on the toolbar.
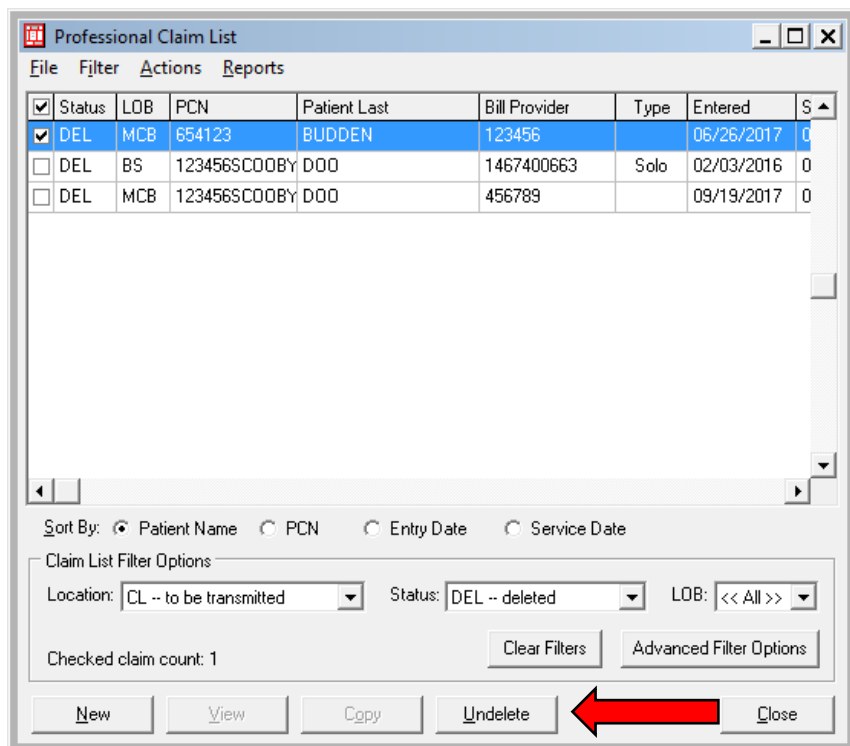
8) To undelete numerous claims, select the claims to be recovered, choose **Undelete All Checked Claims** from **Actions** on the toolbar.
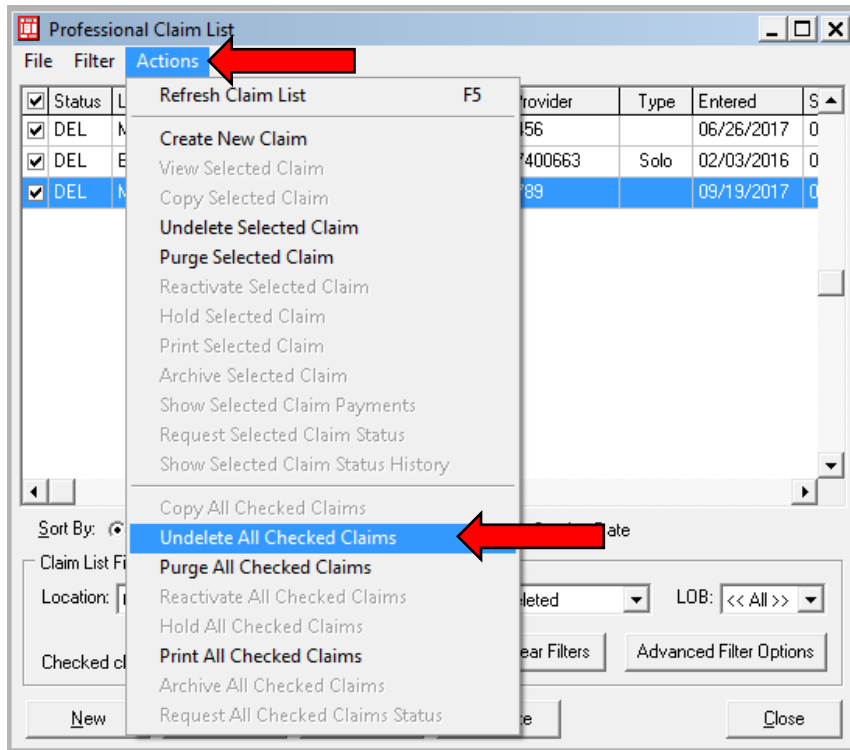
9) Select **OK** on the prompt and change the **Status** back to **All** and the Undeleted claims will now be in a UNP status.
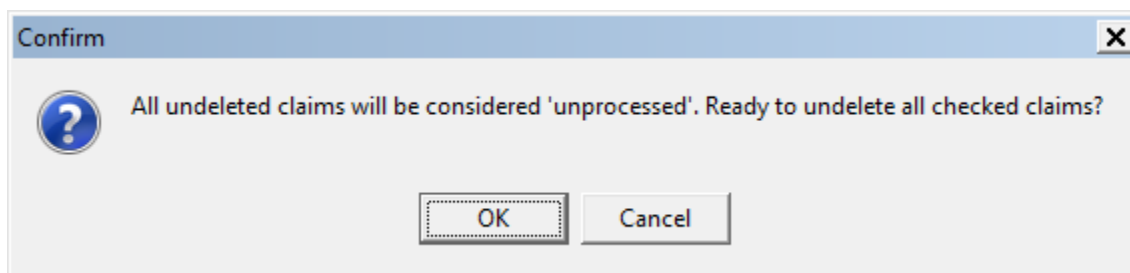
Purging Claims

Purged claims are **PERMANENTLY** deleted from the PC-ACE. They **CANNOT** be recovered.

1) With the PC-ACE program running, choose the **Professional or Institutional Claims Menu** option from the Main Toolbar as seen below. **NOTE: if you have not logged in, you will be prompted to do so**
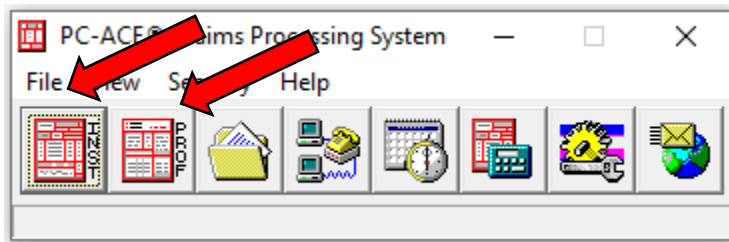
2) Click the **List Claims** button on the Claims Menu to display the list of claims.
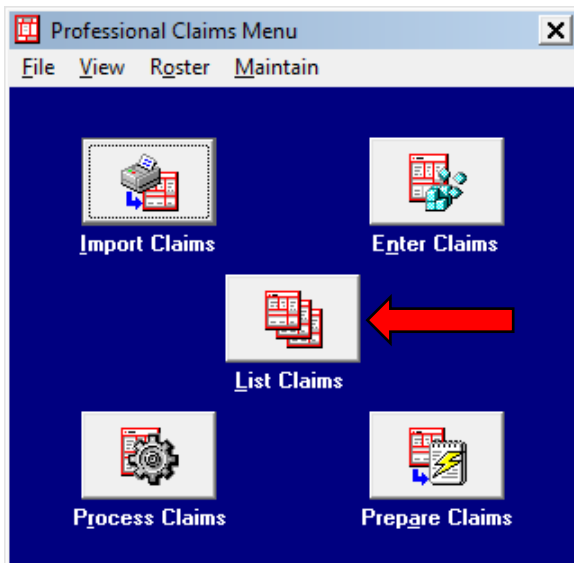
3) By default, the list will display claims in the **CL – to be transmitted** location. Change the location to **TR – Transmitted Only**. Claims in the Transmitted Only (TR) location or have a Status of DEL (Deleted) can be purged.
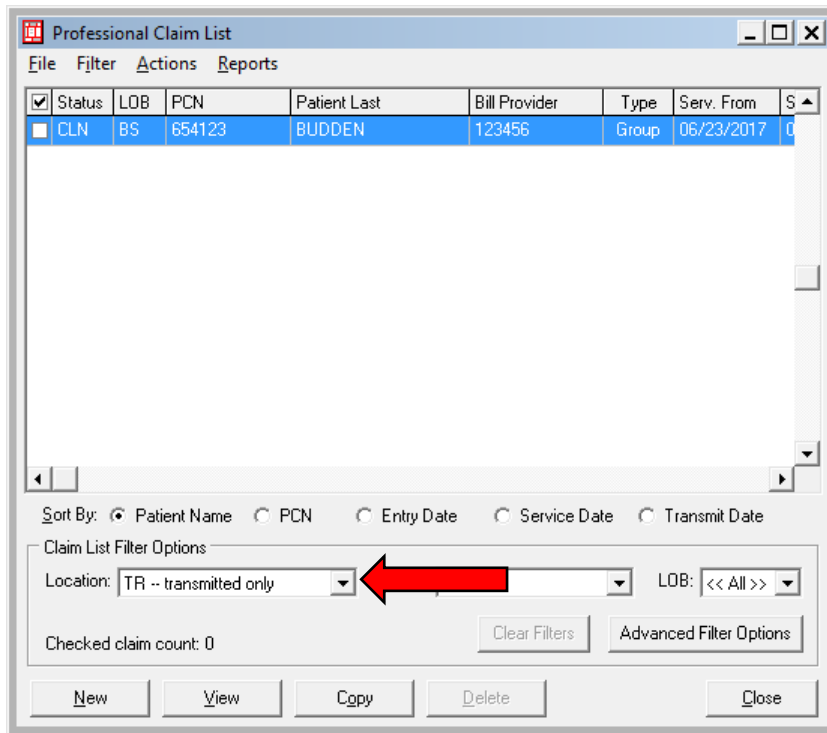
4) Select the claim or claims you would like to purge, choose the **Purge Selected Claim** or from **Actions** on the toolbar.
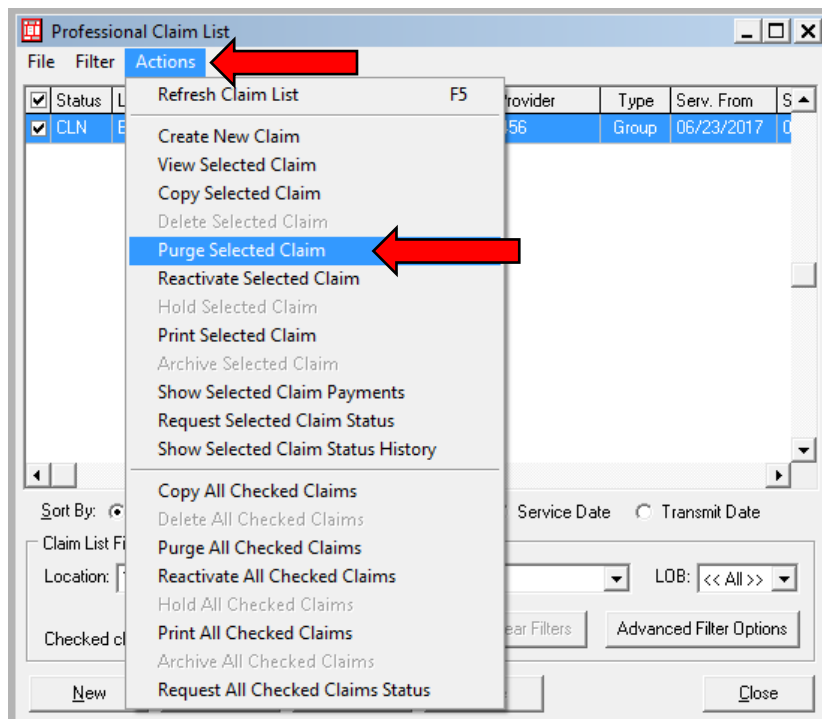
5) You will receive the following message, if you still want to purge the claim, click **OK**.
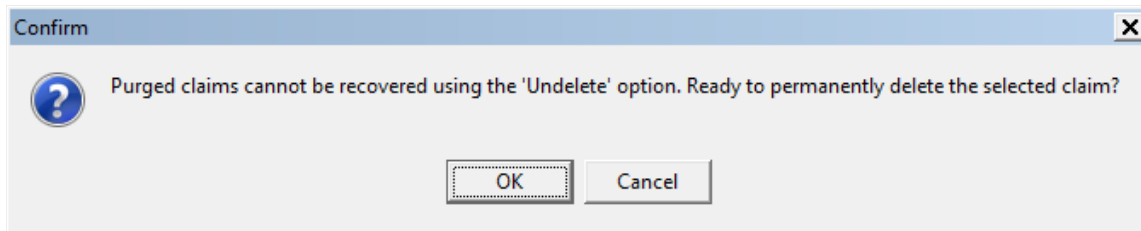
Reactivating Claims

