

PC-ACE Training Module Using Novitasphere Portal

Novitas Solutions, Inc.
Electronic Data Interchange (EDI)

Table of Contents




Enroll with EDI.....	3
Sign on Procedures.....	4
Program Tips.....	5
Step One: Setting up the Program.....	6
Step Two: Entering a Claim.....	23
Step Three: Preparing a File for Transmission.....	30
Transmitting the File Using the Novitasphere Portal.....	32
Pulling reports using the Novitasphere portal.....	37
Viewing the 999 Acknowledgement.....	41
Viewing the 277CA Acknowledgement.....	42
Claim re-activation.....	43
Viewing 835 remittance.....	44
Data backup.....	46
Data restore.....	47
Quarterly upgrades.....	48
Resources.....	49

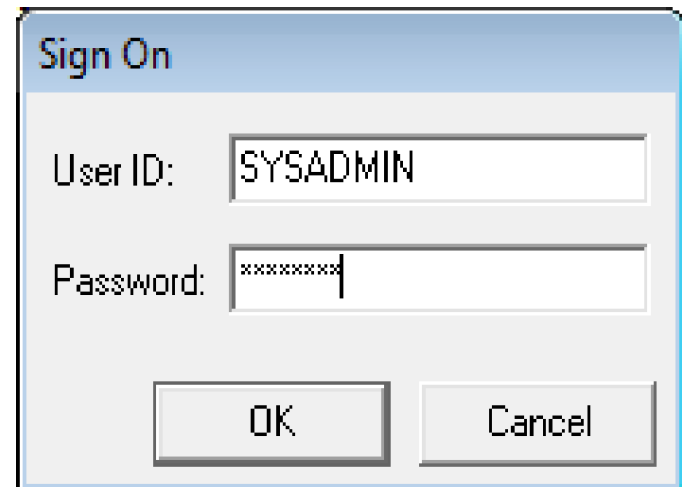
Enroll with EDI



- 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.

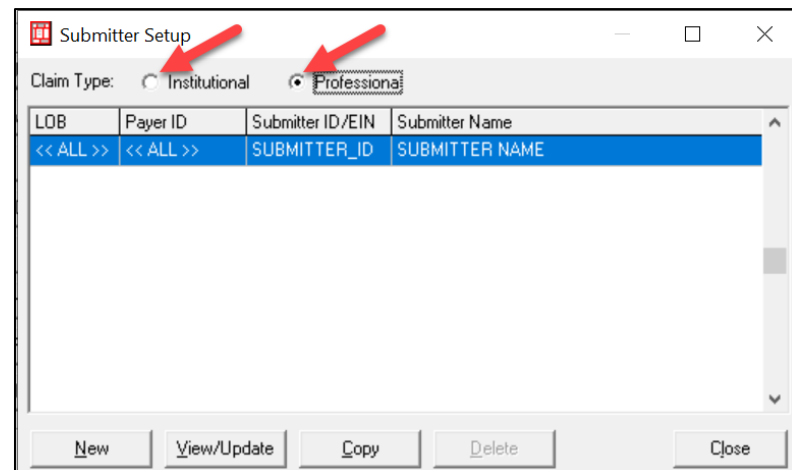
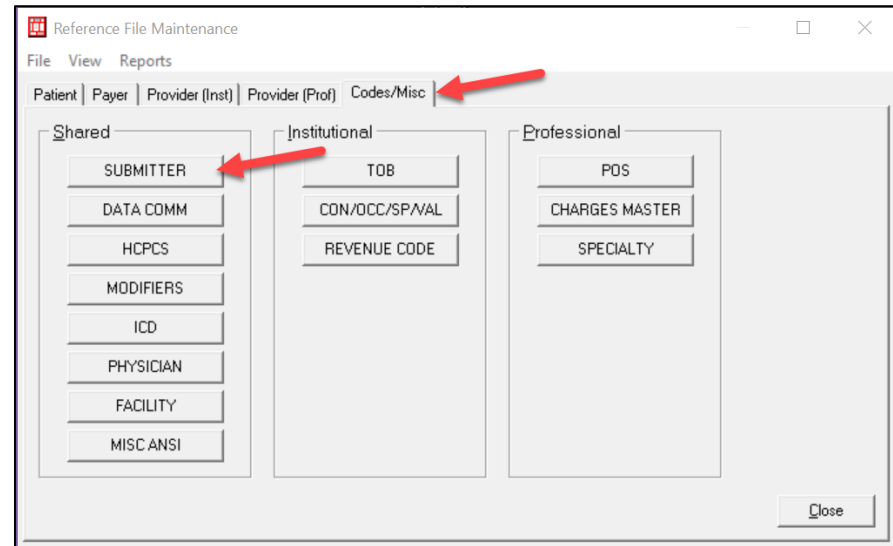
Step One: Setting up the Program

- 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.



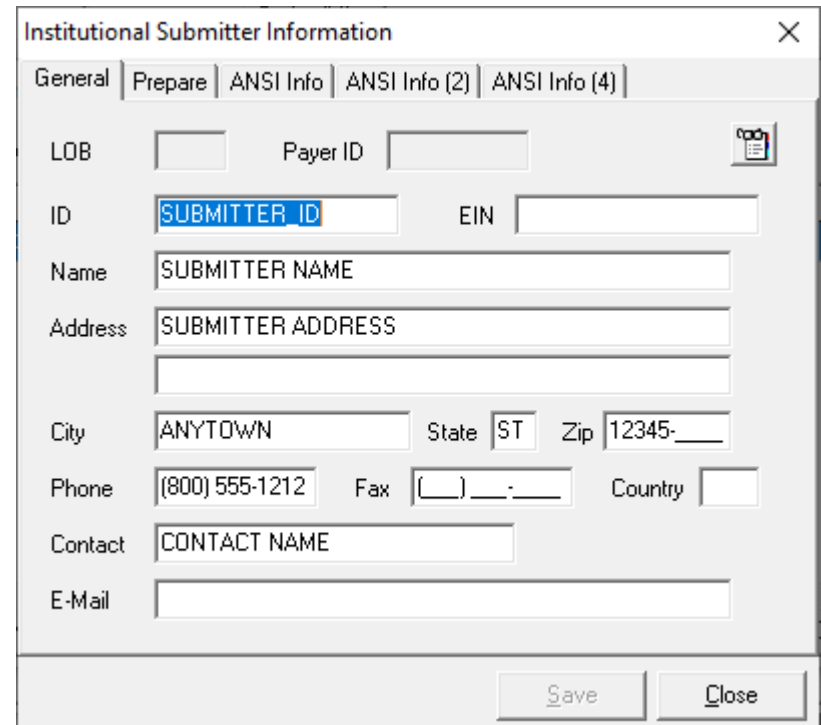
Setting Up the Submitter

- 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.



