This document is intended as a help guide for entering secondary insurance information in the PC-ACE software. It is not intended to replace the general help (accessible by the F1 key) or specific item help (accessible by right-clicking or using the F2 key on a specific item) functions, or the PC-ACE User Manual itself. For assistance with questions not covered in this document, please consult the aforementioned PC-ACE help options.

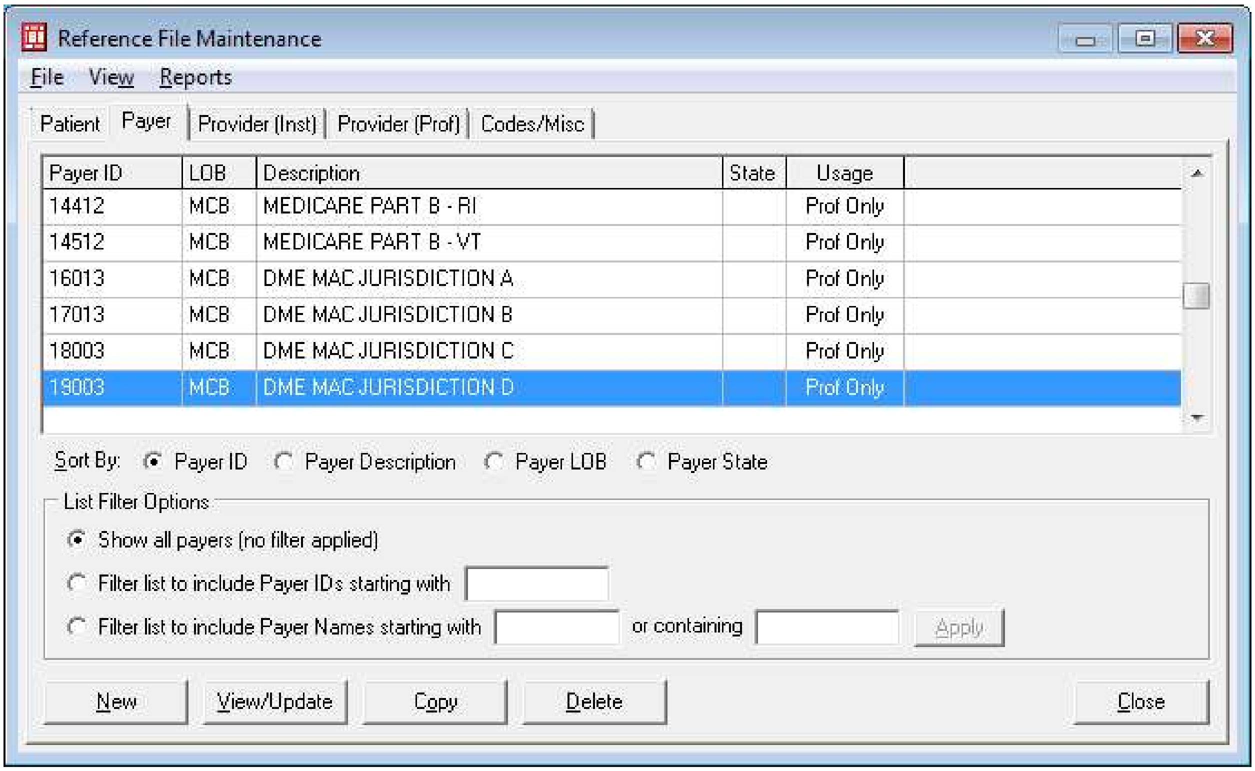
The information in this document is intended to provide the user with enough information to successfully enter claims using medical policy knowledge the user already has. If you have any medical policy questions, please contact the DME MAC Jurisdiction where the claims will be processed.

PC-ACE was designed for both Institutional (Medicare Part A/hospital) and Professional (Medicare Part B/office visits and Durable Medical Equipment/DME) billing. Since this is a DME support document, we will not be covering Medicare Part A or Part B functions.

If you have any questions, please contact the CEDI Help Desk at ngs.cedihelpdesk@anthem.com or at 866-311-9184.