1) With the PC-ACE program running, choose the **Professional or Institutional Claims Menu** option from the Main Toolbar as seen below. **NOTE: if you have not logged in, you will be prompted to do so**
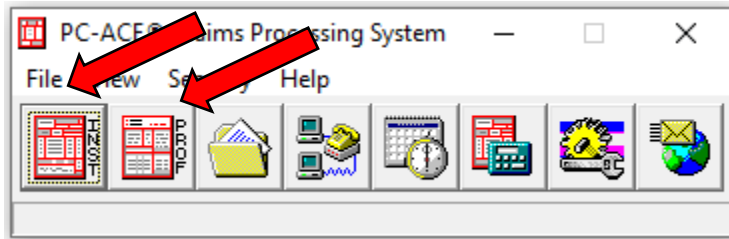
2) Click the **List Claims** button on the Claims Menu to display the list of claims.
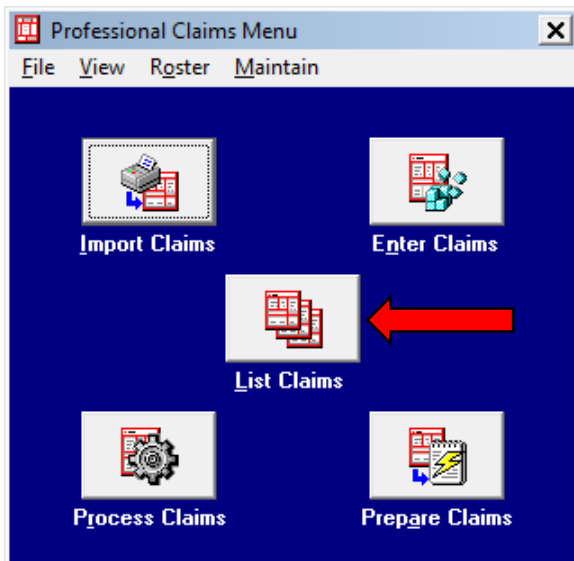
3) By default, the list will display claims in the **CL – to be transmitted** location. Change the location to **TR – Transmitted Only**.
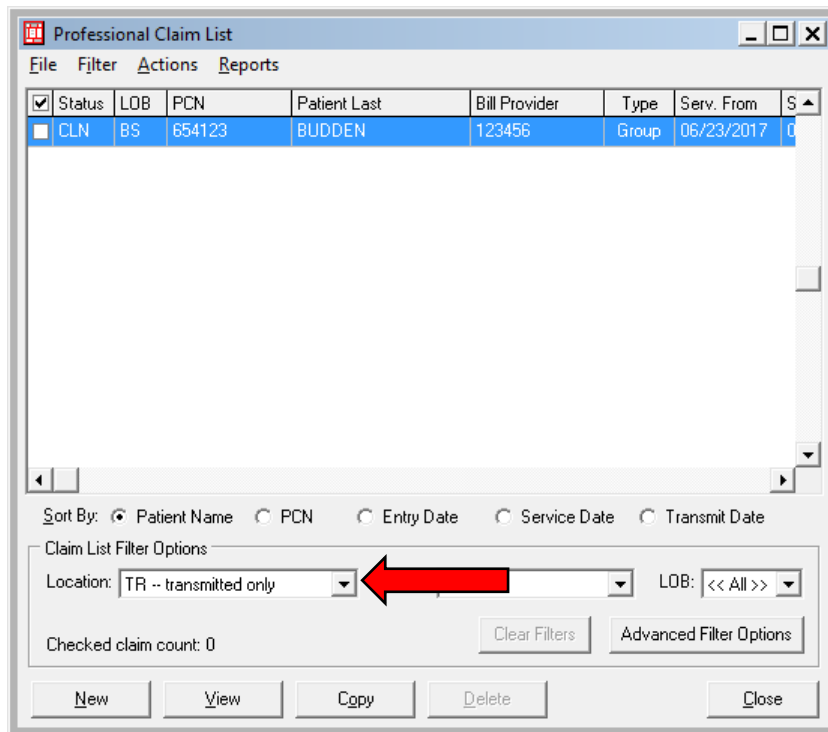
4) Select the claim to be reactivated by clicking in the box to put a check mark, go to **Actions** on tool bar and choose **Reactivate Selected Claim**. To reactivate multiple claims, check mark all claims to be reactivated and select **Reactivate All Checked Claims** in the **Actions** menu.
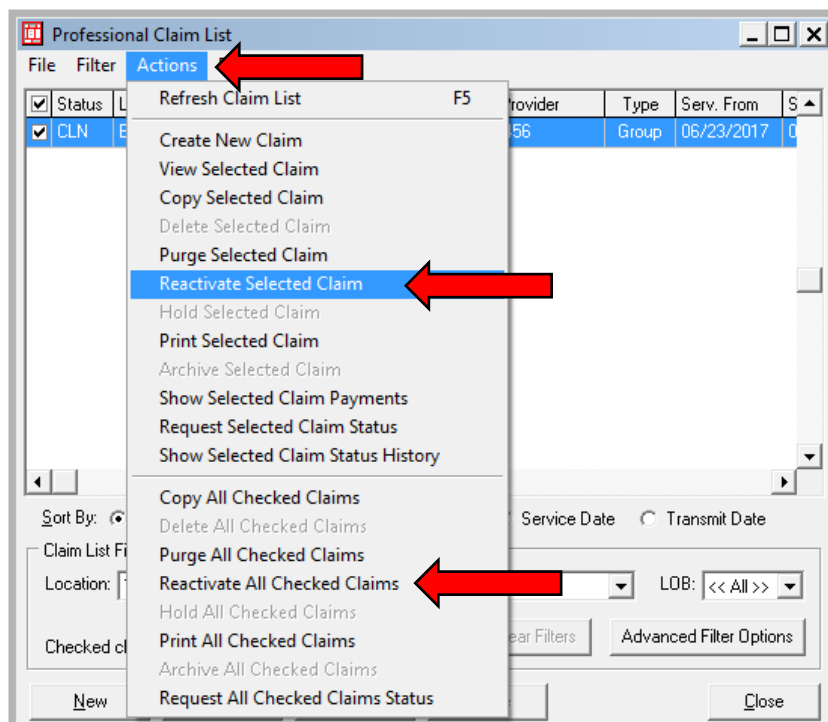
5) Select OK on the following message
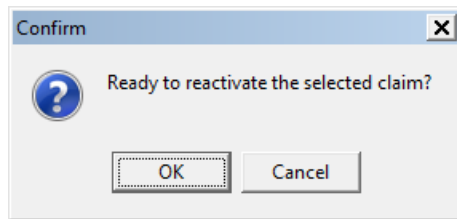
6) Change the location to **CL – to be transmitted**.   The claims are in a **UNP** status and ready to make changes, open claim by double clicking on the claim, make changes as needed and then click on Save. Once the claim is in a **CLN** status it is ready to be prepared and transmitted.
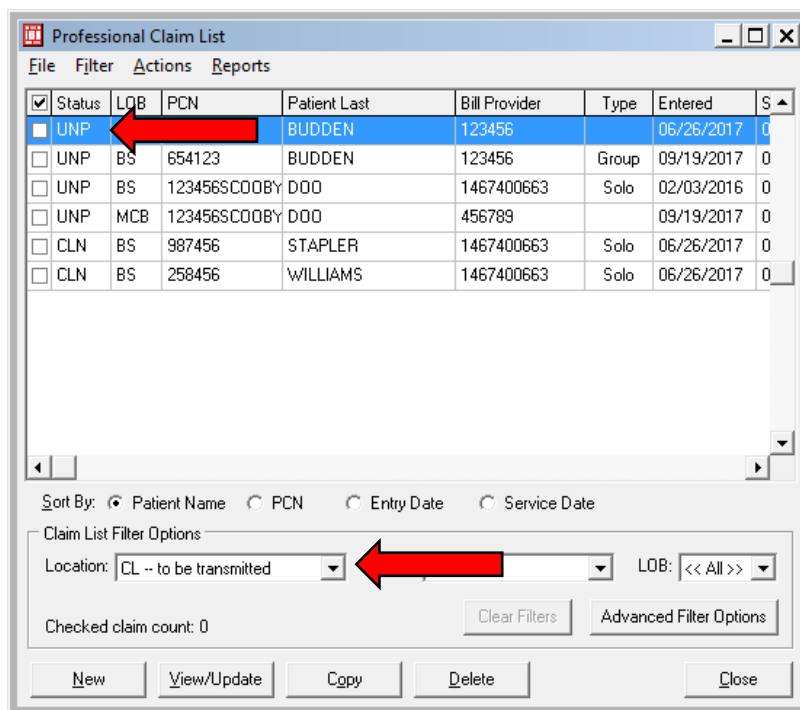
<u>To reactivate an entire batch of claims and make changes to those claims, follow the steps below:</u>

1) With the PC-ACE program running, choose the **Professional or Institutional Claims Menu** option from the Main Toolbar as seen below. **NOTE: if you have not <u>logged in</u>, you will be prompted to do so**
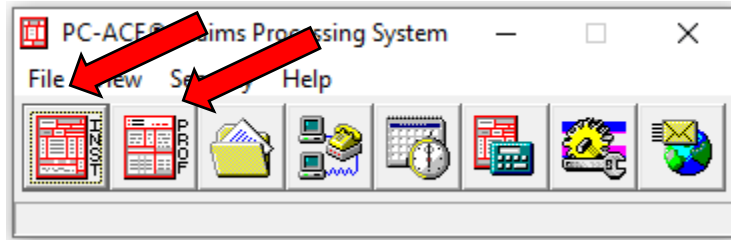
2) Click the **List Claims** button on the Claims Menu to display the list of claims.
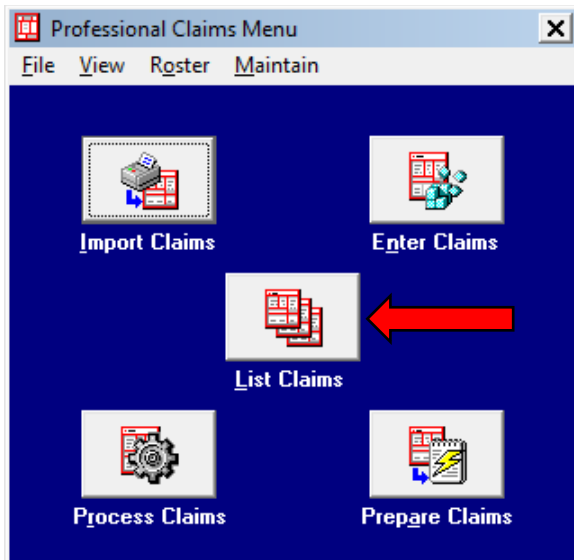
3) By default, the list will display claims in the **CL – to be transmitted** location. Change the location to **TR – Transmitted Only**.

4) Go to **Filter** on the toolbar, choose **Check All Claims From A Selected Transmission**.

