

PC ACE

Quick Start

***Family Care and Bureau of Long-Term
Support (BLTS) Programs***

Institutional Claims
V2.3

Contents

**** Note: The pages in this index are hyper linked. All you need to do to get to a certain page is to hover over the page number then CTRL + Click to follow link.**

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WPS EDI Disclaimer

This User's Guide is designed to assist PC ACE users with entering claim data and preparing electronic claim files for transmission to WPS Health Solutions only. Not all the software functionality is addressed in this document. For additional assistance with the software, access the '**Help**' function referenced above. It is the sole responsibility of the software user to ensure that all claim submission and/or policy requirements are met.

PC ACE is a standalone software. WPS Health Solutions does not support Networking or Server set up.

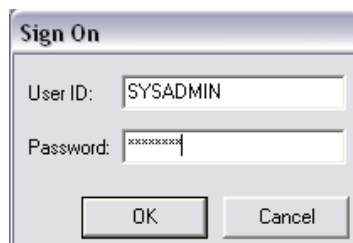
WPS does not support PC ACE software that has been downloaded onto a MAC based computer. This is also not supported by the vendor.

Go to <http://www.wpshealth.com/resources/provider-resources/edi/software.shtml> on a quarterly basis (January, April, July and October), to update your program, so you can avoid the software expiring.

****NOTE:** The Installation of PC ACE will create a folder in your C: Drive titled 'WINPCACE". It is important that this folder is not manipulated (**Add, Remove or Move folders within this folder**) in any way as it will cause the PC ACE software to not perform correctly.

Quick Start - Login

1. Double click any icon on the '**PC ACE Main Form**'. You will be shown the Sign On screen. Enter **SYSADMIN** for User ID and **SYSADMIN** for Password. Click '**OK**'.

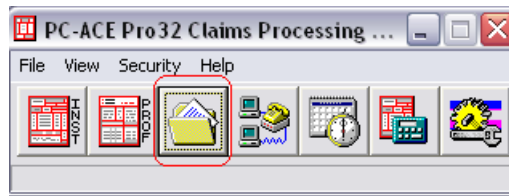


Note: If entered correctly, the main screen of whichever icon you chose will appear, if it is not the screen you want, simply click '**Close**' in the lower right corner to return to the **PC ACE Main Form** and select the correct icon:

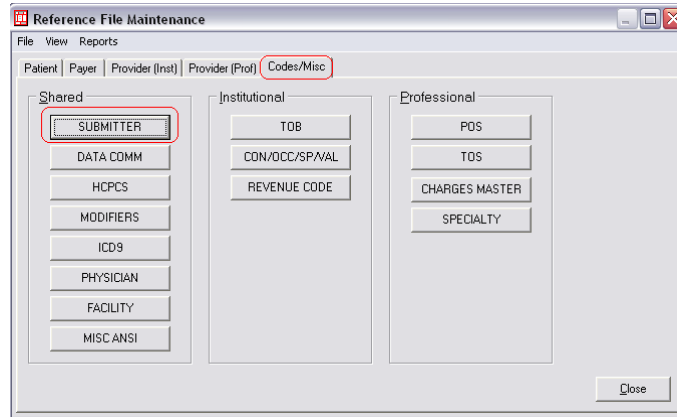
Quick Start – Submitter File Setup

****The following steps show how to perform a one-time Submitter File Setup. It is required that this be done before you begin to enter claims****

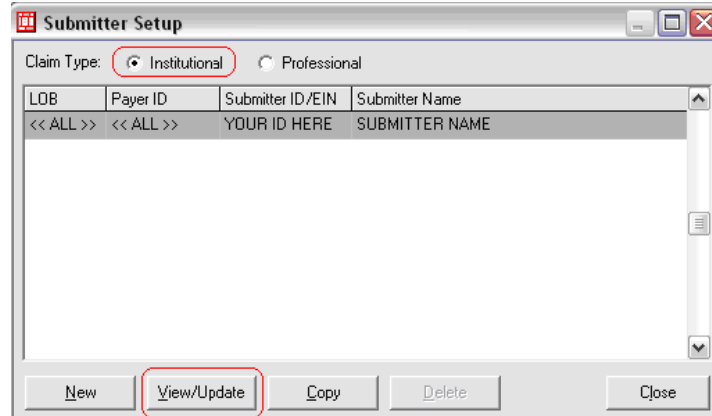
1. From the **PC ACE Main Form** select the '**Reference File Maintenance**' icon:



2. Select the 'Codes/Misc' tab and then on the left side select: 'SUBMITTER':



3. On this screen, be sure you select 'Institutional' then click 'View/Update':



4. After you select 'View/Update' you will see the 'Institutional Submitter Information' screen, fill out only the fields which are highlighted in yellow:

Institutional Submitter Information

General | Prepare | ANSI Info | ANSI Info (2) | ANSI Info (3) | ANSI Info (4)

LOB Payer ID

ID EIN

Name

Address

City State Zip

Phone Fax Country

Contact

E-Mail

- Once the 'General' information is filled out, click the 'Prepare' tab up top, on this screen all necessary fields are filled out for you except 'EMC File'. In this field enter the **Wisconsin Physician Insurance (WPS) Trading Partner/Submitter ID** you received or registered for plus **.DAT** (i.e. **12345.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

Complete the following 'Required' fields on the 'ANSI Info' Tab.

Institutional Submitter Information

General | Prepare | ANSI Info | ANSI Info (2) | ANSI Info (3) | ANSI Info (4)

Submitter Intchg ID Qual. ZZ Acknowledgment Requested

Receiver Intchg ID Qual. ZZ

Authorization Info

Security Info

Additional Submitter EDI Contact Information (Number & Type)

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

Save Cancel

1. **Submitter Intchg ID Qual Field – Required**

Enter: 'ZZ'.

2. **Receiver Intchg ID Qual Field – Required**

Enter: 'ZZ'.

