

EDI Support Services

Billing Therapy Claims Electronically Using PC-ACE Pro32

Per CMS CR 4014

Effective October 1, 2006, the Date Last Seen (DLS) and the Supervising NPI will not be required for processing PT/OT claims unless billing Incident to claims. Incident To claims will still be required to submit the DLS and the Supervising NPI.

Many therapy claims do not require additional attachments or paperwork. However, incident to 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.

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- The Identification Code must be submitted as the supervising NPI.

Entering a Therapy Claim Using PC-ACE Pro32

PC-ACE Pro32 requires completion of a few extra fields for creating a therapy 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 7 – Physical therapy 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. 97004) to automatically trigger the attachment.

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

The screenshot shows the 'Professional Claim Form' window with the 'Billing Line Items' tab active. The 'Physical Therapy (C)' sub-tab is selected. The 'Claim Diagnosis Codes' section shows '1 | V571 | 2 | | 3 | | 4 | | 5 | | 6 | | 7 | | 8 |'. Below this is a table of billing line items:

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 Phys.
1	01/01/2008	01/01/2008			97004					1.0						
2																
3																
4																
5																
6																

At the bottom of the table, there are fields for '28 - Total Charge' (0.00), '29 - Amount Paid' (0.00), and '30 - Balance Due'. A 'Recalculate' button is also present. A context menu is open over the 'AT' field of the first row, listing attachment options: 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 (highlighted in red), 8 - Influenza attachment, 9 - Cataract attachment, A - Dental attachment, B - Eyewear attachment.

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

3. Select the Physical Therapy tab to enter the Attending/Supervising Phys ID and Date Last Seen.

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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

Line Item Details | Extended Details (Line 1) | Ext Details 2 (Line 1) | Ext Details 3 (Line 1) | Physical Therapy

Attending/Supervising Phys ID

Date Last Seen

Treatment Plan on File

Save Cancel

- The supervising provider information on the Ext. Details tab will auto populate when the Supervising Provider ID is completed on the Physical Therapy 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) | Ext Details 3 (Line 1) | Physical Therapy

Miscellaneous Extended Details

24d - Modifiers 3 & 4 Hospice Employed? Purch. Charges Sales Tax

Anesthesia/Other Minutes Co-Pay Status Initial Treatment Postage Claim

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

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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.