A Medicare Administrative Contractor

# PC-ACE Pro32 Reference Guide for Part A & HHH Medicare Claims

This Reference Guide is intended for use in conjunction with the *PC-ACE Pro32 User's Manual*. Please print the *PC-ACE Pro32 Manual* from your Pro32 CD or download the manual from our website at **www.PalmettoGBA.com/Medicare**. Reference materials you should access include the *GPNet Communications Manual*, the *PC-ACE Pro32User's Manual* and the *PC-ACE Pro32 Training Modules*, all of which can be found on our website by selecting your Line of Business, EDI and Software & Manuals. **Enter the following information in the appropriate field:**

## PAYER ID SCREEN

| Field | Completion Information | |
|---|---|---|
| Payer ID | No selection is necessary. The following Payer IDs should appear in this field. <br><br> **10111   JJ MEDICARE 'A' - AL** <br> **10211   JJ MEDICARE 'A' - GA** <br> **10311   JJ MEDICARE 'A' – TN** <br> **11001   JM MEDICARE 'A' – SC/HHH** <br> **11501   JM MEDICARE 'A' - NC** | |
| LOB | Enter **MCA** | |
| Receiver ID | May be left blank | |
| ISA08 Override | Leave blank | |
| Full Description | No selection is necessary. The following descriptions should appear in this field: <br><br> **JJ MEDICARE 'A' - AL** <br> **JJ MEDICARE 'A' - GA** <br> **JJ MEDICARE 'A' – TN** <br> **JM MEDICARE 'A' – SC/HHH** <br> **JM MEDICARE 'A' - NC** | |
| Address & Contact Information | May be left blank | |
| Flags | Source: **MA** <br> Edit: May be left blank <br> Media: May be left blank | Card: May be left blank <br> Address: May be left blank <br> Usage: **U** |

## PROVIDER (INSTITUTIONAL) SCREEN

| Field | Completion Information |
|---|---|
| Name field through the Contact field | Enter the **Provider name and info.** ZIP Code requires 9 Numeric digits, i.e. nnnnn-nnnn. Post Office and Lock Boxes are not allowed. |
| Provider ID/No | Enter your **Part A Medicare provider number,** if applicable. <br> NOTE: For **National Provider Identifier (NPI) only**, enter the NPI in this field. |
| LOB | Right click and select **MCA** |
| Payer ID | Right click and select Payer ID: <br><br> **10111   JJ MEDICARE 'A' - AL** <br> **10211   JJ MEDICARE 'A' - GA** <br> **10311   JJ MEDICARE 'A' – TN** <br> **11001   JM MEDICARE 'A' – SC/HHH** <br> **11501   JM MEDICARE 'A' - NC** |

| Field | Completion Information |
|---|---|
| Tag | Leave blank |
| NPI | The **National Provider Identifier (NPI)** field is a required field. |
| Tax ID/Type | Enter **Federal Tax ID number** (numbers only - no dash needed). For type, right click and select the **Tax ID type** |
| Taxonomy | Report appropriate taxonomy code, if applicable. Right click and make a selection. |

Select **Extended Info** tab. For Legacy/NPI Combo, right click on **Provider ID / No Type** and select **1C** for Medicare. For NPI only, right click on **Provider ID / No Type** and select XX for Medicare. Select **SAVE**.

## CODES/MISC SCREEN

Click the **SUBMITTER** button.

| Field | Completion Information |
|---|---|
| Claim Type | Choose **Institutional** |

After completing the fields, click the **NEW** button. Enter **Submitter ID.**

Under the **General** tab:

| Field | Completion Information |
|---|---|
| LOB | Right click and select **MCA** |
| Payer ID | Right click and select Payer ID:<br><br>**10111     JJ MEDICARE 'A' - AL**<br>**10211     JJ MEDICARE 'A' - GA**<br>**10311     JJ MEDICARE 'A' – TN**<br>**11001     JM MEDICARE 'A' – SC/HHH**<br>**11501     JM MEDICARE 'A' - NC** |
| ID | Enter your **Submitter ID** |
| Name and Address Information | Enter the **name and address** of the entity assigned to the Submitter ID Number. |
| Country | Leave blank |
| Contact | Enter the **Submitter Contact Name** |
| E-Mail | Enter the **E-Mail address** of the Submitter Contact |

Under the **Prepare** tab:

| Field | Completion Information |
|---|---|
| Include Error Claims | Enter **N** |
| Submission Status | Enter **P** |
| EMC Output Format | Enter **A** |
| ANSI Version (837) | **005010A2** |
| ANSI Version (270) | **005010A1** |
| ANSI Version (276) | **005010** |

Under the **ANSI Info** tab:

| Field | Completion Information |
|---|---|
| Submitter Intchg ID Qual. | Enter **28** |
| Receiver Intchg ID Qual. | Enter **28** |
| Acknowledgement Requested | Enter **1** |

Click **SAVE**.

