## 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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Contact Us:
WPS Health Solutions Electronic Data Services
WPS commercial, Family Care and BLTS Programs – 800-782-2680 (Option 1)

or visit our website at:
http://www.wpshealth.com/resources/provider-resources/edi/

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 https://www.wpshealth.com/resources/provider-resources/edi/software.shtml on a quarterly basis (January, April, July and October), to update your program and 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.
Installation

Website Full Install

Go to: https://www.wpsic.com/edi/pcacepro32.shtml

Complete the following steps to install PC ACE:

• **Step 1:** Scroll down to the PC ACE Installations. Click the link titled “Download the PC ACE Full Install” (The screen shown below will appear.)

![50% of setup.exe Completed](image)

- Opening: setup.exe from corporate.wpsic.com
- Estimated time left: 9 sec (5.65 MB of 12.1 MB copied)
- Download to: Temporary Folder
- Transfer rate: 716 KB/Sec.
- Close this dialog box when download completes

- Open
- Open Folder
- Cancel

• **Step 2:** Click “Run”

![IBM Lotus Notes/Domino - Security Warning](image)

- The publisher could not be verified. Are you sure you want to run this software?
- Name: setup.exe
- Publisher: Unknown Publisher

- Run
- Don’t Run

- This file does not have a valid digital signature that verifies its publisher. You should only run software from publishers you trust. [run software from publishers you trust?]

• **Step 3:** You will be asked to enter a password to continue. You will want to contact one of the numbers below that applies to the line of Business you bill for, to receive the password.

**Medicare Helpdesk:**
1-866-518-3285 (Option 1) - J5 and J5 National
1-866-234-7331 (Option 1) - J8

Or by email
Part A edimedicarea@wpsic.com
Part B  edimedicareb@wpsic.com

TRICARE/VAPC3/ARISE/WPS Health Insurance /Family Care/BLTS  Help desk at:
1-800-782-2680

Or by e-mail  edi@wpsic.com

Note: The password will appear as asterisks (******) on your screen when you type it.

•Step 4: A window labeled ‘Drive Selection’ will appear. PC ACE must be installed on your systems hard drive (C). DO NOT SELECT A DIFFERENT DRIVE.

•Step 5: A window labeled ‘Start Installation’ will appear.
Step 6: A ‘Read Me File’ window will now appear. Read this information.

Step 7: A window labeled ‘Installation Complete’ will appear.

The PC ACE icon will appear on your desktop.
Website Upgrade

Quarterly updates to the software are created. You will need to regularly access the following link to determine if the current quarterly upgrade applies to your software. Please make sure you are always on the most current version of the software to utilize the most up-to-date industry information and business edits for the Line of Business you submit claims for.

If you have internet access on the computer with your PC ACE, please follow the directions below to upgrade via the internet. If you do not have internet access, please contact the EDI Help Desk to request that a disc with the upgrade be sent to you in the mail.

- **Note:** You must have the WPS version of PC ACE already installed to complete this upgrade.

**Step 1:**
- On the Main PC ACE toolbar select ‘Help’ and ‘Upgrade your PC ACE’. This will open your default internet browser to URL: [http://www.wpsic.com/edi/pcacepro32.shtml](http://www.wpsic.com/edi/pcacepro32.shtml). This is the website where you will find the link to upgrade to the most current version and find other helpful information regarding PC ACE.

*** Be sure your PC ACE is shut down after selecting ‘Upgrade your PC ACE or you will not be able to successfully upgrade. The Upgrade will not work while PC ACE is running.

- **Once on the website, close you’re PC ACE completely** (the upgrade cannot be done while PC ACE is open). Be sure to view the ‘Upgrade Instructions’, as these instructions contain helpful information you should know, including how to obtain the upgrade password. Then select: ‘Download the PC ACE Upgrade to Version...’ and proceed through the update.
PC ACE Full Installation

(If you do not have any version of PC ACE on your PC)

- Complete Install Instructions
- Download the PC ACE Full Install

PC ACE Upgrade to V4.5

(If you currently have a version of PC ACE on your PC)

- Upgrade Instructions
- Download the PC ACE Upgrade to Version 4.5

  Note: You must first quit PC ACE in order to install the upgrade.

PC ACE Version 4.5 Change Summary

- Professional Change Summary
- Institutional Change Summary

Step 2:
The ‘File Download’ box will appear

[Image of Security Warning dialog box]

a) Select ‘Run’ if you wish to perform the upgrade now, while on-line.

b) Select ‘Save’ if you wish to save the file, pcecup.exe, to your hard (C drive and run the upgrade later. **DO NOT SAVE PCACEUP.EXE TO YOUR WINPCACE FOLDER.** When you are ready to perform the upgrade, locate the file pcecup.exe in your hard drive and double click on the file to execute the upgrade program.

Step 3:
A pop-up box will appear that acknowledges the PC ACE Claims Processing System Wise Installation Wizard has been initialized.
Step 4:
You will be asked to enter a password to continue. You will want to contact one of the numbers below that applies to the line of Business you bill for, to receive the password.

You can email the Medicare Helpdesk for Medicare at:
  edimedicarea@wpsic.com
  edimedicareb@wpsic.com

or call

  J5 and J5 National – 866-518-3285
  J8 – 866-234-7331

You can contact TRICARE/VAPC3/WPS Health Insurance/ARISE/Family Care/BLTS Help desk at:

  1-800-782-2680 or by e-mail at edi@wpsic.com.

Note: The password will appear as asterisks (*******) on your screen when you type it

Step 5:
You will see a ‘Backup Reminder’, if you wish to back up your PC ACE prior to doing the upgrade click ‘No’ and do so. If not, click ‘Yes’ to proceed with the update.
Step 6:
Review the 'Welcome' information and follow the suggested actions. When you are ready to continue, click the 'Next' button.

Step 7:
Click the 'Next' button to continue with the upgrade.

Step 8:
Click the 'Next' button to continue with the upgrade.
Step 9:
Upon successful completion of the upgrade you will see the ‘Update Complete’ pop-up box. Click ‘Finish.’

Step 10:
The last notice is a ‘Backup Reminder’, be sure to run another backup after you have completed this upgrade. Click ‘Ok’ to exit.
Disk Full Install

Please complete the following steps to install your PC ACE software:

Step 1:
- Double-click the 'setup.exe' icon in your CD-ROM drive:

Step 2:
- You will be asked to enter a password to continue. You will want to contact one of the numbers below that applies to what line of Business you bill for, to receive the password.

Medicare Helpdesk:
1-866-518-3285 (Option 1) – J5 and J5 National
1-866-234-7331 (Option 1) – J8

Or by email
Part A edimedicarea@wpsic.com
Part B edimedicareb@wpsic.com

TRICARE/VAPC3/ARISE/WPS Health Insurance /Family Care/BLTS Help desk at:
1-800-782-2680

Or by e-mail
edi@wpsic.com

Note: The password will appear as asterisks (******) on your screen when you type it.

Step 3:
- Once the password is entered you will see the following warning. If you wish to proceed click ‘Next’. If not, select ‘Cancel’ and the installation will close.
Step 4:

- A window labeled ‘Drive Selection’ will appear. PC ACE must be installed on your systems hard drive (normally the (C: drive). **DO NOT SELECT A DIFFERENT DRIVE.** Click ‘Next’ to proceed.

Step 5:

- You are now ready to begin the installation. Click ‘Next’ to begin the installation:

Step 6:

- You will see this screen as the installation begins:
Step 7:

- You will now see a 'Read Me' file. Read this information and click 'Next' to proceed:

Step 8:

- Click 'Finish' and the installation is complete:

You will now have the PC ACE icon on your desktop:
Disk Upgrade

Please complete the following steps to upgrade your PC ACE software to the most current version:

Step 1:

- Double-click the 'pcaceup.exe' icon in your CD-ROM drive:

Step 2:

- You will be asked to enter a password to continue. You will want to contact one of the numbers below that applies to what line of Business you bill for, to receive the password.

