

URGENT CARE CLAIMS REQUIRE TIME OF SERVICE

All claims submitted by an urgent care provider require the time of service to be processed through our claims system. Please see the instructions below for claims submission instructions.

Paper Claims – include the Time of Service in HHMM format in Box 19 of the CMS 1500 form

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP): <input type="text"/> / <input type="text"/> / <input type="text"/> QUAL. <input type="text"/>		15. OTHER DATE QUAL. <input type="text"/> / <input type="text"/> / <input type="text"/>	
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE <input type="text"/>		17a. <input type="text"/>	<input type="text"/>
		17b. NPI	<input type="text"/>
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC) <input type="text"/>			
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. (Relate A-L to service line below (24E))		ICD Ind. <input type="text"/>	
A. <input type="text"/>	B. <input type="text"/>	C. <input type="text"/>	D. <input type="text"/>

Paper Image Upload Claims to Office Ally and Office Ally Software Entry – include the Time of Service in HHMM format in Box 19 of the CMS 1500 form

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Office Ally Electronic Submission – include Time of Service in HHMM format in the claim level note (Loop 2300, NTE*ADD) for all Urgent Care claims

HHMM format indicates two characters for hour and two characters for the minutes. Examples:

Incorrect	Correct	Incorrect	Correct
216 AM	0216	542 PM	1742
Noon	1200	Midnight	2400

Urgent care claims received which do not have a time of service, will be returned for correction and resubmission.

Please retain this document for future reference. If you have any questions, please contact Managed Care at 818-265-0800 x563.