Trukera™ MEDICAL

Billing Guides

Reimbursement Team

Please contact:

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Phone: 317-797-7157

Email: bbolles@trukera.com

Tanna Niemeier

Phone: 419-350-2968

Email: tniemeier@trukera.com

Alabama	Maryland	South Carolina
Alaska	Massachusetts	South Dakota
Arizona	Michigan	Tennessee
Arkansas	Minnesota	Texas
California	Mississippi	Utah
Colorado	Missouri	Vermont
Connecticut	Montana	Virginia
Delaware	Nebraska	Washington
District of Columbia	Nevada	West Virginia
Florida	New Hampshire	Wisconsin
Georgia	New Jersey	Wyoming
Hawaii	New Mexico	
Idaho	New York	
Illinois	North Carolina	
Indiana	North Dakota	
Iowa	Ohio	
Kansas	Oklahoma	
Kentucky	Oregon	
Louisiana	Pennsylvania	
Maine	Rhode Island	

ALABAMA
BILLING GUIDE

Tru kera
M E D I C A L

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:

- **CPT Code 83861** is specific for "Microfluidic analysis utilizing an integrated collection and analysis device, tear osmolality".
- A covered service by CMS Medicare under the Clinical Laboratory Fee Schedule.
- CLIA Certificate of Waiver is required to perform and bill this laboratory tests.
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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
Humana Medicare	2	QW/RT/LT 59 on second line	1
Medicaid AL	2	QW/RT/LT	1
Medicare	2	QW/RT/LT	1
United Healthcare	1	QW	2
Viva Healthcare	2	RT/LT	1

Billing Format Examples

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 MM DD YY — TO MM DD YY

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

20. OUTSIDE LAB? ☐ YES ☒ NO $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)   ICD Ind.

A. ICD-10 Code (s)   B. ____   C. ____   D. ____
E. ____   F. ____   G. ____   H. ____
I. ____   J. ____   K. ____   L. ____

22. RESUBMISSION CODE _____ ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER
10D2345678

24. A. DATE(S) OF SERVICE From MM DD YY	To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	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 RT	A	40 00	1		NPI	1234567890
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.

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09 01 22	09 01 22	11		83861	RT	A	40 00	1		NPI	1234567890
09 01 22	09 01 22	11		83861	LT	A	40 00	1		NPI	1234567890

United Health Care Commercial Plans: UHC does not recognize the RT/LT modifiers. The CLIA number is required in box 23 with the **QW Modifier only** with 2 units of service. Double the billed charge.

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I. ____   J. ____   K. ____   L. ____

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23. PRIOR AUTHORIZATION NUMBER
10D2345678

24. A. DATE(S) OF SERVICE From MM DD YY	To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	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

Reimbursement for Medicare Part B (fee-for-service)

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

If there is no CLIA number on the claim, Medicare sends RA messages MA 120 and MA 130, which state:

- 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

ALASKA BILLING GUIDE

Tru kera MEDICAL

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

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Fax: (858) 225-8749

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- A covered service by CMS Medicare under the Clinical Laboratory Fee Schedule.
- CLIA Certificate of Waiver 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
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

Billing Format Examples

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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Dr. Trukera Medical		17b. NPI	1234567890		FROM — TO

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A. ICD-10 Code (s) B.   C.   D.
E.   F.   G.   H.
I.   J.   K.   L.

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23. PRIOR AUTHORIZATION NUMBER
10D2345678

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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

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

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09 01 22 09 01 22	11		83861 RT	A	40 00	1		NPI	1234567890
09 01 22 09 01 22	11		83861 LT	A	40 00	1		NPI	1234567890

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09 01 22 09 01 22	11		83861 QW	A	80 00	2		NPI	1234567890

Reimbursement for Medicare Part B (fee-for-service)

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

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- The laboratory is not approved for this type of test

ARIZONA BILLING GUIDE

Tru kera
M E D I C A L

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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
Humana Medicare	2	QW/RT/LT 59 on second line	1
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

09.2022

Billing Format Examples

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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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09.2022

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			REF02	CLIA Certification number

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ARKANSAS BILLING GUIDE

Trukera MEDICAL

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A. ICD-10 Code (s)   B. ___   C. ___   D. ___
E. ___   F. ___   G. ___   H. ___
I. ___   J. ___   K. ___   L. ___

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09 01 22 09 01 22	11		83861 QW RT	A	40 00	1		NPI	1234567890
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23. PRIOR AUTHORIZATION NUMBER
10D2345678

24. A. DATE(S) OF SERVICE From / To MM DD YY MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS / MODIFIER	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

Reimbursement for Medicare Part B (fee-for-service)

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

If there is no CLIA number on the claim, Medicare sends RA messages MA 120 and MA 130, which state:

- 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

CALIFORNIA BILLING GUIDE

Tru kera™ MEDICAL

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:

- **CPT Code 83861** is specific for "Microfluidic analysis utilizing an integrated collection and analysis device, tear osmolality".
- A covered service by CMS Medicare under the Clinical Laboratory Fee Schedule.
- CLIA Certificate of Waiver 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
Aetna	2	RT/LT	1
Anthem - Wellpoint	1	None	2
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

Billing Format Examples

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? ☐ YES ☒ NO $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind.

A. ICD-10 Code (s) B. C. D.
E. F. G. H.
I. J. K. L.

22. RESUBMISSION CODE ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

10D2345678

24. A. DATE(S) OF SERVICE From MM DD YY	To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES CPT/HCPCS	MODIFIER	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 RT	A	40 00	1		NPI	1234567890
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	17b. NPI 1234567890		FROM TO

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E. F. G. H.
I. J. K. L.

22. RESUBMISSION CODE ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

24. A. DATE(S) OF SERVICE From MM DD YY	To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES CPT/HCPCS	MODIFIER	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	RT	A	40 00	1		NPI	1234567890
09 01 22	09 01 22	11		83861	LT	A	40 00	1		NPI	1234567890

United Health Care Commercial Plans: UHC does not recognize the RT/LT modifiers. The CLIA number is required in box 23 with the **QW Modifier only** with 2 units of service. Double the billed charge.

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? ☐ YES ☒ NO $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind.

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23. PRIOR AUTHORIZATION NUMBER

10D2345678

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09 01 22	09 01 22	11		83861	QW	A	80 00	2		NPI	1234567890

Reimbursement for Medicare Part B (fee-for-service)

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

If there is no CLIA number on the claim, Medicare sends RA messages MA 120 and MA 130, which state:

- 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

Tru kera™
M E D I C A L

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Reimbursement Support Specialist

Tanna Niemeier

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This guide addresses billing recommendation for:

- **CPT Code 83861** 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	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

09.2022

Billing Format Examples

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? ☐ YES ☒ NO $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)   ICD Ind.

A. ICD-10 Code (s) B. ___ C. ___ D. ___
E. ___ F. ___ G. ___ H. ___
I. ___ J. ___ K. ___ L. ___

22. RESUBMISSION CODE   ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER
10D2345678

24. A. DATE(S) OF SERVICE From / To	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT	I. ID QUAL.	J. RENDERING 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

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

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09 01 22 09 01 22	11		83861	RT	A	40 00	1		NPI	1234567890
09 01 22 09 01 22	11		83861	LT	A	40 00	1		NPI	1234567890

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A. ICD-10 Code (s) B. ___ C. ___ D. ___
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Reimbursement for Medicare Part B (fee-for-service)

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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			REF02	CLIA Certification number

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CONNECTICUT BILLING GUIDE

Tru kera™ MEDICAL

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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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- 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
Humana Medicare	2	QW/RT/LT 59 on second line	1

Connecticut Providers:

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

Billing Format Examples

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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20. OUTSIDE LAB? $ CHARGES   ☐ YES ☒ NO

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)   ICD Ind.

A. ICD-10 Code (s)   B.   C.   D.
E.   F.   G.   H.
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23. PRIOR AUTHORIZATION NUMBER
10D2345678

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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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A. ICD-10 Code (s)   B.   C.   D.
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- The laboratory is not approved for this type of test

DELAWARE BILLING GUIDE

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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
Humana Medicare	2	QW/RT/LT 59 on second line	1
Geisinger	2	QW/RT/LT	1

Delaware Providers:

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

Billing Format Examples

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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Dr. Trukera Medical	17b. NPI	1234567890	FROM MM DD YY TO MM DD YY

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

20. OUTSIDE LAB? ☐ YES ☒ NO $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind.

A. ICD-10 Code (s) B. ____ C. ____ D. ____
E. ____ F. ____ G. ____ H. ____
I. ____ J. ____ K. ____ L. ____

22. RESUBMISSION CODE   ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER
10D2345678

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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
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09 01 22	09 01 22	11		83861	RT	A	40 00	1		NPI	1234567890
09 01 22	09 01 22	11		83861	LT	A	40 00	1		NPI	1234567890

United Health Care Commercial Plans: UHC does not recognize the RT/LT modifiers. The CLIA number is required in box 23 with the **QW Modifier only** with 2 units of service. Double the billed charge.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.		18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES
Dr. Trukera Medical	17b. NPI	1234567890	FROM MM DD YY TO MM DD YY

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

20. OUTSIDE LAB? ☐ YES ☒ NO $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind.

A. ICD-10 Code (s) B. ____ C. ____ D. ____
E. ____ F. ____ G. ____ H. ____
I. ____ J. ____ K. ____ L. ____

22. RESUBMISSION CODE   ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER
10D2345678

24. A. DATE(S) OF SERVICE From MM DD YY	To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	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

Reimbursement for Medicare Part B (fee-for-service)

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

If there is no CLIA number on the claim, Medicare sends RA messages MA 120 and MA 130, which state:

- 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

DISTRICT OF COLUMBIA 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:

- **CPT Code 83861** is specific for "Microfluidic analysis utilizing an integrated collection and analysis device, tear osmolality".
- A covered service by CMS Medicare under the Clinical Laboratory Fee Schedule.
- CLIA Certificate of Waiver 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**).

