

# EDI Support Services

## In this document:

- Helps determine the ANSI specifics
- Provides instruction how to enter the data elements in PC-ACE Pro32

## ***Billing Laboratory Claims Electronically***

When laboratory claims are billed electronically, there is one crucial data element that needs to be included on the claim in order for that claim to process correctly. The data element is the Clinical Laboratory Improvement Act (CLIA) Number. For reference laboratory claims, Modifier 90 is required as well.

### *CLIA Number*

The ANSI Implementation Guide requires the CLIA number on all laboratory claims billed to Medicare.

### *Implementation Guide Specifics*

Example: REF\*X4\*12D4567890

- The CLIA number is required on all laboratory claims billed to Medicare.
- The CLIA number is submitted in Loop 2300 (Claim Information) and/or Loop 2400 (Service Line Information).
- The CLIA number is submitted in a REF (Reference Identification) segment.
- The Reference Identification Qualifier must be submitted as X4.

**Note:** For reference laboratory claims, two CLIA numbers must be submitted. The billing laboratory CLIA number must be submitted in a REF segment in the 2300 loop with an X4 qualifier and the reference laboratory CLIA number (the CLIA number for the lab who performed the service) must be submitted in a REF segment in the 2400 loop with an F4 qualifier.

The billing laboratory CLIA number must be different than the CLIA number of the reference laboratory since they are two separate entities. If these two numbers are the same, claims will be denied.

### *Entering a Laboratory Claim Using PC-ACE Pro32*

There are a few fields in PC-ACE Pro32 required for a laboratory claim. The following steps will assist you in billing these fields in PC-ACE Pro32.

1. Go to the Billing Line Items tab.
2. Right click the AT field at the end of the service line.
3. Select 2 – CLIA attachment.
4. The CLIA attachment appears as a CLIA tab.

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

## Billing Laboratory 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)

Claim Diagnosis Codes: 1 2705 2 3 4 5 6 7 8

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			80048				0.00	1.0						
2																
3																
4																
5																
6																

28 - Total Charge 15.00 Recalculate

29 - Amount Paid 0.00 30 - Balance Due

Save Cancel

- 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

1. Select the CLIA tab to enter the CLIA number.

**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) | **CLIA**

CLIA Certification Number

2. Next, you will need to enter the outside laboratory ID, name, and address.
3. Go to the Ext. Patient/General tab.
4. In the Facility Information fields, enter the Facility ID, Type, Name, Address, City, State, and Zip Code.

## Billing Laboratory Claims Electronically Continued...

**Professional Claim Form**

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

**Patient Legal Representative Information**

Name (L/F) [ ] [ ] [ ] [ ]  
Address [ ] [ ] [ ] [ ] [ ] [ ]  
City/St/Zip [ ] [ ] [ ] [ ] [ ] [ ]  
Country [ ] Phone [ ] [ ] [ ] [ ] [ ] [ ]

**Facility Information**

Name [ ] [ ] [ ] [ ] [ ] [ ]  
Address [ ] [ ] [ ] [ ] [ ] [ ]  
City/St/Zip [ ] [ ] [ ] [ ] [ ] [ ]  
Cntry / IDs [ ] [ ] [ ] [ ] [ ] [ ]  
Fac Type [ ] Phone/Ext [ ] [ ] [ ] [ ] [ ] [ ]  
Contact [ ] [ ] [ ] [ ] [ ] [ ]

**Miscellaneous Patient & General Information**

Date of Death [ ] [ ] [ ] [ ] Special Program Indicator [ ] [ ]  
Accident State/Hour [ ] [ ] Medical Rec No [ ] [ ] [ ] [ ]  
Accident Country [ ] [ ] IDE Number [ ] [ ] [ ] [ ]  
Responsibility Ind [ ] [ ] Form Loc 31 [ ] [ ] [ ] [ ]  
FL-10d [ ] [ ] [ ] [ ] [ ] [ ] EPSDT Referral [ ] [ ] [ ] [ ]  
Homebound Ind [ ] [ ] Submission Reason Code [ ] [ ] [ ] [ ]  
Date Care Assumed [ ] [ ] [ ] [ ] Delay Reason Code [ ] [ ] [ ] [ ]  
Date Care Relinquished [ ] [ ] [ ] [ ] Pregnancy Indicator [ ] [ ] [ ] [ ]  
Date Last Seen [ ] [ ] [ ] [ ] Claim Tag [ ] [ ] [ ] [ ] [ ] [ ]  
Date Last Worked [ ] [ ] [ ] [ ] Patient Weight (lbs) [ ] [ ] [ ] [ ]  
Return To Work Date [ ] [ ] [ ] [ ]  
Prescription Date [ ] [ ] [ ] [ ]  
First Contact Date [ ] [ ] [ ] [ ]

Save Cancel

### Entering a Reference Laboratory Claim Using PC-ACE Pro32

When billing a reference laboratory claim in PC-ACE Pro32, there are several fields that need to be completed. The following steps will assist you in billing these claims in PCACE Pro32.