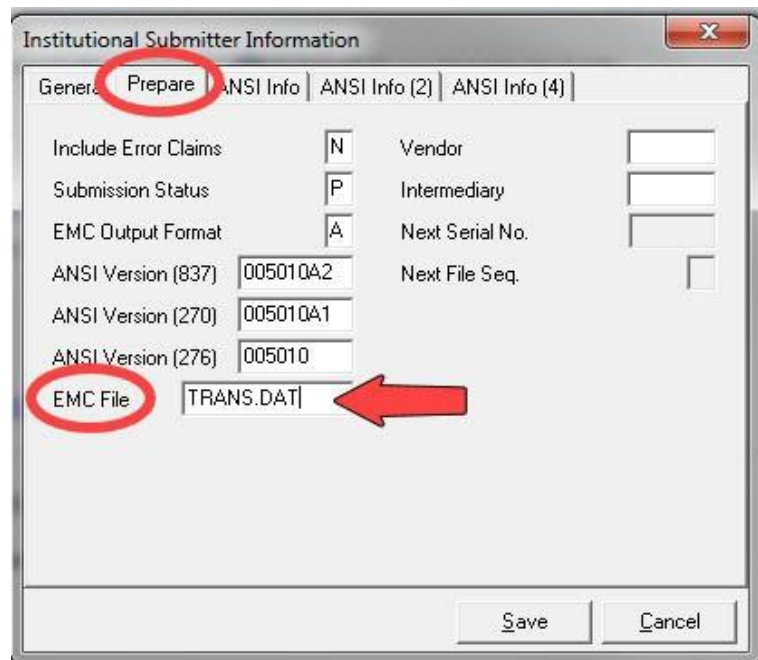
The screenshot shows a web form titled "Institutional Submitter Information" with a close button (X) in the top right corner. The form has five tabs: "General", "Prepare", "ANSI Info", "ANSI Info (2)", and "ANSI Info (4)". The "General" tab is selected. The form contains the following fields:

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

At the bottom right of the form 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. ☐

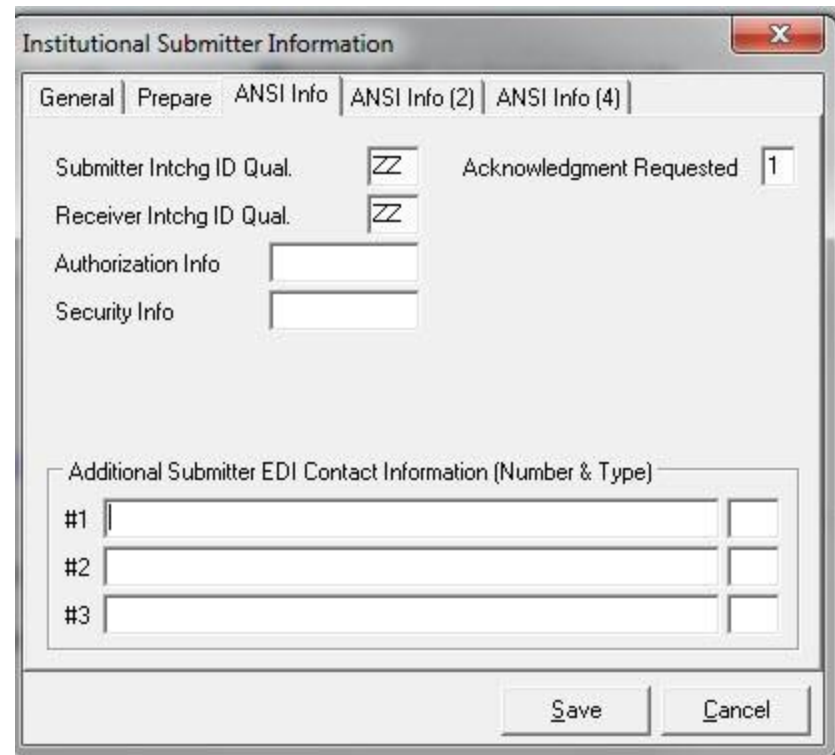
ANSI Version (270)

ANSI Version (276)

EMC File 

Setting up the Submitter Tab, ANSI Info Tab

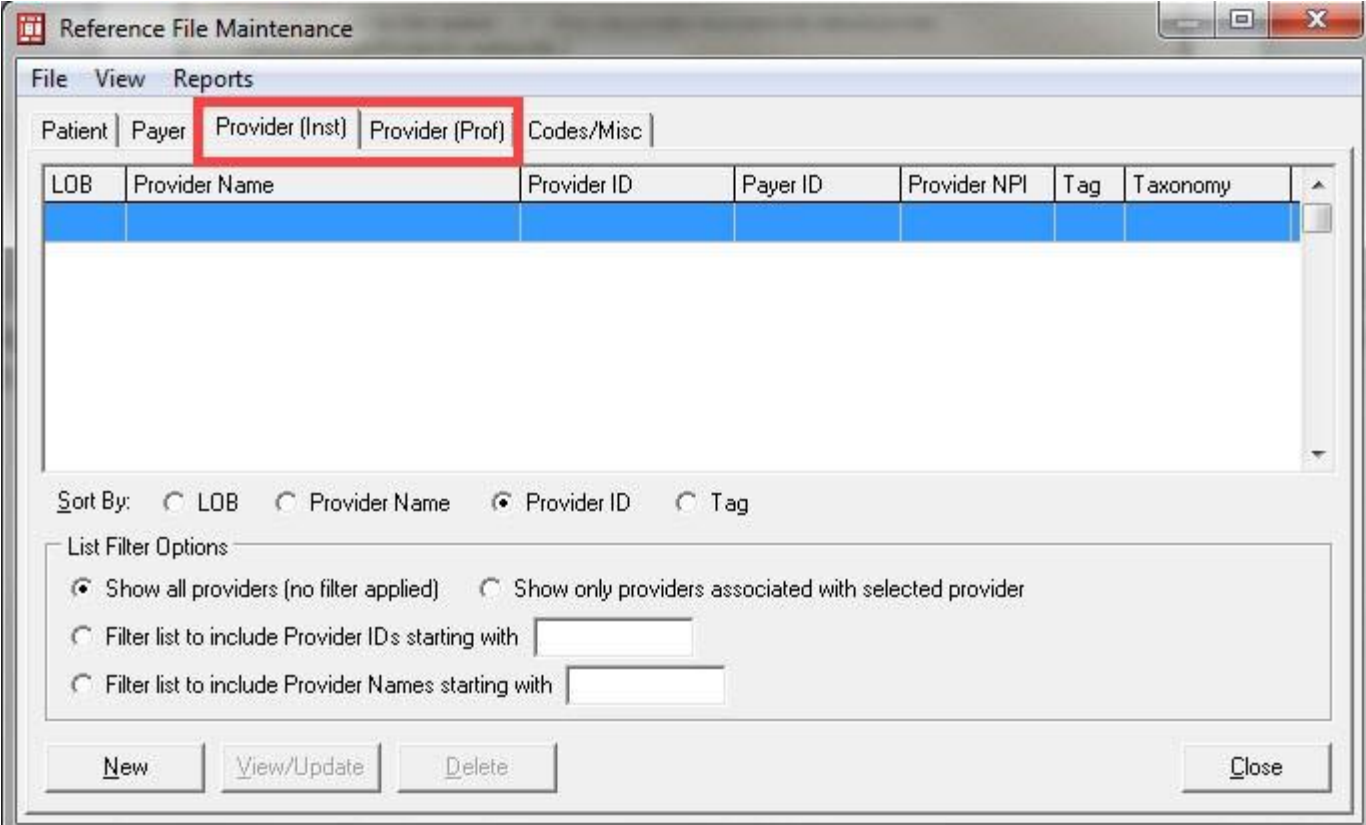
- Complete the following steps
 - Click on the ANSI Info tab
 - Enter a ZZ in both the Submitter Intchg ID Qual. and the Receiver Intchg ID Qual. Fields
 - Enter a “1” in the Acknowledgement Requested field
 - Click Save and then close



The screenshot shows a 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 several fields: "Submitter Intchg ID Qual." and "Receiver Intchg ID Qual." both containing the text "ZZ"; "Acknowledgment Requested" containing the number "1"; "Authorization Info" and "Security Info" which are empty text boxes. 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 box, and a checkbox. At the bottom 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 filter options: '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 criteria: '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