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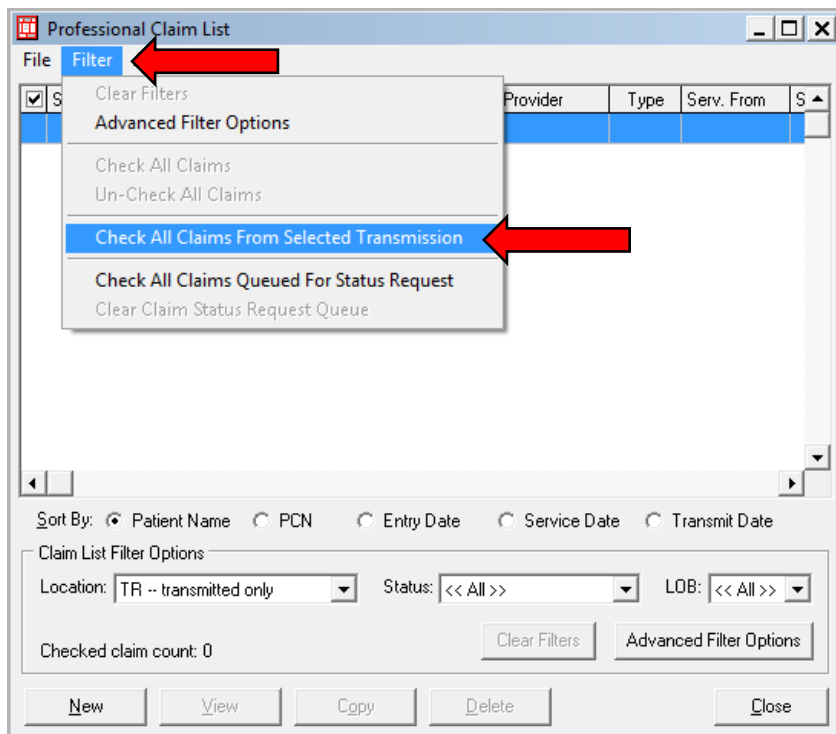
5) The following screen will appear, highlight the transmission to be reactivated, then click on **Select**.
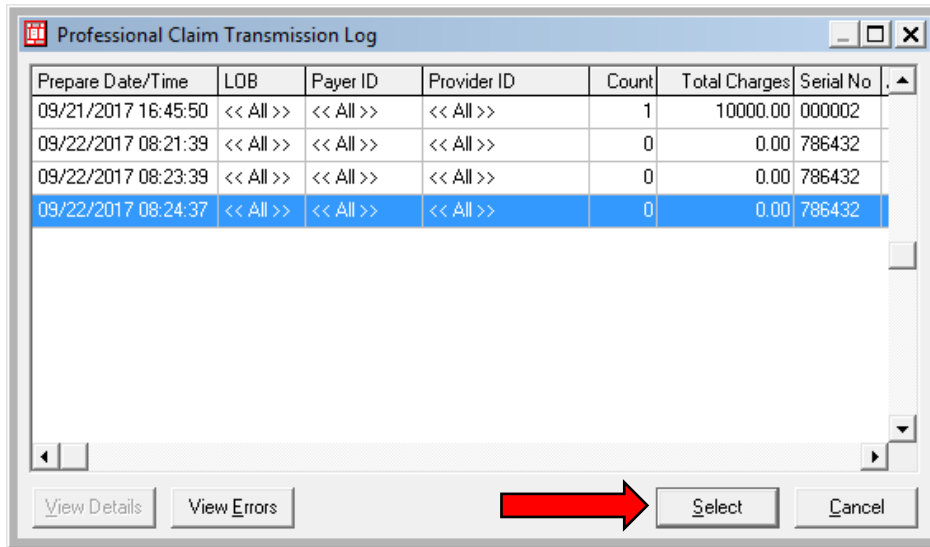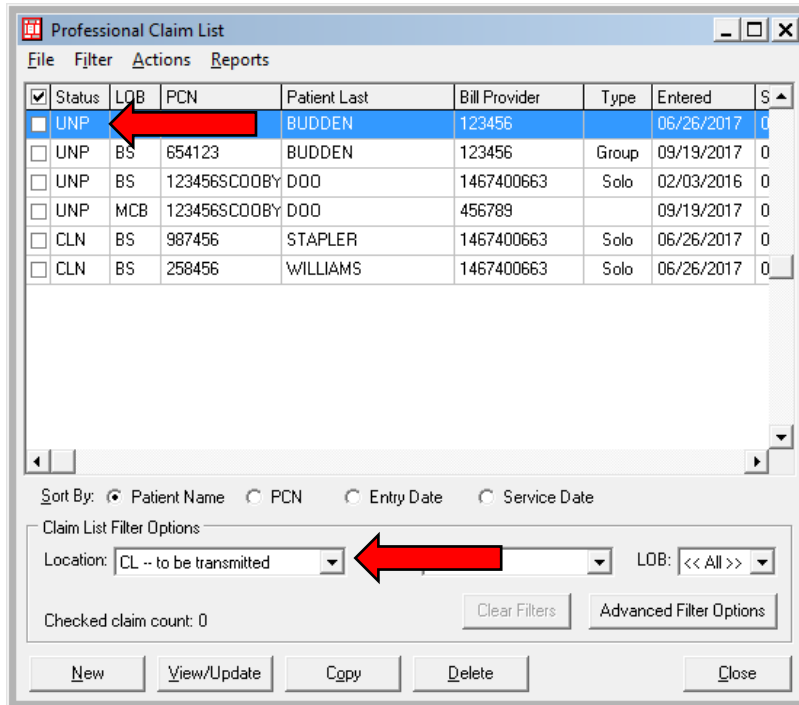
6) The Transmission Log will disappear and you will be back at the Claims List window. Choose **Actions** on toolbar and select **Reactivate All Checked Claims**.
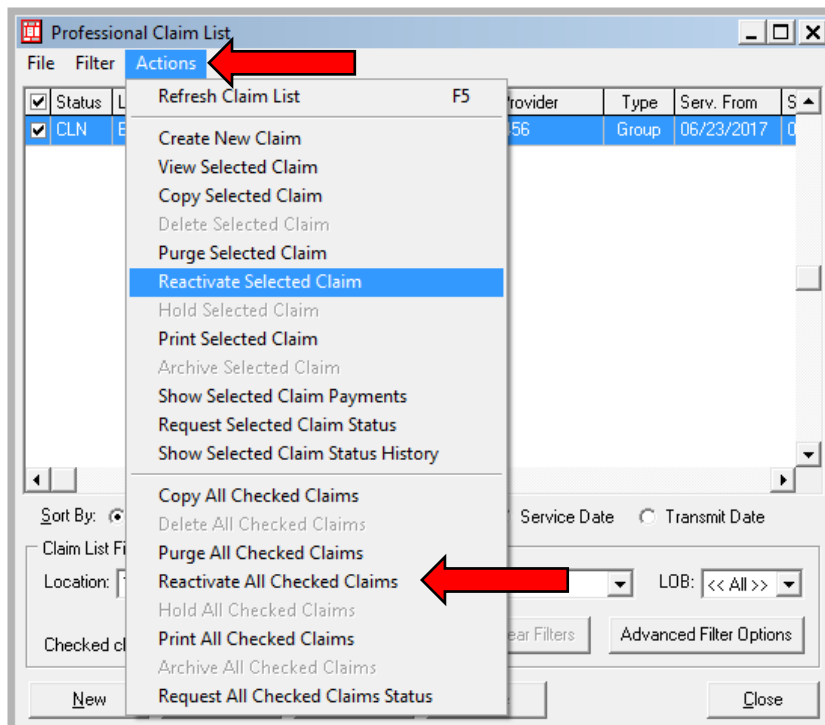
7) Select OK on the following Prompt

8) Change the location to **CL – to be transmitted**. The claims are in a **UNP** status and ready to make changes. Open claim by double clicking on the claim, make changes as needed and then click on Save. Once the claim is in a **CLN** status it is ready to be prepared and transmitted.

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To reactivate an entire batch of claims when no changes are needed, follow the steps below:

1) With the PC-ACE program running, choose the **Professional or Institutional Claims Menu** option from the Main Toolbar as seen below. **NOTE: if you have not logged in, you will be prompted to do so**
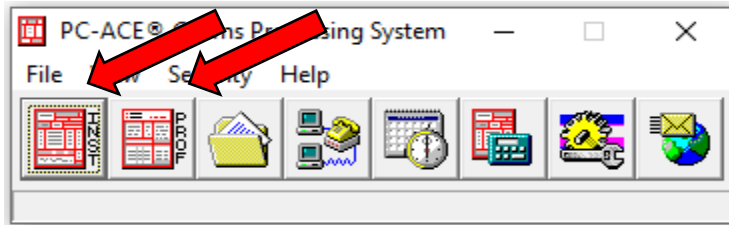
2) Click on **Maintain** from the **Professional or Institutional Claims Menu** and select **Transmission Log**
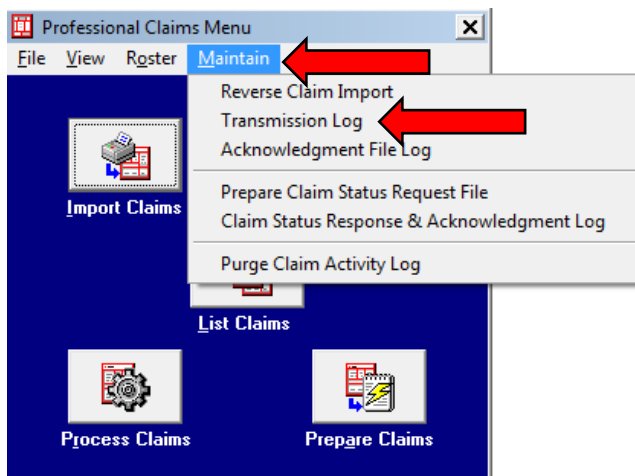
3) Locate the batch of claims to be reactivated, highlight and then click on **Reactivate**.

4) The messages below will appear. Select **OK**

Confirm

Ready to reactivate the selected EMC file [BS170922.003] for retransmission?

OK   Cancel

Information

The archived EMC file [BSTRANS.DAT] has been reactivated and is ready for retransmission.

OK

5) This will reactivate and prepare the claims all in this one step. You are now ready transmit your file.

Roster Billing

1) With the PC-ACE program running, choose the **Professional Claims Menu** option from the Main Toolbar as seen below. **NOTE: if you have not logged in, you will be prompted to do so**
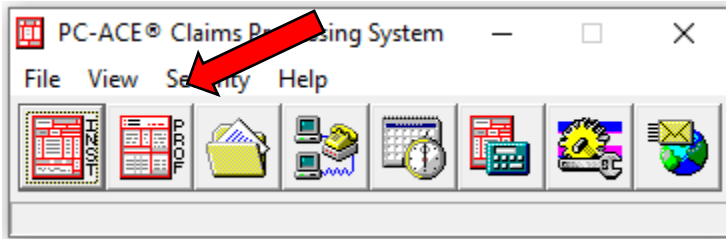
2) From the Professional Claims Menu, choose **Roster** and **New Roster**
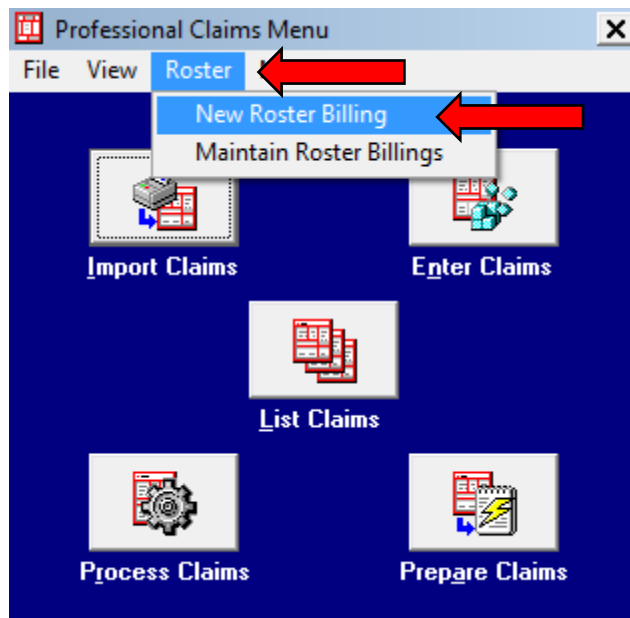
3) Complete the Professional Roster Billing Form screen. The Patient Control No. is auto populated.