Billing Format Examples

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? ☐ YES ☒ NO $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)   ICD Ind.

A. ICD-10 Code (s)   B. ___   C. ___   D. ___
E. ___   F. ___   G. ___   H. ___
I. ___   J. ___   K. ___   L. ___

22. RESUBMISSION CODE   ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER
10D2345678

24. A. DATE(S) OF SERVICE From MM DD YY	To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES CPT/HCPCS	MODIFIER	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 RT	A	40 00	1		NPI	1234567890
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	17b. NPI	1234567890		FROM — TO

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

20. OUTSIDE LAB? ☐ YES ☒ NO $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)   ICD Ind.

A. ICD-10 Code (s)   B. ___   C. ___   D. ___
E. ___   F. ___   G. ___   H. ___
I. ___   J. ___   K. ___   L. ___

22. RESUBMISSION CODE   ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

24. A. DATE(S) OF SERVICE From MM DD YY	To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES CPT/HCPCS	MODIFIER	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	RT	A	40 00	1		NPI	1234567890
09 01 22	09 01 22	11		83861	LT	A	40 00	1		NPI	1234567890

United Health Care Commercial Plans: UHC does not recognize the RT/LT modifiers. The CLIA number is required in box 23 with the **QW Modifier only** with 2 units of service. Double the billed charge.

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? ☐ YES ☒ NO $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)   ICD Ind.

A. ICD-10 Code (s)   B. ___   C. ___   D. ___
E. ___   F. ___   G. ___   H. ___
I. ___   J. ___   K. ___   L. ___

22. RESUBMISSION CODE   ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER
10D2345678

24. A. DATE(S) OF SERVICE From MM DD YY	To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES CPT/HCPCS	MODIFIER	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

Reimbursement for Medicare Part B (fee-for-service)

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

If there is no CLIA number on the claim, Medicare sends RA messages MA 120 and MA 130, which state:

- 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

Tru kera™
M E D I C A L

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:

- **CPT Code 83861** is specific for "Microfluidic analysis utilizing an integrated collection and analysis device, tear osmolality".
- A covered service by CMS Medicare under the Clinical Laboratory Fee Schedule.
- CLIA Certificate of Waiver 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 Florida	2	RT/LT	1
United HC	1	QW	2
Humana Medicare	2	QW/RT/LT 59 on second line	1
Aetna	2	RT/LT	1
Cigna	2	RT/LT	1
FL Medicaid	2	QW/RT/LT	1
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**).

09.2022

Billing Format Examples

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 MM DD YY MM DD YY
Dr. Trukera Medical	17b. NPI	1234567890	FROM TO

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

20. OUTSIDE LAB? ☐ YES ☒ NO $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)   ICD Ind.

A. ICD-10 Code (s) B. ____ C. ____ D. ____
E. ____ F. ____ G. ____ H. ____
I. ____ J. ____ K. ____ L. ____

22. RESUBMISSION CODE   ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER
10D2345678

24. A. DATE(S) OF SERVICE From MM DD YY	To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	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 RT	A	40 00	1		NPI	1234567890
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 MM DD YY MM DD YY
Dr. Trukera Medical	17b. NPI	1234567890	FROM TO

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

20. OUTSIDE LAB? ☐ YES ☒ NO $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)   ICD Ind.

A. ICD-10 Code (s) B. ____ C. ____ D. ____
E. ____ F. ____ G. ____ H. ____
I. ____ J. ____ K. ____ L. ____

22. RESUBMISSION CODE   ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

24. A. DATE(S) OF SERVICE From MM DD YY	To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	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	RT	A	40 00	1		NPI	1234567890
09 01 22	09 01 22	11		83861	LT	A	40 00	1		NPI	1234567890

United Health Care Commercial Plans: UHC does not recognize the RT/LT modifiers. The CLIA number is required in box 23 with the **QW Modifier only** with 2 units of service. Double the billed charge.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.		18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY MM DD YY
Dr. Trukera Medical	17b. NPI	1234567890	FROM TO

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

20. OUTSIDE LAB? ☐ YES ☒ NO $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)   ICD Ind.

A. ICD-10 Code (s) B. ____ C. ____ D. ____
E. ____ F. ____ G. ____ H. ____
I. ____ J. ____ K. ____ L. ____

22. RESUBMISSION CODE   ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER
10D2345678

24. A. DATE(S) OF SERVICE From MM DD YY	To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	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

Reimbursement for Medicare Part B (fee-for-service)

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

If there is no CLIA number on the claim, Medicare sends RA messages MA 120 and MA 130, which state:

- 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

GEORGIA BILLING GUIDE

Tru**kera** MEDICAL

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:

- **CPT Code 83861** is specific for "Microfluidic analysis utilizing an integrated collection and analysis device, tear osmolality".
- A covered service by CMS Medicare under the Clinical Laboratory Fee Schedule.
- CLIA Certificate of Waiver 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/BCBS	2	RT/LT	1
Caresource	2	RT/LT	1
Cigna	2	RT/LT	1
Humana Medicare	2	QW/RT/LT 59 modifier on second line	1
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

09.2022

Billing Format Examples

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? ☐ YES ☒ NO $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)   ICD Ind.

A. ICD-10 Code (s)   B. ___   C. ___   D. ___
E. ___   F. ___   G. ___   H. ___
I. ___   J. ___   K. ___   L. ___

22. RESUBMISSION CODE ____ ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER
10D2345678

24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES CPT/HCPCS	MODIFIER	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 RT	A	40 00	1		NPI	1234567890
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	17b. NPI 1234567890		FROM ____ TO ____

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

20. OUTSIDE LAB? ☐ YES ☒ NO $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)   ICD Ind.

A. ICD-10 Code (s)   B. ___   C. ___   D. ___
E. ___   F. ___   G. ___   H. ___
I. ___   J. ___   K. ___   L. ___

22. RESUBMISSION CODE ____ ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES CPT/HCPCS	MODIFIER	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	RT	A	40 00	1		NPI	1234567890
09 01 22 09 01 22	11		83861	LT	A	40 00	1		NPI	1234567890

United Health Care Commercial Plans: UHC does not recognize the RT/LT modifiers. The CLIA number is required in box 23 with the **QW Modifier only** with 2 units of service. Double the billed charge.

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? ☐ YES ☒ NO $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)   ICD Ind.

A. ICD-10 Code (s)   B. ___   C. ___   D. ___
E. ___   F. ___   G. ___   H. ___
I. ___   J. ___   K. ___   L. ___

22. RESUBMISSION CODE ____ ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER
10D2345678

24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES CPT/HCPCS	MODIFIER	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

Reimbursement for Medicare Part B (fee-for-service)

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

If there is no CLIA number on the claim, Medicare sends RA messages MA 120 and MA 130, which state:

- 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

This guide addresses billing recommendation for:

- **CPT Code 83861** 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
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

Billing Format Examples

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?   ☐ YES ☒ NO $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)   ICD Ind.

A. ICD-10 Code (s)   B.   C.   D.
E.   F.   G.   H.
I.   J.   K.   L.

22. RESUBMISSION CODE   ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

10D2345678

24. A. DATE(S) OF SERVICE From / To						B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES CPT/HCPCS	MODIFIER		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	RT	A	40 00	1		NPI	1234567890
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		17b. NPI	1234567890		FROM TO

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

20. OUTSIDE LAB?   ☐ YES ☒ NO $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)   ICD Ind.

A. ICD-10 Code (s)   B.   C.   D.
E.   F.   G.   H.
I.   J.   K.   L.

22. RESUBMISSION CODE   ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

24. A. DATE(S) OF SERVICE From / To						B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES CPT/HCPCS	MODIFIER	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	RT	A	40 00	1		NPI	1234567890
09	01	22	09	01	22	11		83861	LT	A	40 00	1		NPI	1234567890

United Health Care Commercial Plans: UHC does not recognize the RT/LT modifiers. The CLIA number is required in box 23 with the **QW Modifier only** with 2 units of service. Double the billed charge.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE		17a.			18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES
Dr. Trukera Medical		17b. NPI	1234567890		FROM TO

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22. RESUBMISSION CODE   ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

10D2345678

24. A. DATE(S) OF SERVICE From / To						B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES CPT/HCPCS	MODIFIER	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

Reimbursement for Medicare Part B (fee-for-service)

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

If there is no CLIA number on the claim, Medicare sends RA messages MA 120 and MA 130, which state:

- 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

IDAHO BILLING GUIDE

Tru kera ™
M E D I C A L

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:

- **CPT Code 83861** is specific for "Microfluidic analysis utilizing an integrated collection and analysis device, tear osmolality".
- A covered service by CMS Medicare under the Clinical Laboratory Fee Schedule.
- CLIA Certificate of Waiver 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 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

09.2022

Billing Format Examples

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)

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21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)   ICD Ind.

A. ICD-10 Code (s)   B.   C.   D.
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22. RESUBMISSION CODE   ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER
10D2345678

24. A. DATE(S) OF SERVICE From / To	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	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 RT	A	40 00	1		NPI	1234567890
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	17b. NPI 1234567890		FROM TO

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23. PRIOR AUTHORIZATION NUMBER

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09 01 22 09 01 22	11		83861	RT	A	40 00	1		NPI	1234567890
09 01 22 09 01 22	11		83861	LT	A	40 00	1		NPI	1234567890

United Health Care Commercial Plans: UHC does not recognize the RT/LT modifiers. The CLIA number is required in box 23 with the **QW Modifier only** with 2 units of service. Double the billed charge.

