

PC-ACE Training Module Using Novitasphere Portal

Novitas Solutions, Inc.
Electronic Data Interchange (EDI)

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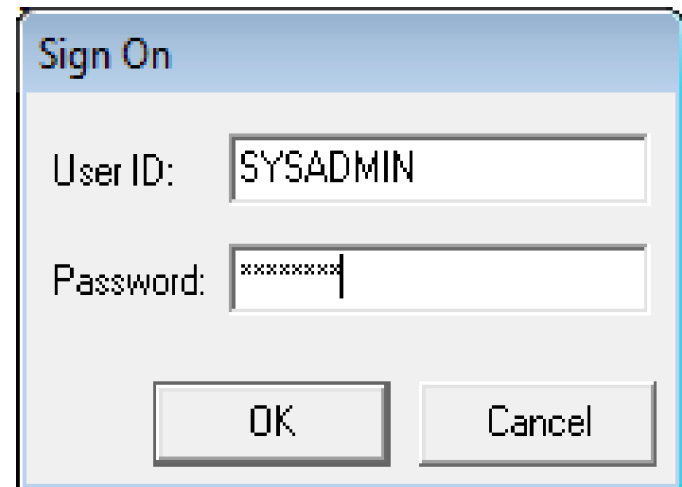
Enroll with EDI



- Prior to using the program, users must enroll for PC-ACE using the EDI enrollment form (8292P).
- 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. 
- Ensure current version is installed.
 - Select "Help" then "About PC-ACE".
 - Refer to the PC-ACE Upgrade page on our website ([JH](#))([JL](#)) for the most current version files. An installation password will be required for downloading the file.
- Select the Reference File Maintenance icon from the Main Toolbar.
- Enter SYSADMIN for both User ID and Password.



A screenshot of a "Sign On" dialog box. The dialog has a title bar that says "Sign On". Inside, there are two text input fields. The first is labeled "User ID:" and contains the text "SYSADMIN". The second is labeled "Password:" and contains a series of asterisks "xxxxxxx". At the bottom of the dialog, there are two buttons: "OK" and "Cancel".

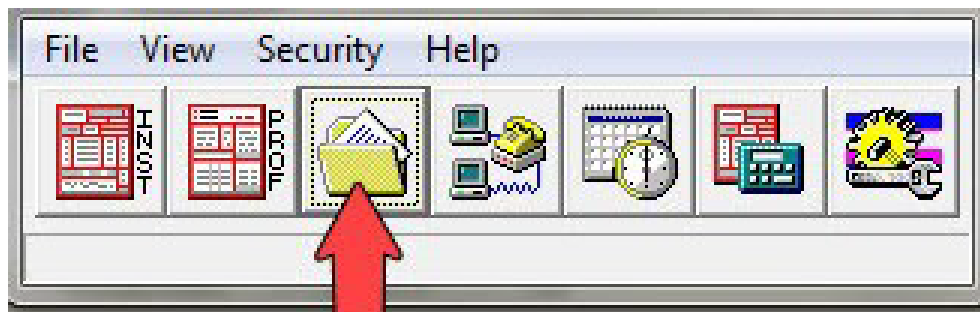
Program Tips



- 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.

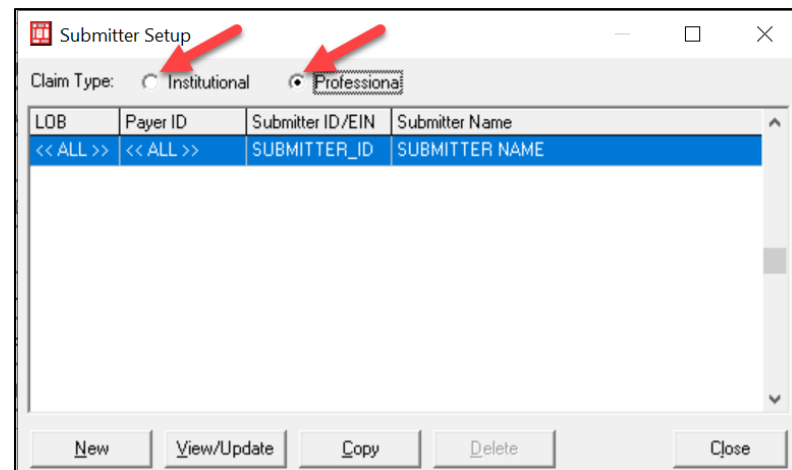
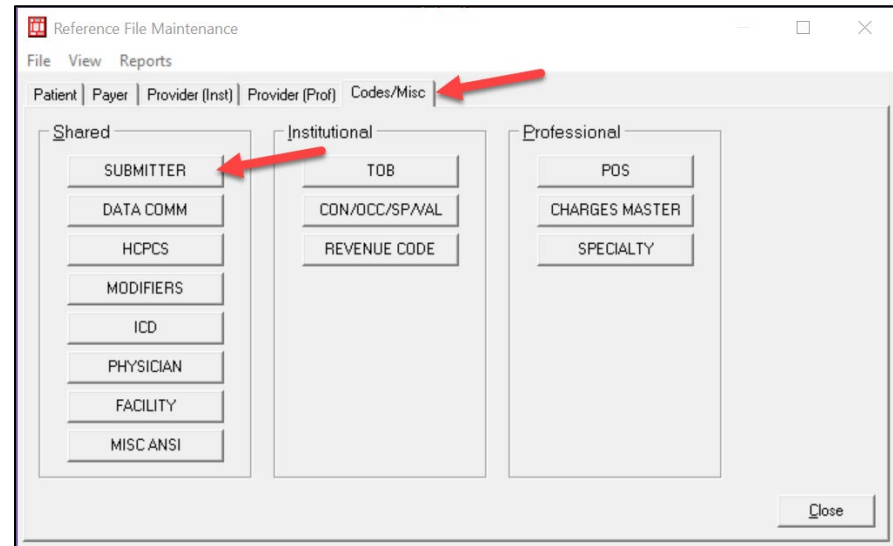
Step One: Setting up the Program

- 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 appropriate Claim Type radial button: Institutional for Part A or Professional for Part B.
- Click on View/Update.



Setting up the Submitter, General tab

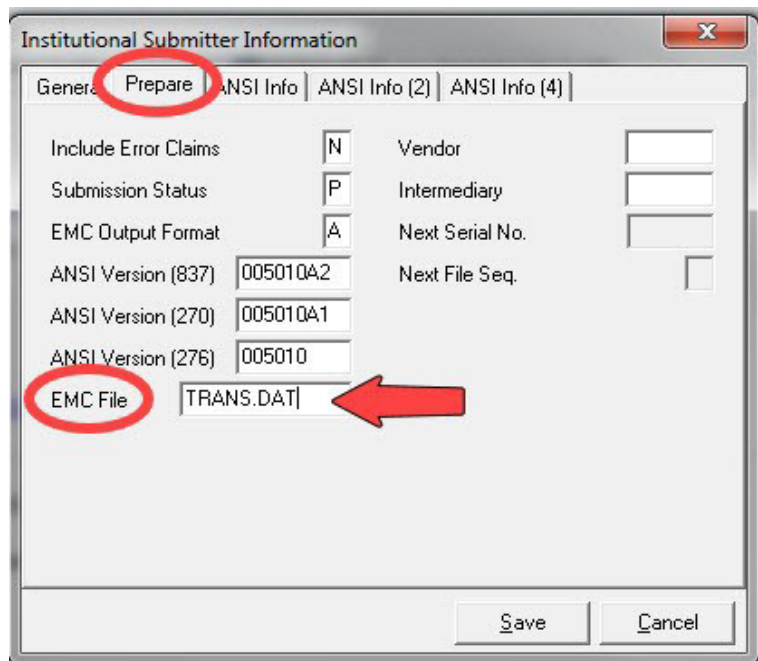


- **Required:** ID (submitter ID), Name, Address, City, State, Zip (all 9 digits), Phone, Contact, E-Mail
- Enter required information and click Save.
- Leave the EIN blank.
- The submitter ID can be found in your initial EDI Authorization letter and in Novitasphere under the My Account Profile information.

A screenshot of the "Institutional Submitter Information" form. The form has a title bar with a close button (X). Below the title bar are tabs: "General", "Prepare", "ANSI Info", "ANSI Info (2)", and "ANSI Info (4)". The "General" tab is selected. The form contains several input fields: "LOB" (empty), "Payer ID" (empty), "ID" (containing "SUBMITTER ID" in blue), "EIN" (empty), "Name" (containing "SUBMITTER NAME"), "Address" (containing "SUBMITTER ADDRESS"), "City" (containing "ANYTOWN"), "State" (containing "ST"), "Zip" (containing "12345-"), "Phone" (containing "(800) 555-1212"), "Fax" (empty), "Country" (empty), "Contact" (containing "CONTACT NAME"), and "E-Mail" (empty). At the bottom right are "Save" and "Close" buttons.

