Trukera[™] MEDICAL

Billing Guides



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ALABAMA BILLING GUIDE



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

Reimbursement Support Specialist

Amanda Rotteck Fax: (858) 225-8749

Cell: (704) 928-9009 Email: arotteck@trukera.com

This guide addresses billing recommendation for:

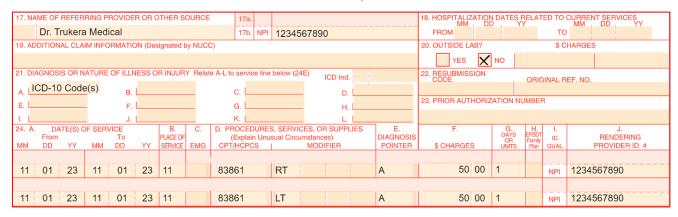
- <u>CPT Code 83861</u> is specific for "Microfluidic analysis utilizing an integrated collection and analysis device, tear osmolality".
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- Frequency of testing is based on Medical Necessity as determined by the clinician.
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Payor Name	Lines	Modifier(s)	Units per Line
Aetna	2	RT/LT	1
BCBS 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	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

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 be rejected.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.		URRENT SERVICES
Dr. Trukera Medical	17b. NPI 1234567890	FROM TO	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? \$ CH	ARGES
		YES X NO	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	service line below (24E) ICD Ind.	22. RESUBMISSION ORIGINAL REI	F. NO.
A. ICD-10 Code(s)	C		
E F	G. L	23. PRIOR AUTHORIZATION NUMBER	
I. L	K	10D2345678	
From To PLACE OF (I	OCEDURES, SERVICES, OR SUPPLIES Explain Unusual Circumstances) HCPCS I MODIFIER DIAGNOSIS POINTER	F. G. H. I. DAYS EPSDT ID. OR Family \$ CHARGES UNITS Plan QUAL.	J. RENDERING PROVIDER ID. #
MIM DD 11 MIM DD 11 SERVICE EMG CP1/	HOPOS MODIFIER POINTER	\$ CHARGES UNITS Plan QUAL.	PROVIDER ID. #
11 01 23 11 01 23 11 838	61 QW RT A	50 00 1 NPI	1234567890
11 01 23 11 01 23 11 838	61 QW LT A	50 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)	C. D.	OTHER NO.
E F (G H. I	23. PRIOR AUTHORIZATION NUMBER
I. L. J.	K	10D2345678
	OCEDURES, SERVICES, OR SUPPLIES E. Explain Unusual Circumstances) DIAGNOSIS	F. G, H, I, J, DAYS BESUT D, RENDERING OR Family S CHARGES UNITS Pine QUAL PROVIDER ID. #
	HCPCS MODIFIER POINTER	\$ CHARGES UNITS Plan QUAL. PROVIDER ID. #
11 01 23 11 01 23 11 838	61 QW A	100 00 2 NPI 1234567890
		NPI

Humana Medicare Advantage Plans: Humana requires additional modifiers. The CLIA number is required in box 23 with the **QW/RT/LT/59** with 2 lines of service, 1 unit per line.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATED TO	CURRENT SERVICES MM DD YY
Dr. Trukera Medical	17b. NPI 1234567890	FROM	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)	·	20. OUTSIDE LAB? \$ 0	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 F	REF. NO.
A. ICD-10 Code(s)	D. D.		
E. F.	э	23. PRIOR AUTHORIZATION NUMBER	
I. J.		10D2345678	
	OCEDURES, SERVICES, OR SUPPLIES E.	F. G. H. I. DAYS EPSDT OR Family ID.	J. RENDERING
	Explain Unusual Circumstances) DIAGNOSIS HCPCS MODIFIER POINTER	OR Family ID. \$ CHARGES UNITS Plan QUAL.	PROVIDER ID. #
11 01 23 11 01 23 11 838	61 QW RT 59 A	50 00 1 NPI	1234567890
11 01 23 11 01 23 11 838	61 QW LT 59 A	50 00 1 NPI	1234567890

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

2021-2024 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	Segment	Electronic Description
23.	Prior Authorization number	REF01	Reference identification qualifier = X4
	•	REF02	CLIA Certification number

Common Notification Reasons for Medicare Denials

- MA 120 Did not complete or enter accurately the CLIA number.
- MA 130 Your claim contains incomplete and/or invalid information, and no appeal rights are afforded because the claim is 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



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

Reimbursement Support Specialist

Bridget Bolles Fax: (858) 225-8749

Cell: (317) 797-7151 Email: bbolles@trukera.com

This guide addresses billing recommendation for:

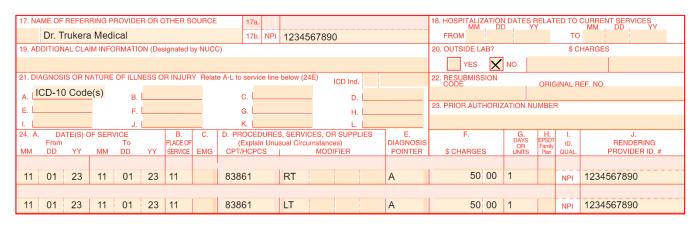
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- <u>CLIA Certificate of Waiver</u> is required to perform and bill this laboratory tests.
- Providers are encouraged to review payor-provider contracts for rate and claim submission requirements.
- Medical Necessity requires current signs or symptoms of disease at time of test.
- Frequency of testing is based on Medical Necessity as determined by the clinician.
- Laboratory Test multiple <u>procedure discounts</u> 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

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? \$ CI	HARGES
		YES X NO	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	service line below (24E) ICD Ind.	22. RESUBMISSION ORIGINAL RI	FF NO
A. ICD-10 Code(s)	D. D.	J. 1.0.1.0.1.0.1.0.1.0.1.0.1.0.1.0.1.0.1.	
E F (a. H.	23. PRIOR AUTHORIZATION NUMBER	
I. L. J. L. P	C. L.	10D2345678	
From To PLACE OF (E	OCEDURES, SERVICES, OR SUPPLIES E. DIAGNOSIS	OR [Family] [J. RENDERING
MM DD YY MM DD YY SERVICE EMG CPT/H	HCPCS MODIFIER POINTER	\$ CHARGES UNITS Plan QUAL.	PROVIDER ID. #
44 04 00 44 04 00 44	OW DT	50 00 1	4004507000
11 01 23 11 01 23 11 8386	QW RT A	50 00 1 NPI	1234567890
11 01 23 11 01 23 11 8386	G1 QW LT A	50 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	O CURRENT SERVICES
Dr. Trukera Medical	17b. NPI 1234567890		то
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? \$	CHARGES
		YES X NO	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	to service line below (24E) ICD Ind.	22. RESUBMISSION CODE ORIGINAL	REE NO
A. ICD-10 Code(s)	C. D.	STRUM, E	THEF. NO.
E F	G H.	23. PRIOR AUTHORIZATION NUMBER	
J. [K L	10D2345678	
From To PLACE OF (ROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) T/HCPCS MODIFIER POINTER	F. G. H. I. DAYS EPSDT ID. OR Family ID. \$ CHARGES UNITS Plan QUA	
	·		
11 01 23 11 01 23 11 838	861 QW A	100 00 2 NP	1234567890
		NP	1

Humana Medicare Advantage Plans: Humana requires additional modifiers. The CLIA number is required in box 23 with the **QW/RT/LT/59** with 2 lines of service, 1 unit per line

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATED TO	CURRENT SERVICES MM DD YY
Dr. Trukera Medical	17b. NPI 1234567890	FROM TO	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? \$ C	HARGES
		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 R	EE NO
A. ICD-10 Code(s)	C. D.	OTHER TO	
E. F.	G. L. H.	23. PRIOR AUTHORIZATION NUMBER	
J. L.	K. L. L.	10D2345678	
From To PLACE OF (OCEDURES, SERVICES, OR SUPPLIES Explain Unusual Circumstances) HCPCS MODIFIER POINTER	F. G. H. I. DAYS EPSDT OR Family \$ CHARGES UNITS Plan QUAL.	J. RENDERING PROVIDER ID. #
IVIVI DD 11 WIVI DD 11 SERVICE ENG CF1/	MODIFIER POINTER	ONIIS PER QUAL.	PROVIDER ID. #
11 01 23 11 01 23 11 838	61 QW RT 59 A	50 00 1 NPI	1234567890
11 01 23 11 01 23 11 838	61 QW LT 59 A	50 00 1 NPI	1234567890

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

2023-2024 Clinical Laboratory Fee Schedule (CLFS) Rate: \$22.48 per test (\$44.96 per patient)

Sequestration Withhold

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

Medicare CMS Part B

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

Billing Software Requirements

- ANSI 5010 E-claim Crosswalk

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

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

Common Notification Reasons for Medicare Denials

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

ARIZONA BILLING GUIDE



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

Reimbursement Support Specialist

Amanda Rotteck Fax: (858) 225-8749

Cell: (704) 928-9009 Email: arotteck@trukera.com

This guide addresses billing recommendation for:

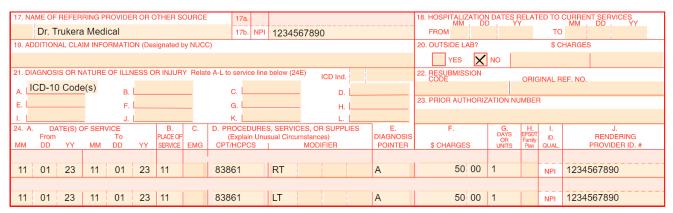
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- Laboratory Test multiple procedure discounts do not apply.

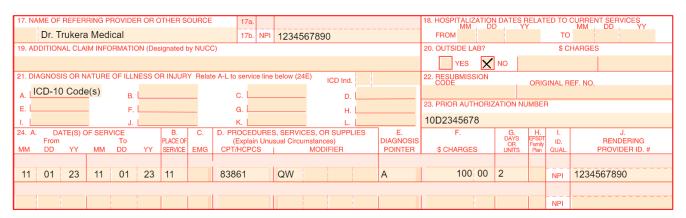
Payor Name	Lines	Modifier(s)	Units per Line
Aetna	2	RT/LT	1
Arizona Complete Health	2	RT/LT	1
BCBS AZ	2	RT/LT	1
Cigna	2	RT/LT	1
HealthNet	2	QW/RT/LT	1
Humana Medicare	2	QW/RT/LT/59	1
Medicaid AZ	2	QW/RT/LT	1
Medicare	2	QW/RT/LT	1
Mercy Care Plan	1	QW	2
UHC Community Plan	1	QW	2
United Healthcare	1	QW	2

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 be rejected.