**Medicare** Helpdesk:
1-866-518-3285 (Option 1) – J5 and J5 National
1-866-234-7331 (Option 1) – J8
Or by email
Part A edimedicarea@wpsic.com
Part B edimedicareb@wpsic.com

**TRICARE/VAPC3/ARISE/WPS Health Insurance /Family Care/BLTS** Help desk at:
1-800-782-2680

Or by e-mail
edi@wpsic.com
Note: The password will appear as asterisks (*******) when you type it.

Step 3:

- You will see a ‘Backup Reminder’. If you wish to back up your PC ACE prior to doing the upgrade, click ‘No’. If not, click ‘Yes’ to proceed with the update.

Step 4:

- You will now see the following warning. If you wish to proceed click ‘Next’. If not, select ‘Cancel’ and the update will close.
Step 5:

- You are now ready to start the update. Click 'Next'.
• Click ‘Finish’ and the update is complete:

![Update Complete](image)

**Step 9:**

• You will see a ‘Backup Reminder’. Read the reminder and click ‘OK’.

![Backup Reminder](image)

• You have now been updated to the most recent version of **PC ACE**!

**Access/Exit PC ACE**

Once PC ACE installation is complete, an icon for the software will be present on your desktop. Double click this icon to access PC ACE.
The ‘Main Form’ of PC ACE should now appear on your screen.

To Exit:

Click on the ‘X’ in the upper right corner of the ‘Main Form’ to exit the software. You will receive a text message asking if you wish to backup the software.

If you wish to backup your software, type path indicating where you want the software backed up in the field labeled ‘Destination Drive or Folder’ or click ‘Browse’ and find the destination you wish, then click on ‘Start Backup’.

Click on ‘Cancel’ if you do not wish to back up PC ACE now.

It is strongly recommended that you perform the backup operation often when exiting the software.

You need to back up the PC ACE program as described on page 52 of this User Guide.

If you don’t back-up PC ACE and rely upon backing up your entire PC, problems can arise during the restore operation. See Page 52 for more detailed instructions on backing up and restoring your databases.

Overview of Functions Accessed via the Main Menu

INST (Institutional) Claims Processing

PROF (Professional) Claims Processing

Reference File Maintenance
Sign On

Each time you begin a PC ACE session by selecting from the Main Form, you will be prompted to enter a User ID and Password.

The initial User ID is **SYSADMIN**. The initial password is **SYSADMIN**.

This User ID and password can be used at any time to initiate a PC ACE session. You can also set up your own PC ACE User IDs and passwords by accessing the security option from the Main Form toolbar.

**THIS IS NOT THE SAME USER ID AND PASSWORD THAT WAS ASSIGNED TO YOU BY WPS HEALTH SOLUTIONS FOR CLAIM FILE TRANSMISSION.**

PC ACE Key/Mouse Functions

Basic Key Functions:

- **<Tab>** Pressing the **<Tab>** key will move your cursor forward from one field to the next in all screens.
- **<Shift><Tab>** Hold down the **<Shift>** key and press **<Tab>** to move your cursor back one field within any screen.
- **<F2>** Press the **<F2>** key to display a menu of valid values when your cursor is in a field with an associated ‘lookup’.
- **<Alt><F2>** Hold down the **<Alt>** key and press **<F2>** to display all the fields on any screen with associated ‘lookup’ menus of valid values.
- **<F4>** Press **<F4>** to copy data from the same field on the previous line when entering line item data.
- **<Backspace>** Press **<Backspace>** to move backward one space within a field while deleting data.
Basic Mouse Functions:

‘Left Click’ Use a single ‘left click’ to make menu selections, select screen tabs, activate buttons, etc.

Note: Any time you are instructed to ‘click’ on (or select) an item, assume it is a single left click unless otherwise specified.

‘Right Click’ Use a single right click to display a menu of valid values when your cursor is in a field with an associated ‘lookup’. (Same as <F2>)

Note: Once you have finished using any of the PC ACE screens, click on ‘X’ in the upper right corner of the screen to exit and return to the previous menu or Main Form.

Getting Started – System Setup/Reference File Maintenance

Before importing or entering claim data, you will need to complete some system setup. Specifically, you will need to create Submitter Information records, Provider File records and Payer records using the ‘Reference File Maintenance’ function.

The ‘Reference File Maintenance’ function is also used to enter Patient records, Referring/Ordering/Supervising Physician records and Facility records as well as others. These records can be created ‘on-the-fly’ while entering claim information and do not have to be present prior to claim entry.

Submitter File Setup

This must be completed before entering claim data. If you are billing for professional services, please choose all screens documented as ‘professional (prof)’.

The first file that needs to be setup is the ‘Submitter’. This file attaches Submitter information to each file you create and transmit to WPS Health Solutions. A separate ‘Submitter’ record needs to be added for EACH line of business you will be billing for (i.e. Medicare for WI and WPS). Each ‘Submitter’ record needs to be created one time only.

Complete the following steps to create a ‘Submitter’ record:

Step 1: Select ‘Reference File Maintenance’ from the PC ACE Main Form.
Step 2: Select the 'Codes/Misc' Tab from the Reference File Maintenance screen that appears.

Step 3: Select the 'Submitter' button from the list of Reference Files on the 'Codes/Misc' tab.

Step 4: Click on 'New' at the bottom of the 'Submitter' list that appears.

**Pay attention that you are in the 'Professional Claim Type' before making updates.
**Step 5:** Complete the following ‘Required’ fields on the ‘General’ Tab of the ‘Professional Submitter Information’ screen:

1. **LOB Field (Line of Business) – Required**
   If updating the ALL/ALL record, this field will be unavailable. (Right click in field to obtain list of values.)
   - ‘COM’ for WPS Health Insurance including Family Care and BLTS

2. **Payer ID Field – Required**
   If updating the ALL/ALL record, this field will be unavailable. (Right click in field to obtain list of values.)
   - ‘WPS’ = WPS Health Insurance (including the Family Care and BLTS Programs)

3. **ID Field – Required**
   Type your WPS Trading Partner/Submitter ID. Press <Tab> to go on to the next field.

4. **EIN Field (Employer Identification Number) – Not Applicable**
   Press <Tab> to skip this field.

5. **Name Field – Required**
   Type the submitter’s company name. Press <Tab>.
6. **Address/City/State/Zip Fields – Required**
   Complete these fields with the submitter address information. Press <Tab> to move from field to field.

7. **Phone Field – Required**
   Type the submitter's telephone number, including the Area Code. Press <Tab>.

8. **Fax Field – Optional**
   Type the submitter's Fax number, including the Area Code or press <Tab> to leave this field blank.

9. **Country Field – Not Applicable**
   Press <Tab> to skip this field.

10. **Contact Field – Required**
    Type the submitter's contact name (your name). Press <Tab>.

11. **E-Mail Field – Required**
    Enter the business/main contact email address. Press <Tab>.

**Step 6:** Complete the following *required* fields on the 'Prepare' Tab of the 'Professional Submitter Information' screen:

![Institutional Submitter Information](image)

1. **Include Error Claims Field – Required**
   Default is 'N' for 'No'. Leave this field as is. Press <Tab> to access the next field.

2. **Submission Status Field – Required**
   Press <F2> or right click while your cursor is positioned in this field and select:

   ‘P – Production’
Begin with ‘T’ in this field. Change to ‘P’ when approved to submit production files.

3. **EMC Output Format Field – Required**


4. **ANSI Version (837 Prof) – Required**

   Default value is 005010A1. Leave this field as is. Press <Tab> to access the next field.

5. **ANSI Version (837 Dent) – Required**

   Default value is 005010A2. Leave this field as is. Press <Tab> to access the next field.

6. **ANSI Version (270) – Required**

   Default value is 005010A1. Leave this field as is. Press <Tab> to access the next field.

7. **ANSI Version (276) – Required**

   Default value is 005010. Leave this field as is. Press <Tab> to access the next field.

8. **EMC File Field – Required (IMPORTANT! **)

   Type your 5-digit WPS Trading Partner/Submitter ID followed by ‘.DAT’.

