

PC-ACE Pro32 Reference Guide for Part B 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 Pro32 User'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. 10112 JJ MEDICARE 'B' - AL 10212 JJ MEDICARE 'B' - GA 10312 JJ MEDICARE 'B' - TN 11202 JM MEDICARE 'B' - SC 11302 JM MEDICARE 'B' - VA 11402 JM MEDICARE 'B' - WV 11502 JM MEDICARE 'B' - NC
LOB	Default is MCB when a Part B payer is selected
Receiver ID	May be left blank
ISA08 Override	May be left blank
Full Description	No selection is necessary. The following descriptions should appear in this field: JJ MEDICARE 'B' - AL JJ MEDICARE 'B' - GA JJ MEDICARE 'B' - TN JM MEDICARE 'B' - SC JM MEDICARE 'B' - VA JM MEDICARE 'B' - WV JM MEDICARE 'B' - NC
Address & Contact Information	May be left blank
Flags	Only the source flag is required and should have MB entered into it. All other flags may be left blank.

PROVIDER (PROF) SCREEN

Instructions for completing the Provider Information screen appear on page 9 of your *PC-ACE Pro32 User's Manual*. Before updating this section, you must first determine if Medicare considers your practice a Group or Solo Practice. Proceed with the instructions needed based on your provider type.

SOLO PRACTICES: Select **Create a completely new provider** (all fields blank) and click **OK**.

Field	Completion Information
Provider Type	Select Solo Practice
Organization field through the Contact field	Enter the Part B Practice name and info . Zip Code requires 9 Numeric digits, i.e. nnnnn-xxxx. Post Office and Lock Boxes are not allowed.
Provider ID/No	Enter your National Provider Identifier (NPI) in this field.

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Field	Completion Information
LOB	Right click to select MCB
Payer ID	Right click to select Payer ID 10112 JJ MEDICARE 'B' - AL 10212 JJ MEDICARE 'B' - GA 10312 JJ MEDICARE 'B' - TN 11202 JM MEDICARE 'B' - SC 11302 JM MEDICARE 'B' - VA 11402 JM MEDICARE 'B' - WV 11502 JM MEDICARE 'B' - NC
Tag	Leave blank
NPI	The National Provider Identifier (NPI) field is a required field.
Tax ID/Type	Enter your Federal Tax ID number/Social Security Number (numbers only - no dash needed). For type, right click to select the Tax ID type
UPIN	Leave blank
Specialty	Right click to select specialty.
Type Org	Enter 001
Taxonomy	Report taxonomy code, if applicable. Right click to make a selection.
Accept Assign?	Right click to make a selection
Participating?	Right click to make a selection
Signature Ind?	Right click to make a selection
Date	Enter the date the Practice became a Medicare provider
Provider Roles: Billing, Rendering?	Leave the defaults in these fields.

Select **Extended Info** tab, right click on **Provider ID / No Type** and select **XX** for Medicare. Select **SAVE**.

If a Solo Practice, please skip the following instructions for Group Practices and go to **Codes/Misc** instructions.

GROUP PRACTICES: Select **Create a completely new provider** (all fields blank) and click **OK**.

Field	Completion Information
Provider Type	Select Group Practice
Group Name field through the Contact field	Enter the Part B Group Practice name and info . Zip Code requires 9 Numeric digits, i.e. nnnnn-nnnn. Post Office and Lock Boxes are not allowed.
Group ID/No	Enter National Provider Identifier (NPI) in this field.
LOB	Right click to select MCB
Payer ID	Right click to select Payer ID. 10112 JJ MEDICARE 'B' - AL 10212 JJ MEDICARE 'B' - GA 10312 JJ MEDICARE 'B' - TN 11202 JM MEDICARE 'B' - SC 11302 JM MEDICARE 'B' - VA 11402 JM MEDICARE 'B' - WV 11502 JM MEDICARE 'B' - NC
Tag	Leave blank
NPI	The National Provider Identifier (NPI) field is a required field.
Tax ID/Type	Enter Federal Tax ID number/Social Security Number (numbers only - no dash needed). For type, right click to select the Tax ID type
UPIN	Leave blank
Specialty	Right click to select specialty
Type Org	Right click to select 001
Taxonomy	Report taxonomy code, if applicable. Right click to make a selection
Accept Assign?	Right click to make a selection
Participating?	Right click to make a selection

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Field	Completion Information
Signature Ind?	Right click to make a selection
Date	Enter the date the Practice became a Medicare provider
Provider Roles: Billing, Rendering?	Leave the defaults in these fields.

Select **Extended Info** tab, right click on **Provider ID / No Type** and select **XX** for Medicare. Select **SAVE**.

To add information on members of the group practice, click **NEW** button again. Select **Inherit name/address information from the selected provider** and then click **OK**.