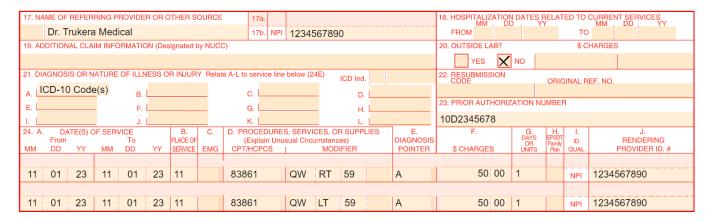
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.		1	18. HOSPITALIZATION		ATED TO	CURRENT SERVICES MM DD YY
Dr. Trukera Medical	17b. NPI 1234	1567890		FROM		TC	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)	'		2	20. OUTSIDE LAB?		\$ C	HARGES
				YES X	NO		
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	service line below ((24E) ICD Ind.	2	22. RESUBMISSION CODE	OF	RIGINAL F	FF NO
A. ICD-10 Code(s)	o. L	D.			J.	II CIII VILL I	Er. No.
E (a. L	н. Г	2	23. PRIOR AUTHORIZATION NUMBER			
I. J.	C	L.		10D2345678			
From To PLACE OF (E	OCEDURES, SER\ Explain Unusual Cir HCPCS I		E. AGNOSIS DINTER	F. \$ CHARGES	G. H DAYS EPS OR Far UNITS PI	I. I. DT ID. ON QUAL.	J. RENDERING PROVIDER ID. #
WIN BB II WIN BB II GENIGE ENG OF IN	101 00	WODNIEN	SINTER	ψ OΠΑΠΩΣΟ	UNITS FI	III QUAL.	THOUBERTO. #
11 01 23 11 01 23 11 8386	S1 QW	RT A		50 00	1	NPI	1234567890
11 01 23 11 01 23 11 8386	61 QW	LT A		50 00	1	NPI	1234567890

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





Humana Medicare Advantage Plans: Humana requires additional modifiers. The CLIA number is required in box 23 with the **QW/RT/LT/59** with 2 lines of service, 1 unit per line.



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

2021-2024 Clinical Laboratory Fee Schedule (CLFS) Rate: \$22.48 per test (\$44.96 per patient)

Sequestration Withhold

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

Medicare CMS Part B

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

Billing Software Requirements

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Field #	Claim Description	Loop	Segment	Electronic Description
23.	Prior Authorization number	2300	REF01	Reference identification qualifier = X4
1		•	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.

ARKANSAS BILLING GUIDE



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Reimbursement Support Specialist

Amanda Rotteck Fax: (858) 225-8749

Cell: (704) 928-9009 Email: arotteck@trukera.com

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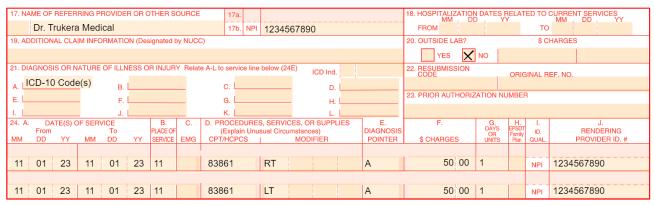
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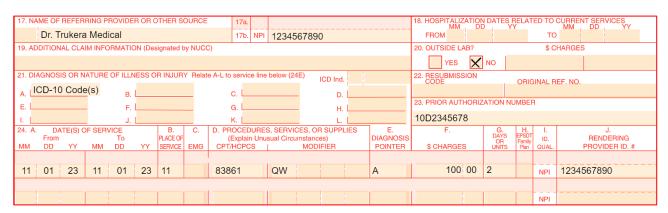
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Humana Medicare	2	QW/RT/LT/59	1
Medicaid AR	2	QW/RT/LT	1
Medicare	2	QW/RT/LT	1
United Healthcare	1	QW	2

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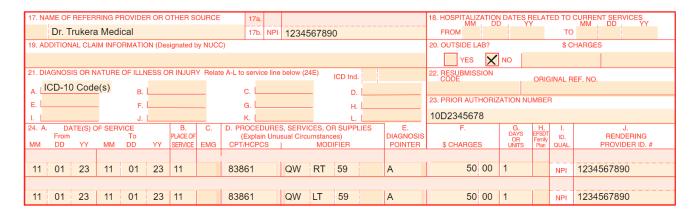
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES					
Dr. Trukera Medical	17b. NPI 1234567890	FROM TO				
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? \$ CHARGES				
		YES X NO				
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	service line below (24E) ICD Ind.	22. RESUBMISSION ORIGINAL REF. NO.				
A. ICD-10 Code(s)	D. D.	5.11.51.71.51				
E. F. C.	н.	23. PRIOR AUTHORIZATION NUMBER				
I. J.	. L. L.	10D2345678				
From To PLACE OF (E	CCEDURES, SERVICES, OR SUPPLIES xplain Unusual Circumstances) HCPCS MODIFIER E. DIAGNOSIS POINTER	F. G. H. I. J. DAYS EPSUT ID. RENDERING \$ CHARGES UNITS Family U.J. PROVIDER ID. #				
11 01 23 11 01 23 11 8386	ON RT A	50 00 1 NPI 1234567890				
11 01 23 11 01 23 11 8386	O QW LT A	50 00 1 NPI 1234567890				

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





Humana Medicare Advantage Plans: Humana requires additional modifiers. The CLIA number is required in box 23 with the **QW/RT/LT/59** with 2 lines of service, 1 unit per line.



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

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CALIFORNIA BILLING GUIDE



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Reimbursement Support Specialist

Amanda Rotteck Fax: (858) 225-8749

Cell: (704) 928-9009 Email: arotteck@trukera.com

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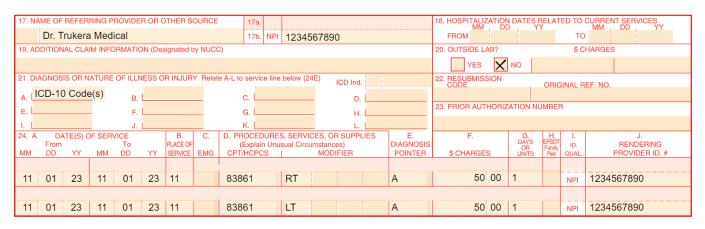
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- Laboratory Test multiple <u>procedure discounts</u> do not apply.

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

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 be rejected.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATED T	TO CURRENT SERVICES			
Dr. Trukera Medical	17b. NPI 1234567890		то			
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB?	\$ CHARGES			
		YES X NO				
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	service line below (24E) ICD Ind.	22. RESUBMISSION CODE . ORIGINAL	L REF. NO.			
A. ICD-10 Code(s)	D. D.					
E	э	23. PRIOR AUTHORIZATION NUMBER				
I. L. J. L. J.	K. L. L.	10D2345678				
From To PLACE OF (E	OCEDURES, SERVICES, OR SUPPLIES Explain Unusual Circumstances) DIAGNOSIS	I OR I Family I ·-				
MM DD YY MM DD YY SERVICE EMG CPT/	HCPCS MODIFIER POINTER	\$ CHARGES UNITS Plan QUA	AL. PROVIDER ID. #			
11 01 23 11 01 23 11 838	61 QW RT A	50 00 1 NP	1234567890			
11 01 23 11 01 23 11 838	61 QW LT A	50 00 1 NP	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		TO NIM			
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 ORIGINA	AL REF. NO.			
A. ICD-10 Code(s)	C. D.	O I I CITICAL VA	AL HEI . NO.			
E F	G. H.	23. PRIOR AUTHORIZATION NUMBER				
J. L.	K	10D2345678				
	ROCEDURES, SERVICES, OR SUPPLIES E. (Explain Unusual Circumstances) DIAGNOSIS	F. G. H. I DAYS EPSDT IC OR Family IUNITS Plan QU.	I. J. D. RENDERING			
	/HCPCS MODIFIER POINTER	\$ CHARGES OR Family IL UNITS Plan QU.				
11 01 23 11 01 23 11 838	861 QW A	100 00 2 NF	ы 1234567890			
		NF	PI			

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

2021-2024 Clinical Laboratory Fee Schedule (CLFS) Rate: \$22.48 per test (\$44.96 per patient)

Sequestration Withhold

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

Medicare CMS Part B

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

Billing Software Requirements

- ANSI 5010 E-claim Crosswalk

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

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

Common Notification Reasons for Medicare Denials

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

COLORADO BILLING GUIDE



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

Reimbursement Support Specialist

Amanda Rotteck Fax: (858) 225-8749

Cell: (704) 928-9009 Email: arotteck@trukera.com

This guide addresses billing recommendation for:

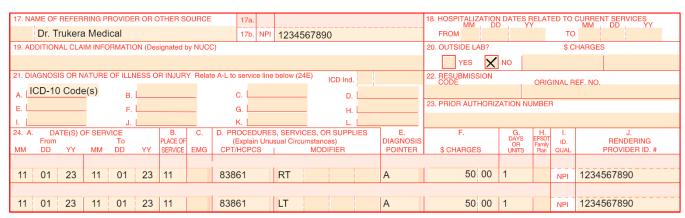
- <u>CPT Code 83861</u> is specific for "Microfluidic analysis utilizing an integrated collection and analysis device, tear osmolality".
- A covered service by <u>CMS Medicare</u> under the <u>Clinical Laboratory Fee Schedule</u>.
- <u>CLIA Certificate of Waiver</u> is required to perform and bill this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

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

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

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.						18. HOSPITALIZATION	DATES F	RELAT	ED TO	CURRENT SERVICES MM DD YY
Dr. Trukera Medical	17b.	NPI	12345	67890			FROM			TO	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)							20. OUTSIDE LAB?			\$ C	HARGES
							YES 🗶	NO			
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	service	line	below (24	IE) ICD Ind.			22. RESUBMISSION CODE		ORIG	INAL R	EF. NO.
A. ICD-10 Code(s)	с. 🖳			D.							
E	g. 🖳			н.			23. PRIOR AUTHORIZATION NUMBER				
I. L. J.	к. 🔼			L.			10D2345678				
From To PLACE OF (E	Explain	Unus		DES, OR SUPPL mstances)	.IES	E. DIAGNOSIS	F.	G. DAYS OR	H. EPSDT Family Plan	I. ID.	J. RENDERING
MM DD YY MM DD YY SERVICE EMG CPT/	HCPCS	5		MODIFIER		POINTER	\$ CHARGES	UNITS	Plan	QUAL.	PROVIDER ID. #
11 01 23 11 01 23 11 838	61		QW	RT		А	50 00	1		NPI	1234567890
11 01 23 11 01 23 11 838	61		QW	LT		А	50 00	1		NPI	1234567890

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



17. N	AME OF	REFER	RING P	ROVIDE	RORC	OTHER S	OURCE	17a.							18. HOSPITALIZ MM			RELAT	ED TO	CURRENT SERVICES MM DD YY
	Dr. T	rukera	a Med	ical				17b.	NPI	1234	6789	0			FROM TO TO					
19. AI	ODITION	IAL CLA	IM INFO	DRMATI	ON (Des	signated b	y NUCC	C)							20. OUTSIDE LAB? \$ CHARGES				HARGES	
															YES	×	NO			
21. DI	AGNOS	IS OR N	IATURE	OF ILLI	NESS O	R INJUR	Y Relat	e A-L to servic	e line	below (2	4E)	ICD Ind.			22. RESUBMISS	SION		OBIG	INAL B	EF. NO.
A. L	CD-10	Code	e(s)	В.				с. L				D.						011110		2
E. L				F.				G. L				H.			23. PRIOR AUTHORIZATION NUMBER					
I.				J.				K				L.			10D2345678					
24. A	. D/ From	ATE(S) C	OF SER	VICE To		B. PLACE OF	C.	D. PROCED		S, SERVI sual Circ			IES	E. DIAGNOSIS	F.		G. DAYS	H. EPSDT Family	l.	J. RENDERING
ММ	DD	YY	MM	DD	YY	SERVICE		CPT/HCPC		suai Circi	MOD			POINTER	\$ CHARGE	S	OR UNITS	Family Plan	ID. QUAL.	PROVIDER ID. #
11	01	23	11	01	23	11		83861		QW				А	100	00	2		NPI	1234567890
																			NPI	