   **Example:** If your User ID is 94999, type 94999.DAT. (Note: This is an EXAMPLE. Your Submitter ID is specific to you!)

   **This field determines the name of the file that is created and transmitted to WPS Health Solutions.**

9. **Vendor/Intermediary Fields – Not Applicable**

   Press <Tab> to skip all 4 of these fields.

10. **Next Serial No. Field – Automatically Assigned**

    This value is automatically tracked by the software and cannot be accessed by the user.

   ■**Step 7:** Complete the following ‘Required’ fields on the ‘ANSI Info’ Tab.
1. **Submitter Intchg ID Qual Field** – *Required*  
   Type ‘ZZ’.

2. **Receiver Intchg ID Qual Field** – *Required*  
   Type ‘ZZ’.

3. **Acknowledgment Requested** – *Recommended* Enter 1.

4. **Authorization Info Field** – *Not Used*  
   Leave this field blank.

5. **Security Info Field** – *Not Used*  
   Leave this field blank.

6. **Acknowledgement Requested Field** – *Not Used*  
   Leave this field as is.

7. **Additional Submitter EDI Contact Information Fields** – *Optional*  
   These fields can be used to enter your email address, fax number, etc. They can be left blank.

*NOTE:* Information is not required on the ‘ANSI Info (2), (3), or (4)’ Tabs. Do not change/add any of the data on these screens.

■ **Step 8:** Once you have completed all the required fields on the ‘General’, ‘Prepare’ and ‘ANSI Info’ Tabs, click ‘Save’.

You will be returned to the initial ‘Submitter Setup’ screen and the Submitter Record that you added will appear on the list.
You can modify/correct or update the information in any of your ‘Submitter’ records by selecting the record from the ‘Submitter Setup’ screen and clicking on ‘View/Update’. Be sure to click ‘Save’ after making any modifications.

Provider File Setup

This must be completed before entering claim data. PC ACE requires the differentiation between ‘Solo’ providers (where the Billing and Rendering Provider Numbers are the same) and ‘Group’ providers (where there is one Billing Provider Number and one or more individual Rendering Provider Numbers). When setting up provider numbers be careful to choose ‘Provider (Prof)’ instead of ‘Provider (Inst)’.

Creating a Solo Provider Record
Complete the following steps to create a ‘Solo’ provider number:

Note: ‘Solo’ applies to private practitioners, ambulance services, independent labs or any provider with the same Billing and Rendering Provider numbers.

■Step 1: Select ‘Reference File Maintenance’ from the PC ACE Main Form.

■Step 2: Select the ‘Provider (Prof)’ Tab from the Reference File Maintenance screen that appears.

■Step 3: Click ‘New’ at the bottom of the Provider Tab screen that appears.

■Step 4: Select ‘Create a completely new provider (all fields blank)’ from the ‘New Provider Options’ window that appears. Click ‘OK’. This will not appear when entering the first provider record.
The ‘Professional Provider Information – General Info’ Tab will be displayed.

★Step 5: Select ‘Solo Practice’ and complete the following ‘Required’ fields on the ‘Professional Provider Information – General Info’ Tab:

1. **Organization Field – Situational**
   Type the ‘Organization’ name in this field if it applies (i.e. the ambulance service company name). If the solo provider is a person, leave this field blank and complete ‘Name’ fields that follow.

2. **Last/First/MI Fields – Situational**
Type the provider’s Last Name, First Name and Middle Initial in the appropriate fields. If the solo provider is an organization (i.e. ambulance service) these fields do not need to be completed.

3. **Address/City/St/Zip – Required**
   Type the provider’s address, city, state and zip code (9 digits) in the appropriate fields. **This is the address where SERVICES ARE PROVIDED.** See page 18 to see where to add the Billing or ‘Pay To’ address.

4. **Phone – Required**
   Type the provider’s telephone number (including the area code).

5. **Fax – Optional**
   Type the provider’s fax number (including the area code) if applicable.

6. **Contact Field – Required**
   Type the contact name.

7. **Provider ID/No. Field – Required**
   Type the Provider’s ID that is appropriate for the line of business this record will be used for.
   - For the Family Care and BLTS Programs, this field should contain the provider’s Federal Tax ID.

8. **LOB Field (Line of Business) – Required**
   Press <F2> or right click while your cursor is in the field to obtain a list of valid Line of Business values. Choose:
   - ‘COM’ for WPS Health Insurance (Family Care and BLTS Programs)

9. **Payer ID Field – Required**
   Press <F2> or right click while your cursor is in the field to obtain a list of valid Payer ID values. Choose:
   - ‘WPS’ = WPS Health Insurance (Family Care and BLTS Programs)

10. **Tag Field – Optional**
    This field can be used to ‘Tag’ this provider record for your identification. The data from this field is not required, nor is it submitted to WPS Health Solutions. You can press <Tab> to bypass this field.

11. **Group Label Field – Not applicable for solo provider**

12. **NPI (National Provider Identifier) – Required**
    Enter the NPI number assigned to the provider.

   **Note:** If you are an atypical provider who is not required to obtain an NPI, please type ‘EXEMPT’ in the NPI field.
13. **Tax ID/Type Fields – Required**
   Type the provider’s 9-digit Federal Tax ID in the first field. Do not include hyphens, spaces or other special characters.

   The second field is for 'Tax Type'. Enter:
   - ‘E’ – Employer Identification Number

14. **UPIN Field – Optional**
   *(Not used by Family Care or CLTS/BLTS Programs)*

15. **Specialty Field – Optional**
   Type the appropriate ‘Provider Specialty’ code. <F2> or right click while your cursor is in the field for a list of valid Provider Specialty codes.

16. **Type Org Field – Optional**
   Press <F2> or right click while your cursor is in this field to obtain a list of valid values or press <Tab> to bypass the field.

17. **Taxonomy Field – Situational but Recommended**
   This is required for Ambulance providers and strongly recommended for other providers. Press <F2> or right click while your cursor is in this field to obtain a list of valid Provider Taxonomy codes.

18. **Accept Assign? Field – Required**
   Indicate whether the provider accepts assignment for this line of business. Press <F2> or right click while your cursor is in this field to obtain a list of valid values.
   - A – Assigned
   - B – Assignment accepted for clinical lab services only
   - C – Not Assigned
   - P – Patient refuses to assign benefits (4010 Only)

19. **Participating? Field – Required**
   Type ‘Y’ for Family Care and BLTS.

20. **Signature Ind Field – Required**
   Type ‘Y’ to indicate the provider has a signed agreement for electronic claim filing on file with WPS Health Solutions.

21. **Date Field – Required**
   Type the date (or approximate date) that the signed agreement was filed with this line of business.

22. **Provider Roles Fields – Required and defaults to values listed below**
   ** The default values for Solo Provider Roles are ‘Billing’ Field = ‘Y’ and ‘Rendering’ Field = ‘N’. DO NOT CHANGE
Step 6: Once you have completed all the fields on the 'General Info' tab, select the 'Extended Info' tab.

** If you receive payment at a different address than on the ‘General Info’ tab: You will need to fill out the ‘PAY-TO’ information on this ‘Extended Info’ screen. Follow the same rules regarding the ‘Organization Name, 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. **

Step 7: Once you have completed all the required ‘Professional Provider Information’ fields, click ‘Save’. You will be prompted to enter a Taxonomy/Type. Right click in the field and choose the closest specialty to matching your office as possible (do not worry, there is no wrong choice, and this will not affect how you are paid).

If any required fields are not completed or if any fields contain invalid code values, the specific errors will be highlighted. You will need to make corrections before saving the record.

Once the record has been saved, you will be returned to the ‘Provider’ Tab of the ‘Reference File Maintenance’ function. The provider records you added will appear on the list. If you wish to view or modify the record, click on ‘View/Update’, make any changes and save the record again.

Payer File Setup

Any time you need to report insurance coverage other than WPS Health Insurance (including Family Care and BLTS), a ‘Payer’ record must exist for the plan before entering patient data and claim information. This must be completed before entering claim data. You will need to
create a ‘Payer’ record for each insurance company/benefit that your patients have as PRIMARY or SECONDARY (including Medigap) plans.

Most of Family Care and CLTS/BLTS users will select WPS Health Insurance and will not need to build additional Payer records **.

