Trukera MEDICAL

Billing Guides



Reimbursement Team

Please contact:

Bridget Bolles

Phone: 317-797-7157 Email: bbolles@trukera.com

Tanna Niemeier

Phone: 419-350-2968

Email: tniemeier@trukera.com

Trukera MEDICAL

Alabama	Maryland
Alaska	Massachusetts
Arizona	Michigan
Arkansas	Minnesota
California	Mississippi
Colorado	Missouri
Connecticut	Montana
Delaware	Nebraska
District of Columbia	Nevada
Florida	New Hampshire
Georgia	New Jersey
Hawaii	New Mexico
Idaho	New York
Illinois	North Carolina
Indiana	North Dakota
lowa	Ohio
Kansas	Oklahoma
Kentucky	Oregon
Louisiana	Pennsylvania
Maine	Rhode Island

South Carolina South Dakota Tennessee Texas Utah Vermont Virginia Washington West Virginia Wisconsin Wyoming

ALABAMA BILLING GUIDE



If any denial is received for CPT 83861 contact the TearLab Reimbursement Support Center promptly at rsc@tearlab.com for assistance

Reimbursement Support Specialist

Tanna Niemeier Cell: (419) 350-2968 Fax: (858) 225-8749 Email: tniemeier@trukera.com

This guide addresses billing recommendation for:

- <u>CPT Code 83861</u> is specific for "Microfluidic analysis utilizing an integrated collection and analysis device, tear osmolality".
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Payor Name	Lines	Modifier(s)	Units per Line
Aetna	2	RT/LT	1
BCBS AL	2	RT/LT	1
BCBS Federal Employee Plan	2	RT/LT	1
Cigna	2	RT/LT	1
	2	QW/RT/LT	1
		59 on	
Humana Medicare		second line	
Medicaid AL	2	QW/RT/LT	1
Medicare	2	QW/RT/LT	1
United Healthcare	1	QW	2
Viva Healthcare	2	RT/LT	1

Medicare: Note the CLIA # in box 23 and the QW/RT, QW/LT in box24D are required for processing. **The QW modifier should be placed first.** Claims lacking these elements will reject.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	172	18. HOSPITALIZATION DATES RELATED 1	
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	MM DD YY	MM DD YY
Dr. Trukera Medical	17b. NPI 1234567890	FROM	то
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB?	\$ CHARGES
		YES X NO	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	service line below (24E) ICD Ind.	22. RESUBMISSION CODE . ORIGINAL	AL REF. NO.
A. ICD-10 Code (s)	D		
E. E.	а	23. PRIOR AUTHORIZATION NUMBER	
J		10D2345678	
	DCEDURES, SERVICES, OR SUPPLIES E.	F. G. H. I. DAYS EPSDT	I. J.
	Explain Unusual Circumstances) DIAGNOSIS HCPCS MODIFIER POINTER	F. G. H. I. DAYS EPSDT OR Family \$CHARGES UNITS Plan QU/	
09 01 22 09 01 22 11 838	A QW RT	40 00 1 NF	РІ 1234567890
09 01 22 09 01 22 11 838	01 QW LT A	40 00 1 NF	ы 1234567890

Most Commercial Plans: Note that the QW and CLIA # are not required.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELA	TED TO CURRENT SERVICES
Dr. Trukera Medical	17b. NPI 1234567890	FROM	то
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB?	\$ CHARGES
		YES NO	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	service line below (24E) ICD Ind.	22. RESUBMISSION CODE OBI	IGINAL REF. NO.
A. LICD-10 Code (s) B.	с		
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J	К L		
	OCEDURES, SERVICES, OR SUPPLIES E. Explain Unusual Circumstances) DIAGNOSIS	F. G. H. DAYS EPSD OR Famil \$ CHARGES UNITS Plan	I. J. DT ID. RENDERING
MM DD YY MM DD YY SERVICE EMG CPT	HCPCS MODIFIER POINTER	\$ CHARGES UNITS Plan	1 QUAL. PROVIDER ID. #
09 01 22 09 01 22 11 838	61 RT A	40 00 1	NPI 1234567890
09 01 22 09 01 22 11 838	61 LT A	40 00 1	NPI 1234567890

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES
Dr. Trukera Medical	17b. NPI 1234567890	FROM TO
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? \$ CHARGES
		YES NO
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	service line below (24E) ICD Ind.	22. RESUBMISSION CODE ORIGINAL REF. NO.
A. ICD-10 Code (s) B.	D. L	
E F	а н. ј	23. PRIOR AUTHORIZATION NUMBER
J	< L	10D2345678
	OCEDURES, SERVICES, OR SUPPLIES E. Explain Unusual Circumstances) DIAGNOSIS	F. G. H. I. J. DAYS EPSOT ID. RENDERING OR Family
MM DD YY MM DD YY SERVICE EMG CPT	HCPCS MODIFIER POINTER	\$ CHARGES UNITS Plan QUAL. PROVIDER ID. #
09 01 22 09 01 22 11 838	61 QW A	80 00 2 NPI 1234567890

2020-2022 Clinical Laboratory Fee Schedule (CLFS) Rate: \$22.48 per test (\$44.96 per patient)

Sequestration Withhold

- Medicare intermediaries are required to withhold two-percent of the allowable.

Medicare CMS Part B

- CMS Medicare pays at 100% of CLFS throughout the United States.
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- Free standing, global lab code.
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Billing Software Requirements

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			REF02	CLIA Certification number

Common Notification Reasons for Medicare Denials

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- B7 "This provider was not certified/eligible to be paid for this procedure/service on this date of service."
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ALASKA BILLING GUIDE



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Aetna	2	RT/LT	1
BCBS Federal Employee Plan	2	RT/LT	1
HealthNet	2	QW/RT/LT	1
Medicaid AK	2	QW/RT/LT	1
Medicare	2	QW/RT/LT	1
Premera	1	None	2
United Healthcare	1	QW	2

Medicare: Note the CLIA # in box 23 and the QW/RT, QW/LT in box24D are required for processing. **The QW modifier should be placed first.** Claims lacking these elements will reject.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.		18. HOSPITALIZATION DATES RE	LATED TO CURRENT SERVICES
Dr. Trukera Medical	17b. NPI 1234	4567890	FROM	то
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)			20. OUTSIDE LAB?	\$ CHARGES
			YES X NO	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	service line below	(24E) ICD Ind.	22. RESUBMISSION CODE	ORIGINAL REF. NO.
A. LICD-10 Code (s) B. L	c. L	D.		
E F (G. L	н. [23. PRIOR AUTHORIZATION NUM	IBER
J. [H	<. [L. [10D2345678	
From To PLACE OF (E	OCEDURES, SER Explain Unusual Cir HCPCS	AVICES, OR SUPPLIES ircumstances) MODIFIER E. DIAGNOSIS POINTER	F. G. DAYS E S CHARGES UNITS	H. I. J. PSDT ID. RENDERING Plan QUAL, PROVIDER ID. #
09 01 22 09 01 22 11 8386	61 QW	RT A	40 00 1	NPI 1234567890
09 01 22 09 01 22 11 8386	61 QW	LT A	40 00 1	NPI 1234567890

Most Commercial Plans: Note that the QW and CLIA # are not required.

7. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.			18. HOSPITALIZATION		RELAT	ED TO	CURRENT SERVICES
Dr. Trukera Medical	17b.	1234567890	-	FROM			то	
9. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)				20. OUTSIDE LAB?			\$ C	HARGES
				YES 🗙	NO			
1. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	service	ne below (24E) ICD Ind.		22. RESUBMISSION		ORIG	INAL F	EF. NO.
ICD-10 Code (s)	c. ∟	D. [
F. L	G. ∟	н. [23. PRIOR AUTHORIZ	ZATION N	UMBER	3	
J.	к. ∟	L. L						
From To PLACE OF (ES, SERVICES, OR SUPPLIES nusual Circumstances)	E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
	1101 0	incon ici i	- CITLET	e on mildeo	Giuro	1 10 1	GOTE	THO TO LITID. I
09 01 22 09 01 22 11 838	61	RT	A	40 00	1		NPI	1234567890
09 01 22 09 01 22 11 838	61	LT	A	40 00	1		NPI	1234567890

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17á.	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES
Dr. Trukera Medical	17b. NPI 1234567890	FROM TO
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? \$ CHARGES
		YES NO
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	service line below (24E) ICD Ind.	22. RESUBMISSION CODE ORIGINAL REF. NO.
A. LICD-10 Code (s) B. L	C. L D. L	
E F	G. L н. L	23. PRIOR AUTHORIZATION NUMBER
J. L	к	10D2345678
From To PLACE OF (I	OCEDURES, SERVICES, OR SUPPLIES E. Explain Unusual Circumstances) DIAGNOSIS HCPCS MODIFIER POINTER	F. G. H. I. J. DAYS EPSOT ID. RENDERING OR Femily ID. RENDERING VINTS Pinn QUAL. PROVIDER ID. #
09 01 22 09 01 22 11 838	61 QW A	80 00 2 NPI 1234567890

2020-2022 Clinical Laboratory Fee Schedule (CLFS) Rate: \$22.48 per test (\$44.96 per patient)

Sequestration Withhold

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Medicare CMS Part B

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- CLIA Certification required.

Billing Software Requirements

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Field #	Claim Description	Loop	Segment	Electronic Description
23.	Prior Authorization number	2300	REF01	Reference identification qualifier = X4
			REF02	CLIA Certification number

Common Notification Reasons for Medicare Denials

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- The laboratory is not approved for this type of test

ARIZONA BILLING GUIDE



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Reimbursement Support Specialist

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Arizona Complete Health	2	RT/LT	1
BCBS AZ	2	RT/LT	1
Cigna	2	RT/LT	1
HealthNet	2	QW/RT/LT	1
	2	QW/RT/LT	1
		59 on	
Humana Medicare		second line	
Medicaid AZ	2	QW/RT/LT	1
Medicare	2	QW/RT/LT	1
Mercy Care Plan	1	QW	2
UHC Community Plan	1	QW	2
United Healthcare	1	QW	2

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17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATED	MM DD YY
Dr. Trukera Medical	17b. NPI 1234567890	FROM	то
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB?	\$ CHARGES
		YES 🗙 NO	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	service line below (24E) ICD Ind.	22. RESUBMISSION CODE ORIGINA	AL REF. NO.
A. LICD-10 Code (s) B.	с р		
E. F. L. O	G Н	23. PRIOR AUTHORIZATION NUMBER	
J J J		10D2345678	
	OCEDURES, SERVICES, OR SUPPLIES E.	F. G. H. I DAYS EPSDT	l. J.
	Explain Unusual Circumstances) DIAGNOSIS (HCPCS MODIFIER POINTER	CHARGES UNITS Plan QU	ID. RENDERING UAL. PROVIDER ID. #
09 01 22 09 01 22 11 838	61 QW RT A	40 00 1 N	IPI 1234567890
09 01 22 09 01 22 11 838	61 QW LT A	40 00 1 N	IPI 1234567890

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17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATED TO CURRENT SER	RVICES
Dr. Trukera Medical	17b. NPI 1234567890	FROM TO	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? \$ CHARGES	
		YES NO	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to a	service line below (24E) ICD Ind.	22. RESUBMISSION CODE ORIGINAL REF. NO.	
A. LICD-10 Code (s) B. L	D		
E F 0	а	23. PRIOR AUTHORIZATION NUMBER	
I. L J. L K			
From To PLACE OF (E	DCEDURES, SERVICES, OR SUPPLIES E. Explain Unusual Circumstances) DIAGNOSIS HCPCS I MODIFIER POINTER		J. IDERING IDER ID. #
09 01 22 09 01 22 11 8386	A RT A	40 00 1 NPI 123456789	90
09 01 22 09 01 22 11 8386	61 LT A	40 00 1 NPI 123456789	90

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES		
Dr. Trukera Medical	17b. NPI 1234567890	FROM TO		
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)	19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)			
		YES NO		
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	service line below (24E) ICD Ind.	22. RESUBMISSION CODE ORIGINAL REF. NO.		
A. LICD-10 Code (s) B.	D. L			
E F	з	23. PRIOR AUTHORIZATION NUMBER		
J. [۲. L. L.	10D2345678		
	OCEDURES, SERVICES, OR SUPPLIES E. Explain Unusual Circumstances) DIAGNOSIS	F. G. H. I. J. DAYS EPSDT ID. RENDERING OR Family		
	HCPCS MODIFIER POINTER	\$ CHARGES UNITS Plan QUAL. PROVIDER ID. #		
09 01 22 09 01 22 11 838	61 QW A	80 00 2 NPI 1234567890		

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ARKANSAS BILLING GUIDE



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	2	QW/RT/LT	1
		59 on	
Humana Medicare		second line	
Medicaid AR	2	QW/RT/LT	1
Medicare	2	QW/RT/LT	1
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Dr. Trukera Medical	17b. NPI 1234567890	FROM TO
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? \$ CHARGES
		YES NO
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to a	ervice line below (24E) ICD Ind.	22. RESUBMISSION CODE ORIGINAL REF. NO.
A. LICD-10 Code (s) B. Long Code	D. [
E F G	н. Ц	23. PRIOR AUTHORIZATION NUMBER
I J K	L	10D2345678
From To PLACE OF (E	DCEDURES, SERVICES, OR SUPPLIES xplain Unusual Circumstances) ICPCS MODIFIER POINTER	F. G. H. I. J. DAYS EPST ID. RENDERING OR Family ID. RENDERING UNITS Plan QUAL. PROVIDER ID. #
09 01 22 09 01 22 11 8386	1 QW RT A	40 00 1 NPI 1234567890
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Dr. Trukera Medical	17b. NPI 1234567890	FROM	то
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB?	\$ CHARGES
		YES NO	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	service line below (24E) ICD Ind.	22. RESUBMISSION	IGINAL REF. NO.
A. LICD-10 Code (s) B.	D. L		
E F	э н	23. PRIOR AUTHORIZATION NUMBE	ER
J. [с. <u>L. L</u>		
From To PLACE OF (I	DCEDURES, SERVICES, OR SUPPLIES E. Explain Unusual Circumstances) DIAGNOSIS HCPCS I MODIFIER POINTER	F. G. H. DAYS EPSO OR Family \$ CHARGES UNITS Plan	I. J. TI ID. RENDERING QUAL. PROVIDER ID. #
	MODIFIEN FOINTER	S CHANGES ONITS Pan	GOAL PHOVIDEN ID. #
09 01 22 09 01 22 11 838	61 RT A	40 00 1	NPI 1234567890
09 01 22 09 01 22 11 838	S1 LT A	40 00 1	NPI 1234567890

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19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? \$ CHARGES
		YES NO
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	service line below (24E) ICD Ind.	22. RESUBMISSION CODE ORIGINAL REF. NO.
A. LICD-10 Code (s) B. L	C. L D. L	
E. L F. L	G Н	23. PRIOR AUTHORIZATION NUMBER
J. L	K L	10D2345678
From To PLACE OF (OCEDURES, SERVICES, OR SUPPLIES E. Explain Unusual Circumstances) DIAGNOSIS	
MM DD YY MM DD YY SERVICE EMG CPT	HCPCS MODIFIER POINTER	\$ CHARGES UNITS Plan QUAL. PROVIDER ID. #
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CALIFORNIA BILLING GUIDE



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BS CA	1	None	2
CalOptima	1	QW	2
Cigna	1	QW	2
HealthNet	2	RT/LT	1
Inland Empire Health Plan (IEHP)	2	RT/LT	1
L.A. Care - Medi-Cal	1	None	2
Medicaid CA	2	QW/RT/LT	1
Medicare	2	QW/RT/LT	1
UHC	1	QW	2

Medicare: Note the CLIA # in box 23 and the QW/RT, QW/LT in box24D are required for processing. **The QW modifier should be placed first.** Claims lacking these elements will reject.

17. NA	ME OF	REFER	RING P	ROVIDE	RORO	OTHER S	OURCE	17a.							18. HOSPITALIZATIO	N DATES P	RELAT	ED TO	CURRENT SERVICES
Dr. Trukera Medical 17b. NPI 1234567890						FROM			то										
19. AD	19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC) 2							20. OUTSIDE LAB?			\$ C	HARGES							
															YES 🗙	NO			
21. DI/	AGNOS	IS OR N	ATURE	OF ILL	NESS C	RINJUR	Y Relat	e A-L to servic	e line	below (2	24E)	ICD Ind.			22. RESUBMISSION		OBIC		EF. NO.
A. LI	CD-10	Cod	e (s)	B.				с. L				D.					orne		
E. L				F.				G. L				н.			23. PRIOR AUTHORIZATION NUMBER				
I. [J.				к. ∟				L.			10D2345678				
24. A. MM	D/ From DD		OF SER	VICE To DD	YY	B. PLACE OF SERVICE	C. EMG	D. PROCED (Explai CPT/HCPC	n Unu	S, SERV Isual Circ	umstan		IES	E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
	00			00		CLITICE.	LING	or mildre			mor			I ONTEN	o on and co	Gini		GOAL	THOUSE THE
09	01	22	09	01	22	11		83861		QW	RT			A	40 00	1		NPI	1234567890
										2									
09	01	22	09	01	22	11		83861		QW	LT			A	40 00	1		NPI	1234567890

Most Commercial Plans: Note that the QW and CLIA # are not required.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES REL	ATED TO CURRENT SERVICES
Dr. Trukera Medical	17b. NPI 1234567890	FROM	то
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)	20. OUTSIDE LAB?	\$ CHARGES	
		YES X NO	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	ervice line below (24E) ICD Ind.	22. RESUBMISSION CODE OF	RIGINAL REF. NO.
A. LICD-10 Code (s) B. L	. L D. L		
E. L F. L (н.	23. PRIOR AUTHORIZATION NUMB	ER
J. L J. L J	L		
From To PLACE OF (E	CEDURES, SERVICES, OR SUPPLIES E. xplain Unusual Circumstances) DIAGNOSIS		I. I. J. DT ID. RENDERING
MM DD YY MM DD YY SERVICE EMG CPT/	ICPCS MODIFIER POINTER	\$ CHARGES UNITS Pla	n' QUAL. PROVIDER ID. #
09 01 22 09 01 22 11 838	1 RT A	40 00 1	NPI 1234567890
09 01 22 09 01 22 11 838	1 LT A	40 00 1	NPI 1234567890

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES					
Dr. Trukera Medical	17b. NPI 1234567890	FROM TO					
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)	19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)						
		YES NO					
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	service line below (24E) ICD Ind.	22. RESUBMISSION CODE ORIGINAL REF. NO.					
A. LICD-10 Code (s) B. L	C D						
E F	G н. [23. PRIOR AUTHORIZATION NUMBER					
J. [К L	10D2345678					
From To PLACE OF (ROCEDURES, SERVICES, OR SUPPLIES E. (Explain Unusual Circumstances) DIAGNOSIS						
MM DD YY MM DD YY SERVICE EMG CPT/	HCPCS MODIFIER POINTER	\$ CHARGES UNITS Plan QUAL. PROVIDER ID. #					
09 01 22 09 01 22 11 838	861 QW A	80 00 2 NPI 1234567890					

2020-2022 Clinical Laboratory Fee Schedule (CLFS) Rate: \$22.48 per test (\$44.96 per patient)

Sequestration Withhold

- Medicare intermediaries are required to withhold two-percent of the allowable.

Medicare CMS Part B

- CMS Medicare pays at 100% of CLFS throughout the United States.
- No deductible or patient co-payment applies.
- Free standing, global lab code.
- CLIA Certification required.

Billing Software Requirements

- ANSI 5010 E-claim Crosswalk

In loop 2300, Segment REFO2, enter the CLIA Certification number – 10 digits - (Do not enter "CLIA" with the certificate number as this will cause claims to deny as an invalid identification number).

Field #	Claim Description	Loop	Segment	Electronic Description
23.	Prior Authorization number	2300	REF01	Reference identification qualifier = X4
			REF02	CLIA Certification number

Common Notification Reasons for Medicare Denials

- MA 120 Did not complete or enter accurately the CLIA number.
- MA 130 Your claim contains incomplete and/or invalid information, and no appeal rights are afforded because the claim in un-processable. Please submit the correct information to the appropriate FI or carrier.
- B7 "This provider was not certified/eligible to be paid for this procedure/service on this date of service."
- The laboratory is not approved for this type of test

COLORADO BILLING GUIDE



If any denial is received for CPT 83861 contact the TearLab Reimbursement Support Center promptly at rsc@tearlab.com for assistance

Reimbursement Support Specialist

Tanna Niemeier Cell: (419) 350-2968 Fax: (858) 225-8749 Email: tniemeier@trukera.com

This guide addresses billing recommendation for:

- <u>CPT Code 83861</u> is specific for "Microfluidic analysis utilizing an integrated collection and analysis device, tear osmolality".
- A covered service by <u>CMS Medicare</u> under the <u>Clinical Laboratory Fee Schedule</u>.
- <u>CLIA Certificate of Waiver</u> is required to perform and bill this laboratory tests.
- Providers are encouraged to review payor-provider contracts for rate and claim submission requirements.
- Medical Necessity requires current signs or symptoms of disease at time of test.
- Frequency of testing is based on Medical Necessity as determined by the clinician.
- Laboratory Test multiple procedure discounts do not apply.

Payor Name	Lines	Modifier(s)	Units per Line
Aetna	2	RT/LT	1
Anthem	2	RT/LT	1
BCBS Federal Employee Plan	2	RT/LT	1
Cigna	2	RT/LT	1
Colorado Access	2	RT/LT	1
Colorado Community Health Alliance (CCHA)	2	RT/LT	1
Health Colorado	2	RT/LT	1
HealthNet	2	QW/RT/LT	1
Medicare	2	QW/RT/LT	1
Rocky Mountain Health Plans	1	None	2
United Healthcare	1	QW	2

Medicare: Note the CLIA # in box 23 and the QW/RT, QW/LT in box24D are required for processing. **The QW modifier should be placed first.** Claims lacking these elements will reject.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES
Dr. Trukera Medical	FROM TO	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)	20. OUTSIDE LAB? \$ CHARGES	
	YES NO	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	o service line below (24E) ICD Ind.	22. RESUBMISSION CODE ORIGINAL REF. NO.
A. LICD-10 Code (s) B.	C D	
E. L F. L	G	23. PRIOR AUTHORIZATION NUMBER
J. [K L	10D2345678
From To PLACE OF (ROCEDURES, SERVICES, OR SUPPLIES E. (Explain Unusual Circumstances) DIAGNOSIS (HCPCS MODIFIER POINTER	F. G. H. I. J. DAYS BYSOT ID. RENDERING OR Family ID. RENDERING S CHARGES UNITS Rein QUAL PROVIDER ID. #
09 01 22 09 01 22 11 838	361 QW RT A	40 00 1 NPI 1234567890
09 01 22 09 01 22 11 838	361 QW LT A	40 00 1 NPI 1234567890

Most Commercial Plans: Note that the QW and CLIA # are not required.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATED TO CURRENT	SERVICES DD YY					
Dr. Trukera Medical	17b. NPI 1234567890	FROM TO						
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)	20. OUTSIDE LAB? \$ CHARGES							
		YES NO						
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind.							
A. LICD-10 Code (s) B. L	. L D. L							
E. L F. L (н. Ц	23. PRIOR AUTHORIZATION NUMBER						
J. L J. L	L. L.							
From To PLACE OF (E	DCEDURES, SERVICES, OR SUPPLIES xplain Unusual Circumstances) ICPCS I MODIFIER POINTER		J. RENDERING ROVIDER ID. #					
			1011021110.1					
09 01 22 09 01 22 11 8386	A RT	40 00 1 NPI 123456	37890					
09 01 22 09 01 22 11 8386	1 LT A	40 00 1 NPI 123456	37890					

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES
Dr. Trukera Medical	17b. NPI 1234567890	FROM TO
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)	20. OUTSIDE LAB? \$ CHARGES	
		YES NO
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	service line below (24E) ICD Ind.	22. RESUBMISSION CODE , ORIGINAL REF. NO.
A. LICD-10 Code (s) B. L	с. L D. L	
E F	G н	23. PRIOR AUTHORIZATION NUMBER
J. [к ь	10D2345678
From To PLACE OF (OCEDURES, SERVICES, OR SUPPLIES E. Explain Unusual Circumstances) DIAGNOSIS	
MM DD YY MM DD YY SERVICE EMG CPT	HCPCS MODIFIER POINTER	\$ CHARGES UNITS Plan QUAL. PROVIDER ID. #
	110	
09 01 22 09 01 22 11 838	61 QW A	80 00 2 NPI 1234567890

2020-2022 Clinical Laboratory Fee Schedule (CLFS) Rate: \$22.48 per test (\$44.96 per patient)

Sequestration Withhold

- Medicare intermediaries are required to withhold two-percent of the allowable.

Medicare CMS Part B

- CMS Medicare pays at 100% of CLFS throughout the United States.
- No deductible or patient co-payment applies.
- Free standing, global lab code.
- CLIA Certification required.

Billing Software Requirements

- ANSI 5010 E-claim Crosswalk

In loop 2300, Segment REFO2, enter the CLIA Certification number – 10 digits - (Do not enter "CLIA" with the certificate number as this will cause claims to deny as an invalid identification number).

Field #	Claim Description	Loop	Segment	Electronic Description
23.	Prior Authorization number	2300	REF01	Reference identification qualifier = X4
			REF02	CLIA Certification number

Common Notification Reasons for Medicare Denials

- MA 120 Did not complete or enter accurately the CLIA number.
- MA 130 Your claim contains incomplete and/or invalid information, and no appeal rights are afforded because the claim in un-processable. Please submit the correct information to the appropriate FI or carrier.
- B7 "This provider was not certified/eligible to be paid for this procedure/service on this date of service."
- The laboratory is not approved for this type of test

CONNECTICUT BILLING GUIDE



If any denial is received for CPT 83861 contact the TearLab Reimbursement Support Center promptly at rsc@tearlab.com for assistance

Senior Reimbursement Support Specialist Bridget Bolles Cell: (317) 797-7151

Fax: (858) 225-8749 Email: bbolles@trukera.com

This guide addresses billing recommendation for:

- <u>CPT Code 83861</u> is specific for "Microfluidic analysis utilizing an integrated collection and analysis device, tear osmolality".
- A covered service by <u>CMS Medicare</u> under the <u>Clinical Laboratory Fee Schedule</u>.
- <u>CLIA Certificate of Waiver</u> is required to perform and bill this laboratory tests.
- Providers are encouraged to review payor-provider contracts for rate and claim submission requirements.
- Medical Necessity requires current signs or symptoms of disease at time of test.
- Frequency of testing is based on Medical Necessity as determined by the clinician.
- Laboratory Test multiple procedure discounts do not apply.

Payor Name	Lines	Modifier(s)	Units per Line
Medicare	2	QW/RT/LT	1
Anthem	2	RT/LT	1
Connecticut Medicaid	2	RT/LT	1
United HC	1	QW	2
Aetna	2	RT/LT	1
Cigna	2	RT/LT	1
Emblem HIP/GHI/Commercial	2	RT/LT	1
	2	QW/RT/LT	1
		59 on	
Humana Medicare		second line	

Connecticut Providers:

Humana Commercial: Will deny claim (Diagnostic testing for dry eye syndrome is not separately reimbursable).

Medicare: Note the CLIA # in box 23 and the QW/RT, QW/LT in box24D are required for processing. **The QW modifier should be placed first.** Claims lacking these elements will reject.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	172	18. HOSPITALIZATION DATES RELATED 1	
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	MM DD YY	MM DD YY
Dr. Trukera Medical	17b. NPI 1234567890	FROM	то
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)	20. OUTSIDE LAB?	\$ CHARGES	
	YES X NO		
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	service line below (24E) ICD Ind.	22. RESUBMISSION CODE . ORIGINAL	AL REF. NO.
A. ICD-10 Code (s)	D		
E. E.	а	23. PRIOR AUTHORIZATION NUMBER	
J		10D2345678	
	DCEDURES, SERVICES, OR SUPPLIES E.	F. G. H. I. DAYS EPSDT	I. J.
	Explain Unusual Circumstances) DIAGNOSIS HCPCS MODIFIER POINTER	F. G. H. I. DAYS EPSDT OR Family \$CHARGES UNITS Plan QU/	
09 01 22 09 01 22 11 838	A QW RT	40 00 1 NF	РІ 1234567890
09 01 22 09 01 22 11 838	01 QW LT A	40 00 1 NF	ы 1234567890

Most Commercial Plans: Note that the QW and CLIA # are not required.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELA	TED TO CURRENT SERVICES
Dr. Trukera Medical	17b. NPI 1234567890	FROM	то
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB?	\$ CHARGES
	YES NO		
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	service line below (24E) ICD Ind.	22. RESUBMISSION CODE OBI	IGINAL REF. NO.
A. LICD-10 Code (s) B.	с		
E F	G н	23. PRIOR AUTHORIZATION NUMBE	ER
J	К L		
	OCEDURES, SERVICES, OR SUPPLIES E. Explain Unusual Circumstances) DIAGNOSIS	F. G. H. DAYS EPSD OR Famil \$ CHARGES UNITS Plan	I. J. DT ID. RENDERING
MM DD YY MM DD YY SERVICE EMG CPT	HCPCS MODIFIER POINTER	\$ CHARGES UNITS Plan	1 QUAL. PROVIDER ID. #
09 01 22 09 01 22 11 838	61 RT A	40 00 1	NPI 1234567890
09 01 22 09 01 22 11 838	61 LT A	40 00 1	NPI 1234567890

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES
Dr. Trukera Medical	17b. NPI 1234567890	FROM TO
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)	20. OUTSIDE LAB? \$ CHARGES	
		YES NO
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	service line below (24E) ICD Ind.	22. RESUBMISSION CODE ORIGINAL REF. NO.
A. ICD-10 Code (s) B.	D. L	
E F	а н. ј	23. PRIOR AUTHORIZATION NUMBER
J	< L	10D2345678
	OCEDURES, SERVICES, OR SUPPLIES E. Explain Unusual Circumstances) DIAGNOSIS	F. G. H. I. J. DAYS EPSOT ID. RENDERING OR Family
MM DD YY MM DD YY SERVICE EMG CPT	HCPCS MODIFIER POINTER	\$ CHARGES UNITS Plan QUAL. PROVIDER ID. #
09 01 22 09 01 22 11 838	61 QW A	80 00 2 NPI 1234567890

2020-2022 Clinical Laboratory Fee Schedule (CLFS) Rate: \$22.48 per test (\$44.96 per patient)

Sequestration Withhold

- Medicare intermediaries are required to withhold two-percent of the allowable.

Medicare CMS Part B

- CMS Medicare pays at 100% of CLFS throughout the United States.
- No deductible or patient co-payment applies.
- Free standing, global lab code.
- CLIA Certification required.

Billing Software Requirements

- ANSI 5010 E-claim Crosswalk

In loop 2300, Segment REFO2, enter the CLIA Certification number – 10 digits - (Do not enter "CLIA" with the certificate number as this will cause claims to deny as an invalid identification number).