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4) If the patient is someone other than the subscriber, you will enter the correct relationship code by placing your cursor in the **P.Rel** field and right-click with your mouse. This will bring up your selection of valid relationship codes.
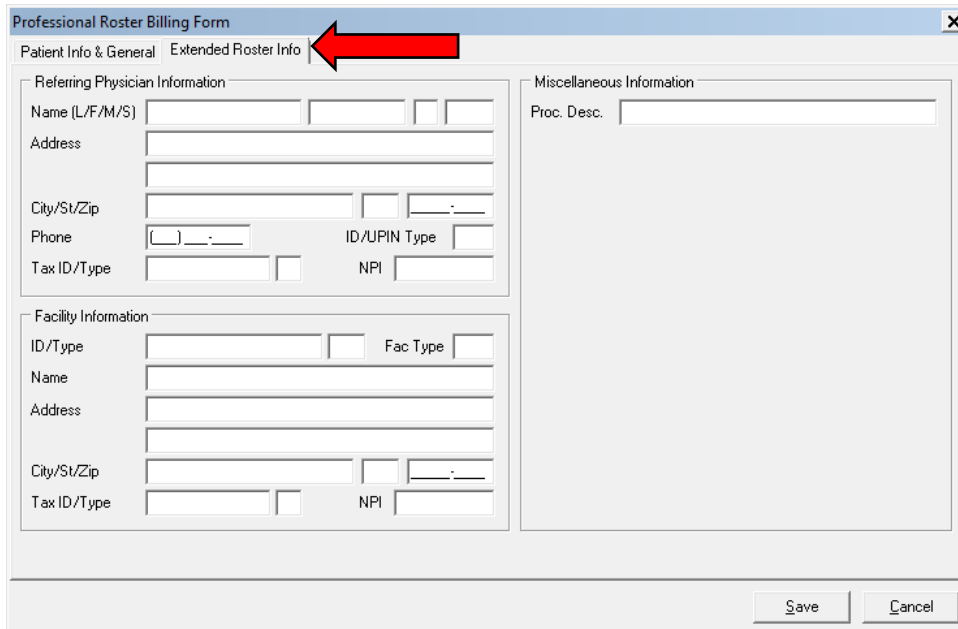
5) Once the relationship code is entered, the software will automatically bring up a screen for the insured or subscribers information to be entered.
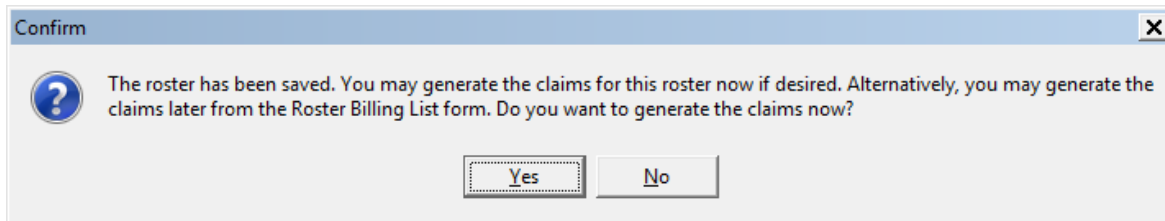
6) Choose the Extended Roster Info tab. Facility Information is required when submitting POS other than 11 or 12.

7) Once the information is complete, select **Save**. You will see this prompt. If you select **Yes**, you can no longer add to or change the roster billing. If you select **No**, you can go back and change the roster billing or add to the roster billing by going to **Maintain Roster Billing** as shown in **step 14.** To make changes to a generated Roster Billing, go to **step 16.**

8) If you select Yes, these prompts will appear. Select **Generate** and click **OK**.

9) Select **OK** again.
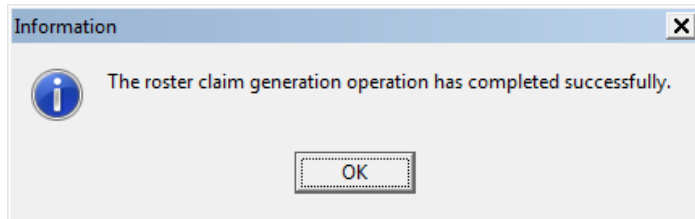
10) You MUST **Process Claims** after you have generated them. Choose **Process Claims** from the Professional Claims Menu.
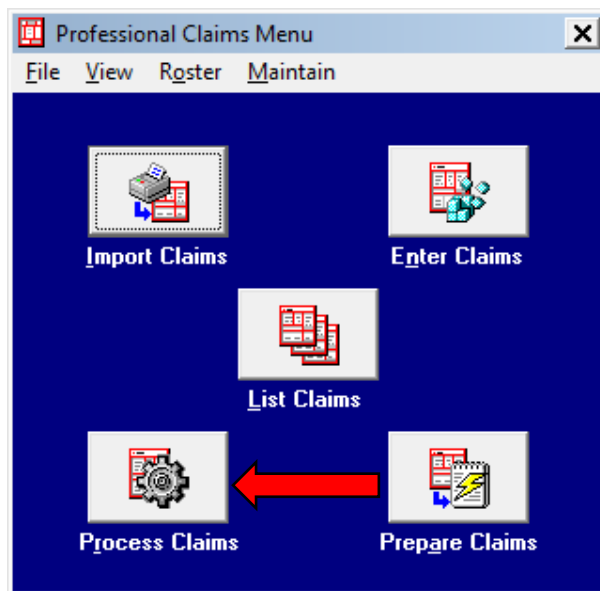
11) Select Process on the **Automated Claim Processing Prompt** and then OK. Leave blank for all claims.
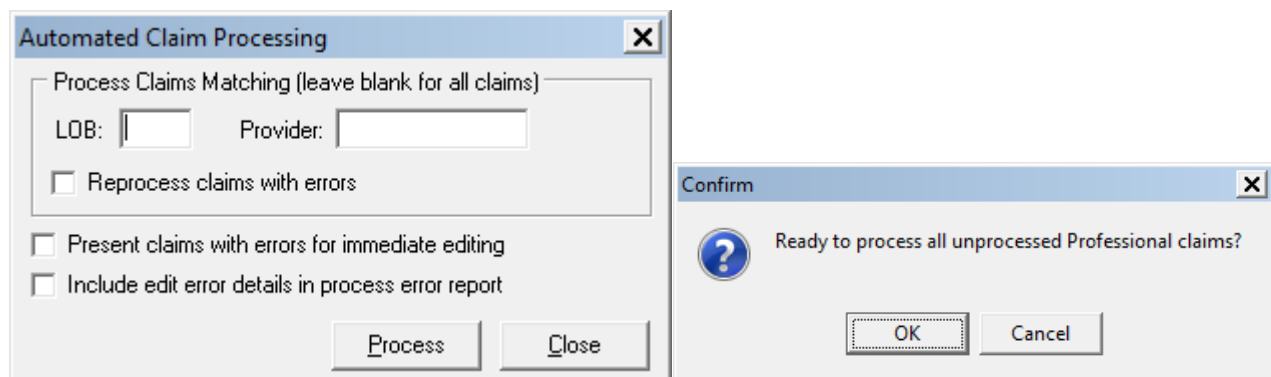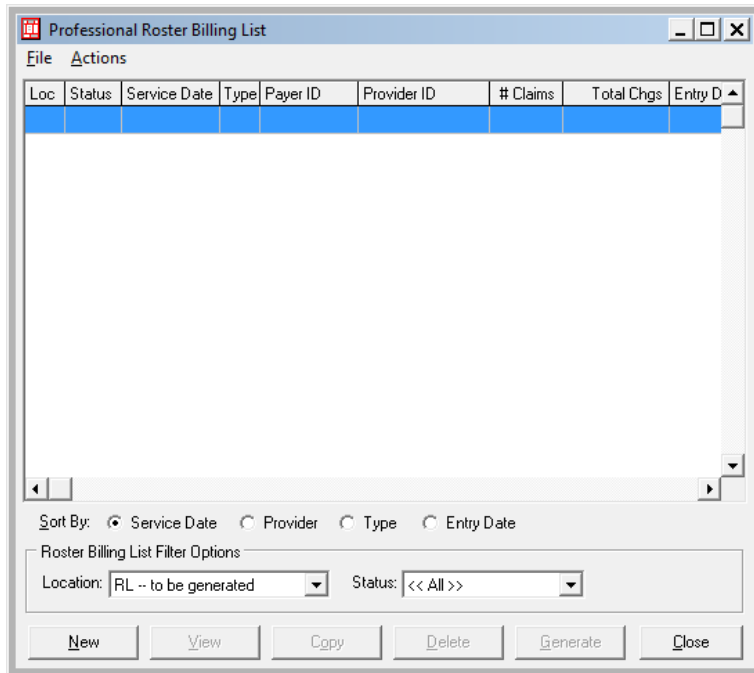
12) Select **OK** on the **Information Prompt** and **Close** the **Automated Claim Processing Box**. If there are Errors when you process claims, you will need to choose **List Claims** and correct them before you can prepare.
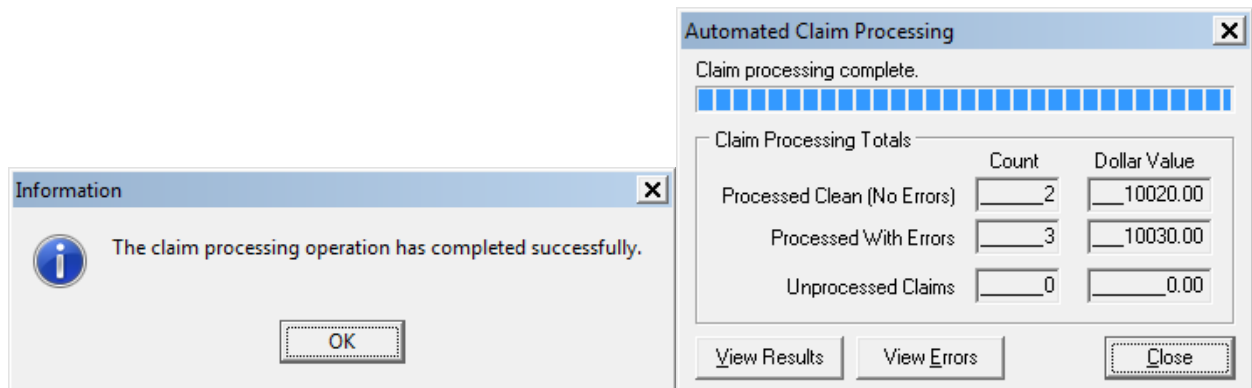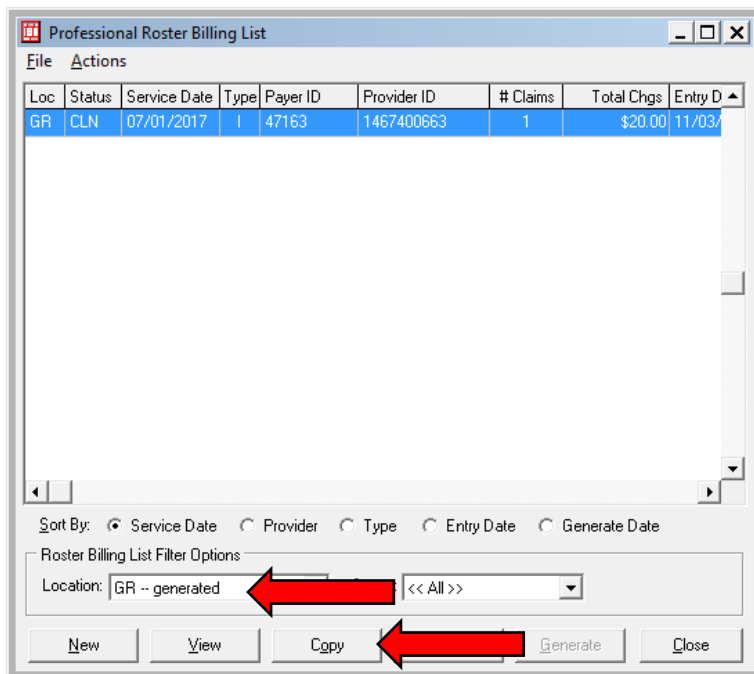
13) If all Claims are in a CLN status, you can prepare and transmit the claims.