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E.   F.   G.   H.
I.   J.   K.   L.

22. RESUBMISSION CODE   ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER
10D2345678

24. A. DATE(S) OF SERVICE From / To	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	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

Reimbursement for Medicare Part B (fee-for-service)

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

If there is no CLIA number on the claim, Medicare sends RA messages MA 120 and MA 130, which state:

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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

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:

- **CPT Code 83861** is specific for "Microfluidic analysis utilizing an integrated collection and analysis device, tear osmolality".
- A covered service by CMS Medicare under the Clinical Laboratory Fee Schedule.
- CLIA Certificate of Waiver 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	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
Humana Medicare	2	QW/RT/LT 59 on the second line	1
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:

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

- 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

Billing Format Examples

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? ☐ YES ☒ NO $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)   ICD Ind.

A. ICD-10 Code (s)   B. ___   C. ___   D. ___
E. ___   F. ___   G. ___   H. ___
I. ___   J. ___   K. ___   L. ___

22. RESUBMISSION CODE   ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER
10D2345678

24. A. DATE(S) OF SERVICE From MM DD YY	To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES CPT/HCPCS	MODIFIER	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 RT	A	40 00	1		NPI	1234567890
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.

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Dr. Trukera Medical	17b. NPI 1234567890		FROM TO

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

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21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)   ICD Ind.

A. ICD-10 Code (s)   B. ___   C. ___   D. ___
E. ___   F. ___   G. ___   H. ___
I. ___   J. ___   K. ___   L. ___

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23. PRIOR AUTHORIZATION NUMBER

24. A. DATE(S) OF SERVICE From MM DD YY	To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES CPT/HCPCS	MODIFIER	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	RT	A	40 00	1		NPI	1234567890
09 01 22	09 01 22	11		83861	LT	A	40 00	1		NPI	1234567890

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09 01 22	09 01 22	11		83861	QW	A	80 00	2		NPI	1234567890

Reimbursement for Medicare Part B (fee-for-service)

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

If there is no CLIA number on the claim, Medicare sends RA messages MA 120 and MA 130, which state:

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- The laboratory is not approved for this type of test

INDIANA BILLING GUIDE

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Reimbursement Support Specialist

Tanna Niemeier

Cell: (419) 350-2968

Fax: (858) 225-8749

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This guide addresses billing recommendation for:

- **CPT Code 83861** 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 Federal Employee Plan	2	RT/LT	1
Caresource	2	RT/LT	1
Humana Medicare	2	QW/RT/LT 59 on the second line	1
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

09.2022

Billing Format Examples

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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24. A. DATE(S) OF SERVICE From MM DD YY	To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	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 RT	A	40 00	1		NPI	1234567890
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09.2022

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IOWA BILLING GUIDE

Tru kera
M E D I C A L

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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

09.2022

Billing Format Examples

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 MM DD YY MM 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. ICD-10 Code (s) B. C. D.			23. PRIOR AUTHORIZATION NUMBER
E. F. G. H.			10D2345678
I. J. K. L.			

24. A. DATE(S) OF SERVICE From MM DD YY	To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	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 RT	A	40 00	1		NPI	1234567890
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 MM DD YY MM 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. ICD-10 Code (s) B. C. D.			23. PRIOR AUTHORIZATION NUMBER
E. F. G. H.			
I. J. K. L.			

24. A. DATE(S) OF SERVICE From MM DD YY	To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	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	RT	A	40 00	1		NPI	1234567890
09 01 22	09 01 22	11		83861	LT	A	40 00	1		NPI	1234567890

United Health Care Commercial Plans: UHC does not recognize the RT/LT modifiers. The CLIA number is required in box 23 with the **QW Modifier only** with 2 units of service. Double the billed charge.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.		18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY MM 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. ICD-10 Code (s) B. C. D.			23. PRIOR AUTHORIZATION NUMBER
E. F. G. H.			10D2345678
I. J. K. L.			

24. A. DATE(S) OF SERVICE From MM DD YY	To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	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

Reimbursement for Medicare Part B (fee-for-service)

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

If there is no CLIA number on the claim, Medicare sends RA messages MA 120 and MA 130, which state:

- 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

KANSAS 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:

- **CPT Code 83861** is specific for "Microfluidic analysis utilizing an integrated collection and analysis device, tear osmolality".
- A covered service by CMS Medicare under the Clinical Laboratory Fee Schedule.
- CLIA Certificate of Waiver 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 Kansas	2	RT/LT	1
BCBS Kansas City Missouri	2	RT/LT	1
Cigna	2	RT/LT	1
HealthNet	2	QW/RT/LT	1
Humana Medicare	1	QW/RT/LT 59 on the second line	2
Medicare	1	QW/RT/LT	2
UHC Community Plan	1	QW	2
United Healthcare	1	QW	2

Humana Commercial Plans: 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.

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

Billing Format Examples

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? ☐ YES ☒ NO $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)   ICD Ind.

A. ICD-10 Code (s)   B.   C.   D.
E.   F.   G.   H.
I.   J.   K.   L.

22. RESUBMISSION CODE   ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER
10D2345678

24. A. DATE(S) OF SERVICE From / To	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES CPT/HCPCS	MODIFIER	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 RT	A	40 00	1		NPI	1234567890
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	17b. NPI 1234567890		FROM TO

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A. ICD-10 Code (s)   B.   C.   D.
E.   F.   G.   H.
I.   J.   K.   L.

22. RESUBMISSION CODE   ORIGINAL REF. NO.

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24. A. DATE(S) OF SERVICE From / To	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES CPT/HCPCS	MODIFIER	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	RT	A	40 00	1		NPI	1234567890
09 01 22 09 01 22	11		83861	LT	A	40 00	1		NPI	1234567890

United Health Care Commercial Plans: UHC does not recognize the RT/LT modifiers. The CLIA number is required in box 23 with the **QW Modifier only** with 2 units of service. Double the billed charge.

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Dr. Trukera Medical	17b. NPI 1234567890		FROM TO

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

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A. ICD-10 Code (s)   B.   C.   D.
E.   F.   G.   H.
I.   J.   K.   L.

22. RESUBMISSION CODE   ORIGINAL REF. NO.

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24. A. DATE(S) OF SERVICE From / To	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES CPT/HCPCS	MODIFIER	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

Reimbursement for Medicare Part B (fee-for-service)

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

If there is no CLIA number on the claim, Medicare sends RA messages MA 120 and MA 130, which state:

- 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

KENTUCKY
BILLING GUIDE

Tru kera
M E D I C A L

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:

- **CPT Code 83861** is specific for "Microfluidic analysis utilizing an integrated collection and analysis device, tear osmolality".
- A covered service by CMS Medicare under the Clinical Laboratory Fee Schedule.
- CLIA Certificate of Waiver 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
Caresource	2	RT/LT	1
Cigna	2	RT/LT	1
Humana Medicare	2	QW/RT/LT 59 on second line	1
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

Billing Format Examples

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 MM DD YY TO MM DD YY

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

20. OUTSIDE LAB? [ ] YES [X] NO $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)   ICD Ind.

A. ICD-10 Code (s)   B. ____   C. ____   D. ____
E. ____   F. ____   G. ____   H. ____
I. ____   J. ____   K. ____   L. ____

22. RESUBMISSION CODE   ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER
10D2345678

24. A. DATE(S) OF SERVICE From MM DD YY	To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	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 RT	A	40 00	1		NPI	1234567890
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	17b. NPI	1234567890	FROM MM DD YY TO MM DD YY

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

20. OUTSIDE LAB? [ ] YES [X] NO $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)   ICD Ind.

A. ICD-10 Code (s)   B. ____   C. ____   D. ____
E. ____   F. ____   G. ____   H. ____
I. ____   J. ____   K. ____   L. ____

22. RESUBMISSION CODE   ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

24. A. DATE(S) OF SERVICE From MM DD YY	To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	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	RT	A	40 00	1		NPI	1234567890
09 01 22	09 01 22	11		83861	LT	A	40 00	1		NPI	1234567890

United Health Care Commercial Plans: UHC does not recognize the RT/LT modifiers. The CLIA number is required in box 23 with the **QW Modifier only** with 2 units of service. Double the billed charge.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.		18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES
Dr. Trukera Medical	17b. NPI	1234567890	FROM MM DD YY TO MM DD YY

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

20. OUTSIDE LAB? [ ] YES [X] NO $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)   ICD Ind.

A. ICD-10 Code (s)   B. ____   C. ____   D. ____
E. ____   F. ____   G. ____   H. ____
I. ____   J. ____   K. ____   L. ____

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10D2345678

24. A. DATE(S) OF SERVICE From MM DD YY	To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	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

Reimbursement for Medicare Part B (fee-for-service)

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

If there is no CLIA number on the claim, Medicare sends RA messages MA 120 and MA 130, which state:

- 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

Tru kera M E D I C A L

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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:

- **CPT Code 83861** is specific for "Microfluidic analysis utilizing an integrated collection and analysis device, tear osmolality".
- A covered service by CMS Medicare under the Clinical Laboratory Fee Schedule.
- CLIA Certificate of Waiver is required to perform and bill this laboratory tests.
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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
AmeriHealth Caritas LA	2	RT/LT	1
Anthem	2	RT/LT	1
BCBS LA	2	RT/LT	1
Cigna	2	RT/LT	1
Humana Medicare	2	QW/RT/LT 59 on second line	1
Medicare	2	QW/RT/LT	1
Peoples Health	2	RT/LT	1
UHC Community Plan	1	QW	2
United Healthcare	1	QW	2

Billing Format Examples

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? ☐ YES ☒ NO · $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) · ICD Ind.
A. ICD-10 Code (s) · B. · C. · D.
E. · F. · G. · H.
I. · J. · K. · L.