Field #	Claim Description	Loop	Segment	Electronic Description
23.	Prior Authorization number	2300	REF01	Reference identification qualifier = X4
			REF02	CLIA Certification number

Common Notification Reasons for Medicare Denials

- MA 120 Did not complete or enter accurately the CLIA number.
- MA 130 Your claim contains incomplete and/or invalid information, and no appeal rights are afforded because the claim in un-processable. Please submit the correct information to the appropriate FI or carrier.
- B7 "This provider was not certified/eligible to be paid for this procedure/service on this date of service."
- The laboratory is not approved for this type of test

DELAWARE BILLING GUIDE



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Senior Reimbursement Support Specialist Bridget Bolles

Cell: (317) 797-7151

Fax: (858) 225-8749 Email: bbolles@trukera.com

This guide addresses billing recommendation for:

- <u>CPT Code 83861</u> is specific for "Microfluidic analysis utilizing an integrated collection and analysis device, tear osmolality".
- A covered service by <u>CMS Medicare</u> under the <u>Clinical Laboratory Fee Schedule</u>.
- <u>CLIA Certificate of Waiver</u> is required to perform and bill this laboratory tests.
- Providers are encouraged to review payor-provider contracts for rate and claim submission requirements.
- Medical Necessity requires current signs or symptoms of disease at time of test.
- Frequency of testing is based on Medical Necessity as determined by the clinician.
- Laboratory Test multiple procedure discounts do not apply.

Payor Name	Lines	Modifier(s)	Units per Line
Medicare	2	QW/RT/LT	1
Highmark	2	RT/LT	1
Cigna	2	RT/LT	1
Aetna	2	RT/LT	1
Indpt BC	2	RT/LT	1
DE Medicaid	2	QW/RT/LT	1
	2	QW/RT/LT	1
		59 on	
Humana Medicare		second line	
Geisinger	2	QW/RT/LT	1

Delaware Providers:

Humana Commercial: Will deny claim (Diagnostic testing for dry eye syndrome is not separately reimbursable).

Medicare: Note the CLIA # in box 23 and the QW/RT, QW/LT in box24D are required for processing. **The QW modifier should be placed first.** Claims lacking these elements will reject.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES
Dr. Trukera Medical	17b. NPI 1234567890	FROM TO
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)	20. OUTSIDE LAB? \$ CHARGES	
		YES NO
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	o service line below (24E) ICD Ind.	22. RESUBMISSION CODE ORIGINAL REF. NO.
A. ICD-10 Code (s)	C D	
E F	G Н	23. PRIOR AUTHORIZATION NUMBER
J	К L	10D2345678
	ROCEDURES, SERVICES, OR SUPPLIES E. (Explain Unusual Circumstances) DIAGNOSIS	F. G. H. I. J. DAYS EPSOT ID. RENDERING OR Famby \$CHARGES UNITS Plan QUAL PROVIDER ID. #
MM DD YY MM DD YY SERVICE EMG CPT	HCPCS MODIFIER POINTER	\$ CHARGES UNITS Plan QUAL. PROVIDER ID. #
09 01 22 09 01 22 11 838	A RT A	40 00 1 NPI 1234567890
09 01 22 09 01 22 11 838	A R A R A	40 00 1 NPI 1234567890

Most Commercial Plans: Note that the QW and CLIA # are not required.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELAT	TED TO CURRENT SERVICES
Dr. Trukera Medical	17b. NPI 1234567890	FROM	то
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB?	\$ CHARGES
		YES 🗙 NO	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	service line below (24E) ICD Ind.	22. RESUBMISSION CODE . ORIC	GINAL REF. NO.
A. LICD-10 Code (s) B.	с		
E F	G н	23. PRIOR AUTHORIZATION NUMBER	R
I J	К L		
From To PLACE OF (OCEDURES, SERVICES, OR SUPPLIES E. Explain Unusual Circumstances) DIAGNOSIS		I. J. ID. RENDERING
MM DD YY MM DD YY SERVICE EMG CPT	HCPCS MODIFIER POINTER	\$ CHARGES UNITS Plan	QUAL. PROVIDER ID. #
09 01 22 09 01 22 11 838	61 RT A	40 00 1	NPI 1234567890
09 01 22 09 01 22 11 838	61 LT A	40 00 1	NPI 1234567890

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES
Dr. Trukera Medical	17b. NPI 1234567890	FROM TO
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)	20. OUTSIDE LAB? \$ CHARGES	
		YES NO
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	o service line below (24E) ICD Ind.	22. RESUBMISSION CODE ORIGINAL REF. NO.
A. ICD-10 Code (s) B.	С D	
E F	G Н	23. PRIOR AUTHORIZATION NUMBER
J	К L	10D2345678
From To PLACE OF (ROCEDURES, SERVICES, OR SUPPLIES E. (Explain Unusual Circumstances) DIAGNOSIS	F. G. H. I. J. DAYS EPSDT ID. RENDERING
MM DD YY MM DD YY SERVICE EMG CPT	T/HCPCS MODIFIER POINTER	\$ CHARGES UNITS Plan QUAL. PROVIDER ID. #
09 01 22 09 01 22 11 838	361 QW A	80 00 2 NPI 1234567890

2020-2022 Clinical Laboratory Fee Schedule (CLFS) Rate: \$22.48 per test (\$44.96 per patient)

Sequestration Withhold

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Medicare CMS Part B

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- No deductible or patient co-payment applies.
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- CLIA Certification required.

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Field #	Claim Description	Loop	Segment	Electronic Description
23.	Prior Authorization number	2300	REF01	Reference identification qualifier = X4
	-		REF02	CLIA Certification number

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- MA 130 Your claim contains incomplete and/or invalid information, and no appeal rights are afforded because the claim in un-processable. Please submit the correct information to the appropriate FI or carrier.
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- The laboratory is not approved for this type of test

DISTRICT OF COLUMBIA BILLING GUIDE



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Senior Reimbursement Support Specialist Bridget Bolles

Cell: (317) 797-7151

Fax: (858) 225-8749 Email: bbolles@trukera.com

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- A covered service by <u>CMS Medicare</u> under the <u>Clinical Laboratory Fee Schedule</u>.
- <u>CLIA Certificate of Waiver</u> is required to perform and bill this laboratory tests.
- Providers are encouraged to review payor-provider contracts for rate and claim submission requirements.
- Medical Necessity requires current signs or symptoms of disease at time of test.
- Frequency of testing is based on Medical Necessity as determined by the clinician.
- Laboratory Test multiple procedure discounts do not apply.

Payor Name	Lines	Modifier(s)	Units per Line
Medicare	2	QW/RT/LT	1
CareFirst BCBS	2	RT/LT	1
United HC	1	QW	2
BCBS Fed	2	RT/LT	1
Aetna	2	RT/LT	1
Cigna	2	RT/LT	1
Amerihealth Caritas	2	RT/LT	1
Medstar Health	2	RT/LT	1
DC Medicaid	2	QW/RT/LT	1

District of Columbia Providers:

Humana Commercial: Will deny claim (Diagnostic testing for dry eye syndrome is not separately reimbursable).

Medicare: Note the CLIA # in box 23 and the QW/RT, QW/LT in box24D are required for processing. **The QW modifier should be placed first.** Claims lacking these elements will reject.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES
Dr. Trukera Medical	17b. NPI 1234567890	FROM TO
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)	20. OUTSIDE LAB? \$ CHARGES	
		YES NO
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	o service line below (24E) ICD Ind.	22. RESUBMISSION CODE ORIGINAL REF. NO.
A. ICD-10 Code (s)	C D	
E F	G Н	23. PRIOR AUTHORIZATION NUMBER
J	К L	10D2345678
	ROCEDURES, SERVICES, OR SUPPLIES E. (Explain Unusual Circumstances) DIAGNOSIS	F. G. H. I. J. DAYS EPSOT ID. RENDERING OR Famby ID. PROVIDER ID. #
MM DD YY MM DD YY SERVICE EMG CPT	HCPCS MODIFIER POINTER	\$ CHARGES UNITS Plan QUAL. PROVIDER ID. #
09 01 22 09 01 22 11 838	A RT A	40 00 1 NPI 1234567890
09 01 22 09 01 22 11 838	A R A R A	40 00 1 NPI 1234567890

Most Commercial Plans: Note that the QW and CLIA # are not required.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELAT	TED TO CURRENT SERVICES
Dr. Trukera Medical	17b. NPI 1234567890	FROM	то
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB?	\$ CHARGES
		YES 🗙 NO	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	service line below (24E) ICD Ind.	22. RESUBMISSION CODE . ORIC	GINAL REF. NO.
A. LICD-10 Code (s) B.	с		
E F	G н	23. PRIOR AUTHORIZATION NUMBER	R
I J	К L		
From To PLACE OF (OCEDURES, SERVICES, OR SUPPLIES E. Explain Unusual Circumstances) DIAGNOSIS		I. J. ID. RENDERING
MM DD YY MM DD YY SERVICE EMG CPT	HCPCS MODIFIER POINTER	\$ CHARGES UNITS Plan	QUAL. PROVIDER ID. #
09 01 22 09 01 22 11 838	61 RT A	40 00 1	NPI 1234567890
09 01 22 09 01 22 11 838	61 LT A	40 00 1	NPI 1234567890

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES
Dr. Trukera Medical	17b. NPI 1234567890	FROM TO
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)	20. OUTSIDE LAB? \$ CHARGES	
		YES NO
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	o service line below (24E) ICD Ind.	22. RESUBMISSION CODE ORIGINAL REF. NO.
A. ICD-10 Code (s) B.	С D	
E F	G Н	23. PRIOR AUTHORIZATION NUMBER
J	К L	10D2345678
From To PLACE OF (ROCEDURES, SERVICES, OR SUPPLIES E. (Explain Unusual Circumstances) DIAGNOSIS	F. G. H. I. J. DAYS EPSDT ID. RENDERING
MM DD YY MM DD YY SERVICE EMG CPT	T/HCPCS MODIFIER POINTER	\$ CHARGES UNITS Plan QUAL. PROVIDER ID. #
09 01 22 09 01 22 11 838	361 QW A	80 00 2 NPI 1234567890

2020-2022 Clinical Laboratory Fee Schedule (CLFS) Rate: \$22.48 per test (\$44.96 per patient)

Sequestration Withhold

- Medicare intermediaries are required to withhold two-percent of the allowable.

Medicare CMS Part B

- CMS Medicare pays at 100% of CLFS throughout the United States.
- No deductible or patient co-payment applies.
- Free standing, global lab code.
- CLIA Certification required.

Billing Software Requirements

- ANSI 5010 E-claim Crosswalk

In loop 2300, Segment REFO2, enter the CLIA Certification number – 10 digits - (Do not enter "CLIA" with the certificate number as this will cause claims to deny as an invalid identification number).

Field #	Claim Description	Loop	Segment	Electronic Description
23.	Prior Authorization number	2300	REF01	Reference identification qualifier = X4
	-		REF02	CLIA Certification number

Common Notification Reasons for Medicare Denials

- MA 120 Did not complete or enter accurately the CLIA number.
- MA 130 Your claim contains incomplete and/or invalid information, and no appeal rights are afforded because the claim in un-processable. Please submit the correct information to the appropriate FI or carrier.
- B7 "This provider was not certified/eligible to be paid for this procedure/service on this date of service."
- The laboratory is not approved for this type of test

FLORIDA BILLING GUIDE



If any denial is received for CPT 83861 contact the TearLab Reimbursement Support Center promptly at rsc@tearlab.com for assistance

Senior Reimbursement Support Specialist Bridget Bolles

Cell: (317) 797-7151

Fax: (858) 225-8749 Email: bbolles@trukera.com

This guide addresses billing recommendation for:

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- Medical Necessity requires current signs or symptoms of disease at time of test.
- Frequency of testing is based on Medical Necessity as determined by the clinician.
- Laboratory Test multiple procedure discounts do not apply.

Payor Name	Lines	Modifier(s)	Units per Line
Medicare	2	QW/RT/LT	1
BCBS Florida	2	RT/LT	1
United HC	1	QW	2
	2	QW/RT/LT	1
		59 on	
Humana Medicare		second line	
Aetna	2	RT/LT	1
Cigna	2	RT/LT	1
	2		1
FL Medicaid		QW/RT/LT	
Anthem	2	RT/LT	1
BCBSFED	2	RT/LT	1
UHC Community	1	QW	2

Florida Providers:

Humana Commercial: Will deny claim (Diagnostic testing for dry eye syndrome is not separately reimbursable).

Medicare: Note the CLIA # in box 23 and the QW/RT, QW/LT in box24D are required for processing. **The QW modifier should be placed first.** Claims lacking these elements will reject.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATED TO	CURRENT SERVICES
Dr. Trukera Medical	17b. NPI 1234567890	FROM	D
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? \$ C	CHARGES
		YES NO	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	o service line below (24E) ICD Ind.	22. RESUBMISSION CODE ORIGINAL F	REF. NO
A. ICD-10 Code (s)	с р		
E F	G Н	23. PRIOR AUTHORIZATION NUMBER	
J	к	10D2345678	
	ROCEDURES, SERVICES, OR SUPPLIES E. (Explain Unusual Circumstances) DIAGNOSIS	F. G. H. I. DAYS EPSDT OR Faily ID. \$ CHARGES UNITS Pail QUAL.	J. RENDERING
MM DD YY MM DD YY SERVICE EMG CPT	HCPCS MODIFIER POINTER	\$ CHARGES UNITS Plan QUAL.	PROVIDER ID. #
09 01 22 09 01 22 11 838	A RT A	40 00 1 NPI	1234567890
09 01 22 09 01 22 11 838	A A A A A	40 00 1 NPI	1234567890

Most Commercial Plans: Note that the QW and CLIA # are not required.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELAT	
Dr. Trukera Medical	17b. NPI 1234567890	FROM	то
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB?	\$ CHARGES
		YES 🗙 NO	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	service line below (24E) ICD Ind.	22. RESUBMISSION CODE . ORIC	GINAL REF. NO.
A. LICD-10 Code (s) B.	с		
E F	G н	23. PRIOR AUTHORIZATION NUMBER	R
I J	К L		
From To PLACE OF (OCEDURES, SERVICES, OR SUPPLIES E. Explain Unusual Circumstances) DIAGNOSIS		I. J. ID. RENDERING
MM DD YY MM DD YY SERVICE EMG CPT	HCPCS MODIFIER POINTER	\$ CHARGES UNITS Plan	QUAL. PROVIDER ID. #
09 01 22 09 01 22 11 838	61 RT A	40 00 1	NPI 1234567890
09 01 22 09 01 22 11 838	61 LT A	40 00 1	NPI 1234567890

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES
Dr. Trukera Medical	17b. NPI 1234567890	FROM TO
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? \$ CHARGES
		YES NO
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	o service line below (24E) ICD Ind.	22. RESUBMISSION CODE ORIGINAL REF. NO.
A. ICD-10 Code (s) B.	C D	
E F	G Н	23. PRIOR AUTHORIZATION NUMBER
J	К L	10D2345678
From To PLACE OF (ROCEDURES, SERVICES, OR SUPPLIES E. (Explain Unusual Circumstances) DIAGNOSIS	F. G. H. I. J. DAYS EPSDT ID. RENDERING
MM DD YY MM DD YY SERVICE EMG CPT	HCPCS MODIFIER POINTER	\$ CHARGES UNITS Plan QUAL. PROVIDER ID. #
09 01 22 09 01 22 11 838	361 QW A	80 00 2 NPI 1234567890

2020-2022 Clinical Laboratory Fee Schedule (CLFS) Rate: \$22.48 per test (\$44.96 per patient)

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- Free standing, global lab code.
- CLIA Certification required.

Billing Software Requirements

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23.	Prior Authorization number	2300	REF01	Reference identification qualifier = X4
	-		REF02	CLIA Certification number

Common Notification Reasons for Medicare Denials

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- The laboratory is not approved for this type of test

GEORGIA BILLING GUIDE



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Reimbursement Support Specialist

Tanna Niemeier
Cell: (419) 350-2968

Fax: (858) 225-8749 Email: tniemeier@trukera.com

This guide addresses billing recommendation for:

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- Frequency of testing is based on Medical Necessity as determined by the clinician.
- Laboratory Test multiple procedure discounts do not apply.

Payor Name	Lines	Modifier(s)	Units per Line
Aetna	2	RT/LT	1
Anthem/BCBS	2	RT/LT	1
Caresource	2	RT/LT	1
Cigna	2	RT/LT	1
	2	QW/RT/LT	1
		59 modifier	
		on second	
Humana Medicare		line	
Medicaid GA	2	QW/RT/LT	1
Medicare	2	QW/RT/LT	1
Peach St Medicaid	2	QW/RT/LT	1
United Healthcare	1	QW	2

Medicare: Note the CLIA # in box 23 and the QW/RT, QW/LT in box24D are required for processing. **The QW modifier should be placed first.** Claims lacking these elements will reject.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES
Dr. Trukera Medical	17b. NPI 1234567890	FROM TO
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? \$ CHARGES
		YES NO
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	service line below (24E) ICD Ind.	22. RESUBMISSION CODE ORIGINAL REF. NO.
A. LICD-10 Code (s) B. L	D. L	
E F (з н	23. PRIOR AUTHORIZATION NUMBER
I. L J. L H	K. [L. [10D2345678
	OCEDURES, SERVICES, OR SUPPLIES E. Explain Unusual Circumstances) DIAGNOSIS	F. G. H. I. J. DAYS BPSOT ID. RENDERING OR Family
	HCPCS MODIFIER POINTER	\$ CHARGES UNITS Plan QUAL. PROVIDER ID. #
09 01 22 09 01 22 11 8386	61 QW RT A	40 00 1 NPI 1234567890
09 01 22 09 01 22 11 8386		

Most Commercial Plans: Note that the QW and CLIA # are not required.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATED TO CURRENT S	SERVICES DD YY
Dr. Trukera Medical	17b. NPI 1234567890	FROM TO	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? \$ CHARGES	
		YES NO	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	service line below (24E) ICD Ind.	22. RESUBMISSION ORIGINAL REF. NO.	
A. LICD-10 Code (s) B. L	D		
E. L F. L (н. Ц	23. PRIOR AUTHORIZATION NUMBER	
J. L J. L	L. L.		
From To PLACE OF (E	DCEDURES, SERVICES, OR SUPPLIES xplain Unusual Circumstances) ICPCS I MODIFIER POINTER		J. RENDERING ROVIDER ID. #
			officerric. #
09 01 22 09 01 22 11 8386	A RT	40 00 1 NPI 123456	7890
09 01 22 09 01 22 11 8386	1 LT A	40 00 1 NPI 123456	7890

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES
Dr. Trukera Medical	17b. NPI 1234567890	FROM
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? \$ CHARGES
		YES NO
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	service line below (24E) ICD Ind.	22. RESUBMISSION CODE ORIGINAL REF. NO.
A. LICD-10 Code (s) B.	D. L	
E F	G н	23. PRIOR AUTHORIZATION NUMBER
J. [K. [L. [10D2345678
	OCEDURES, SERVICES, OR SUPPLIES E. Explain Unusual Circumstances) DIAGNOSI	S F. G. H. I. J. DAYS EPSOT OR Family ID. RENDERING
MM DD YY MM DD YY SERVICE EMG CPT	HCPCS MODIFIER POINTER	\$ CHARGES UNITS Plan QUAL. PROVIDER ID. #
09 01 22 09 01 22 11 838	61 QW A	80 00 2 NPI 1234567890

2020-2022 Clinical Laboratory Fee Schedule (CLFS) Rate: \$22.48 per test (\$44.96 per patient)

Sequestration Withhold

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Medicare CMS Part B

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Field #	Claim Description	Loop	Segment	Electronic Description
23.	Prior Authorization number	2300	REF01	Reference identification qualifier = X4
			REF02	CLIA Certification number

Common Notification Reasons for Medicare Denials

- MA 120 Did not complete or enter accurately the CLIA number.
- MA 130 Your claim contains incomplete and/or invalid information, and no appeal rights are afforded because the claim in un-processable. Please submit the correct information to the appropriate FI or carrier.
- B7 "This provider was not certified/eligible to be paid for this procedure/service on this date of service."
- The laboratory is not approved for this type of test

HAWAII BILLING GUIDE



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Reimbursement Support Specialist

Tanna Niemeier		
Cell: (419) 350-2968		

Fax: (858) 225-8749 Email: tniemeier@trukera.com

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- Medical Necessity requires current signs or symptoms of disease at time of test.
- Frequency of testing is based on Medical Necessity as determined by the clinician.
- Laboratory Test multiple procedure discounts do not apply.

Payor Name	Lines	Modifier(s)	Units per Line
BCBS Federal Employee Plan	2	RT/LT	1
Cigna	2	RT/LT	1
Hawaii Medical Services Association (HMSA)	1	None	2
HealthNet	2	QW/RT/LT	1
Medicaid HI	2	QW/RT/LT	1
Medicare	2	QW/RT/LT	1
United Healthcare	1	QW	2

Medicare: Note the CLIA # in box 23 and the QW/RT, QW/LT in box24D are required for processing. **The QW modifier should be placed first.** Claims lacking these elements will reject.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES
Dr. Trukera Medical	17b. NPI 1234567890	FROM TO
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? \$ CHARGES
		YES NO
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	service line below (24E) ICD Ind.	22. RESUBMISSION CODE ORIGINAL REF. NO.
A. LICD-10 Code (s) B. L	D. L	
E F 0	н. Ц	23. PRIOR AUTHORIZATION NUMBER
J. L B	L. [10D2345678
	CEDURES, SERVICES, OR SUPPLIES E. xplain Unusual Circumstances) DIAGNOSIS	F. G. H. I. J. DAYS BPSOT ID. RENDERING OR Family
	CPCS MODIFIER POINTER	\$ CHARGES UNITS Plan QUAL. PROVIDER ID. #
09 01 22 09 01 22 11 8386	01 QW RT A	40 00 1 NPI 1234567890
09 01 22 09 01 22 11 8386	A QW RT	40 00 1 NPI 1234567890

Most Commercial Plans: Note that the QW and CLIA # are not required.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES
Dr. Trukera Medical	17b. NPI 1234567890	FROM
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? \$ CHARGES
		YES NO
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	service line below (24E) ICD Ind.	22. RESUBMISSION CODE ORIGINAL REF. NO.
A. LICD-10 Code (s) B. L	D	
E. L F. L	э н	23. PRIOR AUTHORIZATION NUMBER
J. []	K. [
From To PLACE OF (E	DCEDURES, SERVICES, OR SUPPLIES E. Explain Unusual Circumstances) DIAGNOSIS HCPCS I MODIFIER POINTER	
09 01 22 09 01 22 11 838	A RT	40 00 1 NPI 1234567890
09 01 22 09 01 22 11 838	61 LT A	40 00 1 NPI 1234567890

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES
Dr. Trukera Medical	17b. NPI 1234567890	FROM TO
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? \$ CHARGES
		YES NO
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	service line below (24E) ICD Ind.	22. RESUBMISSION CODE , ORIGINAL REF. NO.
A. LICD-10 Code (s) B. L	D. L	
E F	G H	23. PRIOR AUTHORIZATION NUMBER
J. [K. [L. [10D2345678
	OCEDURES, SERVICES, OR SUPPLIES E. Explain Unusual Circumstances) DIAGNOSI	S F. G. H. I. J. DAYS EPSOT OR Family ID. RENDERING
MM DD YY MM DD YY SERVICE EMG CPT	HCPCS MODIFIER POINTER	\$ CHARGES UNITS Plan QUAL. PROVIDER ID. #
09 01 22 09 01 22 11 838	61 QW A	80 00 2 NPI 1234567890

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23.	Prior Authorization number	2300	REF01	Reference identification qualifier = X4
			REF02	CLIA Certification number

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- MA 130 Your claim contains incomplete and/or invalid information, and no appeal rights are afforded because the claim in un-processable. Please submit the correct information to the appropriate FI or carrier.
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IDAHO BILLING GUIDE



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Reimbursement Support Specialist

Tanna Niemeier
Cell: (419) 350-2968

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- Frequency of testing is based on Medical Necessity as determined by the clinician.
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Payor Name	Lines	Modifier(s)	Units per Line
Aetna	2	RT/LT	1
BCBS Federal Employee Plan	2	RT/LT	1
BCBS ID	1	None	2
Cigna	2	RT/LT	1
HealthNet	2	QW/RT/LT	1
Medicaid ID	2	QW/RT/LT	1
Medicare	2	QW/RT/LT	1
Pacificsource	2	RT/LT	1
Regence	1	None	2
SelectHealth	1	None	2
United Healthcare	1	QW	2

Medicare: Note the CLIA # in box 23 and the QW/RT, QW/LT in box24D are required for processing. **The QW modifier should be placed first.** Claims lacking these elements will reject.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES
Dr. Trukera Medical	17b. NPI 1234567890	FROM TO
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? \$ CHARGES
		YES NO
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	ervice line below (24E) ICD Ind.	22. RESUBMISSION CODE ORIGINAL REF. NO.
A. ICD-10 Code (s) B.	D. [
E F 0	н. Ц.	23. PRIOR AUTHORIZATION NUMBER
J H		10D2345678
From To PLACE OF (E	CEDURES, SERVICES, OR SUPPLIES E. kplain Unusual Circumstances) DIAGNOSIS CPCS I MODIFIER POINTER	
09 01 22 09 01 22 11 8386	1 QW RT A	40 00 1 NPI 1234567890
09 01 22 09 01 22 11 8386	1 QW LT A	40 00 1 NPI 1234567890

Most Commercial Plans: Note that the QW and CLIA # are not required.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATED	D TO CURRENT SERVICES
Dr. Trukera Medical	17b. NPI 1234567890	FROM	то
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB?	\$ CHARGES
		YES X NO	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	service line below (24E) ICD Ind.	22. RESUBMISSION CODE ORIGIN	NAL REF. NO.
A. LICD-10 Code (s) B.	D	0000	Internet, No.
E F	а н	23. PRIOR AUTHORIZATION NUMBER	
J. [L. L.		
From To PLACE OF (DCEDURES, SERVICES, OR SUPPLIES E. Explain Unusual Circumstances) DIAGNOSIS HCPCS I MODIFIER POINTER	OH Family	I. J. ID. RENDERING QUAL. PROVIDER ID. #
MM DD TT MM DD TT SCHUCE EMG CF1/	NODIFIER POINTER	SCHARGES UNITS Men C	GUAL, PROVIDEN ID. #
09 01 22 09 01 22 11 838	31 RT A	40 00 1	NPI 1234567890
09 01 22 09 01 22 11 838	31 LT A	40 00 1	NPI 1234567890

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES	
Dr. Trukera Medical	17b. NPI 1234567890	FROM TO	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)	ADDITIONAL CLAIM INFORMATION (Designated by NUCC) 20. OUTSIDE LAB? \$CHARGES		
		YES NO	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	o service line below (24E) ICD Ind.	22. RESUBMISSION CODE ORIGINAL REF. NO.	
A. LICD-10 Code (s) B. L	C. L D. L		
E F	G н	23. PRIOR AUTHORIZATION NUMBER	
J. L	К	10D2345678	
From To PLACE OF	ROCEDURES, SERVICES, OR SUPPLIES E. (Explain Unusual Circumstances) DIAGNOSIS	F. G. H. I. J. DAYS EPSOT ID. RENDERING OR Famly ID.	
MM DD YY MM DD YY SERVICE EMG CPT	THÉPCS MODIFIER POINTER	\$ CHARGES UNITS Plan QUAL. PROVIDER ID. #	
		1	
09 01 22 09 01 22 11 838	361 QW A	80 00 2 NPI 1234567890	

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Field #	Claim Description	Loop	Segment	Electronic Description
23.	Prior Authorization number	2300	REF01	Reference identification qualifier = X4
			REF02	CLIA Certification number

Common Notification Reasons for Medicare Denials

- MA 120 Did not complete or enter accurately the CLIA number.
- MA 130 Your claim contains incomplete and/or invalid information, and no appeal rights are afforded because the claim in un-processable. Please submit the correct information to the appropriate FI or carrier.
- B7 "This provider was not certified/eligible to be paid for this procedure/service on this date of service."
- The laboratory is not approved for this type of test

ILLINOIS BILLING GUIDE



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Reimbursement Support Specialist

Tanna Niemeier Cell: (419) 350-2968 Fax: (858) 225-8749 Email: tniemeier@trukera.com

This guide addresses billing recommendation for:

- <u>CPT Code 83861</u> is specific for "Microfluidic analysis utilizing an integrated collection and analysis device, tear osmolality".
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- Providers are encouraged to review payor-provider contracts for rate and claim submission requirements.
- Medical Necessity requires current signs or symptoms of disease at time of test.
- Frequency of testing is based on Medical Necessity as determined by the clinician.
- Laboratory Test multiple procedure discounts do not apply.

Payor Name	Lines	Modifier(s)	Units per Line
Aetna	1	None	2
BCBS Federal Employee Plan	2	RT/LT	1
BCBS IL	2	RT/LT	1
CountyCare	2	RT/LT	1
Health Alliance Plan (HAP)	2	RT/LT	1
	2	QW/RT/LT	1
		59 on the	
Humana Medicare		second line	
IlliniCare	2	RT/LT	1
Medicaid IL	2	RT/LT	1
Medicare	2	QW/RT/LT	1
Meridian Health Plan	2	RT/LT	1
Molina	1	QW	2
United Healthcare	1	QW	2

Illinois Providers:

<u>HealthCare and Family Services</u> (HFS - IL Medicaid) To establish payment, it requires that the practice fax a copy of the CLIA certificate along with provider NPI numbers to <u>DHFS Provider Enrollment</u>

- Attention Ernie
- Fax # 1- 217-557-8182.
- This does not apply to Illini Care or Aetna Better Health.

Aetna Better Health: Bill as 1 line, no Modifiers, 2 units

Medicare: Note the CLIA # in box 23 and the QW/RT, QW/LT in box24D are required for processing. **The QW modifier should be placed first.** Claims lacking these elements will reject.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES
Dr. Trukera Medical	17b. NPI 1234567890	FROM TO
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)	20. OUTSIDE LAB? \$ CHARGES	
		YES NO
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	service line below (24E) ICD Ind.	22. RESUBMISSION CODE ORIGINAL REF. NO.
A. LICD-10 Code (s) B. L	D. L	
E F	н. Ц	23. PRIOR AUTHORIZATION NUMBER
J	L. L.	10D2345678
	OCEDURES, SERVICES, OR SUPPLIES E. Explain Unusual Circumstances) DIAGNOSIS	F. G. H. I. J. DAYS EPSOT OR Family ID. RENDERING
	CPCS MODIFIER POINTER	\$ CHARGES UNITS Plan QUAL. PROVIDER ID. #
09 01 22 09 01 22 11 838	A QW RT	40 00 1 NPI 1234567890
09 01 22 09 01 22 11 838	S1 QW LT A	40 00 1 NPI 1234567890

Most Commercial Plans: Note that the QW and CLIA # are not required.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATED TO CURRENT	SERVICES DD YY
Dr. Trukera Medical	17b. NPI 1234567890	FROM TO	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? \$ CHARGES	
		YES NO	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	service line below (24E) ICD Ind.	22. RESUBMISSION CODE ORIGINAL REF. NO.	
A. LICD-10 Code (s) B. L	. L D. L		
E. L F. L (н. Ц	23. PRIOR AUTHORIZATION NUMBER	
J. L J. L	L. L.		
From To PLACE OF (E	DCEDURES, SERVICES, OR SUPPLIES xplain Unusual Circumstances) ICPCS I MODIFIER POINTER		J. RENDERING ROVIDER ID. #
			1011021110.1
09 01 22 09 01 22 11 8386	A RT	40 00 1 NPI 123456	37890
09 01 22 09 01 22 11 8386	1 LT A	40 00 1 NPI 123456	37890

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES
Dr. Trukera Medical	17b. NPI 1234567890	FROM TO
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)	20. OUTSIDE LAB? \$ CHARGES	
		YES NO
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	service line below (24E) ICD Ind.	22. RESUBMISSION CODE ORIGINAL REF. NO.
A. LICD-10 Code (s) B. L	C. L D. L	
E F	G. L H. L	23. PRIOR AUTHORIZATION NUMBER
J. L	к L	10D2345678
	OCEDURES, SERVICES, OR SUPPLIES E. Explain Unusual Circumstances) DIAGNOSI	S F. G. H. I. J. DAYS EPSOT OR Family ID. RENDERING
MM DD YY MM DD YY SERVICE EMG CPT	HCPCS MODIFIER POINTER	\$ CHARGES UNITS Plan QUAL. PROVIDER ID. #
	11.	
09 01 22 09 01 22 11 838	61 QW A	80 00 2 NPI 1234567890

2020-2022 Clinical Laboratory Fee Schedule (CLFS) Rate: \$22.48 per test (\$44.96 per patient)

Sequestration Withhold

- Medicare intermediaries are required to withhold two-percent of the allowable.

