



**SolAce Direct Entry  
Quick Reference Guide  
CMS-1500 Form**

Prepared by  
**AXIOM Systems, Inc.**



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## SolAce Direct Data Entry Guide

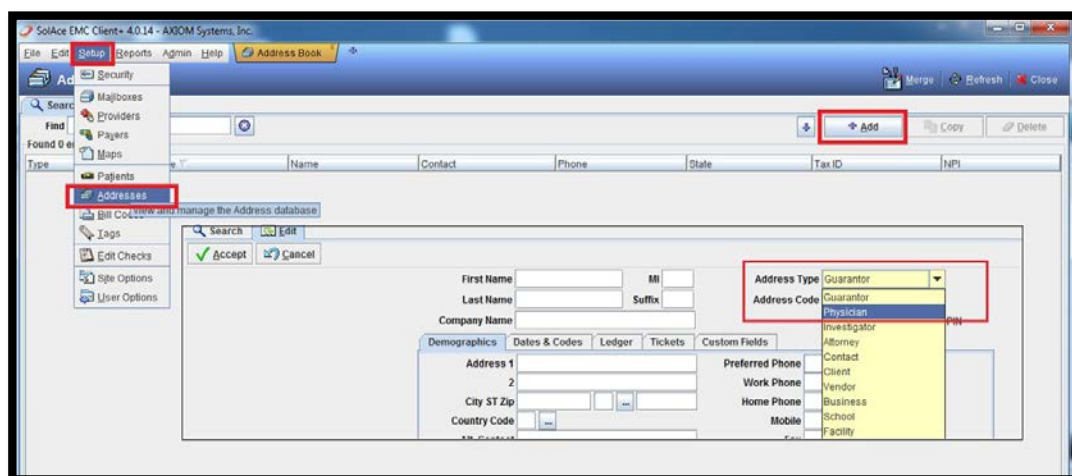
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Purpose: This guide is provided to direct data entry users after they have completed their training for SolAce. This will enable new users to have a summary of what they have learned during training in regards to creating and sending claims through SolAce.

Now, that you have completed training, here is a quick reference guide on what you have learned.

Adding your Referring Providers and Service Facilities into your Address Book:

1. To Set up your Referring Providers, click on Setup > Addresses
  - a. Click *Add* – To add a new address book entry
  - b. For Address Type, choose Physician



- c. For your Referring Physician (Box 17 of the CMS1500) fill in the following:
  - i. First and Last Name
  - ii. NPI
  - iii. Alt. Contact
  - iv. Preferred Phone
  - v. Phone number
  - vi. Click Accept on the top Left when
  
- d. For Service Facilities (Box 32 of the CMS1500), choose Facility as the Address Type and fill in the following:
  - i. Company Name, Address, and NPI

Adding a patient to your SolAce patient database:

1. To set up your Patients, click on *Setup>Patients*



- a. Click *Add* – To add New Patients to your patient list

First Name: Donald MI:  Patient Code: DUCD0001  
Last Name: Duck Suffix:  Responsible Party: Self

Demographics | Provider | Insurance | Dates & Codes | Ledger | Tickets | Custom Fields

Address 1: 123 Anyway SSN:   
2:   
City ST Zip: Phoenix AZ 85306 Gender: Female  
Birth Date: 1966-11-23 46 years 6 months  
Country Code:  Marital Status:   
E-mail:   Inactive  
Alt. Contact:  Inactive Since:   
Preferred Phone:  Created by gigi @ 2013-05-02 11:30:15  
Work Phone:   
Home Phone:   
Mobile:   
Fax:

► Employment

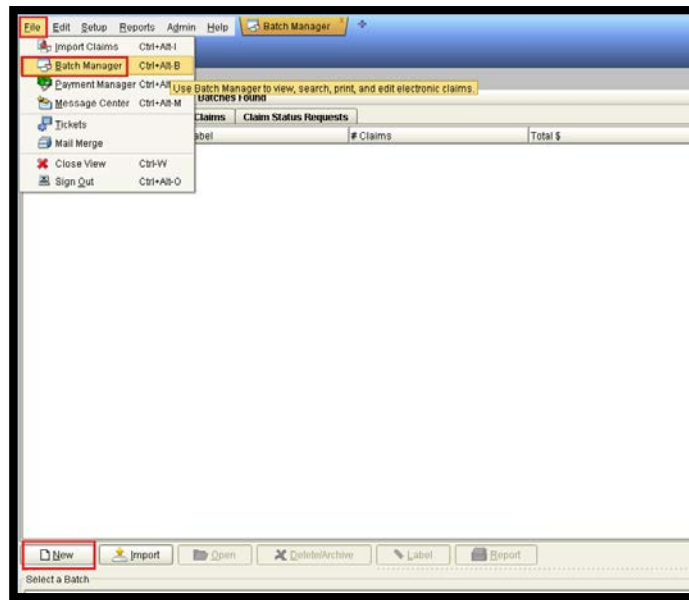
- i. Complete the following fields on the **Demographics Tab**:
  1. First and Last name
  2. Address
  3. Patient Code (this is automatically filled in)
    - a. You may change this and use patient chart numbers here if desired
  4. Gender
  5. Date of Birth