Setting up the Submitter Tab, Prepare Tab

- Complete the next steps:
 - 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)

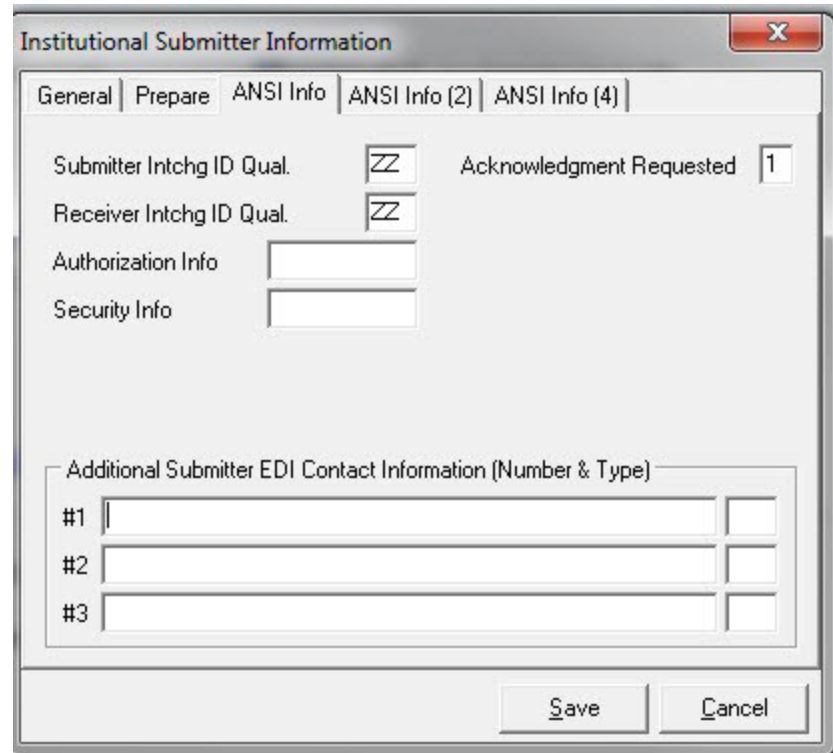
ANSI Version (276)

EMC File 

Save Cancel

Setting up the Submitter Tab, ANSI Info Tab

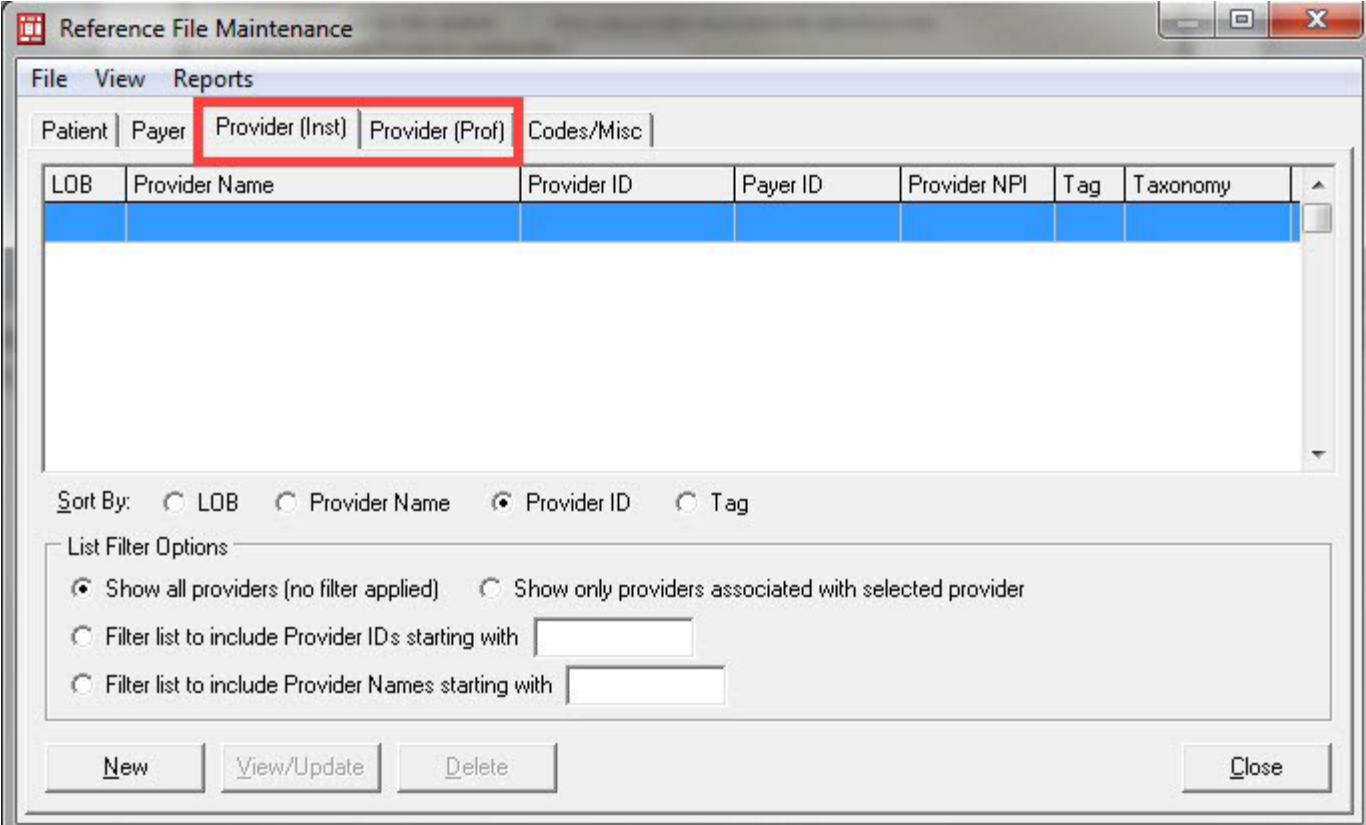
- Complete the following steps
 - Click on the ANSI Info tab
 - Enter a ZZ in both the Submitter Intchg ID Qual. and the Receiver Intchg ID Qual. Fields
 - Enter a “1” in the Acknowledgement Requested field
 - Click Save and then close



The screenshot shows a window titled "Institutional Submitter Information" with a close button (X) in the top right corner. The window has five tabs: "General", "Prepare", "ANSI Info", "ANSI Info (2)", and "ANSI Info (4)". The "ANSI Info" tab is currently selected. Inside the tab, there are four input fields: "Submitter Intchg ID Qual." with the value "ZZ", "Receiver Intchg ID Qual." with the value "ZZ", "Authorization Info" (empty), and "Security Info" (empty). To the right of these fields is a field labeled "Acknowledgement Requested" with the value "1". Below these fields is a section titled "Additional Submitter EDI Contact Information (Number & Type)" containing three rows, each with a label (#1, #2, #3), a text input field, and a small square checkbox. At the bottom right of the window 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' 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 these are two filter options: 'Filter list to include Provider IDs starting with' and 'Filter list to include Provider Names starting with', each followed by a text input field. 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

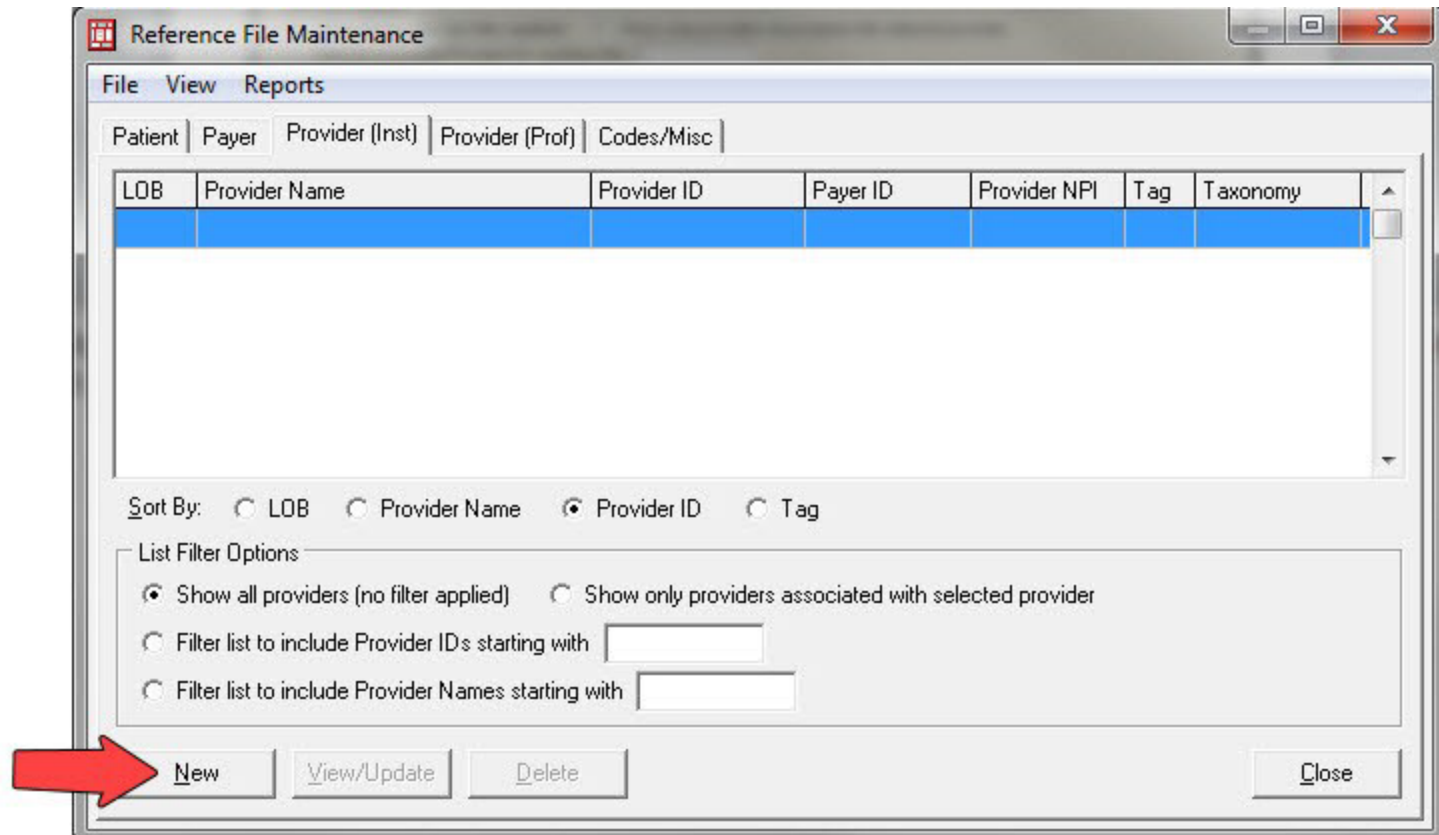
☐ Filter list to include Provider IDs starting with

