

NOVITAS

 SOLUTIONS

PC-ACE Training Module Using Novitasphere Portal

Novitas Solutions, Inc.

Electronic Data Interchange (EDI)

Updated: 06/23/2026

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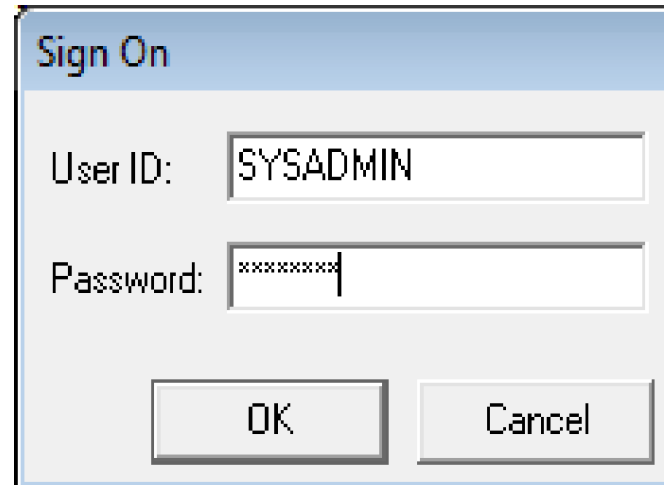
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Enroll with EDI

- 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.



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.

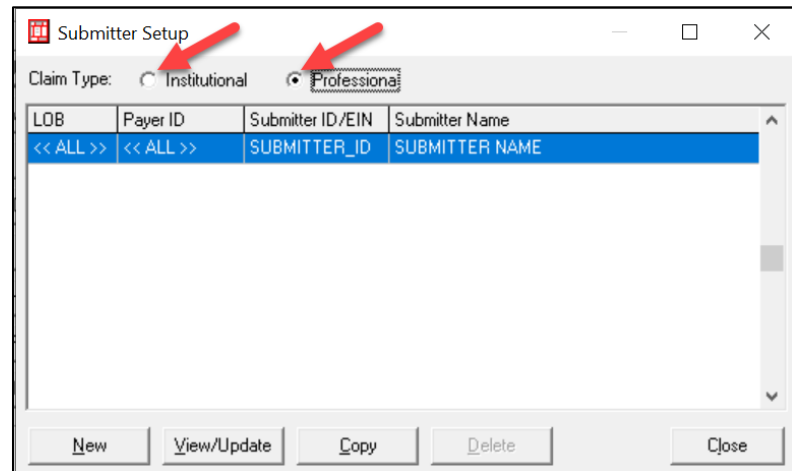
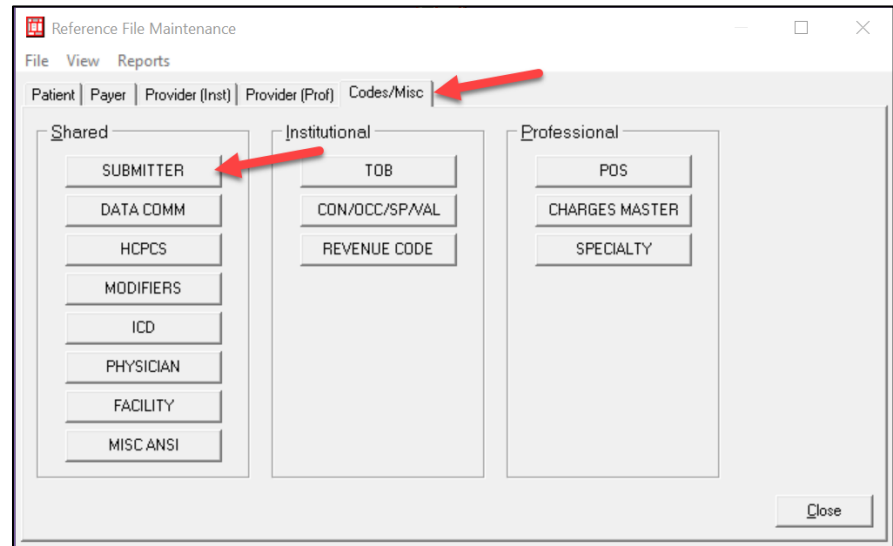
Step One: Setting up the Program

- There are several pieces of information that must be entered into the program 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.

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

- LOB:
- Payer ID:
- ID: (highlighted in blue)
- EIN:
- Name:
- Address:
- City: State: Zip:
- Phone: Fax:
- Contact:
- E-Mail:

At the bottom right of the dialog, there are two buttons: "Save" and "Close".

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.

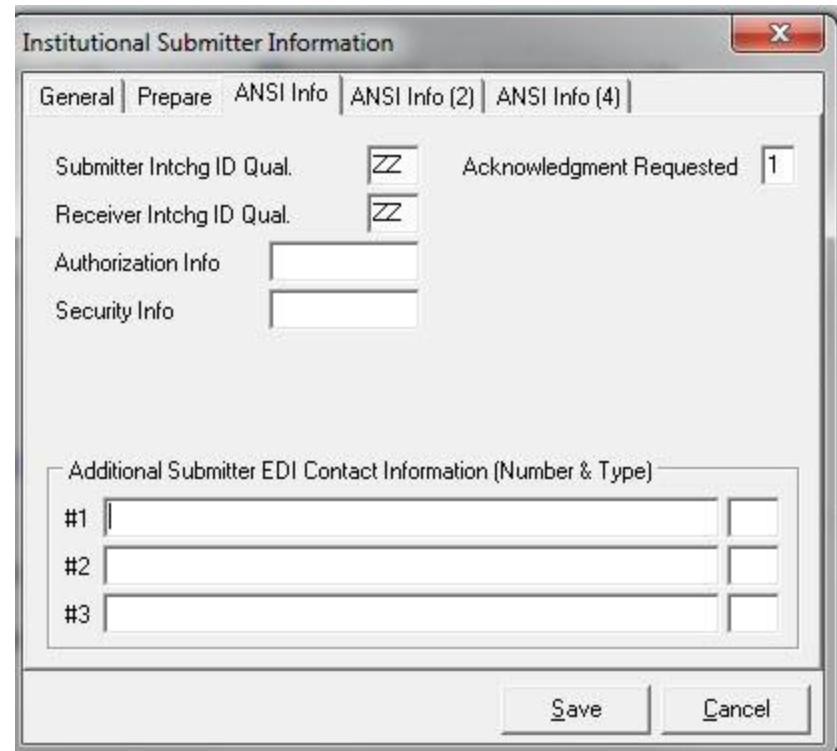
ANSI Version (270)

ANSI Version (276)

EMC File

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

Submitter Intchg ID Qual.	<input type="text" value="ZZ"/>	Acknowledgment Requested	<input type="text" value="1"/>
Receiver Intchg ID Qual.	<input type="text" value="ZZ"/>		
Authorization Info	<input type="text"/>		
Security Info	<input type="text"/>		

