

# PC-ACE

## Training Module Using Secure File Transfer Protocol (SFTP)

Novitas Solutions, Inc.  
Electronic Data Interchange (EDI)

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# Enroll with EDI

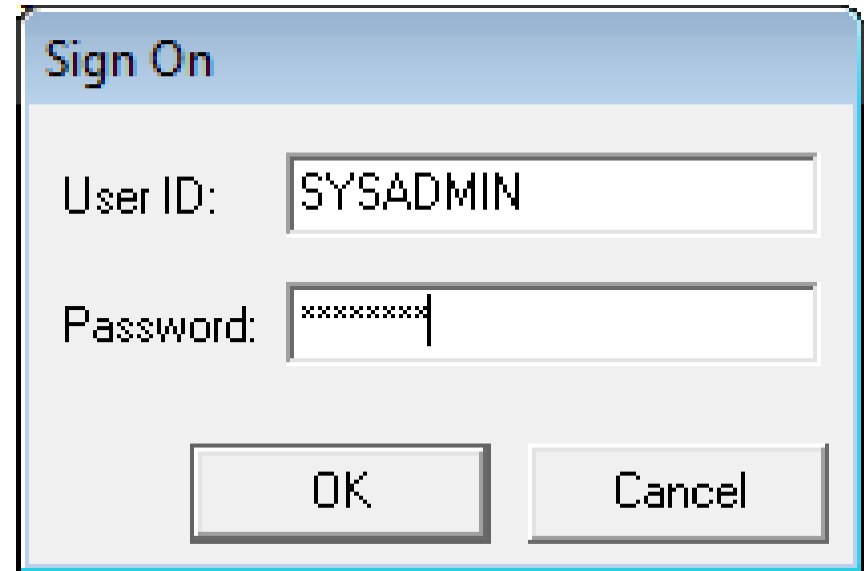


- Prior to using the program all users must enroll for PC- ACE using the EDI enrollment form (8292).
- Once enrollment is complete the EDI welcome letter will be sent from Novitas that will include your submitter ID and instructions for downloading the software.
- This letter includes the installation password. The password does not change and is needed for each quarterly upgrade or new installation; therefore, please keep it in a safe place where it is readily available.
- Next, visit the Novitas website and download the program.
- Then complete the following steps to set up the program.

# Sign on Procedures



- Open the PC-ACE Software.
- Select “Help” then “About PC-ACE”.
- Ensure current version is installed.
  - Refer to [http://medicare.fcso.com/PC-ACE\\_Pro32\\_software/](http://medicare.fcso.com/PC-ACE_Pro32_software/) for available versions. An installation password will be required.
- Select Reference File Maintenance icon from the Main Toolbar.
- Enter SYSADMIN for both User ID and Password.



Sign On

User ID:

Password:

OK Cancel

# Program Tips



- To access the lookup list for a field, place the cursor in the field and press F2 (or right-click the mouse). When an item from the list is selected, its value is automatically entered in the field.
- To identify which fields contain a lookup list, hold the Alt key and press F2.
- To see what fields are required, click save.
- To disable the flashing notifications, press the Esc key.
- To access the program's help feature, click "Help" and then "Help Topic" from the main toolbar in PC-ACE.

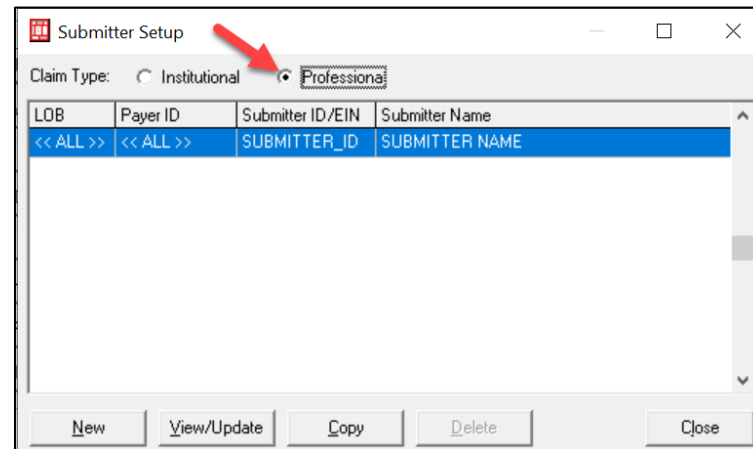
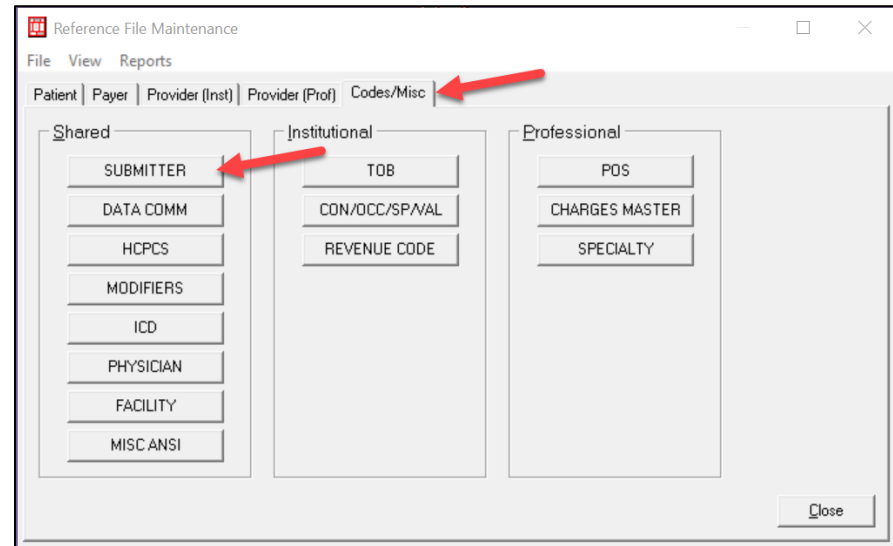
# Step One: Setting Up the Program

- There are several pieces of information that must be entered into the program in order to submit a claim file.
- The provider data, patient data, payer data and submitter data should all be entered in the Reference File Maintenance folder.
- Proceed to the Reference File Maintenance folder by clicking on the third icon.



# Setting Up the Submitter

- Click the Codes/Misc tab.
- Click the Submitter button.
- Click the Professional radial button.



# Setting Up the Submitter, General Tab



- **Required:** ID (submitter ID), Name, Address, City, State, Zip (all 9 digits), Phone, Contact
- Enter required info and click Save.
- Leave the EIN blank.
- The submitter ID can be found in your initial EDI Authorization letter and in Novitasphere under the My Account Profile information.

A screenshot of a software dialog box titled "Institutional Submitter Information". The dialog has a tabbed interface with "General" selected. The fields are as follows:

- LOB: MCA
- Payer ID: 12501
- ID: SUBMITTER ID
- EIN: (blank)
- Name: SUBMITTER NAME
- Address: 111 STREET
- City: ANY CITY
- State: PA
- Zip: 11111-1111
- Phone: (111) 111-1111
- Fax: ( ) - -
- Country: (blank)
- Contact: CONTACT NAME
- E-Mail: (blank)

Buttons for "Save" and "Cancel" are at the bottom right.

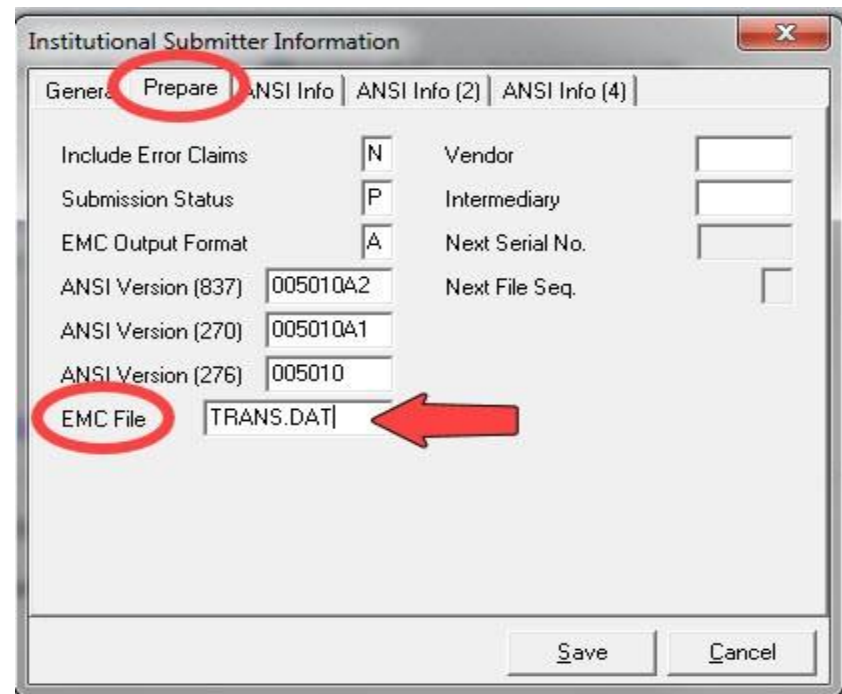


# Setting Up the Submitter, Prepare Tab

- Click on the Prepare tab and enter in the EMC File name. Naming convention shown below.