3. **Acknowledgment Requested – Recommended**

Enter 1

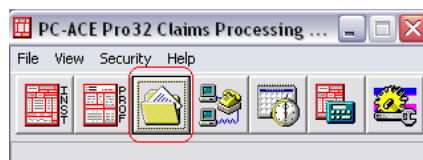
After completing the above information, please click on the save button.

4. After you have done steps 1-5 click 'Save' and the **Submitter File Setup** is complete.

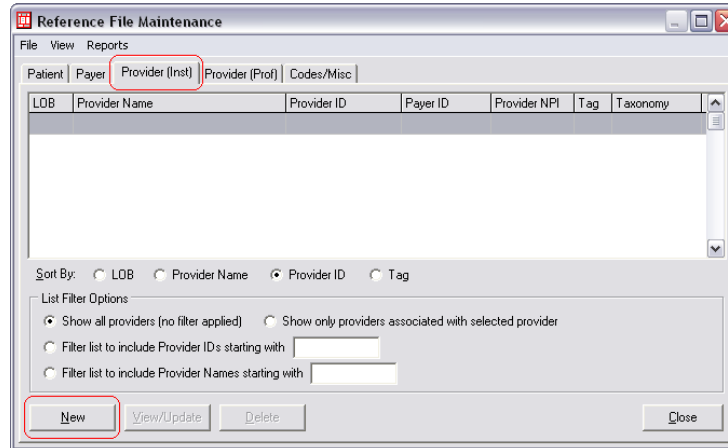
Quick Start – Provider (Inst) File Setup

****The following steps show how to perform a one-time Provider File Setup. It is required that this be done before you begin to enter claims****

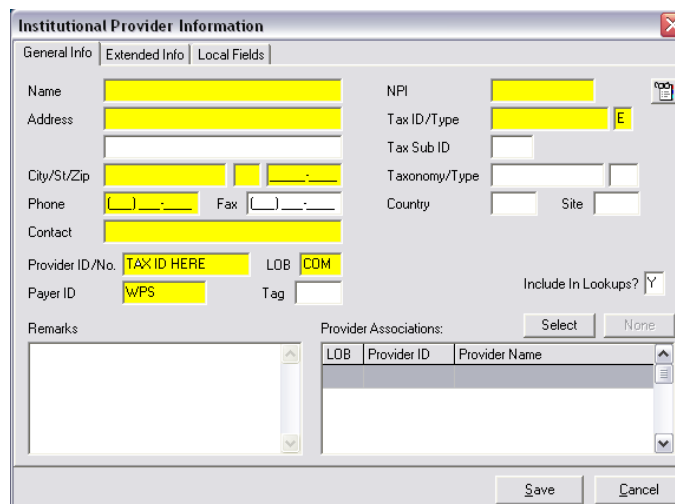
1. From the **PC ACE Main Form** select the **Reference File Maintenance** Icon:



2. Select the 'Provider (Inst)' tab and then click 'New':



3. Fill out the fields highlighted in yellow. Where the form is not requesting your information, use the values listed as shown on the screen below (i.e. 'COM', 'WPS Health Insurance', 'E'). Click 'Save' when complete:



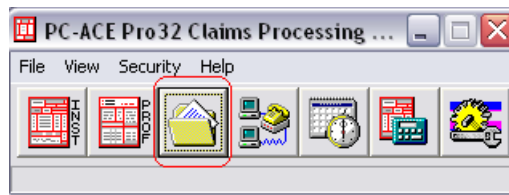
Notes**

- a) The address on this screen is the **SERVICE LOCATION** address and MUST be a physical address, NOT a PO BOX, Dept number, etc...
- b) The address zip code must be 9 digits
- c) You will need to enter an **A** in the Provider Accepts Assign field.
Note: You will find this field on the 'Extended Info' Tab.
- d) If you do not have an **NPI**, enter 'EXEMPT' in this field.
- e) **If you receive payment at a different address:** You will need to fill out the 'PAY-TO' information on the 'Extended Info' tab of this 'Institutional Provider Information' screen (shown on page 7). Follow the same rules in the note above regarding 'NPI', etc.' You will also need to choose a 'Taxonomy' on the 'General Info' tab, choose the closest choice off the list (right click in the field), this is required but will not affect your payment in any way.

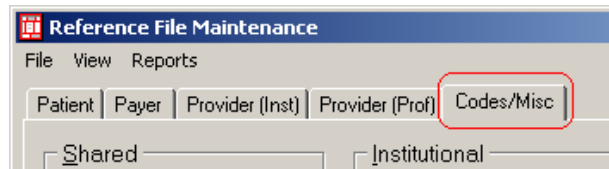
*** **Note:** Do not use any provider information in the above fields except for that information stated in notes a - e.

Quick Start – Physician File Setup

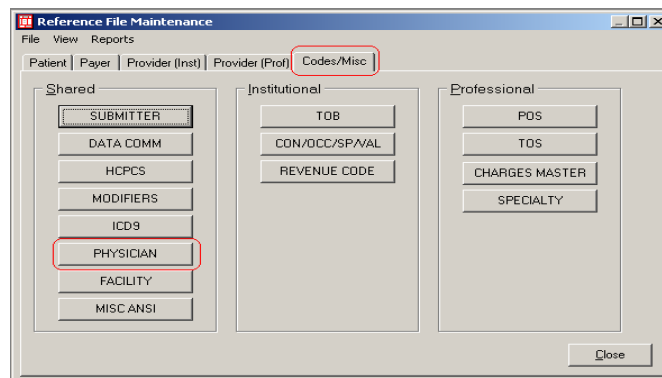
1. From the **PC ACE Main Form** select the **Reference File Maintenance** icon:



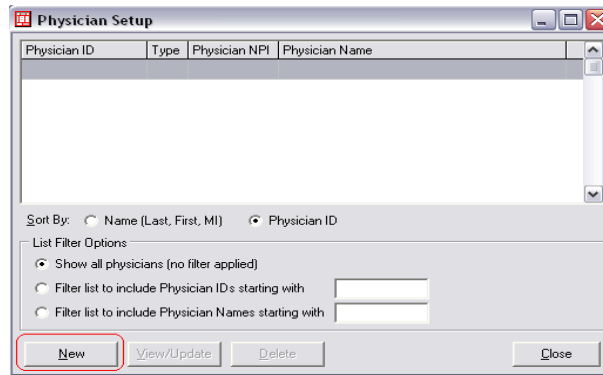
2. Select the '**Codes/Misc**' tab from the Reference File Maintenance screen that appears.



