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PES: Provider Electronic Solutions Professional Billing Guide

DRAFT Version 1.0

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28 1 ABOUT PROVIDER ELECTRONIC SOLUTIONS 29 (PES)

30 Please consult the *Provider Electronic Solutions (PES) User Manual* and *General Billing Guide*
31 for more information concerning this software. Information is available on the Florida Medicaid
32 EDS website, <http://mymedicaid-florida.com>.

33 For additional assistance with PES and/or this guide, please contact the EDI Helpdesk at
34 1.800.289.7799, option 3 or contact your local field representative.

35 1.1 Getting Started

- 36 1. Double Click the FL MMIS PES Icon located on your desktop or access PES by clicking
37 Start, All Programs, FL EDS Provider Electronic Solutions;
- 38 2. Enter your password;
- 39 3. From the Main Menu, select Forms, 837 Professional Claim; and
- 40 4. A new Professional Claim will appear.

41 1.2 Entering a Professional Claim

42 The PES Professional Claim is composed of six sections: four header sections and two service
43 sections. Remember to complete the crossover section and or the Other Insurance section, if
44 applicable.

45 Providers may bill all Third Party Liability (TPL) claims with this software, even if the primary
46 insurance denied payment of the claim. In this case, the provider must simply complete the
47 appropriate attachment fields to document the details of their claim submission to the primary
48 Insurer. However, providers may NOT bill Medicare-denied claims in PES.

49 Also, please note that Medicare is not considered a TPL or Secondary claim by Florida
50 Medicaid, therefore, if Medicare is the Primary Insurer, the claim must be submitted through
51 PES as a Crossover and not a TPL or Secondary claim. Providers may not bill claims with both
52 TPL and Medicare with PES. For instructions on this type of claim, please refer to your
53 *Medicaid Provider General Handbook*.

54 NOTE: This billing guide should be used in conjunction with the appropriate provider specific
55 *Coverage & Limitations Handbook* and *Reimbursement Florida Medicaid Handbook*.

56 Header 1 on the 837P

57 Below is a sample electronic 837 Professional form displaying the Header 1 tab.

58

59 Complete the following fields under the Header 1 tab to submit an 837 Professional claim:

Field	Guidelines
Claim Frequency	Leave as '1' unless filing an adjustment or a void of an existing claim. 1 Original (Admit Thru Discharge Claim) 7 Replacement (Replacement of Prior Claim) 8 Void (Void/Cancel of Prior Claim)
Original Claim #	If a value other than 1 was entered in the Claim Frequency field, you must enter the Internal Control Number (ICN)/ Transaction Control Number (TCN) Number for the claim you are adjusting or voiding. For additional information on completing this process, please refer to the <i>Void & Adjustment</i> section of this guide.
Billing Provider ID/NPI	Choose the appropriate Billing Provider ID/NPI from your Provider list. If you have not added the required ID to your list, double-click on this field to do so.
Taxonomy Code	This field will auto-populate based on your choice in the Provider ID field.
Last/Org Name	This field will auto-populate.
First Name	This field will auto-populate.
Pay-to Provider ID/NPI	Use if only different than the Billing Provider ID. Choose the appropriate Pay-to Provider ID from your Provider list. If you have not added the required ID to your list, double-click on this field to do so.
Taxonomy Code	This field will auto-populate based on your choice in the Provider ID field.
Last/Org Name	This field will auto-populate.
First Name	This field will auto-populate.

