

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 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.

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.

Billing Line Items tab:

LN	24a - Service Dates From	24a - Service Dates Thru	24b PS	24c EMG	24d Proc	24d - Modifiers 1	24d - Modifiers 2	24e Diagnosis	24f Charges	24g Units	24h EP	24h FP	24h AT	24j Rendering Phys.
1	01/01/2013	01/01/2013			11720					1.00				
2														
3														
4														
5														
6														

28 - Total Charge: 0.00 Recalculate 29 - Patient Amount Paid: 0.00 30 - Balance Due: 0.00

Save Cancel

1. On the Billing Line Items tab, enter the claim diagnosis code, service dates, and a pre-defined procedure code (e.g. 11720) which will automatically trigger the Podiatry attachment.

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

Podiatry tab:

Date Last Seen:

Supervising Provider ID:

1. Select the Podiatry tab to enter the Date Last Seen and Supervising Provider ID.

Billing Line Items tab/Extended Details 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) | Podiatry (C)

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

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