1. Go to the Billing Line Items tab in the Professional Claim form.
2. Enter Modifier 90 in the first Modifier field.

## Billing Laboratory 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 6) | Ext Details 2 (Line 6)

Claim Diagnosis Codes: 1 2705 2 3 4 5 6 7 8

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			80048	90			0.00	1.0						
2																
3																
4																
5																
6																

28 - Total Charge 0.00 Recalculate

29 - Amount Paid 0.00 30 - Balance Due 0.00

Save Cancel

3. Right click the AT field at the end of the service line.
4. Select 2 – CLIA attachment.
5. The CLIA attachment appears as a CLIA tab.

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

**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 4) | Ext Details 2 (Line 4)

Claim Diagnosis Codes: 1 2705 2 3 4 5 6 7 8

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			80048	90			0.00	1.0						
2																
3																
4																
5																
6																

28 - Total Charge 20.00 Recalculate

29 - Amount Paid 0.00 30 - Balance Due

Save Cancel

- 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

## Billing Laboratory Claims Electronically Continued...

6. Select the CLIA tab to enter the CLIA number. The X4 qualifier is automatically reported in the REF segment when the CLIA number is entered in this field.

The screenshot shows the 'Professional Claim Form' window with several tabs: 'Patient Info & General', 'Insured Information', 'Billing Line Items', 'Ext. Patient/General', 'Ext. Pat/Gen (2)', and 'Ext. Payer/Insured'. Below these, there are sub-tabs: 'Line Item Details', 'Extended Details (Line 1)', 'Ext Details 2 (Line 1)', and 'CLIA'. The 'CLIA' tab is circled in red. Below the sub-tabs, there is a field labeled 'CLIA Certification Number' with a red arrow pointing to it.

7. Next, you will need to enter the outside laboratory ID, name, and address.
8. Go to the Ext. Patient/General tab.
9. In the Facility Information fields, enter the Facility ID, Type, Name, Address, City, State, and Zip Code.

The screenshot shows the 'Professional Claim Form' window with the 'Ext. Patient/General' tab selected. The window is divided into two main sections: 'Patient Legal Representative Information' and 'Miscellaneous Patient & General Information'. The 'Facility Information' section is highlighted with a red box. It contains fields for Name, Address, City/St/Zip, Cntry / IDs, Fac Type, Phone/Ext, and Contact. The 'Miscellaneous Patient & General Information' section contains various fields including Date of Death, Accident State/Hour, Accident Country, Responsibility Ind, FL-10d, Homebound Ind, Date Care Assumed, Date Care Relinquished, Date Last Seen, Date Last Worked, Return To Work Date, Prescription Date, First Contact Date, Special Program Indicator, Medical Rec No, IDE Number, Form Loc 31, EPSDT Referral, Submission Reason Code, Delay Reason Code, Pregnancy Indicator, Claim Tag, and Patient Weight (lbs). There are 'Save' and 'Cancel' buttons at the bottom right.

10. Last, you will need to enter the referring facility CLIA Number, Type, Name, Address, City, State, and Zip Code.
11. Go to the Billing Line Items tab.
12. Select the Ext Details 2 tab.
13. In the Line-level Reference ID fields, enter the referring facility CLIA number in the first field and F4 in the second field.
14. Enter the referring facility name, address, city, state, and zip code in the appropriate fields.

## Billing Laboratory 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) | CLIA

Line-level Miscellaneous Information

Proc Type/Desc	<input type="text"/>	Facility Name	<input type="text"/>
Obstetric Anesthesia Additional Units	<input type="text" value="0.000"/>	Facility Address	<input type="text"/>
National Drug Code	<input type="text"/>	City/St/Zip/Cntry	<input type="text"/>
National Drug Unit Price	<input type="text" value="0.000"/>	Fac IDs/Types	<input type="text"/>
Nat. Drug Units/Type	<input type="text" value="0.000"/>	Fac Type	<input type="text"/>
Drug Ref No/Type	<input type="text"/>		
Drug Prescription Date	<input type="text" value="/_/_"/>		
DME Length of Need (Days)	<input type="text" value="0"/>		
DME Purchase Price	<input type="text" value="0.00"/>		
DME Rental Price	<input type="text" value="0.00"/>		
DME Rental Unit Price Ind.	<input type="checkbox"/>		

Line-level Reference IDs / Types / Payer IDs

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

This field must be F4

Save Cancel