Field	Guidelines
Recipient ID	Choose the Recipient’s ten-digit Medicaid ID Number from your Recipient list. If you have not added the required ID to your list, double-click on this field to do so.
Account #	This field will auto-populate based upon your choice in the Recipient ID field.
Last Name	This field will auto-populate.
First Name	This field will auto-populate.
MI	This field will auto-populate.
Medical Record #	Enter the Medical Record Number, assigned to the recipient, by the provider, for the service that was performed. This field will accept up to thirty alphanumeric characters.
Release of Medical Data	Choose a value to indicate whether the provider has on file a signed statement by the patient authorizing the release of medical data to other organizations.
Benefits Assignment	Choose a value to indicate whether the provider has on file a form signed by the recipient, or authorized person, authorizing benefits to be assigned to the provider.
Patient Signature	Choose the best value to indicate whether or not the patient’s signature is on file.
Report Transmission Code	Required if sending a paper attachment separate from the claim. Select the item that applies.
Report Type Code	Required if sending a paper attachment separate from the claim. Select the item that applies.
Attachment Ctl	Required if sending a paper attachment separate from the claim. Enter a unique identification code for the attachment that is being sent. This code is alphanumeric and the maximum length allowed is eighty characters. Be sure to document this Attachment Control number, the Recipient ID, and your Provider Number clearly on the attachment, along with the cover sheet. For more information on attachments, please visit http://mymedicaid-florida.com .

60 After completing all necessary fields under the Header 1 tab, click on the Header 2 tab.

61 **Header 2 Tab on the 837P**

62 Below is a sample electronic 837 Professional form displaying the Header 2 tab.

- 63
 64 Complete the following fields under the Header 2 tab to submit an 837 Professional claim.

Field	Guidelines
Diagnosis Code	Choose a valid Diagnosis Code from your Diagnosis Code list. The Code should be three to five digits with no decimal point. Note: A second diagnosis code is required for FL Medicaid Regional Perinatal Intensive Care (RPPIC) claims.
Referring Provider ID/ NPI	If applicable, choose the appropriate Referring Provider ID/NPI from the Other Provider list. If you have not added the required ID to your list, double-click on this field to do so.
Taxonomy Code	This field will auto-populate based on the information chosen in the Referring Provider ID/NPI field.
Last/Org Name	This field will auto-populate.
First Name	This field will auto-populate.
Encounter Ind	If this claim is an Encounter claim, choose the appropriate value. The value 'CH' will automatically default and should remain as the selected option to be considered for payment.
Special Program Code	If this is an EPSDT/CHCUP claim, choose 01 EPSDT.
Place of Service	Choose the best value to indicate where the Service took Place.
EPSDT Referral/ Certification Condition Indicator	If this is an EPSDT/CHCUP claim, choose yes or no. If the screening result was normal, select 'N' for Certification Condition Indicator and select 'NU' for the Condition.
Condition Indicator	If this is an EPSDT/CHCUP claim, choose the best value. If the screening result was normal, select 'NU' for the Condition.

- 65 After completing all necessary fields under the Header 2 tab, click on the Header 3 tab.

66 **Header 3 Tab on the 837P**

67 Below is a sample electronic 837 Professional form displaying the Header 3 tab.

68
 69 Complete the following fields under the Header 3 tab to submit an 837 Professional claim:

Field	Guidelines
Accident: Related Causes	If applicable, choose the best value to indicate if services were provided as a result of an Accident.
Date	If applicable, enter the Date of the accident if services are the result of an accidental injury, in MM/DD/CCYY format.
State	If applicable, enter the State in which the accident occurred, in an abbreviated format. For example, 'FL' for Florida.
Country	If applicable, enter the Country in which the accident occurred, in an abbreviated format. For example, 'USA' for United States of America.
Admission Date	If applicable, enter Admission Date.
Other Insurance Indicator	Choose the best value to indicate whether or not the recipient has Other Insurance besides Florida Medicaid.
Crossover Indicator	Choose the best value to indicate if the claim is a Crossover from Medicare.

