

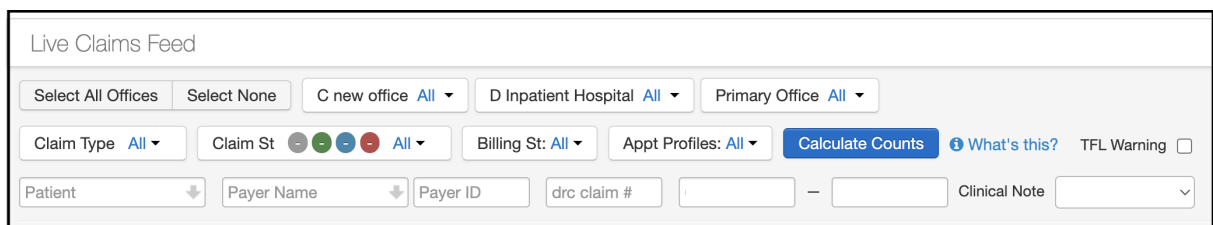
Add a Clinical Trial Number to Your Claim

Last modified on 01/16/2026 2:47 pm EST

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.

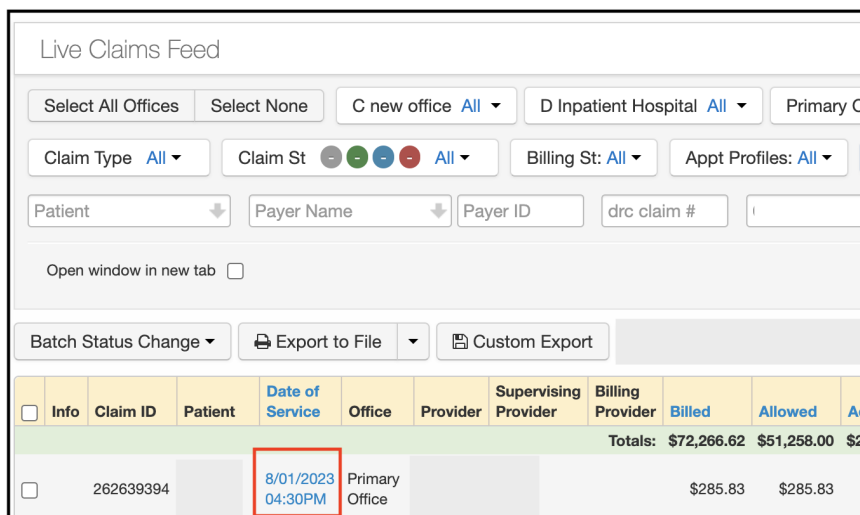
The field is located in the patient's chart on the Live Claims Feed. Once entered, it will appear in box 19 on the paper HCFA 1500 claim form, preceded by the letters "CT". It will also appear in loop 2300 REF02 on the 837 EDI claim file.

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



The screenshot shows the 'Live Claims Feed' filter interface. It includes several filter buttons: 'Select All Offices', 'Select None', 'C new office All', 'D Inpatient Hospital All', and 'Primary Office All'. Below these are 'Claim Type All', 'Claim St' with a color-coded status bar and 'All', 'Billing St: All', and 'Appt Profiles: All'. A 'Calculate Counts' button, a 'What's this?' link, and a 'TFL Warning' checkbox are also present. At the bottom, there are input fields for 'Patient', 'Payer Name', 'Payer ID', 'drc claim #', and a 'Clinical Note' dropdown menu.

3. Once identified, go into the appointment by pressing on the blue date of service



The screenshot shows the 'Live Claims Feed' table. The table has columns: Info, Claim ID, Patient, Date of Service, Office, Provider, Supervising Provider, Billing Provider, Billed, Allowed, and Amount. A row is highlighted with a red box around the 'Date of Service' column, which contains the text '8/01/2023 04:30PM'. The 'Office' column for this row is 'Primary Office'. The 'Billed' and 'Allowed' columns show values of '\$285.83'.

Info	Claim ID	Patient	Date of Service	Office	Provider	Supervising Provider	Billing Provider	Billed	Allowed	Amount
<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 #**

HCFA/1500	HCFA/1500 (text)	Print Screen
Claim Type	<input type="text"/>	
Emergency Service	<input type="text"/>	
Delay Reason	<input type="text"/>	
Acute Manifestation Date	<input type="text"/>	
Onset Date	<input type="text"/>	(HCFA box 14)
Other Date	<input type="text"/>	(HCFA box 15 & 19)
Clinical Trial #	1234	
Is patient's condition related to		
Employment	<input type="text"/>	
Auto Accident	<input type="text"/>	
Other Accident	<input type="text"/>	
EDI Billing Note	<input type="checkbox"/> (HCFA/CMS-1500 Line 19)	
Providers		

5. 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