

Adding a Clinical Trial number to your claim

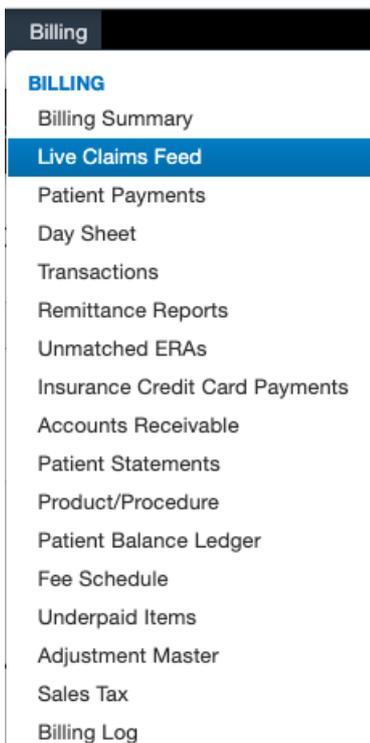
07/24/2024 12:09 pm EDT

If you or your office is participating in treating patients involved in a clinical trial, often the clinical trial registry number is required to be present on the claim in box 19 on a paper HCFA 1500 claim form or loop 2300 REF02 for an electronic claim.

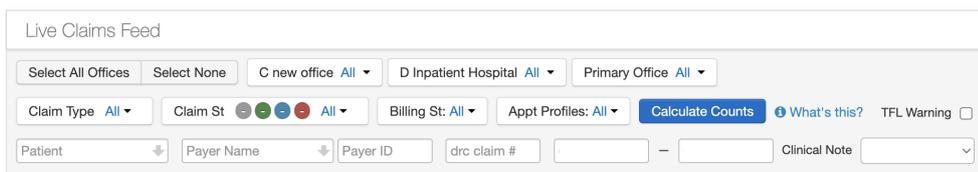
DrChrono has added a field to enter the information and have it appear in the appropriate places on either a paper or electronic claim.

The field is located in the patient's chart on the Live Claims Feed. Once entered, it will appear in box 19 on the paper HCFA 1500 claim form preceded by the letters "CT". It will also appear in loop 2300 REF02 on the 837 EDI claim file.

- Navigate to Billing > Live Claims Feed



- Use the available filters to identify your patient



- Once identified, go into the appointment by clicking on the blue date of service

Live Claims Feed

Select All Offices | Select None | C new office All | D Inpatient Hospital All | Primary O

Claim Type All | Claim St All | Billing St: All | Appt Profiles: All

Patient | Payer Name | Payer ID | drc claim #

Open window in new tab

Batch Status Change | Export to File | Custom Export

Info	Claim ID	Patient	Date of Service	Office	Provider	Supervising Provider	Billing Provider	Billed	Allowed	Ac	
								Totals:	\$72,266.62	\$51,258.00	\$2
<input type="checkbox"/>	262639394	Erik (Demo) Cook	8/01/2023 04:30PM	Primary Office				\$285.83	\$285.83		

- Enter the clinical trial number in the box in the right-hand column labeled "Clinical Trial #"

HCFA/1500 | HCFA/1500 (text) | Print Screen

Claim Type: Default

Emergency Service: No

Delay Reason: - Not Used -

Acute Manifestation Date:

Onset Date: 431: Onse (HCFA box 14)

Other Date: - Other Da (HCFA box 15 & 19)

Clinical Trial #:

Is patient's condition related to:

Employment: No

Auto Accident: No

Other Accident: No

EDI Billing Note: (HCFA/CMS-1500 Line 19)

Providers:

- The number will appear in box 19 on the paper HCFA-1500 claim form and loop 2300 REF02 on an electronic claim file.

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

CT1234