Medicare CMS Part B

- CMS Medicare pays at 100% of CLFS throughout the United States.
- No deductible or patient co-payment applies.
- Free standing, global lab code.
- CLIA Certification required.

Billing Software Requirements

- ANSI 5010 E-claim Crosswalk

In loop 2300, Segment REFO2, enter the CLIA Certification number – 10 digits - (Do not enter "CLIA" with the certificate number as this will cause claims to deny as an invalid identification number).

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			REF02	CLIA Certification number

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INDIANA BILLING GUIDE



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Reimbursement Support Specialist

Tanna Niemeier
Cell: (419) 350-2968

Fax: (858) 225-8749 Email: tniemeier@trukera.com

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Payor Name	Lines	Modifier(s)	Units per Line
Aetna	2	RT/LT	1
Anthem	2	RT/LT	1
BCBS Federal Employee Plan	2	RT/LT	1
Caresource	2	RT/LT	1
	2	QW/RT/LT	1
		59 on the	
Humana Medicare		second line	
MDWISE	2	RT/LT	1
Medicaid IN	2	QW/RT/LT	1
Medicare	2	QW/RT/LT	1
SIHO	2	RT/LT	1
United Healthcare	1	QW	2

Medicare: Note the CLIA # in box 23 and the QW/RT, QW/LT in box24D are required for processing. **The QW modifier should be placed first.** Claims lacking these elements will reject.

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19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)	20. OUTSIDE LAB? \$ CHARGES	
		YES NO
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	service line below (24E) ICD Ind.	22. RESUBMISSION CODE ORIGINAL REF. NO.
A. LICD-10 Code (s) B. L	D. L	
E F	н. Ц	23. PRIOR AUTHORIZATION NUMBER
J	L. L.	10D2345678
	OCEDURES, SERVICES, OR SUPPLIES E. Explain Unusual Circumstances) DIAGNOSIS	F. G. H. I. J. DAYS EPSOT OR Family ID. RENDERING
	CPCS MODIFIER POINTER	\$ CHARGES UNITS Plan QUAL. PROVIDER ID. #
09 01 22 09 01 22 11 838	A QW RT	40 00 1 NPI 1234567890
09 01 22 09 01 22 11 838	S1 QW LT A	40 00 1 NPI 1234567890

Most Commercial Plans: Note that the QW and CLIA # are not required.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATED TO CURRENT	SERVICES DD YY
Dr. Trukera Medical	17b. NPI 1234567890	FROM TO	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? \$ CHARGES	
		YES NO	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	service line below (24E) ICD Ind.	22. RESUBMISSION CODE ORIGINAL REF. NO.	
A. LICD-10 Code (s) B. L	. L D. L		
E. L F. L (н. Ц	23. PRIOR AUTHORIZATION NUMBER	
J. L J. L	L. L.		
From To PLACE OF (E	DCEDURES, SERVICES, OR SUPPLIES xplain Unusual Circumstances) ICPCS I MODIFIER POINTER		J. RENDERING ROVIDER ID. #
			1011021110.1
09 01 22 09 01 22 11 8386	A RT	40 00 1 NPI 123456	37890
09 01 22 09 01 22 11 8386	1 LT A	40 00 1 NPI 123456	37890

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES
Dr. Trukera Medical	17b. NPI 1234567890	FROM TO
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)	20. OUTSIDE LAB? \$ CHARGES	
		YES NO
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	o service line below (24E) ICD Ind.	22. RESUBMISSION CODE ORIGINAL REF. NO.
A. LICD-10 Code (s) B. L	C D	
E F	G н	23. PRIOR AUTHORIZATION NUMBER
J	К L	10D2345678
From To PLACE OF (I		E. F. G. H. I. J. GNOSIS OR Family ID. RENDERING
MM DD YY MM DD YY SERVICE EMG CPT/	THCPCS MODIFIER PC	INTER \$ CHARGES UNITS Plan QUAL. PROVIDER ID. #
		00 00 0
09 01 22 09 01 22 11 838	861 QW A	80 00 2 NPI 1234567890

2020-2022 Clinical Laboratory Fee Schedule (CLFS) Rate: \$22.48 per test (\$44.96 per patient)

Sequestration Withhold

- Medicare intermediaries are required to withhold two-percent of the allowable.

Medicare CMS Part B

- CMS Medicare pays at 100% of CLFS throughout the United States.
- No deductible or patient co-payment applies.
- Free standing, global lab code.
- CLIA Certification required.

Billing Software Requirements

- ANSI 5010 E-claim Crosswalk

In loop 2300, Segment REFO2, enter the CLIA Certification number – 10 digits - (Do not enter "CLIA" with the certificate number as this will cause claims to deny as an invalid identification number).

Field #	Claim Description	Loop	Segment	Electronic Description
23.	Prior Authorization number	2300	REF01	Reference identification qualifier = X4
			REF02	CLIA Certification number

Common Notification Reasons for Medicare Denials

- MA 120 Did not complete or enter accurately the CLIA number.
- MA 130 Your claim contains incomplete and/or invalid information, and no appeal rights are afforded because the claim in un-processable. Please submit the correct information to the appropriate FI or carrier.
- B7 "This provider was not certified/eligible to be paid for this procedure/service on this date of service."
- The laboratory is not approved for this type of test

IOWA BILLING GUIDE



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Reimbursement Support Specialist

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Fax: (858) 225-8749 Email: tniemeier@trukera.com

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- Laboratory Test multiple procedure discounts do not apply.

Payor Name	Lines	Modifier(s)	Units per Line
Aetna	2	RT/LT	1
	2	59 on	1
		second line	
Amerigroup		of service	
Anthem	2	RT/LT	1
BCBS Federal Employee Plan	2	RT/LT	1
Cigna	2	RT/LT	1
HealthNet	2	QW/RT/LT	1
Medica	2	RT/LT	1
Medicaid IA	2	QW/RT/LT	1
Medicare	2	QW/RT/LT	1
United Healthcare	1	QW	2
Wellmark	1	QW	2

Medicare: Note the CLIA # in box 23 and the QW/RT, QW/LT in box24D are required for processing. **The QW modifier should be placed first.** Claims lacking these elements will reject.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES
Dr. Trukera Medical	17b. NPI 1234567890	FROM TO
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? \$ CHARGES
		YES NO
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	service line below (24E) ICD Ind.	22. RESUBMISSION CODE ORIGINAL REF. NO.
A. LICD-10 Code (s) B. L	D. L	
E F	в н	23. PRIOR AUTHORIZATION NUMBER
J	L. L.	10D2345678
	OCEDURES, SERVICES, OR SUPPLIES E. Explain Unusual Circumstances) DIAGNOSIS	F. G. H. I. J. DAYS EPSOT OR Family ID. RENDERING
	CPCS MODIFIER POINTER	\$ CHARGES UNITS Plan QUAL. PROVIDER ID. #
09 01 22 09 01 22 11 838	A QW RT	40 00 1 NPI 1234567890
09 01 22 09 01 22 11 838	S1 QW LT A	40 00 1 NPI 1234567890

Most Commercial Plans: Note that the QW and CLIA # are not required.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATED TO CURRENT	SERVICES DD YY
Dr. Trukera Medical	17b. NPI 1234567890	FROM TO	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? \$ CHARGES	
		YES NO	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	service line below (24E) ICD Ind.	22. RESUBMISSION CODE ORIGINAL REF. NO.	
A. LICD-10 Code (s) B. L	. L D. L		
E. L F. L (н. Ц	23. PRIOR AUTHORIZATION NUMBER	
J. L J. L	L. L.		
From To PLACE OF (E	DCEDURES, SERVICES, OR SUPPLIES xplain Unusual Circumstances) ICPCS I MODIFIER POINTER		J. RENDERING ROVIDER ID. #
			1011021110.1
09 01 22 09 01 22 11 8386	A RT	40 00 1 NPI 123456	37890
09 01 22 09 01 22 11 8386	1 LT A	40 00 1 NPI 123456	37890

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		YES NO
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	o service line below (24E) ICD Ind.	22. RESUBMISSION CODE ORIGINAL REF. NO.
A. LICD-10 Code (s) B. L	C D	
E F	23. PRIOR AUTHORIZATION NUMBER	
J	К L	10D2345678
From To PLACE OF (I		E. F. G. H. I. J. GNOSIS OR Family ID. RENDERING
MM DD YY MM DD YY SERVICE EMG CPT/	THCPCS MODIFIER PC	INTER \$ CHARGES UNITS Plan QUAL. PROVIDER ID. #
		00 00 0
09 01 22 09 01 22 11 838	861 QW A	80 00 2 NPI 1234567890

2020-2022 Clinical Laboratory Fee Schedule (CLFS) Rate: \$22.48 per test (\$44.96 per patient)

Sequestration Withhold

- Medicare intermediaries are required to withhold two-percent of the allowable.

Medicare CMS Part B

- CMS Medicare pays at 100% of CLFS throughout the United States.
- No deductible or patient co-payment applies.
- Free standing, global lab code.
- CLIA Certification required.

Billing Software Requirements

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Field #	Claim Description	Loop	Segment	Electronic Description
23.	Prior Authorization number	2300	REF01	Reference identification qualifier = X4
			REF02	CLIA Certification number

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- The laboratory is not approved for this type of test

KANSAS BILLING GUIDE



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Reimbursement Support Specialist

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Cell: (419) 350-2968				

Fax: (858) 225-8749 Email: tniemeier@trukera.com

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Payor Name	Lines	Modifier(s)	Units per Line
Aetna	2	RT/LT	1
BCBS Kansas	2	RT/LT	1
BCBS Kansas City Missouri	2	RT/LT	1
Cigna	2	RT/LT	1
HealthNet	2	QW/RT/LT	1
	1	QW/RT/LT	2
		59 on the	
Humana Medicare		second line	
Medicare	1	QW/RT/LT	2
UHC Community Plan	1	QW	2
United Healthcare	1	QW	2

<u>Humana Commercial Plans</u>: Humana considers, all diagnostic testing for dry eye, integral to the office visit, and payment for diagnostic testing is therefore considered by Humana as part of the office visit fee. Unfortunately, the Humana policy for commercial, non-Medicare claims, considers tear osmolarity, a laboratory test, in the same category as slit lamp procedures such as ocular surface staining and tear break up time.

<u>BCBS KS</u>: The plan considers this test experimental and a non-covered service.

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19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? \$ CHARGES
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A. LICD-10 Code (s) B. L	D. L	
E F	н. Ц	23. PRIOR AUTHORIZATION NUMBER
J	L. L.	10D2345678
	OCEDURES, SERVICES, OR SUPPLIES E. Explain Unusual Circumstances) DIAGNOSIS	F. G. H. I. J. DAYS EPSOT OR Family ID. RENDERING
	CPCS MODIFIER POINTER	\$ CHARGES UNITS Plan QUAL. PROVIDER ID. #
09 01 22 09 01 22 11 838	A QW RT	40 00 1 NPI 1234567890
09 01 22 09 01 22 11 838	S1 QW LT A	40 00 1 NPI 1234567890

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A. LICD-10 Code (s) B. L	. L D. L		
E. L F. L (н. Ц	23. PRIOR AUTHORIZATION NUMBER	
J. L J. L	L. L.		
From To PLACE OF (E	DCEDURES, SERVICES, OR SUPPLIES xplain Unusual Circumstances) ICPCS I MODIFIER POINTER		J. RENDERING ROVIDER ID. #
			1011021110.1
09 01 22 09 01 22 11 8386	A RT	40 00 1 NPI 123456	37890
09 01 22 09 01 22 11 8386	1 LT A	40 00 1 NPI 123456	37890

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A. LICD-10 Code (s) B. L	C. L D. L	
E F	23. PRIOR AUTHORIZATION NUMBER	
J	К L	10D2345678
From To PLACE OF (I		E. F. G. H. I. J. GNOSIS OR Family ID. RENDERING
MM DD YY MM DD YY SERVICE EMG CPT/	THCPCS MODIFIER PC	INTER \$ CHARGES UNITS Plan QUAL. PROVIDER ID. #
		00 00 0
09 01 22 09 01 22 11 838	861 QW A	80 00 2 NPI 1234567890

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KENTUCKY BILLING GUIDE



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Reimbursement Support Specialist

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Caresource	2	RT/LT	1
Cigna	2	RT/LT	1
	2	QW/RT/LT	1
		59 on	
Humana Medicare		second line	
Medicaid KY	2	QW/RT/LT	1
Medicare	2	QW/RT/LT	1
Passport Health Plan - Medicaid	2	QW/RT/LT	1
Sierra Life	2	RT/LT	1
United Healthcare	1	QW	2

Medicare: Note the CLIA # in box 23 and the QW/RT, QW/LT in box24D are required for processing. **The QW modifier should be placed first.** Claims lacking these elements will reject.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES	
Dr. Trukera Medical	FROM TO		
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? \$ CHARGES	
	YES NO		
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	service line below (24E) ICD Ind.	22. RESUBMISSION CODE ORIGINAL REF. NO.	
A. LICD-10 Code (s) B. L	D.		
E F	н.	23. PRIOR AUTHORIZATION NUMBER	
J		10D2345678	
From To PLACE OF (I	DCEDURES, SERVICES, OR SUPPLIES E. Explain Unusual Circumstances) DIAGNOSIS HCPCS MODIFIER POINTER		
09 01 22 09 01 22 11 838	A QW RT	40 00 1 NPI 1234567890	
09 01 22 09 01 22 11 838	31 QW LT A	40 00 1 NPI 1234567890	6. 7 C. C.

Most Commercial Plans: Note that the QW and CLIA # are not required.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a. 18	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES
Dr. Trukera Medical	17b. NPI 1234567890	FROM TO
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)	20	20. OUTSIDE LAB? \$ CHARGES
		YES NO
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	o service line below (24E) ICD Ind. 22	22. RESUBMISSION ORIGINAL REF. NO.
A. LICD-10 Code (s) B. L	C. L D. L	
E F (G H 23	23. PRIOR AUTHORIZATION NUMBER
J. L J. L H	К	
From To PLACE OF (E	ROCEDURES, SERVICES, OR SUPPLIES E. (Explain Unusual Circumstances) DIAGNOSIS F/HCPCS I MODIFIER POINTER	F. G. H. I. J. DAYS EPOT ID. RENDERING OR Family ID. RENDERING WINTS Pier QUAL. PROVIDER ID. #
09 01 22 09 01 22 11 8386	361 RT A	40 00 1 NPI 1234567890
09 01 22 09 01 22 11 8386	361 LT A	40 00 1 NPI 1234567890

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES	
Dr. Trukera Medical	FROM TO	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)	20. OUTSIDE LAB? \$ CHARGES	
		YES NO
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	o service line below (24E) ICD Ind.	22. RESUBMISSION CODE ORIGINAL REF. NO.
A. LICD-10 Code (s) B. L	C D	
E. L F. L	G н	23. PRIOR AUTHORIZATION NUMBER
J. L	К Ц	10D2345678
From To PLACE OF		E. F. G. H. I. J. AGNOSIS DAYS EPSOT ID. RENDERING
MM DD YY MM DD YY SERVICE EMG CPT	T/HCPCS MODIFIER	POINTER \$ CHARGES UNITS Plan QUAL. PROVIDER ID. #
09 01 22 09 01 22 11 838	361 QW A	80 00 2 NPI 1234567890

2020-2022 Clinical Laboratory Fee Schedule (CLFS) Rate: \$22.48 per test (\$44.96 per patient)

Sequestration Withhold

- Medicare intermediaries are required to withhold two-percent of the allowable.

Medicare CMS Part B

- CMS Medicare pays at 100% of CLFS throughout the United States.
- No deductible or patient co-payment applies.
- Free standing, global lab code.
- CLIA Certification required.

Billing Software Requirements

- ANSI 5010 E-claim Crosswalk

In loop 2300, Segment REFO2, enter the CLIA Certification number – 10 digits - (Do not enter "CLIA" with the certificate number as this will cause claims to deny as an invalid identification number).

Field #	Claim Description	Loop	Segment	Electronic Description
23.	Prior Authorization number	2300	REF01	Reference identification qualifier = X4
			REF02	CLIA Certification number

Common Notification Reasons for Medicare Denials

- MA 120 Did not complete or enter accurately the CLIA number.
- MA 130 Your claim contains incomplete and/or invalid information, and no appeal rights are afforded because the claim in un-processable. Please submit the correct information to the appropriate FI or carrier.
- B7 "This provider was not certified/eligible to be paid for this procedure/service on this date of service."
- The laboratory is not approved for this type of test

LOUISIANA BILLING GUIDE



If any denial is received for CPT 83861 contact the TearLab Reimbursement Support Center promptly at rsc@tearlab.com for assistance

Reimbursement Support Specialist

Tanna Niemeier Cell: (419) 350-2968 Fax: (858) 225-8749 Email: tniemeier@trukera.com

This guide addresses billing recommendation for:

- <u>CPT Code 83861</u> is specific for "Microfluidic analysis utilizing an integrated collection and analysis device, tear osmolality".
- A covered service by <u>CMS Medicare</u> under the <u>Clinical Laboratory Fee Schedule</u>.
- <u>CLIA Certificate of Waiver</u> is required to perform and bill this laboratory tests.
- Providers are encouraged to review payor-provider contracts for rate and claim submission requirements.
- Medical Necessity requires current signs or symptoms of disease at time of test.
- Frequency of testing is based on Medical Necessity as determined by the clinician.
- Laboratory Test multiple procedure discounts do not apply.

Payor Name	Lines	Modifier(s)	Units per Line
Aetna	2	RT/LT	1
	2	59 on	1
		second line	
Amerigroup		of service	
AmeriHealth Caritas LA	2	RT/LT	1
Anthem	2	RT/LT	1
BCBS LA	2	RT/LT	1
Cigna	2	RT/LT	1
	2	QW/RT/LT	1
		59 on	
Humana Medicare		second line	
Medicare	2	QW/RT/LT	1
Peoples Health	2	RT/LT	1
UHC Community Plan	1	QW	2
United Healthcare	1	QW	2

Medicare: Note the CLIA # in box 23 and the QW/RT, QW/LT in box24D are required for processing. **The QW modifier should be placed first.** Claims lacking these elements will reject.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES			
Dr. Trukera Medical	FROM	D			
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)	20. OUTSIDE LAB? \$ C	CHARGES			
	YES NO				
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	ervice line below (24E) ICD Ind.	22. RESUBMISSION CODE ORIGINAL R	REF. NO.		
A. LICD-10 Code (s) B. L	D. [
E F (н	23. PRIOR AUTHORIZATION NUMBER			
J	L	10D2345678			
From To PLACE OF (E	DCEDURES, SERVICES, OR SUPPLIES xplain Unusual Circumstances) ICPCS MODIFIER POINTER	F. G. H. I. DAYS EPSDT ID. S CHARGES UNITS Plan QUAL.	J. RENDERING PROVIDER ID. #		
09 01 22 09 01 22 11 838	1 QW RT A	40 00 1 NPI	1234567890		
09 01 22 09 01 22 11 838	1 QW LT A	40 00 1 NPI	1234567890		

Most Commercial Plans: Note that the QW and CLIA # are not required.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELAT	TED TO CURRENT SERVICES
Dr. Trukera Medical	17b. NPI 1234567890	FROM	то
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB?	\$ CHARGES
		YES NO	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	service line below (24E) ICD Ind.	22. RESUBMISSION CODE ORIG	GINAL REF. NO.
A. LICD-10 Code (s) B. L	D		
E F (н. Ц	23. PRIOR AUTHORIZATION NUMBER	R
I. L J. L H	L [
From To PLACE OF (E	DCEDURES, SERVICES, OR SUPPLIES E. xplain Unusual Circumstances) DIAGNOSIS	I OH IFAMIVI	I. J. ID. RENDERING
MM DD YY MM DD YY SERVICE EMG CPT/	ACPCS MODIFIER POINTER	\$ CHARGES UNITS Plan	QUAL. PROVIDER ID. #
09 01 22 09 01 22 11 8386	A A	40 00 1	NPI 1234567890
09 01 22 09 01 22 11 8386	31 LT A	40 00 1	NPI 1234567890

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE 17a.								18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES										
	Dr. Trukera Medical 17b. NPI 1234567890						FROM			то								
19. AD	DITION	AL CLAI	IM INFO	RMATIC	ON (Des	signated b	y NUCC	3)						20. OUTSIDE LAB?	51 V - 1 T -		\$ C	HARGES
														YES 🗙	NO			
21. DI	AGNOSI	S OR N	ATURE	OF ILLN	IESS O	RINJUR	Y Relate	A-L to service	e line	below (2	4E) ICD Ind.			22. RESUBMISSION CODE		ORIG	INAL R	EF. NO.
A. L	CD-10	Code	e (s)	В.				с. ∟			D.							
E.L				F.				G. L			. н. і			23. PRIOR AUTHORIZ	ZATION NU	MBEF	1	
1.				J.				к. ∟			L.			10D2345678				
24. A. MM	DA From DD	TE(S) O YY	F SERV	/ICE To DD	YY	B. PLACE OF SERVICE	C. EMG		n Unu		CES, OR SUPPLI umstances) MODIFIER	ES	E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. Rendering Provider ID. #
09	01	22	09	01	22	11		83861		QW			A	80 00	2		NPI	1234567890
																09	.2022	

2020-2022 Clinical Laboratory Fee Schedule (CLFS) Rate: \$22.48 per test (\$44.96 per patient)

Sequestration Withhold

- Medicare intermediaries are required to withhold two-percent of the allowable.

Medicare CMS Part B

- CMS Medicare pays at 100% of CLFS throughout the United States.
- No deductible or patient co-payment applies.
- Free standing, global lab code.
- CLIA Certification required.

Billing Software Requirements

- ANSI 5010 E-claim Crosswalk

In loop 2300, Segment REFO2, enter the CLIA Certification number – 10 digits - (Do not enter "CLIA" with the certificate number as this will cause claims to deny as an invalid identification number).

Field #	Claim Description	Loop	Segment	Electronic Description
23.	Prior Authorization number	2300	REF01	Reference identification qualifier = X4
			REF02	CLIA Certification number

Common Notification Reasons for Medicare Denials

- MA 120 Did not complete or enter accurately the CLIA number.
- MA 130 Your claim contains incomplete and/or invalid information, and no appeal rights are afforded because the claim in un-processable. Please submit the correct information to the appropriate FI or carrier.
- B7 "This provider was not certified/eligible to be paid for this procedure/service on this date of service."
- The laboratory is not approved for this type of test

MAINE BILLING GUIDE



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Senior Reimbursement Support Specialist

Bridget Bolles

Cell: (317) 797-7151

Fax: (858) 225-8749 Email: bbolles@trukera.com

This guide addresses billing recommendation for:

- <u>CPT Code 83861</u> is specific for "Microfluidic analysis utilizing an integrated collection and analysis device, tear osmolality".
- A covered service by <u>CMS Medicare</u> under the <u>Clinical Laboratory Fee Schedule</u>.
- <u>CLIA Certificate of Waiver</u> is required to perform and bill this laboratory tests.
- Providers are encouraged to review payor-provider contracts for rate and claim submission requirements.
- Medical Necessity requires current signs or symptoms of disease at time of test.
- Frequency of testing is based on Medical Necessity as determined by the clinician.
- Laboratory Test multiple procedure discounts do not apply.

Payor Name	Lines	Modifier(s)	Units per Line
Medicare	2	RQW/RT/LT	1
Anthem	2	RT/LT	1
Harvard Pilgrim	1	none	2
Maine Medicaid	2	QW/RT/LT	1
Aetna	2	RT/LT	1
Cigna	2	RT/LT	1
Martin's Point ADV/GENERATION	1	QW	2
Martin's Point Commercial	1	none	2
	2	QW/RT/LT	1
		59 on	
Humana Medicare		second line	

Maine Providers:

Humana Commercial: Will deny claim (Diagnostic testing for dry eye syndrome is not separately reimbursable).

Maine Medicaid: Provider contract update may be required for reimbursement. Providers should use place of service 81.

Medicare: Note the CLIA # in box 23 and the QW/RT, QW/LT in box24D are required for processing. **The QW modifier should be placed first.** Claims lacking these elements will reject.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES	
Dr. Trukera Medical	17b. NPI 1234567890	FROM TO
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? \$ CHARGES
		YES NO
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	o service line below (24E) ICD Ind.	22. RESUBMISSION CODE ORIGINAL REF. NO.
A. ICD-10 Code (s)	C D	
E F	G Н	23. PRIOR AUTHORIZATION NUMBER
J	К L	10D2345678
	ROCEDURES, SERVICES, OR SUPPLIES E. (Explain Unusual Circumstances) DIAGNOSIS	F. G. H. I. J. DAYS EPSOT ID. RENDERING OR Famby \$CHARGES UNITS Plan QUAL PROVIDER ID. #
MM DD YY MM DD YY SERVICE EMG CPT	HCPCS MODIFIER POINTER	\$ CHARGES UNITS Plan QUAL. PROVIDER ID. #
09 01 22 09 01 22 11 838	A RT A	40 00 1 NPI 1234567890
09 01 22 09 01 22 11 838	A R A R A	40 00 1 NPI 1234567890

Most Commercial Plans: Note that the QW and CLIA # are not required.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	18. HOSPITALIZATION DATES RELAT	TED TO CURRENT SERVICES	
Dr. Trukera Medical	FROM	то	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB?	\$ CHARGES
	YES 🗙 NO		
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	service line below (24E) ICD Ind.	22. RESUBMISSION CODE . ORIC	GINAL REF. NO.
A. LICD-10 Code (s) B.	с		
E F	G н	23. PRIOR AUTHORIZATION NUMBER	R
I J	К L		
From To PLACE OF (OCEDURES, SERVICES, OR SUPPLIES E. Explain Unusual Circumstances) DIAGNOSIS		I. J. ID. RENDERING
MM DD YY MM DD YY SERVICE EMG CPT	HCPCS MODIFIER POINTER	\$ CHARGES UNITS Plan	QUAL. PROVIDER ID. #
09 01 22 09 01 22 11 838	61 RT A	40 00 1	NPI 1234567890
09 01 22 09 01 22 11 838	61 LT A	40 00 1	NPI 1234567890

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES
Dr. Trukera Medical	17b. NPI 1234567890	FROM TO
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? \$ CHARGES
		YES NO
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	o service line below (24E) ICD Ind.	22. RESUBMISSION CODE ORIGINAL REF. NO.
A. ICD-10 Code (s) B.	С D	
E F	G Н	23. PRIOR AUTHORIZATION NUMBER
J	К L	10D2345678
From To PLACE OF (ROCEDURES, SERVICES, OR SUPPLIES E. (Explain Unusual Circumstances) DIAGNOSIS	F. G. H. I. J. DAYS EPSDT ID. RENDERING
MM DD YY MM DD YY SERVICE EMG CPT	T/HCPCS MODIFIER POINTER	\$ CHARGES UNITS Plan QUAL. PROVIDER ID. #
09 01 22 09 01 22 11 838	361 QW A	80 00 2 NPI 1234567890

2020-2022 Clinical Laboratory Fee Schedule (CLFS) Rate: \$22.48 per test (\$44.96 per patient)

Sequestration Withhold

- Medicare intermediaries are required to withhold two-percent of the allowable.

Medicare CMS Part B

- CMS Medicare pays at 100% of CLFS throughout the United States.
- No deductible or patient co-payment applies.
- Free standing, global lab code.
- CLIA Certification required.

Billing Software Requirements

- ANSI 5010 E-claim Crosswalk

In loop 2300, Segment REFO2, enter the CLIA Certification number – 10 digits - (Do not enter "CLIA" with the certificate number as this will cause claims to deny as an invalid identification number).

Field #	Claim Description	Loop	Segment	Electronic Description
23.	Prior Authorization number	2300	REF01	Reference identification qualifier = X4
	-		REF02	CLIA Certification number

Common Notification Reasons for Medicare Denials

- MA 120 Did not complete or enter accurately the CLIA number.
- MA 130 Your claim contains incomplete and/or invalid information, and no appeal rights are afforded because the claim in un-processable. Please submit the correct information to the appropriate FI or carrier.
- B7 "This provider was not certified/eligible to be paid for this procedure/service on this date of service."
- The laboratory is not approved for this type of test

MARYLAND BILLING GUIDE



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Senior Reimbursement Support Specialist

Bridget Bolles

Cell: (317) 797-7151

Fax: (858) 225-8749 Email: bbolles@trukera.com

This guide addresses billing recommendation for:

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- Medical Necessity requires current signs or symptoms of disease at time of test.
- Frequency of testing is based on Medical Necessity as determined by the clinician.
- Laboratory Test multiple procedure discounts do not apply.

Payor Name	Lines	Modifier(s)	Units per Line
Medicare	2	QW/RT/LT	1
Carefirst	2	RT/LT	1
Aetna	2	RT/LT	1
Cigna	2	RT/LT	1
United HC	1	QW	2
Priority	1	none	2
Anthem	2	RT/LT	1
	2	QW/RT/LT	1
		59 on	
Humana Medicare		second line	
BCBS FED	2	RT/LT	1
UHC Community	1	QW	2

Maryland Providers:

Humana Commercial: Will deny claim (Diagnostic testing for dry eye syndrome is not separately reimbursable).