☐ 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.
 - 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.

A screenshot of the "Professional Provider Information" form. The form has two tabs: "General Info" and "Extended Info". The "General Info" tab is active. It contains fields for "Provider Type" (radio buttons for Group Practice, Individual in Group, and Solo Practice), "Organization", "Last/First/MI", "Address", "City/St/Zip", "Phone", "Fax", "Contact", "Provider ID/No.", "Payer ID", "LOB", "Tag", "Group Label", "NPI", "Tax ID/Type", "UPIN", "Specialty", "Type Org", "Taxonomy/Type", "Accept Assign?", "Participating?", "Signature Ind", "Date", "Provider Roles" (Billing, Rendering), and "Remarks". There is also a "Provider Associations" table with columns for LOB, Provider ID, and Provider/Group Name. The form has "Save" and "Cancel" buttons at the bottom right.

Setting up Provider Information, 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
- Entered required info and click Save.

A screenshot of the "Professional Provider Information" form. The form has two tabs: "General Info" and "Extended Info". The "General Info" tab is active. It contains various fields for provider information, including "Provider Type" (radio buttons for Group Practice, Individual in Group, Solo Practice), "Group Name", "Group Label", "Last/First/MI", "NPI", "Address", "Tax ID/Type", "City/St/Zip", "UPIN", "Phone", "Fax", "Specialty", "Taxonomy", "Contact", "Accept Assign?", "Participating?", "Signature Ind", "Date", "Group ID/No.", "LOB", "MCB", "Payer ID", "Tag", "Provider Roles" (Billing, Rendering), and "Remarks". There is also a "Provider Associations" table with columns for LOB, Provider ID, and Provider/Group Name. The form has "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 the "Professional Provider Information" window, showing the "General Info" tab. The form is for an "Individual in Group" provider. Fields include: Organization, Last/First/MI (SMITH, JOHN), Address, City/St/Zip (ANY CITY, PA, 11111-1111), Phone, Contact, Provider ID/No. (XXXXX), Payer ID (12502), Group Label (GROUP LABEL), NPI (1111111111), Tax ID/Type (111111111), UPIN, Specialty (001), Type Org, Accept Assign? (A), Participating? (Y), Signature Ind (Y), Date (01/01/2017), Provider Roles: Billing (N), Rendering (Y). There is a "Remarks" text area and a "Provider Associations" table with columns LOB, Provider ID, and Provider/Group Name. The "Save" and "Cancel" buttons are at the bottom right.

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.

A screenshot of the "Payer Information" dialog box in a software application. The dialog has a title bar with a close button. It contains several input fields: "Payer ID" (11111), "LOB" (GAP), "Receiver ID" (empty), and "ISA08 Override" (empty). Below these is a "Full Description" field containing "SECONDARY INSURANCE". A section titled "Address & Contact Information" contains fields for "Address" (ANY STREET), "City" (ANY CITY), "State" (PA), "Zip" (11111-), "Contact Name", "Phone", "Ext", and "Fax". To the right of this section is a "Flags" section with checkboxes for "Source" (checked), "Media", and "Usage" (checked). At the bottom, there is a "PrintLink Matching Descriptions" button, a red arrow pointing to a "Save" button, and a "Cancel" button.

Setting Up the Patients



- **Patient:** Reference File Maintenance>General Information
- **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 the "Patient Information" software window. The window has a title bar with a close button (X). Below the title bar are tabs: "General Information" (selected), "Extended Info", "Primary Insured (Inst)", "Primary Insured (Prof)", and "Secondary Insured". The form is divided into several sections. The top section contains fields for "Last Name" (with "LAST" in the input), "First Name" (with "FIRST" in the input), "MI" (empty), "Gen" (empty), and "Patient Control No (PCN)" (with "ACCOUNT NUMBER" in the input). Below this is a "Patient Address" section with a label "Address" and a text input containing "ANY STREET". To the right of the address is a "Patient Status" section with various checkboxes and date fields: "Active Patient" (checked), "Discharge Status" (unchecked), "Sex" (F), "Death Ind" (unchecked), "DOB" (01/01/1955), "DOD" (empty), "Marital Status" (empty), "Signature On File" (Y/B), "Employment Status" (unchecked), "Release of Info" (Y), "Student Status" (unchecked), "ROI Date" (01/01/2009), and "CBSA Code" (empty). At the bottom left is a "Notes" section with a large text area. At the bottom right are "Save" and "Cancel" buttons.

Setting up the Patients, Primary Insured Tab



- **Primary Insured 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 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 information. **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". It 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 fields for Payer ID (with a dropdown arrow), Payer Name (set to "SECONDARY INSURANCE"), LOB (set to "GAP"), Group Name, Group Number, and Claim Office. Below these are tabs for "Insured Information (F7)" and "Employer Information (F8)". The "Insured Information" tab is active, showing fields for Rel (set to "18"), Last Name (set to "LAST"), First Name (set to "FIRST"), MI, Gen, Insured ID (set to "111111111"), Address (set to "ANY STREET"), Sex (set to "F"), Assign of Benefits (checkbox), Release of Info (checkbox, checked), DOB (set to "01/01/1955"), City (set to "ANY CITY"), State (set to "PA"), Zip (set to "11111"), Employment Status (checkbox), ROI Date (set to "01/01/2009"), Retire Date, Country, and Phone. At the bottom right are "Save" and "Cancel" buttons.

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" with a close button (X) in the top right corner. The form 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 field; "Address" with two stacked input fields; "City", "State", "Zip", and "Phone" each with its own input field; and "Federal Tax ID / Type", "NPI", and "Taxonomy" each with its own input field. At the bottom right are "Save" and "Cancel" buttons.

Charges Master Setup

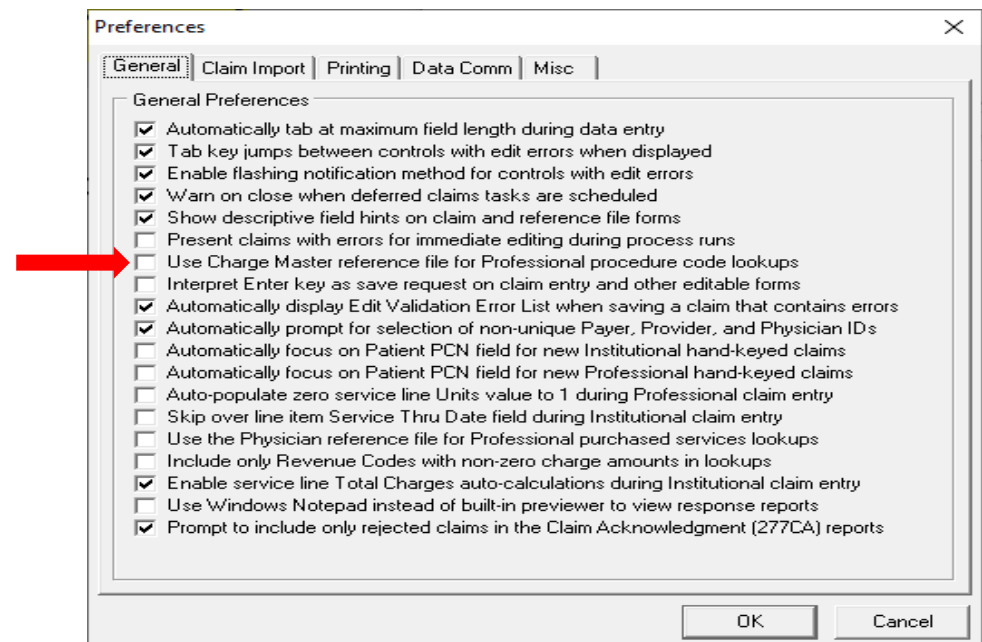


- **Charges Master:** Reference File Maintenance>Codes/Misc>Charges Master
- Select New.
- **Required:** Code (HCPCS), Charges
- Enter required info and click OK.
- This allows for the HCPCS file to be narrowed down to only the codes you use and their charges.