Setting Up Secondary Payers

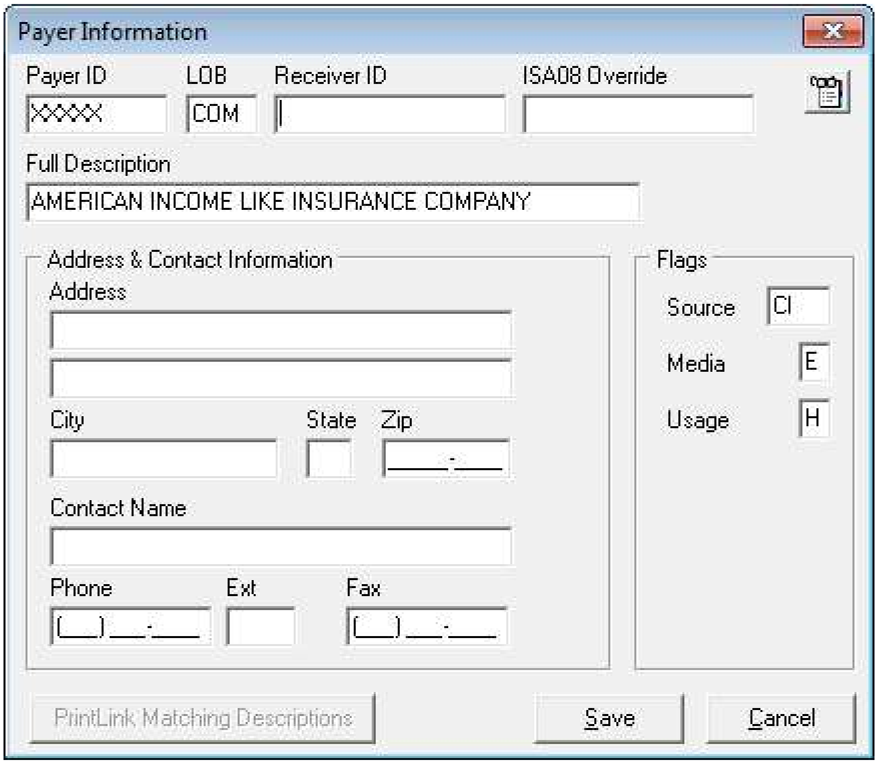
The various insurance plans to be used are set up on the **Payer** tab of the **Reference File Maintenance** menu.



To add non-Medicare insurance, for Coordination of Benefits (COB) or Medicare as Secondary Payer (MSP) purposes, select **New** to add the payer ID.

Note: For more information on how to enter Medicare as Secondary Payer, please refer to the PC-ACE Medicare as Secondary Payer and the PC-ACE User Guide on the CEDI Web site https://www.ngscedi.com.

Payer Information Screen:



Payer ID:

- A valid Coordination of Benefits Agreement (COBA) ID obtained from the Coordination of Benefits Contractor or from the CMS website at https://www.cms.gov/Medicare/Coordination-of-Benefits-and-Recovery/COBA-Trading-Partners/Coordination-of-Benefits-Agreements/Coordination-of-Benefits-Agreement-page.html
- A five digit Payer ID obtained from the secondary insurance company
- A gap-fill ID can be used for cases where a Payer ID is not available (i.e. XXXXX, XXXX1)

LOB (line of business): Right click or use the F2 key lookup function for valid entries.

Note: The **Payer ID** and **LOB** (line of business) combination must be unique. Every effort to obtain a valid Payer ID should be made, as multiple entries for the gap-fill ID XXXXX will not work.

Right-click or use the F2 key lookup function to fill out the other fields indicated in the screenshot above.