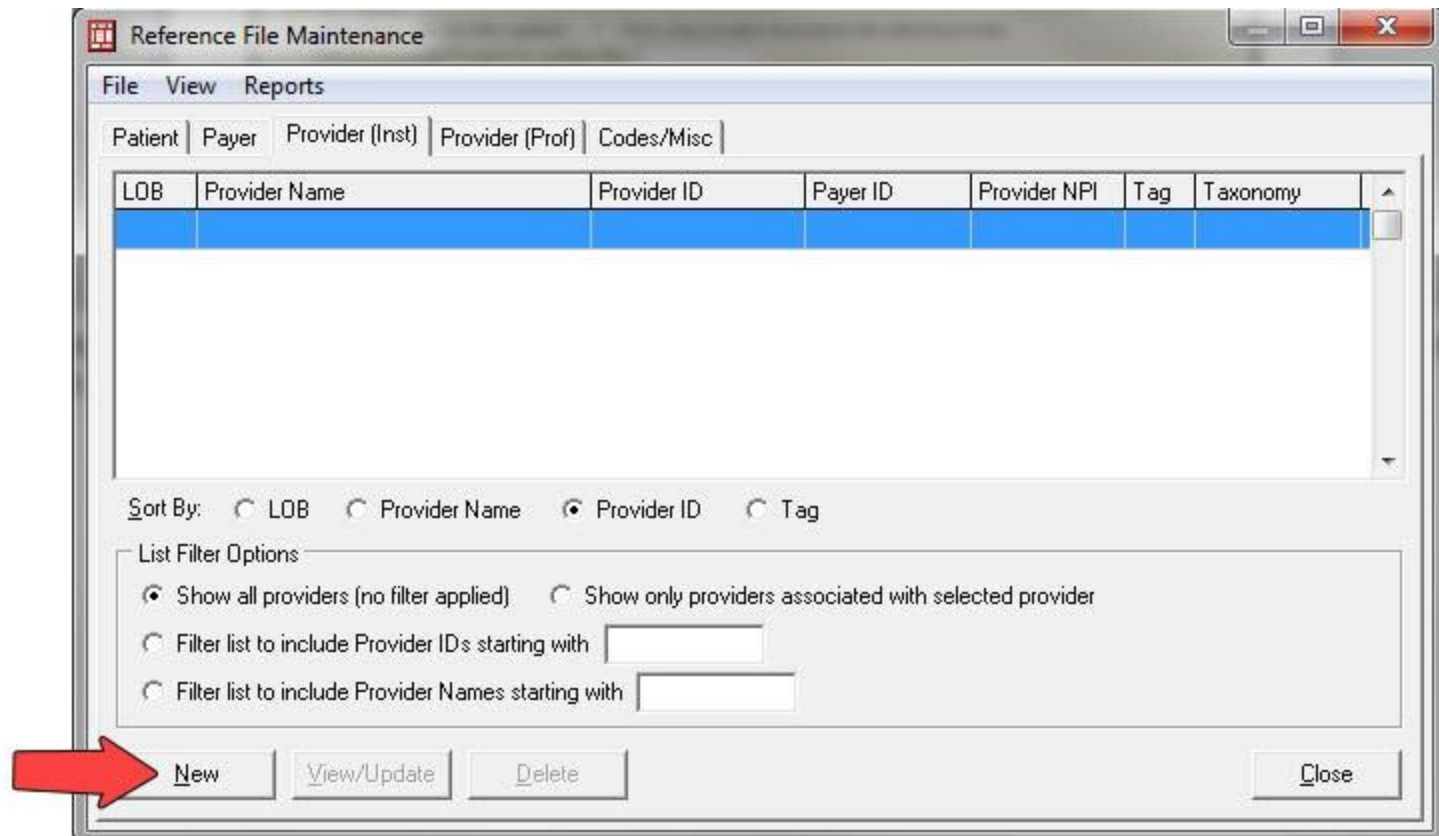
☐ Filter list to include Provider IDs starting with

☐ 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 several sections: "Provider Type" with radio buttons for "Group Practice", "Individual in Group", and "Solo Practice" (selected); "Organization" with a text field; "Last/First/MI" with fields for "SMITH", "JOHN", and "A"; "Address" with a text field; "City/St/Zip" with fields for "ANY CITY", "PA", and "11111-1111"; "Phone" with fields for "(111) 111-1111" and "Fax"; "Contact" with a text field; "Provider ID/No." with a field containing "XXXXX" and a dropdown for "LOB" set to "MCB"; "Payer ID" with a field containing "12502" and a dropdown for "Tag"; "Group Label" with a text field; "NPI" with a field containing "1111111111"; "Tax ID/Type" with a field containing "111111111" and a dropdown set to "E"; "UPIN" with a text field; "Specialty" with a field containing "001" and a dropdown for "Type Org"; "Taxonomy/Type" with a dropdown; "Accept Assign?" with a dropdown set to "A" and "Participating?" with a dropdown set to "Y"; "Signature Ind" with a dropdown set to "Y" and "Date" with a field containing "01/01/2017"; "Provider Roles" with checkboxes for "Billing" (checked) and "Rendering" (unchecked); "Remarks" with a text area; and "Provider Associations" with a table showing 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" (selected) and "Extended Info". Under "General Info", there are sections for "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", "Specialty", "Contact", "Taxonomy", "Group ID/No.", "Accept Assign?", "Participating?", "Signature Ind", "Date", "Payer ID", "Tag", "Provider Roles", and "Remarks". The "Provider Associations" section at the bottom right shows a table with columns "LOB", "Provider ID", and "Provider/Group Name". The "Save" and "Cancel" buttons are at the bottom right.

Setting up Provider Information, Individual in Group

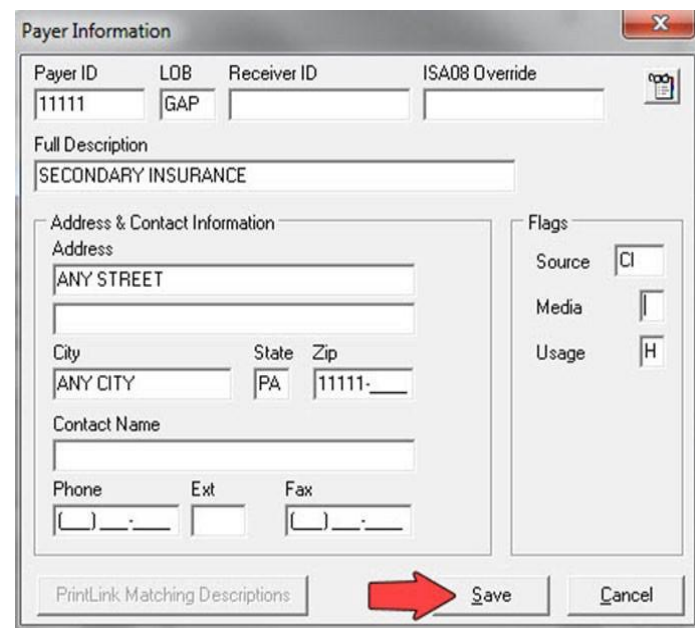


- This is an example of a Rendering Physician for a group practice.
- **Individual in Group:** Reference File Maintenance>Provider Prof> Individual in Group
- Tip: complete the group information first so you can copy it and edit what needs changed. To copy select New and then Inherit name/address information 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), Taxonomy, 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.



Payer Information

Payer ID	LOB	Receiver ID	ISA08 Override
11111	GAP		

Full Description
SECONDARY INSURANCE

Address & Contact Information

Address
ANY STREET

City
ANY CITY

State
PA

Zip
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

A screenshot of the "Patient Information" form. The form has tabs for "General Information", "Extended Info", "Primary Insured (Inst)", "Primary Insured (Prof)", and "Secondary Insured". The "General Information" tab is active. It contains fields for Last Name (LAST), First Name (FIRST), MI, Gen, Patient Control No (PCN) (ACCOUNT NUMBER), Patient Address (ANY STREET), City (ANY CITY), State (PA), Zip (11111), Country, Phone, Patient Status (Active Patient, Discharge Status, Sex, Death Ind, DOB, DOD, Marital Status, Signature On File, Employment Status, Release of Info, Student Status, ROI Date, CBSA Code). The "Save" and "Cancel" buttons are at the bottom right.