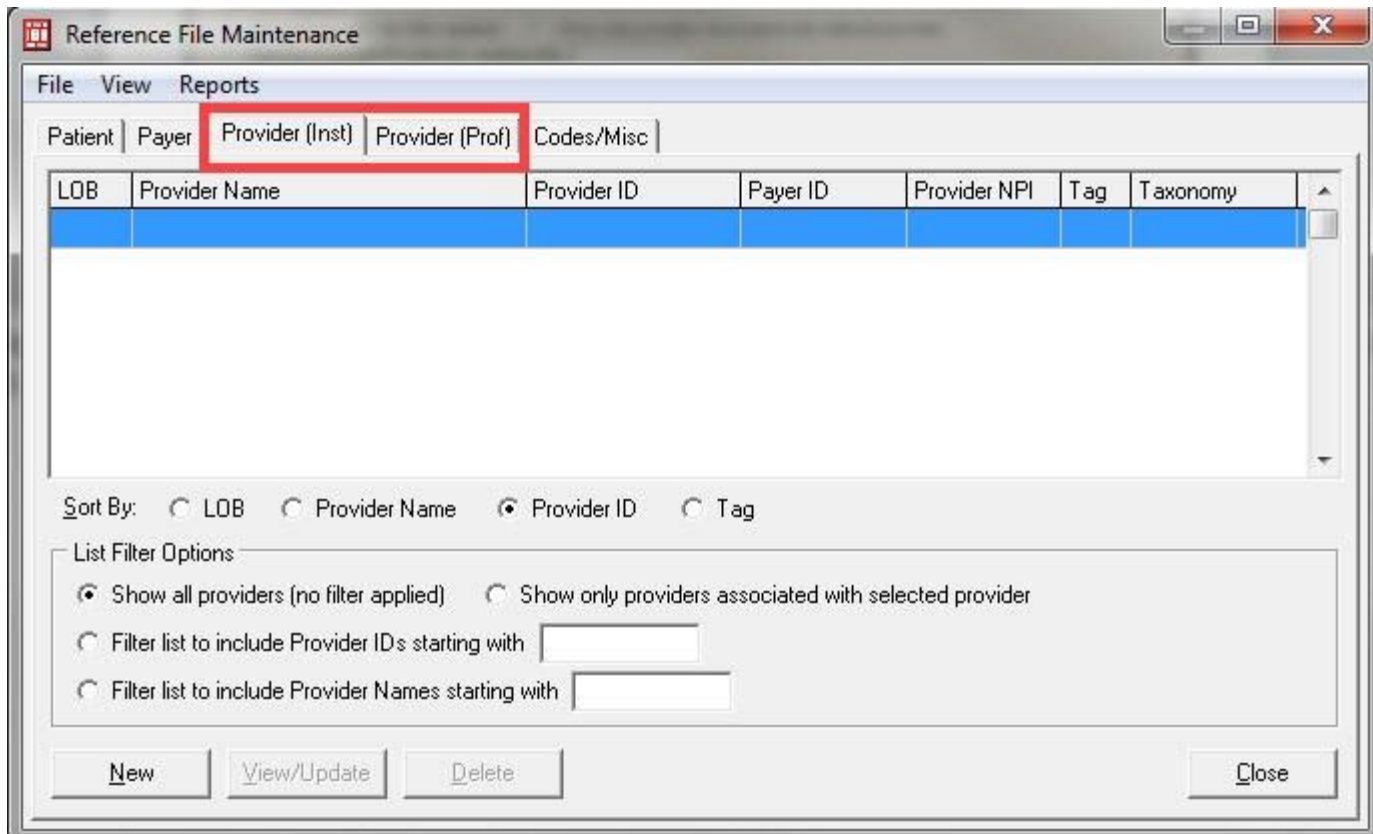
Below these fields is a section titled "Additional Submitter EDI Contact Information (Number & Type)" with three rows:

#1	<input type="text"/>	<input type="text"/>
#2	<input type="text"/>	<input type="text"/>
#3	<input type="text"/>	<input type="text"/>

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

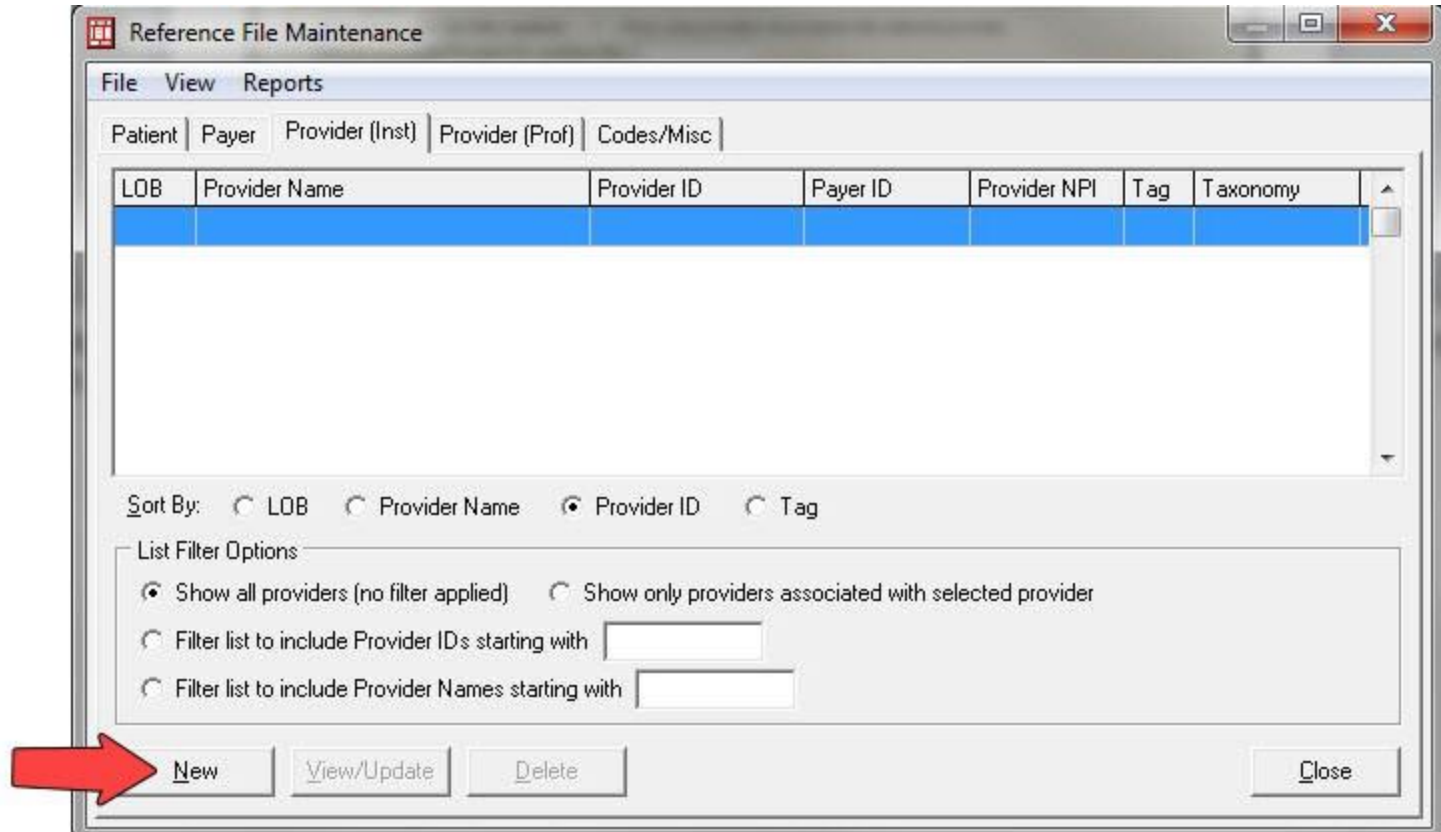
Setting up Provider Information

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



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.