Complete the following steps to create a ‘Payer File’ record for a primary or secondary insurance plan/benefit.

■ Step 1: Select ‘Reference File Maintenance’ from the PC ACE Main Form.

■ Step 2: Select the ‘Payer’ Tab from the Reference File Maintenance screen that appears.

A list of ‘Payer’ records that have already been added to the file will be displayed.

■ Step 3: Click on ‘New’ at the bottom of the ‘Payer’ list.
Step 4: Complete the following 'Required' fields on the 'Payer Information' screen:

1. **Payer ID Field – Required**
   Type the 'Payer ID' assigned to this Payer. If you are creating a record for a Medigap policy, this is the Medigap Number assigned by Medicare.

   If you do not know the 'Payer ID', use '99999'. If you have multiple payers for which you don't know the payer IDs, you must add them with a different number. We suggest using '99999A', '99999B', '99999C', etc.

2. **LOB Field (Line of Business) – Required**
   Press <F2> or right click while your cursor is in the field to obtain a list of valid values.

   - 'BC' = Blue Cross (Inst)
   - 'BS' = Blue Shield (Prof)
   - 'COM' = Commercial Insurance Plan
   - 'GAP' = Medigap Policy
   - 'HMO' = Managed Care
   - 'MCA' = Medicare Part A
   - 'MCB' = Medicare Part B
   - 'MCD' = Medicaid
   - 'TRI' = TRICARE
   - 'VA' = VAPC3

3. **Receiver ID Field – Not Applicable for Primary and Secondary Payers**
   Press <Tab> to bypass this field.

4. **ISA Override – Not Applicable**
   Press <Tab> to bypass this field.

5. **Full Description Field – Required**
   Type the 'Payer' (Insurance Plan/Benefit) name.

6. **Address/City/State/Zip Fields – Optional**
   Type the payer's address in the appropriate fields if known.
   ** WPS Health Solutions recommends that these fields are completed **

7. **Contact Name/Phone/Ext/Fax fields – Optional**
Type the name and telephone/fax number(s) of your contact at this payer’s office if known.

8. **Source Field – Required**

Press <F2> or right click while your cursor is in this field to obtain a list of valid ‘Source’ values. Select the most appropriate value for this payer.

9. **Edit Ind Field – Optional**

Press <F2> or right click while your cursor is in this field to obtain a list of valid ‘Edit Indicators’. Select the most appropriate value for this payer.

10. **Media Field – Optional**

Press <F2> or right click while your cursor is in this field to obtain a list of valid ‘Media’ values. Select the most appropriate value for this payer.

11. **Card Field – Not Used**

Press <Tab> to bypass this field.

12. **Address Field (Y/N Indicator) – Optional**

This Y/N field indicates whether the payer address is required. If you select ‘Y’, the payer address fields must be completed. WPS Health Solutions recommends that this field is ‘Y’ and the payer address fields are completed.

13. **Usage Field – Leave Blank**

Leave this field blank. The software will auto-populate this field.

■ **Step 5:** Once you have completed all the required ‘Payer Information’ fields, click on ‘Save’.

If any required fields are not completed or if any fields contain invalid code values, the specific errors will be highlighted. You will need to make corrections before saving the record.

Once the record has been saved, you will be returned to the ‘Payer’ Tab of the ‘Reference File Maintenance’ function. The payer records you added will appear on the list. If you wish to view or modify the record, click on ‘View/Update’, make any modifications and save the record again.

**Patient File Setup**

*Records can be added to this file ‘on-the-fly’ while entering claim data. You need to create a Patient File record for each patient either before entering claims for that patient or while entering the first claim for the patient.*

The Patient Information function of PC ACE consists of 6 separate tabs:

- **General Information Tab (Required)**
  This tab contains general information such as the patient’s name, address and demographic information.
Extended Information Tab *(Optional)*
This tab contains ‘Legal Representative’ and patient-specific provider information. None of this information is required.

Primary Insured Tab Institutional (INST) *(Not Used for Professional Claims)*
This tab is used only for Institutional Claims.

Primary Insured Tab Professional (Prof) *(Required)*
This tab contains information regarding the patient’s PRIMARY INSURANCE information. This tab can contain WPS Health Insurance information or information pertaining to any other primary payer.

Secondary Insured Information *(Situational)*
This tab must be completed only if the patient has a secondary insurance benefit.

Tertiary Insured Information *(Optional)*
This tab is used to report information pertaining to a patient’s third insurance benefit if applicable.

Complete the following steps to create a new patient record:

- **Step 1:** Select ‘Reference File Maintenance’ from the PC ACE Main Form.

  ![Reference File Maintenance](image)

  Note: If you are entering the patient record while keying the first claim for the patient, you will access the Patient File by right clicking on the ‘Patient Control No.’ field on the first claim entry screen.

  ![Patient File Maintenance](image)

- **Step 2:** Select the ‘Patient’ Tab from the Reference File Maintenance screen that appears.

- **Step 3:** Click ‘New’ at the bottom of the Patient Tab screen that appears.
Step 4: Complete the following ‘Required’ fields on the ‘Patient – General Information’ tab:

1. **Last Name Field – Required**
   Type the patient’s Last Name.

2. **First Name Field – Required**
   Type the patient’s First Name.

3. **MI (Middle Initial) Field – Optional**
   Type the patient’s Middle Initial or press <Tab> to bypass the field.

4. **Gen. (Generation) Field – Optional**
   Type any applicable ‘generation’ information (i.e. I, II, III, Jr, Sr, etc) or press <Tab> to bypass the field.

5. **Patient Control No. (PCN) Field – Required**
   Type a ‘Patient Control Number’ that you have assigned to this patient. This field can be any patient account number you wish to use. The data can be alpha, numeric or a combination of the two data types. If you are unsure, enter the patient’s last name.
6. **Address/City/State/Zip Fields – Required**
   Type the patient’s address, city, state and zip code in the appropriate fields. This is the patient’s permanent address.

7. **Phone Field – Optional**
   Type the patient’s home telephone number (including the area code) or press <Tab> to bypass the field.

8. **Active Patient Field – Required**
   Type ‘Y’ to indicate this is an active patient. ‘N’ will indicate that the patient record is inactive.

9. **Sex Field – Required**
   Type ‘F’ for female; ‘M’ for Male.

10. **DOB (Date of Birth) Field – Required**
    Type the patient’s date of birth (MM/DD/CCYY). You must use the 4-digit year (i.e. 1944).

11. **Marital/Employment/Student Status Fields – Optional**
    Press <F2> or right click in any of these fields to obtain a list of valid values for each. You can press <Tab> to bypass these fields.

12. **CBSA – Situational (Used for Institutional Only)**
    Core Based Statistical Area, a 5-digit code specifying the core statistical area in which the patient lives.

13. **Discharge Status Field – Optional**
    This applies to institutional, UB-92 claim billing only. Press <Tab> to bypass the field.

14. **Death Ind. Field – Optional**
    ‘Y’ indicates that the patient is deceased. ‘N’ or blank indicates that the patient is not deceased. You can press <Tab> to bypass this field.

15. **DOD (Date of Death) Field – Situational**
    Enter the date of death (if applicable) or press <Tab> to bypass the field.

16. **Signature On File Fields (2 Fields)**

    ![Signature On File Diagram]

    - **First Field (SOF1) – Not Applicable**
      This field will not be available.

    - **Second Field (SOF2) – Required**
Press <F2> or right click while in this field to obtain a list of valid ‘Signature on File’ values. Family Care and BLTS providers enter ‘C’

17. Release of Info. Field – Required
Enter ‘Y’ which indicates that the patient has authorized the release of medical information to the payers.

18. ROI (Release of Information) Date – Optional
Type the date the patient authorized the release of information (MM/ DD/CCYY). Family Care and BLTS providers enter the date your contract started. If unknown enter 12/01/09.

■ Step 5: Once you have completed the required fields on the ‘Patient – General Information’ tab, you can select the optional ‘Patient – Extended Information’ tab and complete any of the fields that may apply.

■ Step 6: Select the ‘Primary Insured Prof’ tab and complete the following ‘Required’ fields.