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		State		Zip					
ANY CITY		PA		11111					
Country	Phone								
	() - .								
Notes									
Patient Status									
Active Patient		Y		Discharge Status					
Sex		F		Death Ind					
DOB		01/01/1955		DOD					
Marital Status				Signature On File		Y		B	
Employment Status				Release of Info		Y			
Student Status				ROI Date		01/01/2009			
CBSA Code									
Save Cancel									

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 radio buttons for "Insured Information Options" (Common Inst & Prof, 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 is a "Clear All Fields For Insured" button. The main section is divided into "Insured Information (F7)" and "Employer Information (F8)". Under "Insured Information", there are 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), DOB (set to "01/01/1955"), Release of Info (checkbox), City (set to "ANY CITY"), State (set to "PA"), Zip (set to "11111"), ROI Date (set to "01/01/2009"), Retire Date, Country, and Phone. At the bottom are "Save" and "Cancel" buttons.

Physician Information

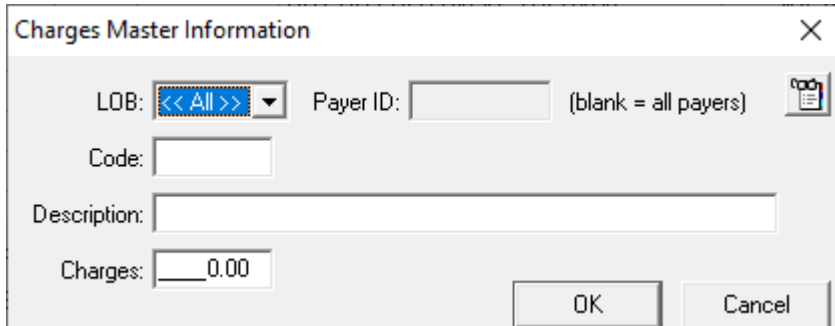


- **Physician Information:** Reference File Maintenance>Code/Misc>Physician
- This is for the referring, ordering, attending, or supervising physician information. Enter the billing and / or rendering provider in the Provider Information screen.
- **Required:** Physicians Last Name, First Name, NPI
-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



The dialog box titled "Charges Master Information" contains the following fields and controls:

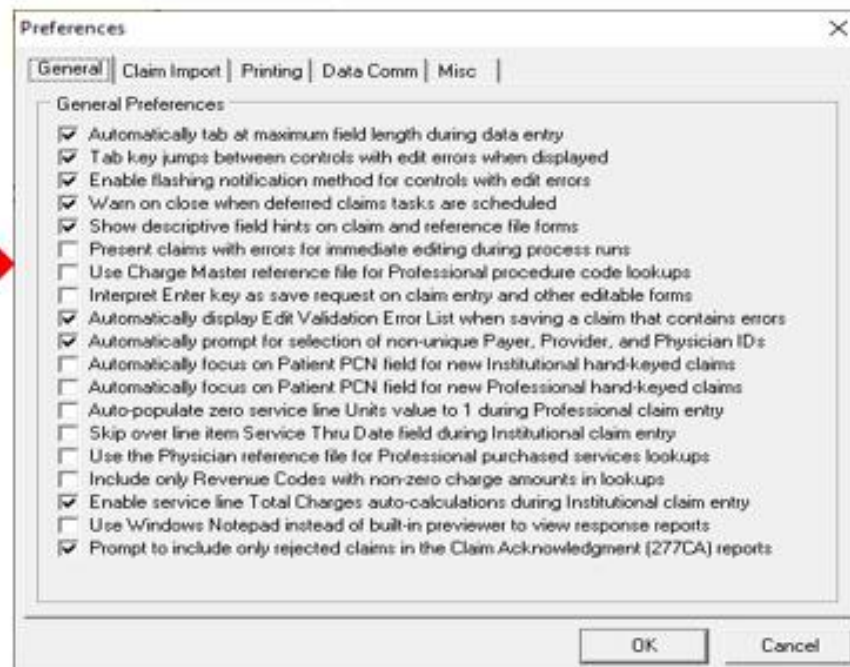
- LOB:** A dropdown menu currently showing "<< All >>".
- Payer ID:** A text input field with the instruction "(blank = all payers)" to its right.
- Code:** A text input field.
- Description:** A larger text input field.
- Charges:** A text input field containing the value "0.00".
- Buttons:** "OK" and "Cancel" buttons at the bottom right.
- Close button:** An "X" icon in the top right corner.
- Help icon:** A question mark icon in the top right corner.

Charges Master Setup, continued



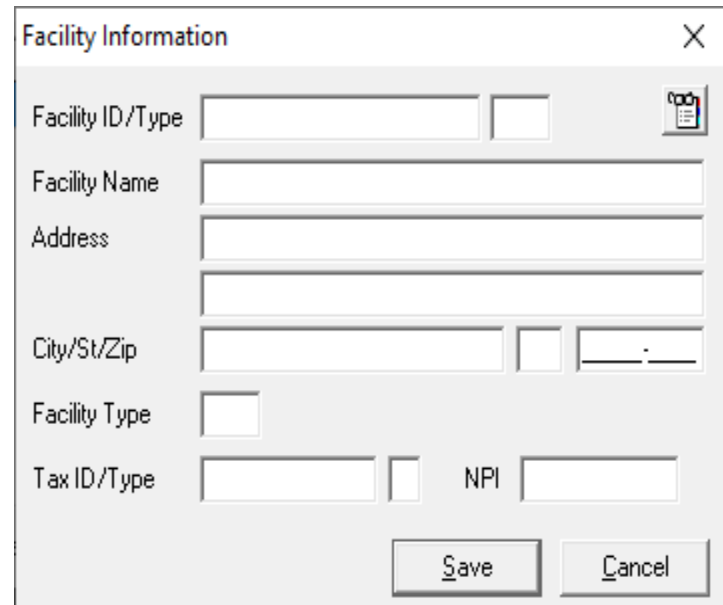
NOVITAS
SOLUTIONS

- 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).



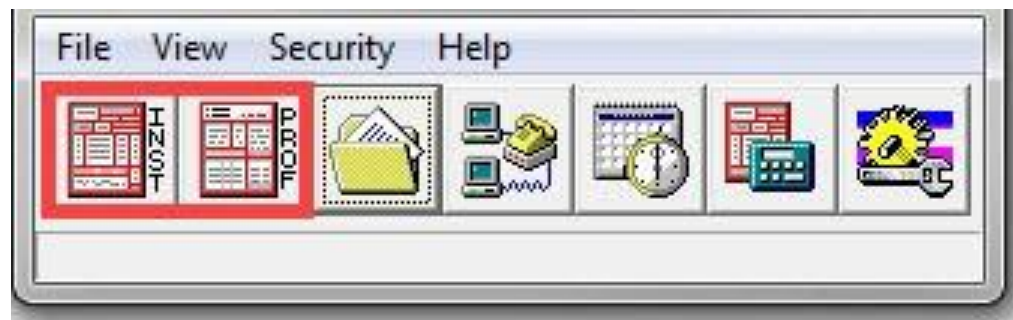
The image shows a screenshot of a software dialog box titled "Facility Information". The dialog box contains several input fields for facility data. The fields are: "Facility ID/Type" (with a small icon to its right), "Facility Name", "Address" (with a second empty line below it), "City/St/Zip" (with a small icon to its right), "Facility Type", and "Tax ID/Type" (with a small icon to its right). To the right of the "Tax ID/Type" field is a label "NPI" followed by another input field. At the bottom right of the dialog box are two buttons: "Save" and "Cancel".