The screenshot shows the 'Professional Provider Information' dialog box with the 'Solo Practice' radio button selected. The 'General Info' tab is active. The form contains the following fields and values:

- Provider Type: Solo Practice
- Organization: [Empty]
- Last/First/MI: SMITH | JOHN | A
- Address: STREET ADDRESS
- City/St/Zip: ANY CITY | PA | 11111-1111
- Phone: (111) 111-1111 | Fax: [Empty]
- Contact: CONTACT NAME
- Provider ID/No: XXXXX | LOB: MCB
- Payer ID: 12502 | Tag: [Empty]
- Group Label: [Empty]
- NPI: 1111111111
- Tax ID/Type: 111111111 | E
- UPIN: [Empty]
- Specialty: 001 | Type Org: [Empty]
- Taxonomy/Type: [Empty]
- Accept Assign?: A | Participating?: Y
- Signature Ind: Y | Date: 01/01/2017
- Provider Roles: Billing: Y | Rendering: N

At the bottom, there is a 'Remarks' text area, a 'Provider Associations' table with columns 'LOB', 'Provider ID', and 'Provider/Group Name', and 'Save' and 'Cancel' buttons.

Setting up Provider Information, Group

- 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.

Professional Provider Information

General Info | Extended Info

Provider Type: Group Practice Individual in Group Solo Practice

Group Name: GROUP NAME

Last/First/MI: [] [] []

Address: STREET ADDRESS

City/St/Zip: ANY CITY PA 11111-1111

Phone: (111) 111-1111 Fax: [] [] []

Contact: CONTACT NAME

Group ID/No.: XXXXX LOB: MCB

Payer ID: 12502 Tag: []

Group Label: GROUP LABEL

NPI: 1111111111

Tax ID/Type: 111111111 E

UPIN: [] [] [] [] [] []

Specialty: 001 Type Org: []

Taxonomy: []

Accept Assign?: A Participating?: Y

Signature Ind: Y Date: 01/01/2017

Provider Roles: Billing Y Rendering N

Remarks: []

Provider Associations:

LOB	Provider ID	Provider/Group Name

Save Cancel

Setting up Provider Information, Individual

- 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.

Professional Provider Information

General Info | Extended Info

Provider Type: Group Practice Individual in Group Solo Practice

Organization: [] Group Label: [GROUP LABEL]

Last/First/MI: [SMITH] [JOHN] NPI: [1111111111]

Address: [STREET ADDRESS] Tax ID/Type: [111111111] [E]

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

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

Contact: [CONTACT NAME] Taxonomy: []

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

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

Provider Roles: Billing [N] Rendering [Y]

Remarks: []

Provider Associations: [Select] [None]

LOB	Provider ID	Provider/Group Name

Save Cancel

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>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

The screenshot shows a 'Patient Information' window with the following fields and values:

Patient Information				
General Information	Extended Info	Primary Insured (Inst)	Primary Insured (Prof)	Secondary Insured
Last Name	First Name	MI	Gen	Patient Control No (PCN)
LAST	FIRST			ACCOUNT NUMBER
Patient Address				
Address				
ANY STREET				
City				
ANY CITY		State	Zip	
		PA	11111	
Country	Phone			
	() - -			
Notes				
Patient Status				
Active Patient	<input checked="" type="checkbox"/>	Discharge Status	<input type="checkbox"/>	
Sex	<input checked="" type="checkbox"/>	Death Ind	<input type="checkbox"/>	
DOB	01/01/1955	DOD	/ /	
Marital Status	<input type="checkbox"/>	Signature On File	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Employment Status	<input type="checkbox"/>	Release of Info	<input checked="" type="checkbox"/>	
Student Status	<input type="checkbox"/>	ROI Date	01/01/2009	
CBSA Code				

Setting up the Patients, Primary Insured

- **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.

The screenshot shows a software window titled "Patient Information" with a tabbed interface. The "Primary Insured (Prof)" 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.

Setting up the Patients, Secondary Insured

- 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.

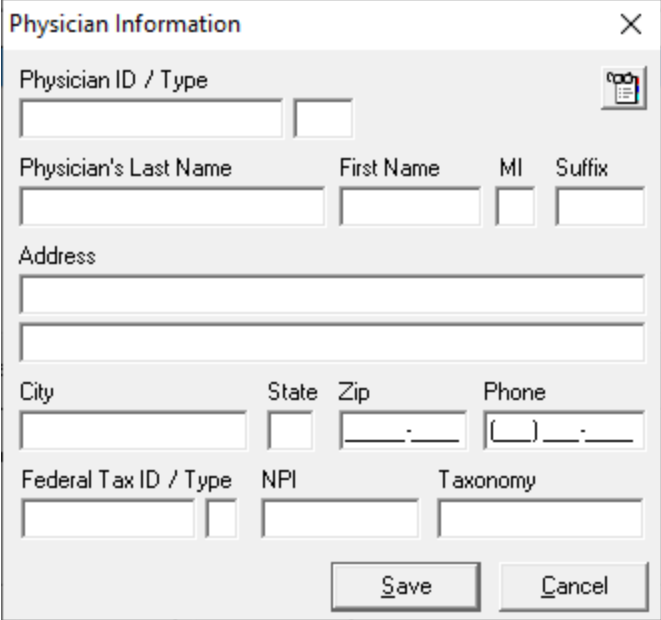
The screenshot shows a software window titled "Patient Information" with a tabbed interface. The "Secondary Insured (Inst)" tab is selected. The form contains the following fields and values:

Primary Insured (Inst)		Primary Insured (Prof)		Secondary Insured (Inst)		Secondary Insured (Prof)		Tertiary			
Payer ID	XXXXXX	Payer Name	SECONDARY INSURANCE	LOB	GAP						
Group Name		Group Number		Claim Office							
Insured Information (F7) Employer Information (F8)											
Rel	18	Last Name	LAST	First Name	FIRST	MI		Gen		Insured ID	111111111
Address		ANY STREET		Sex	F	Assign of Benefits		<input type="checkbox"/>			
				DOB	01/01/1955	Release of Info		<input checked="" type="checkbox"/>			
City	ANY CITY	State	PA	Zip	11111	Employ Status	<input type="checkbox"/>	ROI Date	01/01/2009		
Country		Phone	() - -		Retire Date						

Buttons at the bottom: Save, Cancel

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.