1. Payer ID Field – Required
Press <F2> or right click while your cursor is in this field to access the ‘Payer Selection’ screen from the ‘Reference File – Payer Tab’. Left click on the record from this selection screen that corresponds with this patient’s primary insurance and click ‘Select’.
You will be returned to the ‘Patient – Primary Insured’ screen and the required ‘Payer ID’, ‘Payer Name’ and ‘LOB’ fields will be completed.

**Note:** All payers MUST have a record in the ‘Payer’ reference file BEFORE entering patient information. You MAY need to add payer records.

2. **Group Name** – *Optional*
   This field is not applicable. Enter the Group Name for any other benefit or press <Tab> to bypass the field.

3. **Group Number** – *Optional*
   This field is not applicable. Enter the Group Number for any other benefit or press <Tab> to bypass the field.

4. **Claim Office** – *Optional*
   This field is not applicable. Enter the Claim Office ID for any other benefit or press <Tab> to bypass the field.

5. **Rel (Relationship) Field** – *Required*
   This field appears on the ‘Insured Information’ tab at the bottom of the ‘Primary Insured’ tab screen.

   For Family Care and BLTS claims, the ‘Rel’ field should always contain ‘18’ indicating that the patient is the insured. Press <F2> or right click while your cursor is in the field to obtain a list of valid relationship codes.

6. **Last Name Field** – *Required*
   Type the insured’s Last Name.

7. **First Name Field** – *Required*
   Type the insured’s First Name.

8. **MI (Middle Initial) Field** – *Optional*
   Type the insured’s Middle Initial or press <Tab> to bypass the field.

9. **Insured ID Field** – *Required*
   Type the Insured ID. For Family Care and BLTS, this is the Member/Client ID found on the Authorization form.
10. **Gen (Generation) Field – Optional**
    Type the insured’s generation (i.e. II, III, Jr, Sr, etc.) or press <Tab> to bypass the field.

11. **Address/City/State/Zip Fields- Optional**
    Type the insured’s address: city, state and zip code in the appropriate fields or press <Tab> to bypass each field.

12. **Telephone Field – Optional**
    Type the insured’s telephone number (including the area code) or press <Tab> to bypass the field.

13. **Sex Field – Required**
    Type ‘F’ if the insured is female; ‘M’ if the insured is Male.

14. **DOB (Date of Birth) Field – Required**
    Type the insured’s date of birth (MM/DD/CCYY).

15. **Employ Status Field – Optional**
    This field indicates the insured’s employment status. Press <F2> or right click while your cursor is in this field to obtain a list of valid employment status code values or press <Tab> to bypass the field.

16. **Assign of Benefits Field – Required**
    Type ‘Y’ if the provider is authorized to receive benefit payments on behalf of the insured individual. Type ‘N’ if this is not the case.

17. **Release of Info Field – Required**
    Enter ‘Y’

18. **ROI Date Field – Optional**
    Type the date the patient/insured authorized the release of information. (MM/DD/CCYY). Family Care and BLTS providers enter the date your contract began. If unknown, enter 12/01/09.

19. **Retire Date – Optional**
    Enter the insured’s retirement date (if applicable) or press <Tab> to skip this field.

■**Step 7:**
If the patient has a secondary insurance benefit, select the ‘Secondary Insured’ Tab and complete the same fields you completed on the ‘Primary Insured’ Tab. Select ‘Separate Inst & Prof.’ and complete the same fields you completed on the ‘Primary Insured’ tab.

Remember, the ‘Payer’ information must reside on the ‘Payer’ Tab of the ‘Reference File Maintenance’ function before completing the patient’s insured information.
■Step 8: If the patient has a tertiary insurance benefit select the ‘Tertiary Insured’ Tab and complete the same fields you completed on the ‘Primary Insured’ Tab.

Remember, the ‘Payer’ information must reside on the ‘Payer’ Tab of the ‘Reference File Maintenance’ function before completing the patient’s insured information.

■Step 9: Once you have entered the patient’s general information, primary insured information and any applicable secondary and tertiary insured information, click on ‘Save’ at the bottom of the ‘Patient Information’ screen.

If you have not completed any required patient information, a list of errors will appear. The fields involved will be highlighted. Complete these fields and click on ‘Save’ again.

After the patient record has been saved, you will be returned to the ‘Patient’ tab of the ‘Reference File Maintenance’ function. The patient you just added will appear on the ‘Patient’ list.

---

Steps to Create a File of Claims for Submission to WPS Health Solutions

■Step 1: Enter Claim Information. Click on

Then click
■ Step 2: List Claims and Create a Detail Report

![List Claims]

<table>
<thead>
<tr>
<th>Reports</th>
</tr>
</thead>
<tbody>
<tr>
<td>Print Claim Detail Report (All Listed Claims)</td>
</tr>
<tr>
<td>Print Claims For Paper Submission</td>
</tr>
</tbody>
</table>

■ Step 3: Prepare Claims (Create Claim File for Transmission)

![Prepare Claims]

■ Step 4: Transmit your Claim File to WPS Health Solutions – Use Secure EDI Website, WGBBS or any other telecommunications software.

Enter Claim Information

The claim entry function of PC ACE consists of multiple ‘tabs’ of data. Some of the data required on these ‘tabs’ will be filled when you select records from other files (i.e. Patient/Insured Information, Provider Information, etc.).

Complete the following steps to enter claim information:

**Note:** Additional information is required for some ‘specialty’ claims (i.e. ambulance, chiropractic, podiatry, physical therapy, etc.). Refer to the appropriate section of this document for additional claim entry information for specific claim types.

■ Step 1: Select ‘Professional Claims Processing’ from the Main Form.

![Professional Claims Menu]

The ‘Professional Claims Menu’ will appear.
Step 2: Select ‘Enter Claims’ from the Professional Claims Menu.

The ‘Professional Claim Form’ window will be displayed. The first tab (‘Patient Info and General’) will be presented initially.

Step 3: Complete the following ‘Required’ fields on the ‘Patient Info and General’ tab.

1. **LOB (Line of Business) Field – Required**
   
   Press <F2> or right click while your cursor is in this field to obtain a list of valid ‘LOB’ codes.

2. **Billing Provider Field – Required**
   
   Press <F2> or right click while your cursor is in this field to obtain your list of ‘Billing Providers’. Once you have highlighted the appropriate record from your list, click on ‘Select’. You will be returned to the Professional Claim Form.

   **Note:** If you have only one ‘Billing Provider’ record entered in your File Maintenance function, this field will be populated with that Provider Number.

3. **Patient Control No. Field – Required**
   
   Press <F2> or right click while your cursor is in this field to access a list of patients you have already entered in PC ACE. You can select the patient record from this list. [Hint: Use the ‘List Filter’ section at the bottom of the ‘Patient Selection’ window that appears to sort the list by PCN (Patient Control Number) or Patient Name.]

   If the patient record you wish to use does not appear on the list, click on ‘New’ and add the patient record.

   Click on ‘Select’ once you have highlighted the patient record you wish to use.
You will be returned to the Professional Claim Form and the following patient information fields will be filled in for you:

- Patient Last Name/First Name/MI/Gen Fields
- Birthdate (Patient) Field
- Sex (Patient) Field
- Patient Status (Marital/Student/Employment) Fields
- Death Ind. Field
- SOF (Signature on File) Field
- Legal Rep. Field
- Patient Address/City/State/Zip/Phone Fields
- ROI (Release of Information) and ROI Date Fields
- Other Ins. (Other Insurance Indicator) Field

2. **Patient Condition Related Fields (Employment/Accident) – Situational**

2. **Date/Ind of Current Fields – Optional**
   
   This field corresponds to box 14 on the HCFA-1500 paper claim form. Type the date (if applicable). If you enter the date, you need to press <F2> or right click while your cursor is positioned in the next field (indicator) and select an appropriate value.

   **Note:** This is NOT the ‘Date Last Seen’ by a physician (Required for Podiatry and Physical Therapy) NOR is it the ‘Initial Treatment Date’ for Chiropractic Services. Refer to the appropriate section of this document for additional specialty claim requirements.