3. Select the '**Physician**' button from the list of Reference Files on the '**Codes/Misc**' tab.



4. Click on 'New' at the bottom of the 'Physician Setup' list that appears.



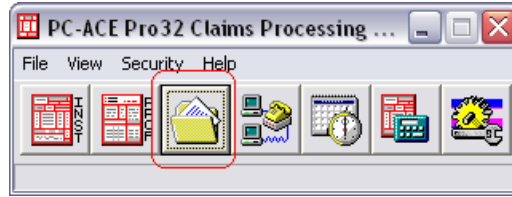
5. Complete the following fields on the 'Physician Information' screen. (highlighted in yellow), then click 'Save'.

- **Physician's Last Name/First Name/MI** – Enter **YOUR** information. This field is required to be entered even though you may not be a physician.
- **Federal Tax ID/Type** – Enter **YOUR** Federal Tax ID. The Type '**E**' must be entered in the smaller of the two fields. This is **YOUR** Tax ID (not the Tax ID of your patient's doctor).
- **NPI** – If you have an NPI enter it. If you do not, enter the word '**EXEMPT**'.

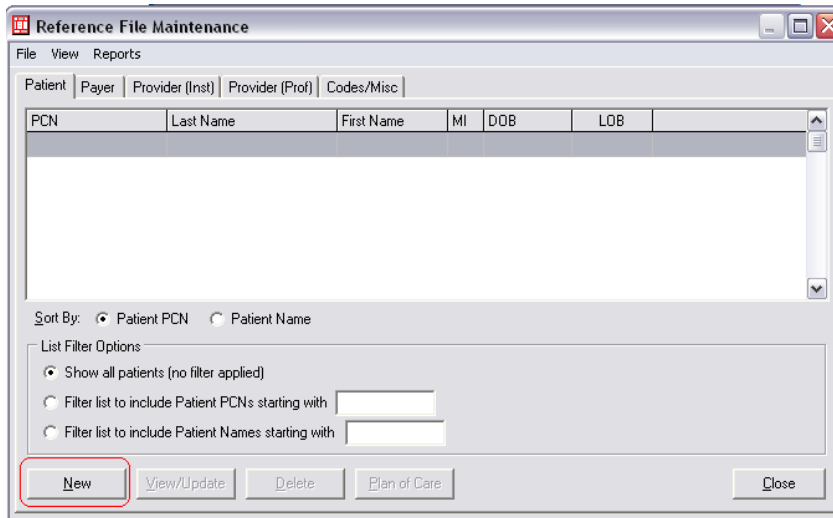
Quick Start – Patient File Setup

****The following steps show how to perform a one-time Patient File Setup. It is NOT required that this be done before you begin to enter claims, but it is strongly recommended, and the rest of this guide instructs assuming you have gone through this step. Patient information may be added 'on-the-fly' while entering a claim but by adding your patients/members to the database this one time you will save yourself from having to add their information every time you enter a claim****

1. From the **PC ACE Main Form** select the **Reference File Maintenance** Icon:



2. Select the **'Patient'** Tab from the **'Reference File Maintenance'** screen that appears. Click **'New'** at the bottom of the Patient Tab screen that appears.



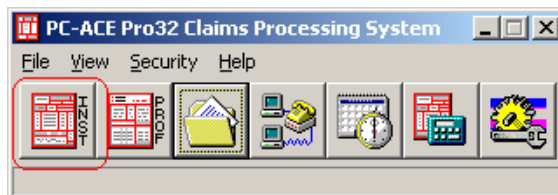
3. Fill out the fields highlighted in **yellow**. Where the form is not requesting your information, use the values listed as shown on the screen below (i.e. **'Y'**, **'C'**, **'Y'**). For **'ROI Date'** enter the date your contract with Family Care or BLTS began, if unknown, enter **'12/01/2009'**.

4. Select the 'Primary Insured (Inst)' tab and complete the following 'Required' fields. When you enter 'WPS' in the 'Payer ID' field the Payer Name and LOB will auto-populate. When you enter '18' in the 'Rel' (Relationship) field, all the remaining fields will auto-populate EXCEPT the 'Insured ID', Enter the nine or 10-digit WPS 'Member ID' from the Authorization form in this field.

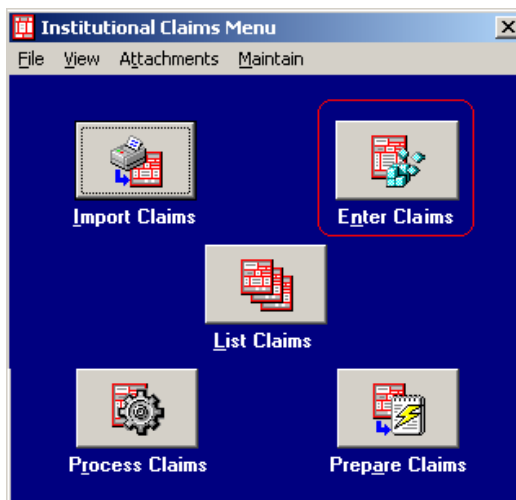
Once all required fields are filled out click 'Save'.

Quick Start – Institutional Claim Form

1. From the PC ACE Main Form select the Institutional Claims Processing icon:



2. On the 'Institutional Claims Menu' select 'Enter Claims':



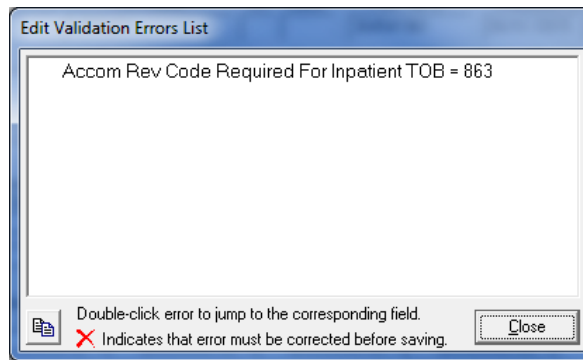
- You are now viewing the 'Institutional Claim Form'. The first screen is the 'Patient Info & Codes' tab.