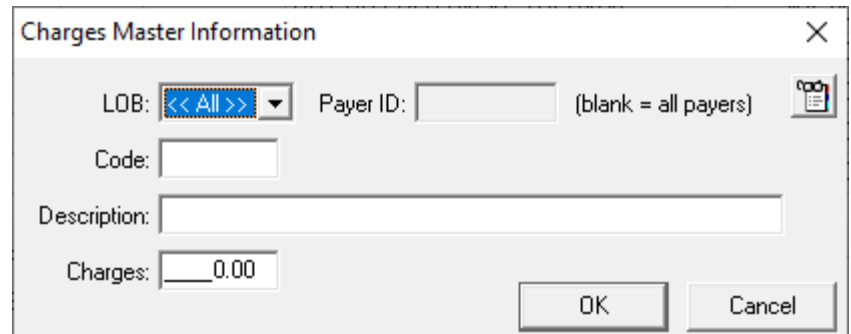


The screenshot shows a 'Physician Information' dialog box with the following fields and controls:

- Physician ID / Type:** A text input field followed by a small square checkbox.
- Physician's Last Name:** A text input field.
- First Name:** A text input field.
- MI:** A small square checkbox.
- Suffix:** A text input field.
- Address:** Two stacked text input fields.
- City:** A text input field.
- State:** A small square checkbox.
- Zip:** A text input field with a hyphen separator.
- Phone:** A text input field with a format of () - -.
- Federal Tax ID / Type:** A text input field followed by a small square checkbox.
- NPI:** A text input field.
- Taxonomy:** A text input field.
- Buttons:** 'Save' and 'Cancel' buttons at the bottom right.

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.



Charges Master Information

LOB: << All >> Payer ID: (blank = all payers)

Code:

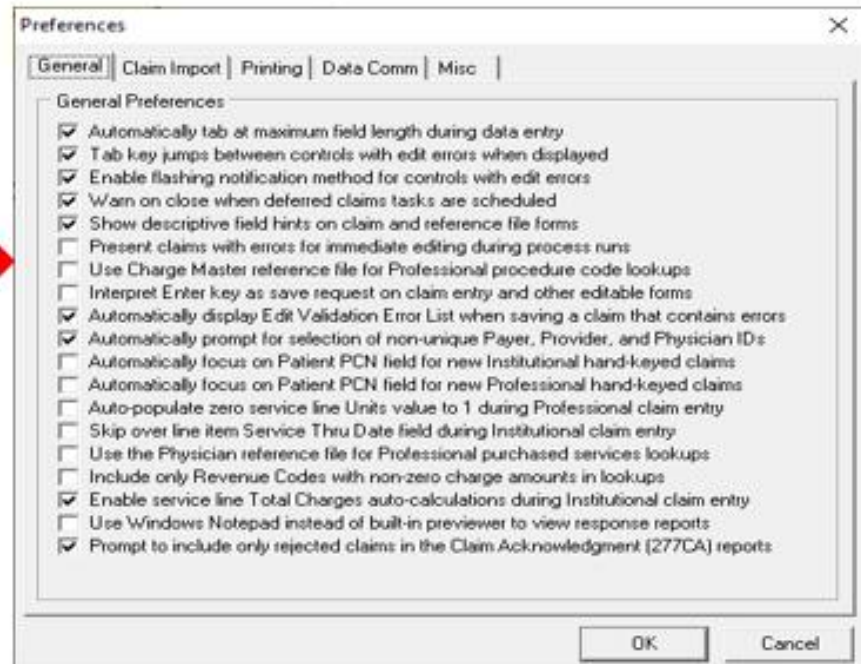
Description:

Charges: 0.00

OK Cancel

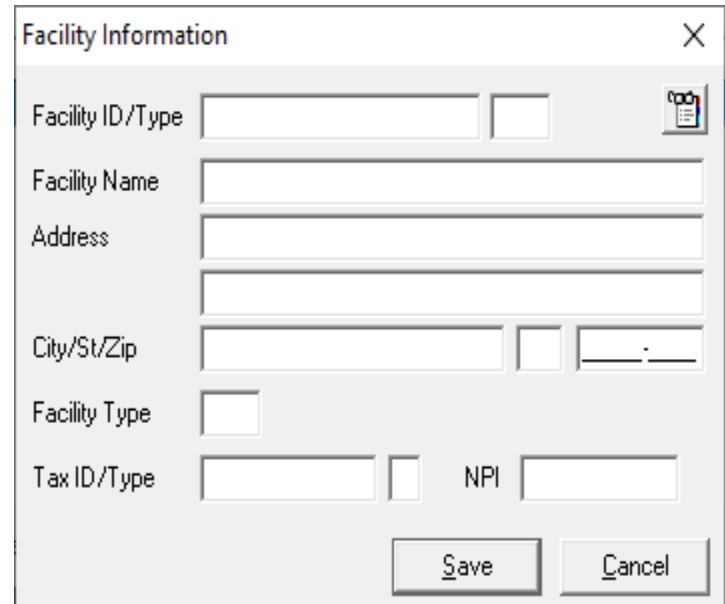
Charges Master Setup, continued

- 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 screenshot shows a dialog box titled "Facility Information" with a close button (X) in the top right corner. The dialog contains several input fields and buttons:

- Facility ID/Type:** A text input field followed by a small square checkbox.
- Facility Name:** A single-line text input field.
- Address:** A multi-line text input field.
- City/St/Zip:** A text input field followed by a small square checkbox and a text input field with a period (.) as a placeholder.
- Facility Type:** A small square checkbox.
- Tax ID/Type:** A text input field followed by a small square checkbox and the label "NPI" followed by another text input field.
- Buttons:** "Save" and "Cancel" buttons at the bottom right.

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, continued

- Then click the Enter Claims icon.



Entering a Claim, continued 2

- **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=00004603>
 - JL: <http://www.novitas-solutions.com/webcenter/portal/MedicareJL/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 with the following fields and sections:

- Navigation Tabs:** Patient Info & General | Insured Information | Billing Line Items | Ext. Patient/General | Ext. Pat/Gen (2) | Ext. Payer/Insured
- Top Row:** LOB (MCB), Billing Provider, 26 - Patient Control No.
- Patient Information:** 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.
- Address:** 5 - Patient Address 1, Patient Address 2, Patient City, State, Patient Zip, Country, Patient Phone.
- Employment and Dates:** 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.
- Referring Information:** 17 - Referring Phys Name (Last/Org, First, Mid, Suffix), Referring Phys IDs/Types, 18 - Hospitalization Dates, 20 - Outside Lab/Chgs.
- Local and Resubmission:** 19 - Reserved For Local Use, 22 - Medicaid Resubmission Code & Ref No.
- Provider Information:** 25 - Fed. Tax ID, SSN/EIN, 27 - Provider Accepts Assignment?, PIN No.
- Additional Fields:** 31 - Provider SOF, Date, Facility?, Dental?, COB?, Frequency, 33 - GRP No.
- Buttons:** Save, Cancel

Professional Claim Form, Insured Information

- **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

The screenshot shows a software window titled "Professional Claim Form" with a close button (X) in the top right corner. The window has several 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. The first row 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". Each of these columns has a corresponding input field. The second and third rows have identical column headers and empty input fields.

Below the table, there are several more input fields. A "13" is positioned above the "Sig" field. The fields are: "Birthdate" (with a date mask), "Sex", "Sig", "AOB", "Insured's Address 1", "Insured's Address 2", "Insured's City", "State", and "Zip" (with a dash and underscore mask).

At the bottom of the form, there are three rows of fields: "Country", "Insured's Phone / Ext.", "ESC", "Employer Name", "Group Name", and "Group Number". Each row has a "Clear Payer" button to its right.

