

EDI Support Services

Billing Ambulance Claims Electronically

When billing ambulance claims electronically, include the following crucial information to ensure correct claim processing:

- The CR1 segment
- The CRC segment
- The DTP segments
- The NTE segment
- Loop 2310D

In this document:

- American National Standards Institute (ANSI) Specifics
- Entering data in PC-ACE Pro32

Implementation Guide Specifics

Loop 2300 (Claim Level)

- CR1 segment: Ambulance Transport Information is required on claims involving ambulance services.
Example: CR1*LB*140*X*A*DH*12***TRIP FOR X-RAY~
- CRC segment: Ambulance Certification is required on ambulance claims/encounters, i.e. when CR1 segment is used.
Example: CRC*07*Y*08~
- DTP Segments:
Date – Admission:
Example: DTP*435*D8*20050101~
 - Use the admission date on all ambulance claims/encounters when the patient was known to be admitted to the hospital.
 - Submit the admission date with a Date Time Qualifier of 435.
 - Express the admission date in format YYYYMMDD.Date – Discharge:
Example: DTP*096*D8*20041201~
 - The discharge date is required for inpatient claims when the patient was discharged from the facility and the discharge date is known.
 - The discharge date must be submitted with a Date Time Qualifier of 096.
 - The discharge date must be expressed in format CCYYMMDD.
- The NTE segment: use Claim Note, to report the condition of the patient, what services were provided, and other information that explains the reason for the ambulance transport. Example: NTE*ADD*PATIENT W/CHEST PAIN, SOB, HEART RACING~

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Loop 2310D (Claim Level)

The segments in this loop are used to report the origin of the ambulance trip, i.e., facility name or patient's residence, as well as the address.

- The NM1 segment, Service Facility Location, is used to report the name of the facility or patient residence from which the ambulance trip originated.
- The N3 segment, Service Facility Location Address, is used to report the street address of the facility or patient residence from which the ambulance trip originated.
- The N4 segment, Service Facility Location City/State/Zip is used to report the city/state/zip of the facility or patient residence from which the ambulance trip originated.

No Transport Claims

EDI is often asked how to bill no-transport claims (i.e., ambulance dispatched but patient is pronounced dead and no transport occurs). All the required ANSI fields as discussed above must be billed with the most appropriate values, even if there are none that fit the situation exactly.

Here are some suggested values:

- CR103-Ambulance Transport Code: I for initial
- CR104-Ambulance Transport Reason Code: A-Patient was transported to nearest facility for care of symptoms, complaints or both
- CR106 – Transport Distance: Enter mileage
- CRC03-Condition Indicator: Report 09 to indicate ambulance trip was medically necessary.

Entering Ambulance Information Using PC-ACE Pro32

When ambulance claims are billed electronically using PC-ACE Pro32, information is entered in several different fields. The ambulance transport and patient condition information is entered in the Ambulance Attachment. The facility information is entered in the Extended Patient/General tab, while the narrative information is entered in the Extended Details tab.

Ambulance Transport and Patient Condition Information

Once you have entered the claim and are ready to enter the ambulance transport and patient condition information, you will need to create an Ambulance Attachment. To create the Ambulance Attachment, follow these steps:

1. Go to the Billing Line Items Tab of the claim.
2. Right click the AT field at the end of the service line.
3. Select 1 – Ambulance attachment.

Billing Ambulance Claims Electronically continued

- The ambulance attachment appears as an Ambulance tab.

Note: The Ambulance tab will not appear unless the claim diagnosis code, service dates, and procedure code fields are entered in PC-ACE Pro32.

The screenshot shows the 'Professional Claim Form' window with the 'Billing Line Items' tab selected. The 'Claim Diagnosis Codes' section shows code 78650 in the first field. Below is a table with columns for Line Number (LN), Service Dates (24a), Procedure (24d), Modifiers (24d-1, 24d-2), Diagnosis (24e), Charges (24f), Units (24g), and various checkboxes (EP, FP, EM, CB, AT). Two lines are populated with data. A dropdown menu is open over the 'Rendering Physician' column, listing attachment types, with '1 - Ambulance attachment' highlighted in red.

LN	24a - Service Dates From	24a - Service Dates Thru	24b PS	24c TS	24d Proc	24d - Modifiers 1	24d - Modifiers 2	24e Diagnosis	24f Charges	24g Units	EP	FP	EM	CB	AT	Rendering Physician
1	01/01/2005	01/01/2005	41		A0425	RH		1		1.0						0 - Cancel automatic attachment 1 - Ambulance attachment 2 - CLIA attachment 3 - Podiatry attachment 4 - Chiropractic attachment 5 - Mammography attachment 6 - EPO attachment 7 - Physical therapy attachment 8 - Influenza attachment 9 - Cataract attachment A - Dental attachment B - Eyewear attachment
2	01/01/2005	01/01/2005	41		A0427	RH		1		1.0						
3	/ /	/ /														
4	/ /	/ /														
5	/ /	/ /														
6	/ /	/ /														

28 - Total Charge 0.00 Recalculate
29 - Amount Paid 0.00 30 - Balance Due

Save Cancel

- Enter the appropriate information in the Type of Transport, Transport To/For, Stretcher, Bed Confined (Before), Bed Confined (After), Unconscious/Shock, Emergency Situation, Medically Necessary and Miles fields. This information will now be present on the claim when this claim is saved and prepared.