14) If a Roster File has been created, but not generated, you can view claims by selecting **Roster** from the **Claims Menu** toolbar, then choose **Maintain Roster Billing**.
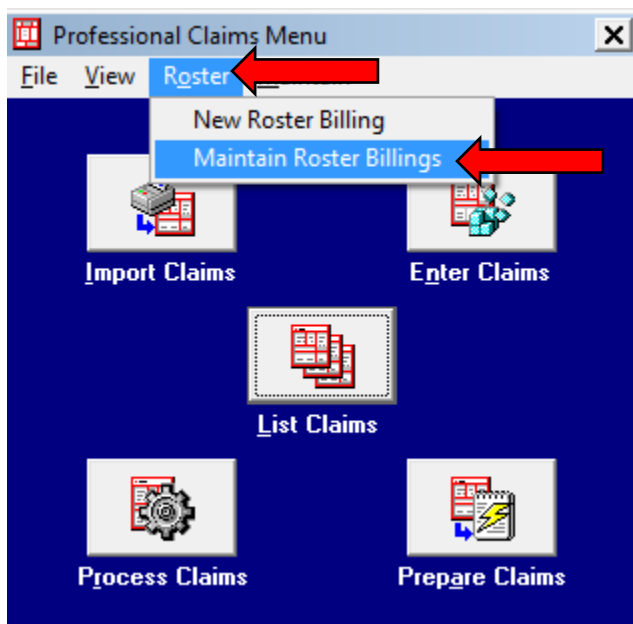
15) You will receive this screen. Your current Roster Billing will show here. You can do View/Update to add more patients OR you can Generate if you are ready to send the claims.

16) If you need to make changes to a generated Roster Billing, you can copy the generated Roster as shown below. Change the Location to **GR-Generated** and Select Copy
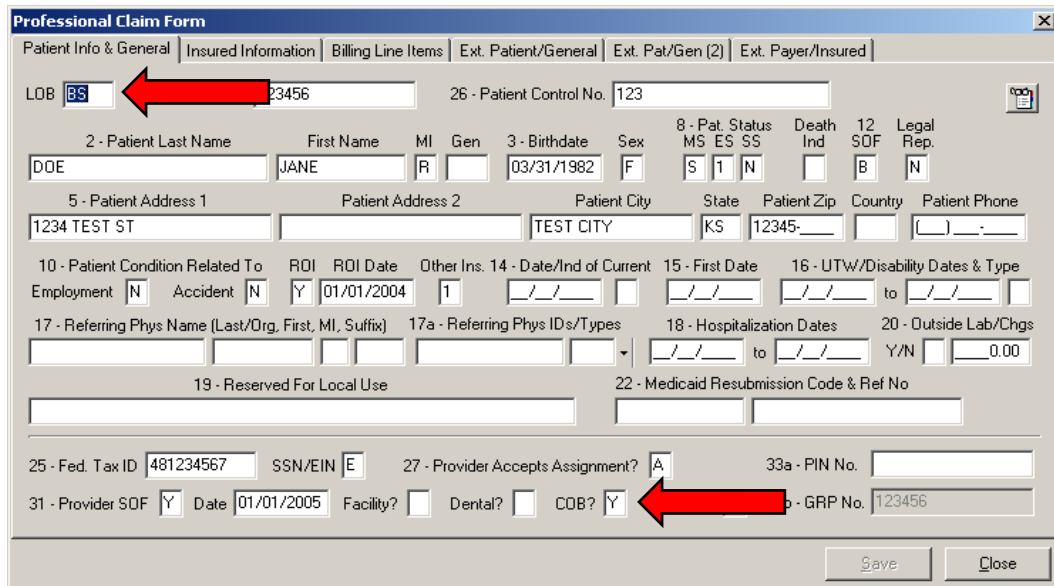
17) Make the necessary updates and return to **step 7** to Generate the roster and prepare and transmit the file.

Secondary Claims

The following example is for a Professional Secondary Claim, processed at the Service Line Level for LOBs other than Medicare.

Please note that you will have to be signed up to transmit EDI Midwest commercial claims before you can transmit secondary claims for commercial carriers. In this example, the commercial payer is the line of business (LOB) being billed. This example shows how you would report a secondary claim with adjustment amounts at the line level instead of the claim level. You will need to verify with the secondary payer to determine if you need to report the adjustment amounts at the claim or the line levels.

1) Under the **Patient Info & General** tab, the **LOB** selected will be the line of business you are submitting to for this claim. Select Y in the **COB?** Field.

2) Choose the **Insured Information** tab and enter Primary Payer information on the first line. Enter the Secondary Payer information on the second line (this will be the payer being billed for the services.) **NOTE**: The check mark in the second Sub box will automatically populate once the claim has been saved.

3) Choose the **Billing Line Items** tab and complete line item information

4) Select the **MSP/COB (Line 1)** tab and complete the **Service Line Adjudication Information** (primary paid amount). Complete **Line Level Adjustments**; i.e. Patient Responsibility; write-off/withhold amount; contractual obligation; bundled services, etc. The **Service Line Adjudication + The Line Adjustments = the submitted charges**. In this example: Paid $55.00 + Patient Responsibility $15.00 + $20.00 + Contractual Obligation $10.00 = $100.00. Complete the **Adj/Payment Date**. **NOTE:** If there are multiple service lines on the claim, this screen will need to be completed for each service line.

5) Choose the **Ext. Payer/Insured** tab and then the **COB Info (Primary)** tab to Complete **COB/MOA Amounts** (This is the total processed on the entire claim by the Primary insurance). These fields may not be required by all payers but are available if needed.

6) Once the necessary information has been completed correctly, click on **Save.**

The following example is for a Professional Secondary Claim, processed at the Claim Level for LOBs other than Medicare.

Please note that you will have to be signed up to transmit EDI Midwest commercial claims before you can transmit secondary claims for commercial carriers. This example shows how you would report a secondary claim with adjustment amounts at the claim level instead of the line level. This would be used when the Primary Payer processed and paid one amount for all services lines. You will need to verify with the secondary payer to determine if you need to report the adjustment amounts at the claim or the line levels.

1) Under the **Patient Info & General** tab, the **LOB** selected will be the line of business you are submitting to for this claim. Select Y in the **COB?** Field.

2) Choose the **Insured Information** tab and enter Primary Payer information on the first line. Enter the Secondary Payer information on the second line (this will be the payer being billed for the services.) **NOTE**: The check mark in the second Sub box will automatically populate once the claim has been saved.

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3) Choose the **Billing Line Items** tab and complete line item information

4) Choose the **Ext. Payer/Insured** tab and then the **COB Info (Primary)** tab to enter the information specific to the adjudication information on the primary payer's remittance advice. Complete **Claim Level Adjustments** i.e. Patient Responsibility; write-off/withhold amount; contractual obligation; bundled services, etc. Complete **COB/MOA Amounts** (This is the total processed on the entire claim by the Primary insurance.) Enter the **Claim Adjudication Date**.These fields may not be required by all payers but are available if needed.
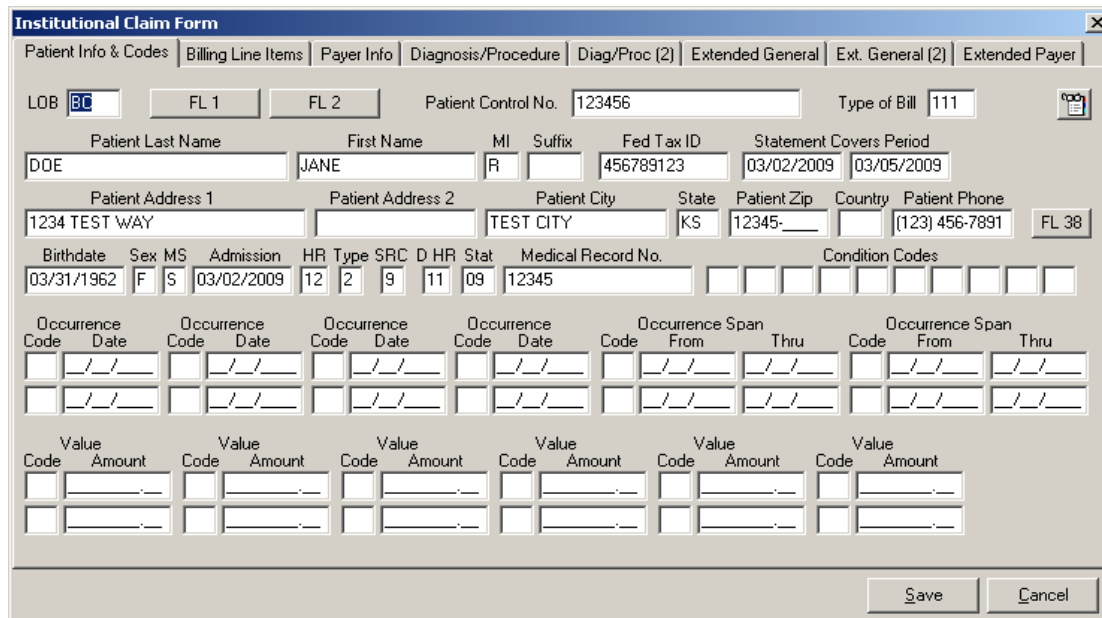
5) The information entered on this screen applies to the entire claim. Once the necessary information has been completed, click **SAVE**.

The following example is for an Institutional Secondary Claim, for LOBs other than Medicare.

The following is an example where the COB information should be entered to send a secondary claim, other than Medicare.

1) The **LOB** selected will be the line of business you are submitting to for this claim. Complete this screen as needed.

2) Select the **Billing Line Items** tab and complete the **Line Items Detail** screen as needed.
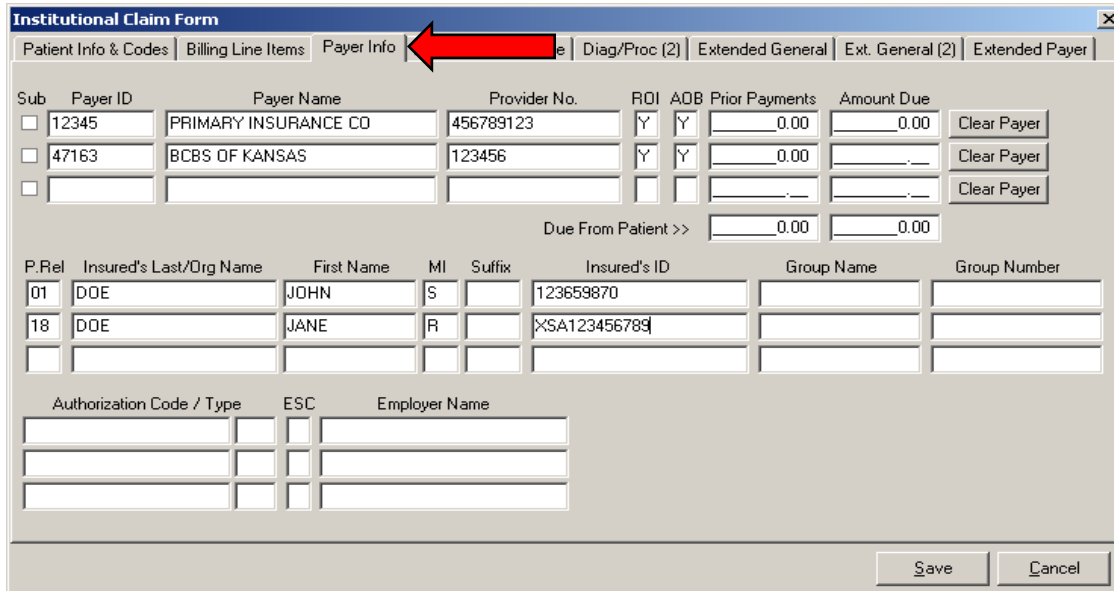
3) Select the **Payer Info** tab and enter the primary payer provider and insured information on the first line, and then enter the provider and payer information for Blue Cross of Kansas on the second line. **NOTE**: **The check mark in the second Sub box will automatically populate once the claim has been saved.**

4) Select the **Diagnosis/Procedure** tab and complete as needed. Make sure you enter a **Y** in the **COB?** Field.
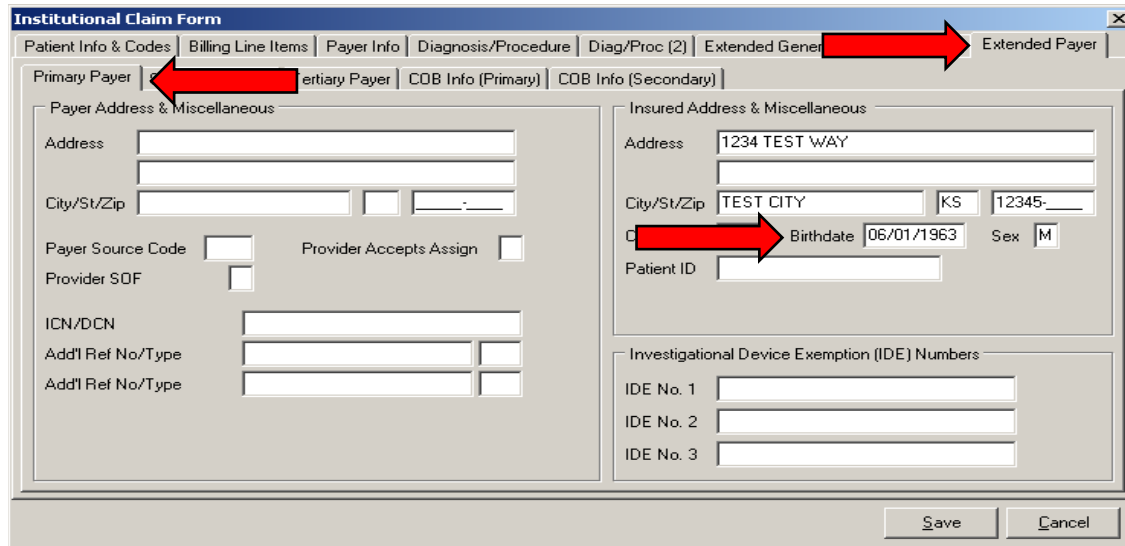
5) Select the **Extended Payer** tab. Under the **Primary Payer** tab, complete the insured's **Birthdate** and **Sex** fields.

