

# 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

## *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~

### Loop 2310C (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 not any that exactly fit the situation.

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. When a valid ambulance procedure code is entered on the third tab, Billing Line Items, the Ambulance tab will appear. 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 tab:

The screenshot displays the 'Professional Claim Form' window with the 'Ambulance' tab selected. The interface includes the following sections:

- Navigation Tabs:** Patient Info & General, Insured Information, Billing Line Items, Ext. Patient/General, Ext. Pat/Gen (2), Ext. Payer/Insured.
- Sub-Tabs:** Line Item Details, Extended Details (Line 1), Ext Details 2 (Line 1), Ext Details 3 (Line 1), **Ambulance** (highlighted with a red circle).
- Form Fields:**
  - Ambulance Pick-Up Location:** Address, City/St/Zip/Cntry.
  - Ambulance Drop-Off Location:** Location, Address, City/St/Zip/Cntry.
  - Patient/Condition Information:** Type of Transport, Transport To/For, Stretcher, Bed Confined (Before), Bed Confined (After), Bed/Chair Confined (During), Unconscious/Shock, Emergency Situation, Physical Restraints, Visible Hemorrhaging, Services Available, Medically Necessary, Patient Admitted, Patient Count, Patient Weight, Miles.
  - Purpose of Round Trip:** Text area.
  - Purpose of Stretcher:** Text area.
- Buttons:** Save, Cancel.

## Facility Information

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

Ext. Patient/General tab:

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

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

Enter the appropriate facility information in the Name, Address, City, State, and Zip fields. All these fields are required for ambulance claims.

## Narrative Information

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

Billing Line Items tab/Extended Details 3 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) | 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			

Line Notes (NTE) / File Information (K3)

Num	Type	Narrative
1		

Save Cancel

1. Enter ADD in the Type field under Line Notes (NTE) / File Information (K3) within the Narrative field, or right click and select ADD –Additional Information from the pop-up menu.
2. Enter the narrative information in the Line Note [NTE]/File Info [K3] field.

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