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

2021-2024 Clinical Laboratory Fee Schedule (CLFS) Rate: \$22.48 per test (\$44.96 per patient)

Sequestration Withhold

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

Medicare CMS Part B

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

Billing Software Requirements

- ANSI 5010 E-claim Crosswalk

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

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

Common Notification Reasons for Medicare Denials

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

CONNECTICUT BILLING GUIDE



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

Reimbursement Support Specialist

Bridget Bolles Fax: (858) 225-8749

Cell: (317) 797-7151 Email: bbolles@trukera.com

This guide addresses billing recommendation for:

- <u>CPT Code 83861</u> is specific for "Microfluidic analysis utilizing an integrated collection and analysis device, tear osmolality".
- A covered service by <u>CMS Medicare</u> under the <u>Clinical Laboratory Fee Schedule</u>.
- CLIA Certificate of Waiver 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
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	1
UHC	1	QW	2

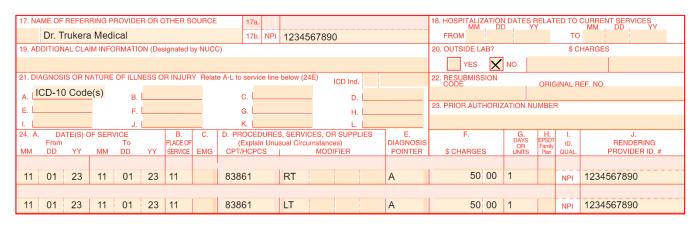
Connecticut Providers:

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

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? \$ CI	HARGES		
	YES X NO			
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	service line below (24E) ICD Ind.	22. RESUBMISSION ORIGINAL RI	FF NO	
A. ICD-10 Code(s)	C. L. D.			
E F (a. H.	23. PRIOR AUTHORIZATION NUMBER		
I. L. J. L. P	C. L.	10D2345678		
From To PLACE OF (E	OCEDURES, SERVICES, OR SUPPLIES E. DIAGNOSIS	OR [Family] [J. RENDERING	
MM DD YY MM DD YY SERVICE EMG CPT/H	HCPCS MODIFIER POINTER	\$ CHARGES UNITS Plan QUAL.	PROVIDER ID. #	
44 04 00 44 04 00 44	OW DT	50 00 1	4004507000	
11 01 23 11 01 23 11 8386	QW RT A	50 00 1 NPI	1234567890	
11 01 23 11 01 23 11 8386	G1 QW LT A	50 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	O CURRENT SERVICES
Dr. Trukera Medical	17b. NPI 1234567890		то
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? \$	CHARGES
		YES X NO	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	to service line below (24E) ICD Ind.	22. RESUBMISSION CODE ORIGINAL	REE NO
A. ICD-10 Code(s)	C. D.	STRUM, E	THEF. NO.
E F	G H.	23. PRIOR AUTHORIZATION NUMBER	
J. [K L	10D2345678	
From To PLACE OF (ROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) T/HCPCS MODIFIER POINTER	F. G. H. I. DAYS EPSDT ID. OR Family ID. \$ CHARGES UNITS Plan QUA	
	·		
11 01 23 11 01 23 11 838	861 QW A	100 00 2 NP	1234567890
		NP	1

Humana Medicare Advantage Plans: Humana requires additional modifiers. The CLIA number is required in box 23 with the **QW/RT/LT/59** with 2 lines of service, 1 unit per line

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATED TO	CURRENT SERVICES MM DD YY
Dr. Trukera Medical	17b. NPI 1234567890	FROM TO	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)	20. OUTSIDE LAB? \$ C	HARGES	
	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 R	EE NO
A. ICD-10 Code(s)	C. D.	OTHER TO	
E. F.	G. L. H.	23. PRIOR AUTHORIZATION NUMBER	
J. L.	K. L. L.	10D2345678	
From To PLACE OF (OCEDURES, SERVICES, OR SUPPLIES Explain Unusual Circumstances) HCPCS MODIFIER POINTER	F. G. H. I. DAYS EPSDT OR Family \$ CHARGES UNITS Plan QUAL.	J. RENDERING PROVIDER ID. #
IVIVI DD 11 WIVI DD 11 SERVICE ENG CF1/	MODIFIER POINTER	ONIIS PER QUAL.	PROVIDER ID. #
11 01 23 11 01 23 11 838	61 QW RT 59 A	50 00 1 NPI	1234567890
11 01 23 11 01 23 11 838	61 QW LT 59 A	50 00 1 NPI	1234567890

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

2023-2024 Clinical Laboratory Fee Schedule (CLFS) Rate: \$22.48 per test (\$44.96 per patient)

Sequestration Withhold

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

Medicare CMS Part B

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

Billing Software Requirements

- ANSI 5010 E-claim Crosswalk

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

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

Common Notification Reasons for Medicare Denials

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

DELAWARE BILLING GUIDE



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

Reimbursement Support Specialist

Bridget Bolles Fax: (858) 225-8749

Cell: (317) 797-7151 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 procedure discounts do not apply.

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

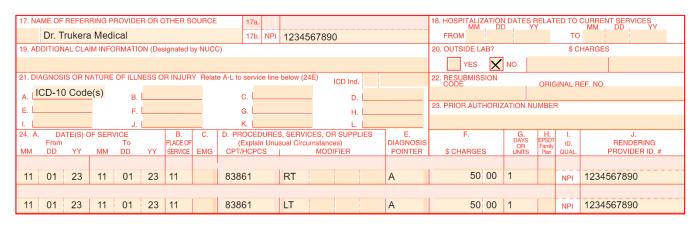
Delaware Providers:

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

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? \$ CI	HARGES		
	YES X NO			
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	service line below (24E) ICD Ind.	22. RESUBMISSION ORIGINAL RI	FF NO	
A. ICD-10 Code(s)	C. L. D.			
E F (a. H.	23. PRIOR AUTHORIZATION NUMBER		
I. L. J. L. P	C. L.	10D2345678		
From To PLACE OF (E	OCEDURES, SERVICES, OR SUPPLIES E. DIAGNOSIS	OR [Family] [J. RENDERING	
MM DD YY MM DD YY SERVICE EMG CPT/H	HCPCS MODIFIER POINTER	\$ CHARGES UNITS Plan QUAL.	PROVIDER ID. #	
44 04 00 44 04 00 44	OW DT	50 00 1	4004507000	
11 01 23 11 01 23 11 8386	QW RT A	50 00 1 NPI	1234567890	
11 01 23 11 01 23 11 8386	G1 QW LT A	50 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	O CURRENT SERVICES
Dr. Trukera Medical	17b. NPI 1234567890		то
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? \$	CHARGES
		YES X NO	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	to service line below (24E) ICD Ind.	22. RESUBMISSION CODE ORIGINAL	REE NO
A. ICD-10 Code(s)	C. D.	STRUM, E	THEF. NO.
E F	G H.	23. PRIOR AUTHORIZATION NUMBER	
J. [K L	10D2345678	
From To PLACE OF (ROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) T/HCPCS MODIFIER POINTER	F. G. H. I. DAYS EPSDT ID. OR Family ID. \$ CHARGES UNITS Plan QUA	
	·		
11 01 23 11 01 23 11 838	861 QW A	100 00 2 NP	1234567890
		NP	1

Humana Medicare Advantage Plans: Humana requires additional modifiers. The CLIA number is required in box 23 with the **QW/RT/LT/59** with 2 lines of service, 1 unit per line

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATED TO	CURRENT SERVICES MM DD YY
Dr. Trukera Medical	17b. NPI 1234567890	FROM TO	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)	20. OUTSIDE LAB? \$ C	HARGES	
	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 R	EE NO
A. ICD-10 Code(s)	C. D.	Officiality	
E. F.	G. L. H.	23. PRIOR AUTHORIZATION NUMBER	
J	K. L. L.	10D2345678	
From To PLACE OF (OCEDURES, SERVICES, OR SUPPLIES Explain Unusual Circumstances) HCPCS MODIFIER POINTER	F. G. H. I. DAYS EPSDT OR Family \$ CHARGES UNITS Plan QUAL.	J. RENDERING PROVIDER ID. #
IVIVI DD 11 WIVI DD 11 SERVICE ENG CF1/	MODIFIER POINTER	ONIIS PER QUAL.	PROVIDER ID. #
11 01 23 11 01 23 11 838	61 QW RT 59 A	50 00 1 NPI	1234567890
11 01 23 11 01 23 11 838	61 QW LT 59 A	50 00 1 NPI	1234567890

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

2023-2024 Clinical Laboratory Fee Schedule (CLFS) Rate: \$22.48 per test (\$44.96 per patient)

Sequestration Withhold

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

Medicare CMS Part B

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

Billing Software Requirements

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

Common Notification Reasons for Medicare Denials

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- MA 130 Your claim contains incomplete and/or invalid information, and no appeal rights are afforded because the claim in un-processable.
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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

DISTRICT OF COLUMBIA BILLING GUIDE



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

Reimbursement Support Specialist

Bridget Bolles Fax: (858) 225-8749

Cell: (317) 797-7151 Email: bbolles@trukera.com

This guide addresses billing recommendation for:

- <u>CPT Code 83861</u> is specific for "Microfluidic analysis utilizing an integrated collection and analysis device, tear osmolality".
- A covered service by <u>CMS Medicare</u> under the <u>Clinical Laboratory Fee Schedule</u>.
- <u>CLIA Certificate of Waiver</u> is required to perform and bill this laboratory tests.
- Providers are encouraged to review <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
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

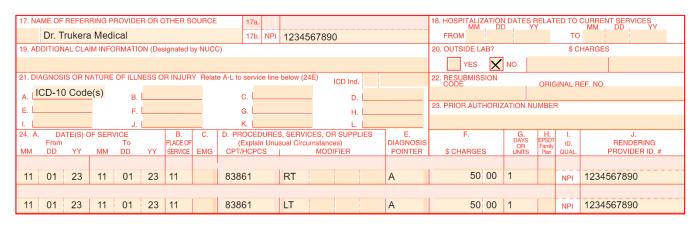
District of Columbia Providers:

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

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? \$ CI	HARGES		
	YES X NO			
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	service line below (24E) ICD Ind.	22. RESUBMISSION ORIGINAL RI	FF NO	
A. ICD-10 Code(s)	C. L. D.			
E F (a. H.	23. PRIOR AUTHORIZATION NUMBER		
I. L. J. L. P	C. L.	10D2345678		
From To PLACE OF (E	OCEDURES, SERVICES, OR SUPPLIES E. DIAGNOSIS	OR [Family] [J. RENDERING	
MM DD YY MM DD YY SERVICE EMG CPT/H	HCPCS MODIFIER POINTER	\$ CHARGES UNITS Plan QUAL.	PROVIDER ID. #	
44 04 00 44 04 00 44	OW DT	50 00 1	4004507000	
11 01 23 11 01 23 11 8386	QW RT A	50 00 1 NPI	1234567890	
11 01 23 11 01 23 11 8386	G1 QW LT A	50 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 T	TO CURRENT SERVICES MM DD YY
Dr. Trukera Medical	17b. NPI 1234567890		то
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)	20. OUTSIDE LAB?	\$ CHARGES	
		YES X NO	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	o service line below (24E) ICD Ind.	22. RESUBMISSION ORIGINAL	L REF. NO.
A. ICD-10 Code(s)	C. D.	0.110.110.1	
E F	G H.	23. PRIOR AUTHORIZATION NUMBER	
J	KL.	10D2345678	
From To PLACE OF (ROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) T/HCPCS MODIFIER POINTER	F. G. H. DAYS EPSDT ID OR Family UNITS Plan QU/	
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11 01 23 11 01 23 11 838	861 QW A	100 00 2 NF	1234567890
		NF	PI

Humana Medicare Advantage Plans: Humana requires additional modifiers. The CLIA number is required in box 23 with the **QW/RT/LT/59** with 2 lines of service, 1 unit per line

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATED TO	CURRENT SERVICES MM DD YY
Dr. Trukera Medical	17b. NPI 1234567890	FROM TO	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)	20. OUTSIDE LAB? \$ C	HARGES	
	YES X NO		
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	22. RESUBMISSION CODE . ORIGINAL R	FE NO	
A. ICD-10 Code(s)	C. D.	Officiality	
E. F.	G. L. H.	23. PRIOR AUTHORIZATION NUMBER	
J	K. L. L.	10D2345678	
From To PLACE OF (OCEDURES, SERVICES, OR SUPPLIES Explain Unusual Circumstances) HCPCS MODIFIER POINTER	F. G. H. I. DAYS EPSDT OR Family \$ CHARGES UNITS Plan QUAL.	J. RENDERING PROVIDER ID. #
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11 01 23 11 01 23 11 838	61 QW LT 59 A	50 00 1 NPI	1234567890

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

2023-2024 Clinical Laboratory Fee Schedule (CLFS) Rate: \$22.48 per test (\$44.96 per patient)

Sequestration Withhold

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

Medicare CMS Part B

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

Billing Software Requirements

- ANSI 5010 E-claim Crosswalk

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

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

Common Notification Reasons for Medicare Denials

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

FLORIDA BILLING GUIDE



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

Senior Reimbursement Support Specialist

Amanda Rotteck Fax: (858) 225-8749

Cell: (704) 928-9009 Email: arotteck@trukera.com

This guide addresses billing recommendation for:

- <u>CPT Code 83861</u> is specific for "Microfluidic analysis utilizing an integrated collection and analysis device, tear osmolality".
- A covered service by <u>CMS Medicare</u> under the <u>Clinical Laboratory Fee Schedule</u>.
- <u>CLIA Certificate of Waiver</u> is required to perform and bill this laboratory tests.
- Providers are encouraged to review <u>payor-provider contracts</u> for rate and claim submission requirements.
- Medical Necessity requires current signs or symptoms of disease at time of test.
- Frequency of testing is based on Medical Necessity as determined by the clinician.
- Laboratory Test multiple <u>procedure discounts</u> 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	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

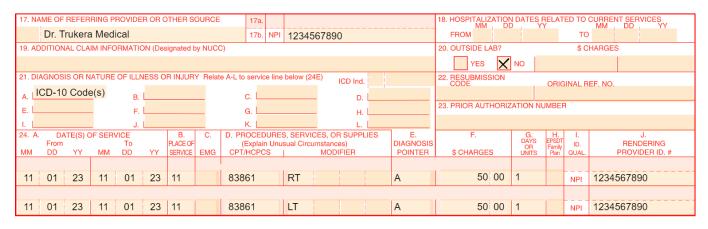
Florida Providers:

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

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 be rejected.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	18. HOSPITALIZATION DATES RELATED	TO CURRENT SERVICES			
Dr. Trukera Medical	FROM	то			
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)	20. OUTSIDE LAB?	\$ CHARGES			
		YES X NO			
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	service line below (24E) ICD Ind.	22. RESUBMISSION CODE ORIGINA	AL REF. NO.		
A. ICD-10 Code(s)	D				
E (э. L	23. PRIOR AUTHORIZATION NUMBER			
I. L. J. L. H	C L. L.	10D2345678			
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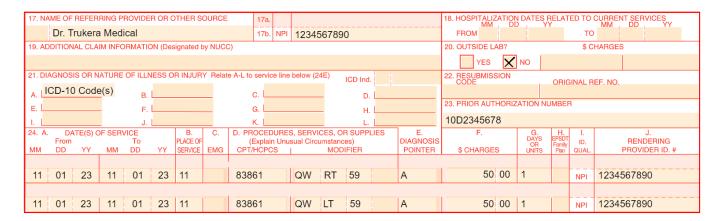
Most Commercial Plans: Note that the QW and CLIA # are not required.



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	17-	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES
17. NAME OF REPERMING PROVIDER ON OTHER SOURCE	17a.	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)	C D	
E F (g н	23. PRIOR AUTHORIZATION NUMBER
I J	K L	10D2345678
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	HCPCS MODIFIER POINTER	S CHARGES UNITS Plan QUAL. PROVIDER ID. #
11 01 23 11 01 23 11 838	61 QW A	100 00 2 NPI 1234567890
		NPI

Humana Medicare Advantage Plans: Humana requires additional modifiers. The CLIA number is required in box 23 with the QW/RT/LT/59 with 2 lines of service, 1 unit per line.



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

2021-2024 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

- 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 is 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



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

Reimbursement Support Specialist

Amanda Rotteck Fax: (858) 225-8749

Cell: (704) 928-9009 Email: arotteck@trukera.com

This guide addresses billing recommendation for:

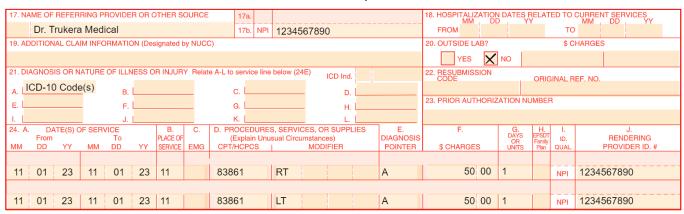
- <u>CPT Code 83861</u> is specific for "Microfluidic analysis utilizing an integrated collection and analysis device, tear osmolality."
- A covered service by <u>CMS Medicare</u> under the <u>Clinical Laboratory Fee Schedule</u>.
- <u>CLIA Certificate of Waiver</u> is required to perform and bill this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

Payor Name	Lines	Modifier(s)	Units per Line
Aetna	2	RT/LT	1
Anthem/BCBS	2	RT/LT	1
Caresource	2	RT/LT	1
Cigna	2	RT/LT	1
Humana Medicare	2	QW/RT/LT/59	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

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 be rejected.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES	
Dr. Trukera Medical	17b. NPI 1234567890	FROM TO 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)	D. D.	
E F (э.	23. PRIOR AUTHORIZATION NUMBER
1 J P	C. L.	10D2345678
From To PLACE OF (E	DCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) HCPCS I MODIFIER E. DIAGNOSIS POINTER	F. G. H. I. J. DAYS EPSUT ID. RENDERING OR Family \$ CHARGES UNITS Pan QUAL PROVIDER ID. #
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11 01 23 11 01 23 11 8386	61 QW LT A	50 00 1 NPI 1234567890

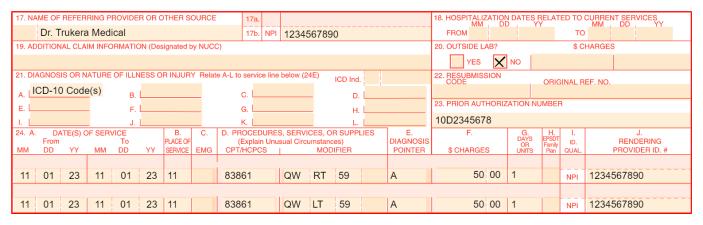
Most Commercial Plans: Note that the QW and CLIA # are not required.



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. N	IAME OF	REFER	RING P	ROVIDE	R OR C	THER S	OURCE	17a.							18. HOSPITALIZ				ED TO	CURRENT SERVICES MM DD YY
	Dr. T	rukera	a Med	ical				17b.	NPI	12345	6789	0			FROM				TC	
19. A	DDITION	IAL CLA	IM INFO	DRMATIC	ON (Des	ignated b	y NUC	C)							20. OUTSIDE L	AB?			\$ C	HARGES
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21. D	IAGNOS	IS OR N	IATURE	OF ILLI	VESS O	R INJUR	Y Relat	e A-L to service	e line	below (2	4E)	ICD Ind.			22. RESUBMIS	SION		OBIG	SINIAI E	EF. NO.
a. L	ICD-1	Code	e(s)	B.				с. L				D.			0052			Orlic	an vale i	EL . NO.
E. L				F.				G. L				Н.			23. PRIOR AUT	HORIZ	ZATION NU	JMBE	R	
1.				J.				К				L.			10D234567	'8				
24. /	N. D/ From	ATE(S) C	OF SER	VICE To		B. PLACE OF	C.	D. PROCED (Explain		S, SERVI			IES	E. DIAGNOSIS	F.		G. DAYS OR	H. EPSDT Family Plan	I.	J. RENDERING
MM	DD	YY	MM	DD	YY	SERVICE	EMG	CPT/HCPC				IFÍER		POINTER	\$ CHARGE	S	UNITS	Plan	QUAL.	PROVIDER ID. #
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																			NPI	

Humana Medicare Advantage Plans: Humana requires additional modifiers. The CLIA number is required in box 23 with the **QW/RT/LT/59** with 2 lines of service, 1 unit per line.