At the very bottom of the window, there are "Save" and "Cancel" buttons.

Professional Claim Form, Billing Line Items

- **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, Dental tab (837D claims only)
- Click Recalculate.
- Once all claim information is entered, click Save.

The screenshot displays the 'Professional Claim Form' window with the 'Billing Line Items' tab selected. The interface includes a navigation bar at the top with tabs for 'Patient Info & General', 'Insured Information', 'Billing Line Items', 'Ext. Patient/General', 'Ext. Pat/Gen (2)', and 'Ext. Payer/Insured'. Below this is a sub-tab bar for 'Line Item Details', 'Extended Details (Line 1)', 'Ext Details 2 (Line 1)', and 'Ext Details 3 (Line 1)'. The main area contains a 'Diagnosis Codes (1 - 8):' field with eight empty input boxes. Below is a table with 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', '24h FP', '24h AT', and '24j Rendering Phys.'. The first row (LN 1) is populated with '1' in the LN column, '1' in the 24e Diagnosis column, '100.00' in the 24f Charges column, and '0.00' in the 24g Units column. Below the table are summary fields: '28 - Total Charge' (100.00), '29 - Patient Amount Paid' (0.00), and '30 - Balance Due' (100.00). A 'Recalculate' button is positioned between the 28 and 29 fields. At the bottom, there is a 'Save' button and a 'Cancel' button. A footer note states 'CPT® codes are copyright 2020 American Medical Association (AMA)'.

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	24h FP	24h AT	24j Rendering Phys.
1								1	100.00	0.00				
2	/ /	/ /												
3	/ /	/ /												
4	/ /	/ /												
5	/ /	/ /												
6	/ /	/ /												

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

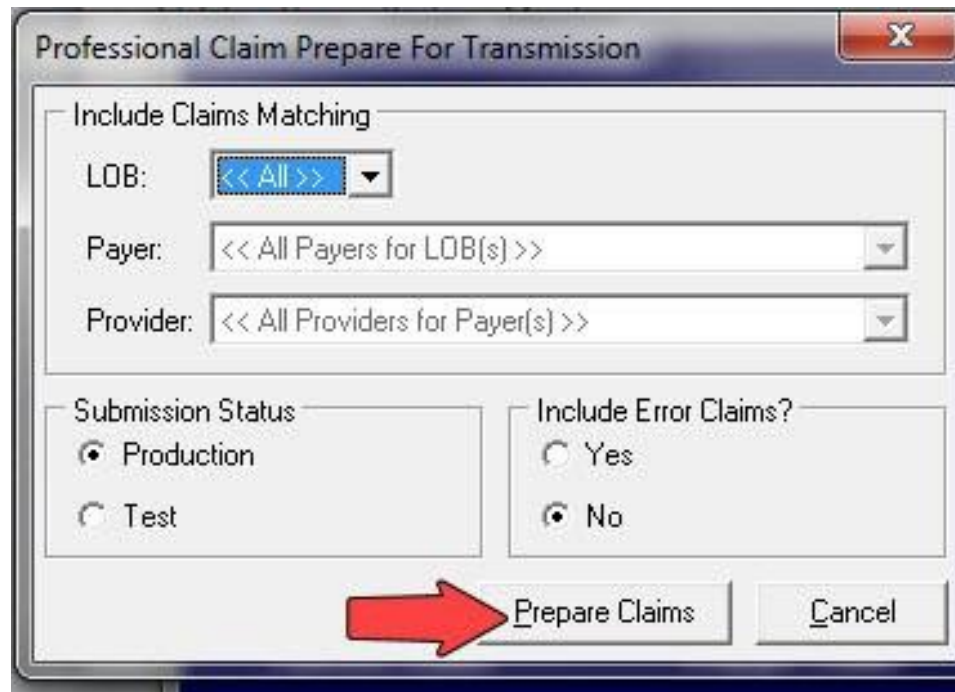
Step Three: Preparing File for Transmission

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



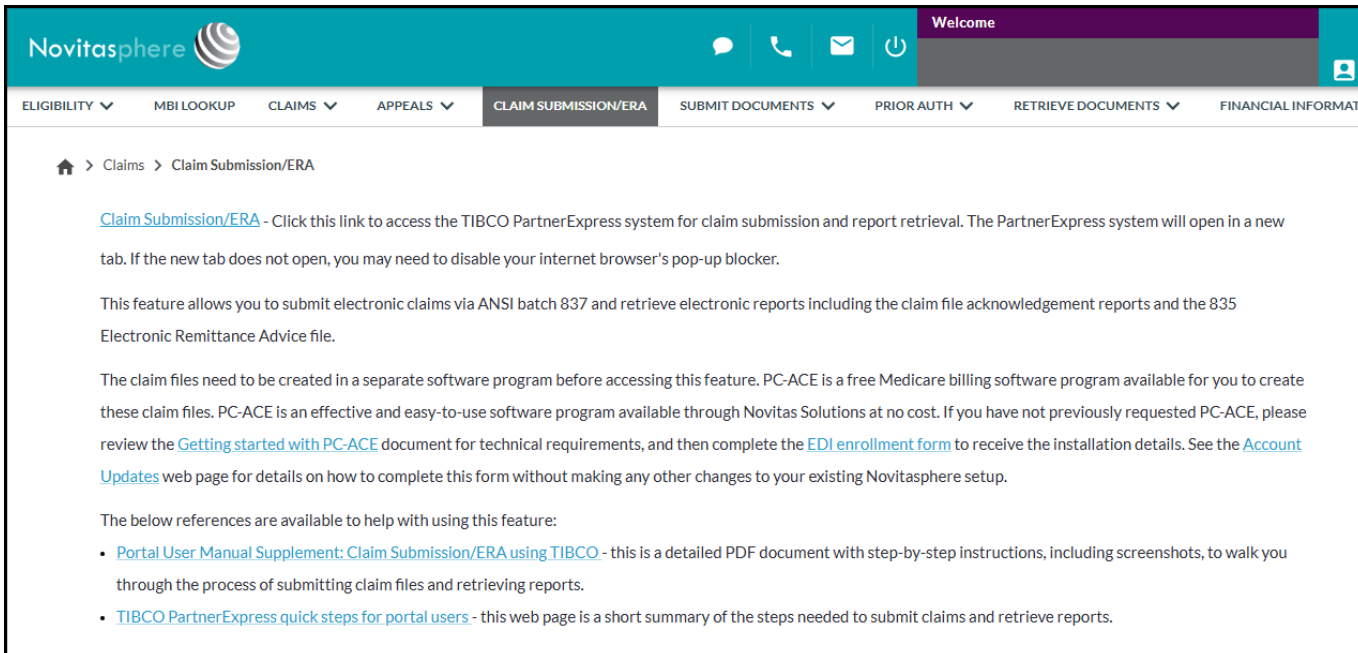
Preparing File for Transmission, continued

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



Transmitting the File

- Access the Novitasphere portal and click on Claim Submission/ERA and the Claim 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.