6. **First Date (Same or Similar Illness) Field – Optional**
   
   Type the first of a same or similar illness (if applicable) or press <Tab> to bypass the field. This corresponds to box 15 of the HCFA-1500 paper claim form.

2. **UTW (Unable to Work)/Disability Date & Type Fields – Optional**
   
   Type the date range that the patient was unable to work (if applicable). If you enter a date range in these fields press <F2> or right click in the next (‘Type’) field to select an appropriate ‘type’ value.

   These fields correspond to box 16 of the HCFA-1500 paper claim form.

2. **Referring Physician’s Name (Last/First/MI) and Referring Phys ID Fields – Optional**
   
   Press <F2> or right click while your cursor is in the ‘Last Name’ field to obtain a list of referring physician records in your ‘Physician’ file. Click on ‘Select’ once you have highlighted the record from your Physician file that you wish to use. You will be returned to the Professional Claim Form and the referring physician name and NPI will be filled for you. Use this field for ‘Ordering’ as well as ‘Referring Physician’ information.

   **Note:** If the referring physician does not appear in your ‘Physician’ file list, you can click on ‘New’ and add a record for the individual before clicking on ‘Select’.

2. **Hospitalization Dates – Admission date required if inpatient services**
Type the date range specifying when the patient was hospitalized (if applicable to this claim) or press <Tab> to bypass the fields. These fields correspond to box 18 on the HCFA-1500 paper claim form.

2. **Outside Lab & Charges Fields** – Optional
   Type ‘Y’ in the ‘Y/N?’ field if the claim will contain services provided by an outside laboratory. You will have to enter the charges if you indicate ‘Y’. These fields correspond to box 20 of the HCFA-1500 paper claim form.

11. **Reserved for Local Use Field** – Not Applicable
    Always press <Tab> to bypass this field. THIS IS NOT THE NARRATIVE FOR AN ELECTRONIC CLAIM.

12. **Medicaid Resubmission Code and Ref. No. Fields** – Not Applicable
    Press <Tab> to bypass these fields.

13. **Fed. Tax ID/SSN/EIN/Provider Accepts Assignment? /Provider SOF/Date Fields** – Required
    These fields will be automatically filled when you select the billing provider record in the ‘Billing Provider’ field.

14. **Facility Info? Field** – Situational
    Type ‘Y’ in this field if the services you are billing on this claim were provided at a facility other than the provider’s office or the patient’s home. The other facility information will be entered on a subsequent tab.

15. **Dental? And Frequency Fields** – Not Applicable
    Leave these fields blank.

16. **COB? Field** – Situational
    Enter a ‘Y’ in this field if another payer has processed the claim prior to sending it to the carrier you are billing. Enter an ‘N’ in this field if the carrier you are billing to is Primary. A ‘Y’ response will create a new sub-tab [MSP/COB] on the Billing Line Items sub-tab. Type the appropriate information related to services provided. This tab can be used to enter secondary payer information for each line item, if applicable. In addition, if you enter COB? =Y, it will also create additional COB sub-tabs. On the ‘Ext. Payer/Insured’ main-tab, it will display ‘COB Info (Primary)’ and ‘COB Info (Secondary)’ sub-tabs. Refer to the Specialty Claims portion of this Users Guide for more information on MSP/COB.

17. **PIN No. Field** – Situational
    This field is for the ‘Rendering Provider ID’. Not applicable for Family Care or BLTS claims.

18. **GRP (Group) No. Field** – Situational
    If the Billing Provider record you selected for this claim is a group, this field will be automatically filled for you. It does not apply for solo practices.

**Step 4:** Select the ‘Insured Information’ tab of the ‘Professional Claim Form’.
The information on the ‘Insured Information’ tab will be automatically populated with the insurance data from the patient’s record. If this information needs to be modified, WPS Health Solutions strongly suggests that it is done in the patient’s record in the ‘Reference File Maintenance’ function of PC ACE. Do not modify the insurance information from this screen.

**Step 5:**
Select the ‘Billing Line Items’ tab of the ‘Professional Claim Form’.

The ‘Billing Line Items’ tab consists of the following 3 tabs:

- **Line Item Details – Required**
- **Extended Details (for each line item) – Optional**
- **Ext Details2 (for each line item) – Optional**

**NOTE:** If you selected COB? = Y on the ‘Patient Info & General’ main tab, a fourth tab titled ‘MSP/COB’ is created here.

- **MSP/COB – Required if Family Care or BLTS is the second insurance paying on the charge.**
Step 6: Select the ‘Line Item Details’ tab and complete the following required fields.

1. Claim Diagnosis Fields (1-8) – Situational
   Required for all claims except Ambulance or Independent Lab. Type any
diagnosis codes that apply to this claim. Do not include the decimal point.
   NOTE: For Family Care and BLTS, the default diagnosis code is
   ‘R6889’ (for ICD10).

2. Service Dates (‘From’ and ‘To’) Fields – Required
   Type the ‘From’ and ‘To’ date(s) for the first line item. (Format:
   MMDDCCYY).

3. PS (Place of Service) Field – Required
   Type the 2-digit ‘Place of Service’ code.
   For a list of valid ‘Place of Service’ codes, press <F2> or right click while your
cursor is positioned in the field. Highlight the appropriate code from the list
and click on ‘Select’. Family Care and BLTS providers, choose the closest
choice.

4. TS (Type of Service) Field – Not Applicable
   Press <Tab> to bypass this field.

5. Proc (Procedure Code) Field – Required
   Type the 5-digit procedure (HCPCS or CPT) code for this line item. THIS IS
THE SERVICE CODE LISTED ON THE FAMILY CARE or BLTS SERVICE
AUTHORIZATION FORM.
   You can press <F2> or right click while your cursor is positioned in the field to
obtain a list of valid procedure codes. NOTE: The Family Care and BLTS
codes are found in both the Global and Local (Z) Codes Use the ‘List
Filter Options’ at the bottom of the screen to sort the codes and narrow your
search. Highlight the appropriate code and click on ‘Select’.
NOTE: If you have entered information into the ‘Charges Master’ file, that complete list will appear when you press <F2>. Select the appropriate code and the charge for that code will plug into the ‘charges’ field automatically.

6. **Modifiers (1 and 2) Fields – Situational**
   Type any applicable 2-digit modifier in field 1. Any additional applicable modifier should be entered in field 2.

   **Family Care and BLTS Providers:** The Authorization File you receive from Family Care or BLTS should show what modifiers you need to include on your claim **

   For a list of valid ‘Modifier’ codes, press <F2> or right click while your cursor is positioned in the field. Highlight the appropriate code from the list and click ‘Select’.

7. **Diagnosis Field – Situational**
   Required if a Diagnosis Code is present on the claim.

   This is a ‘Diagnosis Pointer’ field that corresponds to box 24e on a paper HCFA-1500 claim form. Type ‘1’ if the first diagnosis code you entered is the main diagnosis for this line item. Type ‘2’ if the second diagnosis code you entered is the main diagnosis for this line item, etc.

8. **Charges Field – Required**
   Type the dollar amount you are billing for this line item (include the decimal point). The charge will automatically be entered if you have added the procedure to the ‘Charges Master’ file.
9. **Units Field – Required**
   Type the number of ‘units’ or ‘like services’ for this line item. If sending Anesthesia claims, key 1 unit of service in this field. Then click on the ‘Extended Details (Line 1)’ tab and enter the anesthesia minutes in the ‘Anesthesia/Other Minutes’ field.

10. **EP (EPSDT) Field – DOES NOT APPLY**
    Press <Tab> to bypass this field.

11. **FP (Family Planning) Field – DOES NOT APPLY**
    Press <Tab> to bypass this field.

12. **AT (Attachment) Field – DOES NOT APPLY**
    Press <Tab> to bypass this field.

13. **Rendering Physician Field – DOES NOT APPLY**
    Press <Tab> to bypass this field.

14. **Amount Paid Field – DOES NOT APPLY**
    Press <Tab> to bypass this field.