Institutional Claims - TRANS.DAT

Professional Claims - TRANSB.DAT



Institutional Submitter Information

General **Prepare** ANSI Info ANSI Info (2) ANSI Info (4)

Include Error Claims  Vendor


Submission Status  Intermediary

EMC Output Format  Next Serial No.

ANSI Version (837)  Next File Seq.

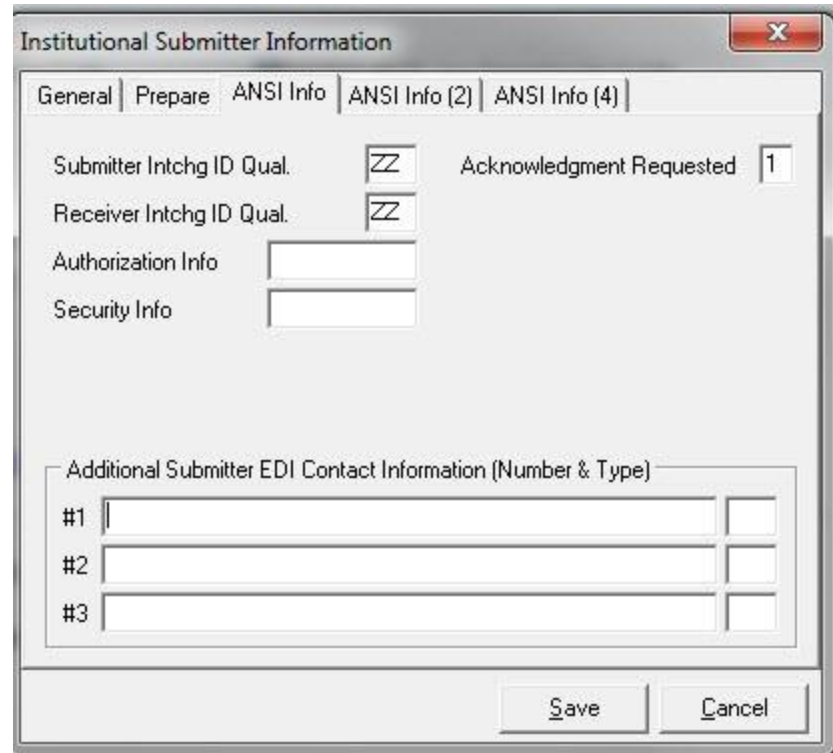
ANSI Version (270)

ANSI Version (276)

**EMC File**  

# Setting Up the Submitter, ANSI Info Tab

- Complete the following steps:
  - Click on the ANSI Info tab
    - Enter a ZZ in both the Submitter Intchg ID Qual. and the Receiver Intchg ID Qual. Fields
    - Enter a “1” in the Acknowledgement Requested field
    - Click Save and then close



The screenshot shows a dialog box titled "Institutional Submitter Information" with a close button (X) in the top right corner. The dialog has five tabs: "General", "Prepare", "ANSI Info", "ANSI Info (2)", and "ANSI Info (4)". The "ANSI Info" tab is selected. The fields are as follows:

Submitter Intchg ID Qual.	ZZ	Acknowledgement Requested	1
Receiver Intchg ID Qual.	ZZ		
Authorization Info			
Security Info			

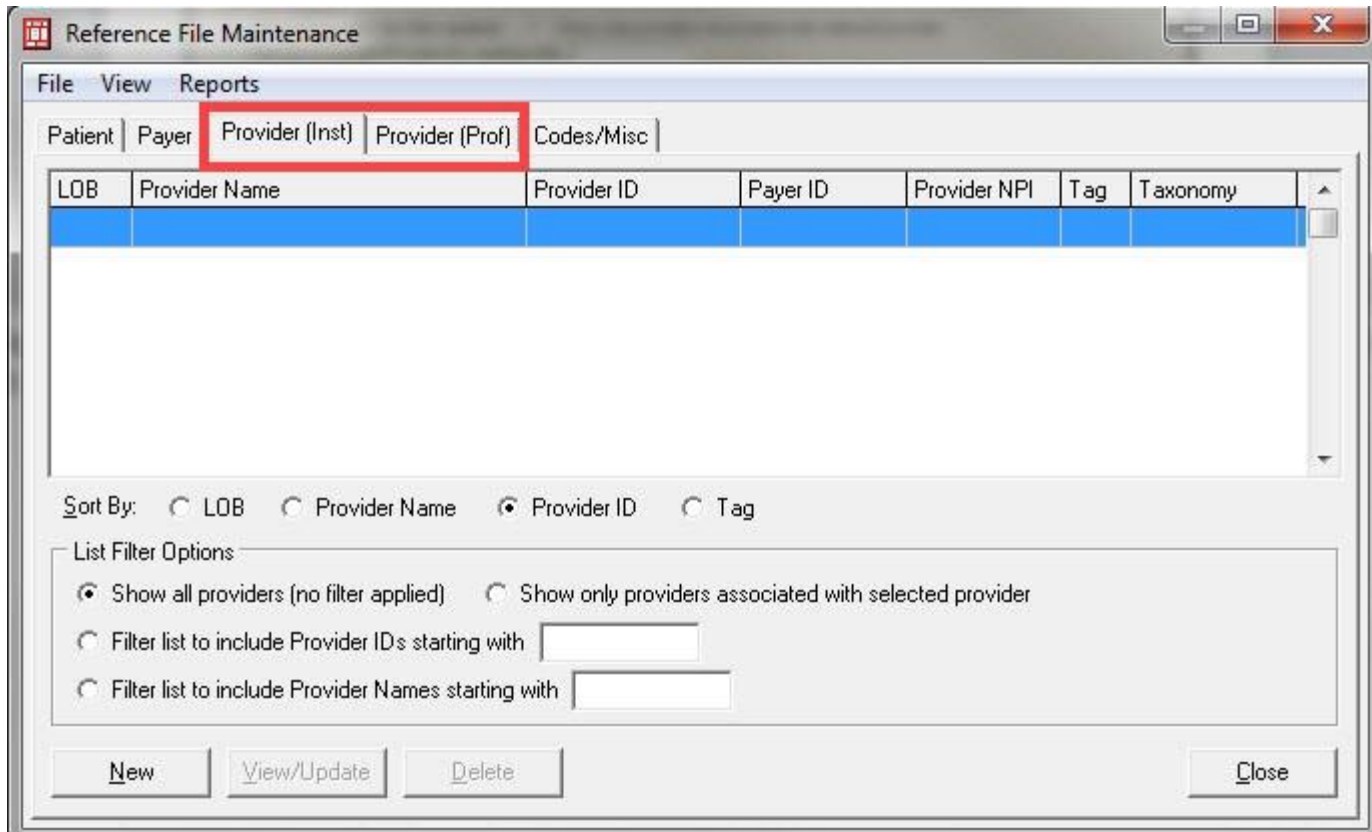
Below these fields is a section titled "Additional Submitter EDI Contact Information (Number & Type)" with three rows:

#1		
#2		
#3		

At the bottom of the dialog are "Save" and "Cancel" buttons.

# Setting Up Provider Information

- Click the provider tab for either institutional (Part A) or professional (Part B).



