

COMMON WORKAROUNDS

PRINT IMAGE SUBMITTERS



OVERVIEW

When using outdated 3rd party software programs to generate Print Image (non-ANSI) TXT files, you may experience limitations in what data can be included within the submission file. An example of this would be a system that can only output up to 4 diagnosis codes, whereas ANSI submissions allow up to 12. By following the below workarounds, we offer you the ability to output all necessary data even if you're still utilizing an older 3rd party software system.

ADDITIONAL DIAGNOSIS CODES

Location: Box 19 (CMS-1500) - Claim Note

Format: **DX[*code5,code6,code7,code8,code9,code10,code11,code12*]** *Claim notes (if any)*

Details: Comma separator. Data is parsed automatically based on keyword and format

EXAMPLE 1

You are submitting a claim with 12 diagnosis codes and a short note.

In Box 21 you would submit diagnosis codes 1-4.

In Box 19 you would submit diagnosis codes 5-12, followed by the note in this format:

DX[V12.34,123.45,543.2,234.5,432,V43.12,987.65,789.1] *Short note here.*

EXAMPLE 2

You are submitting a claim with 6 diagnosis codes and a short note.

In Box 21 you would submit diagnosis codes 1-4.

In Box 19 you would submit diagnosis codes 5 and 6, followed by the short note in this format:

DX[295.11,295.12] *Short note here.*

EXAMPLE 3

You are submitting a claim with 6 diagnosis codes, no note.

In Box 21 you would submit diagnosis codes 1-4.

In Box 19 you would submit diagnosis codes 5 and 6 in this format:

DX[295.11,295.12]

ANESTHESIA START/STOP TIME

Location: Box 24A (CMS-1500) – Service Line Note (above DOS)

Format: **STARTIME ##### STOPTIME #####** *Line notes (if any)*

- OR -

START ##### STOP ##### *Line notes (if any)*

Details: Military time required (AM/PM not allowed). Parsed automatically based on keyword and format

EXAMPLE 1

You are submitting a claim where the patient was under anesthesia for 40 minutes.

In Box 24A (above the DOS) you would send the anesthesia start/stop time in this format:

STARTIME 0800 STOPTIME 0840

EXAMPLE 2

You are submitting a claim where the patient was under anesthesia for 90 minutes and would like to include a note.

In Box 24A (above the DOS) you would send the anesthesia start/stop time, followed by the note in this format:

START 1300 STOP 1430 *Short note here.*

NDC CODES

Location: Box 24A (CMS-1500) – Service Line Note (above DOS)

Format: **N4 NDCcode NDCcharge NDCunit NDCmeasure**

Details: Data should be separated by a BLANK space. Parsed automatically based on keyword and format

EXAMPLE 1

You are submitting a claim where the patient was given a drug/medication.

In Box 24A (above the DOS) you would send the NDC Code, Charge, Unit, and Measure in this format:

N4 54321124321 123.50 1 UN

AMBULANCE PICK UP

Location: Box 32 (CMS-1500) – Service Facility Location

Format: Output in Loop 2310E Ambulance Pick-Up Location when Office Ally transmits to the payer in 5010

Details: Data should be separated by a BLANK space. Parsed automatically based on keyword and format

EXAMPLE 1

You are submitting a claim where an Ambulance pick up location is required

In Box 19, you would complete enter the pick up location in the required fields.

AMBULANCE DROP OFF

Location: Box 19 (CMS-1500) – Additional Claim Information

Format **AMBD;NAME;ADDRESS1;ADDRESS2;CITY;STATE;ZIP**

Details: A ; (semi-colon) must be used between each piece of data.

AMBD - This code on the front of the note lets our system know that the information to follow is the Ambulance DropOff information

Name - Name of the Drop Off Location

Address1 - Street Address of the Drop Off Location (Required for this Loop)

Address2 - Additional Address of the Drop Off Location (e.g. Suite #, etc...)

City - City of the Drop Off Location (Required for this Loop)

State - State Code of the Drop Off Location (Required for this Loop)

Zip - Zip Code of the Drop Off Location (Required for this Loop)

EXAMPLE 1

You are submitting a claim where an ambulance drop off location is required.

In Box 19, you would send the Ambulance drop off location in this format:

AMBD;NAME;ADDRESS1;ADDRESS2;CITY;STATE;ZIP