■ **Step 7:**
   Once you have entered all the line items you wish to include on the claim, click on ‘Recalculate’. The ‘Total Charge’ and ‘Amount Due’ fields will be automatically updated. If you enter a line in error, place your cursor on that line and click the <F7> key. You will be asked if you want to delete the information. Click ‘OK’ and the line in error will be deleted.

■ **Step 8:**
   Select the ‘Extended Details’ tab while your cursor is on the line item requiring any of the information included on the tab.

This tab can be used to enter any of the following data if it applies to the line item or claim:

- Third and Fourth Modifiers that apply to the line
- Anesthesia Minutes
- Purchased Service Information
- Hospice Information
Supervising Provider Information (Podiatry and Physical Therapy)

**IMPORTANT NOTE:** Do not use this tab to enter Referring/Ordering Physician Information.

**Step 10**

The only additional claim entry tab is ‘Extended Payer/Insured’ tab. This tab is used to enter payment information when Family Care or BLTS is the secondary payer. Refer to the ‘Specialty Claims’ section of this document for instructions.

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**FAMILY CARE PROGRAM NOTE:** The ‘Extended Payer/Insured’ tab is also used to enter your prior authorization number and type (G1). See instructions on page 48 for further information. The BLTS program does NOT require you to submit an authorization number on your claim.

**Step 11**

After you have completed all the required and applicable situational fields for the claim, click on ‘Save’. You will be returned to a blank ‘Professional’ claim form where you will be able to enter another claim.

If you have entered all the claims you wish to transmit now, click on ‘Cancel’. You will be asked if you wish to abandon these changes. Click ‘Yes’ to return to the ‘Professional Claims Menu’.

---

**Create and Print a Report of Claims to be Transmitted**

After you have entered the claims you wish to include in your claim file, create a report of those claims for your records.

Complete the following steps to create a report of the claims that will be in your next claim file:

**Step 1:** Select ‘Professional Claims Processing’ from the Main Form.
The ‘Professional Claims Menu’ will appear.

■ Step 2: Click on the ‘List Claims’ button.

A screen containing a list of the ‘New’ (ready for transmission) claims will appear.

Note: The ‘Status’ code ‘CLN’ indicates that a claim has passed the PC ACE software edits and is ready for transmission. ‘Status’ code ‘ERR’ indicates that the claim was saved with at least one error. ‘ERF’ indicates that the claim contains at least one error that needs to be fixed before you create the file for transmission. CLAIM MUST BE EDITED TO CORRECT ERROR(S). ‘UNP’ indicates that the claim has multiple errors and could not be processed. CLAIM MUST BE EDITED TO CORRECT ERRORS.
**Note:** The ‘Location’ code ‘CL’ (to be transmitted) indicates you are viewing a list of claims that have not been placed in a file for transmission. To view claims that were in previously built claim files click on the ‘Arrow’ to the right of the ‘Location’ field and select a different location.

**Step 3:** Click on ‘Reports’ (toolbar at top of screen) and select ‘Print Claim Detail Report (All listed claims)’.

![Print Claim Detail Report (All Listed Claims)](image)

**Note:** If you ‘Check’ (✔) any claims, you will be able to create a report of ‘All checked claims’ instead of ‘All listed claims’.

A report of the listed (or checked) claims will be created.

**PC-ACE Pro32 CLAIM DETAIL REPORT**

**Report Date:** 09/30/2002

<table>
<thead>
<tr>
<th>BILL PROVIDER</th>
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**REPORT TOTALS:**

- CLAIMS: 2
- CHARGES: $122.72
- UNITS: 2
- AMOUNT PAID: $67.72
- AMOUNT DUE: $55.00

**Step 4:** Click on ![printer_icon](image) to direct the report to your printer.

**Step 5:** Click on ![close_icon](image) to return to the ‘Professional Claims List’.

**Prepare Claim(s) for Transmission to WPS Health Solutions**

The next step is to create a file of claims for transmission to WPS Health Solutions. Complete the following steps to create a claim file:

**Notice:** Date editing on all inbound transactions will be done based on WPS Health Solutions local time, e.g. CST (Central Standard Time)
■ Step 1: Select ‘Professional Claims Processing’ from the Main Form.

The ‘Professional Claims Menu’ will appear.

■ Step 2: Click on ‘Prepare Claims’.

The ‘Professional Claim Prepare for Transmission’ screen will appear.

■ Step 3: Select the line of business (LOB) assigned to the claims you wish to submit.

  ▪ ‘COM’ for WPS Health Insurance – Family Care and BLTS Programs

■ Step 4: Select the appropriate ‘Payer’:

  ▪ ‘WPS’ = WPS Health Insurance including Family Care and CLTS/BLTS
Step 5: Click on ‘Prepare Claims’. You will be asked to confirm the preparation of your claim file. Click on ‘OK’. Only claims that are in a ‘CLN’ status will be added to the claim file.

Your claim file will now be built, and the following screen will appear.

Step 6: Click on ‘View Results’ to create a detailed report of the claims that were actually placed in your claim file that you can print for your records.

Step 7: Click on ‘Close’ to return to the ‘Professional Claims Menu’.

You have now created a file for transmission and are ready to begin the transmission process.
**File Name and Path**

The file you just created will be in the `C:\WINPCACE` directory (folder). The file SHOULD be named your User ID followed by `.dat` if you set up your ‘Submitter’ information correctly (i.e. if your User ID is ‘99999’, your file name should be ‘99999.dat’). If you did not set up your ‘Submitter’ information correctly, the file name will be BTRANS.DAT.

*NOTE*: You can now transmit this claim file to WPS Health Solutions using either the WPS Health Solutions BBS (Bulletin Board System) or the Secure EDI Website. If you prepare another file of claims prior to transmitting, the file will be over-written by the new file.

**Transmit Claim File to the WPS Health Solutions**

After you have created a claim file, you must transmit (upload) that file using the Secure EDI Website (Gateway EDI).

Refer to the Secure EDI Website instructions you were sent. These instructions will instruct you on how to send the file you created on PC ACE to WPS Health Solutions. Until this is done the file is still on your computer and has not been sent.

**WPS Health Solutions Edits and Reports**

Once your claims are transmitted to WPS Health Solutions, the data is subjected to a short series of edits that check information at the file level as well as the claim level. Individual claims are loaded into the appropriate WPS Health Solutions claims processing system only after the data received passes these edits.

I. **TA1 Interchange Acknowledgement and/or a 999 Implementation Acknowledgement for Health Care Insurance’**

When WPS Health Solutions receives your claim file, it is run through the *INITIAL EDIT* step. This edit step checks the file you transmitted to ensure the data is in the correct format. This is *usually* done immediately after the file is received. At times, however, there may be a delay if the WPS Health Solutions processor is unusually busy or not available.

The results of the initial edit step are sent to you in the form of a *download report* for you to view on the WPS Health Solutions BBS (Bulletin Board System) or Secure EDI (Gateway EDI). If the report indicates your file passed the initial edits, it will be sent on to the next edit step. If the report indicates your file failed the initial edits, your entire file of claims is rejected.

*NOTE*: If your file fails the initial edit step and you do not understand the reason(s) in the email message, contact the appropriate WPS Health Solutions EDI Department for more information.

II. **SECOND EDIT STEP produces a ‘999 Implementation Acknowledgement for Health Care Insurance’ and a ‘277 Health Care Claim Acknowledgement’**.

If your file passes the initial edits, information on individual claims is checked for compatibility with the claims processing system. The results of this edit step are obtained through the WPS Health Solutions BBS (Bulletin Board System) or Secure EDI (Gateway EDI).
Reports from this edit step are sent to you in the form of a downloadable file. These reports will be available for you to download minutes after you transmit your claim file.

It is **IMPERATIVE** that you download and print the file after EACH transmission. Claims that appear on these reports with error messages MUST BE CORRECTED AND RESUBMITTED. Claims deleted during this phase are not referenced in any other way, so this is your only notice of deleted claims.