A screenshot of the "Charges Master Information" dialog box. It contains the following 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 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.

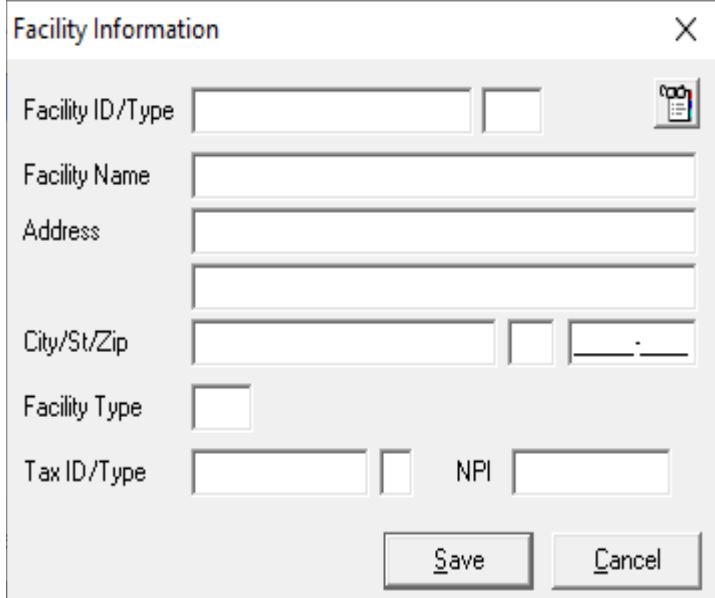
Charges Master Setup, continued

- 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).



The image shows a screenshot of a software dialog box titled "Facility Information". The dialog box contains several input fields for facility data. The fields are arranged vertically: "Facility ID/Type" with a small icon to its right, "Facility Name", "Address" (with a second line below it), "City/St/Zip" with a state dropdown and a zip code field, "Facility Type" with a dropdown, and "Tax ID/Type" with a dropdown and an "NPI" field. At the bottom right of the dialog are "Save" and "Cancel" buttons.

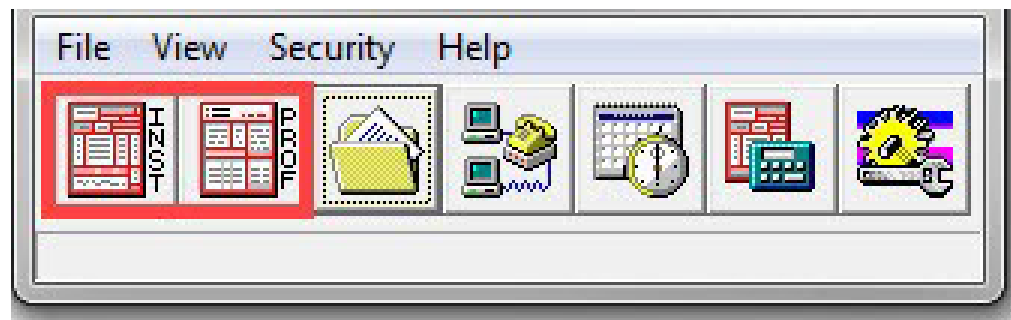
Facility ID/Type	<input type="text"/>	<input type="text"/>	
Facility Name	<input type="text"/>		
Address	<input type="text"/>		
	<input type="text"/>		
City/St/Zip	<input type="text"/>	<input type="text"/>	<input type="text"/>
Facility Type	<input type="text"/>		
Tax ID/Type	<input type="text"/>	<input type="text"/>	NPI <input type="text"/>
		<input type="button" value="Save"/>	<input type="button" value="Cancel"/>



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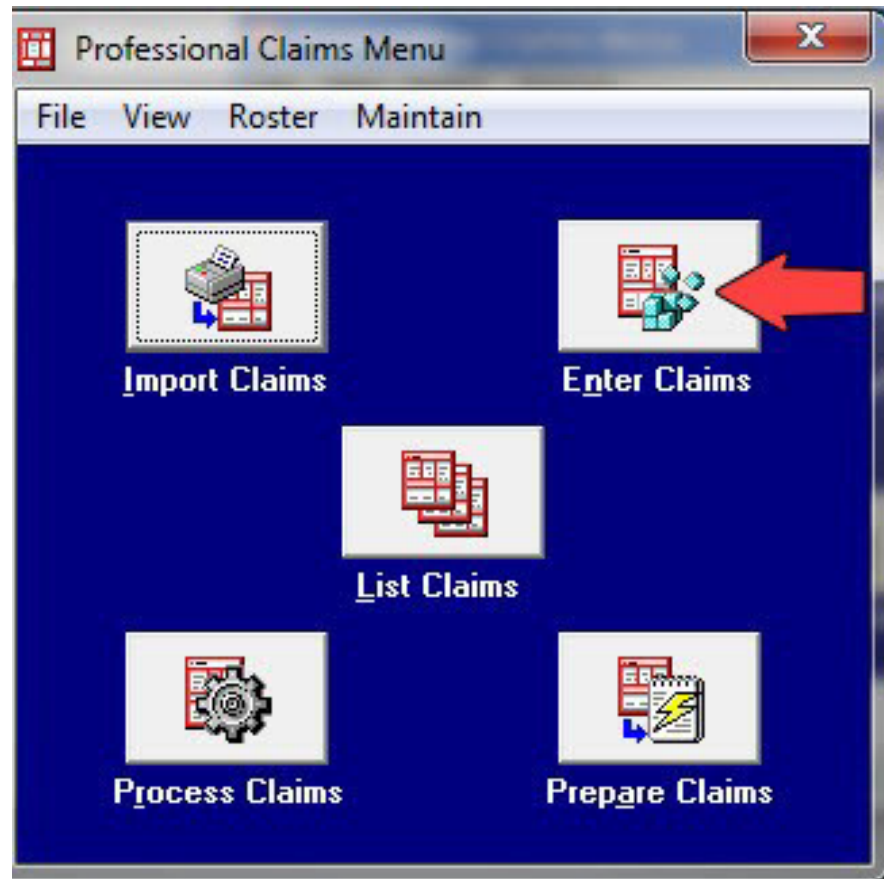
Step Two: Entering a Claim

- **Claims Processing:** Institutional or Professional Claims Processing icon >Enter Claims> Patient Info & General.



Entering a Claim, part two

- Then click the Enter Claims icon.





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Entering a Claim, part three

- **Required:** LOB, Billing Provider, Patient Control No, Employment, Accident, Outside Lab
- 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.
 - JL: <http://www.novitas-solutions.com/webcenter/portal/MedicareJL/pagebyid?contentId=00004603>
 - JH: <http://www.novitas-solutions.com/webcenter/portal/MedicareJH/pagebyid?contentId=00004603>
- 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' window. It features a tabbed interface with 'Patient Info & General' selected. The form includes numerous input fields and checkboxes organized into sections: 'LOB' (set to MCB), 'Billing Provider', '26 - Patient Control No.', '2 - Patient Last Name', 'First Name', 'MI', 'Gen', '3 - Birthdate', 'Sex', '8 - Pat. Status' (with sub-fields MS, ES, SS), 'Death Ind', '12 SDF', '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', '17 - Referring Phys Name (Last/Org, First, Mid, Suffix)', 'Referring Phys IDs/Types', '18 - Hospitalization Dates', '20 - Outside Lab/Chgs', '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 SDF', 'Date', 'Facility?', 'Dental?', 'COB?', 'Frequency', and '33 - GRP No.'. At the bottom right, 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 the "Professional Claim Form" window, specifically the "Insured Information" tab. The window has a title bar with a close button (X). Below the title bar is a tabbed interface with the following tabs: "Patient Info & General", "Insured Information" (selected), "Billing Line Items", "Ext. Patient/General", "Ext. Pat/Gen (2)", and "Ext. Payer/Insured". The form is divided into several sections with input fields and checkboxes. The first section has columns for "Sub", "Payer ID", "Payer Name", "Insured's ID", "P.Rel" (with a "6" above it), "Insured's Last/Org Name", "First Name", "MI", and "Gen". There are three rows of input fields, each with a checkbox to the left of the "Sub" column. The second section has columns for "Birthdate", "Sex", "Sig" (with a "13" above it), "AOB", "Insured's Address 1", "Insured's Address 2", "Insured's City", "State", and "Zip". There are three rows of input fields. The third section has columns for "Country", "Insured's Phone / Ext.", "ESC", "Employer Name", "Group Name", and "Group Number". There are three rows of input fields. To the right of the "Group Number" column are three "Clear Payer" buttons. At the bottom right of the form 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/HCPCS, Diagnosis Pointer, Charges, Units, Rendering Phys. (unless billing as a Solo Provider), Total Charge
- Click Recalculate.
- Once all claim information is Entered, click Save.