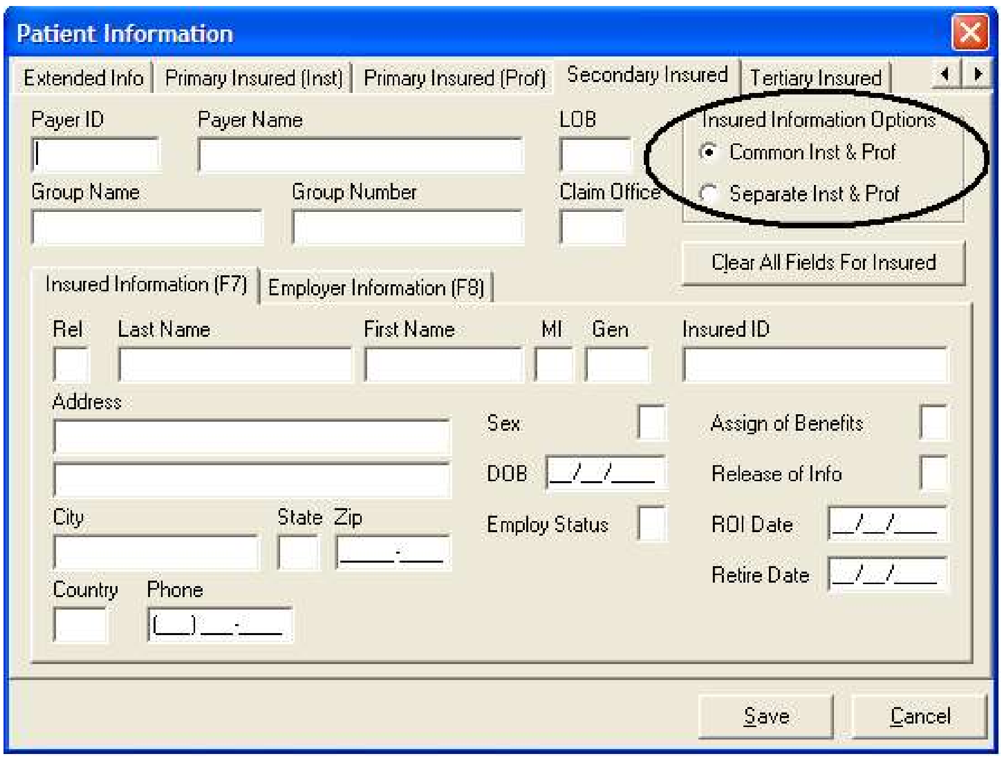
Blank fields in the screenshot above should only have data entered if instructed by CEDI technical support staff.

Selecting Secondary Payers

If the patient has a secondary insurance, the insured party will be added on the **Secondary Insured** tab. The secondary insurance can be set to be a common insurance for both Institutional and Professional claims, or it can be set to have a different insurance for each type of claim.

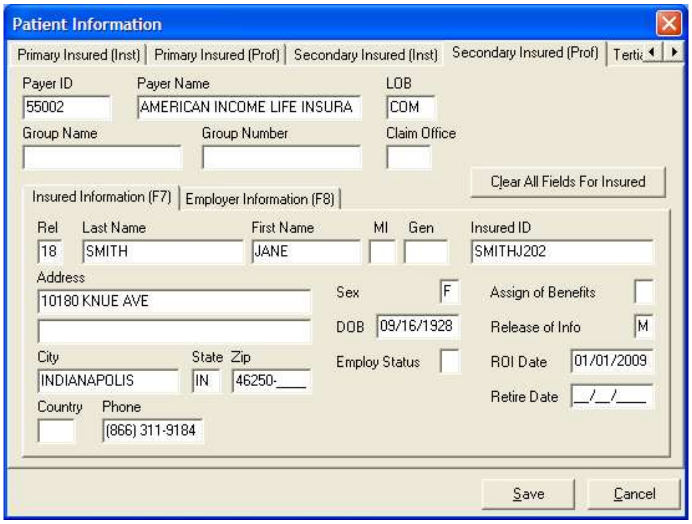
Use the **Patient** tab under **Reference File Maintenance** to select/enter the DME patient you would like to add a secondary insurance.

Under **Secondary Insured**, select **Separate Inst & Prof** to get a tab specifically for **Secondary Insured (Prof).**



The **Secondary Insured (Prof)** tab is filled out the same as the **Primary Insured (Prof)** tab.

Right-click or use the F2 lookup feature to select the secondary payer. This should fill in the Payer ID, Payer Name, and LOB (Line of Business) fields.



Group Name and **Group Number:** These are only entered if they are indicated on the patient's insurance ID card.

Claim Office: This will most likely be blank unless indicated on the insurance ID card.

Insured Information (F7)

Rel: Select the relationship of the patient to the insured party.

- If the relationship is **18 – Self,** this will fill out the rest of the information.
- Right click or use the F2 lookup function to make the appropriate choice.

Insured ID:

- Enter the patient's ID number as it appears on their insurance card.

When a claim is entered for the patient, both the primary and secondary insurance information will be entered in the **Insured Information** tab.

The information in this document is intended to provide the user with enough information in order to successfully enter claims using medical policy knowledge that the user already has. If you have any medical policy questions, please contact the DME MAC Jurisdiction that will process the claim.