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

2021-2024 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

- 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 is 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

Amanda Rotteck Fax: (858) 225-8749

Cell: (704) 928-9009 Email: arotteck@trukera.com

This guide addresses billing recommendation for:

- <u>CPT Code 83861</u> is specific for "Microfluidic analysis utilizing an integrated collection and analysis device, tear osmolality."
- A covered service by CMS Medicare under the Clinical Laboratory Fee Schedule.
- <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
BCBS Federal Employee Plan	2	RT/LT	1
Cigna	2	RT/LT	1
Hawaii Medical Services Association (HMSA)	1	None	2
HealthNet	2	QW/RT/LT	1
Medicaid HI	2	QW/RT/LT	1
Medicare	2	QW/RT/LT	1
United Healthcare	1	QW	2

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

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	18. HOSPITALIZATION DATES RELATED TO	CURRENT SERVICES		
Dr. Trukera Medical	17b. NPI 1234567890	FROM		
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)	20. OUTSIDE LAB? \$ 0	CHARGES		
		YES X NO		
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L t	o service line below (24E) ICD Ind.	22. RESUBMISSION CODE ORIGINAL F	REE NO	
A. ICD-10 Code(s)	C. D.	STHANNET	111.110.	
E	G. L H. L Z	23. PRIOR AUTHORIZATION NUMBER		
J. L.	K. L. L.	10D2345678		
From To PLACE OF	ROCEDURES, SERVICES, OR SUPPLIES E. (Explain Unusual Circumstances) DIAGNOSIS (FHCPCS MODIFIER POINTER	F. G. H. I. DAYS EPSDT OR Family ID. \$ CHARGES UNITS Plan QUAL.	J. RENDERING PROVIDER ID. #	
11 01 23 11 01 23 11 838	B61 QW RT A	50 00 1 NPI	1234567890	
11 01 23 11 01 23 11 838	B61 QW LT A	50 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		то			
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? \$	\$ CHARGES			
		YES X NO				
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	service line below (24E) ICD Ind.	22. RESUBMISSION ORIGINAL	L REF. NO.			
A. ICD-10 Code(s)	C. D.					
E F (G. L /	23. PRIOR AUTHORIZATION NUMBER				
J	K					
From To PLACE OF (E	COCEDURES, SERVICES, OR SUPPLIES E. Explain Unusual Circumstances) DIAGNOSIS (HCPCS MODIFIER POINTER	F. G. H. I. DAYS EPSDT ID. OR Family ID. \$ CHARGES UNITS Plan QUA				
11 01 23 11 01 23 11 838	61 RT A	50 00 1 NP	1234567890			
11 01 23 11 01 23 11 838	61 LT A	50 00 1 NP	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 s	service line below (24E) ICD Ind.	22. RESUBMISSION ORIGINAL REF. NO.
A. ICD-10 Code(s)	D. D.	or many territor.
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I. L J. L K		10D2345678
	OCEDURES, SERVICES, OR SUPPLIES E. Explain Unusual Circumstances) DIAGNOSIS	F. G. H. I. J. DAYS EPSDT OR Family ID. RENDERING
	HCPCS MODIFIER POINTER	OR Family ID. RENDERING S CHARGES UNITS Plan QUAL. PROVIDER ID. #
11 01 23 11 01 23 11 8386	61 QW A	100 00 2 NPI 1234567890
		NPI

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

2021-2024 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

- 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 is 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



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

Reimbursement Support Specialist

Bridget Bolles Fax: (858) 225-8749

Cell: (317) 797-7151 Email: bbolles@trukera.com

This guide addresses billing recommendation for:

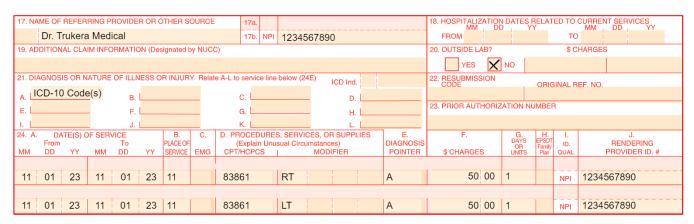
- <u>CPT Code 83861</u> is specific for "Microfluidic analysis utilizing an integrated collection and analysis device, tear osmolality".
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- <u>CLIA Certificate of Waiver</u> is required to perform and bill this laboratory tests.
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- Medical Necessity requires current signs or symptoms of disease at time of test.
- Frequency of testing is based on Medical Necessity as determined by the clinician.
- Laboratory Test multiple <u>procedure discounts</u> 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

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

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	18. HOSPITALIZATION DATES RELATED TO	CURRENT SERVICES MM DD YY	
Dr. Trukera Medical	FROM		
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? \$0	CHARGES
		YES X NO	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	service line below (24E) ICD Ind.	22. RESUBMISSION ORIGINAL I	REE NO
A. ICD-10 Code(s)	C D.	STIGHT/IE	1127.110.
E. L	G. H.	23. PRIOR AUTHORIZATION NUMBER	
I. J.	K. L. L.	10D2345678	
From To PLACE OF (E	OCEDURES, SERVICES, OR SUPPLIES Explain Unusual Circumstances) HCPCS MODIFIER POINTER	F. G. H. I. DAYS EFSDT OR Family ID. \$ CHARGES UNITS Plan QUAL	J. RENDERING PROVIDER ID. #
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11 01 23 11 01 23 11 838	61 QW LT A	50 00 1 NPI	1234567890

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



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	18. HOSPITALIZATION DATES RELAT	ED TO CURRENT SERVICES		
Dr. Trukera Medical	FROM	то		
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB?	\$ CHARGES	
		YES X NO		
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	service line below (24E) ICD Ind.	22. RESUBMISSION CODE ORIG	GINAL REF. NO.	
A. ICD-10 Code(s)	D. D.			
E F	а	23. PRIOR AUTHORIZATION NUMBER		
I. L	C L.	10D2345678		
From To PLACE OF (DCEDURES, SERVICES, OR SUPPLIES xplain Unusual Circumstances) HCPCS MODIFIER POINTER	F. G. H. DAYS EPSDT OR Family \$ CHARGES UNITS Plan	I. J. ID. RENDERING QUAL. PROVIDER ID. #	
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11 01 23 11 01 23 11 838	S1 QW A	100 00 2	NPI 1234567890	
			NPI	

11.2023

Humana Medicare Advantage Plans: Humana requires additional modifiers. The CLIA number is required in box 23 with the **QW/RT/LT/59** with 2 lines of service, 1 unit per line

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	18. HOSPITALIZATION DATES RELATED TO	CURRENT SERVICES MM DD YY	
Dr. Trukera Medical	FROM TO		
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? \$ C	HARGES
		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 R	EE NO
A. ICD-10 Code(s)	C. D.	Officiality	
E. F.	G. L. H.	23. PRIOR AUTHORIZATION NUMBER	
J. L.	K. L. L.	10D2345678	
From To PLACE OF (OCEDURES, SERVICES, OR SUPPLIES Explain Unusual Circumstances) HCPCS MODIFIER POINTER	F. G. H. I. DAYS EPSDT OR Family \$ CHARGES UNITS Plan QUAL.	J. RENDERING PROVIDER ID. #
IVIVI DD 11 WIVI DD 11 SERVICE ENG CF1/	MODIFIER POINTER	ONIIS PER QUAL.	PROVIDER ID. #
11 01 23 11 01 23 11 838	61 QW RT 59 A	50 00 1 NPI	1234567890
11 01 23 11 01 23 11 838	61 QW LT 59 A	50 00 1 NPI	1234567890

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

2023-2024 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

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

ILLINOIS BILLING GUIDE



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

Reimbursement Support Specialist

Bridget Bolles Fax: (858) 225-8749

Cell: (317) 797-7151 Email: bbolles@trukera.com

This guide addresses billing recommendation for:

- <u>CPT Code 83861</u> is specific for "Microfluidic analysis utilizing an integrated collection and analysis device, tear osmolality".
- A covered service by <u>CMS Medicare</u> under the <u>Clinical Laboratory Fee Schedule</u>.
- <u>CLIA Certificate of Waiver</u> is required to perform and bill this laboratory tests.
- Providers are encouraged to review <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
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	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
Aetna Better Health	1	None	2

Illinois Providers:

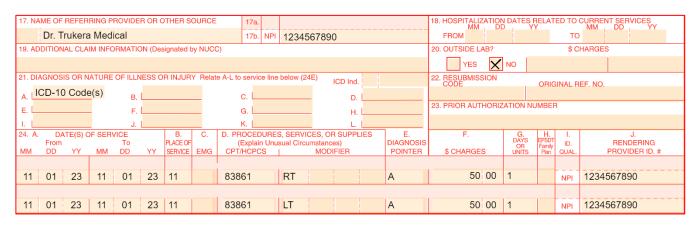
HealthCare and Family Services: (HFS - IL Medicaid) To establish payment, it requires that the practice fax a copy of the CLIA certificate along with provider NPI numbers to DHFS Provider Enrollment

• This does not apply to Illini Care or Aetna Better Health.

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

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES			
Dr. Trukera Medical	FROM TO			
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		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)	D			
E F (н. 🗀	23. PRIOR AUTHORIZATION NUMBER		
1 J	. L. L.	10D2345678		
From To PLACE OF (E	DCEDURES, SERVICES, OR SUPPLIES xplain Unusual Circumstances) HCPCS MODIFIER E. DIAGNOSIS POINTER	F. G. H. I. J. DAYS GENT ID. RENDERING Family SCHARGES UNITS Pan QUAL PROVIDER ID. #		
11 01 23 11 01 23 11 8386	1 QW RT A	50 00 1 NPI 1234567890		
11 01 23 11 01 23 11 8386	1 QW LT A	50 00 1 NPI 1234567890		

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



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 DD YY 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.	22. RESUBMISSION CODE . ORIGINAL REF. NO.
A. ICD-10 Code(s)	D. D.	OTHIGHTAL HELL INC.
E F	э. 🗀	23. PRIOR AUTHORIZATION NUMBER
J.	K. L. L.	10D2345678
	OCEDURES, SERVICES, OR SUPPLIES E. Explain Unusual Circumstances) DIAGNOSIS	F. G. H. I. J. DAYS BEST ID. RENDERING OR Family \$ CHARGES UNITS Pin QUAL. PROVIDER ID. #
	HCPCS MODIFIER POINTER	\$ CHARGES UNITS Plan QUAL. PROVIDER ID. #
11 01 23 11 01 23 11 838	61 QW A	100 00 2 NPI 1234567890
		NPI

Humana Medicare Advantage Plans: Humana requires additional modifiers. The CLIA number is required in box 23 with the QW/RT/LT/59 with 2 lines of service, 1 unit per line

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	18. HOSPITALIZATION DAT	ES RELATED TO CURRENT SERVICES YY MM DD YY		
Dr. Trukera Medical	FROM	то		
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)	·	20. OUTSIDE LAB?	\$ CHARGES	
		YES X NO		
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	service line below (24E) ICD Ind.	22. RESUBMISSION CODE	. ORIGINAL REF. NO.	
A. ICD-10 Code(s)	D		STRUM ETTER THE	
E F	э. 📖	23. PRIOR AUTHORIZATIO	23. PRIOR AUTHORIZATION NUMBER	
I. L	K. L.	10D2345678		
From To PLACE OF (OCEDURES, SERVICES, OR SUPPLIES Explain Unusual Circumstances)	DIAGNOSIS	G. H. I. J. AYS EPSDT ID. RENDERING Family ID. RENDERING	
MM DD YY MM DD YY SERVICE EMG CPT/	HCPCS MODIFIER	POINTER \$ CHARGES UN	ITS Plan QUAL. PROVIDER ID. #	
11 01 23 11 01 23 11 838	31 QW RT 59	A 50 00 1	NPI 1234567890	
11 01 23 11 01 23 11 838	61 QW LT 59	A 50 00 1	NPI 1234567890	

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

2023-2024 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

- 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

INDIANA BILLING GUIDE



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

Reimbursement Support Specialist

Bridget Bolles Fax: (858) 225-8749

Cell: (317) 797-7151 Email: bbolles@trukera.com

This guide addresses billing recommendation for:

- <u>CPT Code 83861</u> is specific for "Microfluidic analysis utilizing an integrated collection and analysis device, tear osmolality".
- A covered service by <u>CMS Medicare</u> under the <u>Clinical Laboratory Fee Schedule</u>.
- <u>CLIA Certificate of Waiver</u> is required to perform and bill this laboratory tests.
- Providers are encouraged to review <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
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	1
MDWISE	2	RT/LT	1
Medicaid IN	2	QW/RT/LT	1
Medicare	2	QW/RT/LT	1
SIHO	2	RT/LT	1