The screenshot shows the 'Reference File Maintenance' application window. The 'Provider (Inst)' tab is selected and highlighted with a red box. The window contains a table with the following columns: LOB, Provider Name, Provider ID, Payer ID, Provider NPI, Tag, and Taxonomy. Below the table, there are sorting options: 'Sort By:' with radio buttons for LOB, Provider Name, Provider ID (selected), and Tag. There are also 'List Filter Options' with radio buttons for 'Show all providers (no filter applied)' (selected) and 'Show only providers associated with selected provider'. Below the filters are three input fields for filtering by Provider ID or Provider Name. At the bottom, there are buttons for 'New', 'View/Update', 'Delete', and 'Close'.

LOB	Provider Name	Provider ID	Payer ID	Provider NPI	Tag	Taxonomy

Sort By:  LOB  Provider Name  Provider ID  Tag

List Filter Options

Show all providers (no filter applied)  Show only providers associated with selected provider

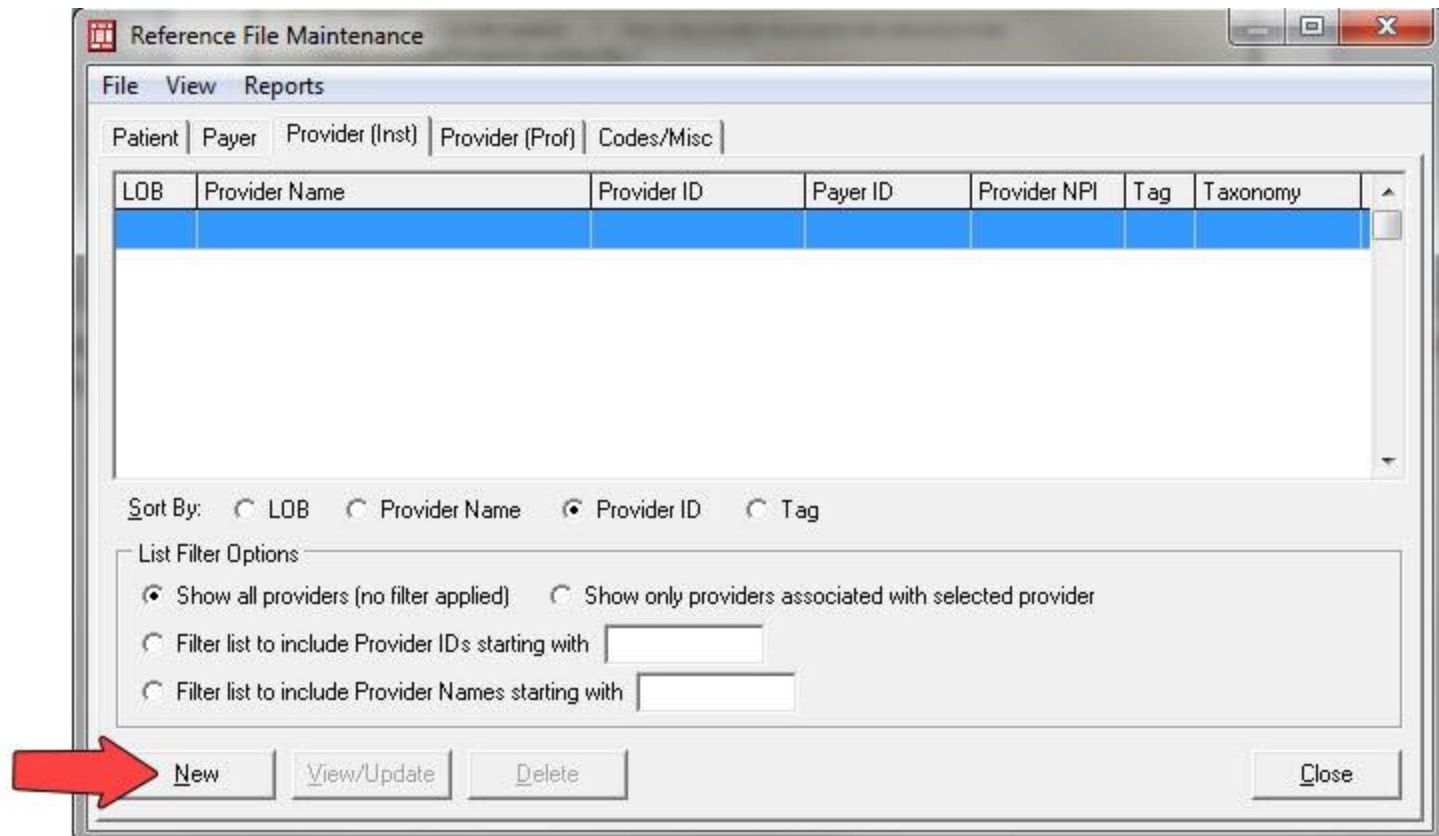
Filter list to include Provider IDs starting with

Filter list to include Provider Names starting with

New View/Update Delete Close

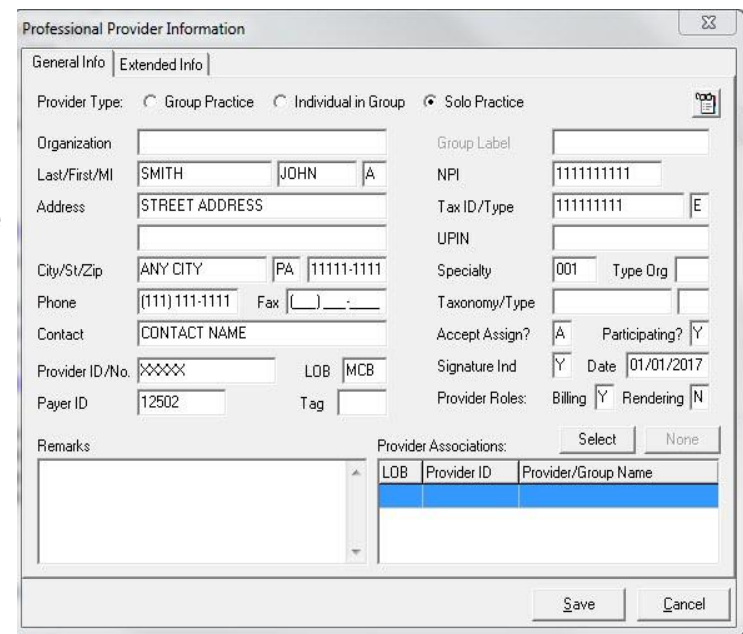
# Setting Up Provider Information, continued

- Then click the New button.



# Setting Up Provider Information, Solo Practice

- **Solo Practice:** Reference File Maintenance>Provider Prof>Solo Practice
- This example is a Solo Practice.
  - Organizations without rendering providers, such as ambulance or ambulatory surgery centers, would use this option as well.
- Complete all necessary fields and then Save. Refer to Section 2 of the PC-ACE User guide for more info.
- **Required:** Provider Type – Solo Practice  
Last/First, Address, City, State, Zip (all 9 digits), Phone, Contact, Provider ID/NO, LOB, Payer ID, NPI, Tax ID/Type, Specialty, Accept Assign, Participating, Signature Ind, Date
- Enter required info and click save.



Professional Provider Information

General Info | Extended Info

Provider Type:  Group Practice  Individual in Group  Solo Practice

Organization: [ ] Group Label: [ ]

Last/First/MI: SMITH | JOHN | A NPI: 1111111111

Address: STREET ADDRESS Tax ID/Type: 1111111111 [E]

City/St/Zip: ANY CITY | PA | 11111-1111 UPIN: [ ]

Phone: (111) 111-1111 Fax: [ ] Specialty: 001 Type Org: [ ]

Contact: CONTACT NAME Taxonomy/Type: [ ]

Provider ID/No: [ ] LOB: MCB Accept Assign?: A Participating?: Y

Payer ID: 12502 Tag: [ ] Signature Ind: Y Date: 01/01/2017

Provider Roles: Billing Y Rendering N

Remarks: [ ]

Provider Associations: [ Select ] [ None ]

LOB	Provider ID	Provider/Group Name

[ Save ] [ Cancel ]

# Setting Up Provider Information, Group Practice



- **Group Practice:** Reference File Maintenance>Provider Prof>Group Practice.
- Complete all required fields.
- **Required:** Provider Type--Group Practice, Group Name, Address, City, State, Zip (all 9 digits), Phone, Contact, Group ID/NO, LOB, Payer ID, Group Label, NPI, Tax ID/Type, Specialty, Accept Assign, Participating, Signature Ind, Date
- Enter required info and click Save.