- **LOB** – Enter **COM**
 - **Patient Control No.** – ‘Right Click in this field and select the patient/member this claim is for. All the patient/member’s information will auto-populate on the claim.
 - **Type of Bill** – Enter the Type of Bill.
***** Note: If you are billing Professional charges as Institutional, please reference page 22 provided by Family Care for service code’s and type of bill to use.**
- Right click in the ‘Type of Bill’ field and select the following

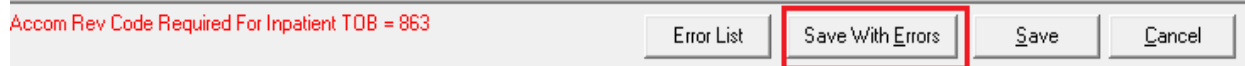
LOB	TOB	Category
COM	78	OUTPATIENT
COM	81	OUTPATIENT
COM	82	OUTPATIENT
COM	83	OUTPATIENT
COM	84	OUTPATIENT
COM	86	INPATIENT
COM	89	OUTPATIENT

- Then enter one of the following codes as the third digit
 - ❖ 1 – Inpatient admit through discharge claim.
 - ❖ 2 – Interim bill — (first claim)
 - ❖ 3 – Interim bill — (continuing claim)
 - ❖ 4 – Interim bill — (final claim)

***** Notes:** For all **86x** Types of Bill, you will need to enter the admit date and Admit Hour. For the Types of Bill **861** and **864**, you will also need the Discharge Hour.
For the claims indicating Outpatient services (service codes starting with '02' or '06', i.e. '0241'). You will receive the following error.

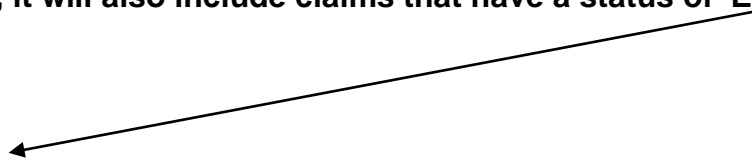


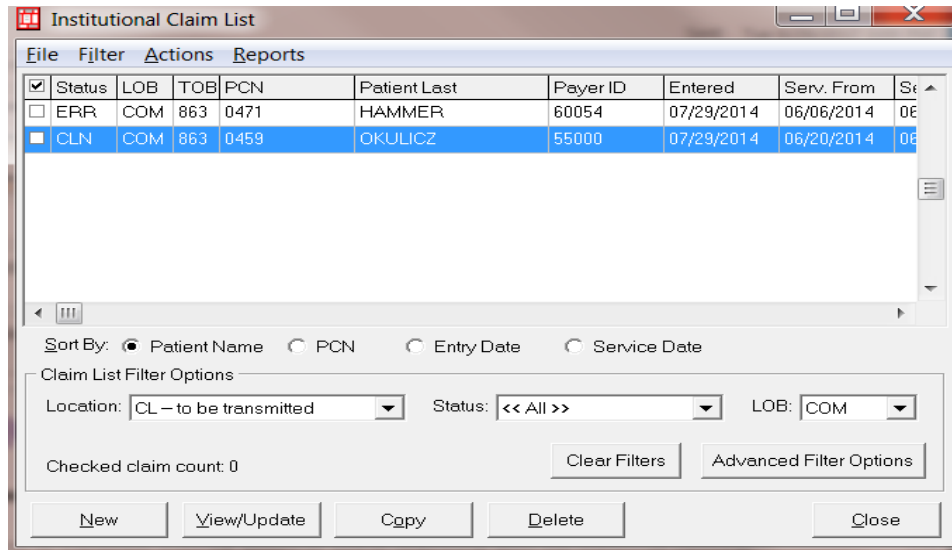
With the above screen, click close and then click save with Errors.



This is not a fatal error and is OK to save the claim with errors. When you prepare your claims, be sure to click include error claims, 'yes'.

***** Note:** When claims are prepared, the Prepare process only Includes claims with a status of 'CLN'. By including claims with errors, it will also include claims that have a status of 'ERR'.





- **Statement Covers Period Fields** – Enter the date of service or date of service range.
 - **Patient Last Name/First Name/MI/ Suffix Fields**
 - **Patient Address/City/State/Zip Fields**
 - **Birthdate (Patient) Field**
 - **Sex (Patient) Field**
 - **Admission Date Field** – Enter the first date of your date of service range (Statement Covers Period 'From' date).
 - **A-HR Field (Admission Hour)** – If unknown enter '12'.
 - **Type Field (Admission Type)** – If unknown, enter '9'.
 - **SRC Field (Admission Source)** – If unknown, enter '9'.
 - **D-HR Field (Discharge Hour)** – If unknown, enter '12'.
*** Note: Enter ONLY if using Type of Bill 861 or 864.
 - **Stat Field (Patient discharge Status)** – If unknown, use '30'.
4. Select the **'Billing Line Items'** tab of the **'Institutional Claim Form'**.

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

Recalculate Totals: 0.00 0.00

- Fill in the Revenue Code (Service code from Family Care Service Authorization file), **Modifiers** (if applicable), Rate, Service Dates, Units (**Units must be submitted as WHOLE numbers**), Total Charges.
 - ** **Only one Service Code may be billed per claim unless it is the same code being billed multiple times on different dates**
- Once you have entered the line items for this claim, click 'Recalculate'.