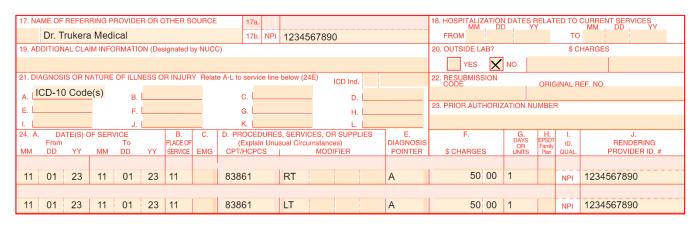
Indiana Providers:

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

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? \$ CI	HARGES	
		YES X NO		
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	service line below (24E) ICD Ind.	22. RESUBMISSION ORIGINAL RI	FF NO	
A. ICD-10 Code(s)	C D.			
E F (a. H.	23. PRIOR AUTHORIZATION NUMBER		
I. L. J. L. P	C. L.	10D2345678		
From To PLACE OF (E	OCEDURES, SERVICES, OR SUPPLIES E. DIAGNOSIS	OR [Family] [J. RENDERING	
MM DD YY MM DD YY SERVICE EMG CPT/H	HCPCS MODIFIER POINTER	\$ CHARGES UNITS Plan QUAL.	PROVIDER ID. #	
44 04 00 44 04 00 44	OW DT	50 00 1	4004507000	
11 01 23 11 01 23 11 8386	QW RT A	50 00 1 NPI	1234567890	
11 01 23 11 01 23 11 8386	G1 QW LT A	50 00 1 NPI	1234567890	

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



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	O CURRENT SERVICES
Dr. Trukera Medical	17b. NPI 1234567890		то
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? \$	CHARGES
		YES X NO	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	to service line below (24E) ICD Ind.	22. RESUBMISSION CODE ORIGINAL	REE NO
A. ICD-10 Code(s)	C. D.	STRUM, E	THEF. NO.
E F	G H.	23. PRIOR AUTHORIZATION NUMBER	
J. [K L	10D2345678	
From To PLACE OF (ROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) T/HCPCS MODIFIER POINTER	F. G. H. I. DAYS EPSDT ID. OR Family ID. \$ CHARGES UNITS Plan QUA	
	·		
11 01 23 11 01 23 11 838	861 QW A	100 00 2 NP	1234567890
		NP	1

Humana Medicare Advantage Plans: Humana requires additional modifiers. The CLIA number is required in box 23 with the **QW/RT/LT/59** with 2 lines of service, 1 unit per line

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATED TO	CURRENT SERVICES MM DD YY
Dr. Trukera Medical	17b. NPI 1234567890	FROM TO	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)	20. OUTSIDE LAB? \$ C	HARGES	
		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 R	EE NO
A. ICD-10 Code(s)	C. D.	OTHER TO	
E. F.	G. L. H.	23. PRIOR AUTHORIZATION NUMBER	
J. L.	K. L. L.	10D2345678	
From To PLACE OF (OCEDURES, SERVICES, OR SUPPLIES Explain Unusual Circumstances) HCPCS MODIFIER POINTER	F. G. H. I. DAYS EPSDT OR Family \$ CHARGES UNITS Plan QUAL.	J. RENDERING PROVIDER ID. #
IVIVI DD 11 WIVI DD 11 SERVICE ENG CF1/	MODIFIER POINTER	ONIIS PER QUAL.	PROVIDER ID. #
11 01 23 11 01 23 11 838	61 QW RT 59 A	50 00 1 NPI	1234567890
11 01 23 11 01 23 11 838	61 QW LT 59 A	50 00 1 NPI	1234567890

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

2023-2024 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

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

IOWA BILLING GUIDE



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

Reimbursement Support Specialist

Bridget Bolles Fax: (858) 225-8749

Cell: (317) 797-7151 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
Aetna	2	RT/LT	1
Amerigroup	2	59 on 2 nd line	1
Anthem	2	RT/LT	1
BCBS Federal Employee Plan	2	RT/LT	1
Cigna	2	RT/LT	1
HealthNet	2	QW/RT/LT	1
Medica	2	RT/LT	1
Medicaid IA	2	QW/RT/LT	1
Medicare	2	QW/RT/LT	1
United Healthcare	1	QW	2
Wellmark	1	QW	2

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

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATED TO	CURRENT SERVICES MM DD YY	
Dr. Trukera Medical	17b. NPI 1234567890	FROM		
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? \$0	CHARGES	
	YES X NO			
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	service line below (24E) ICD Ind.	22. RESUBMISSION ORIGINAL I	REE NO	
A. ICD-10 Code(s)	C. L. D. I			
E. L	G. H.	23. PRIOR AUTHORIZATION NUMBER		
I. J.	K. L. L.	10D2345678		
From To PLACE OF (E	OCEDURES, SERVICES, OR SUPPLIES Explain Unusual Circumstances) HCPCS MODIFIER POINTER	F. G. H. I. DAYS EFSDT OR Family ID. \$ CHARGES UNITS Plan QUAL	J. RENDERING PROVIDER ID. #	
THE SECTION SHOWS THE SECTION SHOWS SHOW SHOWS	HOUSE MODIFICATION OF THE PROPERTY OF THE PROP	WOLLDES CHAIRS THAT GOVE	. THOUSERIES.	
11 01 23 11 01 23 11 838	61 QW RT A	50 00 1 NPI	1234567890	
11 01 23 11 01 23 11 838	61 QW LT A	50 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			ED TO	CURRENT SERVICES MM DD YY
Dr. Trukera Medical	17b. N	PI 1234567890		FROM			ТО	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)				20. OUTSIDE LAB?			\$ C	HARGES
				YES 🗶	NO			
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)				22. RESUBMISSION CODE		ORIG	SINAL R	REF. NO.
A. ICD-10 Code(s)	с. 📖	D						
E. F. L.	G			23. PRIOR AUTHORIZATION NUMBER				
l J	к. 🖳	L. L						
From To PLACE OF (I		RES, SERVICES, OR SUPPLIES nusual Circumstances) MODIFIER	E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
11 01 23 11 01 23 11 838	61	RT	А	50 00	1		NPI	1234567890
11 01 23 11 01 23 11 838	61	LT	А	50 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	18. HOSPITALIZATION DATES RELAT	ED TO CURRENT SERVICES	
Dr. Trukera Medical	17b. NPI 1234567890	FROM	то
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB?	\$ CHARGES
		YES X NO	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	service line below (24E) ICD Ind.	22. RESUBMISSION CODE ORIG	GINAL REF. NO.
A. ICD-10 Code(s)	D. D.		
E F	а	23. PRIOR AUTHORIZATION NUMBER	3
I. L	C L.	10D2345678	
From To PLACE OF (DCEDURES, SERVICES, OR SUPPLIES xplain Unusual Circumstances) HCPCS MODIFIER POINTER	F. G. H. DAYS EPSDT OR Family \$ CHARGES UNITS Plan	I. J. ID. RENDERING QUAL. PROVIDER ID. #
WIN DD 11 WIN DD 11 SERVICE EWIG CF1/	NODITIEN FOINTEN	\$ UNITS FIAIT	QUAL. PHOVIDEN ID. #
11 01 23 11 01 23 11 838	S1 QW A	100 00 2	NPI 1234567890
			NPI

11.2023

Humana Medicare Advantage Plans: Humana requires additional modifiers. The CLIA number is required in box 23 with the **QW/RT/LT/59** with 2 lines of service, 1 unit per line

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATED TO	CURRENT SERVICES MM DD YY
Dr. Trukera Medical	17b. NPI 1234567890	FROM TO	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)	20. OUTSIDE LAB? \$ C	HARGES	
		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 R	EE NO
A. ICD-10 Code(s)	C. D.	OTHER TO	
E. F.	G. L. H.	23. PRIOR AUTHORIZATION NUMBER	
J	K. L. L.	10D2345678	
From To PLACE OF (OCEDURES, SERVICES, OR SUPPLIES Explain Unusual Circumstances) HCPCS MODIFIER POINTER	F. G. H. I. DAYS EPSDT OR Family \$ CHARGES UNITS Plan QUAL.	J. RENDERING PROVIDER ID. #
IVIVI DD 11 WIVI DD 11 SERVICE ENG CF1/	MODIFIER POINTER	ONIIS PER QUAL.	PROVIDER ID. #
11 01 23 11 01 23 11 838	61 QW RT 59 A	50 00 1 NPI	1234567890
11 01 23 11 01 23 11 838	61 QW LT 59 A	50 00 1 NPI	1234567890

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

2023-2024 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

- 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 Trukera Medical Reimbursement Support Center promptly at rsc@trukera.com for assistance.

Reimbursement Support Specialist

Amanda Rotteck Fax: (858) 225-8749

Cell: (704) 928-9009 Email: arotteck@trukera.com

This guide addresses billing recommendation for:

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

Payor Name	Lines	Modifier(s)	Units per Line
Aetna	2	RT/LT	1
BCBS 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	2
Medicare	1	QW/RT/LT	2
UHC Community Plan	1	QW	2
United Healthcare	1	QW	2

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

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

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

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATED TO	O CURRENT SERVICES
Dr. Trukera Medical	17b. NPI 1234567890		го
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	REE NO
A. ICD-10 Code(s)	C D.	57.11d.11.12	
E. F. L.	G. H.	23. PRIOR AUTHORIZATION NUMBER	
I. L	K. L. L.	10D2345678	
From To PLACE OF (E	OCEDURES, SERVICES, OR SUPPLIES Explain Unusual Circumstances) HCPCS MODIFIER POINTER	I OR Family	J. RENDERING L. PROVIDER ID. #
WIM DD 11 WIW DD 11 SERVICE EIMG CP1/	NODIFIER POINTER	\$ CHARGES UNITS Plan QUAL	L. PROVIDER ID. #
11 01 23 11 01 23 11 8386	61 QW RT A	50 00 1 NPI	1234567890
11 01 23 11 01 23 11 838	61 QW LT A	50 00 1 NPI	1234567890

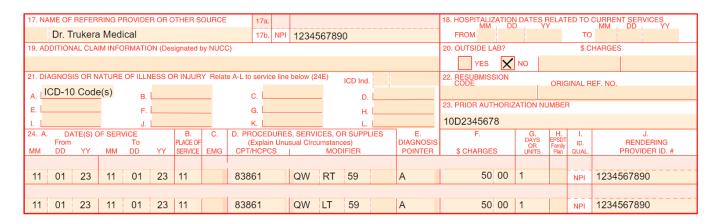
Most Commercial Plans: Note that the QW and CLIA # are not required.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.		18. HOSPITALIZATION DATE	S RELATE		RRENT SERVICES
Dr. Trukera Medical	17b. NPI	1234567890	FROM		то	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)			20. OUTSIDE LAB?		\$ CHAF	RGES
			YES X NO			
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	service line	below (24E) ICD Ind.	22. RESUBMISSION CODE	. ORIGIN	NAL REF.	NO.
A. ICD-10 Code(s)	o. L	D				
E F (э. 📖	— н. 🗀	23. PRIOR AUTHORIZATION	NUMBER		
I. L. J. L.	<	L				
From To PLACE OF (E		S, SERVICES, OR SUPPLIES E. DIAGNO: MODIFIER POINTE		Family	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
11 01 23 11 01 23 11 8386	61	RT A	50 00 1		NPI 12	234567890
11 01 23 11 01 23 11 8386	61	LT A	50 00 1		NPI 12	234567890

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
Dr. Trukera Medical	17b. NPI 1234567890	FROM	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? \$0	CHARGES
		YES X NO	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	service line below (24E) ICD Ind.	22. RESUBMISSION ORIGINAL	REE NO
A. ICD-10 Code(s)	C. D.		TIEL . NO.
E	g н I	23. PRIOR AUTHORIZATION NUMBER	
J. [KL	10D2345678	
From To PLACE OF (I	OCEDURES, SERVICES, OR SUPPLIES Explain Unusual Circumstances) HCPCS MODIFIER POINTER	F. G. H. I. DAYS EPSDT OR Family ID. \$ CHARGES UNITS Plan QUAL	J. RENDERING PROVIDER ID. #
		5.00	
11 01 23 11 01 23 11 838	61 QW A	100 00 2 NPI	1234567890
		NPI	

Humana Medicare Advantage Plans: Humana requires additional modifiers. The CLIA number is required in box 23 with the **QW/RT/LT/59** with 2 lines of service, 1 unit per line.