6) Select the **COB Info (Primary)** tab from within the **Extended Payer** tab to enter the information specific to the adjudication information received on the primary payer's Remittance Advice and enter the **Claim Adjudication Date**.

In this example, the amount charged was $2170.00. The primary payer allowed $2170.00, paid $1470.00, and applied $700.00 to the patient's co-pay. The information entered on this screen will be for the entire claim and not for each line item.

7) Once all the necessary information has been completed, select **Save**.

Medicare Secondary Claims

The following is an example of a Professional MSP Claim processed at the Service Line Level

1) From the patient Info & General Tab, the LOB selected will be the line of business you are submitting to for this claim. Enter Y in the COB field.

2) Click on the **Insured Information Tab** and enter primary payer information on the first line. Enter Medicare information on the second line

3) Click on **Billing Line Items** tab and complete line item information and select **MSP/COB (Line 1) tab**. **Please note--if there are multiple service lines on the claim, these screens will need to be completed for each service line.**

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4) From the MSP/COB (Line 1) tab complete **Approved** (Allowed or Approved amount from Primary EOB), **OTAF** (Obligated to accept field) and **Service Line Adjudication Information** (Primary paid amount). If no payment was made, please enter a zero-dollar amount in this field to indicate no payment made. Complete **Line Level Adjustments**; i.e. Patient Responsibility; Write off/withhold amount; contractual obligation; bundled services etc and complete the **Adj/Payment Date**

The Service Line Adjudication + The Line Adjustments = the submitted charges.

In this example: Paid $23.00 + Patient Responsibility $5.00 + Contractual Obligation $4.00 = $32.00

**Repeat the above steps for any additional service lines.

5) Click on the **Ext. Payer/Insured tab** and then click on the **COB Info (Primary)** tab to complete the **Insurance Type** field**,** the **Zero Payment Ind.** field and complete **COB/MOA Amounts** (Enter the total amount paid on the entire claim).
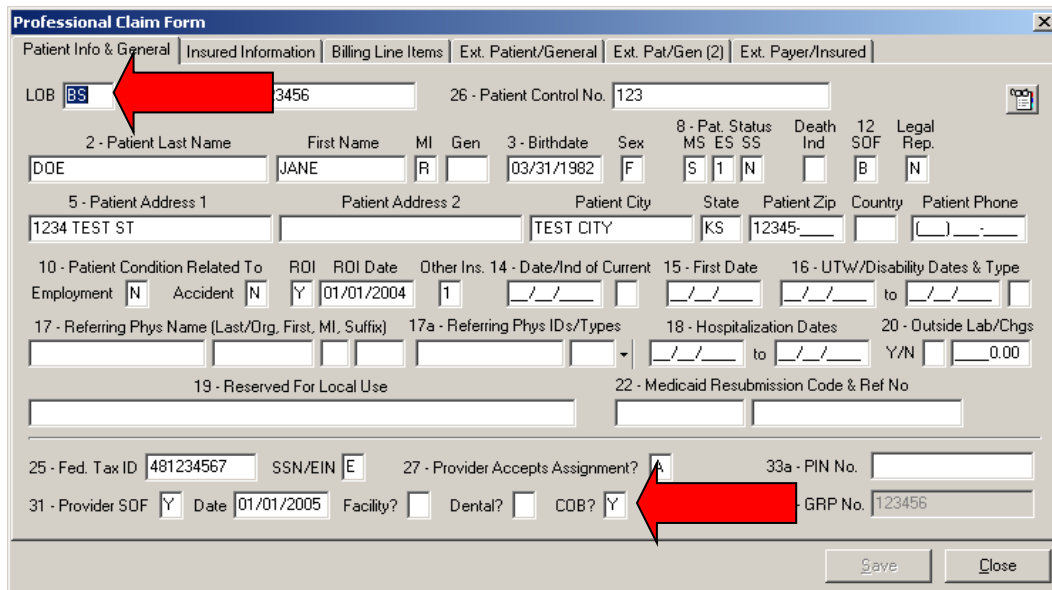

6) Once the necessary information has been completed correctly, click on **Save.**

The following is an example of a Professional Secondary Claim for LOB other than Medicare processed at the Service Line Level

Please note that you will have to be signed up to transmit EDI Midwest commercial claims before you can transmit secondary claims for commercial carriers. In this example, the commercial payer is the line of business (LOB) being billed. This example shows how you would report a secondary claim with adjustment amounts at the line level instead of the claim level. You will need to verify with the secondary payer to determine if you need to report the adjustment amounts at the claim or the line levels.

1) The LOB selected will be the line of business you are submitting to for this claim. Enter Y in the COB? field

2) Click on **Insured Information** tab and enter Primary Payer information on the first line. Enter the Secondary Payer information on the second line--this will be the payer being billed for the services. **NOTE: T**he check mark in the second Sub box will automatically populate once the claim has been saved.

3) Click on Billing Line Items tab and complete line item information.

4) Select **MSP/COB (Line 1)** and complete the service line adjudication information (Primary paid amount) Complete Line Level Adjustments; i.e. Patient Responsibility; write-off/withhold amount; contractual obligation; bundled services, etc. and complete the Adj/Payment Date.

The Service Line Adjudication + The Line Adjustments = the submitted charges.

In this example: Paid $55.00 + Patient Responsibility $15.00 + $20.00 + Contractual Obligation $10.00 = $100.00

<u>**NOTE:**</u> If there are multiple service lines on the claim, these screens will need to be completed for each service line.

5) Click on the **Ext. Payer/Insured tab** and then click on the **COB Info (Primary)** tab. Complete **COB/MOA Amounts** (This is the total processed on the entire claim by the Primary insurance). These fields may not be required by all payers but are available if needed.

6) Once the necessary information has been completed correctly, click on **Save.**

The following is an example of a Professional Secondary Claim for LOB other than Medicare processed at the Claim Level

Please note that you will have to be signed up to transmit EDI Midwest commercial claims before you can transmit secondary claims for commercial carriers. This example shows how you would report a secondary claim with adjustment amounts at the claim level instead of the line level. This would be used when the Primary Payer processed and paid one amount for all services lines. You will need to verify with the secondary payer to determine if you need to report the adjustment amounts at the claim or the line levels.

1) The LOB selected will be the line of business you are submitting to for this claim. Select Y in the COB? field

2) Click on the **Insured Information** tab and enter the Primary Payer information on the first line. Enter the Secondary Payer information on the second line—this will be the payer being billed for the services. **NOTE:** The check mark in the second Sub box will automatically populate once the claim has been saved.

3) **Select Billing Line Items** tab and complete any line item information as necessary.
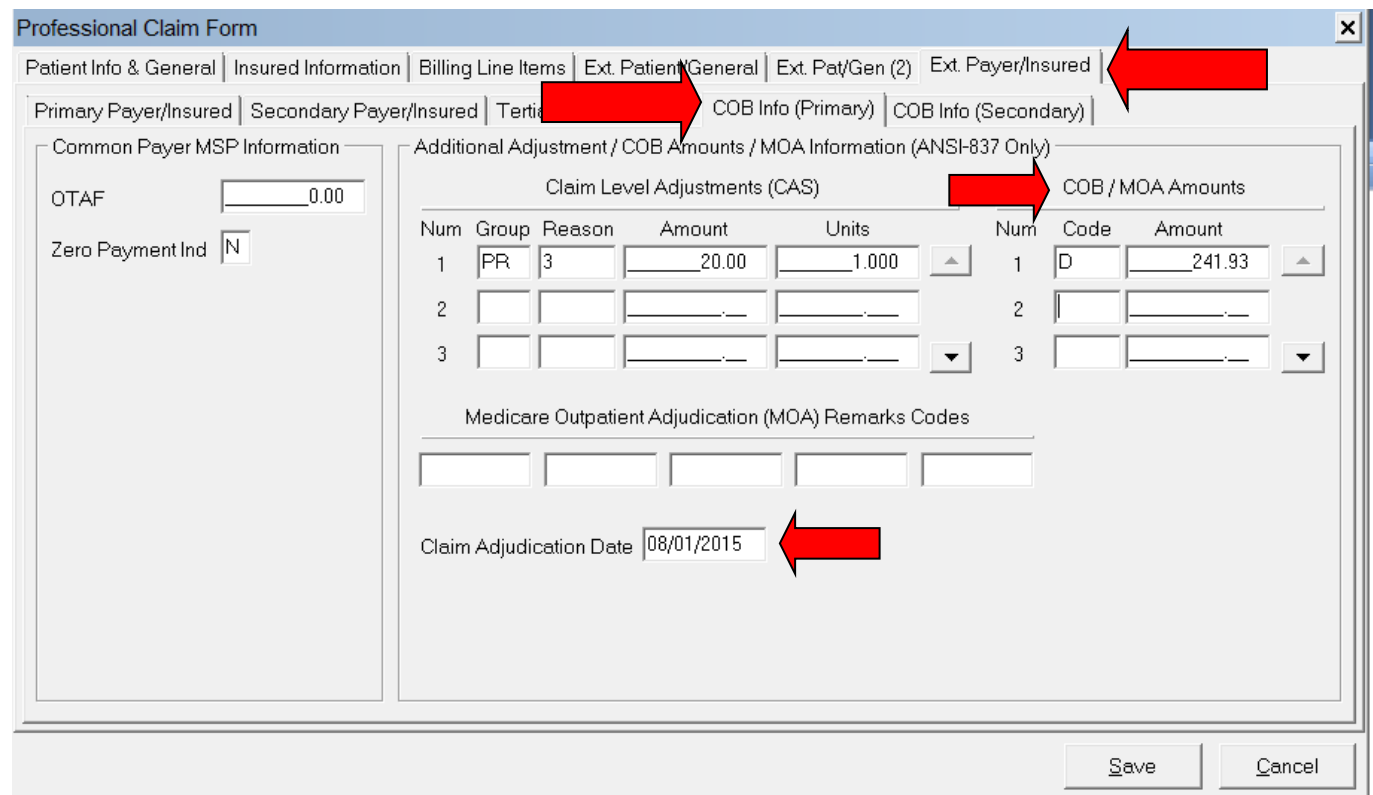
4) Click on the **Ext.Payer/Insured** tab and click on the **COB Info (Primary)** tab to enter the information specific to the adjudication information received on the primary payer's Remittance Advice. Complete the Claim Level Adjustments, ie; patient Responsibility, Write-off/Withhold amount; Contractual Obligation; Bundled Services, etc. complete the **COB/MOA Amounts** and enter the Claim Adjudication Date.

In this example, the amount charged was $55.00. The primary payer allowed $55.00, paid $35.00, and applied $20.00 to the patient's co-pay.

The information entered on this screen applies to the entire claim.

5) Once the necessary information has been completed correctly, click on **Save.**

The following is an example of an Institutional MSP Paid Claim

1) The **LOB** selected will be the line of business you are submitting to for this claim. **NOTE:** You must fill out the necessary fields required within PC-ACE. This example just happens to be for an inpatient claim.