5. Select the '**Payer Information**' tab of the '**Institutional Claim Form**'. All information on this screen should be completed if you went through the 'Patient File Setup' and have chosen your patient/member from the list on the first screen we visited when entering this claim. The only field you should need to fill out is the '**Authorization Code/Type**'. This is where you will enter the Family Care Authorization number provided on the Authorization form. In the small box to the right, enter '**G1**'.
 - *** **Note: An Authorization Code is NOT required for CLTS/BLTS.**

**** Only one Authorization code may be billed per claim**

6. Select the '**Diagnosis/Procedure**' tab of the '**Institutional Claim Form**' and complete the following fields (highlighted in yellow below). If the '**Principal Diagnosis**' and '**Admitting Diagnosis**' are unknown, enter '**R6889**' (ICD10).

- **ATT ID Type/Last Name/First Name, etc. Fields** – Enter your provider information here (If you have already set up the Physician in the ‘Physician Setup’ tab you can click in the ‘Last/Org Name, First Name or Provider IDs / Types’ fields, Hit F2 and select from the list of Providers you have built. The information will then auto populate with your information. If you have not previously set up your Physician, please refer to Physician Setup on Page 7.

7. After you have completed all the required and applicable fields for the claim, click ‘**Save**’. You are finished if you receive no errors.

Note: If there are errors, a list of what is needed will pop up in front of you. When you close the list, you will see the field(s) with errors flashing in red. Make the necessary correction(s) and then click ‘**Save**’ again.

Disclaimer Code(s)

Special Requirements:

1. When entering the Disclaimer Code information (such as M8), you will start at the ‘**Diagnosis/Procedure**’ tab, then in the Remarks Box Type ‘M8’

Institutional Claim Form

Patient Info & Codes | Billing Line Items | Payer Info | Diagnosis/Procedure | Diag/Proc (2) | Extended General | Ext. General (2) | Extended Payer

Principal Diag. 0020 Other Diagnosis Codes (1 - 17)

DX/PC Admitting Diagnosis 0020 BJ Patient's Reason For Visit Codes (1 - 3) External Cause of Injury Codes (1 - 3) PPS/DRG

Principal Proc Code/Date Other Procedure Codes/Dates (1 - 5) NPI Exempt PDA Type COB? H.H. CR6?

Remarks: M8

Supporting Provider Information

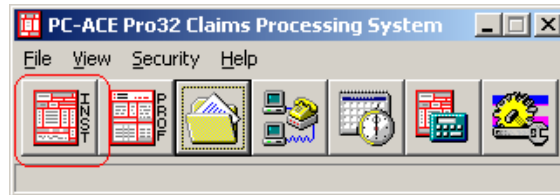
Type	Last/Orig Name	First Name	MI	Suffix	Provider IDs / Types
ATT					
OPR					
OTH					

Save Cancel

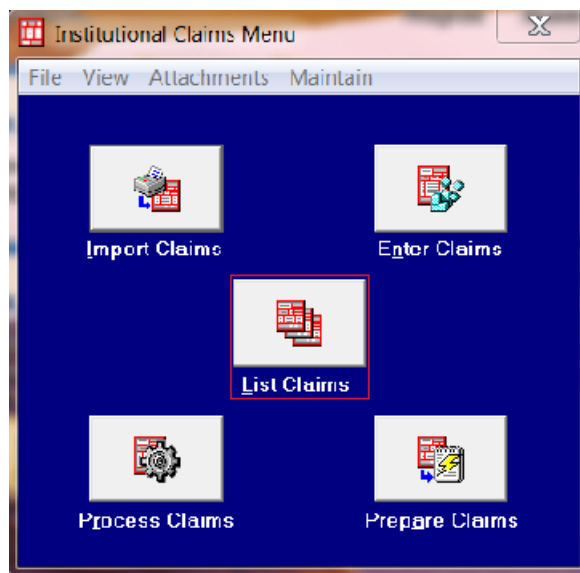
Quick Start – Prepare Claim(s) for Transmission

****Notice: Date editing on all inbound transactions will be done based on WPS Health Solutions local time, e.g. CST (Central Standard Time)**

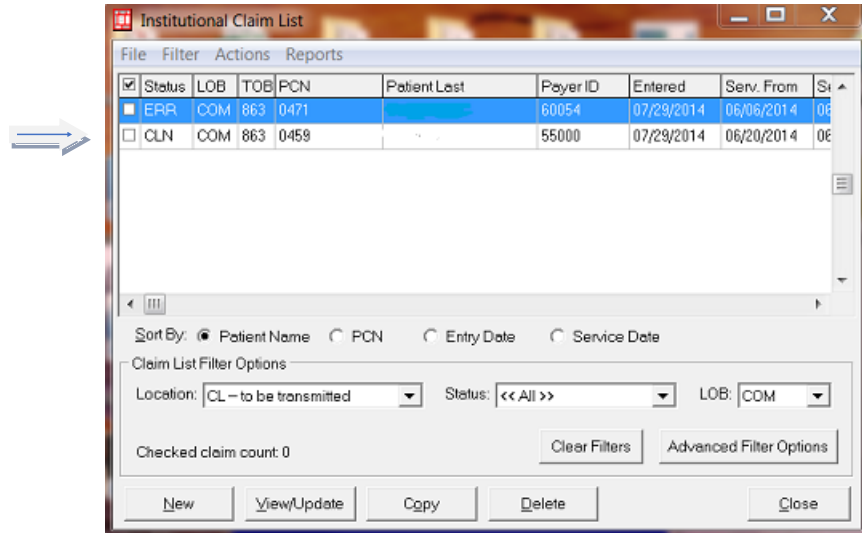
1. From the **PC ACE Main Form**, select the 'Institutional Claims Processing' icon:



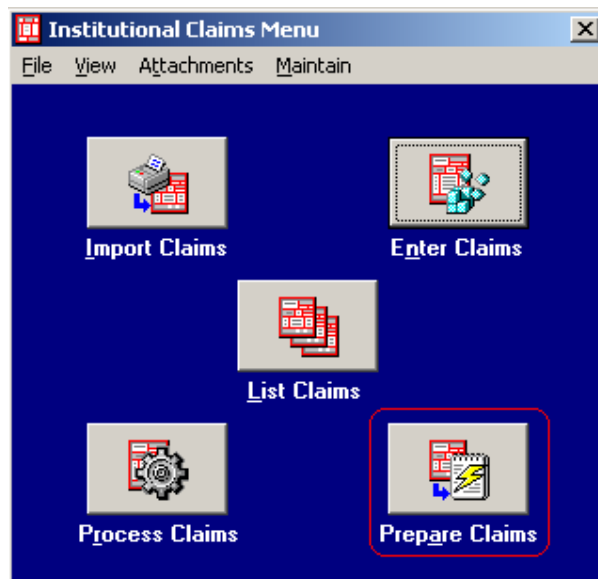
2. On the 'Institutional Claims Menu' select 'List Claims'



This will show you the claims with a status of 'CLN' that are ready to be prepared



3. On the 'Institutional Claims Menu' select 'Prepare Claims':

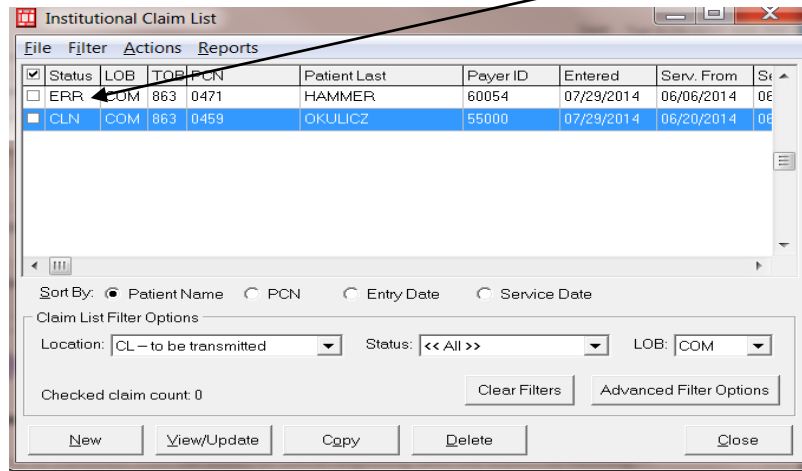


4. You will now see the 'Institutional Claim Prepare for Transmission' screen.

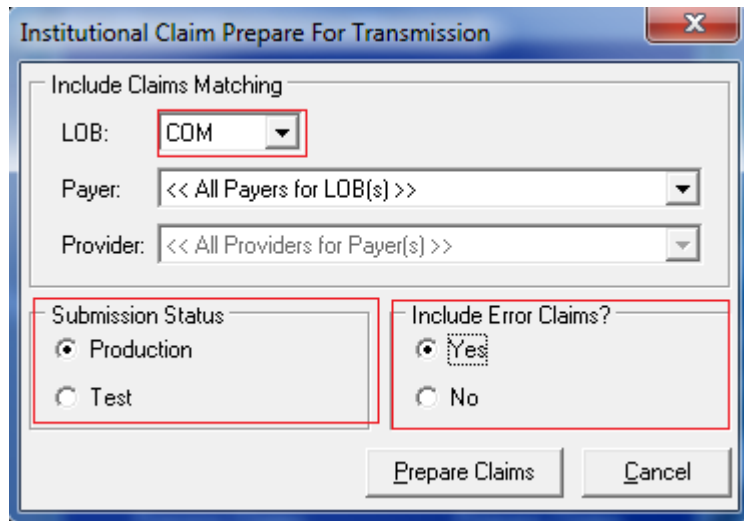
- **LOB** – Select 'COM'
- **Submission Status** – Select 'Production' if you are submitting to get paid. Select 'Test' if you are testing.

- **Include error Claims?** - Select Yes, if you have claims that you saved with Errors (TOB 86X and Outpatient service codes starting with '02' or '06" (i.e. '0241')).

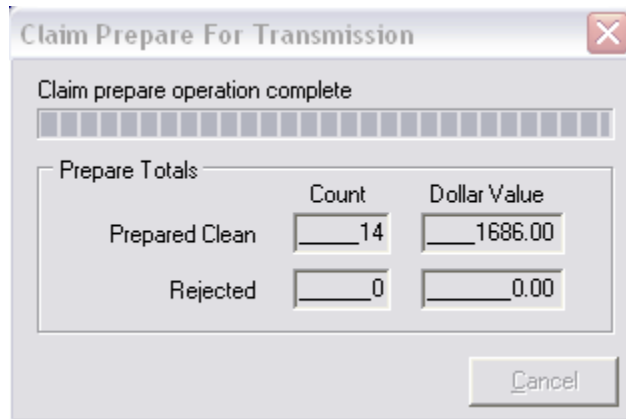
*** **Note: When claims are prepared, the Prepare process only Includes claims with a status of 'CLN'. By including claims with errors, it will also include claims that have a status of 'ERR'.**



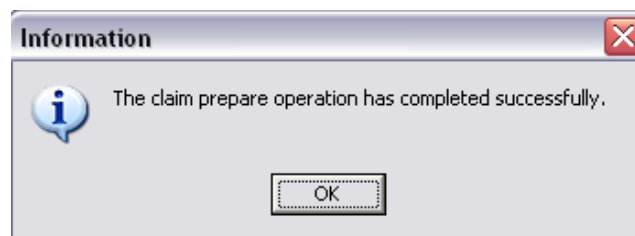
- **Prepare Screen** – should look like below to include claims with errors. If no claims have errors, then the 'Include Error Claims' would equal No.



5. Click '**Prepare Claims**'. Your claims will begin preparing in an electronic format; you will see a screen that looks like this:



6. If all claims prepare successfully, you will receive the following confirmation:



** If you have issue with your claims preparing, reference page 41 of the **Institutional Full User's Guide** for further assistance. The complete guide is at the following website. (<http://www.wpshealth.com/resources/provider-resources/edi/software.shtml>)

7. Click 'OK' and you will now have an Electronic Media Claim File ready for transmission located in the destination drive on your computer where PC ACE was installed (normally the C: drive).