Maryland Medicaid: Bill like Medicare

Medicare: Note the CLIA # in box 23 and the QW/RT, QW/LT in box24D are required for processing. **The QW modifier should be placed first.** Claims lacking these elements will reject.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES	
Dr. Trukera Medical	17b. NPI 1234567890	FROM TO	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)	19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		
		YES NO	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	o service line below (24E) ICD Ind.	22. RESUBMISSION CODE ORIGINAL REF. NO.	
A. ICD-10 Code (s)	C D		
E F	G Н	23. PRIOR AUTHORIZATION NUMBER	
J	К L	10D2345678	
	ROCEDURES, SERVICES, OR SUPPLIES E. (Explain Unusual Circumstances) DIAGNOSIS	F. G. H. I. J. DAYS EPSOT ID. RENDERING OR Famby \$CHARGES UNITS Plan QUAL PROVIDER ID. #	
MM DD YY MM DD YY SERVICE EMG CPT	HCPCS MODIFIER POINTER	\$ CHARGES UNITS Plan QUAL. PROVIDER ID. #	
09 01 22 09 01 22 11 838	A RT A	40 00 1 NPI 1234567890	
09 01 22 09 01 22 11 838	A R A R A	40 00 1 NPI 1234567890	

Most Commercial Plans: Note that the QW and CLIA # are not required.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELAT	TED TO CURRENT SERVICES
Dr. Trukera Medical	17b. NPI 1234567890	FROM	то
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB?	\$ CHARGES
	YES 🗙 NO		
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	service line below (24E) ICD Ind.	22. RESUBMISSION CODE . ORIC	GINAL REF. NO.
A. LICD-10 Code (s) B.	с		
E F	G н	23. PRIOR AUTHORIZATION NUMBER	R
I J	К L		
From To PLACE OF (OCEDURES, SERVICES, OR SUPPLIES E. Explain Unusual Circumstances) DIAGNOSIS		I. J. ID. RENDERING
MM DD YY MM DD YY SERVICE EMG CPT	HCPCS MODIFIER POINTER	\$ CHARGES UNITS Plan	QUAL. PROVIDER ID. #
09 01 22 09 01 22 11 838	61 RT A	40 00 1	NPI 1234567890
09 01 22 09 01 22 11 838	61 LT A	40 00 1	NPI 1234567890

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES
Dr. Trukera Medical	17b. NPI 1234567890	FROM TO
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? \$ CHARGES
		YES NO
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	o service line below (24E) ICD Ind.	22. RESUBMISSION CODE ORIGINAL REF. NO.
A. ICD-10 Code (s) B.	С D	
E F	G Н	23. PRIOR AUTHORIZATION NUMBER
J	К L	10D2345678
From To PLACE OF (ROCEDURES, SERVICES, OR SUPPLIES E. (Explain Unusual Circumstances) DIAGNOSIS	F. G. H. I. J. DAYS EPSDT ID. RENDERING
MM DD YY MM DD YY SERVICE EMG CPT	T/HCPCS MODIFIER POINTER	\$ CHARGES UNITS Plan QUAL. PROVIDER ID. #
09 01 22 09 01 22 11 838	361 QW A	80 00 2 NPI 1234567890

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Field #	Claim Description	Loop	Segment	Electronic Description
23.	Prior Authorization number	2300	REF01	Reference identification qualifier = X4
	-		REF02	CLIA Certification number

Common Notification Reasons for Medicare Denials

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- MA 130 Your claim contains incomplete and/or invalid information, and no appeal rights are afforded because the claim in un-processable. Please submit the correct information to the appropriate FI or carrier.
- B7 "This provider was not certified/eligible to be paid for this procedure/service on this date of service."
- The laboratory is not approved for this type of test

MASSACHUSETTS BILLING GUIDE



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Senior Reimbursement Support Specialist

Bridget Bolles

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Fax: (858) 225-8749 Email: bbolles@trukera.com

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- Frequency of testing is based on Medical Necessity as determined by the clinician.
- Laboratory Test multiple procedure discounts do not apply.

Payor Name	Lines	Modifier(s)	Units per Line
Medicare	2	QW/RT/LT	1
BCBS MA	2	RT/LT	1
Tufts	1	none	2
MA Medicaid	1	none	2
Harvard Pilgrim	1	none	2
United HC	1	QW	2
BMC Healthnet	2	RT/LT	1
Fallon HP	2	RT/LT	1
Allways HP	2	QW/RT/LT	1
Cigna	2	RT/LT	1
Health New England MC	2	RT/LT	1

Maryland Providers:

Humana Commercial: Will deny claim (Diagnostic testing for dry eye syndrome is not separately reimbursable).

Mass Health: Provider profile should be updated by faxing CLIA cert to enrollment/credentialing dept. at fax# (617) 988 8974. When entering claims, make sure box 17 is rendering provider, rather than referring.

Medicare: Note the CLIA # in box 23 and the QW/RT, QW/LT in box24D are required for processing. **The QW modifier should be placed first.** Claims lacking these elements will reject.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES	
Dr. Trukera Medical	17b. NPI 1234567890	FROM TO	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)	19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		
		YES NO	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	o service line below (24E) ICD Ind.	22. RESUBMISSION CODE ORIGINAL REF. NO.	
A. ICD-10 Code (s)	C D		
E F	G Н	23. PRIOR AUTHORIZATION NUMBER	
J	К L	10D2345678	
	ROCEDURES, SERVICES, OR SUPPLIES E. (Explain Unusual Circumstances) DIAGNOSIS	F. G. H. I. J. DAYS EPSOT ID. RENDERING OR Famby \$CHARGES UNITS Plan QUAL PROVIDER ID. #	
MM DD YY MM DD YY SERVICE EMG CPT	HCPCS MODIFIER POINTER	\$ CHARGES UNITS Plan QUAL. PROVIDER ID. #	
09 01 22 09 01 22 11 838	A RT A	40 00 1 NPI 1234567890	
09 01 22 09 01 22 11 838	A R A R A	40 00 1 NPI 1234567890	

Most Commercial Plans: Note that the QW and CLIA # are not required.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELAT	TED TO CURRENT SERVICES
Dr. Trukera Medical	17b. NPI 1234567890	FROM	то
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB?	\$ CHARGES
	YES 🗙 NO		
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	service line below (24E) ICD Ind.	22. RESUBMISSION CODE . ORIC	GINAL REF. NO.
A. LICD-10 Code (s) B.	с		
E F	G н	23. PRIOR AUTHORIZATION NUMBER	R
I J	К L		
From To PLACE OF (OCEDURES, SERVICES, OR SUPPLIES E. Explain Unusual Circumstances) DIAGNOSIS		I. J. ID. RENDERING
MM DD YY MM DD YY SERVICE EMG CPT	HCPCS MODIFIER POINTER	\$ CHARGES UNITS Plan	QUAL. PROVIDER ID. #
09 01 22 09 01 22 11 838	61 RT A	40 00 1	NPI 1234567890
09 01 22 09 01 22 11 838	61 LT A	40 00 1	NPI 1234567890

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES
Dr. Trukera Medical	17b. NPI 1234567890	FROM TO
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? \$ CHARGES
		YES NO
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	o service line below (24E) ICD Ind.	22. RESUBMISSION CODE ORIGINAL REF. NO.
A. ICD-10 Code (s) B.	С D	
E F	G Н	23. PRIOR AUTHORIZATION NUMBER
J	К L	10D2345678
From To PLACE OF (ROCEDURES, SERVICES, OR SUPPLIES E. (Explain Unusual Circumstances) DIAGNOSIS	F. G. H. I. J. DAYS EPSDT ID. RENDERING
MM DD YY MM DD YY SERVICE EMG CPT	T/HCPCS MODIFIER POINTER	\$ CHARGES UNITS Plan QUAL. PROVIDER ID. #
09 01 22 09 01 22 11 838	361 QW A	80 00 2 NPI 1234567890

2020-2022 Clinical Laboratory Fee Schedule (CLFS) Rate: \$22.48 per test (\$44.96 per patient)

Sequestration Withhold

- Medicare intermediaries are required to withhold two-percent of the allowable.

Medicare CMS Part B

- CMS Medicare pays at 100% of CLFS throughout the United States.
- No deductible or patient co-payment applies.
- Free standing, global lab code.
- CLIA Certification required.

Billing Software Requirements

- ANSI 5010 E-claim Crosswalk

In loop 2300, Segment REFO2, enter the CLIA Certification number – 10 digits - (Do not enter "CLIA" with the certificate number as this will cause claims to deny as an invalid identification number).

Field #	Claim Description	Loop	Segment	Electronic Description
23.	Prior Authorization number	2300	REF01	Reference identification qualifier = X4
	-		REF02	CLIA Certification number

Common Notification Reasons for Medicare Denials

- MA 120 Did not complete or enter accurately the CLIA number.
- MA 130 Your claim contains incomplete and/or invalid information, and no appeal rights are afforded because the claim in un-processable. Please submit the correct information to the appropriate FI or carrier.
- B7 "This provider was not certified/eligible to be paid for this procedure/service on this date of service."
- The laboratory is not approved for this type of test

MICHIGAN BILLING GUIDE



If any denial is received for CPT 83861 contact the TearLab Reimbursement Support Center promptly at rsc@tearlab.com for assistance

Reimbursement Support Specialist

Tanna Niemeier

Cell: (419) 350-2968

Fax: (858) 225-8749 Email: tniemeier@trukera.com

This guide addresses billing recommendation for:

- <u>CPT Code 83861</u> is specific for "Microfluidic analysis utilizing an integrated collection and analysis device, tear osmolality".
- A covered service by <u>CMS Medicare</u> under the <u>Clinical Laboratory Fee Schedule</u>.
- <u>CLIA Certificate of Waiver</u> is required to perform and bill this laboratory tests.
- Providers are encouraged to review <u>payor-provider contracts</u> for rate and claim submission requirements.
- Medical Necessity requires current signs or symptoms of disease at time of test.
- Frequency of testing is based on Medical Necessity as determined by the clinician.
- Laboratory Test multiple procedure discounts do not apply.

Payor Name	Lines	Modifier(s)	Units per Line
Aetna	2	RT/LT	1
BCBS Federal	1	No Mod	2
BCBS MI	1	No Mod	2
BCN Advantage	2	QW/RT/LT	1
Cigna	2	RT/LT	1
Golden Rule	1	QW	2
Health Alliance Plan (HAP)	2	RT/LT	1
	2	QW/RT/LT 59 on	1
Humana Medicare		second line	
McLaren Health	2	RT/LT	1
Medicaid MI	1	QW	2
Medicare	2	QW/RT/LT	1
Medicare Plus Blue	2	RT/LT	1
Meridian Health Plan	1	QW	2
Molina	1	QW	2

	2	QW/RT/LT	1
Priority Health		59	
РНР	2	QW/RT/LT	1
UHC Community Plan	1	QW	2
United Healthcare	1	QW	2

Michigan Providers:

Blue Cross Blue Shield MI:

The following BCBS MI benefit plans do not cover CPT 83861:

- AUTO GROUPS,
- URMBT (UAW Retiree Medical Benefits Trust),
- MPSERS, Messa, and SOM.

BCBS FEP, use the following Provider Inquiry number for Federal claim questions: 800-482-3600. **BlueCard** Provider Inquiry number for BlueCard claims is 800-255-1878. These claims need to be rebilled through Provider Inquiry as the contract is out-of-state and will result in a duplicate rejection otherwise. Any prefix that starts with more than 3 letters is not a MI contract, so you need to contact BlueCard for benefits at 800-676-2583.

Total Health Plan: Bill as 1 line, QW Modifiers, 2 units

Medicare: Note the CLIA # in box 23 and the QW/RT, QW/LT in box24D are required for processing. **The QW modifier should be placed first.** Claims lacking these elements will reject.

17. NA	ME OF	REFER	RING P	ROVIDE	RORO	OTHER S	OURCE	17a.	1						18. HOSP	TALIZATI			ED TO	CURRENT SERVICES
	Dr. T	rukera	a Med	ical				17b.	NPI	1234	56789	90			FROM		DD Y	Y	то	MM DD YY
19. AD	DITION	AL CLA	IM INFO	RMATI	ON (De	signated b	y NUCC	;)							20. OUTS	IDE LAB?			\$ C	HARGES
																YES >	NO			
21. DIA	GNOS	IS OR N	ATURE	OF ILL	NESS C	RINJUR	Y Relate	A-L to servic	e line	below (2	24E)	ICD Inc	d.		22. RESL	BMISSION		OBIC		EF. NO.
A. LIC	CD-10) Code	e (s)	B.				с. ∟				D).							
E. L_				F.				G. L				н	. [23. PRIO	R AUTHOR	IZATION N	UMBE	R	
1. L				J.				к. ∟				L			10D23	45678				
24. A.	From	TE(S) C		То		B. PLACE OF			Unu	S, SERV sual Circ	umstand	ces)	PLIES	E. DIAGNOSIS		F.	G. DAYS OR	H. EPSDT Family	I. ID.	J. RENDERING
MM	DD	YY	MM	DD	YY	SERVICE	EMG	CPT/HCPC	S		MOL	DIFIER		POINTER	\$ CH	ARGES	UNITS	Plan	QUAL.	PROVIDER ID. #
09	01	22	09	01	22	11		83861		QW	RT			A		40 00	1		NPI	1234567890
	- 2																			
09	01	22	09	01	22	11		83861		QW	LT			A		40 00	1		NPI	1234567890

Most Commercial Plans: Note that the QW and CLIA # are not required.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATED	TO CURRENT SERVICES	
Dr. Trukera Medical	FROM	то		
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB?	\$ CHARGES	
		YES NO		
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	service line below (24E) ICD Ind.	22. RESUBMISSION CODE ORIGIN	AL REF. NO.	
A. LICD-10 Code (s) B.	C. L D. L			
E F	в н	23. PRIOR AUTHORIZATION NUMBER		
J.	K [L [
	OCEDURES, SERVICES, OR SUPPLIES E. Explain Unusual Circumstances) DIAGNOSIS	F. G. H. DAYS EPSDT OR Family	I. J. ID. RENDERING	
MM DD YY MM DD YY SERVICE EMG CPT/	HCPCS MODIFIER POINTER	\$ CHARGES UNITS Plan QU	UAL. PROVIDER ID. #	
09 01 22 09 01 22 11 838	61 RT A	40 00 1 N	NPI 1234567890	
09 01 22 09 01 22 11 838	61 LT A	40 00 1 N	NPI 1234567890	

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE		18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES
Dr. Trukera Medical	17b. NPI 1234567890	FROM TO
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? \$ CHARGES
		YES NO
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	service line below (24E) ICD Ind.	22. RESUBMISSION CODE ORIGINAL REF. NO.
A. LICD-10 Code (s) B.	C D	
E. L F. L	G Н	23. PRIOR AUTHORIZATION NUMBER
J. L	K	10D2345678
From To PLACE OF (ROCEDURES, SERVICES, OR SUPPLIES E. (Explain Unusual Circumstances) DIAGNOSIS (HCPCS MODIFIER POINTER	F. G. H. I. J. DAYS EPSOT ID. RENDERING OR Famy ID. RENDERING WITS Pier QUAL PROVIDER ID. #
09 01 22 09 01 22 11 838	361 QW A	80 00 2 NPI 1234567890

2020-2022 Clinical Laboratory Fee Schedule (CLFS) Rate: \$22.48 per test (\$44.96 per patient)

Sequestration Withhold

- Medicare intermediaries are required to withhold two-percent of the allowable.

Medicare CMS Part B

- CMS Medicare pays at 100% of CLFS throughout the United States.
- No deductible or patient co-payment applies.
- Free standing, global lab code.
- CLIA Certification required.

Billing Software Requirements

- ANSI 5010 E-claim Crosswalk

In loop 2300, Segment REFO2, enter the CLIA Certification number – 10 digits - (Do not enter "CLIA" with the certificate number as this will cause claims to deny as an invalid identification number).

Field #	Claim Description	Loop	Segment	Electronic Description
23.	Prior Authorization number	2300	REF01	Reference identification qualifier = X4
			REF02	CLIA Certification number

Common Notification Reasons for Medicare Denials

- MA 120 Did not complete or enter accurately the CLIA number.
- MA 130 Your claim contains incomplete and/or invalid information, and no appeal rights are afforded because the claim in un-processable. Please submit the correct information to the appropriate FI or carrier.
- B7 "This provider was not certified/eligible to be paid for this procedure/service on this date of service."
- The laboratory is not approved for this type of test

MINNESOTA BILLING GUIDE



If any denial is received for CPT 83861 contact the TearLab Reimbursement Support Center promptly at rsc@tearlab.com for assistance

Reimbursement Support Specialist

Tanna Niemeier Cell: (419) 350-2968 Fax: (858) 225-8749 Email: <u>tniemeier@tearlab.com</u>

This guide addresses billing recommendation for:

- <u>CPT Code 83861</u> is specific for "Microfluidic analysis utilizing an integrated collection and analysis device, tear osmolality".
- A covered service by <u>CMS Medicare</u> under the <u>Clinical Laboratory Fee Schedule</u>.
- <u>CLIA Certificate of Waiver</u> is required to perform and bill this laboratory tests.
- Providers are encouraged to review payor-provider contracts for rate and claim submission requirements.
- Medical Necessity requires current signs or symptoms of disease at time of test.
- Frequency of testing is based on Medical Necessity as determined by the clinician.
- Laboratory Test multiple procedure discounts do not apply.

Payor Name	Lines	Modifier(s)	Units per Line
Aetna	2	RT/LT	1
BCBS MN	2	RT/LT	1
Cigna	2	RT/LT	1
Health Alliance	2	RT/LT	1
Health Partners	2	RT/LT	1
	2	QW/RT/LT	1
		59 on the	
Humana Medicare		second line	
McLaren Health	2	RT/LT	1
Medica	1	None	2
Medicaid MN	2	QW/RT/LT	1
Medicare	2	QW/RT/LT	1
Meridian Health Plan	2	RT/LT	1
Molina	1	QW	2
Preferred One	1	RT/LT	1
	2	QW/RT/LT	1
Priority Health		59	

UCare	2	QW 91 modifier on the second line	1
UHC Community Plan	1	QW	2
United Healthcare	1	QW	2

Minnesota Providers:

Medicaid is now covering CPT 83861 for OD's.

Minnesota Health Care Programs (MHCP) To establish payment, it requires that the practice fax a copy of the CLIA certificate along with provider NPI numbers and names to MHCP Provider Enrollment

- Fax # 1- 651-431-7462.
- Include Expiration date(s)

Medicare: Note the CLIA # in box 23 and the QW/RT, QW/LT in box24D are required for processing. **The QW modifier should be placed first.** Claims lacking these elements will reject.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES	RELATED TO CURRENT SERVICES
Dr. Trukera Medical	FROM	то	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB?	\$ CHARGES
		YES NO	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	o service line below (24E) ICD Ind.	22. RESUBMISSION CODE	ORIGINAL REF. NO.
A. LICD-10 Code (s) B. L	C D		
E F	G н	23. PRIOR AUTHORIZATION N	UMBER
J	К L	10D2345678	
From To PLACE OF (ROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) I/HCPCS MODIFIER	E. F. G. DIAGNOSIS POINTER \$ CHARGES UNITS	H. I. J. EPSDT ID. RENDERING Plan QUAL. PROVIDER ID. #
09 01 22 09 01 22 11 838	361 QW RT	A 40 00 1	NPI 1234567890
09 01 22 09 01 22 11 838	361 QW LT	A 40 00 1	NPI 1234567890

Most Commercial Plans: Note that the QW and CLIA # are not required.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES
Dr. Trukera Medical	17b. NPI 1234567890	FROM TO
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? \$ CHARGES
		YES NO
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	service line below (24E) ICD Ind.	22. RESUBMISSION CODE ORIGINAL REF. NO.
A. LICD-10 Code (s) B. L	C. L D. L	
E. L F. L	G. L Н. L	23. PRIOR AUTHORIZATION NUMBER
J. [К	
From To PLACE OF (I	ACCEDURES, SERVICES, OR SUPPLIES E. Explain Unusual Circumstances) DIAGNOSIS /HCPCS I MODIFIER POINTER	F. G. H. I. J. DAYS EPSOT ID. RENDERING S CHARGES UNITS Per Out. PROVIDER ID. #
09 01 22 09 01 22 11 838	61 RT A	40 00 1 NPI 1234567890
09 01 22 09 01 22 11 838	61 LT A	40 00 1 NPI 1234567890

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES
Dr. Trukera Medical	FROM TO	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? \$ CHARGES
		YES NO
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L t	o service line below (24E) ICD Ind.	22. RESUBMISSION CODE , ORIGINAL REF. NO.
A. LICD-10 Code (s) B.	C D	
E F	G н	23. PRIOR AUTHORIZATION NUMBER
J	К L	10D2345678
From To PLACE OF	ROCEDURES, SERVICES, OR SUPPLIES E. (Explain Unusual Circumstances) DIAGNOSI 7/HCPCS MODIFIER POINTER	
09 01 22 09 01 22 11 83	361 QW A	80 00 2 NPI 1234567890

2020-2022 Clinical Laboratory Fee Schedule (CLFS) Rate: \$22.48 per test (\$44.96 per patient)

Sequestration Withhold

- Medicare intermediaries are required to withhold two-percent of the allowable.

Medicare CMS Part B

- CMS Medicare pays at 100% of CLFS throughout the United States.
- No deductible or patient co-payment applies.
- Free standing, global lab code.
- CLIA Certification required.

Billing Software Requirements

- ANSI 5010 E-claim Crosswalk

In loop 2300, Segment REFO2, enter the CLIA Certification number – 10 digits - (Do not enter "CLIA" with the certificate number as this will cause claims to deny as an invalid identification number).

Field #	Claim Description	Loop	Segment	Electronic Description
23.	Prior Authorization number	2300	REF01	Reference identification qualifier = X4
			REF02	CLIA Certification number

Common Notification Reasons for Medicare Denials

- MA 120 Did not complete or enter accurately the CLIA number.
- MA 130 Your claim contains incomplete and/or invalid information, and no appeal rights are afforded because the claim in un-processable. Please submit the correct information to the appropriate FI or carrier.
- B7 "This provider was not certified/eligible to be paid for this procedure/service on this date of service."
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MISSOURI BILLING GUIDE



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Reimbursement Support Specialist

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This guide addresses billing recommendation for:

- <u>CPT Code 83861</u> is specific for "Microfluidic analysis utilizing an integrated collection and analysis device, tear osmolality".
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Payor Name	Lines	Modifier(s)	Units per Line
Aetna	2	RT/LT	1
Anthem	2	RT/LT	1
BCBS KC	2	RT/LT	1
CIGNA	2	RT/LT	1
HealthNet	2	QW/RT/LT	1
Home - Medicaid	2	QW/RT/LT	1
Medicaid	2	QW/RT/LT	1
Medicare	2	QW/RT/LT	1
United Healthcare	1	QW	2
UHC Community	1	QW	2
Wellcare	2	RT/LT	1

Missouri Providers:

<u>MO Medicaid</u>: To establish payment, it requires that the practice fax a copy of the CLIA certificate along with provider NPI numbers to <u>Provider Enrollment</u>, Fax# 1-573-751-5065

Medicare: Note the CLIA # in box 23 and the QW/RT, QW/LT in box24D are required for processing. **The QW modifier should be placed first.** Claims lacking these elements will reject.

17. NA	ME OF	REFER	RING P	ROVIDE	RORO	OTHER S	OURCE	17a.	1						18. HOSP	TALIZATI			ED TO	CURRENT SERVICES
	Dr. T	rukera	a Med	ical				17b.	NPI	1234	56789	90			FROM		DD Y	Y	то	MM DD YY
19. AD	DITION	AL CLA	IM INFO	RMATI	ON (De	signated b	y NUCC	;)							20. OUTS	IDE LAB?			\$ C	HARGES
																YES >	NO			
21. DIA	GNOS	IS OR N	ATURE	OF ILL	NESS C	RINJUR	Y Relate	A-L to servic	e line	below (2	24E)	ICD Inc	d.		22. RESL	BMISSION		OBIC		EF. NO.
A. LIC	CD-10) Code	e (s)	B.				с. ∟				D).							
E. L_				F.				G. L				н	. [23. PRIO	R AUTHOR	IZATION N	UMBE	R	
1. L				J.				к. ∟				L			10D23	45678				
24. A.	From	TE(S) C		То		B. PLACE OF			Unu	S, SERV sual Circ	umstand	ces)	PLIES	E. DIAGNOSIS		F.	G. DAYS OR	H. EPSDT Family	I. ID.	J. RENDERING
MM	DD	YY	MM	DD	YY	SERVICE	EMG	CPT/HCPC	S		MOL	DIFIER		POINTER	\$ CH	ARGES	UNITS	Plan	QUAL.	PROVIDER ID. #
09	01	22	09	01	22	11		83861		QW	RT			A		40 00	1		NPI	1234567890
09	01	22	09	01	22	11		83861		QW	LT			A		40 00	1		NPI	1234567890

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Dr. Trukera Medical	FROM	то	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)	20. OUTSIDE LAB?	\$ CHARGES	
		YES NO	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	22. RESUBMISSION CODE ORIGIN	AL REF. NO.	
A. LICD-10 Code (s) B.	C. L D. L		
E F	в н	23. PRIOR AUTHORIZATION NUMBER	
J.	K [L [
	OCEDURES, SERVICES, OR SUPPLIES E. Explain Unusual Circumstances) DIAGNOSIS	F. G. H. DAYS EPSDT OR Family	I. J. ID. RENDERING
MM DD YY MM DD YY SERVICE EMG CPT/	HCPCS MODIFIER POINTER	\$ CHARGES UNITS Plan QU	UAL. PROVIDER ID. #
09 01 22 09 01 22 11 838	61 RT A	40 00 1 N	NPI 1234567890
09 01 22 09 01 22 11 838	61 LT A	40 00 1 N	NPI 1234567890

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES	
Dr. Trukera Medical	FROM TO	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)	20. OUTSIDE LAB? \$ CHARGES	
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21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	service line below (24E) ICD Ind.	22. RESUBMISSION CODE ORIGINAL REF. NO.
A. LICD-10 Code (s) B.	C D	
E. L F. L	G Н	23. PRIOR AUTHORIZATION NUMBER
J. L	K	10D2345678
From To PLACE OF (ROCEDURES, SERVICES, OR SUPPLIES E. (Explain Unusual Circumstances) DIAGNOSIS (HCPCS MODIFIER POINTER	F. G. H. I. J. DAYS EPSOT ID. RENDERING OR Famy ID. RENDERING WITS Pier QUAL PROVIDER ID. #
09 01 22 09 01 22 11 838	361 QW A	80 00 2 NPI 1234567890

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- The laboratory is not approved for this type of test

MONTANA BILLING GUIDE



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Reimbursement Support Specialist

Tanna Niemeier
Cell: (419) 350-2968

Fax: (858) 225-8749 Email: tniemeier@trukera.com

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Payor Name	Lines	Modifier(s)	Units per Line
Aetna	2	RT/LT	1
BCBS Federal Employee Plan	2	RT/LT	1
BCBS Montana	2	RT/LT	1
Cigna	2	RT/LT	1
HealthNet	2	QW/RT/LT	1
	2	QW/RT/LT	1
		59 on	
Humana Medicare		second line	
Medicaid MT	2	QW/RT/LT	1
Medicare	2	QW/RT/LT	1
Pacificsource	2	RT/LT	1

Montana Medicaid: Send a copy of your CLIA certificate waiver to: is mtprhelpdesk@conduent.com

Medicare: Note the CLIA # in box 23 and the QW/RT, QW/LT in box24D are required for processing. **The QW modifier should be placed first.** Claims lacking these elements will reject.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES		
Dr. Trukera Medical	FROM TO			
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)	20. OUTSIDE LAB? \$ CHARGES			
		YES NO		
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	service line below (24E) ICD Ind.	22. RESUBMISSION CODE ORIGINAL REF. NO.		
A. LICD-10 Code (s) B. L	D.			
E F	н.	23. PRIOR AUTHORIZATION NUMBER		
J		10D2345678		
From To PLACE OF (I	DCEDURES, SERVICES, OR SUPPLIES E. Explain Unusual Circumstances) DIAGNOSIS HCPCS MODIFIER POINTER			
09 01 22 09 01 22 11 838	A QW RT	40 00 1 NPI 1234567890		
09 01 22 09 01 22 11 838	31 QW LT A	40 00 1 NPI 1234567890	6. 7 C. C.	

Most Commercial Plans: Note that the QW and CLIA # are not required.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a. 18.	8. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES
Dr. Trukera Medical	FROM TO	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)	0. OUTSIDE LAB? \$ CHARGES	
		YES NO
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	to service line below (24E) ICD Ind. 22.	2. RESUBMISSION CODE ORIGINAL REF. NO.
A. LICD-10 Code (s) B. L	C. L D. L	
E. L F. L (G Н 23.	3. PRIOR AUTHORIZATION NUMBER
J. L J. L I	K. L.	
From To PLACE OF (E	PROCEDURES, SERVICES, OR SUPPLIES E. (Explain Unusual Circumstances) DIAGNOSIS T/HCPCS I MODIFIER POINTER	F. G. H. I. J. DAYS EPSOT OR Family ID. RENDERING \$ CHARGES UNITS Plan QUAL. PROVIDER ID
09 01 22 09 01 22 11 838	861 RT A	40 00 1 NPI 1234567890
09 01 22 09 01 22 11 838	861 LT A	40 00 1 NPI 1234567890

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES							
Dr. Trukera Medical	17b. NPI 1234567890	FROM TO							
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)	20. OUTSIDE LAB? \$ CHARGES								
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	service line below (24E) ICD Ind.	22. RESUBMISSION CODE ORIGINAL REF. NO.							
A. LICD-10 Code (s) B. L	с. L р. L								
E. L F. L	G н	23. PRIOR AUTHORIZATION NUMBER							
J. L	К. [10D2345678							
	OCEDURES, SERVICES, OR SUPPLIES E. Explain Unusual Circumstances) DIAGNOSIS	F. G. H. I. J. DAYS EPSOT ID. RENDERING OR Family							
MM DD YY MM DD YY SERVICE EMG CPT	HCPCS MODIFIER POINTER	\$ CHARGES UNITS Plan QUAL. PROVIDER ID. #							
09 01 22 09 01 22 11 838	61 QW A	80 00 2 NPI 1234567890							

2020-2022 Clinical Laboratory Fee Schedule (CLFS) Rate: \$22.48 per test (\$44.96 per patient)

Sequestration Withhold

- Medicare intermediaries are required to withhold two-percent of the allowable.

Medicare CMS Part B

- CMS Medicare pays at 100% of CLFS throughout the United States.
- No deductible or patient co-payment applies.
- Free standing, global lab code.
- CLIA Certification required.

Billing Software Requirements

- ANSI 5010 E-claim Crosswalk

In loop 2300, Segment REFO2, enter the CLIA Certification number – 10 digits - (Do not enter "CLIA" with the certificate number as this will cause claims to deny as an invalid identification number).

Field #	Claim Description	Loop	Segment	Electronic Description
23.	Prior Authorization number	2300	REF01	Reference identification qualifier = X4
			REF02	CLIA Certification number

Common Notification Reasons for Medicare Denials

- MA 120 Did not complete or enter accurately the CLIA number.
- MA 130 Your claim contains incomplete and/or invalid information, and no appeal rights are afforded because the claim in un-processable. Please submit the correct information to the appropriate FI or carrier.
- B7 "This provider was not certified/eligible to be paid for this procedure/service on this date of service."
- The laboratory is not approved for this type of test

NEBRASKA BILLING GUIDE



If any denial is received for CPT 83861 contact the TearLab Reimbursement Support Center promptly at rsc@tearlab.com for assistance

Reimbursement Support Specialist

Tanna Niemeier Cell: (419) 350-2968 Fax: (858) 225-8749 Email: tniemeier@trukera.com

This guide addresses billing recommendation for:

- <u>CPT Code 83861</u> is specific for "Microfluidic analysis utilizing an integrated collection and analysis device, tear osmolality".
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- <u>CLIA Certificate of Waiver</u> is required to perform and bill this laboratory tests.
- Providers are encouraged to review payor-provider contracts for rate and claim submission requirements.
- Medical Necessity requires current signs or symptoms of disease at time of test.
- Frequency of testing is based on Medical Necessity as determined by the clinician.
- Laboratory Test multiple procedure discounts do not apply.