2) Click on **Billing Line Items** tab and fill out the service line information.
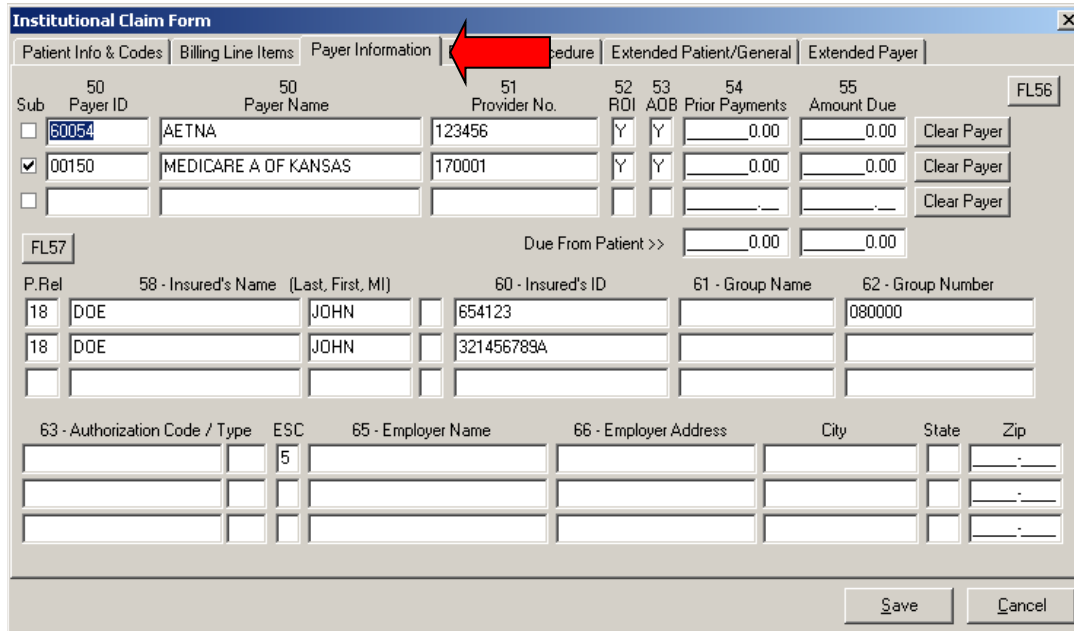
3) Click on **Payer Information** tab and enter Primary Payer information on the first line. Enter Medicare Payer information on the second line. **NOTE:** The check mark in the second Sub box will automatically populate once the claim has been saved.

4) Click on the **Diagnosis/Procedure** tab and select Y in the COB? Field.
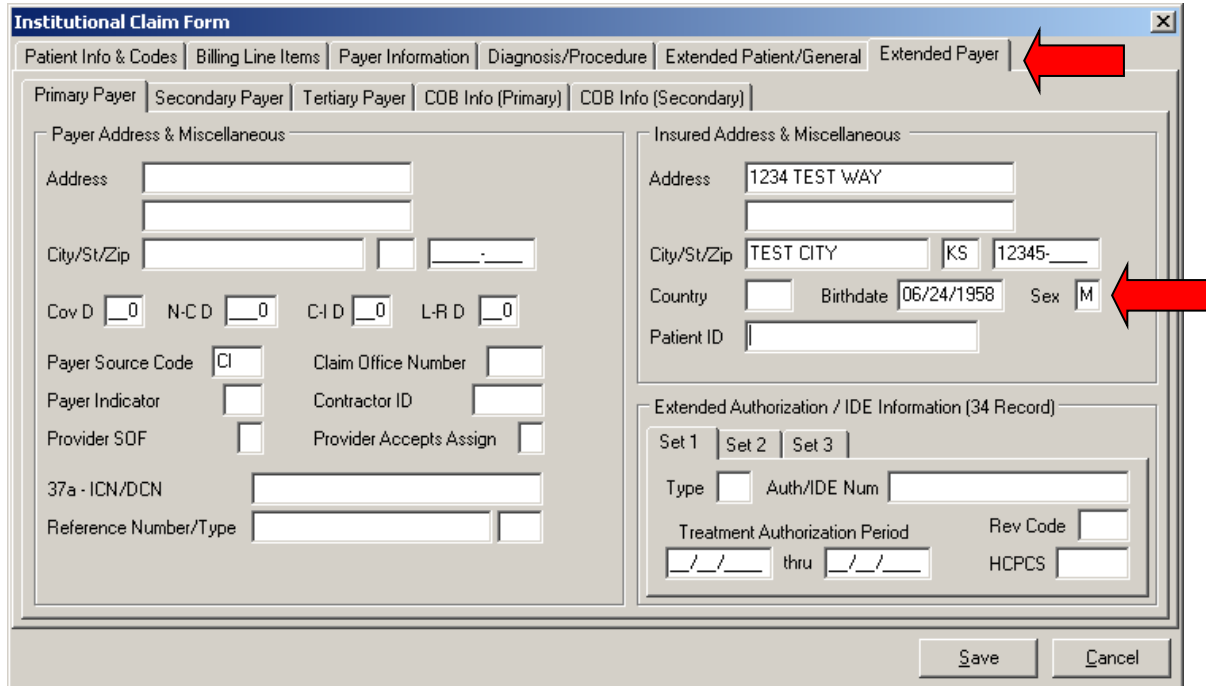
5) Select the **Extended Payer** tab and complete the primary insured's birthdate and sex fields under the Insured Address & Miscellaneous field.

6) Select **COB Info (Primary)** and complete Claim Level Adjustments (CAS), which is the primary paid amount. Complete COB/MIA/MOA Amounts (This is the total amount paid on all service lines by the Primary insurance)

7) Once the necessary information has been completed correctly, click on **Save.**

The following is an example of an Institutional Secondary Claim for LOB other than Medicare where the COB information should be entered to send a secondary claim, other than Medicare.

1) The **LOB** selected will be the line of business you are submitting to for this claim. Complete this screen as needed

2) Click on the **Billing Line Items** tab and complete the **Line Item Details** as needed.
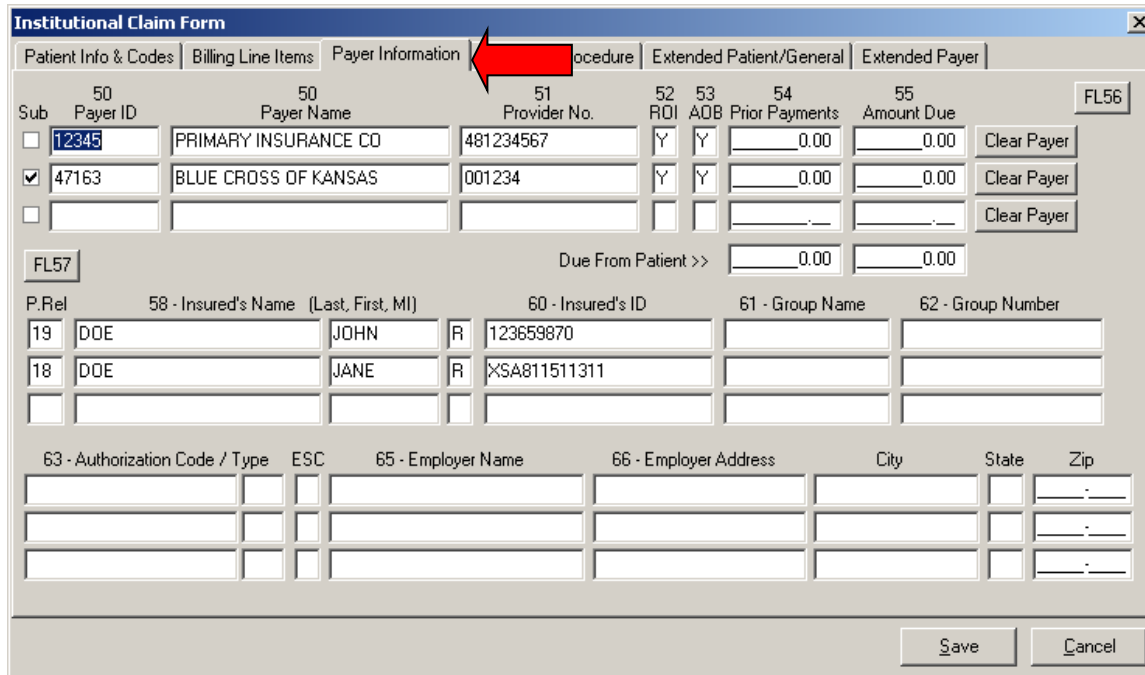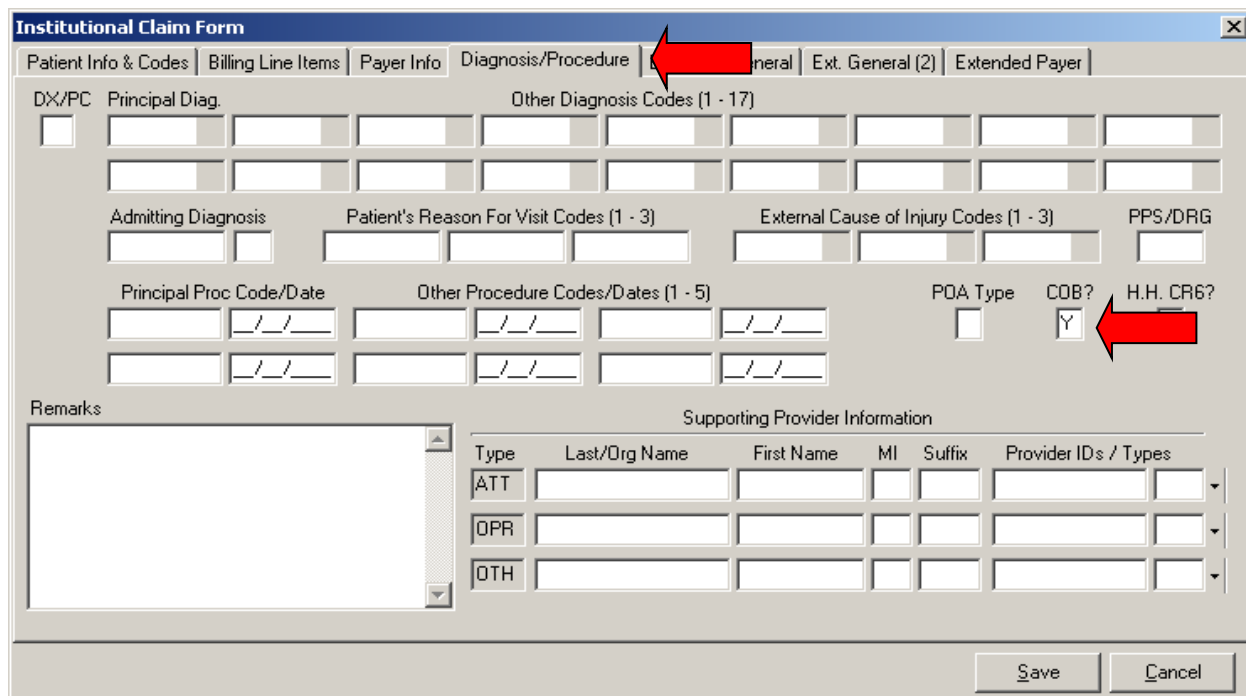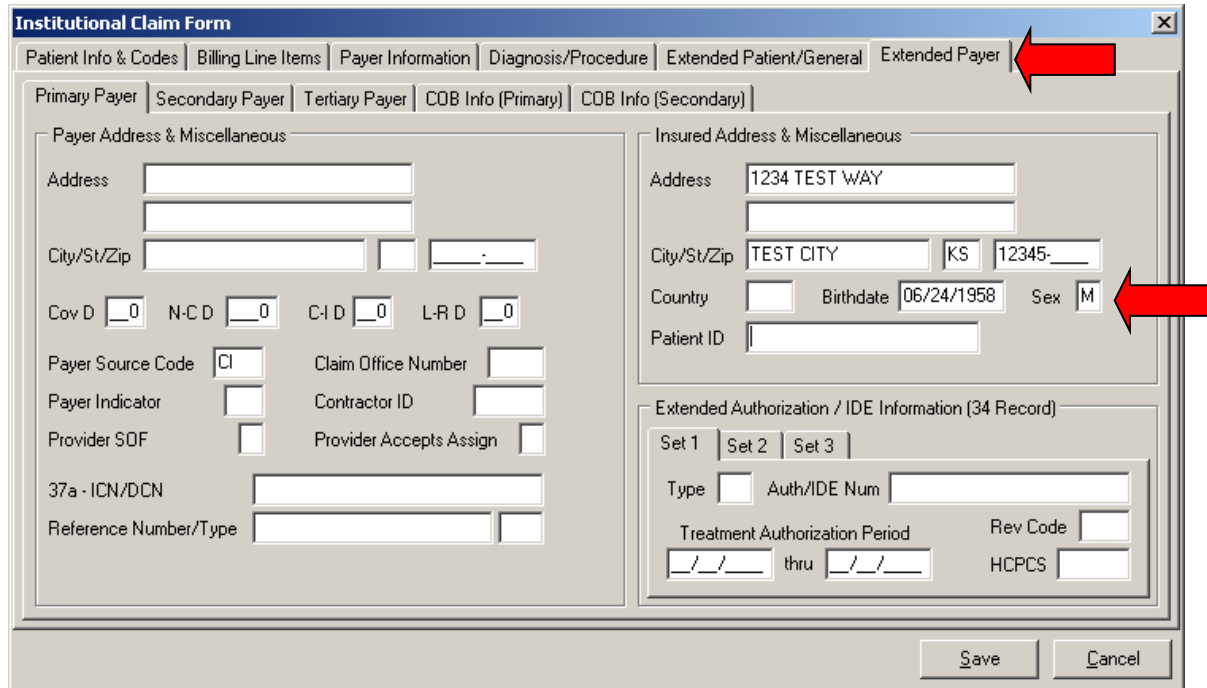
3) Click on the **Payer Information** tab and enter the primary payer provider and insured information on the first line, and then enter the provider and payer information for Blue Cross of Kansas on the second line. **NOTE:** The check mark in the second Sub box will automatically populate once the claim has been saved.