## PATIENT SCREEN

Under the **Patient** tab, select **NEW**:

| Field | Completion Information |
|---|---|
| Last Name | Enter **Patient's last name** |
| First Name | Enter **Patient's first name** |
| MI | Enter **Patient's middle initial** or may be left blank |
| Gen | Enter **Patient's generation identifier** or may be left blank |
| Patient Control No. (PCN) | Enter **Patient's account number** |
| Address | Enter **Patient's address** |
| City | Enter **Patient's city** |
| State | Enter **Patient's state** |
| Zip | Enter **Patient's zip code** |
| Phone | May be left blank |
| Active Patient | Leave on default |
| Sex | Right click and select choice |
| DOB | Enter **Patient's date of birth** |
| Marital Status | Right click and select choice |
| Employment Status | Right click and select choice |
| Student Status | Right click and select choice |
| MSA Code | Required |
| Discharge Status | Right click and select choice if appropriate |
| Death Ind | Right click and select choice |
| DOD | Enter **Date of death** if applicable |
| Signature on File | Right click on and select in the first field only |
| Release of Info | Right click and select choice |
| ROI Date | Enter **Release of Info dat**e if applicable |

**Important Note:** If the primary insurance information is other than Medicare or if the patient has secondary insurance, you must enter the insurance carrier's payer code in the **Payer ID** screen before attempting to complete the Primary Insured (Inst) or Secondary Insured (Inst) screens.

Under the **Primary Insured (Institutional)** tab:

| Field | Completion Information |
|---|---|
| Payer ID | Right click and choose Payer |
| Payer Name | Payer Name will be prefilled when the Payer ID is selected |
| LOB | LOB will be prefilled when the Payer ID is selected |
| Group Name | Leave blank if Medicare is the Payer |
| Group Number | Leave blank if Medicare is the Payer |
| Claim Office | Leave blank if Medicare is the Payer |
| Rel | Right click and select choice (18 for self) |
| Last Name | Enter **Insured's last name** if Rel is other than 18 |
| First Name | Enter **Insured's first name** if Rel is other than 18 |
| Insured ID | Enter **Insured's ID** if Rel is other than 18 |
| Address | Enter **Insured's address** if Rel is other than 18 |
| City | Enter **Insured's city** if Rel is other than 18 |
| State | Enter **Insured's state** if Rel is other than 18 |
| Zip | Enter **Insured's zip** is Rel is other than 18 |
| Sex | Enter **Insured's sex** if Rel is other than 18 |
| DOB | Enter **Insured's date of birth** if Rel is other than 18 (This field is required) |
| Employment Status | Right click to make selection |
| Assignment of Benefit | Right click and select choice |
| Release of Info | Right click and select choice |
| Release of Info (RIO) Date | Enter **Release of Info Date** if applicable |
| Retire Date | Leave blank |

Under the **Secondary Insured (Institutional)** Tab:

| Field | Completion Information |
|---|---|
|  |  |

| Field | Completion Information |
|---|---|
| Payer ID | Right click and choose Payer |
| Payer Name | Payer Name will be prefilled when the Payer ID is selected |
| LOB | LOB will be prefilled when the Payer ID is selected |
| Group Name | Leave blank if Medicare is the Payer |
| Group Number | Leave blank if Medicare is the Payer |
| Rel | Right click and select choice (18 for self) |
| Last Name | Enter **Insured's last name** if Rel is other then 18 |
| First Name | Enter **Insured's first name** if Rel is other then 18 |
| Insured ID | Enter **Insured's ID** if Rel is other then 18 |
| Address | Enter **Insured's address** if Rel is other then 18 |
| City | Enter **Insured's city** if Rel is other then 18 |
| State | Enter **Insured's state** if Rel is other then 18 |
| Zip | Enter **Insured's zip** if Rel is other then 18 |
| Sex | Enter **Insured's sex** if Rel is other then 18 |
| DOB | Enter **Insured's date of birth** if Rel is other then 18 |
| Employment Status | Right click to make selection |
| Assignment of Benefit | Right click and select choice |
| Release of Info | Right click and select choice |
| Release of Info (RIO) Date | Enter **Release of Info Date** if applicable |
| Retire Date | Leave blank |

Select **Save.**

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**Important Note:** When preparing a claim file for transmission, you **must** select the correct Payer LOB and Payer ID **prior to** transmitting a file. On the **Prepare Claims** radio button, click on the LOB drop down button to select **MCA**. Click on the Payer drop down button to select the appropriate **Payer ID**. If you do not select the appropriate payer information, your claim file will be submitted with default payer information and may not process correctly.

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