Field	Completion Information
Provider Type	Select 'Individual in Group'
Last/First/MI	Enter Individual Doctor's name
	Address through the Contact Information should be pre-filled
Provider ID/No	Enter National Provider Identifier (NPI) in this field.
LOB	Right click to select MCB
Payer ID	Right click to select Payer ID. 10112 JJ MEDICARE 'B' - AL 10212 JJ MEDICARE 'B' - GA 10312 JJ MEDICARE 'B' - TN 11202 JM MEDICARE 'B' - SC 11302 JM MEDICARE 'B' - VA 11402 JM MEDICARE 'B' - WV 11502 JM MEDICARE 'B' - NC
Tag	Leave blank
Group Label	Enter your group Part B Medicare Number or NPI .
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 to select the Tax ID type .
UPIN	Leave blank
Specialty	Right click to select specialty
Type Org	Enter 001
Taxonomy	Report taxonomy code, if applicable
Accept Assign?	Right click to make a selection
Participating?	Right click to make a selection
Signature Ind?	Right click to make a selection
Date	Enter the date the Practice became a Medicare provider
Provider Roles: Billing, Rendering?	Billing – Y Rendering - Y

Select **Extended Info** tab, right click on **Provider ID / No Type** and select **XX** for Medicare. Select **SAVE**.

Repeat this step for every member of the group practice.

CODES/MISC SCREEN

Click the **SUBMITTER** button.

Field	Completion Information
Claim Type	Choose Professional

After completing the fields, click the **NEW** button.

Under the **General** tab:

Field	Completion Information
LOB	Right click to select MCB
Payer ID	Right click to select Payer ID.

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Field	Completion Information
	10112 JJ MEDICARE 'B' - AL 10212 JJ MEDICARE 'B' - GA 10312 JJ MEDICARE 'B' - TN 11202 JM MEDICARE 'B' - SC 11302 JM MEDICARE 'B' - VA 11402 JM MEDICARE 'B' - WV 11502 JM MEDICARE 'B' - 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	N
Submission Status	P
EMC Output Format	A
ANSI Version (837 Prof)	005010A1
ANSI Version (837 Dent)	005010A2
ANSI Version (270)	005010A1
ANSI Version (276)	Right click to select 005010

Under the **ANSI Info** tab:

Field	Completion Information
Submitter Intchg ID Qual.	Enter 27
Receiver Intchg ID Qual.	Enter 27
Acknowledgement Requested	Enter 1

Click **SAVE**.

PATIENT SCREEN

Under the **Patient** tab:

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 to select choice
DOB	Enter Patient's date of birth
Marital Status	Right click to select choice
Employment Status	Right click to select choice
Student Status	Right click to select choice
CBSA Code	Leave blank
Discharge Status	Right click to select choice if appropriate

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Field	Completion Information
Death Ind	Right click to select choice
DOD	Enter Date of death if applicable
Signature on File	Right click on and select in the second field only
Release of Info	Right click to select choice
ROI Date	Enter Release of Info date 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 (Prof) or Secondary Insured (Prof) screens.

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

Field	Completion Information
Payer ID	Right click to choose Payer
Payer Name	Payer Name will be prefilled when the Payer ID is selected
LOB	LOB will be prefilled when the Payer is selected
Group Name	Enter Group Name if Medicare is not the payer
Group Number	Enter Group Number if Medicare is not the payer
Claim Office	Leave blank
Rel	Right click to select choice
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 or if the Patient Control Number (PCN) is a unique number (not the patient’s Medicare Number)
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 if 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.
Employ Status	Right click to make selection
Assign of Benefits	Right click to select choice
Release of Info	Right click to select choice
Release of Info (RIO) Date	Enter Release of Info Date if applicable
Retire Date	Leave blank

Under the **Secondary Insured (Prof)** tab:

Field	Completion Information
Payer ID	Right click to choose Payer
Payer Name	Payer Name will be prefilled when Payer ID is selected
LOB	Right click to select choice if Medicare is not the payer
Group Name	Enter Group Name if Medicare is not the payer
Group Number	Enter Group Number if Medicare is not the payer
Claim Office	Leave blank
Rel	Right click to select choice
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 or if the Patient Control Number (PCN) is a unique number (not the patient’s Medicare Number)
Address	Enter Insured’s address if Rel is other than 18
City	Enter Insured’s city if Rel is other than 18

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Field	Completion Information
State	Enter Insured's state if Rel is other than 18
Zip	Enter Insured's zip if 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.
Employ Status	Right click to make selection
Assign of Benefits	Right click to select choice
Release of Info	Right click to select choice
Release of Info (RIO) Date	Enter Release of Info Date if applicable
Retire Date	Leave blank

Select **Save**.

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 **MCB**. 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.