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	24i Rendering Phys.
1								1	100.00	0.00		
2	/ /	/ /										
3	/ /	/ /										
4	/ /	/ /										
5	/ /	/ /										
6	/ /	/ /										

28 - Total Charge 100.00 Recalculate

29 - Patient Amount Paid 0.00 30 - Balance Due 100.00

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Save Cancel

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.
- Do not send the primary EOB to Novitas.

Professional Claim Form

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

Primary Payer/Insured | Secondary Payer/Insured | Tertiary Payer/Insured | COB Info (Primary) | COB Info (Secondary)

Common Payer MSP Information

OTAF

Zero Payment Ind

Additional Adjustment / COB Amounts / MOA Information (ANSI-837 Only)

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		

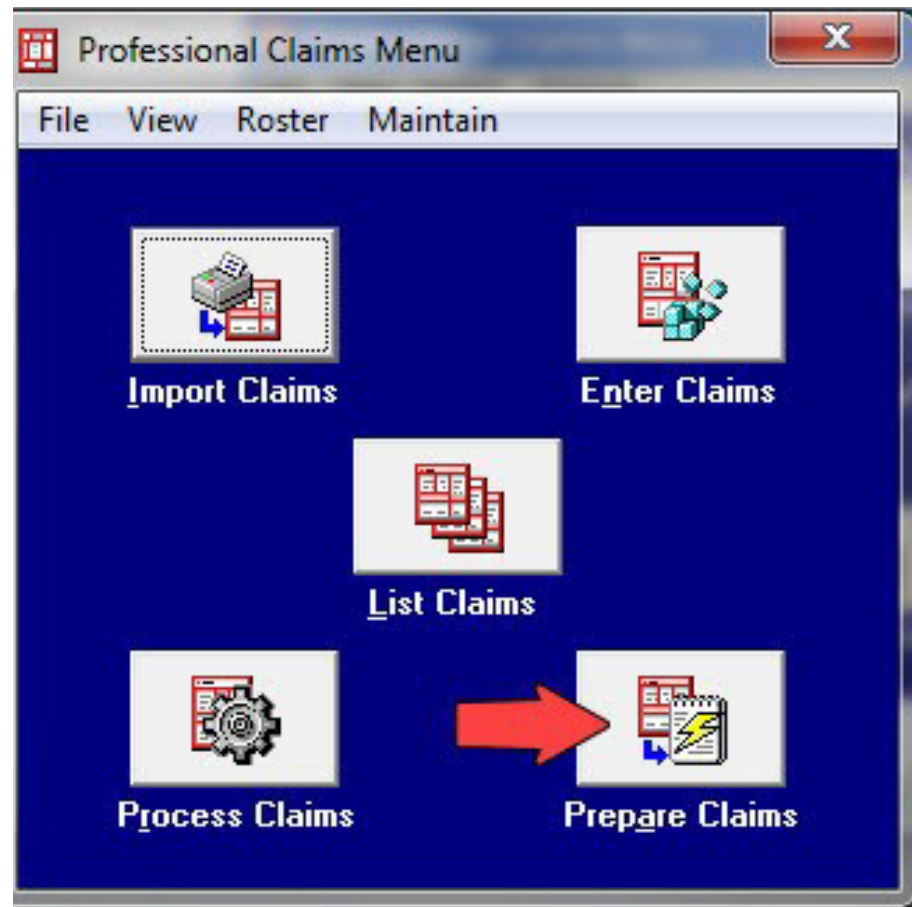
Medicare Outpatient Adjudication (MOA) Remarks Codes

Claim Adjudication Date

Save Cancel

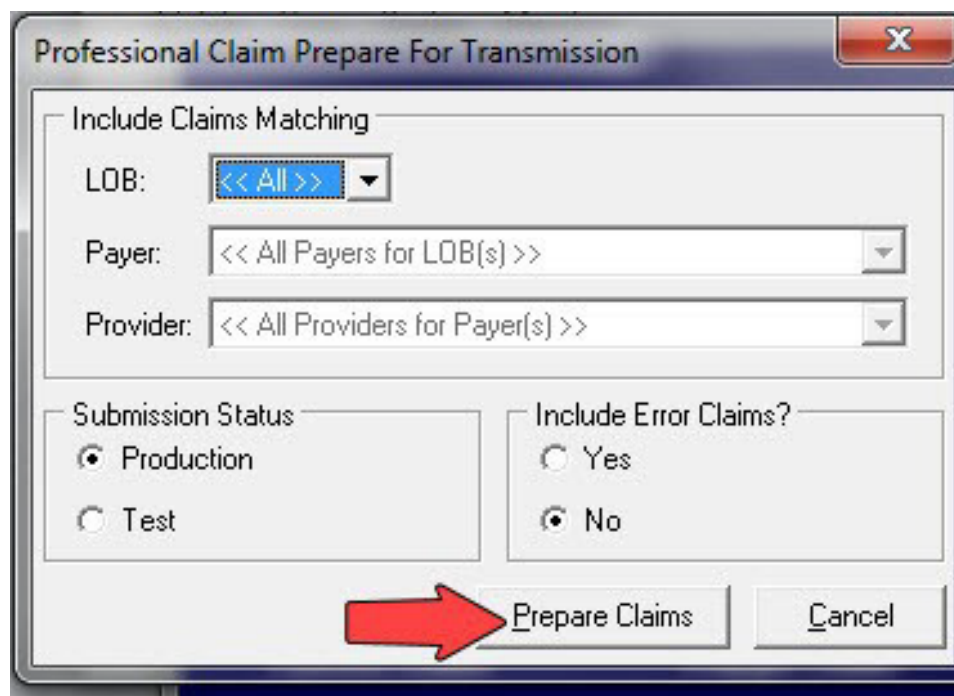
Step Three: Preparing a File for Transmission

- 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 located in your “C” or other local drive under the WINPCACE folder.