A screenshot of a software window titled "Professional Provider Information". The window has two tabs: "General Info" (selected) and "Extended Info". The form contains several fields and sections:

- Provider Type:** Radio buttons for "Group Practice" (selected), "Individual in Group", and "Solo Practice".
- Group Name:** Text field with "GROUP NAME".
- Last/First/MI:** Three text fields.
- Address:** Text field with "STREET ADDRESS".
- City/St/Zip:** Text fields for "ANY CITY", "PA", and "11111-1111".
- Phone:** Text fields for "(111) 111-1111" and "Fax".
- Contact:** Text field with "CONTACT NAME".
- Group ID/No.:** Text field with "XXXXX".
- Payer ID:** Text field with "12502".
- LOB:** Text field with "MCB".
- Tag:** Text field.
- Group Label:** Text field with "GROUP LABEL".
- NPI:** Text field with "1111111111".
- Tax ID/Type:** Text field with "111111111" and a dropdown with "E".
- UPIN:** Text field.
- Specialty:** Text field with "001" and a dropdown for "Type Org".
- Taxonomy:** Text field.
- Accept Assign?:** Radio buttons for "A" (selected) and "P".
- Participating?:** Radio buttons for "Y" (selected) and "N".
- Signature Ind:** Radio buttons for "Y" (selected) and "N".
- Date:** Text field with "01/01/2017".
- Provider Roles:** Radio buttons for "Billing" (selected) and "Rendering".
- Remarks:** A large text area.
- Provider Associations:** A table with columns "LOB", "Provider ID", and "Provider/Group Name". The table is currently empty.
- Buttons:** "Save" and "Cancel" buttons at the bottom right.

# Setting Up Provider Information, Individual in Group



- This is an example of a Rendering Physician for a group practice.
- **Individual in Group:** Reference File Maintenance>Provider Prof>Individual in Group
- Tip: complete the group information first so you can copy it and edit what needs changed. To copy select New and then Inherit name/address information from selected provider.
- **Required:** Provider Type-Individual in Group Last/First, Address, City, State, Zip (all 9 digits), Phone, Contact, Provider ID/No., LOB, Payer ID, Group label, NPI, Tax ID/Type, Specialty, Accept Assign, Participating, Signature Ind, Date
- Enter required info and click Save.

A screenshot of a software window titled "Professional Provider Information". The window has two tabs: "General Info" (selected) and "Extended Info". The "General Info" tab contains several input fields and checkboxes. The "Provider Type" section has three radio buttons: "Group Practice", "Individual in Group" (selected), and "Solo Practice". Below this are fields for "Organization", "Last/First/MI" (with "SMITH" and "JOHN" entered), "Address" (with "STREET ADDRESS" entered), "City/St/Zip" (with "ANY CITY", "PA", and "11111-1111" entered), "Phone" (with "(111) 111-1111" entered), "Contact" (with "CONTACT NAME" entered), "Provider ID/No." (with "XXXXX" entered), "Payer ID" (with "12502" entered), "LOB" (with "MCB" selected), and "Tag". On the right side, there are fields for "Group Label" (with "GROUP LABEL" entered), "NPI" (with "1111111111" entered), "Tax ID/Type" (with "111111111" entered), "UPIN", "Specialty" (with "001" entered), "Taxonomy", "Accept Assign?" (with "A" selected), "Participating?" (with "Y" selected), "Signature Ind" (with "Y" selected), "Date" (with "01/01/2017" entered), and "Provider Roles" (with "Billing" selected "N" and "Rendering" selected "Y"). At the bottom right, there are "Select" and "None" buttons for "Provider Associations". A table below these buttons has columns for "LOB", "Provider ID", and "Provider/Group Name". At the bottom of the window are "Save" and "Cancel" buttons.



# Setting Up the Payers

- **Payers:** Reference File Maintenance>Payer
- PC-ACE is already pre-loaded with the Novitas Solutions' Payer numbers. If your patient has another payer as either their primary or secondary insurer, you must set them up in the Payer tab.
- To add a payer, click the New button.
- **Required:** Payer ID, LOB, Full Description, Address, City, State, Zip (all 9 digits), Source, Media
- Enter required info and click Save.
- A separate payer screen must be completed for each insurance that is primary to Medicare, and Medigap as a secondary insurer. Secondary insurances that accept crossover claims do not need to be set up as a payer.

Payer Information

Payer ID	LOB	Receiver ID	ISA08 Override
11111	GAP		

Full Description  
SECONDARY INSURANCE

Address & Contact Information

Address  
ANY STREET

City State Zip  
ANY CITY PA 11111-

Contact Name


Phone Ext Fax

Flags

Source

Media

Usage

PrintLink Matching Descriptions  Save Cancel



# Setting Up the Patients



- **Patient:** Reference File Maintenance>Patient>General Info
- **Required:** Last Name, First Name, PCN(Patient Account number) Address, City, State, Zip, Sex, DOB, Signature on File, Release of Info (ROI), ROI Date

A screenshot of a software application window titled "Patient Information". The window has a tabbed interface with "General Information" selected. The form contains several fields and checkboxes. The "Last Name" field contains "LAST", "First Name" contains "FIRST", and "Patient Control No (PCN)" contains "ACCOUNT NUMBER". The "Patient Address" section includes "Address" (ANY STREET), "City" (ANY CITY), "State" (PA), and "Zip" (11111-). The "Patient Status" section includes "Active Patient" (checked), "Sex" (F), "DOB" (01/01/1955), "Discharge Status", "Death Ind", "Marital Status", "Signature On File" (checked), "Employment Status", "Release of Info" (checked), "Student Status", and "ROI Date" (01/01/2009). There is also a "Notes" section and a "CBSA Code" field. The window has "Save" and "Cancel" buttons at the bottom right.

# Setting Up the Patients, Primary Insured Tab



- **Primary Insurance Tab:** Reference File Maintenance>Patient, Primary Insured tab. There are different tabs for institutional and professional. Please choose the correct one.
- Select the appropriate radio button for the Insured Information Options
- **Required:** Payer ID (right click to select from Payer Database), Rel, Last Name, First Name, Insured ID, Address, City, State, DOB, Assign of Benefits, Release of Info, ROI Date
- If Medicare is the primary, choose the appropriate Payer ID for the Medicare contract. The Insured ID should be the Medicare ID. Rel field should be “18” for self. The Group name and number should be left blank.
- If Medicare is secondary, the Payer ID should be for the primary insurance. The Insured ID should be the policy number with the primary. Choose the appropriate indicator for the Rel field.

A screenshot of a software application window titled "Patient Information". The "Primary Insured (Inst)" tab is selected and highlighted with a red box. The form contains several sections: "General Information" with fields for Payer ID, Payer Name, LOB, Group Name, Group Number, and Claim Office; "Insured Information (F7)" with fields for Rel, Last Name, First Name, MI, Gen, Insured ID, Address, City, State, Zip, Country, and Phone; and "Employer Information (F8)" with fields for Sex, DOB, Assign of Benefits, Release of Info, ROI Date, and Retire Date. There are also "Insured Information Options" with radio buttons for "Common Inst & Prof" and "Separate Inst & Prof", and a "Clear All Fields For Insured" button. "Save" and "Cancel" buttons are at the bottom right.

# Setting Up the Patients, Secondary Insured Tab



- **Secondary Insurance Tab:** Reference File Maintenance>Patient> Primary Insured tab. There are different tabs for institutional and professional. Please choose the correct one.
- This should be completed for [Medigap Insurance Companies](#). **Secondary insurances that accept crossover claims should not be listed.** If Medicare is secondary, it should be listed here.
- **Required:** Payer ID (right click to select from Payer Database), Rel, Last Name, First Name, Insured ID, Address, City, State, DOB, Assign of Benefits, Release of Info, ROI Date
- Click the Save button.
- When adding Medicare as the secondary, the Group Name and Group Number should be left blank.