- ii. Next, complete the following fields on the **Provider Tab**:
  - 1. Provider box
    - a. Select your billing provider/entity by clicking on the magnifying glass (For Group Practices, the Group Practice should be the billing provider/entity)
  - 2. Referral Code box
    - a. Select your Referring Provider for the patient by clicking on the magnifying glass.
    - b. For Referral Type, choose Physician
      - i. If the Referring Provider will be different for this patient every time you bill for them, you can choose to NOT link a specific Referring Provider record to the patient's profile and just manually type it in the claim
  - 3. Diagnosis (ICD9 or ICD10)
    - a. If the patient's Diagnosis will not be changing for each visit, fill in the Diagnosis codes so it can be auto filled for you on the claim form (or you may manually type it in the claim form when you bill for the patient)
  
- iii. Then complete the following on the **Insurance Tab**:
  - 1. Payer box
    - a. Select your patient's insurance company by clicking on the magnifying glass next to the box
  - 2. Member Id
    - a. This will be the patient's ID number from their insurance card
  - 3. Plan Name
    - a. If applicable
  - 4. Group No
    - a. If applicable
  
- b. Click *Accept*
  - i. It's the green check mark in the upper left hand corner

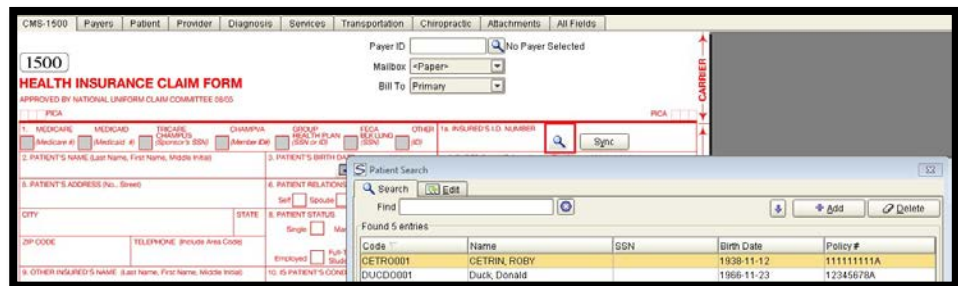
You are now ready to create claims for the patients you have saved in your patient database.

To create claims:

1. Click *File>Batch Manager*
  - a. Click New
    - i. Located at the bottom of the page

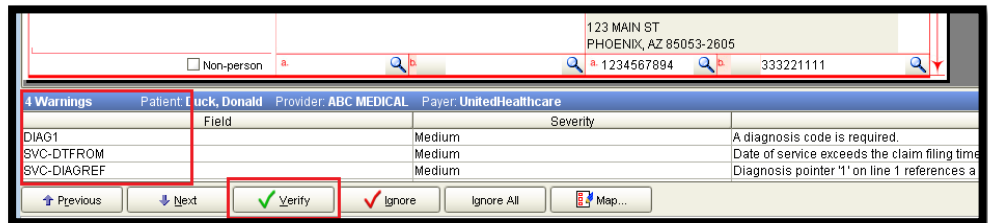


- b. Click on the Magnifying glass in Box 1a of your CMS-1500 claim form.
        - i. Select your patient and click OK.
          1. The top part of the CMS-1500 form will then be auto filled for you

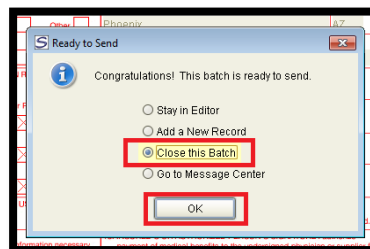


- ii. Complete the rest of the form with your billing information (i.e. Referring Physicians, Diagnosis Codes, etc...)
        - iii. Enter information in Box 23 if applicable

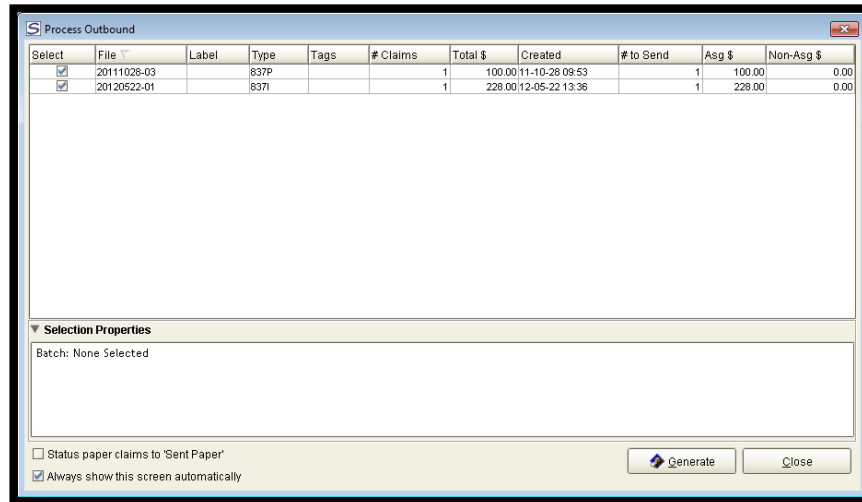
- iv. Enter information in Boxes 24a-j
  - 1. The rendering provider should be selected for 24j (For Group Practices, this would be one of the Group Providers)
  - 2. If you have more than 6 services to bill, you can enter additional service lines under the services tab.
  