NOVITAS
SOLUTIONS

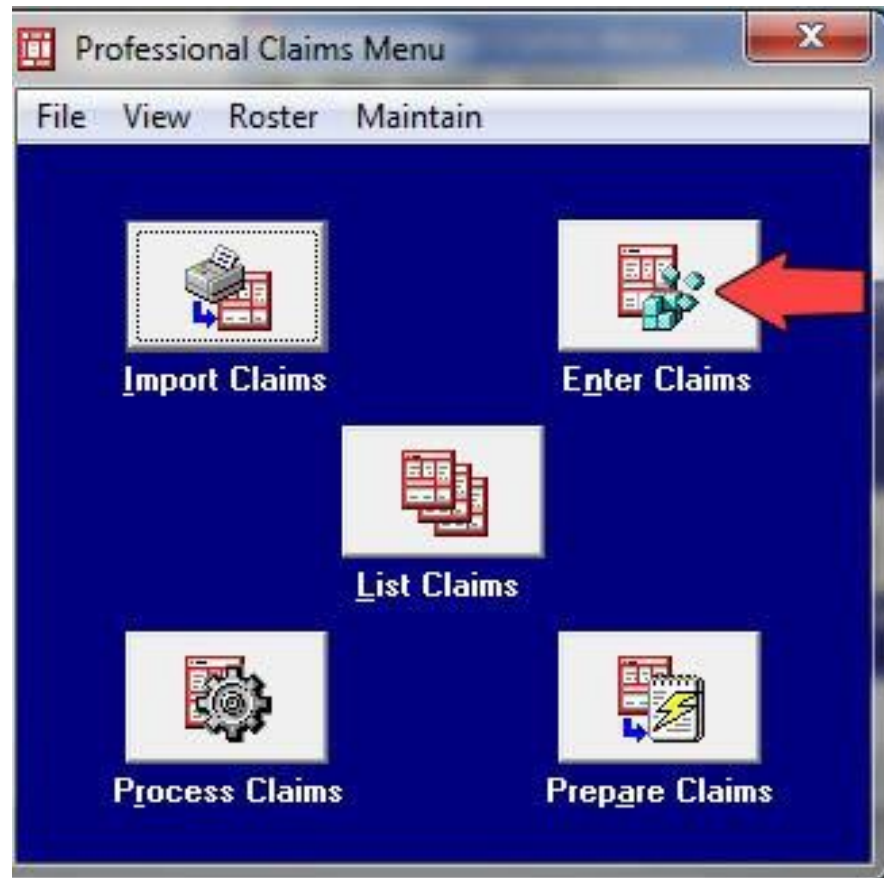
Step Two: Entering a Claim

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



Entering a Claim, part two

- Then click the Enter Claims icon.





Entering a Claim, part three

- **Required:** LOB, Billing Provider, Patient Control No, Employment, Accident, Outside Lab, Dental (for 837D claims only)
- The Edit Validation Errors list will be shown if any required fields have not been completed.
- Information on entering claims for various specialties is available in Chapters 2 and 3 of the PC- ACE User Guide.
 - JH: <http://www.novitas-solutions.com/webcenter/portal/MedicareJH/pagebyid?contentId=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. It features a tabbed interface with 'Patient Info & General' selected. The form includes numerous input fields and checkboxes for data entry. Key sections include:

- Top Section:** LOB (dropdown), Billing Provider (text), 26 - Patient Control No. (text).
- Patient Information:** 2 - Patient Last Name, First Name, MI, Gen, 3 - Birthdate, Sex, 8 - Pat. Status, Death Ind, 12 - SOF, Legal Rep., NPI Exempt.
- Address and Contact:** 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 Physician:** 17 - Referring Phys Name (Last/Org., First, Mid, Suffix), Referring Phys IDs/Types, 18 - Hospitalization Dates, 20 - Outside Lab/Chgs.
- Local and Medicaid:** 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., 31 - Provider SOF, Date, Facility?, Dental?, COB?, Frequency, 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 are several tabs: "Patient Info & General", "Insured Information" (which is selected), "Billing Line Items", "Ext. Patient/General", "Ext. Pat/Gen (2)", and "Ext. Payer/Insured". The form is divided into three main sections. The first section contains fields 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 these fields, each with a checkbox to the left of the "Sub" field. The second section contains fields for "Birthdate", "Sex", "Sig", "AOB" (with a "13" above it), "Insured's Address 1", "Insured's Address 2", "Insured's City", "State", and "Zip". There are three rows of these fields. The third section contains fields for "Country", "Insured's Phone / Ext.", "ESC", "Employer Name", "Group Name", and "Group Number". There are three rows of these fields. To the right of the "Group Number" field in each row is a "Clear Payer" button. 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, Dental tab (837D claims only)
- Click Recalculate.
- Once all claim information is entered, click Save.

A screenshot of the "Professional Claim Form" software interface, specifically the "Billing Line Items" tab. The form is divided into several sections: "Patient Info & General", "Insured Information", "Billing Line Items" (active), "Ext. Patient/General", "Ext. Pat/Gen (2)", and "Ext. Payer/Insured". Below these are tabs for "Line Item Details", "Extended Details (Line 1)", "Ext Details 2 (Line 1)", and "Ext Details 3 (Line 1)". The "Line Item Details" tab is selected, showing 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 "24i Rendering Phys.". The table has six rows, with the first row containing data: LN 1, Service Dates From and Thru, PS, EMG, CPT/HCPCS, Mod 1 and 2, Diagnosis 1, Charges 100.00, Units 0.00, and Rendering Phys. Below the table, there are fields for "28 - Total Charge" (100.00), "29 - Patient Amount Paid" (0.00), and "30 - Balance Due" (100.00). A "Recalculate" button is located next to the "28 - Total Charge" field. At the bottom right, there are "Save" and "Cancel" buttons. A copyright notice at the bottom reads: "CPT® codes are copyright 2020 American Medical Association (AMA)."

Entering a Medicare Secondary Claim



- **COB Info:** Professional Claim form>Ext. Payer/Insured tab>COB Info tab
- Complete the required fields as normal for a Medicare claim.
- Type a “Y” in the COB? field on the Diagnosis/Procedure Code (Institutional) or Patient Info & General (Professional) screens to indicate the patient has Medicare as a secondary payer.
- Click on Ext. Payer/Insured tab, and then COB Info (Primary) tab.
- Enter the information from the primary Explanation of Benefits.
- 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		

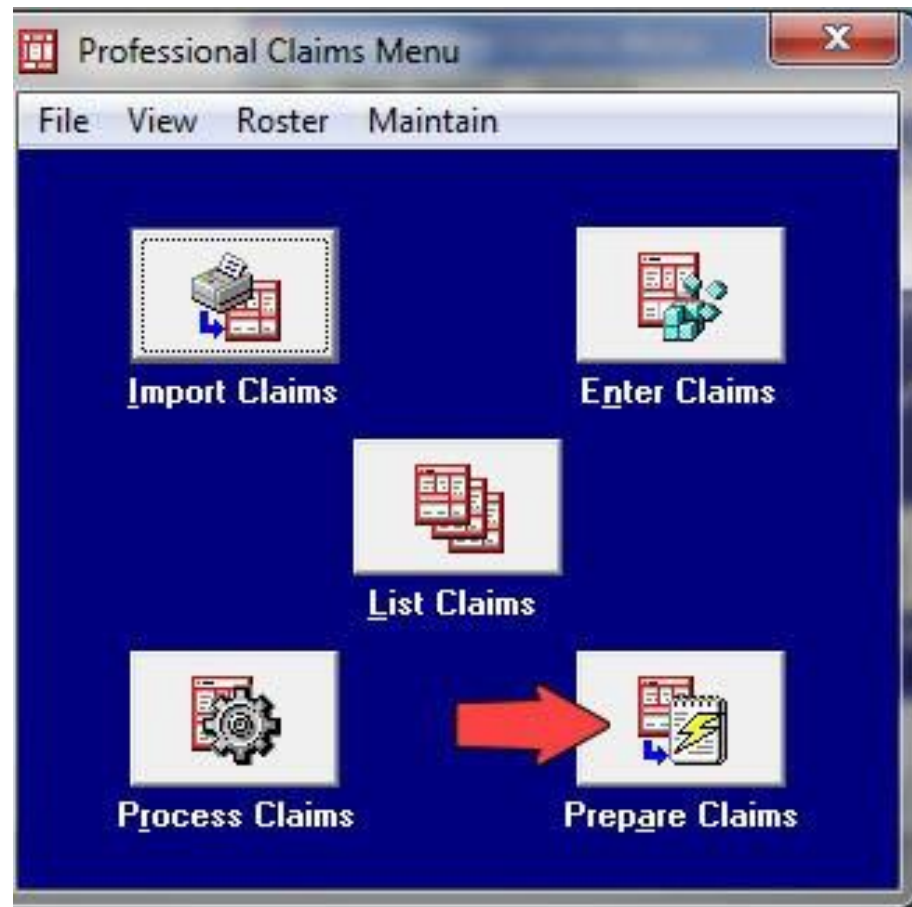
Medicare Outpatient Adjudication (MOA) Remarks Codes

