

EDI Support Services

Billing Purchased Service Claims Electronically Using PC-ACE Pro32

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

- Total Purchased Service Amount
- Purchased Service Provider Information
- Service Facility Location
- Purchased Service Information

Implementation Guide Specifications

□ Total Purchased Service Amount

Example: AMT*NE*57.35~

- The total purchased service amount is required if there are purchased service components to the claim.
- The total purchased service amount is submitted in Loop 2300 (Claim Information).
- The total purchased service amount is submitted in an AMT segment.
- The Amount Qualifier Code must be submitted as NE.
- The Total Purchased Service Amount must be submitted in AMT02.

□ Purchased Service Provider Information

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

- The purchased service provider information is required if purchased services are being billed/reported on the claim. Purchased services are situations where (for example) a physician purchases a diagnostic exam from an outside entity. Purchased services do not include substitute (locum tenens) provider situations.
- Information in this loop applies to the entire claim unless overridden on a service line by the presence of loop 2420B with the same value in NM101.
- The purchased service provider name is submitted in Loop 2310C/2420B.

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- The purchased service provider name is submitted in a NM1 segment.
- The Entity Identifier Code must be submitted as QB.
- The Entity Type Qualifier must be submitted as 1 or 2.
- The Identification Code Qualifier must be submitted as XX.
- The Identification Code must be submitted as the purchased service provider's NPI.

□ Service Facility Location

Example: NM1*FA*2*LAB OR FACILITY NAME*****XX*1234567893~

- This loop is required when the location of health care service is different than that carried in the 2010AA (Billing Provider) or 2010AB (Pay-to Provider) loops. The purpose of this loop is to identify specifically where the service was rendered. Do not use this loop when rendered at the patient's home.
- Information in this loop applies to the entire claim unless overridden on a service line by the presence of loop 2420C with the same value in NM101.
- The service facility location is submitted in Loop 2310D/2420C.
- The service facility location is submitted in a NM1 segment.
- The Entity Identifier Code must be submitted as 77, FA, LI, or TL.
- The Entity Type Qualifier must be submitted as 2.
- The Identification Code Qualifier must be submitted as XX.
- The Identification Code must be submitted as the supervising NPI.
- The service facility location address is submitted in a N3 segment.
- The service facility location city/state/zip is submitted in a N4 segment.

□ Purchased Service Information

Example: PS1*1234567893*57.35~

- The use of the PS1 segment indicates that services were purchased from another source. It is required on service lines involving purchased services/tests if different than the information given at the claim level (2310C).
- The purchased service information is submitted in Loop 2400.

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- The purchased service information is submitted in a PS1 segment.
- The Reference Identification is the NPI of the provider from which the services were purchased.
- The Purchased Service Change Amount is the cost of the purchased service.

Entering a Purchased Service Claim Using PC-ACE Pro32

1. PC-ACE Pro32 requires completion of a few extra fields for creating a purchased service claim.
2. Go to the Patient Info and General tab.
3. Enter a Y in the Outside Lab field and enter the total purchased service amount in the Charges field and enter a Y in the Facility? field.

The screenshot shows the 'Professional Claim Form' window with the 'Patient Info & General' tab active. The '20 - Outside Lab/Chgs' field is highlighted with a red box and contains 'Y/N' and '0.00'. The 'Facility?' field is also highlighted with a red circle and contains 'Y'. Other fields include 'LDB', 'Billing Provider', '26 - Patient Control No.', '2 - Patient Last Name', 'First Name', 'MI', 'Gen', '3 - Birthdate', 'Sex', '8 - Pat. Status', 'Death Ind', '12 - SOF', 'Legal Rep.', 'NPI Exempt', '5 - Patient Address 1', 'Patient Address 2', 'Patient City', 'State', 'Patient Zip', 'Country', 'Patient Phone', '10 - Patient Condition Related To', 'RDI', 'RDI Date', 'Other Ins.', '14 - Date/Ind of Current', '15 - First Date', '16 - UTW/Disability Dates & Type', '17 - Referring Phys Name (Last/Org, First, MI, Suffix)', 'Referring Phys IDs/Types', '18 - Hospitalization Dates', '19 - Reserved For Local Use', '22 - Medicaid Resubmission Code & Ref No', '25 - Fed. Tax ID', 'SSN/EIN', '27 - Provider Accepts Assignment?', 'PIN No.', '31 - Provider SOF', 'Date', 'Facility?', 'Dental?', 'COB?', 'Frequency', and '33 - GRP No.'. The 'Save' and 'Cancel' buttons are at the bottom right.

4. In the Ext. Patient/General tab, enter the address of the facility where services were purchased.

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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

5. Go to the Extended Details tab for that line item and complete the fields shown in the diagram below.

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) | Podiatry (C)

Miscellaneous Extended Details

24d - Modifiers 3 & 4 [] [] Hospice Employed? [] **Purch. Charges** [] 0.00 Sales Tax [] 0.00
 Anesthesia/Other Minutes [] 0 Co-Pay Status [] Initial Treatment [] [] [] Postage Claim [] 0.00
 Units Type Code [] **Purchased Services?** [] Shipped Date [] [] []

Line-Level Supporting Provider Information

	Last/Org Name	First Name	MI	Suffix	Provider IDs / Types / Payer IDs
Rendering	[] [] [] [] [] []	[] [] [] [] [] []	[] [] [] []	[] [] [] []	[] [] [] [] [] [] [] [] [] []
Purch. Service	[] [] [] [] [] []	[] [] [] [] [] []	[] [] [] []	[] [] [] []	[] [] [] [] [] [] [] [] [] []
Supervising	[] [] [] [] [] []	[] [] [] [] [] []	[] [] [] []	[] [] [] []	[] [] [] [] [] [] [] [] [] []
Ordering	[] [] [] [] [] []	[] [] [] [] [] []	[] [] [] []	[] [] [] []	[] [] [] [] [] [] [] [] [] []
Referring	[] [] [] [] [] []	[] [] [] [] [] []	[] [] [] []	[] [] [] []	[] [] [] [] [] [] [] [] [] []
Referring (2nd)	[] [] [] [] [] []	[] [] [] [] [] []	[] [] [] []	[] [] [] []	[] [] [] [] [] [] [] [] [] []
Asst. Surgeon	[] [] [] [] [] []	[] [] [] [] [] []	[] [] [] []	[] [] [] []	[] [] [] [] [] [] [] [] [] []

Save Cancel