- v. Enter information in Box 32 if applicable for your Place of Service entered in box 24b.
  - 1. You will need to use 9 digit zip codes in this box
  
- vi. Click Verify at the bottom to make sure you have no warnings that need to be resolved for the claim you just entered.
  - 1. If there are warnings at the bottom section of the screen, double click on a warning to be taken to a field that needs attention



- c. To add another claim to the same batch
  - i. Click Add at the top of the screen
  
- d. When all claims for this billing cycle are finished, click *Verify* at the bottom and *Accept* at the top to make sure there are no more warnings
  - i. Once you are done entering or correcting your claim(s), click *Accept* again, and then click *Save* on the top right hand side of the screen.
  
- e. You will be alerted that your batch is ready to send. Choose the option to close the batch and click *OK*



- f. Review your batch summary in the Batch Editor screen and click the *Transmit* button on the upper right hand corner of the screen to be taken to the Message Center for ANSI file generation
  
- g. Click *Generate* to generate your file into your Outbox for transmission.



Please remember to check your Inbox in your Message Center screen daily for reports with information regarding the status of the claims you have submitted. To access the Message Center screen just click on *File>Message Center* and left click on your *Inbox*.

Once your file is in the Outbox you may log off or return to the Batch Manager screen by clicking *File >Batch Manager* to create more claims. Your file should be out of the Outbox in 3 hours and by the next morning, you should have response files in your Inbox.

If you are signed up to receive Electronic ERAs you should find them under *File > Payment Manager*. Just double click on an ERA to open it.

If you need help with re-submitting batches or reading your Inbox reports please contact our support team.

**If you need further assistance or training,**  
Please email [solace.support@axiom-systems.com](mailto:solace.support@axiom-systems.com) or call 602.439.2525



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## Quick Tips

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### To re-submit a batch that does not need corrections, do the following:

1. Go to *File>Batch Manager*
  - a. Double click on the batch you would like to re-submit
  - b. On the upper left hand side of the screen click the box labeled with “...” next to the “Status” box
  - c. Change the status of the batch to “Resend”
    - i. If you need to make changes to any of the claims, double click on the claim and make your changes.
    - ii. Save when you are done and close the batch.
    - iii. Click *Transmit* on the upper right hand side of the screen to be taken to the Message Center for ANSI file generation
  - d. If no changes need to be made to the batch, click *Transmit* on the upper right hand side of the screen to be taken to the Message Center for ANSI file generation

### To re-submit a specific claim from a batch that needs corrections, do the following:

1. Go to *File>Batch Manager*
  - a. Double click on the batch that contains the claim you want to re-submit.
  - b. Left click to highlight the patient’s claim (to select more than one, hold down the Ctrl key on your keyboard and click on your patient’s names)
  - c. At the bottom of your screen, click on *Copy*
  - d. Choose to copy the claim(s) to a “New Batch”
  - e. Make any necessary edits to the claim(s) and click *Save*, then close the batch
  - f. Click the *Transmit* button on the upper right hand side of the screen to be taken to the Message Center for ANSI file generation

### Reading your reports:

1. Go to *File> Message Center*
  - a. Left click on your Inbox
  - b. Left click once on a report to view its contents on the preview pane below
  - c. Scan the report for words like “Error”, “Deleted”, “Rejected” or anything indicating that one or more of your claims will not be processed.
  - d. Call our support team if you need help with a rejection report

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## Want to have your Place of Service, Modifiers, and Charges Auto fill?

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To set up shortcut codes to have a code auto fill your Place of Service, Modifiers, and Charges, go to **Setup > Bill Codes**

1. Click Add
  - a. In the Bill Code box, enter your HCPCS or CPT code
    - i. You can actually choose any value you want to use as your “Bill Code”. Most users like to use the HCPCS/CPT code as the “Bill Code” because it’s easier to remember. The Bill Code you choose will be what you type into box 24D of the CMS-1500 form which will trigger the auto population of the POS, Modifiers, Charge and Unit for the service line.
  - b. Fill in the description for the code you just entered
  - c. For Type, choose Procedure Charge
  - d. Click the Add button to activate the fields in the “Edit” box
    - i. Choose Professional
    - ii. Leave Fee Schedule at 0
    - iii. Enter the Effective date of the code
    - iv. Enter the POS to be used for the code
    - v. Enter the actual HCPCS or CPT code that will be billed
    - vi. Enter the Modifiers
    - vii. Enter the Charge Amount for the code in step v.
    - viii. Enter the Units to be billed for the code in step v.
    - ix. Click Save when done
    - x. Click Accept on the top left
2. To use your Bill Code, simply type in the Bill Code in Box 24D of your claim and hit the Tab key on your keyboard and your POS, Modifiers, Charge and Unit will be automatically filled in.