

TRANSACTION CARD “2” BUTTON

The "2" button On The Transaction Card stores important information about Hospitalization, Accidents, Consultation Dates, Documentation, Disability, and Notes. Medicare requires the Facility, First Consultation, and Injury Date on every claim.

The screenshot shows a web form for a Transaction Card. At the top right, there is a row of buttons labeled '1', '2', 'I', 'H', 'C', 'M', 'P', 'A'. A blue arrow points from the '2' button to the 'Disability' field. The form contains several input fields and buttons:

- Hospitalized**: Two date dropdown menus (//) with a 'to' label between them.
- Facility**: A dropdown menu.
- Disability**: Two date dropdown menus (//) with a 'to' label between them.
- Unable to Work**: Two date dropdown menus (//) with a 'to' label between them.
- Pregnant**: A checkbox.
- Estimated DOB**: A date dropdown menu (//).
- Last Seen**: A date dropdown menu (//).
- First Consult**: A date dropdown menu (//).
- Homebound**: A checkbox.
- Injury Date**: A date dropdown menu (//).
- Demo Project ID**: A text input field.
- Docs**: A section with a 'Type' dropdown menu and a 'Method Sent' dropdown menu.
- Accident**: A section with an 'Hour' dropdown menu and a 'State' text input field.
- Notes**: A button with a document icon.

- **Hospitalized** - If the patient's care is a result of hospitalization, or performed, during hospitalization, record the dates in which the patient was hospitalized.
- **Facility** – This is where you input the location in which the services were rendered. Generally carriers will assume the billing address is the facility if this is left blank. Certain payors like Medicare require this to be filled in. This information is what prints in **Box 32** on the HCFA form, and in loop **2310D** in electronic billing.
- **Disability** - Record the proper dates. It is very important for disability information to be sent to Medicare, especially when the patient's eligibility results from disability. This is only submitted electronically.
- **Unable To Work** - Record the proper information. Unable to Work is printed on **Box 16** on the HCFA form.
- **Homebound** – Record the proper information.
- **Pregnant & Estimated Date of Birth** - Select and fill in the proper information. This is mostly used for OB/GYN claims. If the patient's eligibility is a result of their pregnancy, such as for Medicaid, this is a required field.
- **Demo Project ID** - If participating in a demo project with your clearinghouse or other electronic payor, input the project number here.
- **Last Seen** - The last time the patient was seen at a physical therapy clinic. For referral claims, this is also the last time the patient was seen by their primary caregiver.
- **First Consult** - This is the date that the patient first consulted the doctor for *this* condition. If treating the patient for a new/different condition, this date should change. This is **required for all electronic** billing.

- **Injury** - This date should be filled in when there has been an injury or a specific onset date for a particular condition. This is **required** when submitting any kind of injury claim, as denoted either in the Patient Detail Card, or by injury-related diagnosis codes. This date is put into **Box 14** on the HCFA form, and in loop **2300** in electronic billing. If this field is used, then First Consult date will also need to be filled in.
- **Documents & Methods Sent** - Medicare sometimes requires the documentation be sent to justify the need for care. If that is the case, indicate the type of documentation and the way that it was transmitted.
- **Accident Hour & State** - For auto accident claims, it is necessary to record the state in which the accident occurred. Also, add the hour in which it occurred, if known. This is **Box 10b's blank** on the HCFA form.
- **Notes** – This box is for notes that will be sent electronically to the insurance company, or additional diagnosis codes to Medicare. Please input these codes without using the decimal point, and separate them by using your space bar. **Current versions of ClinicPro, 3.6 or higher, now transmit all 8 designated diagnosis codes on an electronic billing.**

To input Notes information specific to a line of transaction, click on the 2 button from the transaction card. This information will be transmitted for every subsequent line of transaction until it is physically deleted by the user.

The vast majority of clearinghouses and payors require this note to be simply **A-Z 0-9, no punctuation at all other than spaces, and to be one continuous line of text (no enter key!)**.

To delete information from these fields, highlight the field and hit the delete key on your keyboard. This will remove the information from the field.