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

2021-2024 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

- 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 is 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



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

Reimbursement Support Specialist

Bridget Bolles Fax: (858) 225-8749

Cell: (317) 797-7151 Email: bbolles@trukera.com

This guide addresses billing recommendation for:

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

Payor Name	Lines	Modifier(s)	Units per Line
Aetna	2	RT/LT	1
Anthem	2	RT/LT	1
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	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

Kentucky Providers:

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

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
Dr. Trukera Medical	17b. NPI 1234567890	FROM	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? \$ 0	CHARGES
		YES X NO	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	service line below (24E) ICD Ind.	22. RESUBMISSION ORIGINAL F	REE NO
A. ICD-10 Code(s)	C D.	STEEL	1127.110.
E. L	G. H.	23. PRIOR AUTHORIZATION NUMBER	
I. J.	K. L. L.	10D2345678	
From To PLACE OF (E	OCEDURES, SERVICES, OR SUPPLIES Explain Unusual Circumstances) HCPCS MODIFIER POINTER	F. G. H. I. DAYS EPSDT OR Family ID. \$ CHARGES UNITS Plan QUAL.	J. RENDERING PROVIDER ID. #
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11 01 23 11 01 23 11 838	61 QW RT A	50 00 1 NPI	1234567890
11 01 23 11 01 23 11 838	61 QW LT A	50 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	O CURRENT SERVICES
Dr. Trukera Medical	17b. NPI 1234567890		то
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? \$	CHARGES
		YES X NO	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	service line below (24E) ICD Ind.	22. RESUBMISSION ORIGINAL	. REF. NO.
A. ICD-10 Code(s)	C D		
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From To PLACE OF (I	OCEDURES, SERVICES, OR SUPPLIES E. Explain Unusual Circumstances) DIAGNOSIS HCPCS I MODIFIER POINTER	F. G. H. I. DAYS EPSDT ID. OR Family S CHARGES UNITS Plan QUAI	
11 01 23 11 01 23 11 838	61 RT A	50 00 1 NPI	1234567890
11 01 23 11 01 23 11 838	61 LT A	50 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
Dr. Trukera Medical	17b. NPI 1234567890	FROM TO	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? \$ C	HARGES
		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 R	EF. NO.
A. ICD-10 Code(s)	D. D.		
E	э	23. PRIOR AUTHORIZATION NUMBER	
I. L	C. L. L.	10D2345678	
From To PLACE OF (DCEDURES, SERVICES, OR SUPPLIES Explain Unusual Circumstances) HCPCS MODIFIER POINTER	F. G. H. I. DAYS EPSDT ID. OR Family \$ CHARGES UNITS Plan QUAL.	J. RENDERING PROVIDER ID. #
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11 01 23 11 01 23 11 838	A QW	100 00 2 NPI	1234567890
		NPI	

11.2023

Humana Medicare Advantage Plans: Humana requires additional modifiers. The CLIA number is required in box 23 with the **QW/RT/LT/59** with 2 lines of service, 1 unit per line

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.				18. HOSPITALIZATION	DATES R	ELATED TO	CURRENT SERVICES MM DD YY
Dr. Trukera Medical	17b. NPI	1234567890	0		FROM		тс	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC					20. OUTSIDE LAB?		\$ C	CHARGES
					YES 🗶	NO		
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate	A-L to service line	below (24E)	ICD Ind.		22. RESUBMISSION CODE		ORIGINAL F	REE NO
A. ICD-10 Code(s)	С.		D.		0002		ST. II SHAKE I	
E F	G. L		н. I		23. PRIOR AUTHORIZ	ATION NU	MBER	
I. L	K		L		10D2345678			
24. A. DATE(S) OF SERVICE B. C. From To PLACE OF MM DD YY MM DD YY SERVICE EMG	D. PROCEDURES (Explain Unus CPT/HCPCS	S, SERVICES, OF sual Circumstance MODI	es)	E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OR UNITS	H. I. EPSDT Family ID. Plan QUAL.	J. RENDERING PROVIDER ID. #
WIN DD 11 WIN DD 11 SERVICE EWG	CF1/HOFO3	IWIODI	II IEN	POINTER	\$ CHANGES	UNITS	Pall QUAL.	PHOVIDEN ID. #
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11 01 23 11 01 23 11	83861	QW LT	59	Α	50 00	1	NPI	1234567890

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

2023-2024 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

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

LOUISIANA BILLING GUIDE



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

Reimbursement Support Specialist

Amanda Rotteck Fax: (858) 225-8749

Cell: (704) 928-9009 Email: arotteck@trukera.com

This guide addresses billing recommendation for:

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

Payor Name	Lines	Modifier(s)	Units per Line
Aetna	2	RT/LT	1
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	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 be rejected.

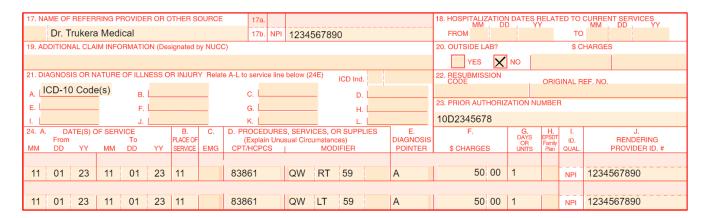
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	18. HOSPITALIZATION DATES RE	LATED TO CURRENT SERVICES	
Dr. Trukera Medical	FROM	то	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB?	\$ CHARGES
	YES X NO		
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	service line below (24E) ICD Ind.	22. RESUBMISSION CODE	ORIGINAL REF. NO.
A. ICD-10 Code(s)	D. D.		
E (н.	23. PRIOR AUTHORIZATION NUMBER	
I. J.	. <u>L.</u>	10D2345678	
From To PLACE OF (E	DCEDURES, SERVICES, OR SUPPLIES xplain Unusual Circumstances) HCPCS I MODIFIER POINTER	F. G. DAYS EF OR F. UNITS IS	H. I. J. PSDT ID. RENDERING Plan QUAL. PROVIDER ID. #
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11 01 23 11 01 23 11 8386	O1 QW RT A	50 00 1	NPI 1234567890
11 01 23 11 01 23 11 8386	O1 QW LT A	50 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	MM DD YY MM DD YY 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 ORIGINAL REF. NO.	
A. ICD-10 Code(s)	D		
E F (Э	23. PRIOR AUTHORIZATION NUMBER	
I. J.	K		
From To PLACE OF (E	OCEDURES, SERVICES, OR SUPPLIES E. Explain Unusual Circumstances) DIAGNOSIS HCPCS MODIFIER POINTER	F. G. H. I. J. DAYS EPSOT ID. RENDERING OR Family \$ CHARGES UNITS Pan QUAL PROVIDER ID. #	
11 01 23 11 01 23 11 838	RT A	50 00 1 NPI 1234567890	
11 01 23 11 01 23 11 838	61 LT A	50 00 1 NPI 1234567890	

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATED TO CURRENT SER	RVICES
Dr. Trukera Medical	17b. NPI 1234567890	FROM TO	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? \$ CHARGES	
	YES 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)	C		
E F (G H.	23. PRIOR AUTHORIZATION NUMBER	
I. J.	K	10D2345678	
	OCEDURES, SERVICES, OR SUPPLIES E. Explain Unusual Circumstances) DIAGNOSIS	F. G. H. I. DAYS EPSDIT ID. OR Family \$ CHARGES UNITS Plan QUAL PROVI	J. DERING
MM DD YY MM DD YY SERVICE EMG CPT/	HCPCS MODIFIER POINTER	\$ CHARGES UNITS Plan QUAL. PROVI	IDER ID. #
11 01 23 11 01 23 11 838	61 QW A	100 00 2 NPI 123456789	90
		NPI	

Humana Medicare Advantage Plans: Humana requires additional modifiers. The CLIA number is required in box 23 with the **QW/RT/LT/59** with 2 lines of service, 1 unit per line.



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

2021-2024 Clinical Laboratory Fee Schedule (CLFS) Rate: \$22.48 per test (\$44.96 per patient)

Sequestration Withhold

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

Medicare CMS Part B

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

Billing Software Requirements

- ANSI 5010 E-claim Crosswalk

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

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

Common Notification Reasons for Medicare Denials

- MA 120 Did not complete or enter accurately the CLIA number.
- MA 130 Your claim contains incomplete and/or invalid information, and no appeal rights are afforded because the claim is 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



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

Reimbursement Support Specialist

Bridget Bolles Fax: (858) 225-8749

Cell: (317) 797-7151 Email: bbolles@trukera.com

This guide addresses billing recommendation for:

- <u>CPT Code 83861</u> is specific for "Microfluidic analysis utilizing an integrated collection and analysis device, tear osmolality".
- A covered service by <u>CMS Medicare</u> under the <u>Clinical Laboratory Fee Schedule</u>.
- <u>CLIA Certificate of Waiver</u> is required to perform and bill this laboratory tests.
- Providers are encouraged to review <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	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	1

Maine Providers:

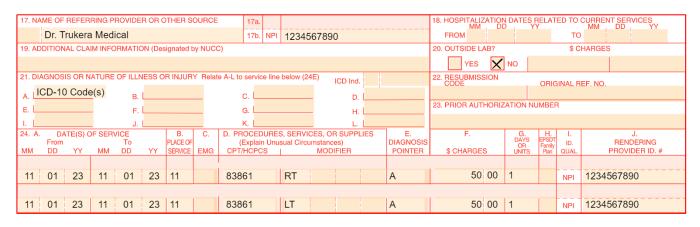
<u>Medicaid:</u> Provider may need to update contract for reimbursement. Place of Service 81. <u>Humana Commercial</u>: Will deny claim (<u>Diagnostic testing for dry eye syndrome is not separately reimbursable</u>).