70 After completing all necessary fields under the Header 3 tab, click on the Header 4 tab.

71 **Header 4 Tab on the 837P**

72 Below is a sample electronic 837 Professional form displaying the Header 4 tab.

73

74 Complete the following fields under the Header 4 tab to submit an 837 Professional claim:

Field	Guidelines
Service Facility Provider ID/NPI	If applicable, choose the appropriate Service Facility Provider ID/NPI from your list. If you have not added the required ID to your list, double-click on this field to do so.
Taxonomy Code	This field will auto-populate based on your choice in the Provider ID/NPI field.
Last/Org Name	This field will auto-populate.
Prior Auth/Referral Qualifier 1	Required if MediPass authorization or Prior Authorization was obtained for services being billed. Choose the appropriate qualifier from the drop down menu. (See note below)
Prior Auth/Referral Number 1	Required if MediPass authorization or Prior Authorization was obtained for services being billed. Enter the appropriate number related to this claim. (See note below)
Prior Auth/Referral Qualifier 2	Required if MediPass authorization or Prior Authorization was obtained for services being billed. Choose the appropriate qualifier from the drop down menu. (See note below)
Prior Auth/Referral Number 2	Required if MediPass authorization or Prior Authorization was obtained for services being billed. Enter the appropriate number related to this claim. (See note below)

75 Note: If the claim requires the entry of a Referral Number and a Prior Authorization Number, the
 76 Referral Qualifier must be selected in the Prior Auth/Referral Qualifier 1 field and the Referral
 77 Number must be entered in the Prior Auth/Referral Number 1 field; the Prior Authorization
 78 Qualifier must be selected in the Prior Auth/Referral Qualifier 2 field and the Prior Authorization
 79 Number must be entered in the Prior Auth/Referral Number 2 field.

80 After completing all necessary fields under the Header 4 tab, click on the Service 1 tab.

81 Note: If the *Other Insurance Indicator* field was marked as ‘Yes,’ then click and complete the OI
 82 tab next.

83 Note: If the *Crossover Indicator* field was marked as ‘Yes,’ then click and complete the
 84 Crossover tab next.

85 **OI (Other Insurance) Tab on the 837P**

86 Completing the Other Insurance (OI) tab is required if an indicator in the Other Insurance
 87 Indicator field was marked as ‘Yes’ in Header 3. Below is a sample electronic 837 Professional
 88 form displaying the OI (Other Insurance) tab.

89
 90 Complete the following fields under the Other Insurance tab to submit an 837 Professional claim:

Field	Guidelines
Release of Medical Data	Choose a value to indicate whether the provider has on file a signed statement by the patient authorizing the release of medical data to other organizations.
Benefits Assignment	Choose a value to indicate whether the provider has on file a form signed by the recipient, or authorized person, authorizing benefits to be assigned to the provider.
Patient Signature	Choose the best value to indicate whether or not the patient’s signature is on file.
Claim Filing Ind Code	Choose the best value to indicate the category of the recipient’s other insurance. For example: CI Commercial Insurance Co.
Payer Responsibility	Choose the best value to indicate the recipient’s insurance coverage status to Medicaid. P = Primary; S = Secondary; T = Tertiary
Paid Amount	Enter the Amount Paid in dollars and cents that was paid towards the service(s) being billed. Enter in DD.CC format.
Policy Holder Group #	Choose the appropriate Policy Holder Group Number from your Policy Holder list. If you have not added the Group Number to your list, double-click on this field to do so.

Field	Guidelines
Group Name	This field will auto-populate based on the information chosen in the Group Number field.
Carrier Code	This field will auto-populate.
Last Name	This field will auto-populate.
First Name	This field will auto-populate.

91 After completing all necessary fields under the OI tab, click on the Service 1 tab.

92 **Crossover Tab on the 837P**

93 Completing the Crossover tab is required if an indicator in the Crossover Indicator field was
 94 marked as ‘Yes’ in Header 3. If the claim is Medicare related, this tab allows you to enter the
 95 information based on the payment made. Below is a sample 837 Professional form displaying the
 96 Crossover tab.