Transmitting the File Using the Novitasphere Portal

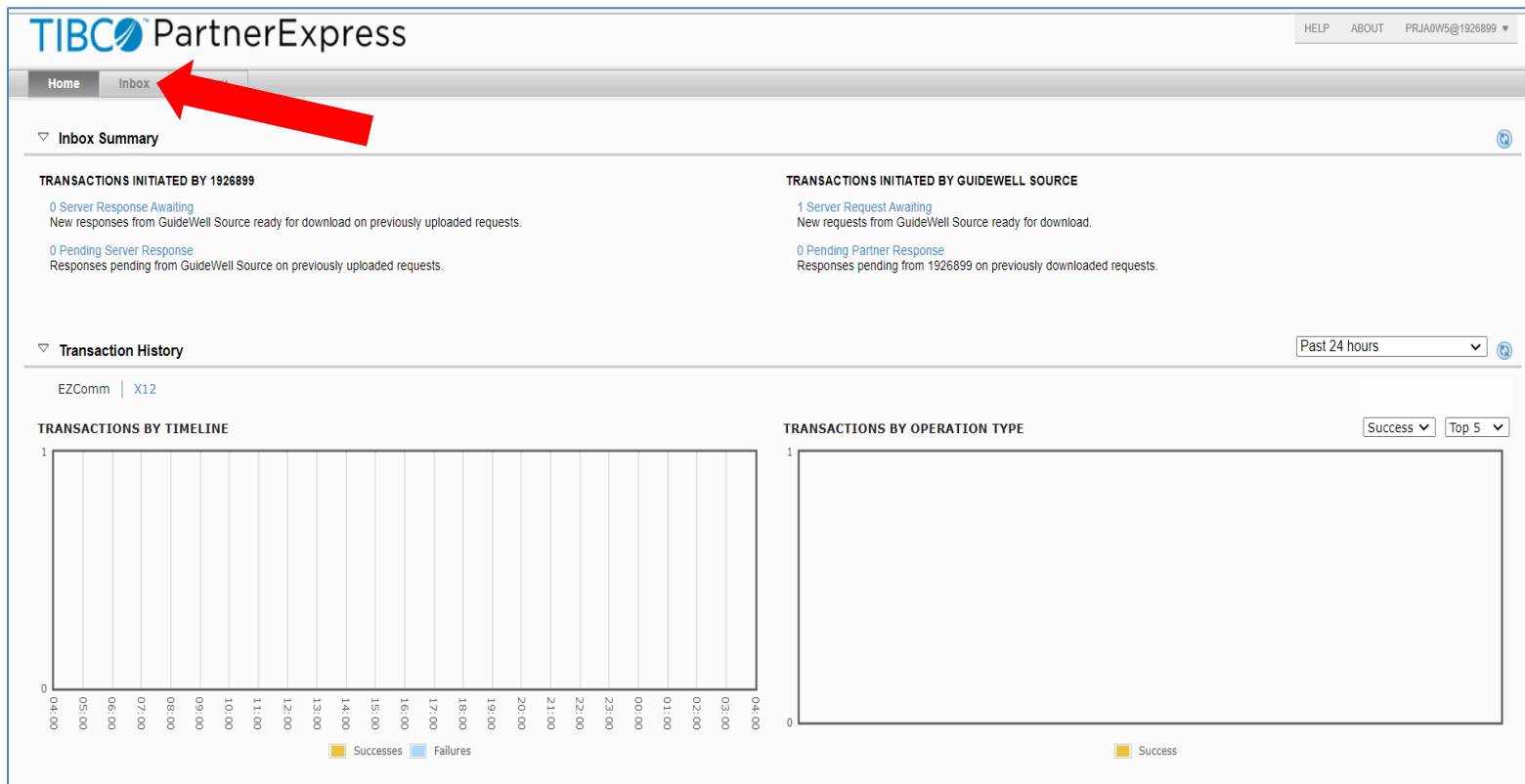


- Access the Novitasphere portal and click on Claim Submission/ERA and the Claims Submission/ERA link. A separate browser window will open. If the new window does not open automatically, you may need to turn off your internet browser's pop-up blocker or add the website address to list of the allowed sites.



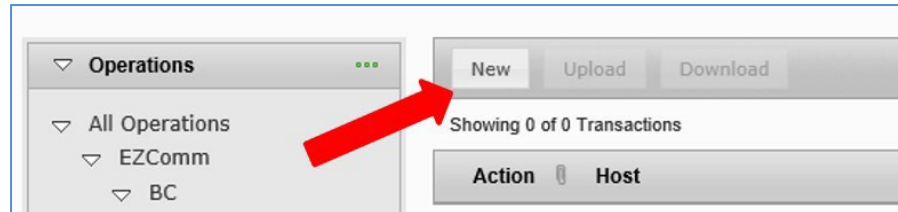
Transmitting the File Using the Novitasphere Portal, continued

- Click on **Inbox**

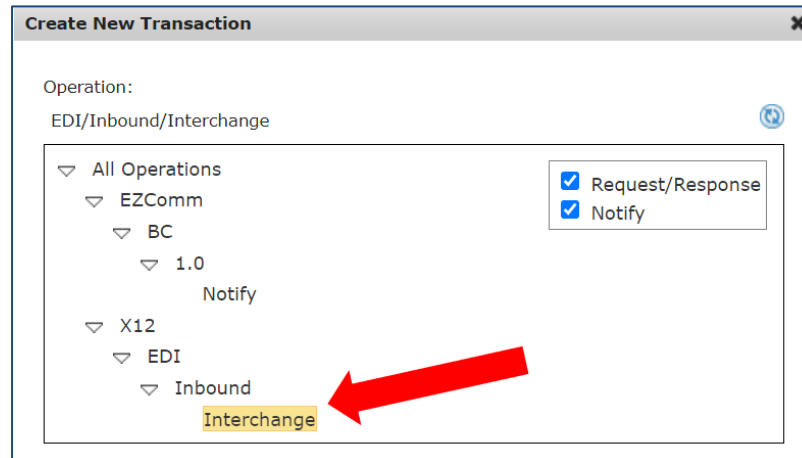


Transmitting the File Using Novitasphere Portal, continued

- Click on the **New** button.

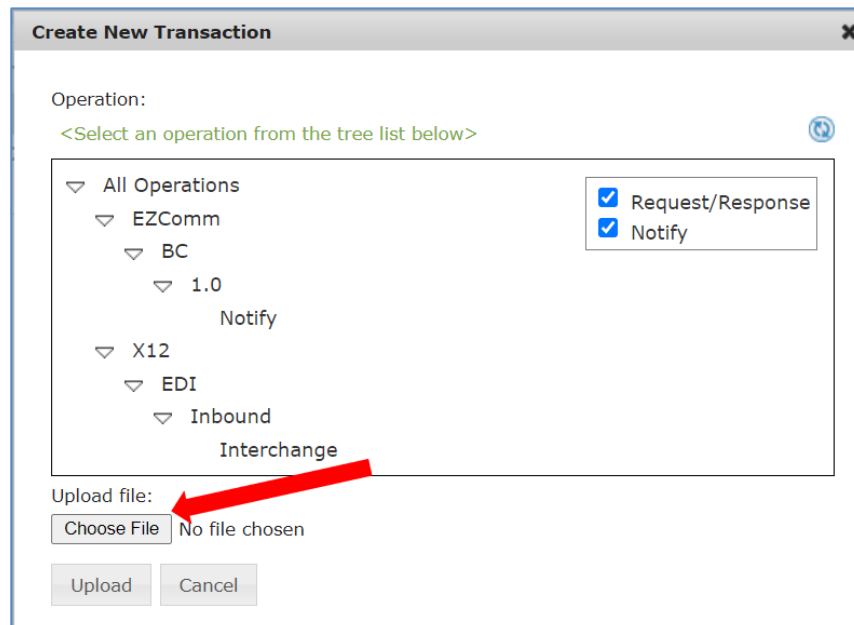


- Select **Interchange**.



Transmitting the File Using the Novitasphere Portal, continued 2

- Click **Choose File** and then navigate to the WINPCACE folder and look for the file named TRANS.DAT for Part A and TRANSB.DAT for Part B files.



Create New Transaction

Operation:
<Select an operation from the tree list below>

▼ All Operations

▼ EZComm

▼ BC

▼ 1.0

Notify

▼ X12

▼ EDI

▼ Inbound

Interchange

☒ Request/Response

☒ Notify

Upload file:

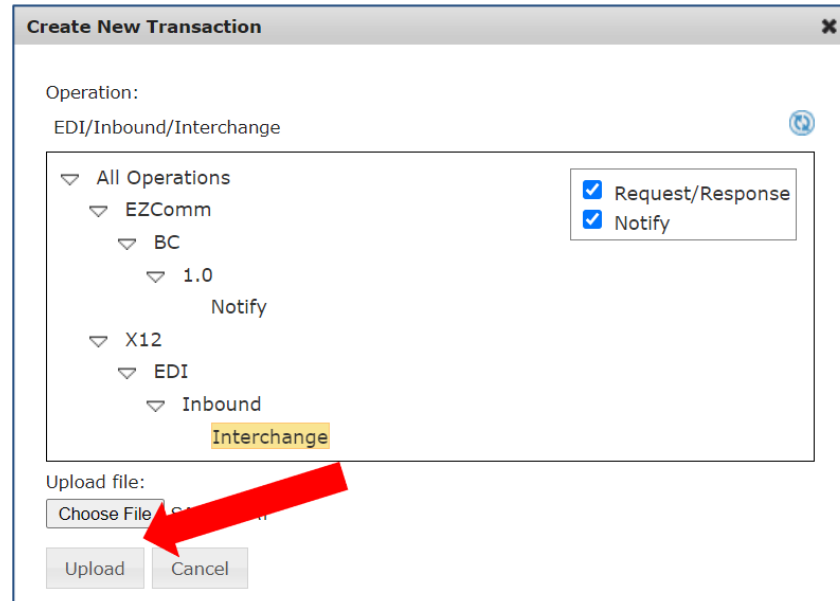
Choose File No file chosen

Upload Cancel

- Select the file(s) and click **Open**. The selected file will display in “Upload file” textbox.

Transmitting the File Using Novitasphere Portal, continued 2

- Click **Upload** to submit the file.



Create New Transaction

Operation:
EDI/Inbound/Interchange

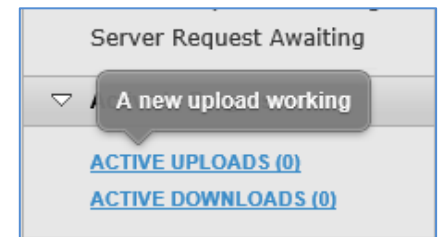
▼ All Operations
 ▼ EZComm
 ▼ BC
 ▼ 1.0
 Notify
 ▼ X12
 ▼ EDI
 ▼ Inbound
 Interchange

Request/Response
Notify

Upload file:
Choose File

Upload Cancel

- “A new upload working” pop-up message will be displayed briefly.



Server Request Awaiting

▼ A new upload working

[ACTIVE UPLOADS \(0\)](#)
[ACTIVE DOWNLOADS \(0\)](#)

Pulling Reports Using the Novitasphere Portal

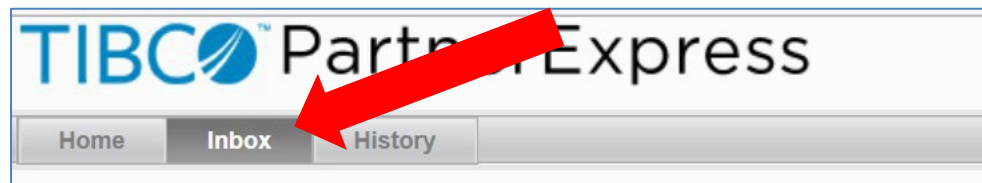


999 Acknowledgement Report - This report will display in the Inbox a few minutes after submitting an 837 claim file. This report will tell you if the file is initially accepted or rejected. If rejected, the report will give the reason for rejection.