The screenshot displays the Novitasphere portal interface. The top navigation bar includes the Novitasphere logo, a 'Welcome' message, and icons for chat, phone, email, and power. Below this is a secondary navigation bar with menu items: ELIGIBILITY, MBI LOOKUP, CLAIMS, APPEALS, CLAIM SUBMISSION/ERA (highlighted), SUBMIT DOCUMENTS, PRIOR AUTH, RETRIEVE DOCUMENTS, and FINANCIAL INFORMATION. The main content area shows a breadcrumb trail: Home > Claims > Claim Submission/ERA. A link for 'Claim Submission/ERA' is provided with a descriptive paragraph: 'Click this link to access the TIBCO PartnerExpress system for claim submission and report retrieval. The PartnerExpress system will open in a new tab. If the new tab does not open, you may need to disable your internet browser's pop-up blocker.' This is followed by a paragraph explaining the feature: 'This feature allows you to submit electronic claims via ANSI batch 837 and retrieve electronic reports including the claim file acknowledgement reports and the 835 Electronic Remittance Advice file.' Another paragraph describes the requirement for PC-ACE software: 'The claim files need to be created in a separate software program before accessing this feature. PC-ACE is a free Medicare billing software program available for you to create these claim files. PC-ACE is an effective and easy-to-use software program available through Novitas Solutions at no cost. If you have not previously requested PC-ACE, please review the [Getting started with PC-ACE](#) document for technical requirements, and then complete the [EDI enrollment form](#) to receive the installation details. See the [Account Updates](#) web page for details on how to complete this form without making any other changes to your existing Novitasphere setup.' Finally, a section titled 'The below references are available to help with using this feature:' lists two links: 'Portal User Manual Supplement: Claim Submission/ERA using TIBCO' and 'TIBCO PartnerExpress quick steps for portal users'.

Transmitting the File, continued

- Click on **Inbox**

The screenshot displays the TIBCO PartnerExpress web interface. At the top, the logo and navigation tabs (Home, Inbox, History) are visible. The 'Inbox' tab is selected. Below the navigation, there are two main sections: 'Inbox Summary' and 'Transaction History'.

Inbox Summary: This section is divided into two columns. The left column, titled 'TRANSACTIONS INITIATED BY 1926899', shows '0 Server Responses Available' and '0 Pending Server Response'. A red arrow points to the '0 Server Responses Available' text. The right column, titled 'TRANSACTIONS INITIATED BY GUIDEWELL SOURCE', shows '1 Server Request Awaiting' and '0 Pending Partner Response'. A dropdown menu is set to 'Past 24 hours'.

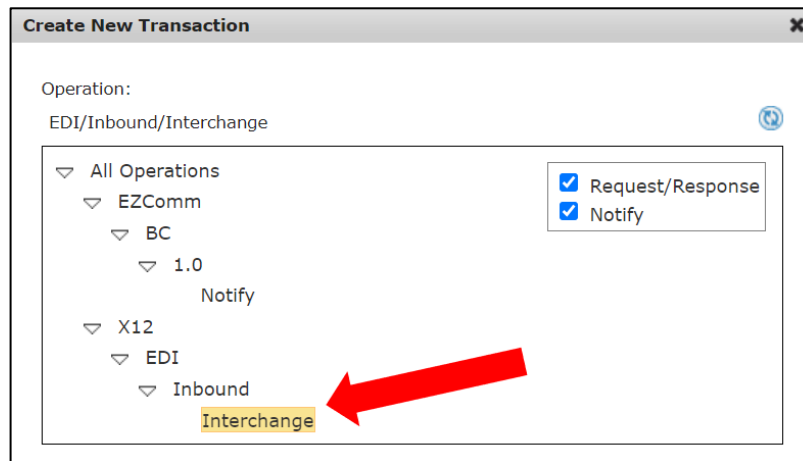
Transaction History: This section shows 'EZComm | X12'. It contains two charts: 'TRANSACTIONS BY TIMELINE' and 'TRANSACTIONS BY OPERATION TYPE'. The timeline chart shows a single bar at 04:00, representing a success. The operation type chart shows a single bar representing a success.

Transmitting the File, continued 2

- Click on the **New** button.

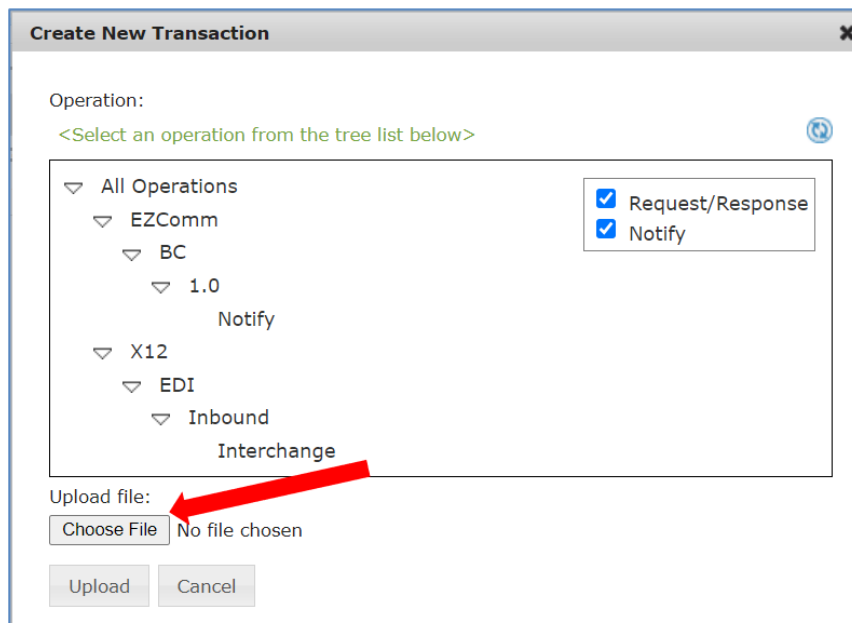


- Select **Interchange**.



Transmitting the File, continued 3

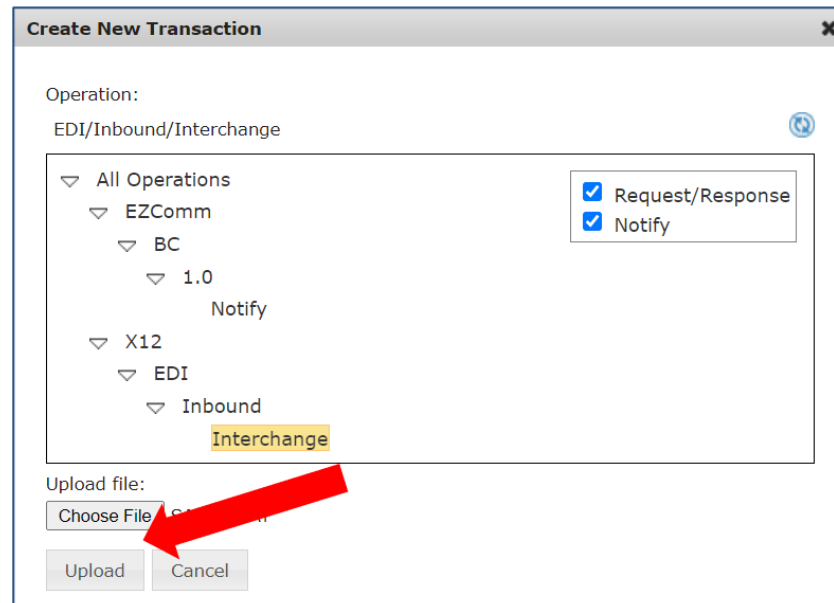
- Click **Choose File** and then navigate to the WINPCACE folder and look for the file named TRANS.DAT for Part A and TRANSB.DAT for Part B files.



