



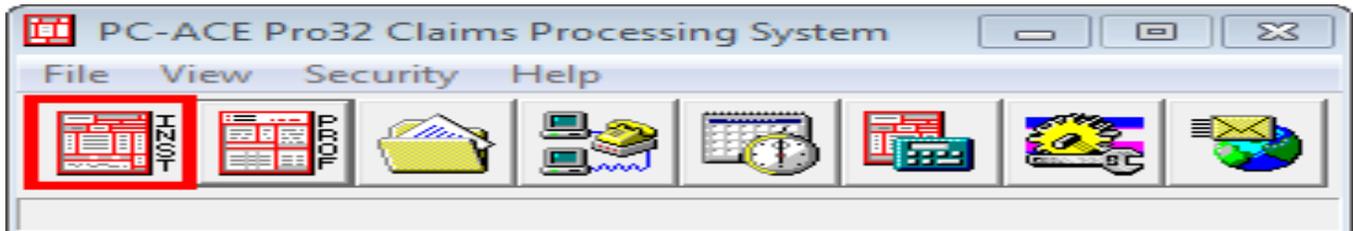
Iowa Department of Human Services

Iowa Medicaid

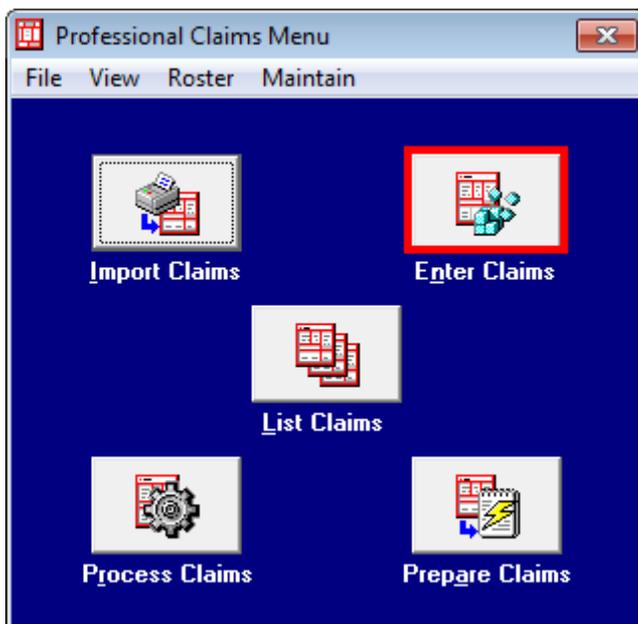
PC-ACE Pro32 – Creating Institutional Claims – UB04

Once the Reference File Maintenance section is completed, the claims may be entered.

From the PC-ACE Pro32 main toolbar, click on the INST (Institutional) button.



The Claims Menu appears.



Click on the Enter Claims button and the Claim Form will appear.

Patient Info & Codes tab:

The screenshot shows the 'Institutional Claim Form' window with the 'Patient' tab selected. Red callouts A through F highlight the following fields:

- A:** LOB (Line of Business) dropdown menu.
- B:** Patient Control No. text field.
- C:** Type of Bill dropdown menu.
- D:** Statement Covers Period date fields.
- E:** Admission date field.
- F:** Value Code/Amount input fields.

The form includes various other fields such as Patient Last Name, First Name, MI, Suffix, Fed Tax ID, Patient Address 1 & 2, Patient City, State, Patient Zip, Country, Patient Phone, Birthdate, Sex, MS, A-Hour Typ, Src, D-Hour, Stat, Medical Record No., Condition Codes, Occurrence Code, Date, Occurrence Span, and Value Code/Amount.

1. LOB (Line of Business) - Required. Press F2 or right-click to obtain a list of valid LOB codes. You should always choose MCD (Medicaid).
2. Patient Control No: Right click in this field or select F2 to bring up the Patient Selection list you completed in the Reference File Maintenance.
3. Type of Bill: Right click in this field or select F2 to bring up the Type of Bill selection list.
4. Statement Covers Period: Enter the first and last dates of service being billed on this claim.
5. Admission: Enter the date of admission. This field is required for Home Health and Hospice providers. Rehab Agencies should leave this field blank.
6. Value Code/Amount: Value Codes are required if covered or non-covered days are included in the billing period.

Complete the Billing Line Items tab with the billing information and any other tabs necessary to complete the billing process.

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

Recalculate Totals: 0.00 0.00

Save Cancel

Click Save.

Note: PC-ACE Pro32 performs a series of edit checking. If errors exist, the Edit Validation Errors List form appears with a list of the errors. Errors preceded by a red **X** are fatal errors and must be corrected before the claim can be submitted. Errors not preceded by a red **X** are non-fatal and should be corrected before submitting the claim.

Edit Validation Errors List

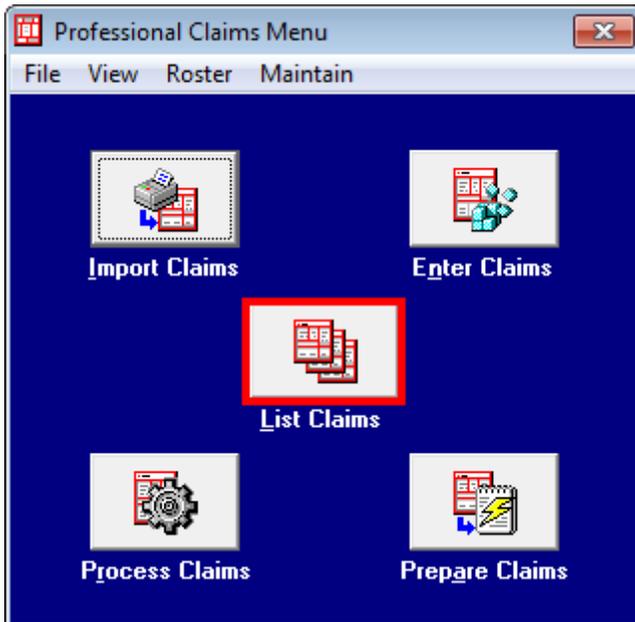
- ✗ Billing Provider Is Required
- ✗ Billing Provider Is Invalid Or Not Unique
- ✗ Patient Control Number Is Required
- ✗ Patient Last Name Is Required
- ✗ Patient First Name Is Required
- ✗ Patient Birth Date Is Required
- ✗ Patient Sex Code Is Required
- ✗ Patient Address Line 1 Is Required
- ✗ Patient City Is Required

Double-click error to jump to the corresponding field.
 ✗ Indicates that error must be corrected before saving.

Close

1. If no errors are present, continue to the next step.
2. If errors are present, correct the errors. There are two ways to access claims to fix errors.
 - a. Double-click on the error in the Edit Validation Errors List to go directly to the field in the claim form.

- b. Close out the Edit Validation Errors List and fix all the errors in the claim form.
3. Once the claim is error free, the claim is saved in a CLN (clean) status and now appears under the List Claims option on the Claims Menu.



Note: Only claims with a status of CLN can be prepared for submission.