277CA Claims Acknowledgement Report - This report will display in the Inbox a few minutes after a 999 Acknowledgement Report without any errors. This report will tell you if each claim was accepted for processing or was rejected. If rejected, the report will give the reason for rejection.

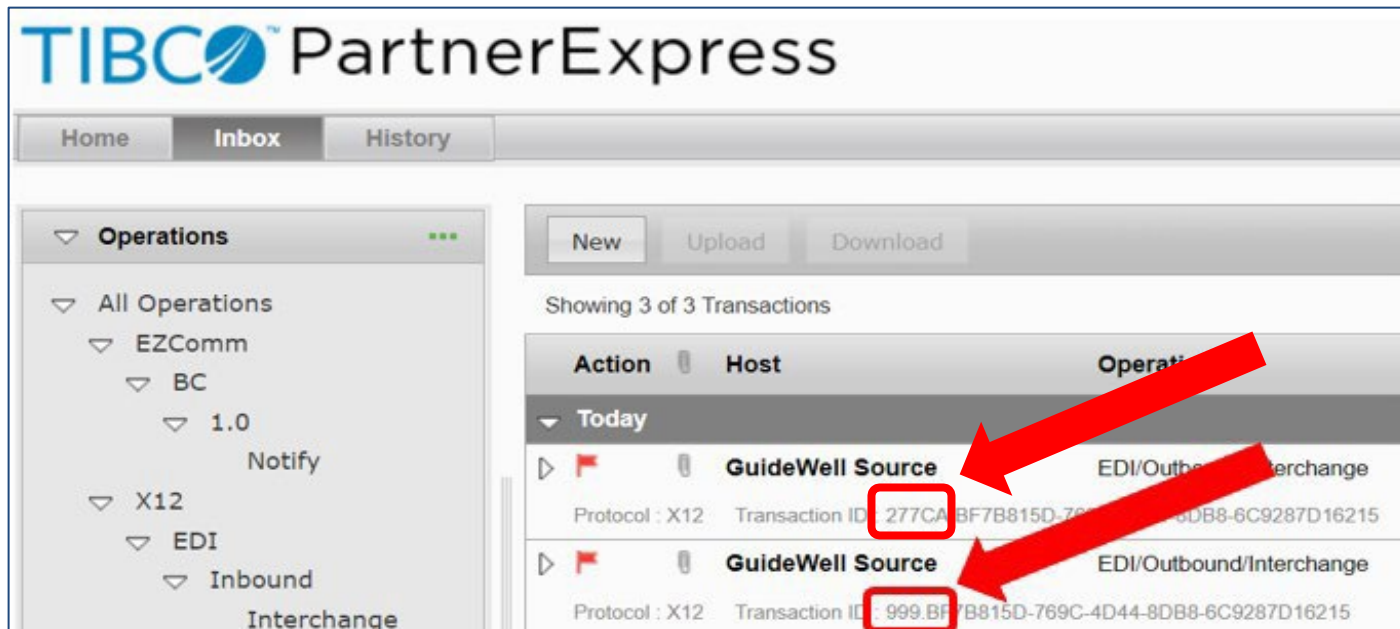
To download reports, complete the following steps:

- Close PC-ACE
- Access the Novitasphere portal
- Click on Claim Submission/ERA
- Click the link for the New Claim Submission/ERA gateway
- Click on the Inbox



Pulling Reports Using the Novitasphere Portal, continued

- Look for the Transaction ID starting with 999 or 277CA.



The screenshot displays the TIBCO PartnerExpress web application. The left sidebar shows a navigation tree under 'Operations' with categories like 'All Operations', 'EZComm', 'BC', '1.0', 'X12', 'EDI', and 'Inbound Interchange'. The main area shows a list of transactions under the 'Inbox' tab. Two transactions are visible, both from 'GuideWell Source' and labeled 'EDI/Outbound/Interchange'. The first transaction has a Transaction ID starting with '277CA' (highlighted with a red box and a red arrow). The second transaction has a Transaction ID starting with '999.BF' (highlighted with a red box and a red arrow). The interface includes buttons for 'New', 'Upload', and 'Download' at the top right of the transaction list.

Action	Host	Operation
Showing 3 of 3 Transactions		
Today		
	GuideWell Source	EDI/Outbound/Interchange
Protocol : X12	Transaction ID : 277CA BF7B815D-769C-4D44-8DB8-6C9287D16215	
	GuideWell Source	EDI/Outbound/Interchange
Protocol : X12	Transaction ID : 999.BF7B815D-769C-4D44-8DB8-6C9287D16215	

Pulling Reports Using Novitasphere Portal, continued



- Select the report from the Inbox list and click **Download**.

The screenshot shows the Novitasphere Portal interface. At the top, there are three buttons: "New", "Upload", and "Download". A red arrow points to the "Download" button. Below the buttons, it says "Showing 3 of 3 Transactions". There is a table with the following columns: "Action", "Host", "Operation", and "Status". The table has two rows of data, both for "GuideWell Source" with "EDI/Outbound/Interchange" operations and "Server Request Awaiting" status. Below the table, there is a detailed view of a transaction with the following information:

Action	Host	Operation	Status
▼	GuideWell Source	EDI/Outbound/Interchange	Server Request Awaiting
Protocol : X12 Transaction ID : 277CA BF7B815D-769C-4D44-8DB8-6C9287D16215			
▼	GuideWell Source	EDI/Outbound/Interchange	Server Request Awaiting
Protocol : X12 Transaction ID : 999.BF7B815D-769C-4D44-8DB8-6C9287D16215			

Status: Server Request Awaiting
Size: 291 Bytes
Host: GuideWell Source
ID: 999.BF7B815D-769C-4D44-8DB8-6C9287D16215
Operation: EDI/Outbound/Interchange
Protocol: X12
Date: 2022-01-14 14:35:40

Pulling Reports Using the Novitasphere Portal, continued 2



- Change the File name ending from .dat to **.txt**.
- Change the 'Save as type' field to '**All Files (*.*)**'.

A screenshot of a file save dialog box. The "File name:" field contains the text "999.SANTA.DAT.20220118.133515.223.2UZHKG6Z.BQYALC7R.txt". A red arrow points to the end of this text. The "Save as type:" dropdown menu is set to "All Files (*.*)". Another red arrow points to this dropdown menu.

- Navigate to the proper location on your computer and click **Save**.

The default location is C:\WINPCACE\Mailbox.

A screenshot of a file save dialog box. The "File name:" field contains the text "999.SANTA.DAT.20220118.133515.223.2UZHKG6Z.BQYALC7R.txt". The "Save as type:" dropdown menu is set to "All Files (*.*)". A red arrow points to the "Save" button at the bottom right of the dialog box. There is also a "Cancel" button next to it.

- Complete these steps for additional reports.
 - o The EDI Reports are only available for retrieval for 60 calendar days. It's important to establish a daily routine for retrieving the reports.

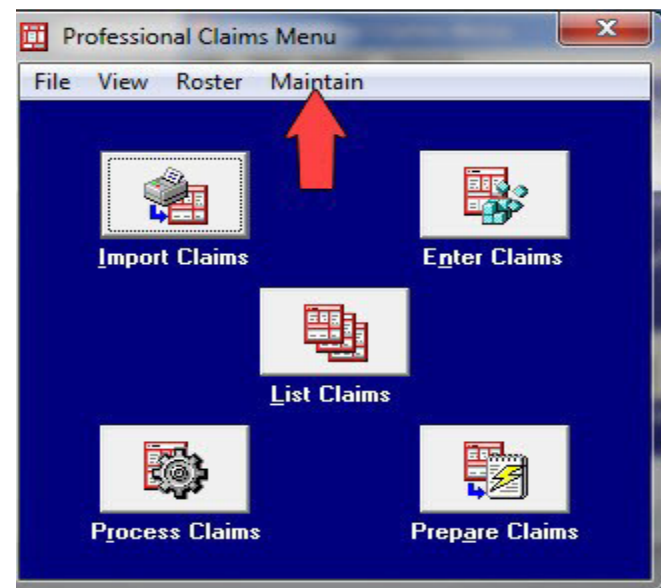
Viewing the 999 Acknowledgement

- After downloading the report using Novitasphere, 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.