22. RESUBMISSION CODE · ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER
10D2345678

24. A. DATE(S) OF SERVICE From / To MM DD YY MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES CPT/HCPCS MODIFIER	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 RT	A	40 00	1		NPI	1234567890
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.

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09 01 22 09 01 22	11		83861 RT	A	40 00	1		NPI	1234567890
09 01 22 09 01 22	11		83861 LT	A	40 00	1		NPI	1234567890

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A. ICD-10 Code (s) · B. · C. · D.
E. · F. · G. · H.
I. · J. · K. · L.

22. RESUBMISSION CODE · ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER
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24. A. DATE(S) OF SERVICE From / To MM DD YY MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES CPT/HCPCS MODIFIER	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

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Billing Software Requirements

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If there is no CLIA number on the claim, Medicare sends RA messages MA 120 and MA 130, which state:

- 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

Tru kera
M E D I C A L

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:

- **CPT Code 83861** is specific for "Microfluidic analysis utilizing an integrated collection and analysis device, tear osmolality".
- A covered service by CMS Medicare under the Clinical Laboratory Fee Schedule.
- CLIA Certificate of Waiver 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
Humana Medicare	2	QW/RT/LT 59 on second line	1

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**.

Billing Format Examples

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 MM DD YY MM DD YY
Dr. Trukera Medical	17b. NPI	1234567890		FROM TO

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

20. OUTSIDE LAB? ☐ YES ☒ NO $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind.

A. ICD-10 Code (s) B. ___ C. ___ D. ___
E. ___ F. ___ G. ___ H. ___
I. ___ J. ___ K. ___ L. ___

22. RESUBMISSION CODE ___ ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER 10D2345678

24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	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 RT	A	40 00	1		NPI	1234567890
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 MM DD YY MM DD YY
Dr. Trukera Medical	17b. NPI	1234567890		FROM TO

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09 01 22 09 01 22	11		83861	RT	A	40 00	1		NPI	1234567890
09 01 22 09 01 22	11		83861	LT	A	40 00	1		NPI	1234567890

United Health Care Commercial Plans: UHC does not recognize the RT/LT modifiers. The CLIA number is required in box 23 with the **QW Modifier only** with 2 units of service. Double the billed charge.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.			18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY MM DD YY
Dr. Trukera Medical	17b. NPI	1234567890		FROM TO

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

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A. ICD-10 Code (s) B. ___ C. ___ D. ___
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09 01 22 09 01 22	11		83861	QW	A	80 00	2		NPI	1234567890

Reimbursement for Medicare Part B (fee-for-service)

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

If there is no CLIA number on the claim, Medicare sends RA messages MA 120 and MA 130, which state:

- 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

Trukera™ MEDICAL

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Senior Reimbursement Support Specialist

Bridget Bolles

Cell: (317) 797-7151

Fax: (858) 225-8749

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- **CPT Code 83861** is specific for "Microfluidic analysis utilizing an integrated collection and analysis device, tear osmolality".
- A covered service by CMS Medicare under the Clinical Laboratory Fee Schedule.
- CLIA Certificate of Waiver 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	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
Humana Medicare	2	QW/RT/LT 59 on second line	1
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

Billing Format Examples

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.

A. ICD-10 Code (s)   B. |___ C. |___ D. |___
E. |___   F. |___   G. |___   H. |___
I. |___   J. |___   K. |___   L. |___

22. RESUBMISSION CODE   ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER
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24. A. DATE(S) OF SERVICE From MM DD YY	To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES CPT/HCPCS	MODIFIER	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 RT	A	40 00	1		NPI	1234567890
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	17b. NPI	1234567890	FROM · · TO · ·

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

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21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind.

A. ICD-10 Code (s)   B. |___ C. |___ D. |___
E. |___   F. |___   G. |___   H. |___
I. |___   J. |___   K. |___   L. |___

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09 01 22	09 01 22	11		83861	RT	A	40 00	1		NPI	1234567890
09 01 22	09 01 22	11		83861	LT	A	40 00	1		NPI	1234567890

United Health Care Commercial Plans: UHC does not recognize the RT/LT modifiers. The CLIA number is required in box 23 with the **QW Modifier only** with 2 units of service. Double the billed charge.

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09 01 22	09 01 22	11		83861	QW	A	80 00	2		NPI	1234567890

09.2022

Reimbursement for Medicare Part B (fee-for-service)

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

If there is no CLIA number on the claim, Medicare sends RA messages MA 120 and MA 130, which state:

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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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MASSACHUSETTS BILLING GUIDE

Tru kera MEDICAL

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Bridget Bolles

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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
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**.

09.2022

Billing Format Examples

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 [X] NO

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)   ICD Ind.

A. ICD-10 Code (s)   B.   C.   D.
E.   F.   G.   H.
I.   J.   K.   L.

22. RESUBMISSION CODE   ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER
10D2345678

24. A. DATE(S) OF SERVICE From MM DD YY	To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	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 RT	A	40 00	1		NPI	1234567890
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.

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09 01 22	09 01 22	11		83861	RT	A	40 00	1		NPI	1234567890
09 01 22	09 01 22	11		83861	LT	A	40 00	1		NPI	1234567890

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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.

A. ICD-10 Code (s)   B.   C.   D.
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24. A. DATE(S) OF SERVICE From MM DD YY	To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	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

Reimbursement for Medicare Part B (fee-for-service)

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

If there is no CLIA number on the claim, Medicare sends RA messages MA 120 and MA 130, which state:

- 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

MICHIGAN BILLING GUIDE

Trukera MEDICAL

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Reimbursement Support Specialist

Tanna Niemeier   Fax: (858) 225-8749

Cell: (419) 350-2968   Email: tniemeier@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
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
Humana Medicare	2	QW/RT/LT 59 on second line	1
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

Priority Health	2	QW/RT/LT 59	1
PHP	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

Billing Format Examples

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? [ ] YES [X] NO $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)   ICD Ind.

A. ICD-10 Code (s)   B.   C.   D.
E.   F.   G.   H.
I.   J.   K.   L.

22. RESUBMISSION CODE   ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER
10D2345678

24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	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 RT	A	40 00	1		NPI	1234567890
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	17b. NPI	1234567890		FROM / / TO / /

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

20. OUTSIDE LAB? [ ] YES [X] NO $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)   ICD Ind.

A. ICD-10 Code (s)   B.   C.   D.
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22. RESUBMISSION CODE   ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	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	RT	A	40 00	1		NPI	1234567890
09 01 22 09 01 22	11		83861	LT	A	40 00	1		NPI	1234567890

United Health Care Commercial Plans: UHC does not recognize the RT/LT modifiers. The CLIA number is required in box 23 with the **QW Modifier only** with 2 units of service. Double the billed charge.

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? [ ] YES [X] NO $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)   ICD Ind.

A. ICD-10 Code (s)   B.   C.   D.
E.   F.   G.   H.
I.   J.   K.   L.

22. RESUBMISSION CODE   ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER
10D2345678

24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	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

Reimbursement for Medicare Part B (fee-for-service)

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

If there is no CLIA number on the claim, Medicare sends RA messages MA 120 and MA 130, which state:

- 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

Trukera™ MEDICAL

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@tearlab.com

This guide addresses billing recommendation for:

- **CPT Code 83861** is specific for "Microfluidic analysis utilizing an integrated collection and analysis device, tear osmolality".
- A covered service by CMS Medicare under the Clinical Laboratory Fee Schedule.
- CLIA Certificate of Waiver 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
Humana Medicare	2	QW/RT/LT 59 on the second line	1
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
Priority Health	2	QW/RT/LT 59	1

09.2022

	2	QW 91 modifier on the second line	1
UCare			
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)

Billing Format Examples

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 MM DD YY TO MM DD YY

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

20. OUTSIDE LAB? ☐ YES ☒ NO $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind.

A. ICD-10 Code (s) B. C. D.
E. F. G. H.
I. J. K. L.

22. RESUBMISSION CODE   ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER
10D2345678

24. A. DATE(S) OF SERVICE From / To (MM DD YY)	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	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 RT	A	40 00	1		NPI	1234567890
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	17b. NPI	1234567890	FROM MM DD YY TO MM DD YY

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23. PRIOR AUTHORIZATION NUMBER

24. A. DATE(S) OF SERVICE From / To (MM DD YY)	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	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	RT	A	40 00	1		NPI	1234567890
09 01 22 09 01 22	11		83861	LT	A	40 00	1		NPI	1234567890

United Health Care Commercial Plans: UHC does not recognize the RT/LT modifiers. The CLIA number is required in box 23 with the **QW Modifier only** with 2 units of service. Double the billed charge.