A screenshot of a software window titled "Patient Information". The window has several tabs: "Primary Insured (Inst)", "Primary Insured (Prof)", "Secondary Insured (Inst)", "Secondary Insured (Prof)", and "Tertiary". The "Secondary Insured (Inst)" tab is selected. The form contains the following fields:

- Payer ID: [XXXXXXXX]
- Payer Name: [SECONDARY INSURANCE]
- LOB: [GAP]
- Group Name: [ ]
- Group Number: [ ]
- Claim Office: [ ]
- Insured Information (F7):
  - Rel: [18]
  - Last Name: [LAST]
  - First Name: [FIRST]
  - MI: [ ]
  - Gen: [ ]
  - Insured ID: [111111111]
- Address: [ANY STREET]
- City: [ANY CITY]
- State: [PA]
- Zip: [11111- ]
- Country: [ ]
- Phone: [( ) - - ]
- Sex: [F]
- DOB: [01/01/1955]
- Employ Status: [ ]
- Assign of Benefits: [ ]
- Release of Info: [Y]
- ROI Date: [01/01/2009]
- Retire Date: [ / / ]

Buttons for "Clear All Fields For Insured", "Save", and "Cancel" are also visible.

# Physician Information



- **Physician Information:** Reference File Maintenance>Code/Misc>Physician
- This is for the referring, ordering, attending, or supervising physician information. Enter the billing and / or rendering provider in the Provider Information screen.
- **Required:** Physicians Last Name, First Name, NPI
- Enter the required information and then click Save.

A screenshot of a software window titled "Physician Information". The window contains several input fields: "Physician ID / Type" with a small icon to its right; "Physician's Last Name", "First Name", "MI", and "Suffix" each with its own input box; "Address" with two stacked input boxes; "City", "State", "Zip", and "Phone" each with its own input box; and "Federal Tax ID / Type", "NPI", and "Taxonomy" each with its own input box. At the bottom right, there are "Save" and "Cancel" buttons.

# Charges Master Setup



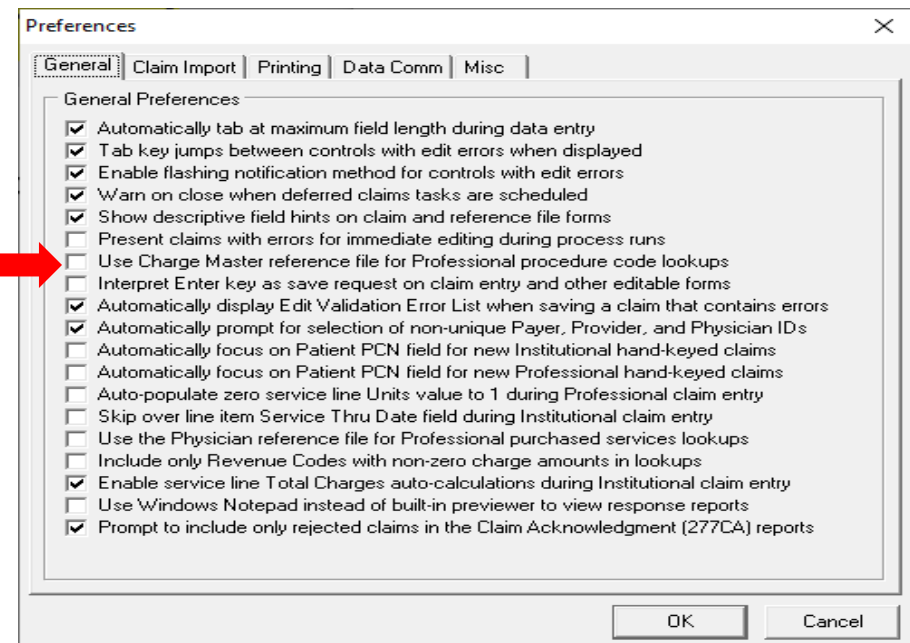
- **Charges Master:** Reference File Maintenance>Codes/Misc>Charges Master
- Select New
- **Required:** Code (HCPCS), Charges
- Enter required info and click OK
- This allows for the HCPCS file to be narrowed down to only the codes you use and their charges

A screenshot of a software dialog box titled "Charges Master Information". The dialog box contains several input fields: "LOB:" with a dropdown menu showing "<< All >>", "Payer ID:" with a text box and the note "(blank = all payers)", "Code:" with a text box, "Description:" with a larger text box, and "Charges:" with a text box containing "0.00". There are "OK" and "Cancel" buttons at the bottom right. A small icon is visible in the top right corner of the dialog box.

# Charges Master Setup, continued



- File>Preferences>General Tab
- Select Use Charge Master reference file for Professional procedure code look-ups
- Select OK



# Facility Information

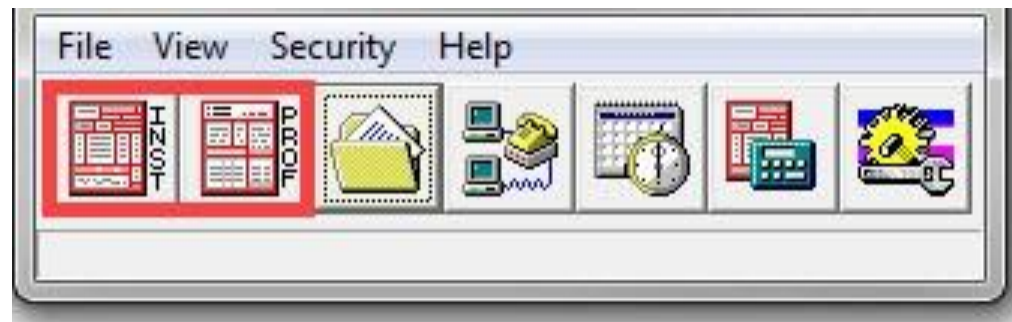


- **Facility:** Reference File Maintenance>Codes/Misc>Facility
- **Required:** Facility Name, Address, City, State, Zip (all 9 digits), Facility Type
- Enter required info and click Save.
- Tip: Facility information is required when billing a place of service other than office (11).

A screenshot of a software dialog box titled "Facility Information". The dialog box contains several input fields: "Facility ID/Type" with a dropdown menu and a small icon; "Facility Name" with a text input field; "Address" with a text input field; "City/St/Zip" with a text input field, a dropdown menu, and a text input field; "Facility Type" with a dropdown menu; and "Tax ID/Type" with a text input field, a dropdown menu, and "NPI" with a text input field. At the bottom right, there are "Save" and "Cancel" buttons.

# Step Two: Entering a Claim

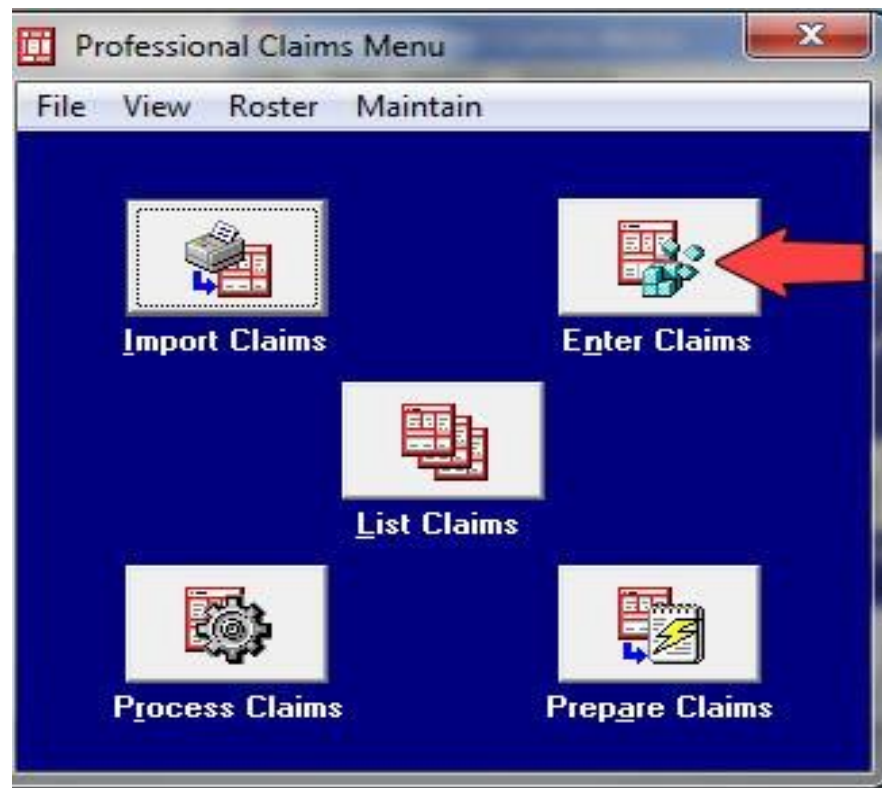
- **Claims Processing:** Institutional or Professional Claims Processing-icon>Enter Claims> Patient Info & General
- Choose Professional Claims to submit dental (837D).