Payor Name	Lines	Modifier(s)	Units per Line
Aetna	2	RT/LT	1
BCBS Federal Employee Plan	2	RT/LT	1
BCBS NE	1	None	2
Cigna	2	RT/LT	1
HealthNet	2	QW/RT/LT	1
Medica Health Plans	2	RT/LT	1
Medicaid NE	2	QW/RT/LT	1
Medicare	2	QW/RT/LT	1
UHC Community Plan	1	QW	2
United Healthcare	1	QW	2
Wellcare	2	RT/LT	1

Medicare: Note the CLIA # in box 23 and the QW/RT, QW/LT in box24D are required for processing. **The QW modifier should be placed first.** Claims lacking these elements will reject.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES		
Dr. Trukera Medical	FROM TO			
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)	20. OUTSIDE LAB? \$ CHARGES			
		YES NO		
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	service line below (24E) ICD Ind.	22. RESUBMISSION CODE ORIGINAL REF. NO.		
A. LICD-10 Code (s) B. L	D.			
E F	н.	23. PRIOR AUTHORIZATION NUMBER		
J		10D2345678		
From To PLACE OF (I	DCEDURES, SERVICES, OR SUPPLIES E. Explain Unusual Circumstances) DIAGNOSIS HCPCS MODIFIER POINTER			
09 01 22 09 01 22 11 838	A QW RT	40 00 1 NPI 1234567890		
09 01 22 09 01 22 11 838	31 QW LT A	40 00 1 NPI 1234567890	6. 7 C. C.	

Most Commercial Plans: Note that the QW and CLIA # are not required.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a. 18	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES
Dr. Trukera Medical	17b. NPI 1234567890	FROM TO
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)	20	20. OUTSIDE LAB? \$ CHARGES
		YES NO
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	o service line below (24E) ICD Ind. 22	22. RESUBMISSION ORIGINAL REF. NO.
A. LICD-10 Code (s) B. L	C. L D. L	
E F (G H 23	23. PRIOR AUTHORIZATION NUMBER
J. L J. L H	К	
From To PLACE OF (E	ROCEDURES, SERVICES, OR SUPPLIES E. (Explain Unusual Circumstances) DIAGNOSIS F/HCPCS I MODIFIER POINTER	F. G. H. I. J. DAYS EPOT ID. RENDERING OR Family ID. RENDERING WINTS Pier QUAL. PROVIDER ID. #
09 01 22 09 01 22 11 8386	361 RT A	40 00 1 NPI 1234567890
09 01 22 09 01 22 11 8386	361 LT A	40 00 1 NPI 1234567890

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES
Dr. Trukera Medical	17b. NPI 1234567890	FROM TO
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)	20. OUTSIDE LAB? \$ CHARGES	
		YES NO
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	o service line below (24E) ICD Ind.	22. RESUBMISSION CODE ORIGINAL REF. NO.
A. LICD-10 Code (s) B. L	C D	
E. L F. L	23. PRIOR AUTHORIZATION NUMBER	
J. L	К Ц	10D2345678
From To PLACE OF		E. F. G. H. I. J. AGNOSIS DAYS EPSOT ID. RENDERING
MM DD YY MM DD YY SERVICE EMG CPT	T/HCPCS MODIFIER	POINTER \$ CHARGES UNITS Plan QUAL. PROVIDER ID. #
09 01 22 09 01 22 11 838	361 QW A	80 00 2 NPI 1234567890

2020-2022 Clinical Laboratory Fee Schedule (CLFS) Rate: \$22.48 per test (\$44.96 per patient)

Sequestration Withhold

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Medicare CMS Part B

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- No deductible or patient co-payment applies.
- Free standing, global lab code.
- CLIA Certification required.

Billing Software Requirements

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In loop 2300, Segment REFO2, enter the CLIA Certification number – 10 digits - (Do not enter "CLIA" with the certificate number as this will cause claims to deny as an invalid identification number).

Field #	Claim Description	Loop	Segment	Electronic Description
23.	Prior Authorization number	2300	REF01	Reference identification qualifier = X4
			REF02	CLIA Certification number

Common Notification Reasons for Medicare Denials

- MA 120 Did not complete or enter accurately the CLIA number.
- MA 130 Your claim contains incomplete and/or invalid information, and no appeal rights are afforded because the claim in un-processable. Please submit the correct information to the appropriate FI or carrier.
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- The laboratory is not approved for this type of test

NEVADA BILLING GUIDE



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Reimbursement Support Specialist

Tanna Niemeier				
Cell: (419) 350-2968				

Fax: (858) 225-8749 Email: tniemeier@trukera.com

This guide addresses billing recommendation for:

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- Frequency of testing is based on Medical Necessity as determined by the clinician.
- Laboratory Test multiple procedure discounts do not apply.

Payor Name	Lines	Modifier(s)	Units per Line
Aetna	2	RT/LT	1
Anthem	2	RT/LT	1
Cigna	2	RT/LT	1
HealthNet	2	QW/RT/LT	1
	2	QW/RT/LT	1
		59 on	
Humana Medicare		second line	
Medicaid NV	2	QW/RT/LT	1
Medicare	2	QW/RT/LT	1
Sierra Life	2	RT/LT	1
United Healthcare	1	QW	2

Medicare: Note the CLIA # in box 23 and the QW/RT, QW/LT in box24D are required for processing. **The QW modifier should be placed first.** Claims lacking these elements will reject.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES	,
Dr. Trukera Medical	17b. NPI 1234567890	FROM TO	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? \$ CHARGES	
		YES NO	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	service line below (24E) ICD Ind.	22. RESUBMISSION CODE ORIGINAL REF. NO.	
A. LICD-10 Code (s) B. L	C D		
E F (G Н	23. PRIOR AUTHORIZATION NUMBER	
J. [10D2345678	
From To PLACE OF (E	ROCEDURES, SERVICES, OR SUPPLIES E. Explain Unusual Circumstances) DIAGNOSIS /HCPCS MODIFIER POINTER	F. G. H. I. J. DAYS EPSOT ID. RENDERING OR Family ID. RENDERING UNITS Plan QUAL. PROVIDER ID.	
09 01 22 09 01 22 11 8386	61 QW RT A	40 00 1 NPI 1234567890	
09 01 22 09 01 22 11 8386	61 QW LT A	40 00 1 NPI 1234567890	

Most Commercial Plans: Note that the QW and CLIA # are not required.

7. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.			18. HOSPITALIZATION		RELAT	ED TO	CURRENT SERVICES
Dr. Trukera Medical	17b.	PI 1234567890		FROM			то	
9. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)				20. OUTSIDE LAB?			\$ C	HARGES
				YES 🗙	NO			
1. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L 1	o service	ine below (24E) ICD Ind.		22. RESUBMISSION		ORIG	INAL R	EF. NO.
ICD-10 Code (s) B.	с. ∟	D						
F	G. 🖵	н. Ц		23. PRIOR AUTHORIZ	ZATION N	UMBEF	2	
J. L	к. 厂	L						
From To PLACE OF		RES, SERVICES, OR SUPPLIES Inusual Circumstances)	E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
		mobiliteri	PONTEN	e on Andeo	Civita	1.401	GOAL	THOUDENTD. #
09 01 22 09 01 22 11 83	361	RT	A	40 00	1		NPI	1234567890
09 01 22 09 01 22 11 83	361	LT	A	40 00	1		NPI	1234567890

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES
Dr. Trukera Medical	17b. NPI 1234567890	FROM TO
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? \$ CHARGES
		YES NO
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	service line below (24E) ICD Ind.	22. RESUBMISSION CODE ORIGINAL REF. NO.
A. LICD-10 Code (s) B. L	C. L D. L	
E F	G. L	23. PRIOR AUTHORIZATION NUMBER
J J J	к L	10D2345678
From To PLACE OF (E	OCEDURES, SERVICES, OR SUPPLIES E. Explain Unusual Circumstances) DIAGNOSIS	
MM DD YY MM DD YY SERVICE EMG CPT/	HCPCS MODIFIER POINTER	\$ CHARGES UNITS Plan QUAL. PROVIDER ID. #
		20.00.2
09 01 22 09 01 22 11 838	61 QW A	80 00 2 NPI 1234567890

2020-2022 Clinical Laboratory Fee Schedule (CLFS) Rate: \$22.48 per test (\$44.96 per patient)

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- CLIA Certification required.

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Field #	Claim Description	Loop	Segment	Electronic Description
23.	Prior Authorization number	2300	REF01	Reference identification qualifier = X4
			REF02	CLIA Certification number

Common Notification Reasons for Medicare Denials

- MA 120 Did not complete or enter accurately the CLIA number.
- MA 130 Your claim contains incomplete and/or invalid information, and no appeal rights are afforded because the claim in un-processable. Please submit the correct information to the appropriate FI or carrier.
- B7 "This provider was not certified/eligible to be paid for this procedure/service on this date of service."
- The laboratory is not approved for this type of test

NEW HAMPSHIRE BILLING GUIDE



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Senior Reimbursement Support Specialist

Bridget Bolles

Cell: (317) 797-7151

Fax: (858) 225-8749 Email: bbolles@trukera.com

This guide addresses billing recommendation for:

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- Medical Necessity requires current signs or symptoms of disease at time of test.
- Frequency of testing is based on Medical Necessity as determined by the clinician.
- Laboratory Test multiple procedure discounts do not apply.

Payor Name	Lines	Modifier(s)	Units per Line
Medicare	2	QW/RT/LT	1
Anthem BCBS	2	RT/LT	1
Cigna	2	RT/LT	1
Harvard Pilgrim	1	none	2
NH Medicaid	2	QW/RT/LT	1
BMC Healthnet	2	RT/LT	1
	2	QW/RT/LT 59 on	1
Humana Medicare		second line	
Tufts	1	none	2
UHC	1	QW	2

New Hampshire Providers:

Humana Commercial: Will deny claim (Diagnostic testing for dry eye syndrome is not separately reimbursable).

Medicare: Note the CLIA # in box 23 and the QW/RT, QW/LT in box24D are required for processing. **The QW modifier should be placed first.** Claims lacking these elements will reject.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES
Dr. Trukera Medical	17b. NPI 1234567890	FROM TO
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? \$ CHARGES
		YES NO
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	o service line below (24E) ICD Ind.	22. RESUBMISSION CODE ORIGINAL REF. NO.
A. ICD-10 Code (s)	C D	
E F	G Н	23. PRIOR AUTHORIZATION NUMBER
J	К L	10D2345678
	ROCEDURES, SERVICES, OR SUPPLIES E. (Explain Unusual Circumstances) DIAGNOSIS	F. G. H. I. J. DAYS EPSOT ID. RENDERING OR Famby \$CHARGES UNITS Plan QUAL PROVIDER ID. #
MM DD YY MM DD YY SERVICE EMG CPT	HCPCS MODIFIER POINTER	\$ CHARGES UNITS Plan QUAL. PROVIDER ID. #
09 01 22 09 01 22 11 838	A RT A	40 00 1 NPI 1234567890
09 01 22 09 01 22 11 838	A R A R A	40 00 1 NPI 1234567890

Most Commercial Plans: Note that the QW and CLIA # are not required.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELAT	TED TO CURRENT SERVICES
Dr. Trukera Medical	17b. NPI 1234567890	FROM	то
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB?	\$ CHARGES
	YES 🗙 NO		
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	service line below (24E) ICD Ind.	22. RESUBMISSION CODE . ORIC	GINAL REF. NO.
A. LICD-10 Code (s) B.	с		
E F	G н	23. PRIOR AUTHORIZATION NUMBER	R
I J	К L		
From To PLACE OF (OCEDURES, SERVICES, OR SUPPLIES E. Explain Unusual Circumstances) DIAGNOSIS		I. J. ID. RENDERING
MM DD YY MM DD YY SERVICE EMG CPT	HCPCS MODIFIER POINTER	\$ CHARGES UNITS Plan	QUAL. PROVIDER ID. #
09 01 22 09 01 22 11 838	61 RT A	40 00 1	NPI 1234567890
09 01 22 09 01 22 11 838	61 LT A	40 00 1	NPI 1234567890

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES
Dr. Trukera Medical	17b. NPI 1234567890	FROM TO
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? \$ CHARGES
		YES NO
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	o service line below (24E) ICD Ind.	22. RESUBMISSION CODE ORIGINAL REF. NO.
A. ICD-10 Code (s) B.	С D	
E F	G Н	23. PRIOR AUTHORIZATION NUMBER
J	К L	10D2345678
From To PLACE OF (ROCEDURES, SERVICES, OR SUPPLIES E. (Explain Unusual Circumstances) DIAGNOSIS	F. G. H. I. J. DAYS EPSDT ID. RENDERING
MM DD YY MM DD YY SERVICE EMG CPT	T/HCPCS MODIFIER POINTER	\$ CHARGES UNITS Plan QUAL. PROVIDER ID. #
09 01 22 09 01 22 11 838	361 QW A	80 00 2 NPI 1234567890

2020-2022 Clinical Laboratory Fee Schedule (CLFS) Rate: \$22.48 per test (\$44.96 per patient)

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Field #	Claim Description	Loop	Segment	Electronic Description
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	-		REF02	CLIA Certification number

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- MA 130 Your claim contains incomplete and/or invalid information, and no appeal rights are afforded because the claim in un-processable. Please submit the correct information to the appropriate FI or carrier.
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- The laboratory is not approved for this type of test

NEW JERSEY BILLING GUIDE



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Bridget Bolles

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Payor Name	Lines	Modifier(s)	Units per Line
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Horizon BCBS NJ	2	RT/LT	1
United HC	1	QW	2
Aetna	2	RT/LT	1
Cigna	2	RT/LT	1
QualCare	2	RT/LT	1
UHC Community	1	QW	2
Anthem	2	RT/LT	1
NJ Medicaid	2	QW/RT/LT	1

New Jersey Providers:

Humana Commercial: Will deny claim (Diagnostic testing for dry eye syndrome is not separately reimbursable).

New Jersey Medicaid: Providers must bill CPT 83861 with place of service 81 (laboratory).

Medicare: Note the CLIA # in box 23 and the QW/RT, QW/LT in box24D are required for processing. **The QW modifier should be placed first.** Claims lacking these elements will reject.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES
Dr. Trukera Medical	17b. NPI 1234567890	FROM TO
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? \$ CHARGES
		YES NO
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	o service line below (24E) ICD Ind.	22. RESUBMISSION CODE ORIGINAL REF. NO.
A. ICD-10 Code (s)	C D	
E F	G Н	23. PRIOR AUTHORIZATION NUMBER
J	К L	10D2345678
	ROCEDURES, SERVICES, OR SUPPLIES E. (Explain Unusual Circumstances) DIAGNOSIS	F. G. H. I. J. DAYS EPSOT ID. RENDERING OR Famby ID. PROVIDER ID. #
MM DD YY MM DD YY SERVICE EMG CPT	HCPCS MODIFIER POINTER	\$ CHARGES UNITS Plan QUAL. PROVIDER ID. #
09 01 22 09 01 22 11 838	A RT A	40 00 1 NPI 1234567890
09 01 22 09 01 22 11 838	A R A R A	40 00 1 NPI 1234567890

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17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELAT	TED TO CURRENT SERVICES
Dr. Trukera Medical	17b. NPI 1234567890	FROM	то
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB?	\$ CHARGES
		YES 🗙 NO	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	service line below (24E) ICD Ind.	22. RESUBMISSION CODE . ORIC	GINAL REF. NO.
A. LICD-10 Code (s) B.	с		
E F	G н	23. PRIOR AUTHORIZATION NUMBER	R
I J	К L		
From To PLACE OF (OCEDURES, SERVICES, OR SUPPLIES E. Explain Unusual Circumstances) DIAGNOSIS		I. J. ID. RENDERING
MM DD YY MM DD YY SERVICE EMG CPT	HCPCS MODIFIER POINTER	\$ CHARGES UNITS Plan	QUAL. PROVIDER ID. #
09 01 22 09 01 22 11 838	61 RT A	40 00 1	NPI 1234567890
09 01 22 09 01 22 11 838	61 LT A	40 00 1	NPI 1234567890

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES
Dr. Trukera Medical	17b. NPI 1234567890	FROM TO
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? \$ CHARGES
		YES NO
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	o service line below (24E) ICD Ind.	22. RESUBMISSION CODE ORIGINAL REF. NO.
A. ICD-10 Code (s) B.	С D	
E F	G Н	23. PRIOR AUTHORIZATION NUMBER
J	К L	10D2345678
From To PLACE OF (ROCEDURES, SERVICES, OR SUPPLIES E. (Explain Unusual Circumstances) DIAGNOSIS	F. G. H. I. J. DAYS EPSDT ID. RENDERING
MM DD YY MM DD YY SERVICE EMG CPT	T/HCPCS MODIFIER POINTER	\$ CHARGES UNITS Plan QUAL. PROVIDER ID. #
09 01 22 09 01 22 11 838	361 QW A	80 00 2 NPI 1234567890

2020-2022 Clinical Laboratory Fee Schedule (CLFS) Rate: \$22.48 per test (\$44.96 per patient)

Sequestration Withhold

- Medicare intermediaries are required to withhold two-percent of the allowable.

Medicare CMS Part B

- CMS Medicare pays at 100% of CLFS throughout the United States.
- No deductible or patient co-payment applies.
- Free standing, global lab code.
- CLIA Certification required.

Billing Software Requirements

- ANSI 5010 E-claim Crosswalk

In loop 2300, Segment REFO2, enter the CLIA Certification number – 10 digits - (Do not enter "CLIA" with the certificate number as this will cause claims to deny as an invalid identification number).

Field #	Claim Description	Loop	Segment	Electronic Description
23.	Prior Authorization number	2300	REF01	Reference identification qualifier = X4
	-		REF02	CLIA Certification number

Common Notification Reasons for Medicare Denials

- MA 120 Did not complete or enter accurately the CLIA number.
- MA 130 Your claim contains incomplete and/or invalid information, and no appeal rights are afforded because the claim in un-processable. Please submit the correct information to the appropriate FI or carrier.
- B7 "This provider was not certified/eligible to be paid for this procedure/service on this date of service."
- The laboratory is not approved for this type of test

NEW MEXICO BILLING GUIDE



If any denial is received for CPT 83861 contact the TearLab Reimbursement Support Center promptly at rsc@tearlab.com for assistance

Reimbursement Support Specialist

Tanna Niemeier		
Cell: (419) 350-2968		

Fax: (858) 225-8749 Email: tniemeier@trukera.com

This guide addresses billing recommendation for:

- <u>CPT Code 83861</u> is specific for "Microfluidic analysis utilizing an integrated collection and analysis device, tear osmolality".
- A covered service by <u>CMS Medicare</u> under the <u>Clinical Laboratory Fee Schedule</u>.
- <u>CLIA Certificate of Waiver</u> is required to perform and bill this laboratory tests.
- Providers are encouraged to review <u>payor-provider contracts</u> for rate and claim submission requirements.
- Medical Necessity requires current signs or symptoms of disease at time of test.
- Frequency of testing is based on Medical Necessity as determined by the clinician.
- Laboratory Test multiple procedure discounts do not apply.

Payor Name	Lines	Modifier(s)	Units per Line
Aetna	2	RT/LT	1
BCBS Federal Employee Plan	2	RT/LT	1
BCBS NM	2	RT/LT	1
Cigna	2	RT/LT	1
HealthNet	2	QW/RT/LT	1
	2	QW/RT/LT	1
		59 on the	
Humana Medicare		second line	
Medicaid NM	2	QW/RT/LT	1
Medicare	2	QW/RT/LT	1
Molina Healthcare	1	QW	2
Presbyterian Healthcare Services	2	RT/LT	1
United Healthcare	1	QW	2

Medicare: Note the CLIA # in box 23 and the QW/RT, QW/LT in box24D are required for processing. **The QW modifier should be placed first.** Claims lacking these elements will reject.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES
Dr. Trukera Medical	17b. NPI 1234567890	FROM TO
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? \$ CHARGES
		YES NO
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	ervice line below (24E) ICD Ind.	22. RESUBMISSION CODE ORIGINAL REF. NO.
A. ICD-10 Code (s) B.	D. [
E F 0	н. Ц.	23. PRIOR AUTHORIZATION NUMBER
J H		10D2345678
From To PLACE OF (E	CEDURES, SERVICES, OR SUPPLIES E. kplain Unusual Circumstances) DIAGNOSIS CPCS I MODIFIER POINTER	
09 01 22 09 01 22 11 8386	1 QW RT A	40 00 1 NPI 1234567890
09 01 22 09 01 22 11 8386	1 QW LT A	40 00 1 NPI 1234567890

Most Commercial Plans: Note that the QW and CLIA # are not required.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELAT	TED TO CURRENT SERVICES
Dr. Trukera Medical	17b. NPI 1234567890	FROM	то
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB?	\$ CHARGES
		YES X NO	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	service line below (24E) ICD Ind.	22. RESUBMISSION CODE ORIC	GINAL REF. NO.
A, LICD-10 Code (s)	c. L D. L	O'DE O'NC	
E F		23. PRIOR AUTHORIZATION NUMBER	R
J. [K		
	OCEDURES, SERVICES, OR SUPPLIES E. Explain Unusual Circumstances) DIAGNOSIS	F. G. H. DAYS EPSOT OR Family \$ CHARGES UNITS Family UNITS Flan	I. J. ID. RENDERING
	HCPCS MODIFIER POINTER	\$ CHARGES OR Parity Plan	QUAL. PROVIDER ID. #
09 01 22 09 01 22 11 838	61 RT A	40 00 1	NPI 1234567890
09 01 22 09 01 22 11 838	61 LT A	40 00 1	NPI 1234567890

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES
Dr. Trukera Medical	17b. NPI 1234567890	FROM TO
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? \$ CHARGES
		YES NO
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L	to service line below (24E) ICD Ind.	22. RESUBMISSION CODE ORIGINAL REF. NO.
A. LICD-10 Code (s) B. L	C D	
E F	G	23. PRIOR AUTHORIZATION NUMBER
J	K	10D2345678
	PROCEDURES, SERVICES, OR SUPPLIES E. (Explain Unusual Circumstances) DIAGNOSIS	F. G. H. I. J. DAYS EPSDT ID. RENDERING OR Family
MM DD YY MM DD YY SERVICE EMG CP	PT/HCPCS MODIFIER POINTER	\$ CHARGES UNITS Plan QUAL. PROVIDER ID. #
09 01 22 09 01 22 11 83	3861 QW A	80 00 2 NPI 1234567890

2020-2022 Clinical Laboratory Fee Schedule (CLFS) Rate: \$22.48 per test (\$44.96 per patient)

Sequestration Withhold

- Medicare intermediaries are required to withhold two-percent of the allowable.

Medicare CMS Part B

- CMS Medicare pays at 100% of CLFS throughout the United States.
- No deductible or patient co-payment applies.
- Free standing, global lab code.
- CLIA Certification required.

Billing Software Requirements

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Field #	Claim Description	Loop	Segment	Electronic Description
23.	Prior Authorization number	2300	REF01	Reference identification qualifier = X4
			REF02	CLIA Certification number

Common Notification Reasons for Medicare Denials

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- B7 "This provider was not certified/eligible to be paid for this procedure/service on this date of service."
- The laboratory is not approved for this type of test

NEW YORK BROOKLYN QUEENS BILLING GUIDE



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Senior Reimbursement Support Specialist

Bridget Bolles

Cell: (317) 797-7151

Fax: (858) 225-8749 Email: bbolles@trukera.com

This guide addresses billing recommendation for:

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- Laboratory Test multiple procedure discounts do not apply.

Payor Name	Lines	Modifier(s)	Units per Line
Medicare	2	QW/RT/LT	1
UHC	1	QW	2
BCBS Empire	2	RT/LT	1
Aetna	2	RT/LT	1
Health First	2	RT/LT	1
Oxford	2	RT/LT	1
Cigna	2	RT/LT	1
Medicaid of NY	0	0	0

New York Providers:

Humana Commercial: Will deny claim (Diagnostic testing for dry eye syndrome is not separately reimbursable).

<u>Oxford</u>: Optometry providers may not be covered in states outside Connecticut <u>New York Medicaid</u>: Does not cover Tear Osmolarity

Medicare: Note the CLIA # in box 23 and the QW/RT, QW/LT in box24D are required for processing. **The QW modifier should be placed first.** Claims lacking these elements will reject.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES				
Dr. Trukera Medical	FROM TO				
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)	19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)				
		YES NO			
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	o service line below (24E) ICD Ind.	22. RESUBMISSION CODE ORIGINAL REF. NO.			
A. ICD-10 Code (s)	C D				
E F	G Н	23. PRIOR AUTHORIZATION NUMBER			
J	К L	10D2345678			
	ROCEDURES, SERVICES, OR SUPPLIES E. (Explain Unusual Circumstances) DIAGNOSIS	F. G. H. I. J. DAYS EPSOT ID. RENDERING OR Famby \$CHARGES UNITS Plan QUAL PROVIDER ID. #			
MM DD YY MM DD YY SERVICE EMG CPT	HCPCS MODIFIER POINTER	\$ CHARGES UNITS Plan QUAL. PROVIDER ID. #			
09 01 22 09 01 22 11 838	A RT A	40 00 1 NPI 1234567890			
09 01 22 09 01 22 11 838	A R A R A	40 00 1 NPI 1234567890			

Most Commercial Plans: Note that the QW and CLIA # are not required.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	18. HOSPITALIZATION DATES RELAT	TED TO CURRENT SERVICES	
Dr. Trukera Medical	FROM	то	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB?	\$ CHARGES
		YES 🗙 NO	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	service line below (24E) ICD Ind.	22. RESUBMISSION CODE . ORIC	GINAL REF. NO.
A. LICD-10 Code (s) B.	с		
E F	G н	23. PRIOR AUTHORIZATION NUMBER	R
I J	К L		
From To PLACE OF (OCEDURES, SERVICES, OR SUPPLIES E. Explain Unusual Circumstances) DIAGNOSIS		I. J. ID. RENDERING
MM DD YY MM DD YY SERVICE EMG CPT	HCPCS MODIFIER POINTER	\$ CHARGES UNITS Plan	QUAL. PROVIDER ID. #
09 01 22 09 01 22 11 838	61 RT A	40 00 1	NPI 1234567890
09 01 22 09 01 22 11 838	61 LT A	40 00 1	NPI 1234567890

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES	
Dr. Trukera Medical	FROM TO	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)	20. OUTSIDE LAB? \$ CHARGES	
		YES NO
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	o service line below (24E) ICD Ind.	22. RESUBMISSION CODE ORIGINAL REF. NO.
A. ICD-10 Code (s) B.	С D	
E F	G Н	23. PRIOR AUTHORIZATION NUMBER
J	К L	10D2345678
From To PLACE OF (ROCEDURES, SERVICES, OR SUPPLIES E. (Explain Unusual Circumstances) DIAGNOSIS	F. G. H. I. J. DAYS EPSDT ID. RENDERING
MM DD YY MM DD YY SERVICE EMG CPT	T/HCPCS MODIFIER POINTER	\$ CHARGES UNITS Plan QUAL. PROVIDER ID. #
09 01 22 09 01 22 11 838	361 QW A	80 00 2 NPI 1234567890

2020-2022 Clinical Laboratory Fee Schedule (CLFS) Rate: \$22.48 per test (\$44.96 per patient)

Sequestration Withhold

- Medicare intermediaries are required to withhold two-percent of the allowable.

Medicare CMS Part B

- CMS Medicare pays at 100% of CLFS throughout the United States.
- No deductible or patient co-payment applies.
- Free standing, global lab code.
- CLIA Certification required.

Billing Software Requirements

- ANSI 5010 E-claim Crosswalk

In loop 2300, Segment REFO2, enter the CLIA Certification number – 10 digits - (Do not enter "CLIA" with the certificate number as this will cause claims to deny as an invalid identification number).

Field #	Claim Description	Loop	Segment	Electronic Description
23.	Prior Authorization number	2300	REF01	Reference identification qualifier = X4
	-		REF02	CLIA Certification number

Common Notification Reasons for Medicare Denials

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- The laboratory is not approved for this type of test

NEW YORK LONG ISLAND BILLING GUIDE



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Senior Reimbursement Support Specialist

Bridget Bolles

Cell: (317) 797-7151

Fax: (858) 225-8749 Email: bbolles@trukera.com

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- Frequency of testing is based on Medical Necessity as determined by the clinician.
- Laboratory Test multiple procedure discounts do not apply.

Payor Name	Lines	Modifier(s)	Units per Line
Medicare	2	QW/RT/LT	1
UHC	1	QW	2
BCBS Empire	2	RT/LT	1
Aetna	2	RT/LT	1
Health First	2	RT/LT	1
Oxford	2	RT/LT	1
Cigna	2	RT/LT	1
Medicaid of NY	0	0	0

New York Long Island Providers:

Humana Commercial: Will deny claim (Diagnostic testing for dry eye syndrome is not separately reimbursable).

<u>Oxford</u>: Optometry providers may not be covered in states outside Connecticut <u>New York Medicaid</u>: Does not cover Tear Osmolarity

Medicare: Note the CLIA # in box 23 and the QW/RT, QW/LT in box24D are required for processing. **The QW modifier should be placed first.** Claims lacking these elements will reject.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES				
Dr. Trukera Medical	FROM TO				
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)	19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)				
		YES NO			
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	o service line below (24E) ICD Ind.	22. RESUBMISSION CODE ORIGINAL REF. NO.			
A. ICD-10 Code (s)	C D				
E F	G Н	23. PRIOR AUTHORIZATION NUMBER			
J	К L	10D2345678			
	ROCEDURES, SERVICES, OR SUPPLIES E. (Explain Unusual Circumstances) DIAGNOSIS	F. G. H. I. J. DAYS EPSOT ID. RENDERING OR Famby \$CHARGES UNITS Plan QUAL PROVIDER ID. #			
MM DD YY MM DD YY SERVICE EMG CPT	HCPCS MODIFIER POINTER	\$ CHARGES UNITS Plan QUAL. PROVIDER ID. #			
09 01 22 09 01 22 11 838	A RT A	40 00 1 NPI 1234567890			
09 01 22 09 01 22 11 838	A R A R A	40 00 1 NPI 1234567890			

Most Commercial Plans: Note that the QW and CLIA # are not required.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	18. HOSPITALIZATION DATES RELAT	TED TO CURRENT SERVICES	
Dr. Trukera Medical	FROM	то	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB?	\$ CHARGES
		YES 🗙 NO	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	service line below (24E) ICD Ind.	22. RESUBMISSION CODE . ORIC	GINAL REF. NO.
A. LICD-10 Code (s) B.	с		
E F	G н	23. PRIOR AUTHORIZATION NUMBER	R
I J	К L		
From To PLACE OF (OCEDURES, SERVICES, OR SUPPLIES E. Explain Unusual Circumstances) DIAGNOSIS		I. J. ID. RENDERING
MM DD YY MM DD YY SERVICE EMG CPT	HCPCS MODIFIER POINTER	\$ CHARGES UNITS Plan	QUAL. PROVIDER ID. #
09 01 22 09 01 22 11 838	61 RT A	40 00 1	NPI 1234567890
09 01 22 09 01 22 11 838	61 LT A	40 00 1	NPI 1234567890

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES	
Dr. Trukera Medical	FROM TO	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)	20. OUTSIDE LAB? \$ CHARGES	
		YES NO
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	o service line below (24E) ICD Ind.	22. RESUBMISSION CODE ORIGINAL REF. NO.
A. ICD-10 Code (s) B.	С D	
E F	G Н	23. PRIOR AUTHORIZATION NUMBER
J	К L	10D2345678
From To PLACE OF (ROCEDURES, SERVICES, OR SUPPLIES E. (Explain Unusual Circumstances) DIAGNOSIS	F. G. H. I. J. DAYS EPSDT ID. RENDERING
MM DD YY MM DD YY SERVICE EMG CPT	T/HCPCS MODIFIER POINTER	\$ CHARGES UNITS Plan QUAL. PROVIDER ID. #
09 01 22 09 01 22 11 838	361 QW A	80 00 2 NPI 1234567890

2020-2022 Clinical Laboratory Fee Schedule (CLFS) Rate: \$22.48 per test (\$44.96 per patient)

Sequestration Withhold

- Medicare intermediaries are required to withhold two-percent of the allowable.