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Dr. Trukera Medical	17b. NPI	1234567890	FROM MM DD YY TO MM DD YY

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

20. OUTSIDE LAB? ☐ YES ☒ NO $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind.

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23. PRIOR AUTHORIZATION NUMBER
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09 01 22 09 01 22	11		83861	QW	A	80 00	2		NPI	1234567890

Reimbursement for Medicare Part B (fee-for-service)

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

If there is no CLIA number on the claim, Medicare sends RA messages MA 120 and MA 130, which state:

- 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

MISSOURI
BILLING GUIDE

Tru kera™
M E D I C A L

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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:

- **CPT Code 83861** is specific for "Microfluidic analysis utilizing an integrated collection and analysis device, tear osmolality".
- A covered service by CMS Medicare under the Clinical Laboratory Fee Schedule.
- CLIA Certificate of Waiver 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 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:

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

Billing Format Examples

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? ☐ YES ☒ NO $ 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. ICD-10 Code (s) B. C. D.	
E. F. G. H.	23. PRIOR AUTHORIZATION NUMBER
I. J. K. L.	10D2345678

24. A. DATE(S) OF SERVICE From — To	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES CPT/HCPCS / MODIFIER	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 RT	A	40 00	1		NPI	1234567890
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	17b. NPI 1234567890		FROM — TO —

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)	20. OUTSIDE LAB? ☐ YES ☒ NO $ 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.
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E. F. G. H.	23. PRIOR AUTHORIZATION NUMBER
I. J. K. L.	

24. A. DATE(S) OF SERVICE From — To	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES CPT/HCPCS / MODIFIER	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 RT	A	40 00	1		NPI	1234567890
09 01 22 09 01 22	11		83861 LT	A	40 00	1		NPI	1234567890

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19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)	20. OUTSIDE LAB? ☐ YES ☒ NO $ 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.
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E. F. G. H.	23. PRIOR AUTHORIZATION NUMBER
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09 01 22 09 01 22	11		83861 QW	A	80 00	2		NPI	1234567890

Reimbursement for Medicare Part B (fee-for-service)

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

Sequestration Withhold

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- 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

If there is no CLIA number on the claim, Medicare sends RA messages MA 120 and MA 130, which state:

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MONTANA BILLING GUIDE

Tru kera
M E D I C A L

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Reimbursement Support Specialist

Tanna Niemeier

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This guide addresses billing recommendation for:

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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
Humana Medicare	2	QW/RT/LT 59 on second line	1
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

Billing Format Examples

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 [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. ICD-10 Code (s) B. C. D.			
E. F. G. H.			23. PRIOR AUTHORIZATION NUMBER
I. J. K. L.			10D2345678

24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER	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 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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Reimbursement for Medicare Part B (fee-for-service)

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NEBRASKA
BILLING GUIDE

Tru**kera**
M E D I C A L

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Payor Name	Lines	Modifier(s)	Units per Line
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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

Billing Format Examples

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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Dr. Trukera Medical	17b. NPI 1234567890		FROM / TO

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

20. OUTSIDE LAB? ☐ YES ☒ NO $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind.

A. ICD-10 Code (s) B. ___ C. ___ D. ___
E. ___ F. ___ G. ___ H. ___
I. ___ J. ___ K. ___ L. ___

22. RESUBMISSION CODE   ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER
10D2345678

24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES CPT/HCPCS	MODIFIER	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 RT	A	40 00	1		NPI	1234567890
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	17b. NPI 1234567890		FROM / TO

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

20. OUTSIDE LAB? ☐ YES ☒ NO $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind.

A. ICD-10 Code (s) B. ___ C. ___ D. ___
E. ___ F. ___ G. ___ H. ___
I. ___ J. ___ K. ___ L. ___

22. RESUBMISSION CODE   ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES CPT/HCPCS	MODIFIER	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	RT	A	40 00	1		NPI	1234567890
09 01 22 09 01 22	11		83861	LT	A	40 00	1		NPI	1234567890

United Health Care Commercial Plans: UHC does not recognize the RT/LT modifiers. The CLIA number is required in box 23 with the **QW Modifier only** with 2 units of service. Double the billed charge.

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? ☐ YES ☒ NO $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind.

A. ICD-10 Code (s) B. ___ C. ___ D. ___
E. ___ F. ___ G. ___ H. ___
I. ___ J. ___ K. ___ L. ___

22. RESUBMISSION CODE   ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER
10D2345678

24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES CPT/HCPCS	MODIFIER	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

Reimbursement for Medicare Part B (fee-for-service)

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

If there is no CLIA number on the claim, Medicare sends RA messages MA 120 and MA 130, which state:

- 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

NEVADA 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:

- **CPT Code 83861** is specific for "Microfluidic analysis utilizing an integrated collection and analysis device, tear osmolality".
- A covered service by CMS Medicare under the Clinical Laboratory Fee Schedule.
- CLIA Certificate of Waiver 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
Cigna	2	RT/LT	1
HealthNet	2	QW/RT/LT	1
Humana Medicare	2	QW/RT/LT 59 on second line	1
Medicaid NV	2	QW/RT/LT	1
Medicare	2	QW/RT/LT	1
Sierra Life	2	RT/LT	1
United Healthcare	1	QW	2

Billing Format Examples

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? ☐ YES ☒ NO $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)   ICD Ind.

A. ICD-10 Code (s) B. C. D.
E. F. G. H.
I. J. K. L.

22. RESUBMISSION CODE   ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER
10D2345678

24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER	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 RT	A	40 00	1		NPI	1234567890
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	17b. NPI 1234567890		FROM	TO

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A. ICD-10 Code (s) B. C. D.
E. F. G. H.
I. J. K. L.

22. RESUBMISSION CODE   ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER	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 RT	A	40 00	1		NPI	1234567890
09 01 22 09 01 22	11		83861 LT	A	40 00	1		NPI	1234567890

United Health Care Commercial Plans: UHC does not recognize the RT/LT modifiers. The CLIA number is required in box 23 with the **QW Modifier only** with 2 units of service. Double the billed charge.

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? ☐ YES ☒ NO $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)   ICD Ind.

A. ICD-10 Code (s) B. C. D.
E. F. G. H.
I. J. K. L.

22. RESUBMISSION CODE   ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER
10D2345678

24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER	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

Reimbursement for Medicare Part B (fee-for-service)

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

If there is no CLIA number on the claim, Medicare sends RA messages MA 120 and MA 130, which state:

- 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:

- **CPT Code 83861** is specific for "Microfluidic analysis utilizing an integrated collection and analysis device, tear osmolality".
- A covered service by CMS Medicare under the Clinical Laboratory Fee Schedule.
- CLIA Certificate of Waiver 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 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
Humana Medicare	2	QW/RT/LT 59 on second line	1
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**).

Billing Format Examples

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 MM DD YY TO MM DD YY

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.

A. ICD-10 Code (s)   B. ___   C. ___   D. ___
E. ___   F. ___   G. ___   H. ___
I. ___   J. ___   K. ___   L. ___

22. RESUBMISSION CODE   ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER   10D2345678

24. A. DATE(S) OF SERVICE From MM DD YY	To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	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 RT	A	40 00	1		NPI	1234567890
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	17b. NPI	1234567890	FROM MM DD YY TO MM DD YY

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.

A. ICD-10 Code (s)   B. ___   C. ___   D. ___
E. ___   F. ___   G. ___   H. ___
I. ___   J. ___   K. ___   L. ___

22. RESUBMISSION CODE   ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

24. A. DATE(S) OF SERVICE From MM DD YY	To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	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	RT	A	40 00	1		NPI	1234567890
09 01 22	09 01 22	11		83861	LT	A	40 00	1		NPI	1234567890

United Health Care Commercial Plans: UHC does not recognize the RT/LT modifiers. The CLIA number is required in box 23 with the **QW Modifier only** with 2 units of service. Double the billed charge.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.		18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES
Dr. Trukera Medical	17b. NPI	1234567890	FROM MM DD YY TO MM DD YY

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.

A. ICD-10 Code (s)   B. ___   C. ___   D. ___
E. ___   F. ___   G. ___   H. ___
I. ___   J. ___   K. ___   L. ___

22. RESUBMISSION CODE   ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER   10D2345678

24. A. DATE(S) OF SERVICE From MM DD YY	To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	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

Reimbursement for Medicare Part B (fee-for-service)

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

If there is no CLIA number on the claim, Medicare sends RA messages MA 120 and MA 130, which state:

- 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 JERSEY
BILLING GUIDE

Tru kera
M E D I C A L

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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:

- **CPT Code 83861** is specific for "Microfluidic analysis utilizing an integrated collection and analysis device, tear osmolality".
- A covered service by CMS Medicare under the Clinical Laboratory Fee Schedule.
- CLIA Certificate of Waiver 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
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).**

Billing Format Examples

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 MM DD YY TO MM DD YY

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. _____ C. _____ D. _____	
E. _____ F. _____ G. _____ H. _____	23. PRIOR AUTHORIZATION NUMBER
I. _____ J. _____ K. _____ L. _____	10D2345678

24. A. DATE(S) OF SERVICE From MM DD YY	To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	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 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	17b. NPI	1234567890	FROM MM DD YY TO MM DD YY

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.
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24. A. DATE(S) OF SERVICE From MM DD YY	To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	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	RT	A	40 00	1		NPI	1234567890
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	☐ YES ☒ NO

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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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NEW MEXICO BILLING GUIDE

Tru kera ™
M E D I C A L

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Tanna Niemeier

Cell: (419) 350-2968

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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
Humana Medicare	2	QW/RT/LT 59 on the second line	1
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

09.2022

Billing Format Examples

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?   ☐ YES ☒ NO $ 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. ICD-10 Code (s)   B.   C.   D.
E.   F.   G.   H.
I.   J.   K.   L.