Billing Ambulance Claims Electronically continued

Professional Claim Form

Patient Info & General | Insured Information | Billing Line Items | Ext. Patient/General | Ext. Pat/Gen (2) | Ext. Payer/Insured

Line Item Details | Extended Details (Line 1) | Ext Details 2 (Line 1) | Ext Details 3 (Line 1) | **Ambulance**

Type of Transport	<input type="checkbox"/>	Physical Restraints	<input type="checkbox"/>	Ambulance Pick-Up Location	
Transport To/For	<input type="checkbox"/>	Visible Hemorrhaging	<input type="checkbox"/>	Address	
Stretcher	<input type="checkbox"/>	Services Available	<input type="checkbox"/>		
Bed Confined (Before)	<input type="checkbox"/>	Medically Necessary	<input type="checkbox"/>	City/St/Zip/Cntry	
Bed Confined (After)	<input type="checkbox"/>	Patient Admitted	<input type="checkbox"/>	Ambulance Drop-Off Location	
Bed/Chair Confined (During)	<input type="checkbox"/>	Patient Count	<input type="checkbox"/>	Location	
Unconscious/Shock	<input type="checkbox"/>	Patient Weight	<input type="checkbox"/>	Address	
Emergency Situation	<input type="checkbox"/>	Miles	<input type="checkbox"/>		

Purpose of Round Trip

Purpose of Stretcher

Save Cancel

Billing Ambulance Claims Electronically continued

Facility Information

Facility information is required on ambulance claims. PC-ACE Pro32 has specified fields for this data.

1. Go to the Ext. Patient/General tab.
2. Enter the appropriate facility information in the Name, Address, City, State, and Zip fields. All these fields are required for ambulance claims.

The screenshot shows the 'Professional Claim Form' window with the 'Ext. Patient/General' tab selected. The 'Facility Information' section is highlighted with a red border. The form contains the following fields:

Patient Legal Representative Information		Miscellaneous Patient & General Information	
Name (L/F)	<input type="text"/>	Date of Death	<input type="text"/>
Address	<input type="text"/>	Accident State/Hour	<input type="text"/>
City/St/Zip	<input type="text"/>	Accident Country	<input type="text"/>
Country	<input type="text"/>	Responsibility Ind	<input type="checkbox"/>
Phone	<input type="text"/>	FL-10d	<input type="text"/>
Facility Information		Homebound Ind	<input type="checkbox"/>
Name	<input type="text"/>	Date Care Assumed	<input type="text"/>
Address	<input type="text"/>	Date Care Relinquished	<input type="text"/>
City/St/Zip	<input type="text"/>	Date Last Seen	<input type="text"/>
Entry / IDs	<input type="text"/>	Date Last Worked	<input type="text"/>
Fac Type	<input type="text"/>	Return To Work Date	<input type="text"/>
Phone/Ext	<input type="text"/>	Prescription Date	<input type="text"/>
Contact	<input type="text"/>	First Contact Date	<input type="text"/>
		Special Program Indicator	<input type="checkbox"/>
		Medical Rec No	<input type="text"/>
		IDE Number	<input type="text"/>
		Form Loc 31	<input type="text"/>
		EPSDT Referral	<input type="checkbox"/>
		Submission Reason Code	<input type="text"/>
		Delay Reason Code	<input type="text"/>
		Pregnancy Indicator	<input type="checkbox"/>
		Claim Tag	<input type="text"/>
		Patient Weight (lbs)	<input type="text" value="0"/>

Narrative Information

To add narrative information to an ambulance claim in PC-ACE Pro32, follow these steps:

1. Go to the Extended Details 3 tab for that line item.
2. Enter ADD in the Narrative field, or right click and select ADD –Additional Information from the pop-up menu.
3. Enter the narrative information in the Line Note [NTE]/File Info [K3] field.

Billing Ambulance Claims Electronically continued

Professional Claim Form

Patient Info & General | Insured Information | **Billing Line Items** | Ext. Patient/General | Ext. Pat/Gen (2) | Ext. Payer/Insured

Line Item Details | Extended Details (Line 1) | Ext Details 2 (Line 1) | Ext Details 3 (Line 1) | Ambulance

Line-level Miscellaneous Information (continued)

Ordering Provider Address

Address

City/St/Zip/Cntry

Line Supplemental Information (PwK)

Num	Type	Trans	Attachment Control Number
1	<input type="text"/>	<input type="text"/>	<input type="text"/>

Line Notes (NTE) / File Information (K3)

Num	Type	Narrative
1	<input type="text"/>	<input type="text"/>

Save Cancel

This information will now be present on the claim when this claim is saved and prepared.