97
 98 Complete the following fields under the Crossover tab to submit an 837 Professional claim:

Field	Guidelines
Release of Medical Data	Choose a value to indicate whether the provider has on file a signed statement by the patient authorizing the release of medical data to other organizations.
Benefits Assignment	Choose a value to indicate whether the provider has on file a form signed by the recipient, or authorized person, authorizing benefits to be assigned to the provider.
Patient Signature	Choose the best value to indicate whether or not the patient’s signature is on file.
Paid Amount	Enter the total Paid Amount Medicare paid toward the claim. Enter in DD.CC format.
Paid Date	Enter the Date Medicare Paid the claim in MM/DD/CCYY format.

Field	Guidelines
Policy Holder Carrier Code	Choose the appropriate Policy Holder Carrier Code from drop down menu.
Last Name	This field will auto-populate based on the information chosen in the Carrier Code field.
First Name	This field will auto-populate.

99 After completing all necessary fields under the Crossover tab, click the Service 1 tab.

100 **Service 1 Tab on the 837P**

101 Below is a sample electronic 837 Professional form displaying the Service 1 tab.

102 Complete the following fields under the Services 1 tab to submit an 837 Professional claim:

103

Field	Guidelines
From DOS	Enter the start Date of Service for each procedure provided, in a MM/DD/CCYY format.
To DOS	Enter the stop Date of Service for each procedure provided, in a MM/DD/CCYY format. If identical services (and charges) are performed on the same day, enter the same date of service in both 'from' and 'to' fields.
Emergency Ind	Leave blank unless services were rendered due to an emergency.
Place of Service	Choose the best value to indicate the Place of Service for the service/procedure that was performed from the Place of Service list.
Procedure	Enter the appropriate five-digit Procedure code for each procedure or service billed.
EPSDT Indicator	Choose the best value to indicate if the procedure being billed is due to an EPSDT referral.

Field	Guidelines
Modifiers: 1, 2, 3, 4	If applicable, enter the Modifier(s) for the procedure.
Diag Ptr	If a Diagnosis Code was entered, enter a value 1 – 4 to indicate which diagnosis the procedure is a result of.
Basis of Measurement	Choose the best value to indicate the Basis of Measurement. For example: Unit
Units	Enter the appropriate number of Units. Be sure that span-billed daily hospital visits equal the units in this block. Use whole numbers only.
Billed Amount	Indicate your usual and customary charges for each service listed. Charges must not be higher than fees charged to private-pay patients. Enter in DD.CC format.
Family Planning Indicator	Choose 'yes' if the services relate to a pregnancy or if the services were for family planning.
Line Item Ctl	The field is recommended to serve as a tracking identifier.
Service Adjustment Indicator	If applicable, choose the best value to acknowledge Other Insurance (OI) adjudication.

104 Note: If the *Service Adjustment Indicator* field was marked as 'Yes,' then click and complete the
 105 Service 3 tab.

106 **Adding, Deleting, or Copying a Service**

107 Use the buttons to the left of the form to add, delete, or copy a service. Once you copy a service,
 108 you can modify it as necessary.