Claim Adjudication Date 01/01/2018

Save Cancel

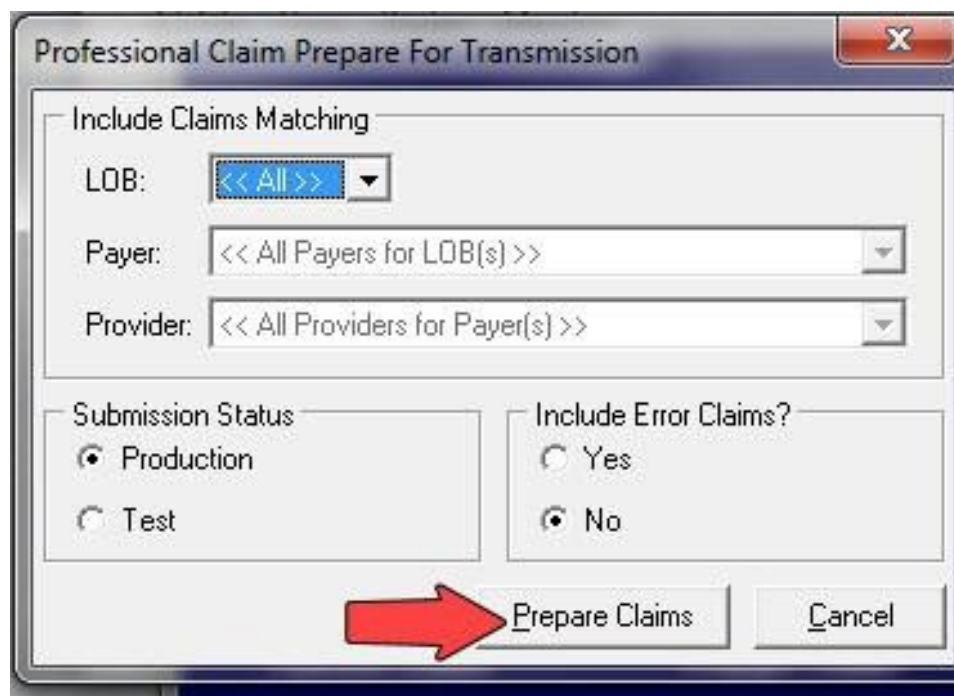
Step Three: Preparing a File for Transmission

- 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

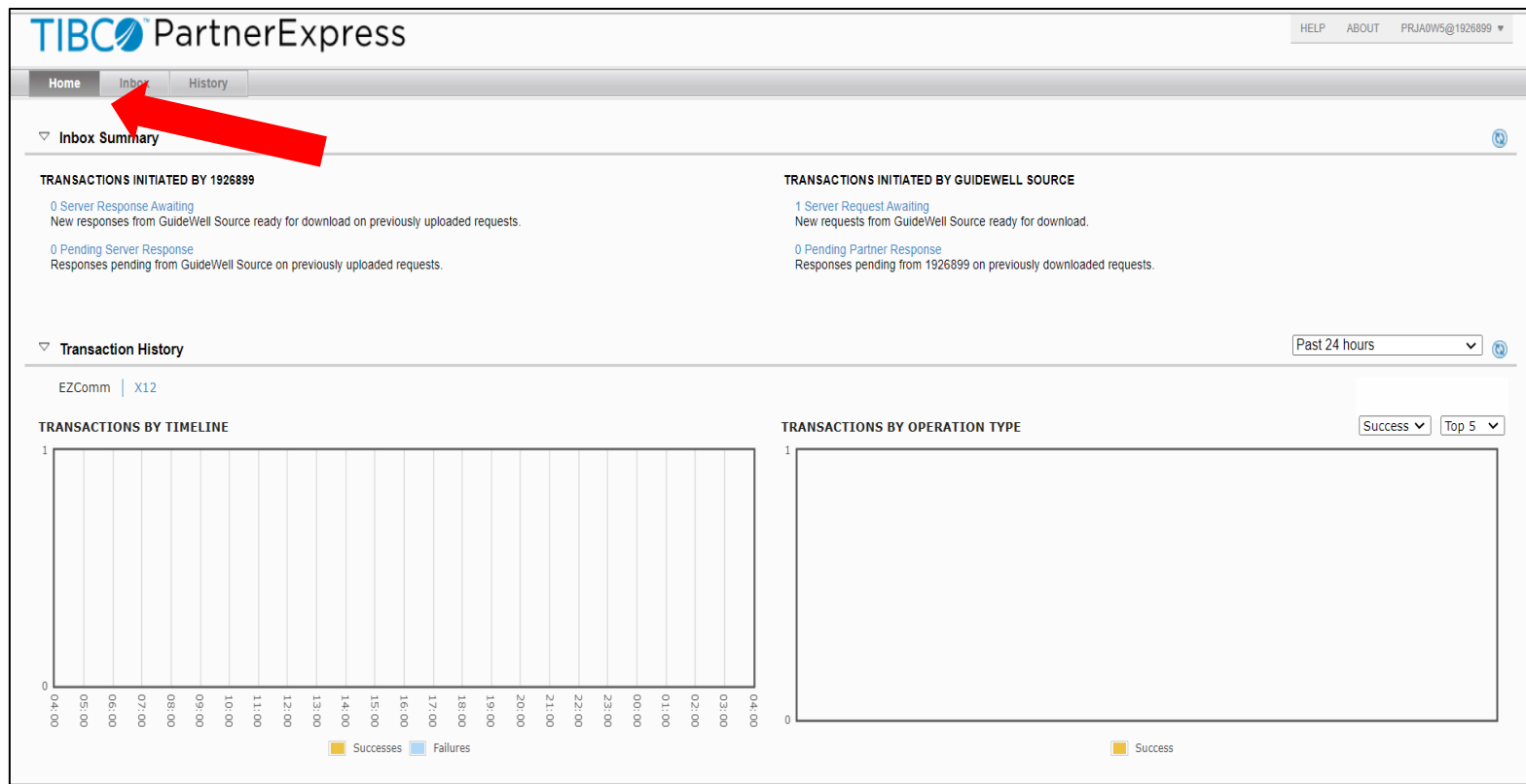


- Access the Novitasphere portal and click on Claim Submission/ERA and the Claims Submission/ERA link. A separate browser window will open. If the new window does not open automatically, you may need to turn off your internet browser's pop-up blocker or add the website address to list of the allowed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



Transmitting the File Using the Novitasphere Portal, continued

- Click on **Inbox**

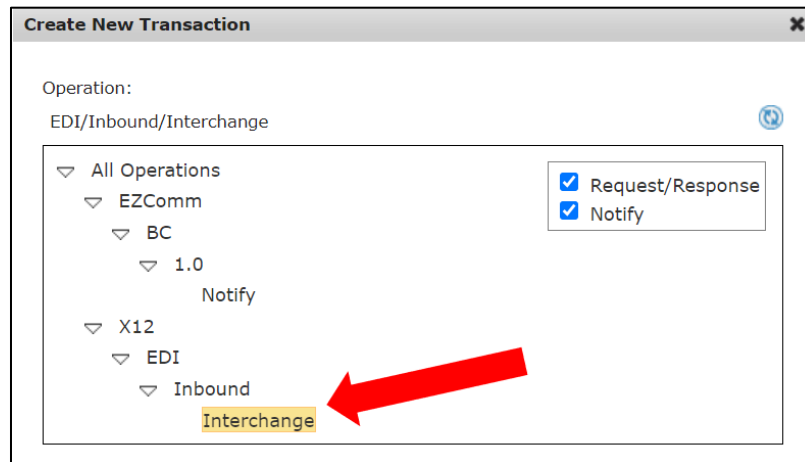


Transmitting the File Using Novitasphere Portal, continued

- Click on the **New** button.

