

EDI Support Services

Billing Laboratory Claims Electronically

When laboratory claims are billed electronically the Clinical Laboratory Improvement Act (CLIA) Number must be included in the claims. For reference laboratory claims, Modifier 90 is required as well.

CLIA Number

The ANSI Implementation Guide requires the CLIA number on all laboratory claims billed to Medicare.

Implementation Guide Specifics

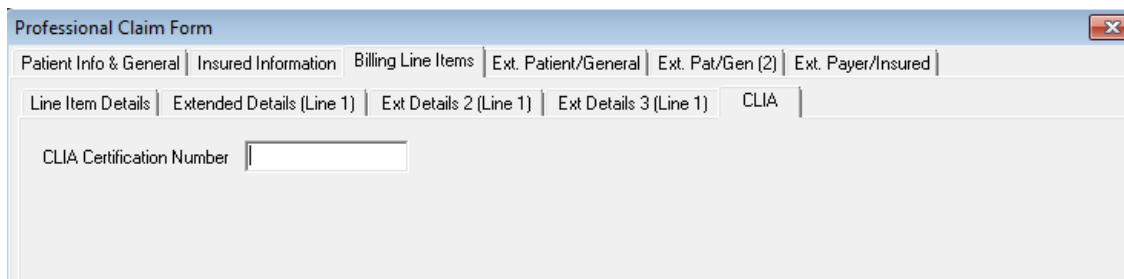
Example: REF*X4*12D4567890

- The CLIA number is required on all laboratory claims billed to Medicare.
- The CLIA number is submitted in Loop 2300 (Claim Information) and/or Loop 2400 (Service Line Information).
- The CLIA number is submitted in a REF (Reference Identification) segment.
- The Reference Identification Qualifier must be submitted as X4.

Note: For reference laboratory claims, two CLIA numbers must be submitted. The billing laboratory CLIA number must be submitted in a REF segment in the 2300 loop with an X4 qualifier and the reference laboratory CLIA number (the CLIA number for the lab who performed the service) must be submitted in a REF segment in the 2400 loop with an F4 qualifier. The billing laboratory CLIA number must be different than the CLIA number of the reference laboratory since they are two separate entities. If these two numbers are the same, claims will be denied.

Entering a Laboratory Claim Using PC-ACE Pro32

1. Enter a laboratory procedure code in the Billing Line Item. This will bring up the CLIA tab.
2. Select the CLIA tab to enter the CLIA number



The screenshot shows a software window titled "Professional Claim Form" with a standard Windows-style title bar (minimize, maximize, close buttons). The window contains a tabbed interface with the following tabs: "Patient Info & General", "Insured Information", "Billing Line Items", "Ext. Patient/General", "Ext. Pat/Gen (2)", and "Ext. Payer/Insured". The "Billing Line Items" tab is active, and within it, the "CLIA" sub-tab is selected. The "CLIA" sub-tab contains a label "CLIA Certification Number" followed by an empty text input field.

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. It contains the following fields: Name, Address, City/St/Zip, Cntry / IDs (a dropdown menu), Fac Type, Phone/Ext, and Contact. Other sections include 'Patient Legal Representative Information' and 'Miscellaneous Patient & General Information' with various date, text, and checkbox fields. 'Save' and 'Cancel' buttons are at the bottom right.

1. In the Facility Information field enter the Facility ID, Type, Name, Address, City, State, and Zip Code.

Entering a Reference Laboratory Claim Using PC-ACE Pro32

When billing a reference laboratory claim in PC-ACE Pro32, the following steps need to be completed:

1. On the Billing Line Items tab in the Professional Claim form enter Modifier 90 in the first modifier field.
2. When a laboratory procedure code is entered in the Billing Line Items, the CLIA tab will appear.
3. Select the CLIA tab to enter the CLIA number. The X4 qualifier is automatically reported in the REF segment when the CLIA number is entered in this field.

The screenshot shows the 'Professional Claim Form' window with the 'Billing Line Items' tab selected. The 'CLIA' sub-tab is active, showing a 'CLIA Certification Number' field. Other sub-tabs include 'Line Item Details', 'Extended Details (Line 1)', 'Ext Details 2 (Line 1)', and 'Ext Details 3 (Line 1)'. The 'Save' and 'Cancel' buttons are visible at the bottom right.

Ext. Patient/General tab:

The screenshot shows a software window titled "Professional Claim Form" with a tabbed interface. The active tab is "Ext. Patient/General". The window is divided into several sections:

- Patient Legal Representative Information:** Fields for Name (L/F), Address, City/St/Zip, Country, and Phone.
- Facility Information:** This section is highlighted with a red border. It includes fields for Name, Address, City/St/Zip, Cntry / IDs (a dropdown menu), Fac Type, Phone/Ext, and Contact.
- Miscellaneous Patient & General Information:** A large section containing numerous date fields (Date of Death, Date Care Assumed, Date Care Relinquished, Date Last Seen, Date Last Worked, Return To Work Date, Prescription Date, First Contact Date), checkboxes (Special Program Indicator, Homebound Ind, Pregnancy Indicator), and text input fields (Medical Rec No, IDE Number, Form Loc 31, Submission Reason Code, Delay Reason Code, Claim Tag, Patient Weight (lbs)).

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

1. In the Facility Information fields enter the referring Facility ID, Type, Name, Address, City, State, and Zip Code.

Billing Line Items, Ext. Details 2 tab:

The screenshot shows the 'Professional Claim Form' window with the 'Billing Line Items' tab selected. The 'Ext. Details 2 (Line 1)' sub-tab is active. The 'Line-level Miscellaneous Information' section contains various input fields for drug and DME data. The 'Line-level Reference IDs / Types / Payer IDs' section is highlighted with a red box. A callout bubble points to the second field in this section with the text 'This field must be F4'. The 'Save' and 'Cancel' buttons are visible at the bottom right.

1. In the Line-level Reference ID fields, enter the referring facility CLIA number in the first field and F4 in the second field.