109 After completing all necessary fields under the Service 1 tab, click on the Service 2 tab.

110 **Service 2 Tab on the 837P**

111 Below is a sample electronic 837 Professional form displaying the Service 2 tab.

112

113 Complete the following fields under the Service 2 tab to submit an 837 Professional claim:

Field	Guidelines
Ambulance Transport Code	If the place of service on current claim is Ambulance, please complete the Ambulance Transport Code field. Choose the best value that describes the trip indicator for the claim.
Ambulance Transport Reason Code	If the place of service on current claim is Ambulance, please complete the Ambulance Transport Reason Code field. Choose the best value that describes the reason for the transport trip.
Transport Distance	If the place of service on current claim is Ambulance, please complete the Transport Distance field. Enter the total miles traveled as it relates to this claim.
Patient Weight (Optional)	If the place of service on current claim is Ambulance, please complete the Patient Weight field. Enter the patient's approximate weight. This field is optional.
Condition Codes	If the place of service on current claim is Ambulance, please complete the Condition Codes field. Choose the best value that describes patient's condition.
Round Trip Purpose	If the place of service on current claim is Ambulance, please complete the Round Trip Purpose field ONLY if transport was roundtrip. Choose the best value that describes the purpose of a round trip transport.
Rendering Provider ID/ NPI	Choose a Rendering Provider ID from your Provider ID/NPI list to indicate which provider performed the service. If you have not added the required ID to your list, double-click on this field to do so. This field is only applicable if billing with a group provider number.
Rendering Provider Taxonomy Code	This field will auto-populate based on the information chosen in the Rendering Provider ID/NPI field.
Rendering Last/Org Name	This field will auto-populate.
Rendering First Name	This field will auto-populate.
Rx Indicator	If the procedure you are billing requires an NDC (National Drug Code) according to Florida Medicaid Policy, please choose 'Yes' and complete the Rx tab before adding any additional line items.

114 **Service 3 Tab on the 837P**

115 Below is a sample electronic 837 Professional form displaying the Service 3 tab. To navigate to
 116 Service Tab 3, you must first choose 'Yes' on the Other Insurance Indicator field on Header 3.
 117 Secondly, you must choose 'Yes' on the *Service Adjustment Ind* field on Service Tab 1:

118

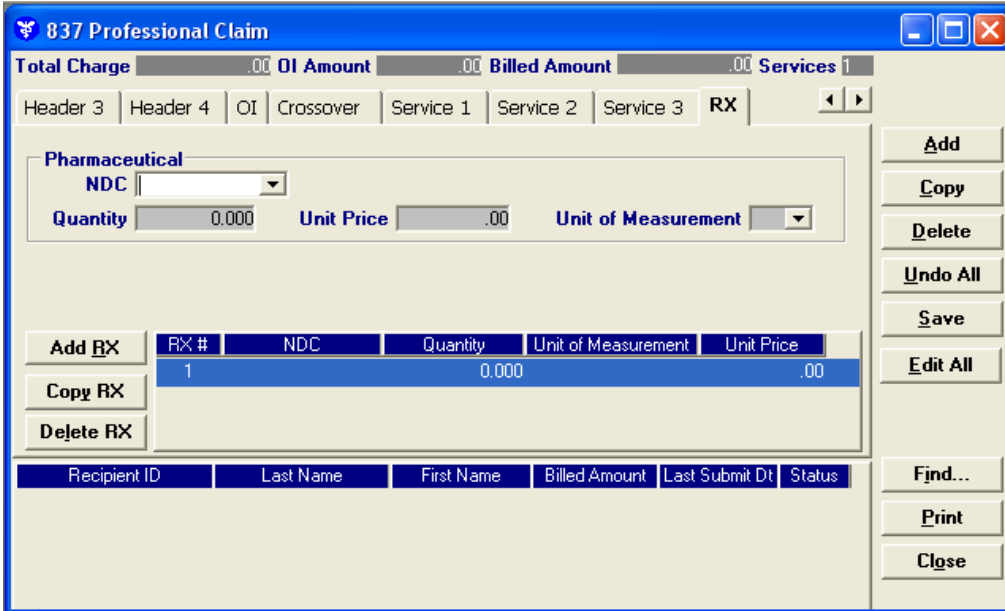
119 Complete the following fields under the Service 3 tab to submit an 837 Professional claim:

Field	Guidelines
TPL Adjustment Group Cd	Choose the best value.
Reason Codes/Amts	Choose the appropriate Reason Code(s) and then enter the corresponding Amount(s) in DD.CC format.
Paid Date/Amount	Enter the Paid Date for the other insurance along with the corresponding Amount in DD.CC format..
Carrier Code	Choose the appropriate Carrier Code from your Carrier list. If you have not added the carrier to your list, double-click on this field to so.
Carrier Name	This field will auto-populate.
Crossover Adjustment Group Cd	Choose the best value.
Reason Codes/Amts	Choose the appropriate Reason Code(s) and then enter the corresponding Amount(s) in DD.CC format.
Paid Date/Amount	Enter the Paid Date in which Medicare or TPL paid along with the corresponding Amount in DD.CC format..
Carrier Code	Choose the appropriate Carrier Code from your Carrier list. If you have not added the carrier to your list, double-click on this field to so.
Carrier Name	This field will auto-populate.