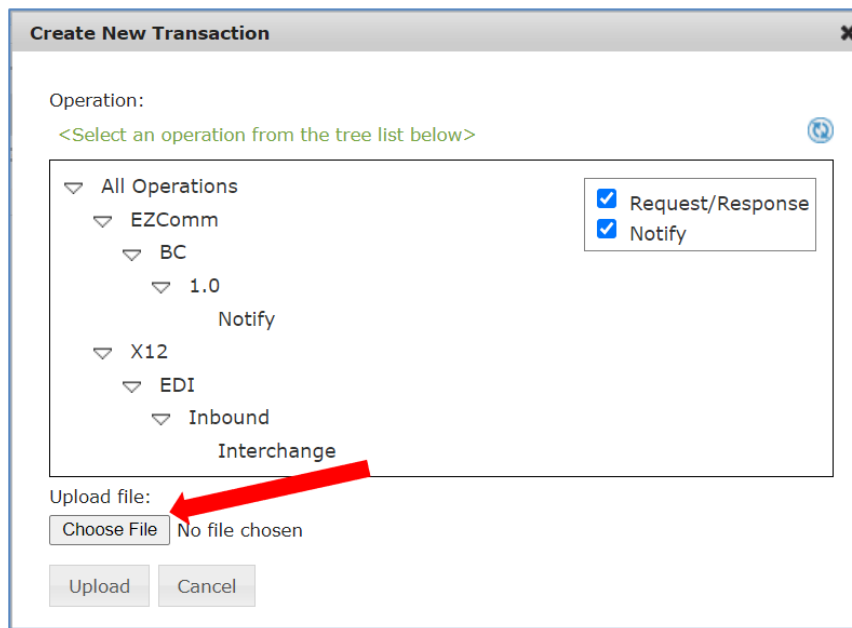


- Select **Interchange**.



Transmitting the File Using the Novitasphere Portal, continued 2

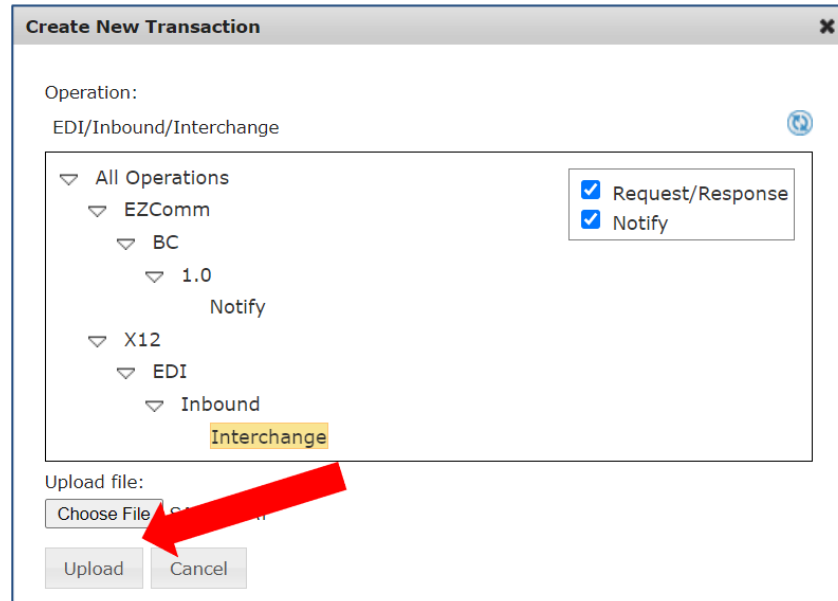
- Click **Choose File** and then navigate to the WINPCACE folder and look for the file named TRANS.DAT for Part A and TRANSB.DAT for Part B files.



- 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

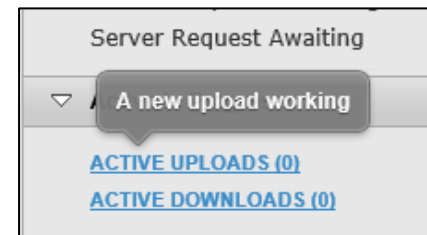
Operation:
EDI/Inbound/Interchange

▼ 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.

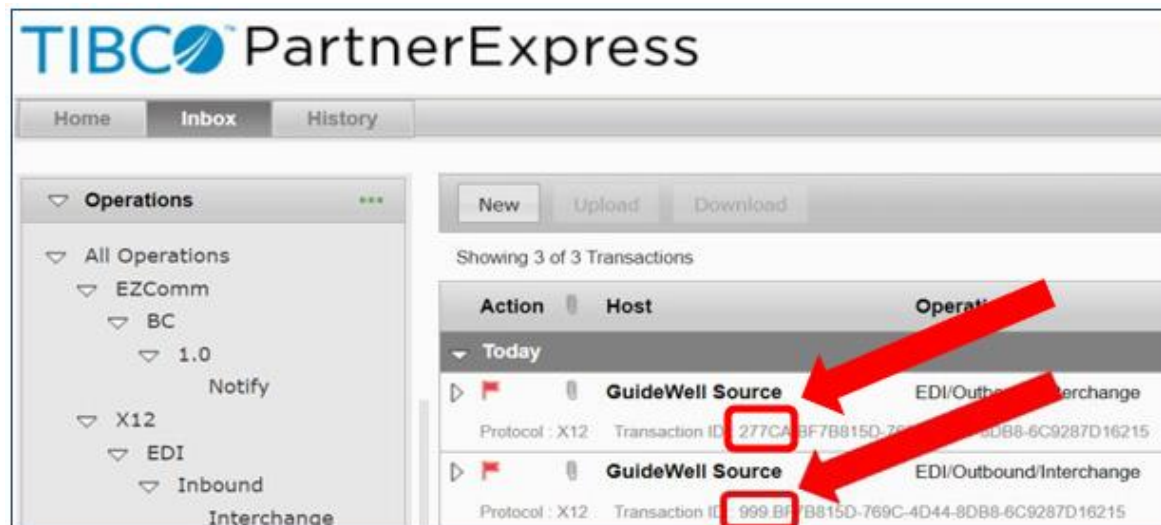
To download reports, complete the following steps:

- 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 shows the TIBCO PartnerExpress web application. The left sidebar contains a navigation tree under 'Operations' with sub-items: 'All Operations', 'EZComm', 'BC', '1.0', 'Notify', 'X12', 'EDI', and 'Inbound Interchange'. The main content area has tabs for 'New', 'Upload', and 'Download'. Below these, it says 'Showing 3 of 3 Transactions'. A table displays transaction details for 'GuideWell Source' with columns for Action, Host, and Operation. Two red arrows point to the Transaction ID field in the table, highlighting the values '277CA' and '999.BF'.

Action	Host	Operation
Today		
▶	GuideWell Source	EDI/Outbound Interchange
Protocol - X12	Transaction ID: 277CA3F7B815D-769C-4D44-8DB8-6C9287D16215	
▶	GuideWell Source	EDI/Outbound Interchange
Protocol - X12	Transaction ID: 999.BF3F7B815D-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 'Save As' dialog box. The 'File name' field contains '999.SANTA.DAT.20220118.133515.223.2UZHKG6Z.BQYALC7R.txt'. A red arrow points to the end of the file name, indicating the need to change the extension from .dat to .txt. The 'Save as type' dropdown menu is set to 'All Files (*.*)', with another red arrow pointing to it to indicate the selection.