23. PRIOR AUTHORIZATION NUMBER
10D2345678

24. A. DATE(S) OF SERVICE From / To						B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS | MODIFIER		E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
MM	DD	YY	MM	DD	YY										
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

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

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MM	DD	YY	MM	DD	YY										
09	01	22	09	01	22	11		83861	RT	A	40 00	1		NPI	1234567890
09	01	22	09	01	22	11		83861	LT	A	40 00	1		NPI	1234567890

United Health Care Commercial Plans: UHC does not recognize the RT/LT modifiers. The CLIA number is required in box 23 with the **QW Modifier only** with 2 units of service. Double the billed charge.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE		17a.		18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES
Dr. Trukera Medical		17b. NPI 1234567890		FROM TO

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10D2345678

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MM	DD	YY	MM	DD	YY									
09	01	22	09	01	22	11		83861 QW	A	80 00	2		NPI	1234567890

Reimbursement for Medicare Part B (fee-for-service)

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

If there is no CLIA number on the claim, Medicare sends RA messages MA 120 and MA 130, which state:

- 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 YORK BROOKLYN QUEENS
BILLING GUIDE

Tru kera
M E D I C A L

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:

- **CPT Code 83861** is specific for "Microfluidic analysis utilizing an integrated collection and analysis device, tear osmolality".
- A covered service by CMS Medicare under the Clinical Laboratory Fee Schedule.
- CLIA Certificate of Waiver 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
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**).

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

New York Medicaid: Does not cover Tear Osmolarity

Billing Format Examples

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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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.

A. | ICD-10 Code (s)   B.   C.   D.
E.   F.   G.   H.
I.   J.   K.   L.

22. RESUBMISSION CODE   ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER
10D2345678

24. A. DATE(S) OF SERVICE						B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES		E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
From MM	DD	YY	To MM	DD	YY			CPT/HCPCS	MODIFIER						
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

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

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From MM	DD	YY	To MM	DD	YY			CPT/HCPCS	MODIFIER						
09	01	22	09	01	22	11		83861	RT	A	40 00	1		NPI	1234567890
09	01	22	09	01	22	11		83861	LT	A	40 00	1		NPI	1234567890

United Health Care Commercial Plans: UHC does not recognize the RT/LT modifiers. The CLIA number is required in box 23 with the **QW Modifier only** with 2 units of service. Double the billed charge.

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From MM	DD	YY	To MM	DD	YY			CPT/HCPCS	MODIFIER						
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Reimbursement for Medicare Part B (fee-for-service)

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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

- **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

If there is no CLIA number on the claim, Medicare sends RA messages MA 120 and MA 130, which state:

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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

NEW YORK LONG ISLAND BILLING GUIDE

Trukera™
MEDICAL

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:

- **CPT Code 83861** is specific for "Microfluidic analysis utilizing an integrated collection and analysis device, tear osmolality".
- A covered service by CMS Medicare under the Clinical Laboratory Fee Schedule.
- CLIA Certificate of Waiver 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.
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Payor Name	Lines	Modifier(s)	Units per Line
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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**).

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

New York Medicaid: Does not cover Tear Osmolarity

09.2022

Billing Format Examples

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.

A. ICD-10 Code (s)   B. ____   C. ____   D. ____
E. ____   F. ____   G. ____   H. ____
I. ____   J. ____   K. ____   L. ____

22. RESUBMISSION CODE   ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER
10D2345678

24. A. DATE(S) OF SERVICE From — To						B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER		E. DIAGNOSIS POINTER	F. $ CHARGES		G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
MM	DD	YY	MM	DD	YY												
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

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

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E. ____   F. ____   G. ____   H. ____
I. ____   J. ____   K. ____   L. ____

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24. A. DATE(S) OF SERVICE From — To						B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES		G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
MM	DD	YY	MM	DD	YY											
09	01	22	09	01	22	11		83861	RT	A	40	00	1		NPI	1234567890
09	01	22	09	01	22	11		83861	LT	A	40	00	1		NPI	1234567890

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MM	DD	YY	MM	DD	YY											
09	01	22	09	01	22	11		83861	QW	A	80	00	2		NPI	1234567890

Reimbursement for Medicare Part B (fee-for-service)

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.

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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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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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- 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 UPSTATE BILLING GUIDE

Tru kera™ MEDICAL

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Senior Reimbursement Support Specialist

Bridget Bolles

Cell: (317) 797-7151

Fax: (858) 225-8749

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This guide addresses billing recommendation for:

- **CPT Code 83861** is specific for "Microfluidic analysis utilizing an integrated collection and analysis device, tear osmolality".
- A covered service by CMS Medicare under the Clinical Laboratory Fee Schedule.
- CLIA Certificate of Waiver 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
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
CDPHP	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.

09.2022

Billing Format Examples

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 MM DD YY / MM DD YY
Dr. Trukera Medical	17b. NPI	1234567890	FROM	TO

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

20. OUTSIDE LAB? ☐ YES ☒ NO $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind.

A. ICD-10 Code (s) B. ___ C. ___ D. ___
E. ___ F. ___ G. ___ H. ___
I. ___ J. ___ K. ___ L. ___

22. RESUBMISSION CODE   ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER 10D2345678

24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	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 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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09 01 22 09 01 22	11		83861	RT	A	40 00	1		NPI	1234567890
09 01 22 09 01 22	11		83861	LT	A	40 00	1		NPI	1234567890

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- 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

If there is no CLIA number on the claim, Medicare sends RA messages MA 120 and MA 130, which state:

- 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 CAROLINA BILLING GUIDE

Tru kera MEDICAL

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:

- **CPT Code 83861** is specific for "Microfluidic analysis utilizing an integrated collection and analysis device, tear osmolality".
- A covered service by CMS Medicare under the Clinical Laboratory Fee Schedule.
- CLIA Certificate of Waiver 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
BCBSNC	2	RT/LT	1
NC Medicaid	1	none	2
UHC	1	QW	2
Humana Medicare	2	QW/RT/LT 59 on second line	1
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**).

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

Billing Format Examples

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.

A. ICD-10 Code (s)   B. ____   C. ____   D. ____
E. ____   F. ____   G. ____   H. ____
I. ____   J. ____   K. ____   L. ____

22. RESUBMISSION CODE   ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER 10D2345678

24. A. DATE(S) OF SERVICE From MM DD YY — To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES CPT/HCPCS	MODIFIER	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 RT	A	40 00	1		NPI	1234567890
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.

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09 01 22 09 01 22	11		83861	RT	A	40 00	1		NPI	1234567890
09 01 22 09 01 22	11		83861	LT	A	40 00	1		NPI	1234567890

United Health Care Commercial Plans: UHC does not recognize the RT/LT modifiers. The CLIA number is required in box 23 with the **QW Modifier only** with 2 units of service. Double the billed charge.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.		18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES
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E. ____   F. ____   G. ____   H. ____
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09 01 22 09 01 22	11		83861	QW	A	80 00	2		NPI	1234567890

Reimbursement for Medicare Part B (fee-for-service)

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

Common Notification Reasons for Medicare Denials

If there is no CLIA number on the claim, Medicare sends RA messages MA 120 and MA 130, which state:

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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

NORTH DAKOTA 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:

- **CPT Code 83861** is specific for "Microfluidic analysis utilizing an integrated collection and analysis device, tear osmolality".
- A covered service by CMS Medicare under the Clinical Laboratory Fee Schedule.
- CLIA Certificate of Waiver 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 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

Billing Format Examples

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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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.

A. ICD-10 Code (s)   B.   C.   D.
E.   F.   G.   H.
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22. RESUBMISSION CODE   ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER
10D2345678

24. A. DATE(S) OF SERVICE						B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
From MM	DD	YY	To MM	DD	YY										
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

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

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From MM	DD	YY	To MM	DD	YY										
09	01	22	09	01	22	11		83861	RT	A	40 00	1		NPI	1234567890
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From MM	DD	YY	To MM	DD	YY										
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Reimbursement for Medicare Part B (fee-for-service)

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

Sequestration Withhold

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			REF02	CLIA Certification number

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If there is no CLIA number on the claim, Medicare sends RA messages MA 120 and MA 130, which state:

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- 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

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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	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
Humana Medicare	2	QW/RT/LT 59 on second line	1
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:

       Ohio Medicaid - to be billed as 1 line, QW modifier only, 2 units.

       Caresource - Medical Policy includes coverage for both MD's and OD's, denies CPT 83861 for OD's.

09.2022

Billing Format Examples

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Dr. Trukera Medical	17b. NPI 1234567890		FROM ... TO ...

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)
20. OUTSIDE LAB? ☐ YES ☒ NO $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)   ICD Ind.
A. ICD-10 Code (s) B. C. D.
E. F. G. H.
I. J. K. L.

22. RESUBMISSION CODE   ORIGINAL REF. NO.
23. PRIOR AUTHORIZATION NUMBER
10D2345678

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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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OKLAHOMA BILLING GUIDE

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BCBS Federal Employee Plan	2	RT/LT	1
BCBS OK	2	RT/LT	1
Cigna	2	RT/LT	1
HealthChoice	2	RT/LT	1
Humana Medicare	2	QW/RT/LT 59 on second line	1
Medicaid OK	2	QW/RT/LT	1
Medicare	2	QW/RT/LT	1
United Healthcare	1	QW	2

Billing Format Examples

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E.   F.   G.   H.
I.   J.   K.   L.

22. RESUBMISSION CODE   ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER
10D2345678

24. A. DATE(S) OF SERVICE From / To	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS / MODIFIER	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 RT	A	40 00	1		NPI	1234567890
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.

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09 01 22 09 01 22	11		83861 RT	A	40 00	1		NPI	1234567890
09 01 22 09 01 22	11		83861 LT	A	40 00	1		NPI	1234567890

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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? ☐ YES ☒ NO $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)   ICD Ind.