# Entering a Claim, part two

- Enter Claims icon.



# Entering a Claim, part three



- **Required:** LOB, Billing Provider, Patient Control No, Employment, Accident, Outside Lab, Dental (for 837D claims only)
- The Edit Validation Errors list will be shown if any required fields have not been completed.
- Information on entering claims for various specialties is available in Chapters 2 and 3 of the PC- ACE User Guide.
  - JH: <http://www.novitas-solutions.com/webcenter/portal/MedicareJH/pagebyid?contentId=00081249>
  - JL: <http://www.novitas-solutions.com/webcenter/portal/MedicareJL/pagebyid?contentId=00081249>
- Many of the fields have a pop-up selection feature that lists valid entries for that specific field.
- Access the list by pressing the “F2” key or right clicking in the specific field.

The screenshot displays the 'Professional Claim Form' interface. At the top, there are tabs for 'Patient Info & General', 'Insured Information', 'Billing Line Items', 'Ext. Patient/General', 'Ext. Pat/Gen (2)', and 'Ext. Payer/Insured'. The 'Patient Info & General' tab is active. The form contains numerous fields for data entry, including:

- LOB (dropdown menu)
- Billing Provider (text field)
- 26 - Patient Control No. (text field)
- 2 - Patient Last Name, First Name, MI, Gen (text fields)
- 3 - Birthdate (date field)
- Sex (dropdown menu)
- 8 - Pat. Status (MS, ES, SS) (checkboxes)
- Death Ind (checkbox)
- 12 - SOF (checkbox)
- Legal Rep. (checkbox)
- NPI Exempt (checkbox)
- 5 - Patient Address 1, Patient Address 2, Patient City, State, Patient Zip, Country, Patient Phone (text fields)
- 10 - Patient Condition Related To (checkbox)
- ROI (checkbox)
- ROI Date (date field)
- Other Ins. (checkbox)
- 14 - Date/Ind of Current (date field)
- 15 - First Date (date field)
- 16 - UTW/Disability Dates & Type (date range and type dropdown)
- 17 - Referring Phys Name (Last/Org, First, Mid, Suffix) (text field)
- Referring Phys ID(s)/Types (text field)
- 18 - Hospitalization Dates (date range)
- 20 - Outside Lab/Chgs (checkbox)
- 19 - Reserved For Local Use (text field)
- 22 - Medicaid Resubmission Code & Ref No (text field)
- 25 - Fed. Tax ID (text field)
- SSN/EIN (checkbox)
- 27 - Provider Accepts Assignment? (checkbox)
- PIN No. (text field)
- 31 - Provider SOF (checkbox)
- Date (date field)
- Facility? (checkbox)
- Dental? (checkbox)
- COB? (checkbox)
- Frequency (checkbox)
- 33 - GRP No. (text field)

At the bottom right of the form, there are 'Save' and 'Cancel' buttons.

# Professional Claim Form, Insured Information Tab



- **Professional Claim Form:** Professional Claims Menu>Enter Claims> Insured Information
- Information will pull from the Patient database when the patient is selected on the Patient Info & General Tab

A screenshot of a software application window titled "Professional Claim Form". The window has a tabbed interface with the following tabs: "Patient Info & General", "Insured Information" (which is the active tab), "Billing Line Items", "Ext. Patient/General", "Ext. Pat/Gen (2)", and "Ext. Payer/Insured". The "Insured Information" tab contains a table with three rows for entering insured information. The columns are: Sub (checkbox), Payer ID, Payer Name, Insured's ID, P.Rel (dropdown with '6' selected), Insured's Last/Org Name, First Name, MI, and Gen. Below this table is another table with columns: Birthdate (dropdown), Sex (checkbox), Sig (checkbox), AOB (checkbox), Insured's Address 1, Insured's Address 2, Insured's City, State, and Zip. At the bottom of the form is a table with columns: Country, Insured's Phone / Ext., ESC (checkbox), Employer Name, Group Name, and Group Number. To the right of this table are three "Clear Payer" buttons. At the very bottom of the window are "Save" and "Cancel" buttons.

# Professional Claim Form, Billing Line Items Tab



- **Billing Line-Items:** Professional Claims Menu>Enter Claims>Billing Line Items>Line-Item Details
- **Required:** Diagnosis Codes (at least one), Service From/Thru Dates (DOS), Charges, PS (place of service), CPT/HCPSCS, Diagnosis Pointer, Charges, Units, Rendering Phys. (unless billing as a Solo Provider), Total Charge, Dental tab (837D claims only)
- Click Recalculate.
- Once all claim information is entered, click Save.

A screenshot of the "Professional Claim Form" software interface, specifically the "Billing Line Items" tab. The window title is "Professional Claim Form" and it has a close button (X) in the top right corner. The interface includes several tabs: "Patient Info & General", "Insured Information", "Billing Line Items" (which is active), "Ext. Patient/General", "Ext. Pat/Gen (2)", and "Ext. Payer/Insured". Below these tabs, there are sub-tabs for "Line Item Details", "Extended Details (Line 1)", "Ext Details 2 (Line 1)", and "Ext Details 3 (Line 1)". The main area contains a table for entering line items. The table has columns for "LN", "24a - Service Dates From", "24a - Service Dates Thru", "24b PS", "24c EMG", "24d - CPT® / HCPCS", "24d - Mod 1", "24d - Mod 2", "24e Diagnosis", "24f Charges", "24g Units", "24h EP FP AT", and "24j Rendering Phys.". The first row (LN 1) shows a diagnosis code of "1", a charge of "100.00", and units of "0.00". Below the table, there are summary fields: "28 - Total Charge" with a value of "100.00", "29 - Patient Amount Paid" with a value of "0.00", and "30 - Balance Due" with a value of "100.00". A "Recalculate" button is located next to the total charge field. At the bottom of the window, there are "Save" and "Cancel" buttons. A small copyright notice at the bottom left reads "CPT® codes are copyright 2020 American Medical Association (AMA)."

# Entering a Medicare Secondary Claim



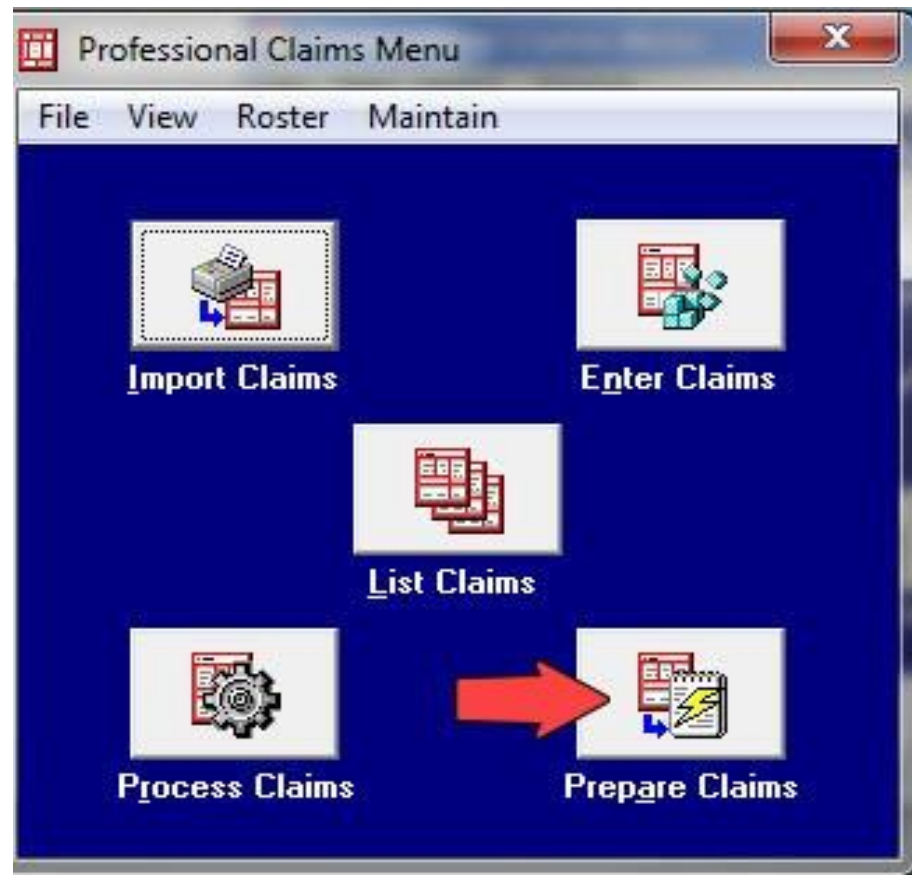
- **COB Info:** Professional Claim form>Ext. Payer/Insured tab>COB Info tab
- Complete the required fields as normal for a Medicare claim.
- Type a “Y” in the COB? field on the Diagnosis/Procedure Code (Institutional) or Patient Info & General (Professional) screens to indicate the patient has Medicare as a secondary payer.
- Click on Ext. Payer/Insured tab, and then COB Info (Primary) tab.
- Enter the information from the primary Explanation of Benefits (EOB).
- Do not send the primary EOB to Novitas.

