

EDI Support Services

Billing Podiatry Claims Electronically Using PC-ACE Pro32

Many podiatry claims do not require additional attachments or paperwork. However, routine foot care claims must contain two crucial pieces of information to process correctly. This data is the Date Last Seen (DLS) and Supervising Provider Information.

Implementation Guide Specifics

- ❑ *Date Last Seen (DLS)* – This is the date that the patient was seen by the attending/supervising physician for the qualifying medical condition related to the services performed.

Example: DTP*304*D8*20080120~

- The DLS is required when claims involve services from an independent physical therapist, occupational therapist, or physician services involving routine foot care.
- The DLS is submitted in Loop 2300 (Claim Information).
- The DLS is submitted in a DTP segment.
- The Date/Time Qualifier must be submitted as 304.
- The Date Time Period Format Qualifier must be submitted as D8.
- The Date Time Period must be submitted in a format CCYYMMDD.

- ❑ *Supervising Provider Information*

Example: NM1*DQ*1*LAST*FIRST*MI***XX*1234567893~

- The supervising provider name is submitted in Loop 2310E (Supervising Provider Name).
- The supervising provider name is submitted in a NM1 segment.
- The Entity Identifier Code must be submitted as DQ.
- The Entity Type Qualifier must be submitted as 1.
- The Identification Code Qualifier must be submitted as XX.
- The Identification Code must be submitted as the supervising NPI.

Billing Podiatry Claims Electronically Using PC-ACE Pro32 Continued...

Entering a Routine Foot Care Claim Using PC-ACE Pro32

PC-ACE Pro32 requires completion of a few extra fields for creating a routine foot care claim.

1. Go to the Billing Line Items tab.
2. Activate the attachment manually or automatically:
 - A. After entering the claim diagnosis code, services dates, and procedure code, right-click in the AT field and select 3 – Podiatry attachment at the end of the service line to manually trigger the attachment.

Note: All manually triggered attachments are “line-level”.
 - B. Enter a pre-defined procedure code (e.g. 11720) to automatically trigger the attachment.

Note: Automatically triggered attachments support both “line-level” and “claim-level” attachments.

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	FPEM	CB	AT	Rendering Phys.
1	01/01/2008	01/01/2008			11720					1.0					
2															
3															
4															
5															
6															

28 - Total Charge 0.00 Recalculate

29 - Amount Paid 0.00 30 - Balance Due

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

Save Cancel

Note: Claim-level attachments are designated by a (C) following the attachment tab's caption.

3. Select the Podiatry tab to enter the Date Last Seen, Supervising Provider Indicator, and Supervising Provider ID.

Billing Podiatry Claims Electronically Using PC-ACE Pro32 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) | Podiatry

ROUTINE FOOT CARE:

Date Last Seen

Class Findings

Podiatry Service Condition

NAIL DEBRIDEMENT:

Documentation Indicator (3/9)

Condition Statement Indicator

Podiatry Indicator (Y/N)

Therapy Type (Oral/Topical)

Supervising Provider Indicator

Supervising Provider ID

Indicator must be Y

Save Cancel

- The supervising provider information on the Ext. Details tab will auto populate when the Supervising Provider ID is completed on the Podiatry tab.

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) | Podiatry

Miscellaneous Extended Details

24d - Modifiers 3 & 4 Units Type Code

Anesthesia/Other Minutes Multiple Procedure Ind

Procedure Type Review By Code Ind

Narrative / Line Note (NTE) / File Info (K3)

Pre-Transplant Indicator

Purchased Service Supplier Information

Purchased? IDs/Type

Charges Phone

Name

Address

City/St/Zip

Hospice Information

Hospice Employed?

Medicare PID

Attend. Phys. Last Name

Supplemental Provider Information

	Provider Last Name	First Name	MI	Suffix	State	Provider IDs / Types
Supervising:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Ordering:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Referring:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Save Cancel

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Note: It is recommended to use the provider ID of A12345 with a 1G qualifier for the Physician ID / Type when setting up the physician record in the reference file maintenance. This field will automatically be suppressed from the electronic file with the NPI number present; this id must remain in PC-ACE Pro32 for each physician setup.