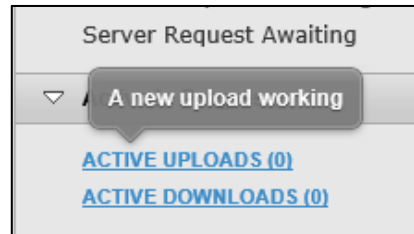
- Select the file(s) and click **Open**. The selected file will display in "Upload file" textbox.

Transmitting the File, continued 4

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



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



Pulling Reports

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.

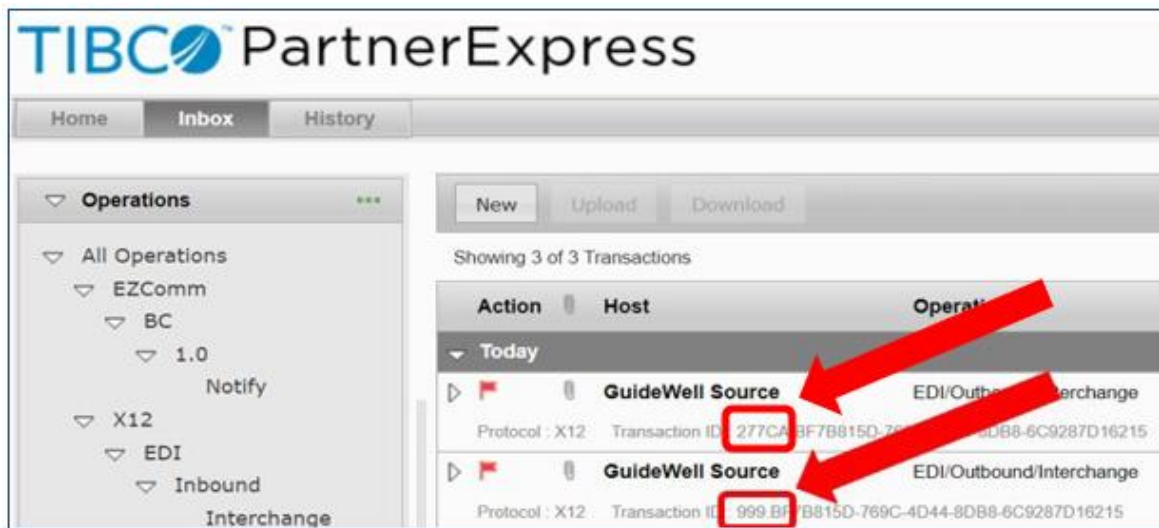
To download reports, complete the following steps:

- 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, continued

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

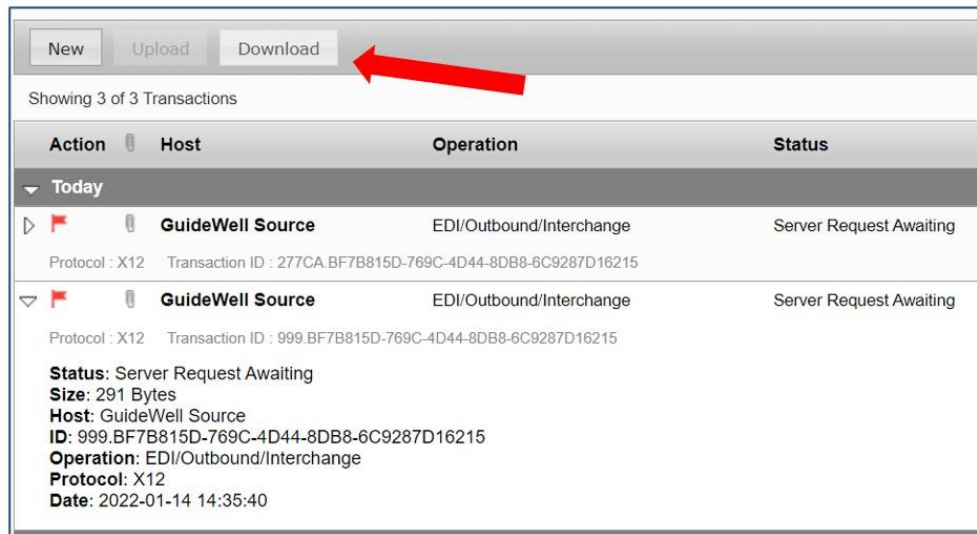


The screenshot displays the TIBCO PartnerExpress web interface. The main content area shows a table of transactions under the 'Today' filter. Two transactions are listed, both from 'GuideWell Source'. The first transaction has a Transaction ID starting with '277CA', and the second has a Transaction ID starting with '999 B'. Red boxes highlight these Transaction IDs, and red arrows point to them from the right side of the screen.

Action	Host	Operati
▶	GuideWell Source	EDI/Outbound/Interchange
Protocol : X12 Transaction ID: 277CA3F7B815D-769C-4D44-8DB8-6C9287D16215		
▶	GuideWell Source	EDI/Outbound/Interchange
Protocol : X12 Transaction ID: 999 B3F7B815D-769C-4D44-8DB8-6C9287D16215		

Pulling Reports, continued 2

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



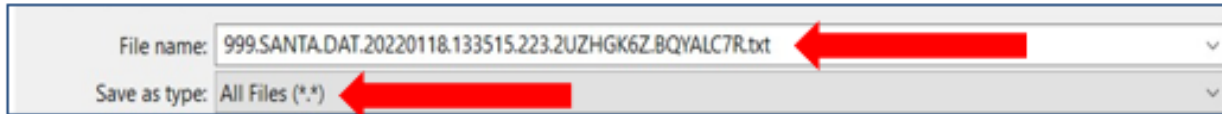
The screenshot shows a web interface with a top navigation bar containing three buttons: 'New', 'Upload', and 'Download'. A red arrow points to the 'Download' button. Below the navigation bar, the text 'Showing 3 of 3 Transactions' is displayed. A table with the following columns: 'Action', 'Host', 'Operation', and 'Status' is shown. The table contains two rows of transaction data, both from 'GuideWell Source' with status 'Server Request Awaiting'. Below the table, a detailed view of a transaction is shown, including fields for Status, Size, Host, ID, Operation, Protocol, and Date.