**TA1 – Interchange Acknowledgement**

‘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 Secure EDI Website (Gateway EDI).
2. Place the TA1 file in folder: C:\WINPCACE\MAILBOX
3. Open PC ACE
4. Click the ‘Professional Claims Processing’ icon from the ‘PC ACE main form’:
5. Click ‘Maintain’ on the toolbar of the ‘Professional Claims Menu’.
6. Click ‘Acknowledgement File Log’ on the drop-down menu.
7. You will now see the ‘Professional Acknowledgement Log’. Select the record you wish to view by clicking on it to highlight it. Then click ‘View Report’.

8. ![Professional Acknowledgement Log](image)

9. You will now see your ‘TA1 Interchange Report’. You will also have the capability to print this report by clicking the ‘Print’ icon on the toolbar:

![TA1 Interchange Report](image)

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

999 – Acknowledgement for Health Care Insurance

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 (5010A1) into a ‘human-readable’ format:

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

2. Follow the same steps as listed above for translating the ‘TA1 Interchange Acknowledgement’ starting on page 43.
277CA – Health Care Claim Acknowledgement

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 Secure EDI Website (Gateway EDI).

2. Place the 277CA file in folder: C:\WINPCACE\MAILBOX

3. Open PC ACE

4. Click the ‘Professional Claims Processing’ icon from the ‘PC ACE main form’:


6. You will now see the ‘Professional Claim Status Response & Acknowledgement Log’. Select the record you wish to view by clicking on it to highlight it. Then click ‘View Ack Report’.

7. 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).
Using PC ACE for Electronic Remittance Advice – 835

Your PC ACE software can be used to read and print your electronic remittances. You must sign up for this service with your carrier.

Once an electronic remittance is available to you, you will download the file to the following location: C:\WINPCACE\Mailbox

- Open your PC ACE software and select ‘ANSI 835 Functions’ from the ‘Main Form’.

- Select ‘Professional’

- Select ‘Select ANSI File’

- Highlight file to be printed or viewed
• Select ‘Translate/Import ETRA’

• Select ‘Print/View Reports’

• Select ‘Provider Remittance Detail’ or ‘Provider Remittance Summary’
- Enter Page ‘1’
- Select ‘OK’ and the **Detail** or the **Summary** will appear on the screen. You may print at this time.

**Family Care Service Authorization Number**

All claims submitted for the ‘**Family Care**’ program require that a Service Authorization Number be submitted with **EACH Claim**. The CLTS/BLTS program does not require a Service Authorization Number.

The Service Authorization Number is added in the ‘**Ext. Payer/Insured**’ tab during the claim creation/entry procedure. The Type of Authorization must also be entered. Be sure to pay attention to which Payer the Authorization Number is added to (Primary, Secondary, and Tertiary). If Family Care is the only insurance on the claim, then the Authorization number would be added on the ‘**Primary Payer/Insured**’ Tab.
Correcting Claims that have been Transmitted/Reactivating Files

■ Step 1: Select ‘Professional Claims Processing’ from the Main Form.

■ Step 2: Select ‘List Claims’ from the ‘Professional 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 ‘Professional 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 ‘Professional 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 Professional Claim Form. Make your corrections and save the claim.

■ Step 8: Once you have corrected all the claims necessary, click ‘Close’ on the ‘Professional 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 (Create a File of Claims)’ in your manual.

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**Printing Claim Forms**

■ Step 1: Select ‘Professional Claims Processing’ from the Main Form. The ‘Professional Claims Menu’ will appear.

■ Step 2: Click on the ‘List Claims’ button. A screen containing a list of the ‘New’ (ready for transmission) claims will appear.

■ Step 3: Locate and select the claim you wish to print.

■ Step 4: Click ‘Actions’ from the top menu bar. Then select ‘Print Selected Claim’ from the drop-down menu. The Claim Print Options window will be displayed.

■ Step 5: Select the appropriate Printer and Method.
Step 6: Select the appropriate Payer Options. An 'alternate' payer is any payer specified on the claim other than the submission payer. For example, if a Medicare payer is specified as primary on a Medicare claim, then the primary payer will be designated as the 'submission' payer. The secondary and tertiary payers would be considered 'alternate' payers.

Step 7: Select appropriate claim form option as shown below:

![Image of Paper Claim Print Options]

Step 8: To view the claim prior to printing, click the 'Preview' button. You must have Adobe Acrobat Reader Version 4.0 or higher for viewing.

Step 9: Click 'Print' when ready to print.

Posting Claim Payments

Step 1: Select ‘Professional Claims Processing’ from the Main Form. The ‘Professional Claims Menu’ will appear.

Step 2: Click on the 'List Claims' button. A screen containing a list of the ‘New’ (ready for transmission) claims will appear.

Step 3: On the Professional Claim List form, select ‘Transmitted only’ (TR) to display claims eligible for payment.

Step 4: Select the desired claim from the list and click the ‘View’ button at the bottom of the screen.

Step 5: This will bring the claim up to view. Click on the ‘Show Payment History’ button to access the payment history for this claim.
**Step 6:** To post a payment, click the ‘New’ button and enter the payment date on the Claim Payment Details form. The ‘Date Paid’ field is defaulted to the current system date and can be changed if desired. Payment data must be entered on a ‘per line-item’ basis. Click the ‘Amount Paid’ cell for the line item to be paid, enter the payment amount, and press the ‘Enter’ or ‘Tab’ key to accept the entry. Complete some or all the optional payment records fields and line item cells if desired.

**Step 7:** When all desired payment fields have been entered, click the ‘OK’ button to save the payment record.

**Step 8:** When you have completed the payment posting activities for this claim, click the ‘Close’ button to return to the previous form. The Professional Claim List form will reflect the most recent payment date and total amount paid in the ‘Paid Date’ and ‘Paid Amount’ columns, respectively. When the payment is saved, the claim is moved to the ‘Paid’ (PD) location.

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**Charges Master File Maintenance**

If you choose to use this optional reference file, it should be setup to include all the procedure codes that are to be used by your office. Using this master file will reduce the size of the HCPCS code lookup lists during claim entry, thus promoting accuracy and enhancing productivity. The charge that is assigned to each procedure will automatically be brought forward to the claim line item ‘Charges’ field when a valid code is entered or looked up during claim entry.

**Step 1:** Select ‘Reference File Maintenance’ from the PC ACE Main Form.

**Step 2:** Select the ‘Codes/Misc’ Tab from the Reference File Maintenance screen that appears.

**Step 3:** Select the ‘Charges Master’ button from the list of Reference Files on the ‘Codes/Misc’ tab.

**Step 4:** Click ‘New’ at the bottom of the screen.
■ Step 5: In the ‘Code’ field, enter the HCPCS or CPT code. The description of the code will automatically be entered in the ‘Description’ field.

■ Step 6: Enter the amount that your office will be charging for this service in the ‘Charge’ field. This amount will automatically be entered in the charges field when entering claim data. Click ‘OK’ when completed.

■ Step 7: Continue to enter as many codes/charges as necessary for your office. When finished, click ‘Close’.

■ Step 8: Click on ‘File’ on your PC ACE Claims Processing System menu, click ‘Preferences’ and on the ‘General’ tab, check the box beside ‘Use Charge Master Reference File for Professional procedure code lookups’. This will activate the Charge Master file.

Performing System Backups and Restores

You will be prompted to perform a backup each time you exit the PC ACE program.

Select the Destination Drive or Folder that you wish the backup to be saved. Do not select “Include infrequently changed database files”. Select “include claim archive database files” and “Include archived EMC files”.

Click “Start Backup”. Then click “OK”. You will be notified upon successful backup completion.

To restore your files, click on the “System Utilities” button from the main form. Then click the “Restore” tab.

Select the Source Drive containing the backup to be restored. This would be the file path. Then click “Start Restore”, click “OK”, click “OK”. You will be notified when the restore operation completes. PC ACE will terminate automatically following a restore operation. The restored database files and configuration settings will be available the next time the program is executed.

NOTE: The restore operation will overwrite your current database files with older data from the specified backup.

Additional Assistance through the ‘Help’ Link

On the Main PC ACE toolbar select ‘Help’ and ‘Help Topics’ on the dropdown menu.
Enter a general keyword in the search field regarding the type of assistance needed. This tool has a wealth of detailed information relating to all aspects of PC ACE functionality.
## Change Summary

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