

CHAPTER 4

Basic Claim Information (Professional & Institutional)

Basic Claim Information (Professional Claim Form)

Patient Info & General Tab

Professional Claim Form

Patient Info & General | Insured Information | Billing Line Items | Ext. Patient/General | Ext. Pat/Gen (2) | Ext. Payer/Insured

LOB [REDACTED] Billing Provider [REDACTED] 26 - Patient Control No. [REDACTED]

2 - Patient Last Name [REDACTED] First Name [REDACTED] MI Gen 3 - Birthdate [REDACTED] Sex 8 - Pat. Status MS ES SS Death Ind 12 SOF Legal Rep. NPI Exempt

5 - Patient Address 1 [REDACTED] Patient Address 2 Patient City [REDACTED] State [REDACTED] Patient Zip [REDACTED] Country Patient Phone

10 - Patient Condition Related To Employment Accident ROI [REDACTED] ROI Date [REDACTED] Other Ins. 14 - Date/Ind of Current 15 - First Date 16 - UTW/Disability Dates & Type to

17 - Referring Phys Name (Last/Org, First, MI, Suffix) Referring Phys IDs/Types 18 - Hospitalization Dates to Y/N 20 - Outside Lab/Chgs 0.00

19 - Reserved For Local Use 22 - Medicaid Resubmission Code & Ref No

25 - Fed. Tax ID SSN/EIN 27 - Provider Accepts Assignment? [REDACTED] PIN No.

31 - Provider SOF Date Facility? Dental? COB? Frequency 33 - GRP No.

LOB Is Required

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

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

Insured Information Tab

Professional Claim Form [X]

Patient Info & General | **Insured Information** | Billing Line Items | Ext. Patient/General | Ext. Pat/Gen (2) | Ext. Payer/Insured

Sub	Payer ID	Payer Name	Insured's ID	6 P.Rel	Insured's Last/Org Name	First Name	MI	Gen
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Birthdate	Sex	Sig	13 AOB	Insured's Address 1	Insured's Address 2	Insured's City	State	Zip
__/__/__								__-__
__/__/__								__-__
__/__/__								__-__

Country	Insured's Phone	ESC	Employer Name	Group Name	Group Number	
	() - - -	<input type="checkbox"/>				Clear Payer
	() - - -	<input type="checkbox"/>				Clear Payer
	() - - -	<input type="checkbox"/>				Clear Payer

LOB Is Required

Error List Save Cancel

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

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

Billing Line Items Tab

Professional Claim Form

Patient Info & General | Insured Information | **Billing Line Items** | Ext. Patient/General | Ext. Pat/Gen (2) | Ext. Payer/Insured

Line Item Details | Extended Details (Line 1) | Ext Details 2 (Line 1) | Ext Details 3 (Line 1) | **Ambulance** ★

Diagnosis Codes (1 - 8): V8903

LN	24a - Service Dates From	24a - Service Dates Thru	24b PS	24c EMG	24d Proc	24d - Modifiers 1	24d - Modifiers 2	24e Diagnosis	24f Charges	24g Units	24h EP	24h FP	24h AT	24j Rendering Phys.
1	10/01/2009	10/01/2009	23		A0382			1	100.00	1.0			1	★
2														
3														
4														
5														
6														

28 - Total Charge: 100.00 Recalculate

29 - Amount Paid: 0.00 30 - Balance Due: 100.00

Save Cancel

★ 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 this 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 F2 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**.

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

Basic Claim Information (Institutional Claim Form)

Patient Info & Codes Tab

The screenshot shows the 'Institutional Claim Form' window with the 'Patient Info & Codes' tab selected. The interface includes several sections of data entry fields:

- Navigation:** Patient Info & Codes | Billing Line Items | Payer Info | Diagnosis/Procedure | Diag/Proc (2) | Extended General | Ext. General (2) | Extended Payer
- Form Fields:**
 - LOB: [Red]
 - FL 1: [FL 1]
 - FL 2: [FL 2]
 - Patient Control No.: [Red]
 - Type of Bill: [Red]
 - Patient Last Name: [Red]
 - First Name: [Purple]
 - MI: []
 - Suffix: []
 - Fed Tax ID: []
 - Statement Covers Period: [Red]
 - Patient Address 1: [Red]
 - Patient Address 2: []
 - Patient City: [Red]
 - State: [Purple]
 - Patient Zip: [Red]
 - Country: []
 - Patient Phone: []
 - Birthdate: [Purple]
 - Sex: [Red]
 - MS: []
 - Admission: []
 - HR Type: []
 - SRC: []
 - D HR: []
 - Stat: []
 - Medical Record No.: [Red]
 - Condition Codes: [] [] [] [] [] [] [] [] [] []
 - Occurrence Code/Date: []
 - Occurrence Span Code/From/Thru: []
 - Value Code/Amount: []
- Buttons:** Error List, Save, Cancel
- Message:** LOB Is Required

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.

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

Billing Line Items

Institutional Claim Form

Patient Info & Codes | **Billing Line Items** | Payer Info | Diagnosis/Procedure | Diag/Proc (2) | Extended General | Ext. General (2) | Extended Payer

Line Item Details | Extended Details (Line 1) | Ext Details 2 (Line 1)

LN	42 Rev.Cd.	44 HCPCS	44 - Modifiers				44 Rate	45 - Service Date		46 Units/Days	47 Total Charges	48 Non-Cov Charges
			1	2	3	4		From Date	Thru Date			
1								///	///			
2								///	///			
3								///	///			
4								///	///			
5								///	///			
6								///	///			
7								///	///			
8								///	///			

Recalculate Totals: 0.00 0.00

LOB Is Required Error List Save Cancel

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.

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

Payer Information

Institutional Claim Form															
Patient Info & Codes		Billing Line Items		Payer Info		Diagnosis/Procedure		Diag/Proc (2)		Extended General		Ext. General (2)		Extended Payer	
Sub	Payer ID	Payer Name			Provider No.		ROI	AOB	Prior Payments	Amount Due					
<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>	0.00	0.00	Clear Payer				
<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>			Clear Payer				
<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>			Clear Payer				
									Due From Patient >>	0.00	0.00				
P.Rel	Insured's Last/Org Name		First Name	MI	Suffix	Insured's ID		Group Name		Group Number					
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
Authorization Code / Type		ESC	Employer Name												
		<input type="checkbox"/>													
		<input type="checkbox"/>													
		<input type="checkbox"/>													
LOB Is Required										Error List		Save		Cancel	

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

Diagnosis/Procedure

Institutional Claim Form

Patient Info & Codes | Billing Line Items | Payer Info | **Diagnosis/Procedure** | Diag/Proc (2) | Extended General | Ext. General (2) | Extended Payer

Principal Diag. Other Diagnosis Codes (1 - 17)

DX/PC Admitting Diagnosis Patient's Reason For Visit Codes (1 - 3) External Cause of Injury Codes (1 - 3) PPS/DRG

Principal Proc Code/Date Other Procedure Codes/Dates (1 - 5) NPI Exempt POA Type COB? H.H. CR6?

Remarks

Supporting Provider Information

Type	Last/Org Name	First Name	MI	Suffix	Provider IDs / Types
ATT					
OPR					
OTH					

Save Cancel

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

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