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			

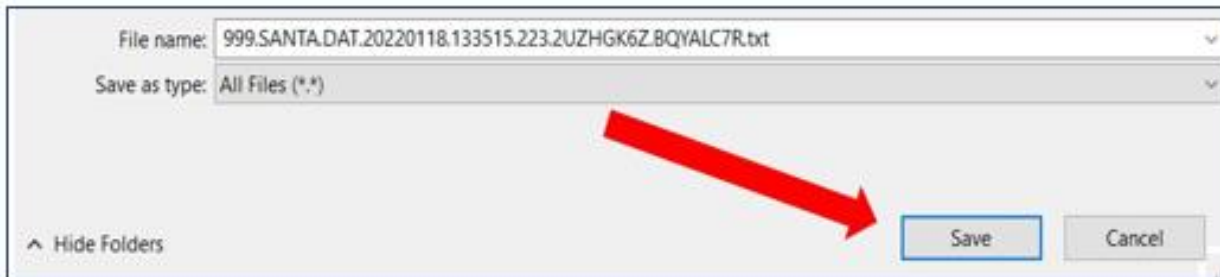
Status: Server Request Awaiting
Size: 291 Bytes
Host: GuideWell Source
ID: 999.BF7B815D-769C-4D44-8DB8-6C9287D16215
Operation: EDI/Outbound/Interchange
Protocol: X12
Date: 2022-01-14 14:35:40

Pulling Reports, continued 3

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



- Navigate to the proper location on your computer and click **Save**.
The default location is C:\WINPCACE\Mailbox.



- Complete these steps for additional reports.
 - 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.

The screenshot shows the 'Professional Claim List' application window. At the top, there is a menu bar with 'File', 'Filter', 'Actions', and 'Reports'. Below the menu bar is a table with the following columns: Status, LOB, PCN, Patient Last, Bill Provider, Type, Serv. From, and Se. The table is currently empty. Below the table, there is a 'Sort By' section with radio buttons for 'Patient Name', 'PCN', 'Entry Date', 'Service Date', and 'Transmit Date'. The 'Claim List Filter Options' section includes a 'Location' dropdown menu with options: 'TR -- transmitted only', 'CL -- to be transmitted', 'TR/PD -- transmitted + paid', 'TR -- transmitted only', and 'PD -- paid only'. The 'Status' dropdown is set to '<< All >>' and the 'LOB' dropdown is set to '<< All >>'. There are 'Clear Filters' and 'Advanced Filter Options' buttons. At the bottom, there are buttons for 'New', 'View', 'Copy', 'Delete', and 'Close'.

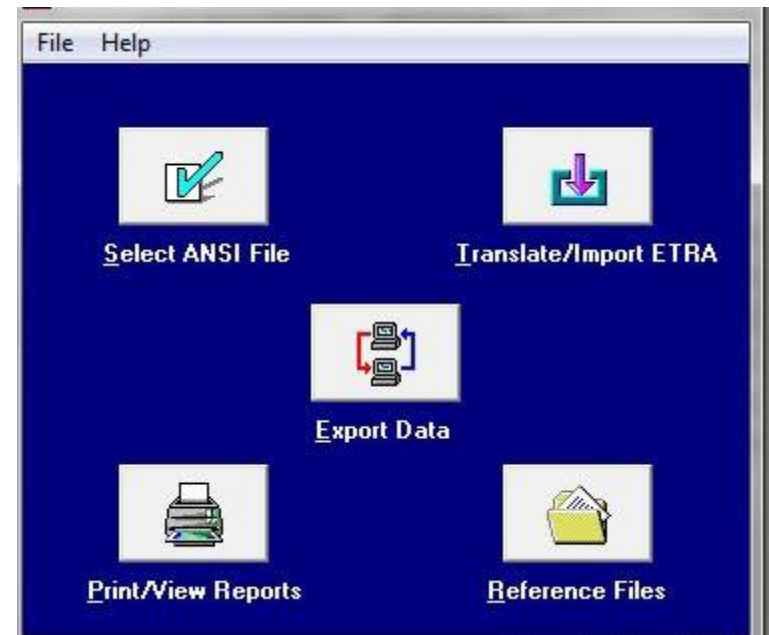
Viewing the 835/Electronic Remittance

- 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



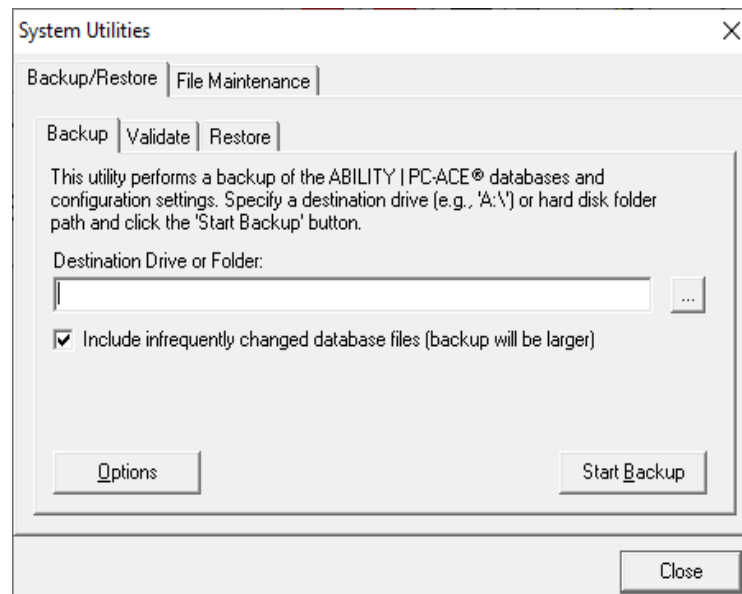
Viewing the 835, continued

- 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



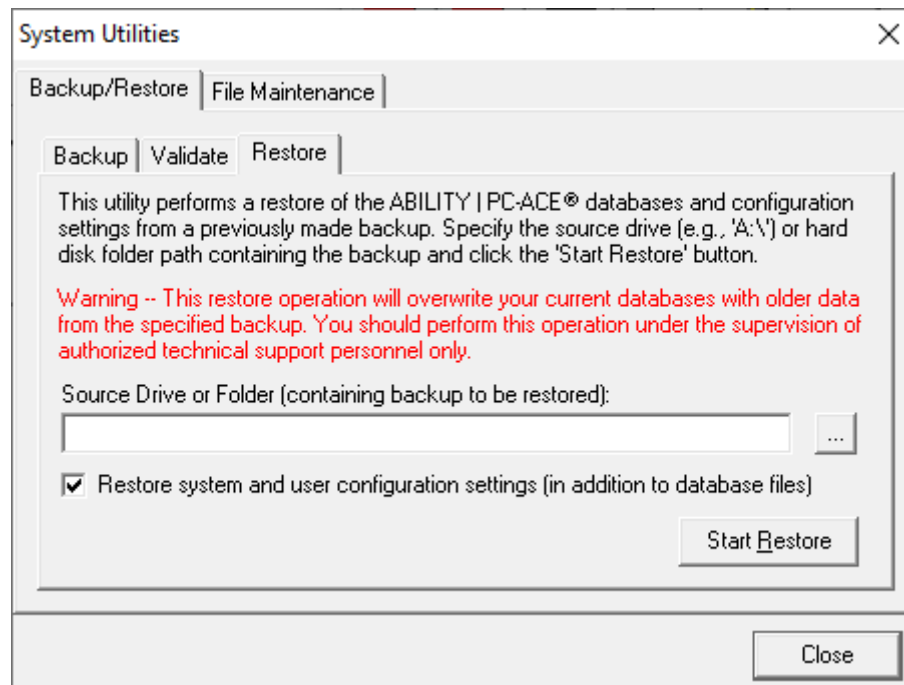
Data Backup

- **Backup:** System Utilities>Backup
- Choose a destination folder by clicking the three-dot button
- Click Start Backup
- The software can 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 to avoid claim rejections.

Resources

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