120 After completing all necessary fields under the Service 2 tab, review your claim and press *Save*.

121 **Rx Tab on the 837P**

122 Completing the Rx tab is required if an indicator in the *Rx Ind* field was marked as ‘Yes’. If the
 123 claim requires an NDC, this tab will allow you to enter the appropriate information. Below is a
 124 sample electronic 837 Professional form displaying the Rx tab.



125
 126 Complete the following fields under the Rx tab to submit an 837 Professional claim:

Field	Guidelines
Pharmaceutical NDC	Choose a Pharmaceutical NDC code from your NDC list to indicate which applies to this service. If you have not added the required NDC to your list, double-click on this field to do so.
Quantity	Enter the Quantity of the drug indicated by the NDC that is being billed.
Unit Price	Enter the cost per unit (Unit Price) of the NDC indicated that is billed to the patient.
Unit of Measurement	Select the Unit of Measurement that was used for measuring the quantity of the NDC.

127 **Adding, Deleting, or Copying a Prescription (Rx)**

128 Use the buttons to the left of the form to add, delete, or copy an Rx. Once you copy an Rx, you
 129 can modify it as necessary.

130 After completing all necessary fields and reviewing entered data for accuracy, press *Save* to add
 131 your claim to the Claim List.

132 **To Modify a Claim from the List**

133 Scroll through the list of claims that displays at the bottom of the form. Highlight the claim you
 134 wish to modify, and perform one of the following:

- 135 1. Key over incorrect data on the claim form. You cannot do this unless the status is ‘R’ (ready
136 to submit) or ‘I’ (incomplete). Save the changes. Click *Undo All* if you inadvertently
137 overwrite a correct claim.
- 138 2. Click *Copy* to copy a claim that closely matches the information you need to enter (for
139 example, if you must enter claims for identical services, but different recipients). Modify the
140 new record accordingly. Save the new record.
- 141 3. Click *Delete* to delete an unwanted record.

142

143 **Completing Voids/Adjustments to a Paid Claim**

144 To adjust a paid claim, wait until you have received your Remittance Advice (RA) listing the
145 paid claim ICN/TCN then follow the steps below.

146 Note: If the claim you wish to Void/Adjust is in your Claim List, then find the claim and click
147 *Copy*. Otherwise, enter your claim as you normally would, completing all necessary fields.

