

# **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  Billing Provider  26 - Patient Control No.

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

5 - Patient Address 1  Patient Address 2  Patient City  State  Patient Zip  Country  Patient Phone

10 - Patient Condition Related To Employment  Accident  ROI  ROI Date  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?  PIN No.

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

**LOB Is Required** Error List Save Cancel

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"/>	[Flashing Blue]							
<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	
	( ) - -					Clear Payer
	( ) - -					Clear Payer
	( ) - -					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 Attending 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' software interface. The 'Patient Info & Codes' tab is selected. The form contains several fields, some of which are highlighted in red or purple to indicate required or lookup fields. The red highlights include: LOB, Patient Control No., Patient Last Name, First Name, MI, Suffix, Fed Tax ID, Statement Covers Period, Birthdate, Sex, MS, Admission, A-Hour, Typ, Src, D-Hour, and Stat. The purple highlights include: Patient Address 1, Patient Address 2, Patient City, State, Patient Zip, Country, Patient Phone, Medical Record No., and Condition Codes. At the bottom left, there is a red error message: 'LOB Is Required'. At the bottom right, there are three buttons: 'Error List', 'Save', and 'Cancel'.

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 Chgs
			1	2	3	4		From Date	Thru Date			
1												0.00
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

**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**.

**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.