Note: The file is in the WINPCACE folder under file name 'Your Submitter ID.DAT' (i.e. 12345.DAT). This is the file you will upload and send the Secure EDI website.

Correcting Claims that have been Transmitted and/or Reactivating Entire Files

- Step 1:** Select '**Institutional Claims Processing**' from the '**Main Form**'.
- Step 2:** Select '**List Claims**' from the '**Institutional Claims Menu**'.
- Step 3:** In the '**Claim List Filter Options**' section at the bottom of the screen, click on the down arrow button at the end of the '**Location**' box. Choose '**TR – transmitted only**'. This will give you a list of all the claims that have been prepared for transmission.
- Step 4:** On the top menu bar, choose '**Filter**'. A drop-down menu will appear. Choose '**Check all claims from selected transmission**'. A new box will appear titled '**Institutional Claim Transmission Log**'. Highlight the line of the file that the claim needing corrected is in. Click the '**Select**' button.

This will take you back to the **Institutional Claim List** screen. This will put a check mark on the lines for the claims that are included in the transmission file that you selected.

- Step 5:** On the top menu bar, choose **'Actions'**. A drop-down menu will appear. Choose **'Reactivate all Checked Claims'**.

- Step 6:** In the **'Claim List Filter Options'** section at the bottom of the screen, click on the down arrow button at the end of the **'Location'** box. Choose **'CL – to be transmitted'**. This will give you a list of all the claims that have not yet been prepared for transmission. If you do not need to make corrections to any claims, skip to Step 8.

- Step 7:** Locate the line of the claim that must be corrected. Highlight the line. Choose **'View/Update'** button on the bottom of the screen. This will bring up the **'Institutional Claim Form'**. Make your corrections and **'Save'** the claim.

- Step 8:** Once you have corrected all the claims necessary, click **'Close'** on the **'Institutional Claim List'** screen.

- Step 9:** Click **'Process Claims'**. This will bring up a new screen. Choose the correct Line of Business (**LOB**). Click the **'Process'** button. Click **'OK'**. Click **'OK'**. Then click **'Close'**.

- Step 10:** Now follow the instructions for **'Prepare Claims for Transmission'** in this manual.

What Happens Next?

You have now created your claims in an electronic format however; they have not gone anywhere and are still on your computer. To get the claims to WPS Health Solutions you must upload them using the method you chose during one of your first conversations setting up electronic billing. This is the Secure EDI website (using a secure internet connection).

Use the instructions you received to Login (your password should have been sent via email) and Upload your claim file to WPS Health Solutions.

Once WPS Health Solutions receives your file we will promptly send a report letting you know the file was received (reference the Download portion of your instructions for this process). This report normally arrives within a few minutes after your upload.

After your Files have been submitted, you will receive back reports with name(s) that end with **'....TA1,999 or277CA'**. Download this/these important report(s) and they will indicate whether your files/claims have been were accepted or rejected. If any claims have rejected, the report will provide a description of what was in error. **The rejected claims will need to be**

corrected and resent. The claims which have been accepted will go to the claims processing system and you will receive the determination on your Explanation of Benefits (EOB) or Electronic Remittance Advice (ERA). These reports are EDI transactions and are not 'human readable'. Therefore, you will want to follow the instructions on the following pages to have PC ACE translate the file(s) so you can read them.

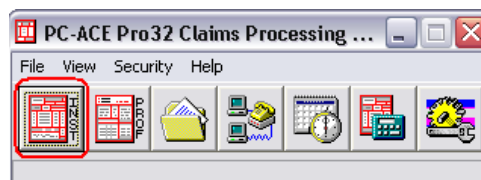
If you have any questions, please feel free to contact the EDI Help Desk at: 1-800-782-2680 (Option 1).

Using PC ACE to Translate TA1 Interchange Acknowledgements

Starting with version 5010A2 the '**TA1Interchange Acknowledgment**' allows WPS Health Solutions to notify you that a valid envelope was received or that problems were encountered within the interchange control structure. The TA1 verifies the envelope of the file only. If you receive a file named '**...TA1**' this means your entire file failed and corrections are needed. Once you translate the file using the steps below you will know what the error(s) is/are.

To translate your TA1 into a 'human-readable' format:

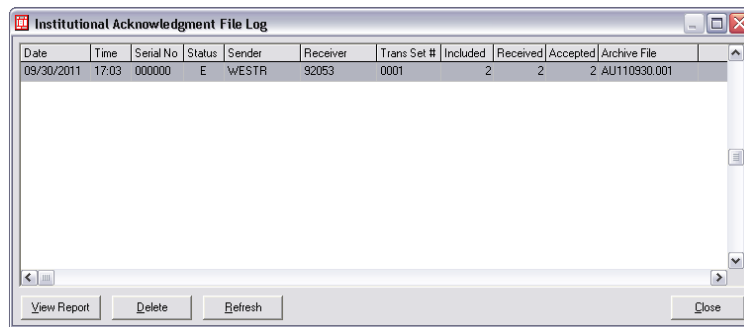
1. Download the TA1 using your selected transmission method of either the WPS Health Solutions BBS (Bulletin Board System) or the Secure EDI Website
2. Place the TA1 file in folder: **C:\WINPCACEMAILBOX**
3. Open PC ACE
4. Click the '**Institutional Claims Processing**' icon from the '**PC ACE main form**':



5. Click '**Maintain**' on the toolbar of the '**Institutional Claims Menu**' and then click '**Acknowledgement File Log**' on the drop-down menu.



- You will now see the '**Institutional Acknowledgement Log**'. Select the record you wish to view by clicking on it to highlight it. Then click '**View Report**'.



- You will now see your '**PC ACE ANSI – 999 Acknowledgment Report**'. You will also have the capability to print this report by clicking the '**Print**' icon on the toolbar:



Using PC ACE to translate 999 Implementation Acknowledgements

Starting with version 5010A2 WPS Health Solutions will send '999 Acknowledgement' reports which will report syntactical and implementation errors against a functional group based on implementation guidelines. The 999 will also confirm receipt of a functional group which fully complies with implementation guidelines. If you receive a file named '**...999**' it could mean you have errors but will also report if a file passed. Once you translate the file using the steps below you will know if there were errors or not.