Medicare CMS Part B

- CMS Medicare pays at 100% of CLFS throughout the United States.
- No deductible or patient co-payment applies.
- Free standing, global lab code.
- CLIA Certification required.

Billing Software Requirements

- ANSI 5010 E-claim Crosswalk

In loop 2300, Segment REFO2, enter the CLIA Certification number – 10 digits - (Do not enter "CLIA" with the certificate number as this will cause claims to deny as an invalid identification number).

Field #	Claim Description	Loop	Segment	Electronic Description
23.	Prior Authorization number	2300	REF01	Reference identification qualifier = X4
			REF02	CLIA Certification number

Common Notification Reasons for Medicare Denials

- MA 120 Did not complete or enter accurately the CLIA number.
- MA 130 Your claim contains incomplete and/or invalid information, and no appeal rights are afforded because the claim in un-processable. Please submit the correct information to the appropriate FI or carrier.
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- The laboratory is not approved for this type of test

NEW YORK UPSTATE BILLING GUIDE



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Senior Reimbursement Support Specialist

Bridget Bolles

Cell: (317) 797-7151

Fax: (858) 225-8749 Email: bbolles@trukera.com

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Payor Name	Lines	Modifier(s)	Units per Line
Medicare	2	QW/RT/LT	1
UHC	1	QW	2
Fidelis	2	RT/LT	1
Excellus	2	RT/LT	1
NY Medicaid	0	0	0
BS NENY	2	RT/LT	1
MVP	2	RT/LT	1
СДРНР	2	RT/LT	1

New York Long Upstate Providers:

Humana Commercial: Will deny claim (Diagnostic testing for dry eye syndrome is not separately reimbursable).

Oxford: Optometry providers may not be covered in states outside Connecticut

New York Medicaid: Does not cover Tear Osmolarity

Fidelis Care: May require Modifier 59 or XS on the second line if RT/LT is not accepted.

Medicare: Note the CLIA # in box 23 and the QW/RT, QW/LT in box24D are required for processing. **The QW modifier should be placed first.** Claims lacking these elements will reject.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES
Dr. Trukera Medical	17b. NPI 1234567890	FROM TO
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? \$ CHARGES
		YES NO
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	o service line below (24E) ICD Ind.	22. RESUBMISSION CODE ORIGINAL REF. NO.
A. ICD-10 Code (s)	C D	
E F	G Н	23. PRIOR AUTHORIZATION NUMBER
J	К L	10D2345678
	ROCEDURES, SERVICES, OR SUPPLIES E. (Explain Unusual Circumstances) DIAGNOSIS	F. G. H. I. J. DAYS EPSOT ID. RENDERING OR Famby \$CHARGES UNITS Plan QUAL PROVIDER ID. #
MM DD YY MM DD YY SERVICE EMG CPT	HCPCS MODIFIER POINTER	\$ CHARGES UNITS Plan QUAL. PROVIDER ID. #
09 01 22 09 01 22 11 838	A RT A	40 00 1 NPI 1234567890
09 01 22 09 01 22 11 838	A R A R A	40 00 1 NPI 1234567890

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17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELAT	TED TO CURRENT SERVICES	
Dr. Trukera Medical	17b. NPI 1234567890	FROM		
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? \$ CHARGES		
		YES 🗙 NO		
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	service line below (24E) ICD Ind.	22. RESUBMISSION CODE . ORIC	GINAL REF. NO.	
A. LICD-10 Code (s) B.	с			
E F	G н	23. PRIOR AUTHORIZATION NUMBER	R	
I J	К L			
From To PLACE OF (OCEDURES, SERVICES, OR SUPPLIES E. Explain Unusual Circumstances) DIAGNOSIS		I. J. ID. RENDERING	
MM DD YY MM DD YY SERVICE EMG CPT	HCPCS MODIFIER POINTER	\$ CHARGES UNITS Plan	QUAL. PROVIDER ID. #	
09 01 22 09 01 22 11 838	61 RT A	40 00 1	NPI 1234567890	
09 01 22 09 01 22 11 838	61 LT A	40 00 1	NPI 1234567890	

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES
Dr. Trukera Medical	17b. NPI 1234567890	FROM TO
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? \$ CHARGES
		YES NO
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	o service line below (24E) ICD Ind.	22. RESUBMISSION CODE ORIGINAL REF. NO.
A. ICD-10 Code (s) B.	С D	
E F	G Н	23. PRIOR AUTHORIZATION NUMBER
J	К L	10D2345678
From To PLACE OF (ROCEDURES, SERVICES, OR SUPPLIES E. (Explain Unusual Circumstances) DIAGNOSIS	F. G. H. I. J. DAYS EPSDT ID. RENDERING
MM DD YY MM DD YY SERVICE EMG CPT	T/HCPCS MODIFIER POINTER	\$ CHARGES UNITS Plan QUAL. PROVIDER ID. #
09 01 22 09 01 22 11 838	361 QW A	80 00 2 NPI 1234567890

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	-		REF02	CLIA Certification number

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NORTH CAROLINA BILLING GUIDE



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Bridget Bolles

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- <u>CLIA Certificate of Waiver</u> is required to perform and bill this laboratory tests.
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- Medical Necessity requires current signs or symptoms of disease at time of test.
- Frequency of testing is based on Medical Necessity as determined by the clinician.
- Laboratory Test multiple procedure discounts do not apply.

Payor Name	Lines	Modifier(s)	Units per Line
Medicare	2	QW/RT/LT	1
BCBSNC	2	RT/LT	1
NC Medicaid	1	none	2
UHC	1	QW	2
	2	QW/RT/LT	1
		59 on	
Humana Medicare		second line	
CIGNA	2	RT/LT	1
Aetna	2	RT/LT	1
BCBS FED	2	RT/LT	1

North Carolina Providers:

Humana Commercial: Will deny claim (Diagnostic testing for dry eye syndrome is not separately reimbursable).

<u>North Carolina Medicaid</u>: CLIA # / NPI & Optometry Taxnomy need to be loaded through Provider Enrollment before processing claims

Medicare: Note the CLIA # in box 23 and the QW/RT, QW/LT in box24D are required for processing. **The QW modifier should be placed first.** Claims lacking these elements will reject.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES
Dr. Trukera Medical	17b. NPI 1234567890	FROM TO
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? \$ CHARGES
		YES NO
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	o service line below (24E) ICD Ind.	22. RESUBMISSION CODE ORIGINAL REF. NO.
A. ICD-10 Code (s)	C D	
E F	G Н	23. PRIOR AUTHORIZATION NUMBER
J	К L	10D2345678
	ROCEDURES, SERVICES, OR SUPPLIES E. (Explain Unusual Circumstances) DIAGNOSIS	F. G. H. I. J. DAYS EPSOT ID. RENDERING OR Famby \$CHARGES UNITS Plan QUAL PROVIDER ID. #
MM DD YY MM DD YY SERVICE EMG CPT	HCPCS MODIFIER POINTER	\$ CHARGES UNITS Plan QUAL. PROVIDER ID. #
09 01 22 09 01 22 11 838	A RT A	40 00 1 NPI 1234567890
09 01 22 09 01 22 11 838	A R A R A	40 00 1 NPI 1234567890

Most Commercial Plans: Note that the QW and CLIA # are not required.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELAT	TED TO CURRENT SERVICES	
Dr. Trukera Medical	17b. NPI 1234567890	FROM		
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? \$ CHARGES		
		YES 🗙 NO		
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	service line below (24E) ICD Ind.	22. RESUBMISSION CODE . ORIC	GINAL REF. NO.	
A. LICD-10 Code (s) B.	с			
E F	G н	23. PRIOR AUTHORIZATION NUMBER	R	
I J	К L			
From To PLACE OF (OCEDURES, SERVICES, OR SUPPLIES E. Explain Unusual Circumstances) DIAGNOSIS		I. J. ID. RENDERING	
MM DD YY MM DD YY SERVICE EMG CPT	HCPCS MODIFIER POINTER	\$ CHARGES UNITS Plan	QUAL. PROVIDER ID. #	
09 01 22 09 01 22 11 838	61 RT A	40 00 1	NPI 1234567890	
09 01 22 09 01 22 11 838	61 LT A	40 00 1	NPI 1234567890	

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES
Dr. Trukera Medical	17b. NPI 1234567890	FROM TO
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? \$ CHARGES
		YES NO
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	o service line below (24E) ICD Ind.	22. RESUBMISSION CODE ORIGINAL REF. NO.
A. ICD-10 Code (s) B.	С D	
E F	G Н	23. PRIOR AUTHORIZATION NUMBER
J	К L	10D2345678
From To PLACE OF (ROCEDURES, SERVICES, OR SUPPLIES E. (Explain Unusual Circumstances) DIAGNOSIS	F. G. H. I. J. DAYS EPSDT ID. RENDERING
MM DD YY MM DD YY SERVICE EMG CPT	T/HCPCS MODIFIER POINTER	\$ CHARGES UNITS Plan QUAL. PROVIDER ID. #
09 01 22 09 01 22 11 838	361 QW A	80 00 2 NPI 1234567890

2020-2022 Clinical Laboratory Fee Schedule (CLFS) Rate: \$22.48 per test (\$44.96 per patient)

Sequestration Withhold

- Medicare intermediaries are required to withhold two-percent of the allowable.

Medicare CMS Part B

- CMS Medicare pays at 100% of CLFS throughout the United States.
- No deductible or patient co-payment applies.
- Free standing, global lab code.
- CLIA Certification required.

Billing Software Requirements

- ANSI 5010 E-claim Crosswalk

In loop 2300, Segment REFO2, enter the CLIA Certification number – 10 digits - (Do not enter "CLIA" with the certificate number as this will cause claims to deny as an invalid identification number).

Field #	Claim Description	Loop	Segment	Electronic Description
23.	Prior Authorization number	2300	REF01	Reference identification qualifier = X4
	-		REF02	CLIA Certification number

Common Notification Reasons for Medicare Denials

- MA 120 Did not complete or enter accurately the CLIA number.
- MA 130 Your claim contains incomplete and/or invalid information, and no appeal rights are afforded because the claim in un-processable. Please submit the correct information to the appropriate FI or carrier.
- B7 "This provider was not certified/eligible to be paid for this procedure/service on this date of service."
- The laboratory is not approved for this type of test

NORTH DAKOTA BILLING GUIDE



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Reimbursement Support Specialist

Tanna Niemeier Cell: (419) 350-2968 Fax: (858) 225-8749 Email: tniemeier@trukera.com

This guide addresses billing recommendation for:

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- Frequency of testing is based on Medical Necessity as determined by the clinician.
- Laboratory Test multiple procedure discounts do not apply.

Payor Name	Lines	Modifier(s)	Units per Line
Aetna	2	RT/LT	1
BCBS Federal Employee Program	2	RT/LT	1
BCBS ND	2	RT/LT	1
Cigna	2	RT/LT	1
HealthNet	2	QW/RT/LT	1
Medica Health Plans	2	RT/LT	1
Medicaid ND	2	QW/RT/LT	1
Medicare	2	QW/RT/LT	1
Sanford Health	2	RT/LT	1

Medicare: Note the CLIA # in box 23 and the QW/RT, QW/LT in box24D are required for processing. **The QW modifier should be placed first.** Claims lacking these elements will reject.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.		18. HOSPITALIZATION DATES F	RELATED TO CURRENT SERVICES
Dr. Trukera Medical	17b. NPI 12345678	90	FROM	то
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)			20. OUTSIDE LAB?	\$ CHARGES
			YES X NO	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	service line below (24E)	ICD Ind.	22. RESUBMISSION CODE	ORIGINAL REF. NO.
A. LICD-10 Code (s) B. L	o. L	D.		
E F	3. L	н. (23. PRIOR AUTHORIZATION NU	JMBER
J	<. [L. [10D2345678	
From To PLACE OF (OCEDURES, SERVICES, Explain Unusual Circumsta HCPCS MC		F. G. DAYS S CHARGES UNITS	H. I. J. IEPSOT ID. RENDERING Family QUAL. PROVIDER ID. #
09 01 22 09 01 22 11 838	61 QW RT	A	40 00 1	NPI 1234567890
09 01 22 09 01 22 11 838	61 QW LT	A	40 00 1	NPI 1234567890

Most Commercial Plans: Note that the QW and CLIA # are not required.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.			18. HOSPITALIZATION DA	TES RELAT	TED TO	CURRENT SERVICES
Dr. Trukera Medical	17b. N	1234567890		FROM		т	
9. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)				20. OUTSIDE LAB?		\$ C	CHARGES
				YES X NO			
1. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L t	service I	ne below (24E) ICD Ind.		22. RESUBMISSION CODE	ORI	GINAL F	REF. NO.
LICD-10 Code (s)	с. 📖	D.					
E. L F. L	G. 🖵	н. Ц		23. PRIOR AUTHORIZATIO	ON NUMBE	R	
J	к. 🔔	L. [
From To PLACE OF			E. NOSIS		G. H. DAYS EPSDI OR Family INITS Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
09 01 22 09 01 22 11 838	61	RT A		40 00 1		NPI	1234567890
09 01 22 09 01 22 11 838	61	LT A		40 00 1		NPI	1234567890

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17á.	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES
Dr. Trukera Medical	17b. NPI 1234567890	FROM TO
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? \$ CHARGES
		YES NO
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	service line below (24E) ICD Ind.	22. RESUBMISSION CODE ORIGINAL REF. NO.
A. LICD-10 Code (s) B. L	с. L р. L	
E F	G н. [23. PRIOR AUTHORIZATION NUMBER
J. [К. [10D2345678
	OCEDURES, SERVICES, OR SUPPLIES E. Explain Unusual Circumstances) DIAGNOSIS	F. G. H. I. J. DAYS EPSOT ID. RENDERING OR Family
MM DD YY MM DD YY SERVICE EMG CPT	HCPCS MODIFIER POINTER	\$ CHARGES UNITS Plan QUAL. PROVIDER ID. #
09 01 22 09 01 22 11 838	61 QW A	80 00 2 NPI 1234567890

2020-2022 Clinical Laboratory Fee Schedule (CLFS) Rate: \$22.48 per test (\$44.96 per patient)

Sequestration Withhold

- Medicare intermediaries are required to withhold two-percent of the allowable.

Medicare CMS Part B

- CMS Medicare pays at 100% of CLFS throughout the United States.
- No deductible or patient co-payment applies.
- Free standing, global lab code.
- CLIA Certification required.

Billing Software Requirements

- ANSI 5010 E-claim Crosswalk

In loop 2300, Segment REFO2, enter the CLIA Certification number – 10 digits - (Do not enter "CLIA" with the certificate number as this will cause claims to deny as an invalid identification number).

Field #	Claim Description	Loop	Segment	Electronic Description
23.	Prior Authorization number	2300	REF01	Reference identification qualifier = X4
			REF02	CLIA Certification number

Common Notification Reasons for Medicare Denials

- MA 120 Did not complete or enter accurately the CLIA number.
- MA 130 Your claim contains incomplete and/or invalid information, and no appeal rights are afforded because the claim in un-processable. Please submit the correct information to the appropriate FI or carrier.
- B7 "This provider was not certified/eligible to be paid for this procedure/service on this date of service."
- The laboratory is not approved for this type of test

OHIO BILLING GUIDE



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Reimbursement Support Specialist

Tanna Niemeier				
Cell: (419) 350-2968				

Fax: (858) 225-8749 Email: tniemeier@trukera.com

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- Laboratory Test multiple procedure discounts do not apply.

Payor Name	Lines	Modifier(s)	Units per Line
Aetna	1	QW	2
BCBS OH	2	RT/LT	1
Buckeye Health - Medicaid	1	QW	2
Caresource	2	RT/LT	1
Cigna	2	RT/LT	1
	2	QW/RT/LT	1
		59 on	
Humana Medicare		second line	
Medicaid OH	1	QW	2
Medical Mutual	2	RT/LT	1
Medicare	2	QW/RT/LT	1
Molina	1	QW	2
UHC Community Plan	1	QW	2
United Healthcare	1	QW	2

Ohio Providers:

<u>Ohio Medicaid</u> - to be billed as <u>1 line, QW modifier only, 2 units</u>. <u>Caresource</u> - Medical Policy includes coverage for both MD's and OD's, denies CPT 83861 for OD's. 09.2022

Medicare: Note the CLIA # in box 23 and the QW/RT, QW/LT in box24D are required for processing. **The QW modifier should be placed first.** Claims lacking these elements will reject.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES	
Dr. Trukera Medical	17b. NPI 1234567890	FROM TO	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? \$ CHARGES	
		YES NO	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	o service line below (24E) ICD Ind.	22. RESUBMISSION CODE ORIGINAL REF. NO.	
A. LICD-10 Code (s) B. L	C D		
E F	G	23. PRIOR AUTHORIZATION NUMBER	
J. [K L	10D2345678	
From To PLACE OF (ROCEDURES, SERVICES, OR SUPPLIES E. (Explain Unusual Circumstances) DIAGNOSIS (HCPCS MODIFIER POINTER	F. G. H. I. J. DAYS EPSOT ID. RENDERING OR Family ID. PROVIDERING S CHARGES UNITS Par QUAL. PROVIDER ID. #	
09 01 22 09 01 22 11 838	361 QW RT A	40 00 1 NPI 1234567890	
09 01 22 09 01 22 11 838	361 QW LT A	40 00 1 NPI 1234567890	R. 707.5

Most Commercial Plans: Note that the QW and CLIA # are not required.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES
Dr. Trukera Medical	17b. NPI 1234567890	FROM TO
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? \$ CHARGES
	YES NO	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	o service line below (24E) ICD Ind.	22. RESUBMISSION CODE ORIGINAL REF. NO.
A. LICD-10 Code (s) B.	C D	
E. L F. L	G н	23. PRIOR AUTHORIZATION NUMBER
J. L	к. [
From To PLACE OF	ROCEDURES, SERVICES, OR SUPPLIES E. (Explain Unusual Circumstances) DIAGNOSIS 7HCPCS I MODIFIER POINTER	F. G. H. I. J. DAYS EPSOT ID. RENDERING OR Family DAL PROVIDER ID. #
MM DD TT MM DD TT SERVICE EMIG CPT	MODIFIER FOINTER	SCHARGES UNITS Han QUAL, PROVIDER ID. #
09 01 22 09 01 22 11 838	361 RT A	40 00 1 NPI 1234567890
09 01 22 09 01 22 11 838	361 LT A	40 00 1 NPI 1234567890

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES
Dr. Trukera Medical	17b. NPI 1234567890	FROM TO
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? \$ CHARGES
		YES NO
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	service line below (24E) ICD Ind.	22. RESUBMISSION CODE ORIGINAL REF. NO.
A. LICD-10 Code (s) B. L	D. L	
E. L F. L	G н	23. PRIOR AUTHORIZATION NUMBER
J. L	K L	10D2345678
From To PLACE OF (OCEDURES, SERVICES, OR SUPPLIES E. Explain Unusual Circumstances) DIAGNOSIS HCPCS I MODIFIER POINTER	
	HOUSE HOUSE POINTER	
09 01 22 09 01 22 11 838	61 QW A	80 00 2 NPI 1234567890

2020-2022 Clinical Laboratory Fee Schedule (CLFS) Rate: \$22.48 per test (\$44.96 per patient)

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Field #	Claim Description	Loop	Segment	Electronic Description
23.	Prior Authorization number	2300	REF01	Reference identification qualifier = X4
			REF02	CLIA Certification number

Common Notification Reasons for Medicare Denials

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- MA 130 Your claim contains incomplete and/or invalid information, and no appeal rights are afforded because the claim in un-processable. Please submit the correct information to the appropriate FI or carrier.
- B7 "This provider was not certified/eligible to be paid for this procedure/service on this date of service."
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OKLAHOMA BILLING GUIDE



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Reimbursement Support Specialist

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- Laboratory Test multiple procedure discounts do not apply.

Payor Name	Lines	Modifier(s)	Units per Line
Aetna	2	RT/LT	1
BCBS Federal Employee Plan	2	RT/LT	1
BCBS OK	2	RT/LT	1
Cigna	2	RT/LT	1
HealthChoice	2	RT/LT	1
	2	QW/RT/LT	1
		59 on	
Humana Medicare		second line	
Medicaid OK	2	QW/RT/LT	1
Medicare	2	QW/RT/LT	1
United Healthcare	1	QW	2

Medicare: Note the CLIA # in box 23 and the QW/RT, QW/LT in box24D are required for processing. **The QW modifier should be placed first.** Claims lacking these elements will reject.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES
Dr. Trukera Medical	17b. NPI 1234567890	FROM TO
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? \$ CHARGES
		YES NO
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L	o service line below (24E) ICD Ind.	22. RESUBMISSION CODE ORIGINAL REF. NO.
A. LICD-10 Code (s) B. L	C D	
E F	G Н	23. PRIOR AUTHORIZATION NUMBER
J	К. [10D2345678
From To PLACE OF	ROCEDURES, SERVICES, OR SUPPLIES E. (Explain Unusual Circumstances) DIAGNOSIS F/HCPCS MODIFIER POINTER	F. G. H. I. J. DAYS EPST ID. RENDERING OR Family ID. RENDERING WINTS Plan QUAL. PROVIDER ID. #
09 01 22 09 01 22 11 83	361 QW RT A	40 00 1 NPI 1234567890
09 01 22 09 01 22 11 83	361 QW LT A	40 00 1 NPI 1234567890

Most Commercial Plans: Note that the QW and CLIA # are not required.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATE	ED TO CURRENT SERVICES
Dr. Trukera Medical	17b. NPI 1234567890	FROM	то
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB?	\$ CHARGES
		YES NO	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	service line below (24E) ICD Ind.	22. RESUBMISSION CODE ORIGI	INAL REF. NO.
A, ICD-10 Code (s)	D	CODE CHICK	in the field from
E F		23. PRIOR AUTHORIZATION NUMBER	
J. []	L L		
	CEDURES, SERVICES, OR SUPPLIES E. xplain Unusual Circumstances) DIAGNOSIS	F. G. H. DAYS EPSOT OR Family UNITS Plan	I. J. ID. RENDERING
	ICPCS MODIFIER POINTER	\$ CHARGES OH Pamiy Plan	QUAL. PROVIDER ID. #
09 01 22 09 01 22 11 838	61 RT A	40 00 1	NPI 1234567890
09 01 22 09 01 22 11 838	S1 LT A	40 00 1	NPI 1234567890

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES
Dr. Trukera Medical	17b. NPI 1234567890	FROM TO
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? \$ CHARGES
		YES NO
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	o service line below (24E) ICD Ind.	22. RESUBMISSION CODE ORIGINAL REF. NO.
A. LICD-10 Code (s) B. L	C D	
E. L F. L	G н	23. PRIOR AUTHORIZATION NUMBER
J. L	К Ц	10D2345678
From To PLACE OF		E. F. G. H. I. J. AGNOSIS DAYS EPSOT ID. RENDERING
MM DD YY MM DD YY SERVICE EMG CPT	T/HCPCS MODIFIER	POINTER \$ CHARGES UNITS Plan QUAL. PROVIDER ID. #
09 01 22 09 01 22 11 838	361 QW A	80 00 2 NPI 1234567890

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OREGON BILLING GUIDE



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Reimbursement Support Specialist

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Payor Name	Lines	Modifier(s)	Units per Line
Aetna	2	RT/LT	1
BCBS Federal Employee Plan	2	RT/LT	1
Cigna	2	RT/LT	1
HealthNet	2	QW/RT/LT	1
Medicaid OR	2	QW/RT/LT	1
Medicare	2	QW/RT/LT	1
	2	RT/LT:59	1
		on the	
Pacificsource		second line	
Providence Health Plan	2	RT/LT	1
Regence Blue	1	None	2
United Healthcare	1	QW	2

Medicare: Note the CLIA # in box 23 and the QW/RT, QW/LT in box24D are required for processing. **The QW modifier should be placed first.** Claims lacking these elements will reject.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES
Dr. Trukera Medical	17b. NPI 1234567890	FROM TO
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? \$ CHARGES
		YES NO
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L	o service line below (24E) ICD Ind.	22. RESUBMISSION CODE ORIGINAL REF. NO.
A. LICD-10 Code (s) B. L	C D	
E F	G Н	23. PRIOR AUTHORIZATION NUMBER
J	К. [10D2345678
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09 01 22 09 01 22 11 83	361 QW RT A	40 00 1 NPI 1234567890
09 01 22 09 01 22 11 83	361 QW LT A	40 00 1 NPI 1234567890

Most Commercial Plans: Note that the QW and CLIA # are not required.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES REL	ATED TO CURRENT SERVICES
Dr. Trukera Medical	17b. NPI 1234567890	FROM	то
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB?	\$ CHARGES
		YES X NO	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	service line below (24E) ICD Ind.	22. RESUBMISSION	RIGINAL REF. NO.
A. LICD-10 Code (s) B. L	c. L D.		
E F	G Н. [23. PRIOR AUTHORIZATION NUMB	BER
J. L	K. [
From To PLACE OF (I	OCEDURES, SERVICES, OR SUPPLIES E. Explain Unusual Circumstances) DIAGNOSIS HCPCS I MODIFIER POINTER	F. G. H DAYS EPS OR Fan \$ CHARGES UNITS PIL	I. J. SDT ID. Tily ID. RENDERING an QUAL.
	MODIFIER POINTER	S OTIANOES ONITS TH	al GOAL. PHONDERID. #
09 01 22 09 01 22 11 838	61 RT A	40 00 1	NPI 1234567890
			1001507000
09 01 22 09 01 22 11 838	61 LT A	40 00 1	NPI 1234567890

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES
Dr. Trukera Medical	17b. NPI 1234567890	FROM TO
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? \$ CHARGES
		YES NO
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	o service line below (24E) ICD Ind.	22. RESUBMISSION CODE ORIGINAL REF. NO.
A. LICD-10 Code (s) B. L	C D	
E. L F. L	G н	23. PRIOR AUTHORIZATION NUMBER
J. L	К Ц	10D2345678
From To PLACE OF		E. F. G. H. I. J. AGNOSIS DAYS EPSOT ID. RENDERING
MM DD YY MM DD YY SERVICE EMG CPT	T/HCPCS MODIFIER	POINTER \$ CHARGES UNITS Plan QUAL. PROVIDER ID. #
09 01 22 09 01 22 11 838	361 QW A	80 00 2 NPI 1234567890

2020-2022 Clinical Laboratory Fee Schedule (CLFS) Rate: \$22.48 per test (\$44.96 per patient)

Sequestration Withhold

- Medicare intermediaries are required to withhold two-percent of the allowable.

Medicare CMS Part B

- CMS Medicare pays at 100% of CLFS throughout the United States.
- No deductible or patient co-payment applies.
- Free standing, global lab code.
- CLIA Certification required.

Billing Software Requirements

- ANSI 5010 E-claim Crosswalk

In loop 2300, Segment REFO2, enter the CLIA Certification number – 10 digits - (Do not enter "CLIA" with the certificate number as this will cause claims to deny as an invalid identification number).

Field #	Claim Description	Loop	Segment	Electronic Description
23.	Prior Authorization number	2300	REF01	Reference identification qualifier = X4
			REF02	CLIA Certification number

Common Notification Reasons for Medicare Denials

- MA 120 Did not complete or enter accurately the CLIA number.
- MA 130 Your claim contains incomplete and/or invalid information, and no appeal rights are afforded because the claim in un-processable. Please submit the correct information to the appropriate FI or carrier.
- B7 "This provider was not certified/eligible to be paid for this procedure/service on this date of service."
- The laboratory is not approved for this type of test

PENNSYLVANIA BILLING GUIDE



If any denial is received for CPT 83861 contact the TearLab Reimbursement Support Center promptly at rsc@tearlab.com for assistance

Senior Reimbursement Support Specialist

Bridget Bolles

Cell: (317) 797-7151

Fax: (858) 225-8749 Email: bbolles@trukera.com

This guide addresses billing recommendation for:

- <u>CPT Code 83861</u> is specific for "Microfluidic analysis utilizing an integrated collection and analysis device, tear osmolality".
- A covered service by <u>CMS Medicare</u> under the <u>Clinical Laboratory Fee Schedule</u>.
- <u>CLIA Certificate of Waiver</u> is required to perform and bill this laboratory tests.
- Providers are encouraged to review payor-provider contracts for rate and claim submission requirements.
- Medical Necessity requires current signs or symptoms of disease at time of test.
- Frequency of testing is based on Medical Necessity as determined by the clinician.
- Laboratory Test multiple procedure discounts do not apply.

Payor Name	Lines	Modifier(s)	Units per Line
Medicare	2	QW/RT/LT	1
HighMark	2	RT/LT	1
Independence BC	2	none	2
Aetna	2	RT/LT	1
UPMC	2	RT/LT	1
United HC	1	QW	2
Geisinger	2	QW/RT/LT	1
PA Medicaid	0	none	0
Cigna	2	RT/LT	1
BCBS FED	2	RT/LT	1
Gateway	2	QW/RT/LT	1

Pennsylvania Providers:

Humana Commercial: Will deny claim (Diagnostic testing for dry eye syndrome is not separately reimbursable).