4) Click on the **Diagnosis/Procedure** tab. Complete this screen as needed and enter a Y in the COB? field

5) Click on the **Extended Payer** tab. The primary insured's birthdate and sex needs to be completed in the Insured Address & Miscellaneous section.

6) Click the **COB Info (Primary)** tab from within the Extended Payer tab to enter the information specific to the adjudication information received on the primary payer's Remittance Advice.

In this example, the amount charged was $2170.00. The primary payer allowed $2170.00, paid $1470.00, and applied $700.00 to the patient's co-pay. The information entered on this screen will be for the entire claim and not for each line item.

Enter the Claim Adjudication Date.

7) Once the necessary information has been completed correctly, click on **Save.**

Helpful Information

Professional Claim Form Helpful Hints

The following types of claims should have the corresponding attachment entered from the AT field on the Line Item Details tab (this tab displays to the right of the Extended Details 2 tab)

- Ambulance
- CLIA-In order to populate the CLIA number that was keyed in the Provider File, select this attachment.
- Routine Foot Care-use the Podiatry attachment
- Chiropractic
- Mammography
- Physical Therapy/Occupational Therapy/Speech Therapy-all use the physical therapy attachment

To report anesthesia minutes, see the Extended Details (Line 1) tab.

Claim level comments or narrative can be found on the Extended Details (Line 1) tab.   Line Level comments or narrative can be found on the Billing Line Items tab, under the Extended Details (Line 1) tab.

Any information entered in Item 19-Reserved for Local Use on the Patient Info & General tab is not submitted electronically. Only comments reported in the narrative field are transmitted electronically with the claim.

Note: For more information refer to on-line HELP by pressing F1 at any time.

Backup/Restore

PC-ACE software allows for backups to be created in the event of a system crash or moving software to new computers

1) From the main PC-ACE toolbar menu select the X to close the menu
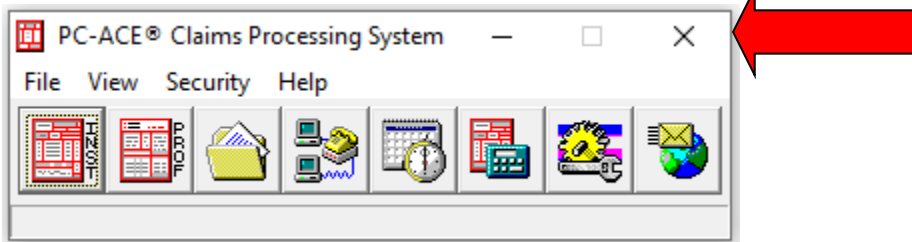
2) The Perform System Backup prompt will display. This screen will allow the user to select the save location of the backup file. Once the save location has been selected, choose the Start Backup button
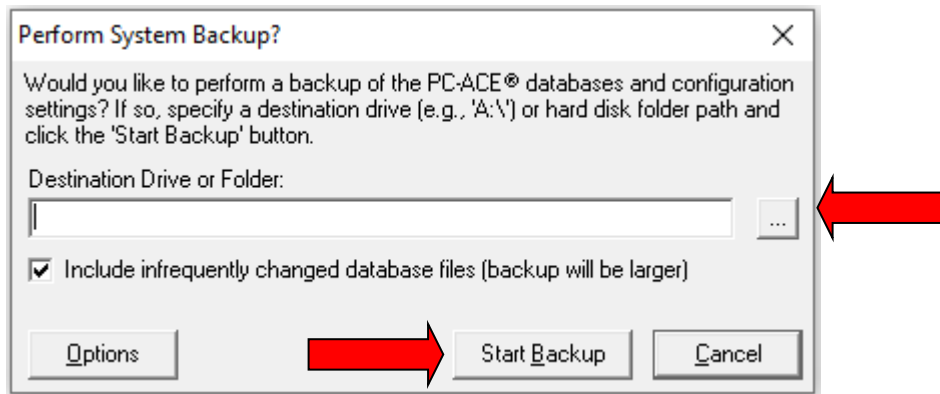
3) Select OK on the prompts that show
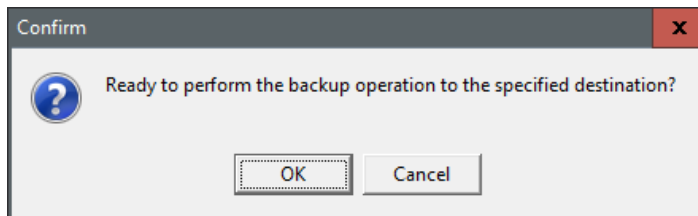
4) This will create a PCACEPBK.ZIP file in the save location chosen.

Follow the steps below to restore your PC-ACE Backup

1) Select System Utilities from the main PC-ACE menu
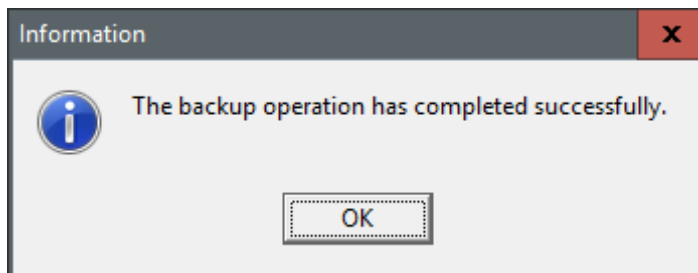

2) Select the Restore tab

3) Find the source driver or folder by selecting the 3 horizontal dots and choose the PCABEPBK.ZIP file and select Open

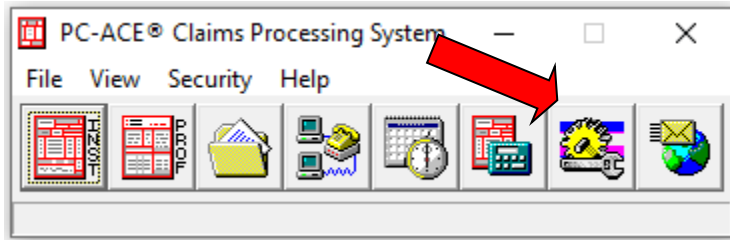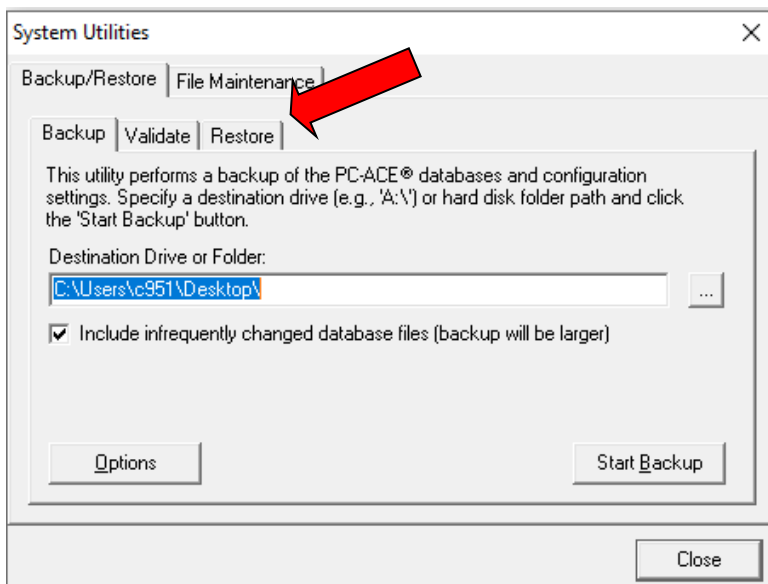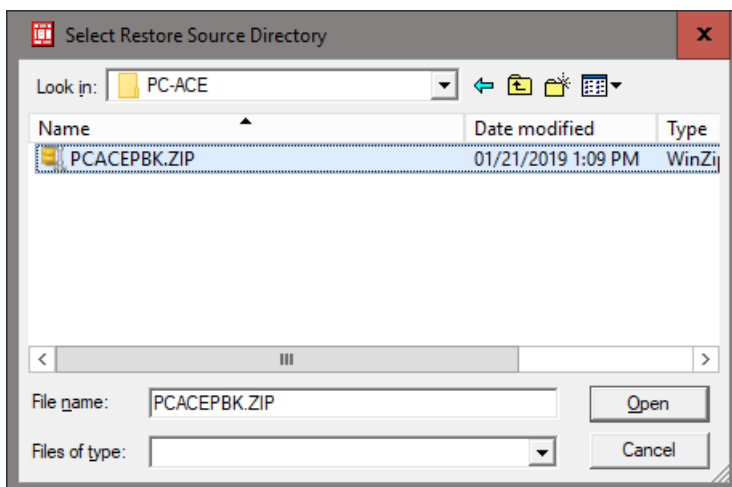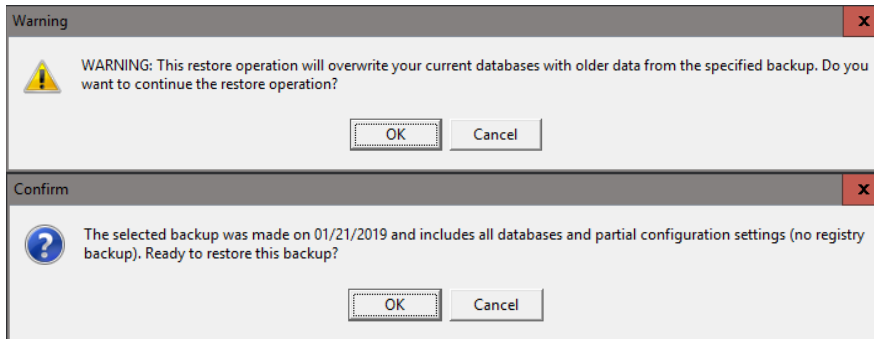**4)** Select Start Restore and press OK on the Warning and Confirm prompt

Warning

WARNING: This restore operation will overwrite your current databases with older data from the specified backup. Do you want to continue the restore operation?

OK   Cancel

Confirm

The selected backup was made on 01/21/2019 and includes all databases and partial configuration settings (no registry backup). Ready to restore this backup?

OK   Cancel

5) Select OK on the Information prompt

Information

The restore operation has completed successfully. To ensure proper initialization of the restored data, this program will now close. The restored data will be available the next time this program is executed.

OK