A. ICD-10 Code (s)   B.   C.   D.
E.   F.   G.   H.
I.   J.   K.   L.

22. RESUBMISSION CODE   ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER
10D2345678

24. A. DATE(S) OF SERVICE From / To	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS / MODIFIER	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

Reimbursement for Medicare Part B (fee-for-service)

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

If there is no CLIA number on the claim, Medicare sends RA messages MA 120 and MA 130, which state:

- 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

OREGON BILLING GUIDE

TearLab
ESTABLISHED. EMPOWERING. ESSENTIAL.

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:

- **CPT Code 83861** is specific for "Microfluidic analysis utilizing an integrated collection and analysis device, tear osmolality".
- A covered service by CMS Medicare under the Clinical Laboratory Fee Schedule.
- CLIA Certificate of Waiver 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
Cigna	2	RT/LT	1
HealthNet	2	QW/RT/LT	1
Medicaid OR	2	QW/RT/LT	1
Medicare	2	QW/RT/LT	1
Pacificsource	2	RT/LT:59 on the second line	1
Providence Health Plan	2	RT/LT	1
Regence Blue	1	None	2
United Healthcare	1	QW	2

Billing Format Examples

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? ☐ YES ☒ NO $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind.

A. ICD-10 Code (s) B. ___ C. ___ D. ___
E. ___ F. ___ G. ___ H. ___
I. ___ J. ___ K. ___ L. ___

22. RESUBMISSION CODE   ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER
10D2345678

24. A. DATE(S) OF SERVICE From MM DD YY	To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES CPT/HCPCS	MODIFIER	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 RT	A	40 00	1		NPI	1234567890
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	17b. NPI 1234567890		FROM — TO

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

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21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind.

A. ICD-10 Code (s) B. ___ C. ___ D. ___
E. ___ F. ___ G. ___ H. ___
I. ___ J. ___ K. ___ L. ___

22. RESUBMISSION CODE   ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

24. A. DATE(S) OF SERVICE From MM DD YY	To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES CPT/HCPCS	MODIFIER	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	RT	A	40 00	1		NPI	1234567890
09 01 22	09 01 22	11		83861	LT	A	40 00	1		NPI	1234567890

United Health Care Commercial Plans: UHC does not recognize the RT/LT modifiers. The CLIA number is required in box 23 with the **QW Modifier only** with 2 units of service. Double the billed charge.

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? ☐ YES ☒ NO $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind.

A. ICD-10 Code (s) B. ___ C. ___ D. ___
E. ___ F. ___ G. ___ H. ___
I. ___ J. ___ K. ___ L. ___

22. RESUBMISSION CODE   ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER
10D2345678

24. A. DATE(S) OF SERVICE From MM DD YY	To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES CPT/HCPCS	MODIFIER	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

Reimbursement for Medicare Part B (fee-for-service)

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

If there is no CLIA number on the claim, Medicare sends RA messages MA 120 and MA 130, which state:

- 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:

- **CPT Code 83861** is specific for "Microfluidic analysis utilizing an integrated collection and analysis device, tear osmolality".
- A covered service by CMS Medicare under the Clinical Laboratory Fee Schedule.
- CLIA Certificate of Waiver 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

09.2022

Billing Format Examples

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? □ YES ☒ NO $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)   ICD Ind.

A. ICD-10 Code (s)   B. ___   C. ___   D. ___
E. ___   F. ___   G. ___   H. ___
I. ___   J. ___   K. ___   L. ___

22. RESUBMISSION CODE ___ ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER 10D2345678

24. A. DATE(S) OF SERVICE From MM DD YY	To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES CPT/HCPCS	MODIFIER	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 RT	A	40 00	1		NPI	1234567890
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	17b. NPI	1234567890	FROM · · TO · ·

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

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21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)   ICD Ind.

A. ICD-10 Code (s)   B. ___   C. ___   D. ___
E. ___   F. ___   G. ___   H. ___
I. ___   J. ___   K. ___   L. ___

22. RESUBMISSION CODE ___ ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

24. A. DATE(S) OF SERVICE From MM DD YY	To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES CPT/HCPCS	MODIFIER	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	RT	A	40 00	1		NPI	1234567890
09 01 22	09 01 22	11		83861	LT	A	40 00	1		NPI	1234567890

United Health Care Commercial Plans: UHC does not recognize the RT/LT modifiers. The CLIA number is required in box 23 with the **QW Modifier only** with 2 units of service. Double the billed charge.

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)

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A. ICD-10 Code (s)   B. ___   C. ___   D. ___
E. ___   F. ___   G. ___   H. ___
I. ___   J. ___   K. ___   L. ___

22. RESUBMISSION CODE ___ ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER 10D2345678

24. A. DATE(S) OF SERVICE From MM DD YY	To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES CPT/HCPCS	MODIFIER	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

Reimbursement for Medicare Part B (fee-for-service)

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

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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

If there is no CLIA number on the claim, Medicare sends RA messages MA 120 and MA 130, which state:

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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

RHODE ISLAND BILLING GUIDE

Tru kera
M E D I C A L

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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:

- **CPT Code 83861** 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 <u>procedure discounts</u> 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**).

09.2022

Billing Format Examples

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.

A. ICD-10 Code (s)   B.   C.   D.
E.   F.   G.   H.
I.   J.   K.   L.

22. RESUBMISSION CODE   ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER
10D2345678

24. A. DATE(S) OF SERVICE						B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER			E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
From MM	DD	YY	To MM	DD	YY											
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

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.

A. ICD-10 Code (s)   B.   C.   D.
E.   F.   G.   H.
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23. PRIOR AUTHORIZATION NUMBER

24. A. DATE(S) OF SERVICE						B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER		E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
From MM	DD	YY	To MM	DD	YY										
09	01	22	09	01	22	11		83861	RT	A	40 00	1		NPI	1234567890
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From MM	DD	YY	To MM	DD	YY									
09	01	22	09	01	22	11		83861 QW	A	80 00	2		NPI	1234567890

Reimbursement for Medicare Part B (fee-for-service)

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

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SOUTH CAROLINA BILLING GUIDE

Tru kera MEDICAL

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Senior Reimbursement Support Specialist

Bridget Bolles

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Payor Name	Lines	Modifier(s)	Units per Line
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BCBS SC	2	RT/LT	1
SC Medicaid	2	QW/RT/LT	1
Humana Medicare	2	QW/RT/LT 59 on second line	1
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

Billing Format Examples

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? ☐ YES ☒ NO $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)   ICD Ind.

A. ICD-10 Code (s)   B. _____   C. _____   D. _____
E. _____   F. _____   G. _____   H. _____
I. _____   J. _____   K. _____   L. _____

22. RESUBMISSION CODE   ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER
10D2345678

24. A. DATE(S) OF SERVICE From MM DD YY	To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES CPT/HCPCS	MODIFIER	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 RT	A	40 00	1		NPI	1234567890
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	17b. NPI	1234567890	FROM — TO

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

20. OUTSIDE LAB? ☐ YES ☒ NO $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)   ICD Ind.

A. ICD-10 Code (s)   B. _____   C. _____   D. _____
E. _____   F. _____   G. _____   H. _____
I. _____   J. _____   K. _____   L. _____

22. RESUBMISSION CODE   ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

24. A. DATE(S) OF SERVICE From MM DD YY	To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES CPT/HCPCS	MODIFIER	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	RT	A	40 00	1		NPI	1234567890
09 01 22	09 01 22	11		83861	LT	A	40 00	1		NPI	1234567890

United Health Care Commercial Plans: UHC does not recognize the RT/LT modifiers. The CLIA number is required in box 23 with the **QW Modifier only** with 2 units of service. Double the billed charge.

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? ☐ YES ☒ NO $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)   ICD Ind.

A. ICD-10 Code (s)   B. _____   C. _____   D. _____
E. _____   F. _____   G. _____   H. _____
I. _____   J. _____   K. _____   L. _____

22. RESUBMISSION CODE   ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER
10D2345678

24. A. DATE(S) OF SERVICE From MM DD YY	To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES CPT/HCPCS	MODIFIER	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

Reimbursement for Medicare Part B (fee-for-service)

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

If there is no CLIA number on the claim, Medicare sends RA messages MA 120 and MA 130, which state:

- 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 DAKOTA BILLING GUIDE

Trukera MEDICAL

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:

- **CPT Code 83861** is specific for "Microfluidic analysis utilizing an integrated collection and analysis device, tear osmolality".
  - A covered service by CMS Medicare under the Clinical Laboratory Fee Schedule.
  - CLIA Certificate of Waiver 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 SD - Wellmark	2	RT/LT	1
Cigna	2	RT/LT	1
DakotaCare	2	QW/RT/LT	1
HealthNet	2	QW/RT/LT	1
Humana Medicare	2	QW/RT/LT 59 on second line	1
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

Billing Format Examples

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? ☐ YES ☒ NO $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind.
A. ICD-10 Code (s) B. C. D.
E. F. G. H.
I. J. K. L.

22. RESUBMISSION CODE   ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER
10D2345678

24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES CPT/HCPCS	MODIFIER	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 RT	A	40 00	1		NPI	1234567890
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	17b. NPI 1234567890		FROM — TO

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

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E. F. G. H.
I. J. K. L.

22. RESUBMISSION CODE   ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES CPT/HCPCS	MODIFIER	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	RT	A	40 00	1		NPI	1234567890
09 01 22 09 01 22	11		83861	LT	A	40 00	1		NPI	1234567890

United Health Care Commercial Plans: UHC does not recognize the RT/LT modifiers. The CLIA number is required in box 23 with the **QW Modifier only** with 2 units of service. Double the billed charge.