Pennsylvania Medicaid: TearLab is a non-covered service

Medicare: Note the CLIA # in box 23 and the QW/RT, QW/LT in box24D are required for processing. **The QW modifier should be placed first.** Claims lacking these elements will reject.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES
Dr. Trukera Medical	17b. NPI 1234567890	FROM TO
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? \$ CHARGES
		YES NO
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	o service line below (24E) ICD Ind.	22. RESUBMISSION CODE ORIGINAL REF. NO.
A. ICD-10 Code (s)	C D	
E F	G Н	23. PRIOR AUTHORIZATION NUMBER
J	К L	10D2345678
	ROCEDURES, SERVICES, OR SUPPLIES E. (Explain Unusual Circumstances) DIAGNOSIS	F. G. H. I. J. DAYS EPSOT ID. RENDERING OR Famby \$CHARGES UNITS Plan QUAL PROVIDER ID. #
MM DD YY MM DD YY SERVICE EMG CPT	HCPCS MODIFIER POINTER	\$ CHARGES UNITS Plan QUAL. PROVIDER ID. #
09 01 22 09 01 22 11 838	A RT A	40 00 1 NPI 1234567890
09 01 22 09 01 22 11 838	A R A R A	40 00 1 NPI 1234567890

Most Commercial Plans: Note that the QW and CLIA # are not required.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELAT	TED TO CURRENT SERVICES
Dr. Trukera Medical	17b. NPI 1234567890	FROM	то
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB?	\$ CHARGES
		YES 🗙 NO	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	service line below (24E) ICD Ind.	22. RESUBMISSION CODE . ORIC	GINAL REF. NO.
A. LICD-10 Code (s) B.	с		
E F	G н	23. PRIOR AUTHORIZATION NUMBER	R
I J	К L		
From To PLACE OF (OCEDURES, SERVICES, OR SUPPLIES E. Explain Unusual Circumstances) DIAGNOSIS		I. J. ID. RENDERING
MM DD YY MM DD YY SERVICE EMG CPT	HCPCS MODIFIER POINTER	\$ CHARGES UNITS Plan	QUAL. PROVIDER ID. #
09 01 22 09 01 22 11 838	61 RT A	40 00 1	NPI 1234567890
09 01 22 09 01 22 11 838	61 LT A	40 00 1	NPI 1234567890

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES
Dr. Trukera Medical	17b. NPI 1234567890	FROM TO
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)	20. OUTSIDE LAB? \$ CHARGES	
		YES NO
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	o service line below (24E) ICD Ind.	22. RESUBMISSION CODE ORIGINAL REF. NO.
A. ICD-10 Code (s) B.	С D	
E F	G Н	23. PRIOR AUTHORIZATION NUMBER
J	К L	10D2345678
From To PLACE OF (ROCEDURES, SERVICES, OR SUPPLIES E. (Explain Unusual Circumstances) DIAGNOSIS	F. G. H. I. J. DAYS EPSDT ID. RENDERING
MM DD YY MM DD YY SERVICE EMG CPT	T/HCPCS MODIFIER POINTER	\$ CHARGES UNITS Plan QUAL. PROVIDER ID. #
09 01 22 09 01 22 11 838	361 QW A	80 00 2 NPI 1234567890

2020-2022 Clinical Laboratory Fee Schedule (CLFS) Rate: \$22.48 per test (\$44.96 per patient)

Sequestration Withhold

- Medicare intermediaries are required to withhold two-percent of the allowable.

Medicare CMS Part B

- CMS Medicare pays at 100% of CLFS throughout the United States.
- No deductible or patient co-payment applies.
- Free standing, global lab code.
- CLIA Certification required.

Billing Software Requirements

- ANSI 5010 E-claim Crosswalk

In loop 2300, Segment REFO2, enter the CLIA Certification number – 10 digits - (Do not enter "CLIA" with the certificate number as this will cause claims to deny as an invalid identification number).

Field #	Claim Description	Loop	Segment	Electronic Description
23.	Prior Authorization number	2300	REF01	Reference identification qualifier = X4
	-		REF02	CLIA Certification number

Common Notification Reasons for Medicare Denials

- MA 120 Did not complete or enter accurately the CLIA number.
- MA 130 Your claim contains incomplete and/or invalid information, and no appeal rights are afforded because the claim in un-processable. Please submit the correct information to the appropriate FI or carrier.
- B7 "This provider was not certified/eligible to be paid for this procedure/service on this date of service."
- The laboratory is not approved for this type of test

RHODE ISLAND BILLING GUIDE



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Senior Reimbursement Support Specialist

Bridget Bolles

Cell: (317) 797-7151

Fax: (858) 225-8749 Email: bbolles@trukera.com

This guide addresses billing recommendation for:

- <u>CPT Code 83861</u> is specific for "Microfluidic analysis utilizing an integrated collection and analysis device, tear osmolality".
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- Medical Necessity requires current signs or symptoms of disease at time of test.
- Frequency of testing is based on Medical Necessity as determined by the clinician.
- Laboratory Test multiple procedure discounts do not apply.

Payor Name	Lines	Modifier(s)	Units per Line
Medicare	2	QW/RT/LT	1
BCBS RI	2	RT/LT	1
United HC	1	QW	2
Neighborhood HC	2	QW	1
UHC Community	1	QW	2
Cigna	2	RT/LT	1
Tufts	1	none	2
RI Medicaid	2	QW/RT/LT	1

Rhode Island Providers:

Humana Commercial: Will deny claim (Diagnostic testing for dry eye syndrome is not separately reimbursable).

Medicare: Note the CLIA # in box 23 and the QW/RT, QW/LT in box24D are required for processing. **The QW modifier should be placed first.** Claims lacking these elements will reject.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES
Dr. Trukera Medical	17b. NPI 1234567890	FROM TO
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)	20. OUTSIDE LAB? \$ CHARGES	
		YES NO
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	o service line below (24E) ICD Ind.	22. RESUBMISSION CODE ORIGINAL REF. NO.
A. ICD-10 Code (s)	C D	
E F	G Н	23. PRIOR AUTHORIZATION NUMBER
J	К L	10D2345678
	ROCEDURES, SERVICES, OR SUPPLIES E. (Explain Unusual Circumstances) DIAGNOSIS	F. G. H. I. J. DAYS EPSOT ID. RENDERING OR Famby \$CHARGES UNITS Plan QUAL PROVIDER ID. #
MM DD YY MM DD YY SERVICE EMG CPT	HCPCS MODIFIER POINTER	\$ CHARGES UNITS Plan QUAL. PROVIDER ID. #
09 01 22 09 01 22 11 838	A RT A	40 00 1 NPI 1234567890
09 01 22 09 01 22 11 838	A QW LT	40 00 1 NPI 1234567890

Most Commercial Plans: Note that the QW and CLIA # are not required.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELAT	TED TO CURRENT SERVICES
Dr. Trukera Medical	FROM	то	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB?	\$ CHARGES
	YES 🗙 NO		
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	service line below (24E) ICD Ind.	22. RESUBMISSION CODE . ORIC	GINAL REF. NO.
A. LICD-10 Code (s) B.	с		
E F	G н	23. PRIOR AUTHORIZATION NUMBER	
I J	К L		
From To PLACE OF (OCEDURES, SERVICES, OR SUPPLIES E. Explain Unusual Circumstances) DIAGNOSIS		I. J. ID. RENDERING
MM DD YY MM DD YY SERVICE EMG CPT	HCPCS MODIFIER POINTER	\$ CHARGES UNITS Plan	QUAL. PROVIDER ID. #
09 01 22 09 01 22 11 838	61 RT A	40 00 1	NPI 1234567890
09 01 22 09 01 22 11 838	61 LT A	40 00 1	NPI 1234567890

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES
Dr. Trukera Medical	17b. NPI 1234567890	FROM TO
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? \$ CHARGES
		YES NO
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	o service line below (24E) ICD Ind.	22. RESUBMISSION CODE ORIGINAL REF. NO.
A. ICD-10 Code (s) B.	С D	
E F G H		23. PRIOR AUTHORIZATION NUMBER
J	К L	10D2345678
From To PLACE OF (ROCEDURES, SERVICES, OR SUPPLIES E. (Explain Unusual Circumstances) DIAGNOSIS	F. G. H. I. J. DAYS EPSDT ID. RENDERING
MM DD YY MM DD YY SERVICE EMG CPT	T/HCPCS MODIFIER POINTER	\$ CHARGES UNITS Plan QUAL. PROVIDER ID. #
09 01 22 09 01 22 11 838	361 QW A	80 00 2 NPI 1234567890

2020-2022 Clinical Laboratory Fee Schedule (CLFS) Rate: \$22.48 per test (\$44.96 per patient)

Sequestration Withhold

- Medicare intermediaries are required to withhold two-percent of the allowable.

Medicare CMS Part B

- CMS Medicare pays at 100% of CLFS throughout the United States.
- No deductible or patient co-payment applies.
- Free standing, global lab code.
- CLIA Certification required.

Billing Software Requirements

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In loop 2300, Segment REFO2, enter the CLIA Certification number – 10 digits - (Do not enter "CLIA" with the certificate number as this will cause claims to deny as an invalid identification number).

Field #	Claim Description	Loop	Segment	Electronic Description
23.	Prior Authorization number	2300	REF01	Reference identification qualifier = X4
	-		REF02	CLIA Certification number

Common Notification Reasons for Medicare Denials

- MA 120 Did not complete or enter accurately the CLIA number.
- MA 130 Your claim contains incomplete and/or invalid information, and no appeal rights are afforded because the claim in un-processable. Please submit the correct information to the appropriate FI or carrier.
- B7 "This provider was not certified/eligible to be paid for this procedure/service on this date of service."
- The laboratory is not approved for this type of test

SOUTH CAROLINA BILLING GUIDE



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Senior Reimbursement Support Specialist

Bridget Bolles

Cell: (317) 797-7151

Fax: (858) 225-8749 Email: bbolles@trukera.com

This guide addresses billing recommendation for:

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- A covered service by <u>CMS Medicare</u> under the <u>Clinical Laboratory Fee Schedule</u>.
- <u>CLIA Certificate of Waiver</u> is required to perform and bill this laboratory tests.
- Providers are encouraged to review payor-provider contracts for rate and claim submission requirements.
- Medical Necessity requires current signs or symptoms of disease at time of test.
- Frequency of testing is based on Medical Necessity as determined by the clinician.
- Laboratory Test multiple procedure discounts do not apply.

Payor Name	Lines	Modifier(s)	Units per Line
Medicare	2	QW/RT/LT	1
BCBS SC	2	RT/LT	1
SC Medicaid	2	QW/RT/LT	1
	2	QW/RT/LT	1
		59 on	
Humana Medicare		second line	
Select Health of SC	1	none	2
United HC	1	QW	2
Cigna	2	RT/LT	1
Molina	2	RT/LT	1
Absolute Total Care	2	QW/RT/LT	1
Aetna	2	RT/LT	1
Wellcare	2	RT/LT	1

South Carolina Providers:

Humana Commercial: Will deny claim (Diagnostic testing for dry eye syndrome is not separately reimbursable).

South Carolina Medicaid: CLIA # / NPI need to be loaded through Provider Enrollment before processing claims

Medicare: Note the CLIA # in box 23 and the QW/RT, QW/LT in box24D are required for processing. **The QW modifier should be placed first.** Claims lacking these elements will reject.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES
Dr. Trukera Medical	17b. NPI 1234567890	FROM TO
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)	20. OUTSIDE LAB? \$ CHARGES	
		YES NO
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	o service line below (24E) ICD Ind.	22. RESUBMISSION CODE ORIGINAL REF. NO.
A. ICD-10 Code (s)	C D	
E F	G Н	23. PRIOR AUTHORIZATION NUMBER
J	К L	10D2345678
	ROCEDURES, SERVICES, OR SUPPLIES E. (Explain Unusual Circumstances) DIAGNOSIS	F. G. H. I. J. DAYS EPSOT ID. RENDERING OR Famby ID. PROVIDER ID. #
MM DD YY MM DD YY SERVICE EMG CPT	HCPCS MODIFIER POINTER	\$ CHARGES UNITS Plan QUAL. PROVIDER ID. #
09 01 22 09 01 22 11 838	A RT A	40 00 1 NPI 1234567890
09 01 22 09 01 22 11 838	A R A R A	40 00 1 NPI 1234567890

Most Commercial Plans: Note that the QW and CLIA # are not required.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELAT	TED TO CURRENT SERVICES
Dr. Trukera Medical	FROM	то	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB?	\$ CHARGES
	YES 🗙 NO		
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	service line below (24E) ICD Ind.	22. RESUBMISSION CODE . ORIC	GINAL REF. NO.
A. LICD-10 Code (s) B.	с		
E F	G н	23. PRIOR AUTHORIZATION NUMBER	
I J	К L		
From To PLACE OF (OCEDURES, SERVICES, OR SUPPLIES E. Explain Unusual Circumstances) DIAGNOSIS		I. J. ID. RENDERING
MM DD YY MM DD YY SERVICE EMG CPT	HCPCS MODIFIER POINTER	\$ CHARGES UNITS Plan	QUAL. PROVIDER ID. #
09 01 22 09 01 22 11 838	61 RT A	40 00 1	NPI 1234567890
09 01 22 09 01 22 11 838	61 LT A	40 00 1	NPI 1234567890

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES
Dr. Trukera Medical	17b. NPI 1234567890	FROM TO
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? \$ CHARGES
		YES NO
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	o service line below (24E) ICD Ind.	22. RESUBMISSION CODE ORIGINAL REF. NO.
A. ICD-10 Code (s) B.	С D	
E F G H		23. PRIOR AUTHORIZATION NUMBER
J	К L	10D2345678
From To PLACE OF (ROCEDURES, SERVICES, OR SUPPLIES E. (Explain Unusual Circumstances) DIAGNOSIS	F. G. H. I. J. DAYS EPSDT ID. RENDERING
MM DD YY MM DD YY SERVICE EMG CPT	T/HCPCS MODIFIER POINTER	\$ CHARGES UNITS Plan QUAL. PROVIDER ID. #
09 01 22 09 01 22 11 838	361 QW A	80 00 2 NPI 1234567890

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Medicare CMS Part B

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Field #	Claim Description	Loop	Segment	Electronic Description
23.	Prior Authorization number	2300	REF01	Reference identification qualifier = X4
	-		REF02	CLIA Certification number

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- The laboratory is not approved for this type of test

SOUTH DAKOTA BILLING GUIDE



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Reimbursement Support Specialist

Tanna Niemeier Cell: (419) 350-2968

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Fax: (858) 225-8749 Email: tniemeier@trukera.com

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- <u>CPT Code 83861</u> is specific for "Microfluidic analysis utilizing an integrated collection and analysis device, tear osmolality".
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 - Medical Necessity requires current signs or symptoms of disease at time of test.
 - Frequency of testing is based on Medical Necessity as determined by the clinician.
 - Laboratory Test multiple procedure discounts do not apply.

Payor Name	Lines	Modifier(s)	Units per Line
Aetna	2	RT/LT	1
BCBS Federal Employee Plan	2	RT/LT	1
BCBS SD - Wellmark	2	RT/LT	1
Cigna	2	RT/LT	1
DakotaCare	2	QW/RT/LT	1
HealthNet	2	QW/RT/LT	1
	2	QW/RT/LT	1
		59 on	
Humana Medicare		second line	
Medica Health Plans	2	QW/RT/LT	1
Medicaid SD	2	QW/RT/LT	1
Medicare	2	QW/RT/LT	1
Sanford Health	2	RT/LT	1

Medicare: Note the CLIA # in box 23 and the QW/RT, QW/LT in box24D are required for processing. **The QW modifier should be placed first.** Claims lacking these elements will reject.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATED TO	O CURRENT SERVICES
Dr. Trukera Medical		то	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? \$	CHARGES
		YES NO	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	service line below (24E) ICD Ind.	22. RESUBMISSION CODE ORIGINAL	BEF. NO.
A. ICD-10 Code (s)	C. L D. L		
E F	в н	23. PRIOR AUTHORIZATION NUMBER	
J. [K. L. L.	10D2345678	
From To PLACE OF (I	OCEDURES, SERVICES, OR SUPPLIES E. Explain Unusual Circumstances) DIAGNOSIS HCPCS I MODIFIER POINTER	F. G. H. I. DAYS EPSOT ID. S CHARGES UNITS Plan QUAI	
09 01 22 09 01 22 11 838	61 QW RT A	40 00 1 NPI	1234567890
09 01 22 09 01 22 11 838	61 QW LT A	40 00 1 NPI	1234567890

Most Commercial Plans: Note that the QW and CLIA # are not required.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RE	LATED TO CURRENT SERVICES
Dr. Trukera Medical	17b. NPI 1234567890	FROM	то
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB?	\$ CHARGES
		YES X NO	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	service line below (24E) ICD Ind.	22. RESUBMISSION CODE	DRIGINAL REF. NO.
A. LICD-10 Code (s) B.	D		
E F	а	23. PRIOR AUTHORIZATION NUM	IBER
J. []	< L		
From To PLACE OF (E	OCEDURES, SERVICES, OR SUPPLIES E. Explain Unusual Circumstances) DIAGNOSIS HCPCS I MODIFIER POINTER	F. G. DAYS EF S CHARGES UNITS I	H. I. J. PSDT ID. RENDERING Pan QUAL PROVIDER ID. #
		CONTRACTO CHING	
09 01 22 09 01 22 11 838	61 RT A	40 00 1	NPI 1234567890
09 01 22 09 01 22 11 838	61 LT A	40 00 1	NPI 1234567890

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES
Dr. Trukera Medical	17b. NPI 1234567890	FROM TO
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? \$ CHARGES
		YES NO
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	service line below (24E) ICD Ind.	22. RESUBMISSION CODE ORIGINAL REF. NO.
A. LICD-10 Code (s) B. L	C D	
E F	G Н	23. PRIOR AUTHORIZATION NUMBER
J. [K	10D2345678
	ROCEDURES, SERVICES, OR SUPPLIES E. Explain Unusual Circumstances) DIAGNOSIS	F. G. H. I. J. DAYS EPSOT ID. RENDERING OR Family ID.
MM DD YY MM DD YY SERVICE EMG CPT	HCPCS MODIFIER POINTER	\$ CHARGES UNITS Plan QUAL. PROVIDER ID. #
09 01 22 09 01 22 11 838	61 QW A	80 00 2 NPI 1234567890

2020-2022 Clinical Laboratory Fee Schedule (CLFS) Rate: \$22.48 per test (\$44.96 per patient)

Sequestration Withhold

- Medicare intermediaries are required to withhold two-percent of the allowable.

Medicare CMS Part B

- CMS Medicare pays at 100% of CLFS throughout the United States.
- No deductible or patient co-payment applies.
- Free standing, global lab code.
- CLIA Certification required.

Billing Software Requirements

- ANSI 5010 E-claim Crosswalk

In loop 2300, Segment REFO2, enter the CLIA Certification number – 10 digits - (Do not enter "CLIA" with the certificate number as this will cause claims to deny as an invalid identification number).

Field #	Claim Description	Loop	Segment	Electronic Description
23.	Prior Authorization number	2300	REF01	Reference identification qualifier = X4
			REF02	CLIA Certification number

Common Notification Reasons for Medicare Denials

- MA 120 Did not complete or enter accurately the CLIA number.
- MA 130 Your claim contains incomplete and/or invalid information, and no appeal rights are afforded because the claim in un-processable. Please submit the correct information to the appropriate FI or carrier.
- B7 "This provider was not certified/eligible to be paid for this procedure/service on this date of service."
- The laboratory is not approved for this type of test

TENNESSEE BILLING GUIDE



If any denial is received for CPT 83861 contact the TearLab Reimbursement Support Center promptly at rsc@tearlab.com for assistance

Reimbursement Support Specialist

Tanna Niemeier		
Cell: (419) 350-2968		

Fax: (858) 225-8749 Email: tniemeier@trukera.com

This guide addresses billing recommendation for:

- <u>CPT Code 83861</u> is specific for "Microfluidic analysis utilizing an integrated collection and analysis device, tear osmolality".
- A covered service by <u>CMS Medicare</u> under the <u>Clinical Laboratory Fee Schedule</u>.
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- Providers are encouraged to review payor-provider contracts for rate and claim submission requirements.
- Medical Necessity requires current signs or symptoms of disease at time of test.
- Frequency of testing is based on Medical Necessity as determined by the clinician.
- Laboratory Test multiple procedure discounts do not apply.

Payor Name	Lines	Modifier(s)	Units per Line
Aetna	2	RT/LT	1
	2	59 on	1
		second line	
Amerigroup		of service	
Anthem	2	RT/LT	1
BCBS TN	2	RT/LT	1
Cigna	2	RT/LT	1
	2	QW/RT/LT	1
		59 on	
Humana Medicare		second line	
Medicare	2	QW/RT/LT	1
UHC Community Plan	1	QW	2
United Healthcare	1	QW	2
Aetna	2	RT/LT	1

Medicare: Note the CLIA # in box 23 and the QW/RT, QW/LT in box24D are required for processing. **The QW modifier should be placed first.** Claims lacking these elements will reject.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES	,
Dr. Trukera Medical	17b. NPI 1234567890	FROM TO	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? \$ CHARGES	
		YES NO	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	service line below (24E) ICD Ind.	22. RESUBMISSION CODE ORIGINAL REF. NO.	
A. LICD-10 Code (s) B. L	C D		
E F (G Н	23. PRIOR AUTHORIZATION NUMBER	
J. [10D2345678	
From To PLACE OF (E	ROCEDURES, SERVICES, OR SUPPLIES E. Explain Unusual Circumstances) DIAGNOSIS /HCPCS MODIFIER POINTER	F. G. H. I. J. DAYS EPSOT ID. RENDERING OR Family ID. RENDERING UNITS Plan QUAL. PROVIDER ID.	
09 01 22 09 01 22 11 8386	61 QW RT A	40 00 1 NPI 1234567890	
09 01 22 09 01 22 11 8386	61 QW LT A	40 00 1 NPI 1234567890	

Most Commercial Plans: Note that the QW and CLIA # are not required.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a. 1	18. HOSPITALIZATION DATES RELATE	D TO CURRENT SERVICES
Dr. Trukera Medical	17b. NPI 1234567890	FROM	то
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)	2	20. OUTSIDE LAB?	\$ CHARGES
		YES NO	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	service line below (24E) ICD Ind. 2	22. RESUBMISSION CODE ORIGIN	NAL REF. NO.
A. LICD-10 Code (s) B. L	C. L D. L L		
E F (G Н 2	23. PRIOR AUTHORIZATION NUMBER	
I. L J. L H	К. [
From To PLACE OF (E	OCEDURES, SERVICES, OR SUPPLIES E. Explain Unusual Circumstances) DIAGNOSIS HCPCS I MODIFIER POINTER	F. G. H. DAYS EPSDT OR Family \$ CHARGES UNITS Plan	I. J. ID. RENDERING QUAL PROVIDER ID. #
09 01 22 09 01 22 11 8386	61 RT A	40 00 1	NPI 1234567890
09 01 22 09 01 22 11 8386	61 LT A	40 00 1	NPI 1234567890

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES
Dr. Trukera Medical	17b. NPI 1234567890	FROM TO
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? \$ CHARGES
		YES NO
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	service line below (24E) ICD Ind.	22. RESUBMISSION CODE ORIGINAL REF. NO.
A. LICD-10 Code (s) B. L	C D	
E F	G H	23. PRIOR AUTHORIZATION NUMBER
J. [K L	10D2345678
	ROCEDURES, SERVICES, OR SUPPLIES E. Explain Unusual Circumstances) DIAGNOSIS	F. G. H. I. J. DAYS EPSDT ID. RENDERING OR Family
MM DD YY MM DD YY SERVICE EMG CPT/	HCPCS MODIFIER POINTER	\$ CHARGES UNITS Plan QUAL. PROVIDER ID. #
09 01 22 09 01 22 11 838	61 QW A	80 00 2 NPI 1234567890

2020-2022 Clinical Laboratory Fee Schedule (CLFS) Rate: \$22.48 per test (\$44.96 per patient)

Sequestration Withhold

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Medicare CMS Part B

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- CLIA Certification required.

Billing Software Requirements

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23.	Prior Authorization number	2300	REF01	Reference identification qualifier = X4
			REF02	CLIA Certification number

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- The laboratory is not approved for this type of test

TEXAS BILLING GUIDE



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Reimbursement Support Specialist

Tanna Niemeier		
Cell: (419) 350-2968		

Fax: (858) 225-8749 Email: tniemeier@trukera.com

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Payor Name	Lines	Modifier(s)	Units per Line
Aetna	2	RT/LT	1
Amerigroup	2	59 on second line of service	1
Anthem Blue Cross	1	None	2
BCBS of TX	2	RT/LT	1
Cigna	2	RT/LT	1
Community Health Choice	2	RT/LT	1
Humana Medicare	2	QW/RT/LT 59 on the second line	1
Medicare	2	QW/RT/LT	1
Scott & White	2	RT/LT	1
United Healthcare	1	QW	2
UHC Community Plan	1	QW	2

Medicare: Note the CLIA # in box 23 and the QW/RT, QW/LT in box24D are required for processing. **The QW modifier should be placed first.** Claims lacking these elements will reject.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES
Dr. Trukera Medical	17b. NPI 1234567890	FROM TO
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? \$ CHARGES
		YES NO
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	ervice line below (24E) ICD Ind.	22. RESUBMISSION CODE ORIGINAL REF. NO.
A. ICD-10 Code (s) B.	D. [
E F 0	н. Ц.	23. PRIOR AUTHORIZATION NUMBER
J H		10D2345678
From To PLACE OF (E	CEDURES, SERVICES, OR SUPPLIES E. kplain Unusual Circumstances) DIAGNOSIS CPCS I MODIFIER POINTER	
09 01 22 09 01 22 11 8386	1 QW RT A	40 00 1 NPI 1234567890
09 01 22 09 01 22 11 8386	1 QW LT A	40 00 1 NPI 1234567890

Most Commercial Plans: Note that the QW and CLIA # are not required.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATED TO	TO CURRENT SERVICES
Dr. Trukera Medical	17b. NPI 1234567890		то
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)	20. OUTSIDE LAB? \$	\$ CHARGES	
		YES NO	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	service line below (24E) ICD Ind.	22. RESUBMISSION CODE ORIGINAL	L REF. NO.
A. ICD-10 Code (s)	D	0.101012	
E F	н. Ц.	23. PRIOR AUTHORIZATION NUMBER	
J	с <u> </u>		
From To PLACE OF (I	DCEDURES, SERVICES, OR SUPPLIES E. DIAGNOSIS	OH Family	
MM DD YY MM DD YY SERVICE EMG CPT/	HCPCS MODIFIER POINTER	S CHARGES UNITS Plan QUA	AL. PROVIDER ID. #
09 01 22 09 01 22 11 838	A RT	40 00 1 NPI	1234567890
09 01 22 09 01 22 11 838	31 LT A	40 00 1 NPI	1234567890

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES
Dr. Trukera Medical	17b. NPI 1234567890	FROM TO
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)	20. OUTSIDE LAB? \$ CHARGES	
	YES NO	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	service line below (24E) ICD Ind.	22. RESUBMISSION CODE , ORIGINAL REF. NO.
A. LICD-10 Code (s) B. L	с. L D. L	
E F G H		23. PRIOR AUTHORIZATION NUMBER
I J K L		10D2345678
From To PLACE OF (OCEDURES, SERVICES, OR SUPPLIES E. Explain Unusual Circumstances) DIAGNOSIS	
MM DD YY MM DD YY SERVICE EMG CPT	HCPCS MODIFIER POINTER	\$ CHARGES UNITS Plan QUAL. PROVIDER ID. #
	110	
09 01 22 09 01 22 11 838	61 QW A	80 00 2 NPI 1234567890

2020-2022 Clinical Laboratory Fee Schedule (CLFS) Rate: \$22.48 per test (\$44.96 per patient)

Sequestration Withhold

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Medicare CMS Part B

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- CLIA Certification required.

Billing Software Requirements

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In loop 2300, Segment REFO2, enter the CLIA Certification number – 10 digits - (Do not enter "CLIA" with the certificate number as this will cause claims to deny as an invalid identification number).

Field #	Claim Description	Loop	Segment	Electronic Description
23.	Prior Authorization number	2300	REF01	Reference identification qualifier = X4
			REF02	CLIA Certification number

Common Notification Reasons for Medicare Denials

- MA 120 Did not complete or enter accurately the CLIA number.
- MA 130 Your claim contains incomplete and/or invalid information, and no appeal rights are afforded because the claim in un-processable. Please submit the correct information to the appropriate FI or carrier.
- B7 "This provider was not certified/eligible to be paid for this procedure/service on this date of service."
- The laboratory is not approved for this type of test.

UTAH BILLING GUIDE



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Reimbursement Support Specialist

Tanna Niemeier				
Cell: (419) 350-2968				

Fax: (858) 225-8749 Email: tniemeier@trukera.com

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- Frequency of testing is based on Medical Necessity as determined by the clinician.
- Laboratory Test multiple procedure discounts do not apply.

Payor Name	Lines	Modifier(s)	Units per Line
Aetna	2	RT/LT	1
Cigna	2	RT/LT	1
EMI Health	2	RT/LT	1
HealthNet	2	QW/RT/LT	1
Medicaid UT	2	QW/RT/LT	1
Medicare	2	QW/RT/LT	1
Molina	1	QW	2
Public Employees Health Plan (PEHP)	2	RT/LT	1
Regence Blue	2	RT/LT	1
SelectHealth	2	RT/LT	1
United Healthcare	1	QW	2
University of Utah Health Plans	2	RT/LT	2

Medicare: Note the CLIA # in box 23 and the QW/RT, QW/LT in box24D are required for processing. **The QW modifier should be placed first.** Claims lacking these elements will reject.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES
Dr. Trukera Medical	17b. NPI 1234567890	FROM TO
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? \$ CHARGES
		YES NO
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L	o service line below (24E) ICD Ind.	22. RESUBMISSION CODE ORIGINAL REF. NO.
A. LICD-10 Code (s) B. L	C D	
E F	G Н	23. PRIOR AUTHORIZATION NUMBER
J	К. [10D2345678
From To PLACE OF	ROCEDURES, SERVICES, OR SUPPLIES E. (Explain Unusual Circumstances) DIAGNOSIS F/HCPCS MODIFIER POINTER	F. G. H. I. J. DAYS EPST ID. RENDERING OR Family ID. RENDERING WINTS Plan QUAL. PROVIDER ID. #
09 01 22 09 01 22 11 83	B61 QW RT A	40 00 1 NPI 1234567890
09 01 22 09 01 22 11 83	361 QW LT A	40 00 1 NPI 1234567890

Most Commercial Plans: Note that the QW and CLIA # are not required.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES REL	ATED TO CURRENT SERVICES
Dr. Trukera Medical	17b. NPI 1234567890	FROM	то
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB?	\$ CHARGES
		YES X NO	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	service line below (24E) ICD Ind.	22. RESUBMISSION	RIGINAL REF. NO.
A. LICD-10 Code (s) B. L	c. L D.		
E F	G Н. [23. PRIOR AUTHORIZATION NUMB	BER
J. L	K. [
From To PLACE OF (I	OCEDURES, SERVICES, OR SUPPLIES E. Explain Unusual Circumstances) DIAGNOSIS HCPCS I MODIFIER POINTER	F. G. H DAYS EPS OR Fan \$ CHARGES UNITS PIL	I. J. SDT ID. Tily ID. RENDERING an QUAL.
	MODIFIER POINTER	S OTIANOES ONITS TH	al GOAL. PHONDERID. #
09 01 22 09 01 22 11 838	61 RT A	40 00 1	NPI 1234567890
			1001507000
09 01 22 09 01 22 11 838	61 LT A	40 00 1	NPI 1234567890

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES
Dr. Trukera Medical	17b. NPI 1234567890	FROM TO
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)	20. OUTSIDE LAB? \$ CHARGES	
		YES NO
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	o service line below (24E) ICD Ind.	22. RESUBMISSION CODE ORIGINAL REF. NO.
A. LICD-10 Code (s) B. L	C D	
E. L F. L	G н	23. PRIOR AUTHORIZATION NUMBER
J. L	К Ц	10D2345678
From To PLACE OF		E. F. G. H. I. J. AGNOSIS DAYS EPSOT ID. RENDERING
MM DD YY MM DD YY SERVICE EMG CPT	T/HCPCS MODIFIER	POINTER \$ CHARGES UNITS Plan QUAL. PROVIDER ID. #
09 01 22 09 01 22 11 838	361 QW A	80 00 2 NPI 1234567890

2020-2022 Clinical Laboratory Fee Schedule (CLFS) Rate: \$22.48 per test (\$44.96 per patient)

Sequestration Withhold

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Field #	Claim Description	Loop	Segment	Electronic Description
23.	Prior Authorization number	2300	REF01	Reference identification qualifier = X4
			REF02	CLIA Certification number

Common Notification Reasons for Medicare Denials

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- MA 130 Your claim contains incomplete and/or invalid information, and no appeal rights are afforded because the claim in un-processable. Please submit the correct information to the appropriate FI or carrier.
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VERMONT BILLING GUIDE



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Senior Reimbursement Support Specialist

Bridget Bolles

Cell: (317) 797-7151

Fax: (858) 225-8749 Email: bbolles@trukera.com

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Payor Name	Lines	Modifier(s)	Units per Line
Medicare	2	QW/RT/LT	1
Anthem	2	RT/LT	1
	2	QW/RT/LT	1
		59 on	
Humana Medicare		second line	
Aetna	2	RT/LT	1
United HC	1	QW	2
Cigna	2	RT/LT	1
Optima	2	RT/LT	1
BCBS FED	2	RT/LT	1
Premier HP	2	RT/LT	1
UHC Community	1	QW	2

Vermont Providers:

<u>Vermont Medicaid</u>: Providers should Fax CLIA Certificate to 802.878.3440 attn: Enrollment, prior to submitting claims.

