

---

## ***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:

<b>Incorrect</b>	<b>Correct</b>
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.**