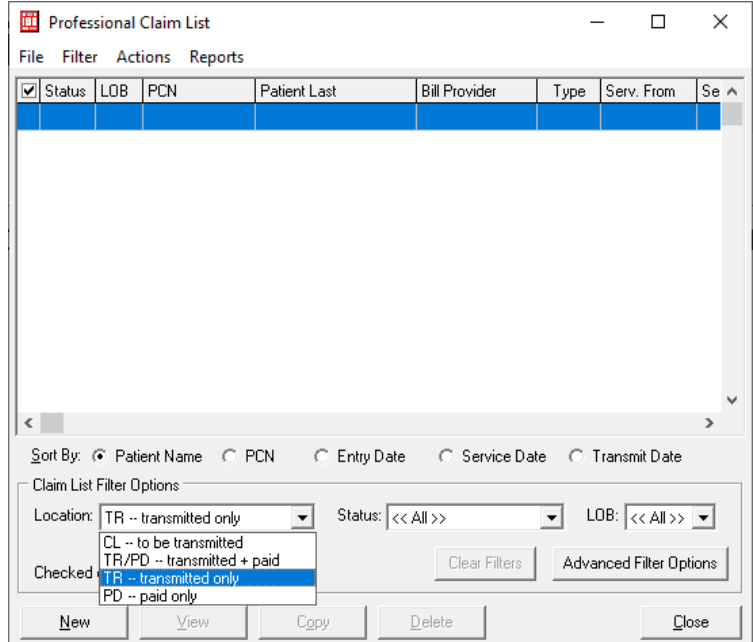
Viewing the 277CA Acknowledgement

- After downloading the report using Novitasphere, 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.



Professional Claim List

File Filter Actions Reports

<input checked="" type="checkbox"/>	Status	LOB	PCN	Patient Last	Bill Provider	Type	Serv. From	Se
-------------------------------------	--------	-----	-----	--------------	---------------	------	------------	----

Sort By: ☒ Patient Name ☐ PCN ☐ Entry Date ☐ Service Date ☐ Transmit Date

Claim List Filter Options

Location: TR -- transmitted only
CL -- to be transmitted
TR/PD -- transmitted + paid
TR -- transmitted only
PD -- paid only

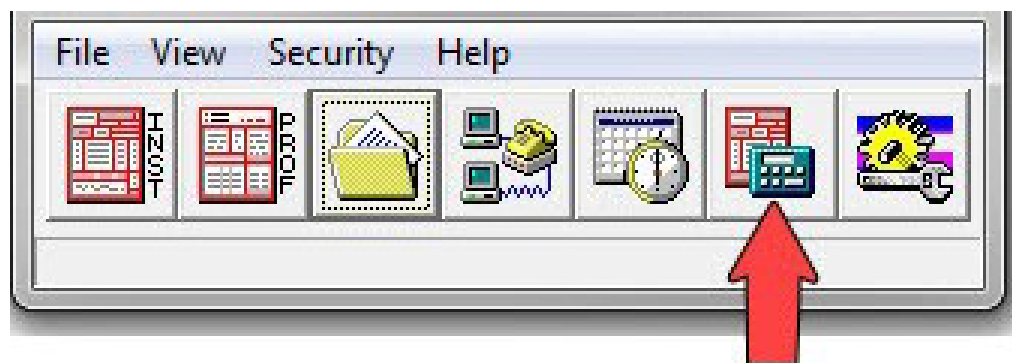
Status: << All >> LOB: << All >>

Checked ☐ Clear Filters Advanced Filter Options

New View Copy Delete Close

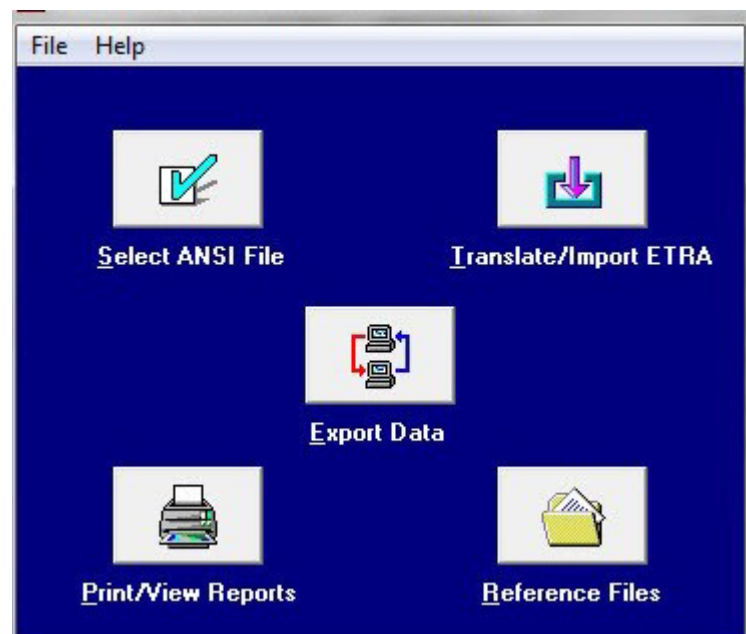
Viewing the 835/Electronic Remittance

- If you are setup to receive ERA to your Novitasphere submitter ID, the 835 file will also display in the TIBCO Inbox (found in Novitasphere's Claim Submission/ERA feature).
- After downloading the 835 file using Novitasphere, click the ANSI – 835 Functions icon
- Click Institutional or Professional



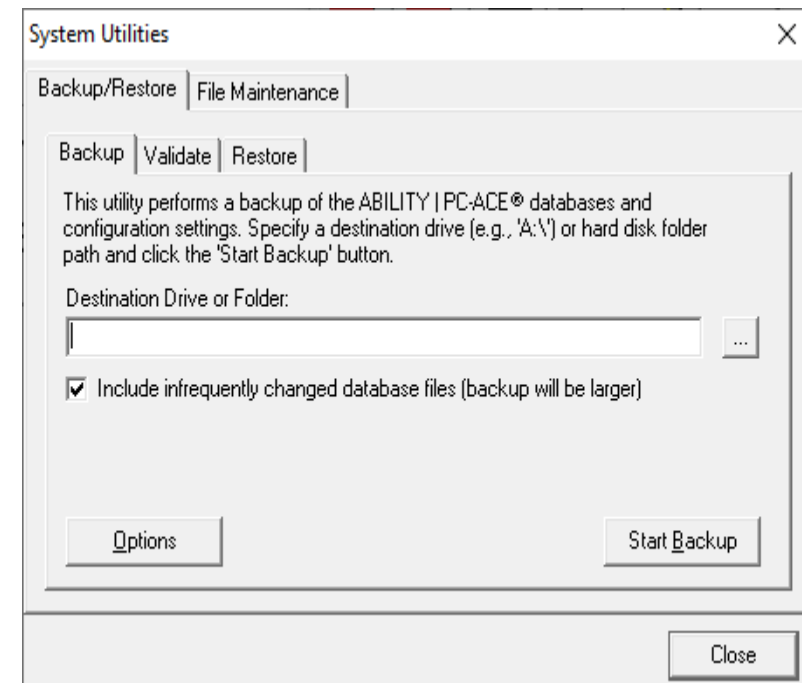
Viewing the 835/Electronic Remittance, continued

- 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



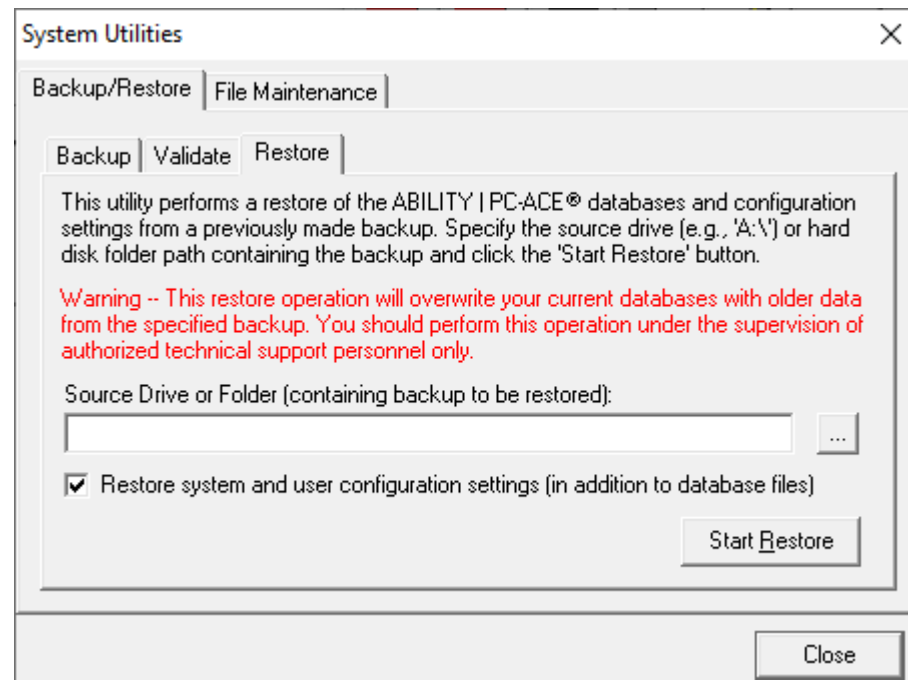
Data Backup

- **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>
 - JH: <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>
 - JH: <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>
 - JH: <http://www.novitas-solutions.com/webcenter/portal/MedicareJH/pagebyid?contentId=00025068>