Premier: If billing bilateral requires Modifier 50

Medicare: Note the CLIA # in box 23 and the QW/RT, QW/LT in box24D are required for processing. **The QW modifier should be placed first.** Claims lacking these elements will reject.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES
Dr. Trukera Medical	17b. NPI 1234567890	FROM TO
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)	20. OUTSIDE LAB? \$ CHARGES	
		YES NO
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	o service line below (24E) ICD Ind.	22. RESUBMISSION CODE ORIGINAL REF. NO.
A. ICD-10 Code (s)	C D	
E F	G Н	23. PRIOR AUTHORIZATION NUMBER
J	К L	10D2345678
	ROCEDURES, SERVICES, OR SUPPLIES E. (Explain Unusual Circumstances) DIAGNOSIS	F. G. H. I. J. DAYS EPSOT ID. RENDERING OR Famby \$CHARGES UNITS Plan QUAL PROVIDER ID. #
MM DD YY MM DD YY SERVICE EMG CPT	HCPCS MODIFIER POINTER	\$ CHARGES UNITS Plan QUAL. PROVIDER ID. #
09 01 22 09 01 22 11 838	A RT A	40 00 1 NPI 1234567890
09 01 22 09 01 22 11 838	A R A R A	40 00 1 NPI 1234567890

Most Commercial Plans: Note that the QW and CLIA # are not required.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELAT	TED TO CURRENT SERVICES
Dr. Trukera Medical	17b. NPI 1234567890	FROM	то
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB?	\$ CHARGES
		YES 🗙 NO	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	service line below (24E) ICD Ind.	22. RESUBMISSION CODE . ORIC	GINAL REF. NO.
A. LICD-10 Code (s) B.	с		
E F	G н	23. PRIOR AUTHORIZATION NUMBER	R
I J	К L		
From To PLACE OF (OCEDURES, SERVICES, OR SUPPLIES E. Explain Unusual Circumstances) DIAGNOSIS		I. J. ID. RENDERING
MM DD YY MM DD YY SERVICE EMG CPT	HCPCS MODIFIER POINTER	\$ CHARGES UNITS Plan	QUAL. PROVIDER ID. #
09 01 22 09 01 22 11 838	61 RT A	40 00 1	NPI 1234567890
09 01 22 09 01 22 11 838	61 LT A	40 00 1	NPI 1234567890

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES
Dr. Trukera Medical	17b. NPI 1234567890	FROM TO
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)	20. OUTSIDE LAB? \$ CHARGES	
		YES NO
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	o service line below (24E) ICD Ind.	22. RESUBMISSION CODE ORIGINAL REF. NO.
A. ICD-10 Code (s) B.	С D	
E F	G Н	23. PRIOR AUTHORIZATION NUMBER
J	К L	10D2345678
From To PLACE OF (ROCEDURES, SERVICES, OR SUPPLIES E. (Explain Unusual Circumstances) DIAGNOSIS	F. G. H. I. J. DAYS EPSDT ID. RENDERING
MM DD YY MM DD YY SERVICE EMG CPT	T/HCPCS MODIFIER POINTER	\$ CHARGES UNITS Plan QUAL. PROVIDER ID. #
09 01 22 09 01 22 11 838	361 QW A	80 00 2 NPI 1234567890

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	-		REF02	CLIA Certification number

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VIRGINIA BILLING GUIDE



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Senior Reimbursement Support Specialist

Bridget Bolles

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Fax: (858) 225-8749 Email: bbolles@trukera.com

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- <u>CLIA Certificate of Waiver</u> is required to perform and bill this laboratory tests.
- Providers are encouraged to review payor-provider contracts for rate and claim submission requirements.
- Medical Necessity requires current signs or symptoms of disease at time of test.
- Frequency of testing is based on Medical Necessity as determined by the clinician.
- Laboratory Test multiple procedure discounts do not apply.

Payor Name	Lines	Modifier(s)	Units per Line
Medicare	2	QW/RT/LT	1
Anthem	2	RT/LT	1
	2	QW/RT/LT	1
		59 on	
Humana Medicare		second line	
Aetna	2	RT/LT	1
United HC	1	QW	2
Cigna	2	RT/LT	1
Optima	2	RT/LT	1
BCBS FED	2	RT/LT	1
Premier HP	2	RT/LT	1
UHC Community	1	QW	2

Virginia Providers:

Humana Commercial: Will deny claim (Diagnostic testing for dry eye syndrome is not separately reimbursable).

Virginia Medicaid: Bill as 1 line QW modifier 2 units Premier: If billed as bilateral use a modifier 50

Medicare: Note the CLIA # in box 23 and the QW/RT, QW/LT in box24D are required for processing. **The QW modifier should be placed first.** Claims lacking these elements will reject.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES
Dr. Trukera Medical	17b. NPI 1234567890	FROM TO
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)	20. OUTSIDE LAB? \$ CHARGES	
		YES NO
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	o service line below (24E) ICD Ind.	22. RESUBMISSION CODE ORIGINAL REF. NO.
A. ICD-10 Code (s)	C D	
E F	G Н	23. PRIOR AUTHORIZATION NUMBER
J	К L	10D2345678
	ROCEDURES, SERVICES, OR SUPPLIES E. (Explain Unusual Circumstances) DIAGNOSIS	F. G. H. I. J. DAYS EPSOT ID. RENDERING OR Famby \$CHARGES UNITS Plan QUAL PROVIDER ID. #
MM DD YY MM DD YY SERVICE EMG CPT	HCPCS MODIFIER POINTER	\$ CHARGES UNITS Plan QUAL. PROVIDER ID. #
09 01 22 09 01 22 11 838	A RT A	40 00 1 NPI 1234567890
09 01 22 09 01 22 11 838	A R A R A	40 00 1 NPI 1234567890

Most Commercial Plans: Note that the QW and CLIA # are not required.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELAT	TED TO CURRENT SERVICES
Dr. Trukera Medical	17b. NPI 1234567890	FROM	то
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB?	\$ CHARGES
		YES 🗙 NO	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	service line below (24E) ICD Ind.	22. RESUBMISSION CODE . ORIC	GINAL REF. NO.
A. LICD-10 Code (s) B.	с		
E F	G н	23. PRIOR AUTHORIZATION NUMBER	R
I J	К L		
From To PLACE OF (OCEDURES, SERVICES, OR SUPPLIES E. Explain Unusual Circumstances) DIAGNOSIS		I. J. ID. RENDERING
MM DD YY MM DD YY SERVICE EMG CPT	HCPCS MODIFIER POINTER	\$ CHARGES UNITS Plan	QUAL. PROVIDER ID. #
09 01 22 09 01 22 11 838	61 RT A	40 00 1	NPI 1234567890
09 01 22 09 01 22 11 838	61 LT A	40 00 1	NPI 1234567890

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES
Dr. Trukera Medical	17b. NPI 1234567890	FROM TO
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? \$ CHARGES
		YES NO
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	o service line below (24E) ICD Ind.	22. RESUBMISSION CODE ORIGINAL REF. NO.
A. ICD-10 Code (s) B.	С D	
E F	G Н	23. PRIOR AUTHORIZATION NUMBER
J	К L	10D2345678
From To PLACE OF (ROCEDURES, SERVICES, OR SUPPLIES E. (Explain Unusual Circumstances) DIAGNOSIS	F. G. H. I. J. DAYS EPSDT ID. RENDERING
MM DD YY MM DD YY SERVICE EMG CPT	T/HCPCS MODIFIER POINTER	\$ CHARGES UNITS Plan QUAL. PROVIDER ID. #
09 01 22 09 01 22 11 838	361 QW A	80 00 2 NPI 1234567890

2020-2022 Clinical Laboratory Fee Schedule (CLFS) Rate: \$22.48 per test (\$44.96 per patient)

Sequestration Withhold

- Medicare intermediaries are required to withhold two-percent of the allowable.

Medicare CMS Part B

- CMS Medicare pays at 100% of CLFS throughout the United States.
- No deductible or patient co-payment applies.
- Free standing, global lab code.
- CLIA Certification required.

Billing Software Requirements

- ANSI 5010 E-claim Crosswalk

In loop 2300, Segment REFO2, enter the CLIA Certification number – 10 digits - (Do not enter "CLIA" with the certificate number as this will cause claims to deny as an invalid identification number).

Field #	Claim Description	Loop	Segment	Electronic Description
23.	Prior Authorization number	2300	REF01	Reference identification qualifier = X4
			REF02	CLIA Certification number

Common Notification Reasons for Medicare Denials

- MA 120 Did not complete or enter accurately the CLIA number.
- MA 130 Your claim contains incomplete and/or invalid information, and no appeal rights are afforded because the claim in un-processable. Please submit the correct information to the appropriate FI or carrier.
- B7 "This provider was not certified/eligible to be paid for this procedure/service on this date of service."
- The laboratory is not approved for this type of test

WASHINGTON BILLING GUIDE



If any denial is received for CPT 83861 contact the TearLab Reimbursement Support Center promptly at rsc@tearlab.com for assistance

Reimbursement Support Specialist

Tanna Niemeier		
Cell: (419) 350-2968		

Fax: (858) 225-8749 Email: tniemeier@trukera.com

This guide addresses billing recommendation for:

- <u>CPT Code 83861</u> is specific for "Microfluidic analysis utilizing an integrated collection and analysis device, tear osmolality".
- A covered service by <u>CMS Medicare</u> under the <u>Clinical Laboratory Fee Schedule</u>.
- <u>CLIA Certificate of Waiver</u> is required to perform and bill this laboratory tests.
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- Frequency of testing is based on Medical Necessity as determined by the clinician.
- Laboratory Test multiple procedure discounts do not apply.

Payor Name	Lines	Modifier(s)	Units per Line
Aetna	2	RT/LT	1
BCBS Federal Employee Plan	2	RT/LT	1
Cigna	2	RT/LT	1
Coordinated Care Health Plan	2	RT/LT	1
HealthNet	2	QW/RT/LT	1
Medicare	2	QW/RT/LT	1
Molina	1	QW	2
Premera Blue Cross	1	None	2
Regence Blue Cross	1	None	2
UHC Community Plan	1	QW	2
United Healthcare	1	QW	2

Medicare: Note the CLIA # in box 23 and the QW/RT, QW/LT in box24D are required for processing. **The QW modifier should be placed first.** Claims lacking these elements will reject.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELAT	TED TO CURRENT SERVICES
Dr. Trukera Medical	17b. NPI 1234567890	FROM	то
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB?	\$ CHARGES
		YES NO	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	service line below (24E) ICD Ind.	22. RESUBMISSION CODE ORIG	GINAL REF. NO.
A. LICD-10 Code (s) B. L	D. L		
E F	н. Ц	23. PRIOR AUTHORIZATION NUMBER	R
J	L	10D2345678	
From To PLACE OF (I	DCEDURES, SERVICES, OR SUPPLIES xplain Unusual Circumstances) HCPCS MODIFIER DIAGNOSIS POINTER	F. G. H. DAYS EPSDT OR Family UNITS Plan	I. J. ID. RENDERING QUAL. PROVIDER ID. #
09 01 22 09 01 22 11 838	01 QW RT A	40 00 1	NPI 1234567890
09 01 22 09 01 22 11 838	A QW LT	40 00 1	NPI 1234567890

Most Commercial Plans: Note that the QW and CLIA # are not required.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATION DATES RELATION	TED TO CURRENT SERVICES
Dr. Trukera Medical	17b. NPI 1234567890	FROM	то
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB?	\$ CHARGES
		YES NO	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	service line below (24E) ICD Ind.	22. RESUBMISSION	GINAL REF. NO.
A. LICD-10 Code (s) B.	D. L		
E F	э н	23. PRIOR AUTHORIZATION NUMBE	ER
J. [С. <u>L. L. L. </u>		
From To PLACE OF (I	DCEDURES, SERVICES, OR SUPPLIES E. Explain Unusual Circumstances) DIAGNOSIS HCPCS I MODIFIER POINTER	F. G. H. DAYS EPSO OR Family \$ CHARGES UNITS Plan	I. J. TI ID. RENDERING QUAL. PROVIDER ID. #
	MODIFIEN FOINTER	S CHANGES ONITS Pan	GOAL PHOVIDEN ID. #
09 01 22 09 01 22 11 838	61 RT A	40 00 1	NPI 1234567890
09 01 22 09 01 22 11 838	S1 LT A	40 00 1	NPI 1234567890

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES
Dr. Trukera Medical	17b. NPI 1234567890	FROM TO
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? \$ CHARGES
		YES NO
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	o service line below (24E) ICD Ind.	22. RESUBMISSION CODE ORIGINAL REF. NO.
A. LICD-10 Code (s) B. L	C D	
E. L F. L	G н	23. PRIOR AUTHORIZATION NUMBER
J. L	К Ц	10D2345678
From To PLACE OF		E. F. G. H. I. J. AGNOSIS DAYS EPSOT ID. RENDERING
MM DD YY MM DD YY SERVICE EMG CPT	T/HCPCS MODIFIER	POINTER \$ CHARGES UNITS Plan QUAL. PROVIDER ID. #
09 01 22 09 01 22 11 838	361 QW A	80 00 2 NPI 1234567890

2020-2022 Clinical Laboratory Fee Schedule (CLFS) Rate: \$22.48 per test (\$44.96 per patient)

Sequestration Withhold

- Medicare intermediaries are required to withhold two-percent of the allowable.

Medicare CMS Part B

- CMS Medicare pays at 100% of CLFS throughout the United States.
- No deductible or patient co-payment applies.
- Free standing, global lab code.
- CLIA Certification required.

Billing Software Requirements

- ANSI 5010 E-claim Crosswalk

In loop 2300, Segment REFO2, enter the CLIA Certification number – 10 digits - (Do not enter "CLIA" with the certificate number as this will cause claims to deny as an invalid identification number).

Field #	Claim Description	Loop	Segment	Electronic Description
23.	Prior Authorization number	2300	REF01	Reference identification qualifier = X4
			REF02	CLIA Certification number

Common Notification Reasons for Medicare Denials

- MA 120 Did not complete or enter accurately the CLIA number.
- MA 130 Your claim contains incomplete and/or invalid information, and no appeal rights are afforded because the claim in un-processable. Please submit the correct information to the appropriate FI or carrier.
- B7 "This provider was not certified/eligible to be paid for this procedure/service on this date of service."
- The laboratory is not approved for this type of test

WEST VIRGINIA BILLING GUIDE



If any denial is received for CPT 83861 contact the TearLab Reimbursement Support Center promptly at rsc@tearlab.com for assistance

Senior Reimbursement Support Specialist

Bridget Bolles

Cell: (317) 797-7151

Fax: (858) 225-8749 Email: bbolles@trukera.com

This guide addresses billing recommendation for:

- <u>CPT Code 83861</u> is specific for "Microfluidic analysis utilizing an integrated collection and analysis device, tear osmolality".
- A covered service by <u>CMS Medicare</u> under the <u>Clinical Laboratory Fee Schedule</u>.
- <u>CLIA Certificate of Waiver</u> is required to perform and bill this laboratory tests.
- Providers are encouraged to review payor-provider contracts for rate and claim submission requirements.
- Medical Necessity requires current signs or symptoms of disease at time of test.
- Frequency of testing is based on Medical Necessity as determined by the clinician.
- Laboratory Test multiple procedure discounts do not apply.

Payor Name	Lines	Modifier(s)	Units per Line
Medicare	2	QW/RT/LT	1
Aetna	2	RT/LT	1
HighMark	2	RT/LT	1
The Health Plan-PEIA	2	QW/RT/LT	1
Unicare	2	RT/LT	2
WV Medicaid	2	QW/RT/LT	1
	2	QW/RT/LT	1
		59 on	
Humana Medicare		second line	
BCBS FED	2	RT/LT	1
Cigna	2	RT/LT	2
United HC	1	QW	2

West Virginia Providers:

Humana Commercial: Will deny claim (Diagnostic testing for dry eye syndrome is not separately reimbursable).

West Virginia Medicaid: CLIA # and NPI need to be loaded through Provider Enrollment before processing claims

Medicare: Note the CLIA # in box 23 and the QW/RT, QW/LT in box24D are required for processing. **The QW modifier should be placed first.** Claims lacking these elements will reject.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES
Dr. Trukera Medical	17b. NPI 1234567890	FROM TO
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? \$ CHARGES
		YES NO
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	o service line below (24E) ICD Ind.	22. RESUBMISSION CODE ORIGINAL REF. NO.
A. ICD-10 Code (s)	C D	
E F	G Н	23. PRIOR AUTHORIZATION NUMBER
J	К L	10D2345678
	ROCEDURES, SERVICES, OR SUPPLIES E. (Explain Unusual Circumstances) DIAGNOSIS	F. G. H. I. J. DAYS EPSOT ID. RENDERING OR Famby \$CHARGES UNITS Plan QUAL PROVIDER ID. #
MM DD YY MM DD YY SERVICE EMG CPT	HCPCS MODIFIER POINTER	\$ CHARGES UNITS Plan QUAL. PROVIDER ID. #
09 01 22 09 01 22 11 838	A RT A	40 00 1 NPI 1234567890
09 01 22 09 01 22 11 838	A R A R A	40 00 1 NPI 1234567890

Most Commercial Plans: Note that the QW and CLIA # are not required.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELAT	TED TO CURRENT SERVICES
Dr. Trukera Medical	17b. NPI 1234567890	FROM	то
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB?	\$ CHARGES
		YES 🗙 NO	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	service line below (24E) ICD Ind.	22. RESUBMISSION CODE . ORIC	GINAL REF. NO.
A. LICD-10 Code (s) B.	с		
E F	G н	23. PRIOR AUTHORIZATION NUMBER	R
I J	К L		
From To PLACE OF (OCEDURES, SERVICES, OR SUPPLIES E. Explain Unusual Circumstances) DIAGNOSIS		I. J. ID. RENDERING
MM DD YY MM DD YY SERVICE EMG CPT	HCPCS MODIFIER POINTER	\$ CHARGES UNITS Plan	QUAL. PROVIDER ID. #
09 01 22 09 01 22 11 838	61 RT A	40 00 1	NPI 1234567890
09 01 22 09 01 22 11 838	61 LT A	40 00 1	NPI 1234567890

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES
Dr. Trukera Medical	17b. NPI 1234567890	FROM TO
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? \$ CHARGES
		YES NO
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	o service line below (24E) ICD Ind.	22. RESUBMISSION CODE ORIGINAL REF. NO.
A. ICD-10 Code (s) B.	С D	
E F	G Н	23. PRIOR AUTHORIZATION NUMBER
J	К L	10D2345678
From To PLACE OF (ROCEDURES, SERVICES, OR SUPPLIES E. (Explain Unusual Circumstances) DIAGNOSIS	F. G. H. I. J. DAYS EPSDT ID. RENDERING
MM DD YY MM DD YY SERVICE EMG CPT	T/HCPCS MODIFIER POINTER	\$ CHARGES UNITS Plan QUAL. PROVIDER ID. #
09 01 22 09 01 22 11 838	361 QW A	80 00 2 NPI 1234567890

2020-2022 Clinical Laboratory Fee Schedule (CLFS) Rate: \$22.48 per test (\$44.96 per patient)

Sequestration Withhold

- Medicare intermediaries are required to withhold two-percent of the allowable.

Medicare CMS Part B

- CMS Medicare pays at 100% of CLFS throughout the United States.
- No deductible or patient co-payment applies.
- Free standing, global lab code.
- CLIA Certification required.

Billing Software Requirements

- ANSI 5010 E-claim Crosswalk

In loop 2300, Segment REFO2, enter the CLIA Certification number – 10 digits - (Do not enter "CLIA" with the certificate number as this will cause claims to deny as an invalid identification number).

Field #	Claim Description	Loop	Segment	Electronic Description
23.	Prior Authorization number	2300	REF01	Reference identification qualifier = X4
			REF02	CLIA Certification number

Common Notification Reasons for Medicare Denials

- MA 120 Did not complete or enter accurately the CLIA number.
- MA 130 Your claim contains incomplete and/or invalid information, and no appeal rights are afforded because the claim in un-processable. Please submit the correct information to the appropriate FI or carrier.
- B7 "This provider was not certified/eligible to be paid for this procedure/service on this date of service."
- The laboratory is not approved for this type of test

WISCONSIN BILLING GUIDE



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Reimbursement Support Specialist

Tanna Niemeier		
Cell: (419) 350-2968		

Fax: (858) 225-8749 Email: tniemeier@trukera.com

This guide addresses billing recommendation for:

- <u>CPT Code 83861</u> is specific for "Microfluidic analysis utilizing an integrated collection and analysis device, tear osmolality".
- A covered service by <u>CMS Medicare</u> under the <u>Clinical Laboratory Fee Schedule</u>.
- <u>CLIA Certificate of Waiver</u> is required to perform and bill this laboratory tests.
- Providers are encouraged to review <u>payor-provider contracts</u> for rate and claim submission requirements.
- Medical Necessity requires current signs or symptoms of disease at time of test.
- Frequency of testing is based on Medical Necessity as determined by the clinician.
- Laboratory Test multiple procedure discounts do not apply.

Payor Name	Lines	Modifier(s)	Units per Line
Aetna	2	RT/LT	1
Anthem	2	RT/LT	1
BadgerCare Plus	2	QW/RT/LT	1
Children's Community Health Plan	2	RT/LT	1
Cigna	2	RT/LT	1
Dean Health Plan	2	RT/LT	1
	2	QW/RT/LT	1
		59 on the	
Humana Medicare		second line	
Medicaid WI	2	QW/RT/LT	1
Medicare	2	QW/RT/LT	1
Molina	1	QW	2
UHC Community Plan	1	QW	2
United HealthCare	1	QW	2
WEA Trust	2	RT/LT	2

Wisconsin Providers:

Medicaid is not covering CPT 83861 for OD's.

Medicare: Note the CLIA # in box 23 and the QW/RT, QW/LT in box24D are required for processing. **The QW modifier should be placed first.** Claims lacking these elements will reject.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES
Dr. Trukera Medical	17b. NPI 1234567890	FROM TO
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? \$ CHARGES
		YES NO
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L	o service line below (24E) ICD Ind.	22. RESUBMISSION CODE ORIGINAL REF. NO.
A. LICD-10 Code (s) B. L	C D	
E F	G Н	23. PRIOR AUTHORIZATION NUMBER
J	К. [10D2345678
From To PLACE OF	ROCEDURES, SERVICES, OR SUPPLIES E. (Explain Unusual Circumstances) DIAGNOSIS F/HCPCS MODIFIER POINTER	F. G. H. I. J. DAYS EPST ID. RENDERING OR Family ID. RENDERING WINTS Plan QUAL. PROVIDER ID. #
09 01 22 09 01 22 11 83	B61 QW RT A	40 00 1 NPI 1234567890
09 01 22 09 01 22 11 83	361 QW LT A	40 00 1 NPI 1234567890

Most Commercial Plans: Note that the QW and CLIA # are not required.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES REL	ATED TO CURRENT SERVICES
Dr. Trukera Medical	17b. NPI 1234567890	FROM	то
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB?	\$ CHARGES
		YES X NO	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	service line below (24E) ICD Ind.	22. RESUBMISSION	RIGINAL REF. NO.
A. LICD-10 Code (s) B. L	c. L D.		
E F	G Н. [23. PRIOR AUTHORIZATION NUMB	BER
J. L	K. [
From To PLACE OF (I	OCEDURES, SERVICES, OR SUPPLIES E. Explain Unusual Circumstances) DIAGNOSIS HCPCS I MODIFIER POINTER	F. G. H DAYS EPS OR Fan \$ CHARGES UNITS PIL	I. J. SDT ID. Tily ID. RENDERING an QUAL.
	MODIFIER POINTER	S OTIANOES ONITS TH	al GOAL. PHONDERID. #
09 01 22 09 01 22 11 838	61 RT A	40 00 1	NPI 1234567890
			1001507000
09 01 22 09 01 22 11 838	61 LT A	40 00 1	NPI 1234567890

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES
Dr. Trukera Medical	17b. NPI 1234567890	FROM TO
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? \$ CHARGES
		YES NO
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	o service line below (24E) ICD Ind.	22. RESUBMISSION CODE ORIGINAL REF. NO.
A. LICD-10 Code (s) B. L	C D	
E. L F. L	G н	23. PRIOR AUTHORIZATION NUMBER
J. L	К Ц	10D2345678
From To PLACE OF		E. F. G. H. I. J. AGNOSIS DAYS EPSOT ID. RENDERING
MM DD YY MM DD YY SERVICE EMG CPT	T/HCPCS MODIFIER	POINTER \$ CHARGES UNITS Plan QUAL. PROVIDER ID. #
09 01 22 09 01 22 11 838	361 QW A	80 00 2 NPI 1234567890

2020-2022 Clinical Laboratory Fee Schedule (CLFS) Rate: \$22.48 per test (\$44.96 per patient)

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Medicare CMS Part B

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Billing Software Requirements

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Field #	Claim Description	Loop	Segment	Electronic Description
23.	Prior Authorization number	2300	REF01	Reference identification qualifier = X4
			REF02	CLIA Certification number

Common Notification Reasons for Medicare Denials

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- MA 130 Your claim contains incomplete and/or invalid information, and no appeal rights are afforded because the claim in un-processable. Please submit the correct information to the appropriate FI or carrier.
- B7 "This provider was not certified/eligible to be paid for this procedure/service on this date of service."
- The laboratory is not approved for this type of test

WYOMING BILLING GUIDE



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Reimbursement Support Specialist

Tanna Niemeier Cell: (419) 350-2968 Fax: (858) 225-8749 Email: tniemeier@trukera.com

Payor Name	Lines	Modifier(s)	Units per Line
Aetna	2	RT/LT	1
BCBS Federal Employee Plan	2	RT/LT	1
BCBS WY	2	RT/LT	1
Cigna	2	RT/LT	1
HealthNet	2	QW/RT/LT	1
Medicaid WY	2	QW/RT/LT	1
Medicare	2	QW/RT/LT	1
United Healthcare	1	QW	2

Medicare: Note the CLIA # in box 23 and the QW/RT, QW/LT in box24D are required for processing. **The QW modifier should be placed first.** Claims lacking these elements will reject.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES	
Dr. Trukera Medical	17b. NPI 1234567890	FROM TO	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? \$ CHARGES	
		YES NO	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	service line below (24E) ICD Ind.	22. RESUBMISSION CODE ORIGINAL REF. NO.	
A. LICD-10 Code (s) B. L	D.		
E F	н.	23. PRIOR AUTHORIZATION NUMBER	
J		10D2345678	
From To PLACE OF (I	DCEDURES, SERVICES, OR SUPPLIES E. Explain Unusual Circumstances) DIAGNOSIS HCPCS MODIFIER POINTER		
09 01 22 09 01 22 11 838	A QW RT	40 00 1 NPI 1234567890	
09 01 22 09 01 22 11 838	31 QW LT A	40 00 1 NPI 1234567890	6. 7 C. C.

Most Commercial Plans: Note that the QW and CLIA # are not required.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a. 18.	8. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES
Dr. Trukera Medical	17b. NPI 1234567890	FROM TO
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)	20.	0. OUTSIDE LAB? \$ CHARGES
		YES NO
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	to service line below (24E) ICD Ind. 22.	2. RESUBMISSION CODE ORIGINAL REF. NO.
A. LICD-10 Code (s) B. L	C. L D. L	
E. L F. L (G Н 23.	3. PRIOR AUTHORIZATION NUMBER
J. L J. L I	K. L.	
From To PLACE OF (E	PROCEDURES, SERVICES, OR SUPPLIES E. (Explain Unusual Circumstances) DIAGNOSIS T/HCPCS I MODIFIER POINTER	F. G. H. I. J. DAYS EPSOT OR Family ID. RENDERING \$ CHARGES UNITS Plan QUAL. PROVIDER ID
09 01 22 09 01 22 11 838	861 RT A	40 00 1 NPI 1234567890
09 01 22 09 01 22 11 838	861 LT A	40 00 1 NPI 1234567890

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES
Dr. Trukera Medical	17b. NPI 1234567890	FROM TO
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? \$ CHARGES
		YES NO
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	service line below (24E) ICD Ind.	22. RESUBMISSION CODE , ORIGINAL REF. NO.
A. LICD-10 Code (s) B. L	с. L D. L	
E F	G н	23. PRIOR AUTHORIZATION NUMBER
J. [к L	10D2345678
From To PLACE OF (OCEDURES, SERVICES, OR SUPPLIES E. Explain Unusual Circumstances) DIAGNOSIS	
MM DD YY MM DD YY SERVICE EMG CPT	HCPCS MODIFIER POINTER	\$ CHARGES UNITS Plan QUAL. PROVIDER ID. #
	110	
09 01 22 09 01 22 11 838	61 QW A	80 00 2 NPI 1234567890

2020-2022 Clinical Laboratory Fee Schedule (CLFS) Rate: \$22.48 per test (\$44.96 per patient)

Sequestration Withhold

- Medicare intermediaries are required to withhold two-percent of the allowable.

Medicare CMS Part B

- CMS Medicare pays at 100% of CLFS throughout the United States.
- No deductible or patient co-payment applies.
- Free standing, global lab code.
- CLIA Certification required.

Billing Software Requirements

- ANSI 5010 E-claim Crosswalk

In loop 2300, Segment REFO2, enter the CLIA Certification number – 10 digits - (Do not enter "CLIA" with the certificate number as this will cause claims to deny as an invalid identification number).

Field #	Claim Description	Loop	Segment	Electronic Description
23.	Prior Authorization number	2300	REF01	Reference identification qualifier = X4
			REF02	CLIA Certification number

Common Notification Reasons for Medicare Denials

- MA 120 Did not complete or enter accurately the CLIA number.
- MA 130 Your claim contains incomplete and/or invalid information, and no appeal rights are afforded because the claim in un-processable. Please submit the correct information to the appropriate FI or carrier.
- B7 "This provider was not certified/eligible to be paid for this procedure/service on this date of service."
- The laboratory is not approved for this type of test