
PROVIDER BULLETIN

URGENT CARE CLAIMS REQUIRE TIME OF SERVICE

All urgent care claims require 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
- Office Ally Electronic Submission – include Time of Service in HHMM format in the line level note (Loop 2400, NTE*ADD) for all Urgent Care claims

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

Incorrect	Correct
216 AM	0216
Noon	1200
542 PM	1742
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 Provider Relations at
818-265-0800.**