

EDI Support Services

Billing Purchased Service Claims Electronically Using PC-ACE Pro32

When billing purchased service claims electronically, the following information must be included in the claim:

- 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.
 - 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.
 - 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

PC-ACE Pro32 requires completion of a few extra fields for creating a purchased service claim.

Patient Info & General tab:

Professional Claim Form

Patient Info & General | Insured Information | Billing Line Items | Ext. Patient/General | Ext. Pat/Gen (2) | Ext. Payer/Insured

LOB Billing Provider 26 - Patient Control No.

2 - Patient Last Name: First Name: MI: Gen: 3 - Birthdate: Sex: 8 - Pat. Status: MS ES SS 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: Employment Accident ROI: ROI Date: Other Ins. 14 - Date/Ind of Current: 15 - First Date: 16 - UTW/Disability Dates & Type: to

17 - Referring Phys Name (Last/Org, First, Mid, Suffix): Referring Phys IDs/Types: 18 - Hospitalization Dates: to Y/N: 20 - Outside Lab/Charges: 21 - Lab/Charges:

19 - Reserved For Local Use: 22 - Medicaid Resubmission Code & Ref No:

25 - Fed. Tax ID: SSN/EIN: 27 - Facility?: Accepts Assignment?: PIN No.:

31 - Provider SOF: Date: Facility?: Dental?: COB?: Frequency: 33 - GRP No.:

Save Cancel

1. Enter a Y in the Outside Lab field, enter the total purchased service amount in the Charges field and enter Y in the Facility? field.

Ext. Patient/General tab:

The screenshot shows a software window titled "Professional Claim Form" with several tabs: "Patient Info & General", "Insured Information", "Billing Line Items", "Ext. Patient/General" (highlighted with a red box), "Ext. Pat/Gen (2)", and "Ext. Payer/Insured".

The "Ext. Patient/General" tab contains two main sections:

- Patient Legal Representative Information:** Includes fields for Name (L/F), Address, City/St/Zip, Country, and Phone.
- Miscellaneous Patient & General Information:** Includes fields for Date of Death, Accident State/Hour, Accident Country, Responsibility Ind, FL-10d, Homebound Ind, Date Care Assumed, Date Care Relinquished, Date Last Seen, Date Last Worked, Return To Work Date, Prescription Date, First Contact Date, Special Program Indicator, Medical Rec No, IDE Number, Form Loc 31, EPSDT Referral, Submission Reason Code, Delay Reason Code, Pregnancy Indicator, Claim Tag, and Patient Weight (lbs).

A red box highlights the **Facility Information** section, which includes fields for Name, Address, City/St/Zip, Cntry / IDs, Fac Type, Phone/Ext, and Contact.

At the bottom right of the window are "Save" and "Cancel" buttons.

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

Billing Line Items tab/Extended Details tab:

The screenshot shows the 'Professional Claim Form' window with the 'Billing Line Items' tab selected. Within this tab, the 'Extended Details (Line 1)' sub-tab is active. The 'Miscellaneous Extended Details' section contains several fields: '24d - Modifiers 3 & 4' (checkboxes), 'Anesthesia/Other Minutes' (text box with '0'), 'Units Type Code' (text box), 'Hospice Employed?' (checkbox), 'Co-Pay Status' (checkbox), 'Purchased Services?' (checkbox), 'Purch. Charges' (text box with '0.00'), 'Sales Tax' (text box with '0.00'), 'Initial Treatment' (date field), and 'Postage Claim' (text box with '0.00'). Below this is a table for 'Line-Level Supporting Provider Information' with columns for 'Last/Org Name', 'First Name', 'MI', 'Suffix', and 'Provider IDs / Types / Payer IDs'. The 'Purch. Service' row is highlighted. At the bottom right are 'Save' and 'Cancel' buttons.

1. Complete the above highlighted fields for the service line indicated on the tab.
Note: This must be completed for all service lines. To bring up the tab for the next service line, click on the Billing Line Items tab and click on the next service line.