148

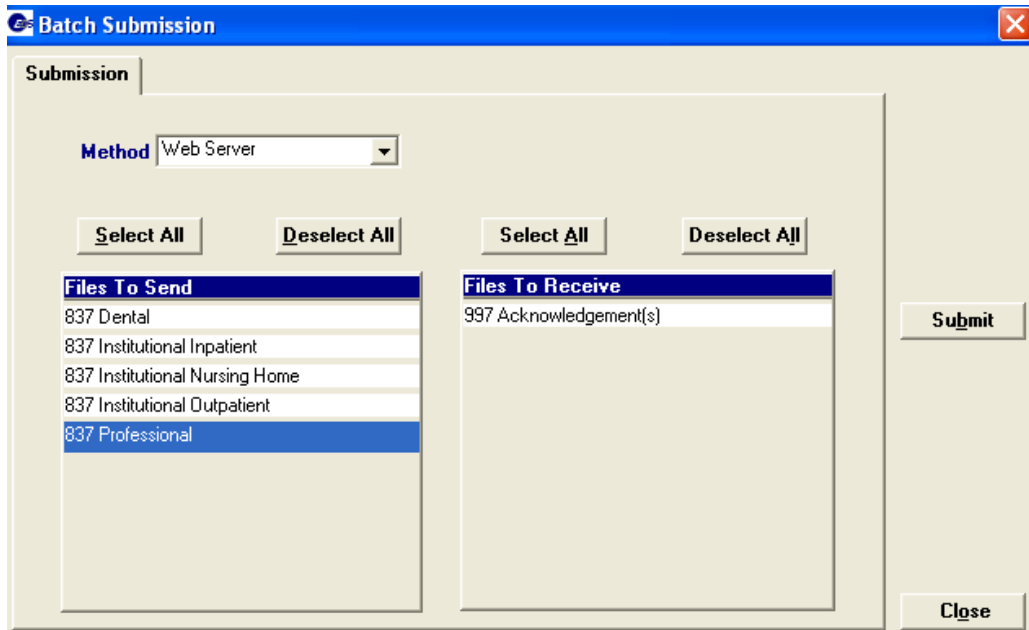
- 149 1. On Header 1, in the Claim Frequency field, change the indicator to inform Medicaid if the
150 request is an Adjustment/Replacement or a Claim Void. Enter either a ‘7’ for an adjustment
151 or an ‘8’ for a void.
- 152 2. In the Original Claim # field, enter the ICN/TCN assigned by Medicaid once the claim was
153 accepted and paid. This information can be located on your *Remittance Advice*.
 - 154 a. If the value ‘7’ was chosen, make any necessary corrections/adjustments to the current
155 claim; or
 - 156 b. If the value ‘8’ was chosen, continue with Step 3.
- 157 3. Click *Save* to save your claim.

158

159 **1.3 Submitting Professional Claims Through the Web Server**

160 From the Main Menu, select Communication, Submission to display the Batch Submission
161 window below:

162



163

164

165 1. Determine which files you want to send from the *Files to Send* list.

166 Choose *Select All* to select all files to send, *Deselect All* to undo any selections you have
167 made, or use the mouse (click once with the left mouse button) to select one form at a time,
168 or multiple form types for submission.

169 2. Click *Submit* to send files.

170 Provider Electronic Solutions connects to the Web server and sends the transmission. The
171 Verification Log (accessible by selecting Communication, View Verification) and the
172 Communication Log (accessible by selecting Communication, View Communication Log)
173 provide information regarding the transaction.

174 3. After submission, perform the next steps to receive the response from the Web Server.

175 4. Select Web server as the correct submission method from the *Method* drop-down list.

176 5. Determine which files you want to receive from the *Files to Receive* list.

177 Choose *Select All* to select all files to receive, *Deselect All* to undo any selections you have
178 made, or use the mouse (click once with the left mouse button) to select one form at a time,
179 or multiple form types for submission.

180 6. Click *Submit* to receive files.

181 Provider Electronic Solutions connects to the Web server and receives the transmission. The
182 Verification Log (accessible by selecting Communication, View Verification) and the
183 Communication Log (accessible by selecting Communication, View Communication Log)
184 provide information regarding the transaction.

185

186 Note: When you submit batch transactions, you must wait a period of time (fifteen minutes to
187 two hours, depending on the time of day you submit) to download the responses. Therefore,
188 when you access the Submission window and elect to receive files, remember you may be
189 *receiving responses to your last transmission, not necessarily the current transmission.*

190 Note: Rejected claims will not appear on your Remittance Advice.

191 Note: Submitted files are stored on the *FLhipaa\temp* folder. To open the file(s), select the
192 Notepad or UltraEdit program.

193 Note: Response files are stored on the *FLhipaa\verify* folder. To open the file(s), select the
194 Notepad or UltraEdit program.

195

196