To translate your 999 (5010A2) into a 'human-readable' format:

- Download the 999 using your selected transmission method of either the WPS Health Solutions BBS (Bulletin Board System) or the Secure EDI Website.

2. Follow the same steps as listed above for translating the 'TA1 Interchange Acknowledgement' starting on page 18.

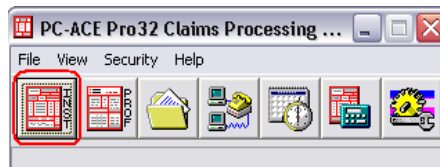
If you have any questions, please feel free to contact the EDI Help Desk at:
1-800-782-2680 (Option 1).

Using PC ACE to Translate 277CA Claim Acknowledgments

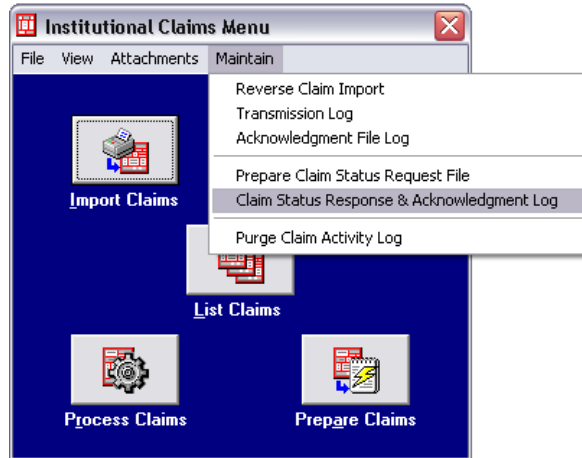
Starting with version 5010A2, WPS Health Solutions will no longer be sending proprietary 'Batch Detail Listing' reports showing your accepted and/or rejected claims. In its place, WPS Health Solutions will be sending the 277CA (Claim Acknowledgement) transaction. If you receive a file named '....277CA' you could have errors, but this report will also advise if all your claims passed. Once you translate the file using the steps below you will know if there were errors or not.

To translate your 277CA into a 'human-readable' format:

1. Download the 277CA using your selected transmission method of either the WPS Health Solutions BBS (Bulletin Board System) or the Secure EDI Website.
2. Place the 277CA file in folder: **C:\WINPCACE\MAILBOX**
3. Open PC ACE
4. Click the '**Institutional Claims Processing**' icon from the '**PC ACE main form**':



5. Click '**Maintain**' on the toolbar of the 'Institutional Claims Menu'.
6. Click '**Claim Status Response & Acknowledgement Log**' on the drop-down menu.



7. You will now see the '**Institutional Claim Status Response & Acknowledgement Log**'. Select the record you wish to view by clicking on it to highlight it. Then click '**View Ack Report**'.
8. You will now see your '**PC ACE ANSI -277 Claim Acknowledgment Report**'. You will also have the capability to print this report by clicking the '**Print**' icon on the toolbar.

If you have any questions, please feel free to contact the EDI Help Desk at: 1-800-782-2680 (Option 1).

Claims Submission for Home Health & Personal Care Services

Claims Submission for Home Health & Personal Care Services

Listed below are the procedure codes with corresponding type of bill and revenue codes that Family Care providers are required to submit using the institutional format.
***** Note: This information was provided to WPS by Family Care, this was not created by WPS Health Insurance.**

Listed below are the procedure codes with corresponding type of bill and revenue codes that Providers are required to submit using the institutional format. For further billing question on the below codes, contact your MCO.

Home Health Services

Procedure Code	Procedure Description	Type of Bill Code	Revenue Code
T1001	Nursing assessment/evaluation	32x	55x
99600	Unlisted home visit service or procedure;	32x	58x
T1502	Administration of oral, intramuscular and/or subcutaneous medication by health care agency/professional, per visit;	32x	55x
T1021	Home health aide or certified nurse assistant, per visit;	32x	58x
S9124	Nursing care, in the home; by licensed practical nurse, per hour;	32x	55x
S9123	Nursing care in the home; by registered nurse, per hour;	32x	55x
99504	Home visit for mechanical ventilation care;	32x	55x
99509	Home visit for assistance with activities of daily living and personal care	32x	58x

Personal Care Services (x = numbers provided on page 23)

Procedure Code	Procedure Description	Type of Bill Code	Revenue Code
99509	Home visit for assistance with activities of daily living and personal care.	32x	57x
99509	Supervisory home visit for assistance with activities of daily living and personal care.	32x	57x
T1019	Personal care services, per 15 minutes or per diem	32x	57x

Type of Bill Codes:

Third digit options for type of bill **32x**:

- 1 – Inpatient admit through discharge claim.
- 2 – Interim bill – (first claim)
- 3 – Interim bill – (continuing claim)
- 4 – Interim bill – (final claim)

Change Summary

Version	Date	Sections/Pages Changed	Change Summary
1.0	10/3/2016	All	Updated for V3.2
1.1	12/19/2016	Page 2 All	Updated Disclaimer code for updating the WINPACAE folder Updated for V3.3
1.2	04/03/2017	All	Updated for V3.4

1.3	06/21/2017	All	Updated for V3.5
1.4	09/25/2017	All	Updated for V3.6
1.5	12/06/2017	All	Updated for V3.7
1.6	3/20/2018	All	Updated for V3.8
1.7	6/19/2018	All	Updated for V3.9
1.8	7/11/2018	All	Added information for Correcting/reactivating claims, corrected some Bullet points that were numbered incorrectly, Changed Red text to Black and added information for saving claims with errors and how to prepare the file to include those claims
1.9	9/28/2018	All	Made family Works requested Changes and updated for V4.0
2.0	12/20/2018	All	Updated for V4.1
2.1	3/12/2019	All	Updated for V4.2
2.2	6/20/2019	All	Updated for V4.3
2.3	9/23/2019	NA	No changes required for V4.4