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? ☐ YES ☒ NO $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind.
A. ICD-10 Code (s) B. C. D.
E. F. G. H.
I. J. K. L.

22. RESUBMISSION CODE   ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER
10D2345678

24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES CPT/HCPCS	MODIFIER	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

Reimbursement for Medicare Part B (fee-for-service)

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

If there is no CLIA number on the claim, Medicare sends RA messages MA 120 and MA 130, which state:

- 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

Tru kera ™
M E D I C A L

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:

- **CPT Code 83861** is specific for "Microfluidic analysis utilizing an integrated collection and analysis device, tear osmolality".
- A covered service by CMS Medicare under the Clinical Laboratory Fee Schedule.
- CLIA Certificate of Waiver 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
Amerigroup	2	59 on second line of service	1
Anthem	2	RT/LT	1
BCBS TN	2	RT/LT	1
Cigna	2	RT/LT	1
Humana Medicare	2	QW/RT/LT 59 on second line	1
Medicare	2	QW/RT/LT	1
UHC Community Plan	1	QW	2
United Healthcare	1	QW	2
Aetna	2	RT/LT	1

Billing Format Examples

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 MM DD YY — MM DD YY
Dr. Trukera Medical		17b. NPI	1234567890							FROM — TO

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

20. OUTSIDE LAB? ☐ YES ☒ NO $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)   ICD Ind.

A. ICD-10 Code (s) B. ___ C. ___ D. ___
E. ___ F. ___ G. ___ H. ___
I. ___ J. ___ K. ___ L. ___

22. RESUBMISSION CODE   ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER
10D2345678

24. A. DATE(S) OF SERVICE From MM DD YY	To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES CPT/HCPCS	MODIFIER	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 RT	A	40 00	1		NPI	1234567890
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 MM DD YY — MM DD YY
Dr. Trukera Medical		17b. NPI	1234567890							FROM — TO

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

20. OUTSIDE LAB? ☐ YES ☒ NO $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)   ICD Ind.

A. ICD-10 Code (s) B. ___ C. ___ D. ___
E. ___ F. ___ G. ___ H. ___
I. ___ J. ___ K. ___ L. ___

22. RESUBMISSION CODE   ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

24. A. DATE(S) OF SERVICE From MM DD YY	To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES CPT/HCPCS	MODIFIER	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	RT	A	40 00	1		NPI	1234567890
09 01 22	09 01 22	11		83861	LT	A	40 00	1		NPI	1234567890

United Health Care Commercial Plans: UHC does not recognize the RT/LT modifiers. The CLIA number is required in box 23 with the **QW Modifier only** with 2 units of service. Double the billed charge.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE		17a.								18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY — MM DD YY
Dr. Trukera Medical		17b. NPI	1234567890							FROM — TO

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

20. OUTSIDE LAB? ☐ YES ☒ NO $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)   ICD Ind.

A. ICD-10 Code (s) B. ___ C. ___ D. ___
E. ___ F. ___ G. ___ H. ___
I. ___ J. ___ K. ___ L. ___

22. RESUBMISSION CODE   ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER
10D2345678

24. A. DATE(S) OF SERVICE From MM DD YY	To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES CPT/HCPCS	MODIFIER	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

Reimbursement for Medicare Part B (fee-for-service)

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

If there is no CLIA number on the claim, Medicare sends RA messages MA 120 and MA 130, which state:

- 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

TEXAS BILLING GUIDE

Tru kera
M E D I C A L

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Reimbursement Support Specialist

Tanna Niemeier

Cell: (419) 350-2968

Fax: (858) 225-8749

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This guide addresses billing recommendation for:

- **CPT Code 83861** is specific for "Microfluidic analysis utilizing an integrated collection and analysis device, tear osmolality".
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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
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

Billing Format Examples

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? ☐ YES ☒ NO $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)   ICD Ind.
A. ICD-10 Code (s)   B.   C.   D.
E.   F.   G.   H.
I.   J.   K.   L.

22. RESUBMISSION CODE   ORIGINAL REF. NO.
23. PRIOR AUTHORIZATION NUMBER   10D2345678

24. A. DATE(S) OF SERVICE From MM DD YY	To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES CPT/HCPCS	MODIFIER	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 RT	A	40 00	1		NPI	1234567890
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	17b. NPI 1234567890	FROM TO

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)
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E.   F.   G.   H.
I.   J.   K.   L.

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23. PRIOR AUTHORIZATION NUMBER

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09 01 22	09 01 22	11		83861	RT	A	40 00	1		NPI	1234567890
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E.   F.   G.   H.
I.   J.   K.   L.

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23. PRIOR AUTHORIZATION NUMBER   10D2345678

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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.

UTAH BILLING GUIDE

Tru kera MEDICAL

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Reimbursement Support Specialist

Tanna Niemeier

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Fax: (858) 225-8749

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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

Billing Format Examples

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? ☐ YES ☒ NO $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind.
A. ICD-10 Code (s) B. ___ C. ___ D. ___
E. ___ F. ___ G. ___ H. ___
I. ___ J. ___ K. ___ L. ___

22. RESUBMISSION CODE   ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER
10D2345678

24. A. DATE(S) OF SERVICE From / To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES CPT/HCPCS	MODIFIER	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 RT	A	40 00	1		NPI	1234567890
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.

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09 01 22 09 01 22	11		83861	RT	A	40 00	1		NPI	1234567890
09 01 22 09 01 22	11		83861	LT	A	40 00	1		NPI	1234567890

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09 01 22 09 01 22	11		83861	QW	A	80 00	2		NPI	1234567890

Reimbursement for Medicare Part B (fee-for-service)

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

If there is no CLIA number on the claim, Medicare sends RA messages MA 120 and MA 130, which state:

- 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

VERMONT BILLING GUIDE

Tru kera MEDICAL

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:

- **CPT Code 83861** 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
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Anthem	2	RT/LT	1
Humana Medicare	2	QW/RT/LT 59 on second line	1
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:
Vermont Medicaid: Providers should Fax CLIA Certificate to 802.878.3440 attn: Enrollment, prior to submitting claims.

Premier: If billing bilateral requires Modifier 50

09.2022

Billing Format Examples

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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23. PRIOR AUTHORIZATION NUMBER
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			REF02	CLIA Certification number

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- The laboratory is not approved for this type of test

VIRGINIA
BILLING GUIDE

Tru kera™
M E D I C A L

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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- A covered service by CMS Medicare under the Clinical Laboratory Fee Schedule.
- CLIA Certificate of Waiver is required to perform and bill this laboratory tests.
- Providers are encouraged to review payor-provider contracts for rate and claim submission requirements.
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Payor Name	Lines	Modifier(s)	Units per Line
Medicare	2	QW/RT/LT	1
Anthem	2	RT/LT	1
Humana Medicare	2	QW/RT/LT 59 on second line	1
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

09.2022

Billing Format Examples

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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Dr. Trukera Medical	17b. NPI	1234567890	FROM TO

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

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22. RESUBMISSION CODE   ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER   10D2345678

24. A. DATE(S) OF SERVICE From			To			B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER		E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
MM	DD	YY	MM	DD	YY											
09	01	22	09	01	22	11		83861	QW	RT	A	40 00	1		NPI	1234567890
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MM	DD	YY	MM	DD	YY											
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			REF02	CLIA Certification number

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WASHINGTON BILLING GUIDE

Trukera MEDICAL

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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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- **CPT Code 83861** is specific for "Microfluidic analysis utilizing an integrated collection and analysis device, tear osmolality".
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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

Billing Format Examples

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WEST VIRGINIA
BILLING GUIDE

Tru kera
M E D I C A L

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

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This guide addresses billing recommendation for:

- **CPT Code 83861** is specific for "Microfluidic analysis utilizing an integrated collection and analysis device, tear osmolality".
- A covered service by CMS Medicare under the Clinical Laboratory Fee Schedule.
- CLIA Certificate of Waiver 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
Humana Medicare	2	QW/RT/LT 59 on second line	1
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

Billing Format Examples

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 MM DD YY TO MM DD YY

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.

A. ICD-10 Code (s)   B. ____   C. ____   D. ____
E. ____   F. ____   G. ____   H. ____
I. ____   J. ____   K. ____   L. ____

22. RESUBMISSION CODE   ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER
10D2345678

24. A. DATE(S) OF SERVICE From MM DD YY	To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	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 RT	A	40 00	1		NPI	1234567890
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.

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09 01 22	09 01 22	11		83861	RT	A	40 00	1		NPI	1234567890
09 01 22	09 01 22	11		83861	LT	A	40 00	1		NPI	1234567890

United Health Care Commercial Plans: UHC does not recognize the RT/LT modifiers. The CLIA number is required in box 23 with the **QW Modifier only** with 2 units of service. Double the billed charge.

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☐ YES   ☒ NO

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09 01 22	09 01 22	11		83861	QW	A	80 00	2		NPI	1234567890

Reimbursement for Medicare Part B (fee-for-service)

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

If there is no CLIA number on the claim, Medicare sends RA messages MA 120 and MA 130, which state:

- 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

Tru kera MEDICAL

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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
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
Humana Medicare	2	QW/RT/LT 59 on the second line	1
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.

Billing Format Examples

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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Dr. Trukera Medical	17b. NPI	1234567890	FROM _ TO _

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.

A. ICD-10 Code (s) B. _ C. _ D. _
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Reimbursement for Medicare Part B (fee-for-service)

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

- ### 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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WYOMING BILLING GUIDE

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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

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