The screenshot shows the 'Professional Claim Form' window with the 'Ext. Payer/Insured' tab selected. The 'COB Info (Secondary)' sub-tab is active. The interface includes a table for 'Claim Level Adjustments (CAS)' and 'COB / MOA Amounts'. The 'OTAF' field is set to 0.00 and 'Zero Payment Ind' is 'N'. The 'Claim Adjudication Date' is 01/01/2018.

Claim Level Adjustments (CAS)					COB / MOA Amounts		
Num	Group	Reason	Amount	Units	Num	Code	Amount
1	CO	45	25.00	1.000	1	D	10.00
2	PR	1	15.00	1.000	2		
3					3		

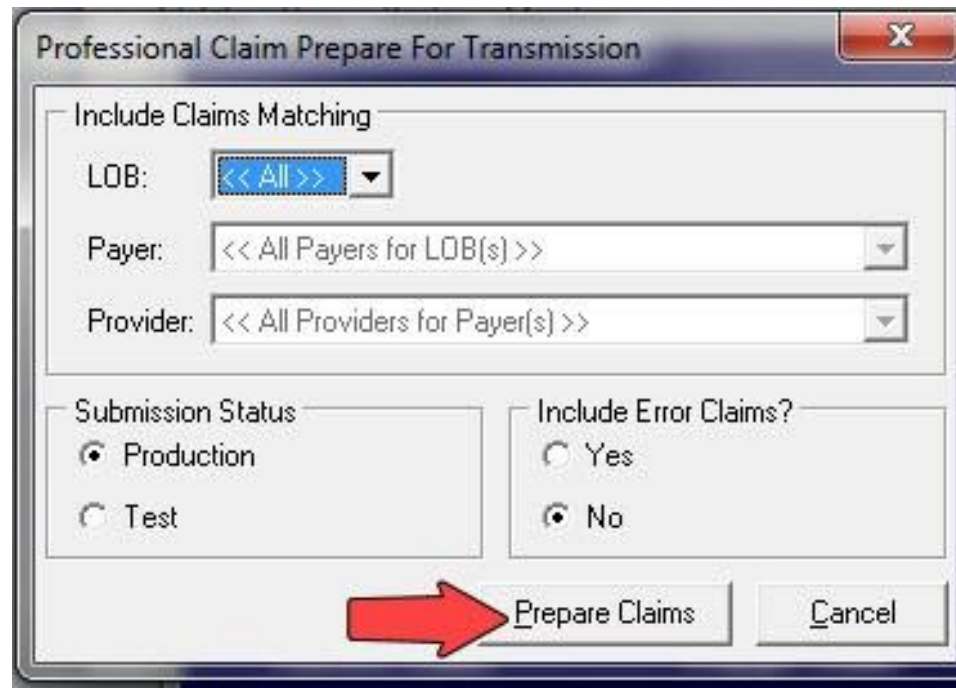
# Step Three: Preparing a File for Transmission

- Once the claims are saved, click the Prepare Claims icon.



# Preparing a File for Transmission, continued

- Then click on the Prepare Claims button. This will create a file named “trans.dat” for Part A or “transb.dat” for Part B. The file will be in your “C” or other local drive under the WINPCACE folder.



# Step Four: Transmitting the File Using a SFTP Connection



- Connect to SmartXfr™ using your Network Service Vendor.
- Locate the file (the default location is C:/WINPCACE. The file name should be TRANSB.DAT for Part B or TRANS.DAT for Part A).
- Click the file name.
- Move the file to Novitas.



# Step Five: Pulling Reports Using a SFTP Connection



- Connect to Novitas using your Network Service Vendor.
- Locate the reports in the directories found in your mailbox.
  - Current Directory - includes all reports that have not been downloaded or are newly created.
  - Downloaded Directory - includes all of the past reports that were downloaded.
- Download the file to your computer by clicking the file name. Download the 999 Acknowledgment and 277CA Acknowledgment within 15 minutes of sending your claims. 835 ERA files will be available 14 days after the file is submitted.
- Move the file to your office.
- It is important to get into the habit of pulling your reports as soon as possible, as reports are only available for download for 60 days after the report is posted to your mailbox.

# Viewing the 999 Acknowledgement

- After downloading the 999 report, click the Institutional Claims Processing icon for Part A. For Part B, click the Professional Claims Processing icon and complete the following steps:
  - Click Maintain
  - Click Acknowledgement File Log
  - Click the appropriate report
  - Click View Report
- Claims rejecting on this report will need to be corrected and resent.
- More information on reading the report is available in the [Understanding the 999 Report](#) training module.



# Viewing the 277CA Acknowledgement

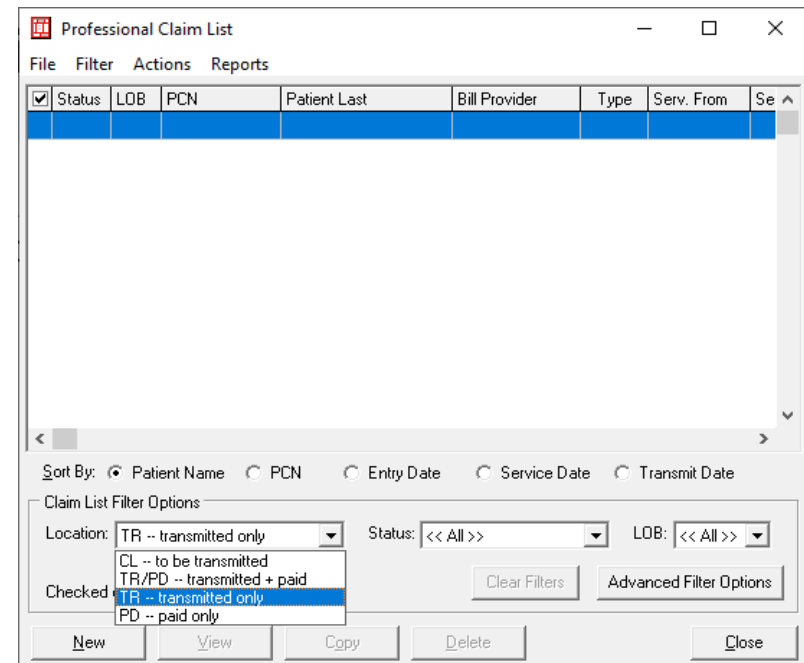
- After downloading the 277CA report, click the Institutional Claims Processing icon for Part A. For Part B, click the Professional Claims Processing icon and complete the following steps:
  - Click Maintain
  - Click Claim Status Response & Acknowledgement Log
  - Click the appropriate report
  - Click View Report
- Claims rejecting on this report will need to be corrected and resent.
- More information on reading the report is available in the [Understanding the 277CA Report](#) training module.



# Claim Re-activation



- **Professional Claim List:** Professional Claims Menu>List Claims>TR-Transmitted Only
- Check selected claims for reactivation
- Click Action
- Click Reactivate all Checked Claims
- If corrections are needed change the location to CL-to be transmitted then update and save the claim.