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

A screenshot of the same 'Save As' dialog box. The 'File name' and 'Save as type' fields remain the same. A red arrow points from the bottom right towards the 'Save' button, indicating the next step in the process. The 'Cancel' button is also visible.

- 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.



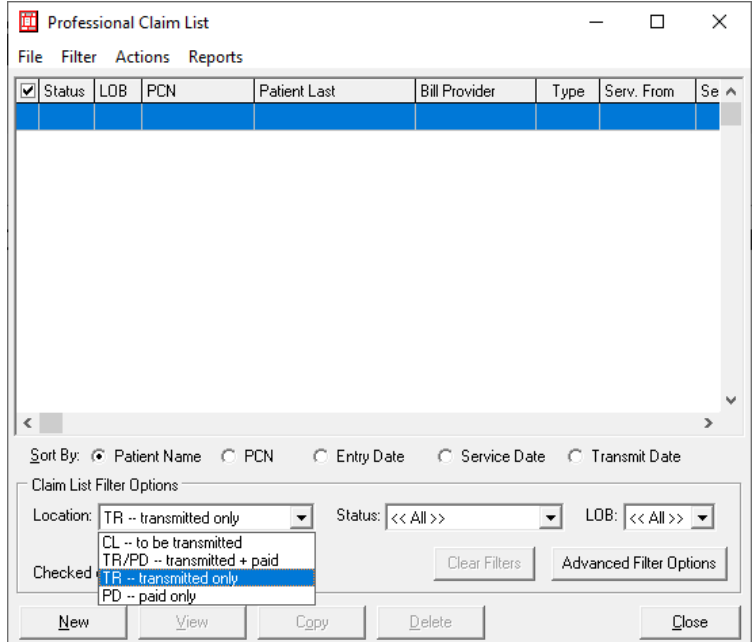
Viewing the 277CA Acknowledgement

- 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
Checked: **TR -- transmitted only**
PD -- paid only

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

Clear Filters Advanced Filter Options

New View Copy Delete Close

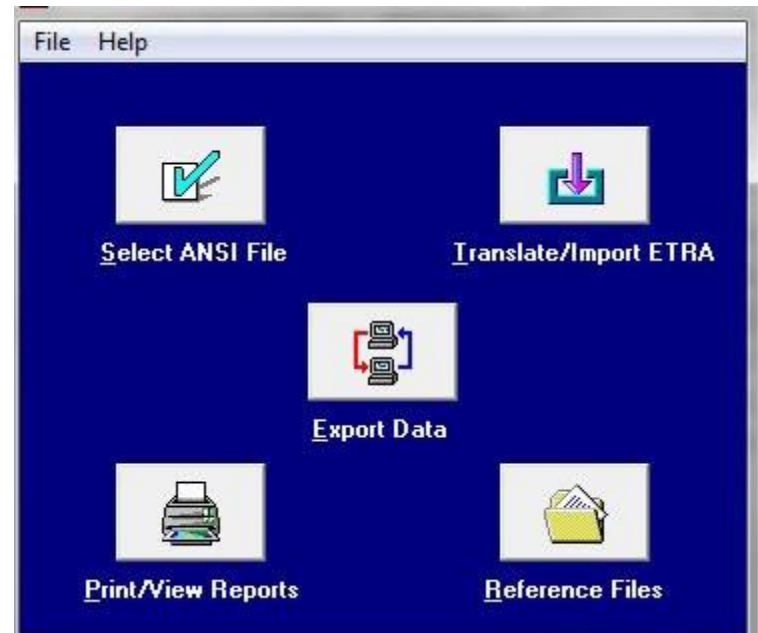
Viewing the 835/Electronic Remittance

- 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



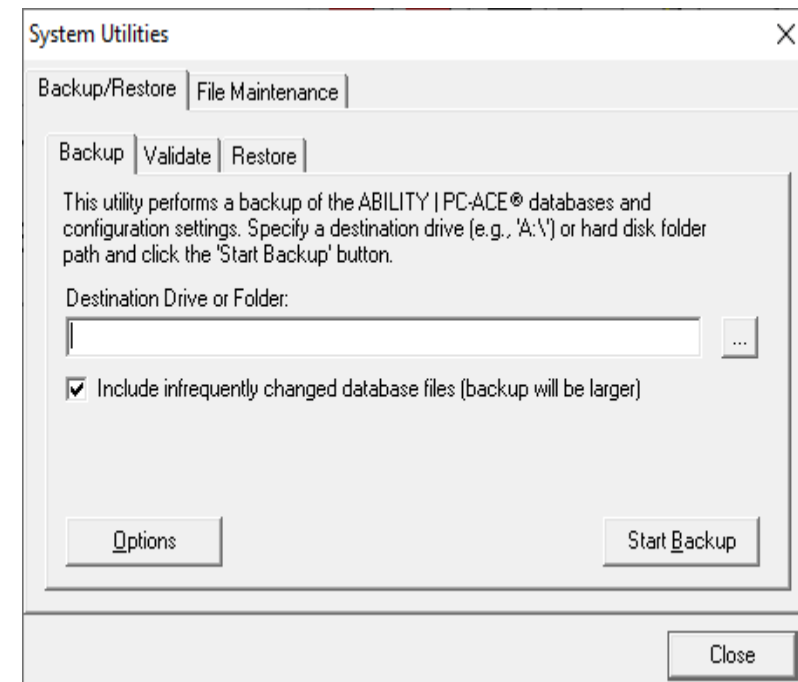
Viewing the 835/Electronic Remittance, continued

- 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



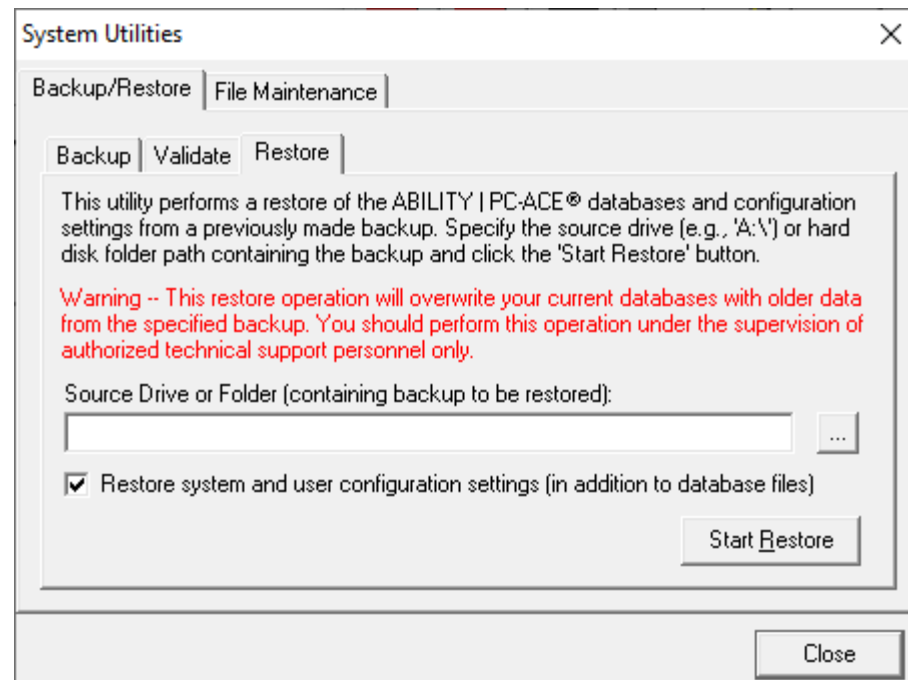
Data Backup

- **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>