

# Adding a Clinical Trial number to your claim

08/23/2024 12:08 pm EDT

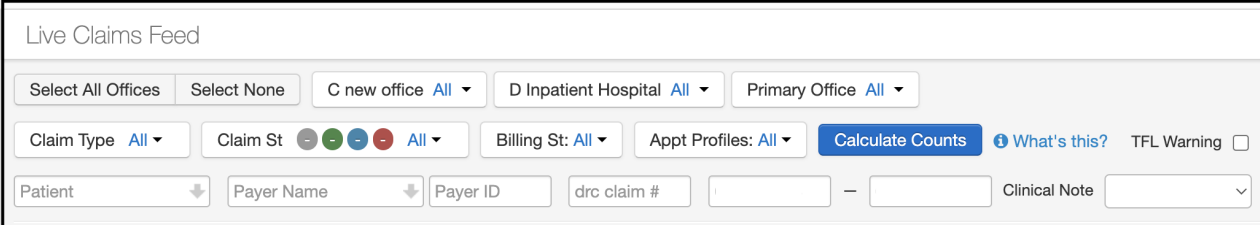
## Clinical Trial Numbers

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.

1. Navigate to **Billing > Live Claims Feed**
2. Use the available filters to identify your patient



The screenshot shows the 'Live Claims Feed' interface. At the top, there are buttons for 'Select All Offices' and 'Select None'. Below these are three dropdown menus: 'C new office All', 'D Inpatient Hospital All', and 'Primary Office All'. The next row contains 'Claim Type All', 'Claim St' with a color-coded status indicator (grey, green, blue, red) and 'All', 'Billing St: All', 'Appt Profiles: All', a blue 'Calculate Counts' button, a blue information icon with the text 'What's this?', and a 'TFL Warning' checkbox. The bottom row features search fields for 'Patient', 'Payer Name', 'Payer ID', 'drc claim #' (with a search icon), a minus sign, another search field, and a 'Clinical Note' dropdown menu.

3. 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 C

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

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

4. Enter the clinical trial number in the box in the right-hand column labeled

Clinical Trial #

<b>HCFA/1500</b>	<b>HCFA/1500 (text)</b>	<b>Print Screen</b>
<b>Claim Type</b>	Default <input type="text"/>	
<b>Emergency Service</b>	No <input type="text"/>	
<b>Delay Reason</b>	- Not Used - <input type="text"/>	
<b>Acute Manifestation Date</b>	<input type="text"/>	
<b>Onset Date</b>	431: Onse <input type="text"/>	<input type="text"/> (HCFA box 14)
<b>Other Date</b>	- Other Da <input type="text"/>	<input type="text"/> (HCFA box 15 & 19)
<b>Clinical Trial #</b>	1234	
	<b>Is patient's condition related to</b>	
<b>Employment</b>	No <input type="text"/>	
<b>Auto Accident</b>	No <input type="text"/>	
<b>Other Accident</b>	No <input type="text"/>	
<b>EDI Billing Note</b>	<input type="checkbox"/> (HCFA/CMS-1500 Line 19)	
<b>Providers</b>		

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

<div style="border: 1px dashed red; padding: 5px;"> <p style="color: red; margin: 0;"><b>19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)</b></p> <p style="margin: 0;">CT1234</p> </div>
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