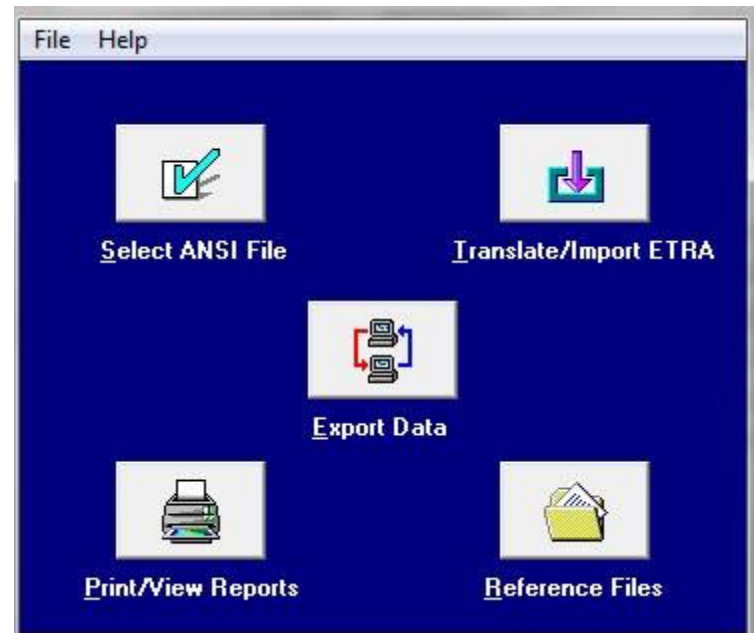
# Viewing the 835/Electronic Remittance

- After downloading the report using your telecommunications software, click the ANSI – 835 Functions icon
- Click Institutional or Professional



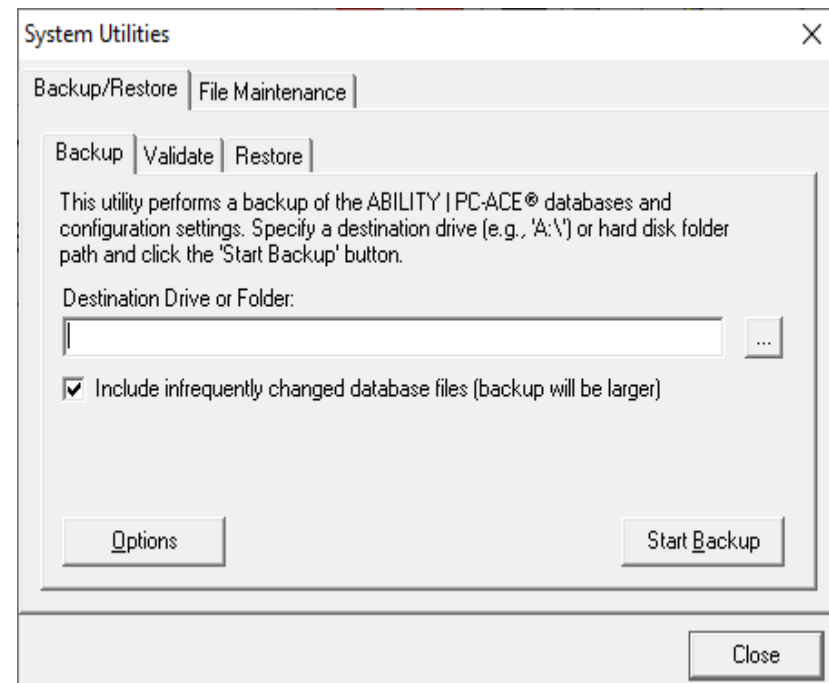
# Viewing the 835/Electronic Remittance, continued

- Click Select ANSI File
- Click on the ERA file you would like to view
- Click Select
- Click Translate/Import ETRA
- Click Print/View Reports
- Choose the type of report you would like to view and click OK
- Enter specific pages to view or click OK



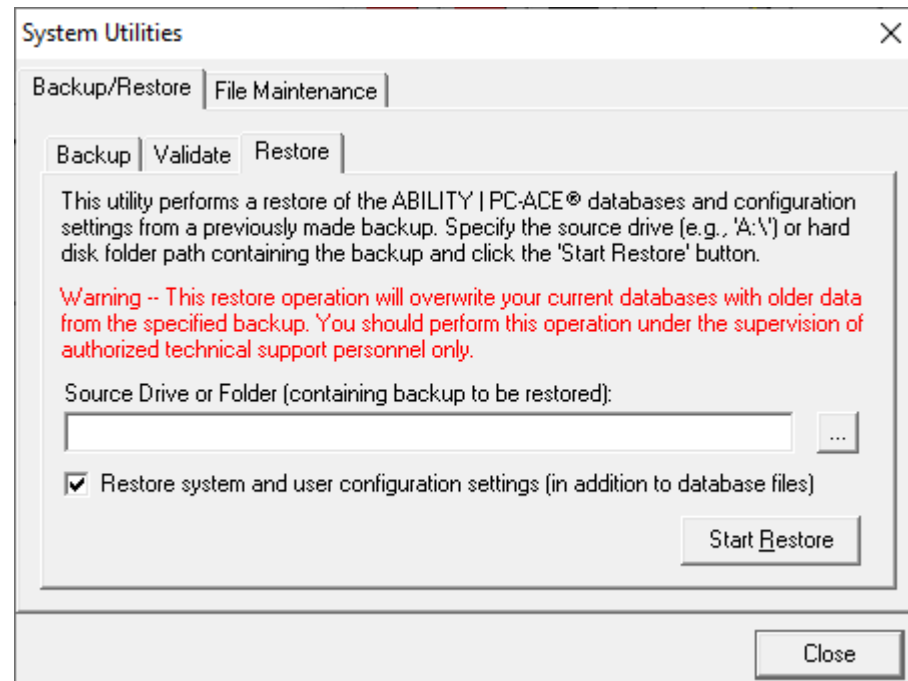
# Data Backup

- **Backup:** System Utilities>Backup
- Choose a destination folder by clicking the three-dot button
- Click Start Backup
- The software has the ability to back up databases such as patient records and provider records each time you close the program.
- It is encouraged that you back up the software every time you upgrade and when adding large amounts of data to the program.



# Data Restore

- **Restore:** System Utilities>Restore
- Locate your stored backup by clicking the three-dots button
- Click Start Restore





# Quarterly Upgrades



- Upgrades are issued to the PC-ACE program every quarter in January, April, July, and October.
- The download password for the upgrades was provided in the Initial EDI Welcome letter. The password does not change and is needed for each quarterly upgrade or new installation; therefore, please keep it in a safe place where it is readily available.
- Upgrades should be downloaded as soon as possible in order to avoid claim rejections.



# Resources

- Additional information on the PC-ACE program is located on our Web site at:
  - PC-ACE User Guide
    - [JL: http://www.novitas-solutions.com/webcenter/portal/MedicareJL/pagebyid?contentId=00004603](http://www.novitas-solutions.com/webcenter/portal/MedicareJL/pagebyid?contentId=00004603)
    - [JH: http://www.novitas-solutions.com/webcenter/portal/MedicareJH/pagebyid?contentId=00004603](http://www.novitas-solutions.com/webcenter/portal/MedicareJH/pagebyid?contentId=00004603)
  - PC-ACE Quick Steps
    - [JL: http://www.novitas-solutions.com/webcenter/portal/MedicareJL/pagebyid?contentId=00004605](http://www.novitas-solutions.com/webcenter/portal/MedicareJL/pagebyid?contentId=00004605)
    - [JH: http://www.novitas-solutions.com/webcenter/portal/MedicareJH/pagebyid?contentId=00004605](http://www.novitas-solutions.com/webcenter/portal/MedicareJH/pagebyid?contentId=00004605)
  - EDI Help Desk
    - [JL: http://www.novitas-solutions.com/webcenter/portal/MedicareJL/pagebyid?contentId=00004525](http://www.novitas-solutions.com/webcenter/portal/MedicareJL/pagebyid?contentId=00004525)
    - [JH: http://www.novitas-solutions.com/webcenter/portal/MedicareJH/pagebyid?contentId=00025068](http://www.novitas-solutions.com/webcenter/portal/MedicareJH/pagebyid?contentId=00025068)