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
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)	C	
E F (g	23. PRIOR AUTHORIZATION NUMBER
I. J. I	K. L. L.	10D2345678
From To PLACE OF (E	OCEDURES, SERVICES, OR SUPPLIES Explain Unusual Circumstances) HCPCS MODIFIER POINTER	F. G. H. I. J. DAYS G. FSDT ID. RENDERING Family ID. PROVIDER ID. #
IVIIVI DD 11 SERVICE EIVIG GF1/1	MODIFIER POINTER	THO VIDEN ID. #
11 01 23 11 01 23 11 8386	61 QW RT A	50 00 1 NPI 1234567890
11 01 23 11 01 23 11 8386	61 QW LT A	50 00 1 NPI 1234567890

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



17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	18. HOSPITALIZATION DATES RELATED TO	CURRENT SERVICES MM DD YY	
Dr. Trukera Medical	17b. NPI 1234567890	FROM TO	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? \$ C	HARGES
	YES X NO		
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L	A-L to service line below (24E) ICD Ind.	22. RESUBMISSION ORIGINAL R	EF NO
A. ICD-10 Code(s)	C. D.	57.1.3.1.0.1.1	
E F	G H.	23. PRIOR AUTHORIZATION NUMBER	
J	K	10D2345678	
From To PLACE OF	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER POINTER	F. G. H. I. DAYS EPSDT ID. OR Family \$ CHARGES UNITS Plan QUAL.	J. RENDERING PROVIDER ID. #
	·		
11 01 23 11 01 23 11 83	83861 QW A	100 00 2 NPI	1234567890
		NPI	

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17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATED TO	CURRENT SERVICES MM DD YY
Dr. Trukera Medical	17b. NPI 1234567890	FROM TO	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)	20. OUTSIDE LAB? \$ C	HARGES	
	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 R	EE NO
A. ICD-10 Code(s)	C. D.	Officiality	
E. F.	G. L. H.	23. PRIOR AUTHORIZATION NUMBER	
J	K. L. L.	10D2345678	
From To PLACE OF (OCEDURES, SERVICES, OR SUPPLIES Explain Unusual Circumstances) HCPCS MODIFIER POINTER	F. G. H. I. DAYS EPSDT OR Family \$ CHARGES UNITS Plan QUAL.	J. RENDERING PROVIDER ID. #
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11 01 23 11 01 23 11 838	61 QW RT 59 A	50 00 1 NPI	1234567890
11 01 23 11 01 23 11 838	61 QW LT 59 A	50 00 1 NPI	1234567890

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

2023-2024 Clinical Laboratory Fee Schedule (CLFS) Rate: \$22.48 per test (\$44.96 per patient)

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			REF02	CLIA Certification number

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 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



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

Reimbursement Support Specialist

Bridget Bolles Fax: (858) 225-8749

Cell: (317) 797-7151 Email: bbolles@trukera.com

This guide addresses billing recommendation for:

- <u>CPT Code 83861</u> is specific for "Microfluidic analysis utilizing an integrated collection and analysis device, tear osmolality".
- A covered service by <u>CMS Medicare</u> under the <u>Clinical Laboratory Fee Schedule</u>.
- <u>CLIA Certificate of Waiver</u> is required to perform and bill this laboratory tests.
- Providers are encouraged to review <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
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	1
BCBS FED	2	RT/LT	1
UHC Community	1	QW	2
Medicaid	2	QW/RT/LT	1

Maryland Providers:

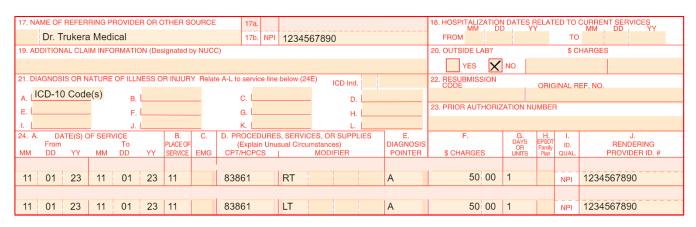
<u>Humana Commercial</u>: Will deny claim (<u>Diagnostic testing for dry eye syndrome is not separately reimbursable)</u>.

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	18. HOSPITALIZATION DATES RELATED TO	CURRENT SERVICES		
Dr. Trukera Medical	17b. NPI 1234567890	FROM		
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)	20. OUTSIDE LAB? \$0	CHARGES		
	YES X NO			
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	service line below (24E) ICD Ind.	22. RESUBMISSION ORIGINAL I	REE NO	
A. ICD-10 Code(s)	D	Gridina		
E (э	23. PRIOR AUTHORIZATION NUMBER		
I. J.	C. L. L.	10D2345678		
From To PLACE OF (E	OCEDURES, SERVICES, OR SUPPLIES E. Explain Unusual Circumstances)		J. RENDERING	
MM DD YY MM DD YY SERVICE EMG CPT/I	HCPCS MODIFIER POINTER	\$ CHARGES UNITS Plan QUAL	PROVIDER ID. #	
		,		
11 01 23 11 01 23 11 8386	S1 QW RT A	50 00 1 NPI	1234567890	
11 01 23 11 01 23 11 8386	S1 QW LT A	50 00 1 NPI	1234567890	

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



17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES			
Dr. Trukera Medical	FROM DD YY 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.	22. RESUBMISSION CODE ORIGINAL REF. NO.			
A. ICD-10 Code(s)	C. D.	Griffin Vie Her . No.			
E F	G	23. PRIOR AUTHORIZATION NUMBER			
I. J.	K. L. L.	10D2345678			
From To PLACE OF (OCEDURES, SERVICES, OR SUPPLIES Explain Unusual Circumstances) HCPCS MODIFIER POINTER	F. G. H. I. J. DAYS G. FSST ID. RENDERING Family S. CHARGES UNITS FINI QUAL. PROVIDER ID. #			
11 01 23 11 01 23 11 838	61 QW A	100 00 2 NPI 1234567890			
		NPI			

Humana Medicare Advantage Plans: Humana requires additional modifiers. The CLIA number is required in box 23 with the **QW/RT/LT/59** with 2 lines of service, 1 unit per line

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATED TO	CURRENT SERVICES MM DD YY		
Dr. Trukera Medical	17b. NPI 1234567890	FROM TO			
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)	20. OUTSIDE LAB? \$ C	HARGES			
		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 R	EE NO		
A. ICD-10 Code(s)	C. D.	Officiality			
E. F.	G. L. H.	23. PRIOR AUTHORIZATION NUMBER			
J	K. L. L.	10D2345678			
From To PLACE OF (OCEDURES, SERVICES, OR SUPPLIES Explain Unusual Circumstances) HCPCS MODIFIER POINTER	F. G. H. I. DAYS EPSDT OR Family \$ CHARGES UNITS Plan QUAL.	J. RENDERING PROVIDER ID. #		
IVIVI DD 11 WIVI DD 11 SERVICE ENG CF1/	MODIFIER POINTER	ONIIS PER QUAL.	PROVIDER ID. #		
11 01 23 11 01 23 11 838	61 QW RT 59 A	50 00 1 NPI	1234567890		
11 01 23 11 01 23 11 838	61 QW LT 59 A	50 00 1 NPI	1234567890		

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

2023-2024 Clinical Laboratory Fee Schedule (CLFS) Rate: \$22.48 per test (\$44.96 per patient)

Sequestration Withhold

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

Medicare CMS Part B

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

Billing Software Requirements

- ANSI 5010 E-claim Crosswalk

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

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

Common Notification Reasons for Medicare Denials

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

MASSACHUSETTS BILLING GUIDE



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Reimbursement Support Specialist

Bridget Bolles Fax: (858) 225-8749

Cell: (317) 797-7151 Email: bbolles@trukera.com

This guide addresses billing recommendation for:

- <u>CPT Code 83861</u> is specific for "Microfluidic analysis utilizing an integrated collection and analysis device, tear osmolality".
- A covered service by <u>CMS Medicare</u> under the <u>Clinical Laboratory Fee Schedule</u>.
- <u>CLIA Certificate of Waiver</u> is required to perform and bill this laboratory tests.
- Providers are encouraged to review <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 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

Massachusetts Providers:

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.

Humana Commercial: Will deny claim (Diagnostic testing for dry eye syndrome is not

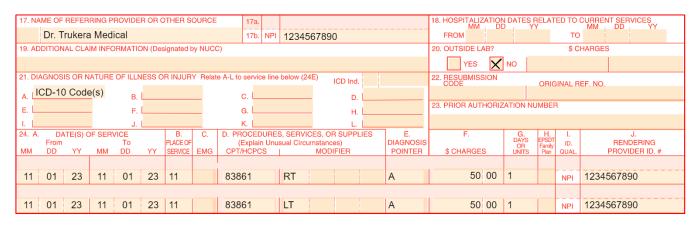
separately reimbursable).

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.

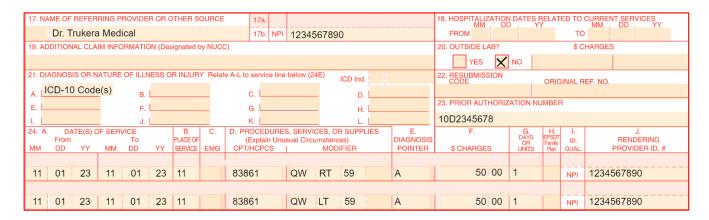
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES				
Dr. Trukera Medical	17b. NPI 1234567890	FROM TO			
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)	20. OUTSIDE LAB? \$ CHARGES				
		YES X NO			
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	service line below (24E) ICD Ind.	22. RESUBMISSION CODE ORIGINAL REF. NO.			
A. ICD-10 Code(s)	C D				
E	G. L	23. PRIOR AUTHORIZATION NUMBER			
I. L. J. L.	K. L. L.	10D2345678			
From To PLACE OF (E	OCEDURES, SERVICES, OR SUPPLIES Explain Unusual Circumstances) E. DIAGNOSIS				
MM DD YY MM DD YY SERVICE EMG CPT/	HCPCS MODIFIER POINTER	\$ CHARGES UNITS Plan QUAL. PROVIDER ID. #			
11 01 23 11 01 23 11 838	61 QW RT A	50 00 1 NPI 1234567890			
11 01 23 11 01 23 11 838	61 QW LT A	50 00 1 NPI 1234567890			

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



17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	18. HOSPITALIZATION DATES RELATED TO	CURRENT SERVICES MM DD YY			
Dr. Trukera Medical	17b. NPI 1234567890	FROM			
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)	20. OUTSIDE LAB? \$0	CHARGES			
		YES X NO			
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L 1	L to service line below (24E) ICD Ind.	22. RESUBMISSION ORIGINAL I	REE NO		
A. ICD-10 Code(s)	C. D.	STILL	1121 . 110.		
E F	G H.	23. PRIOR AUTHORIZATION NUMBER			
J. L	K. L. L.	10D2345678			
From To PLACE OF	PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) E. DIAGNOSIS		J. RENDERING		
MM DD YY MM DD YY SERVICE EMG CP	CPT/HCPCS MODIFIER POINTER	\$ CHARGES UNITS Plan QUAL	. PROVIDER ID. #		
11 01 23 11 01 23 11 83	33861 QW A	100 00 2 NPI	1234567890		
		NPI			

Humana Medicare Advantage Plans: Humana requires additional modifiers. The CLIA number is required in box 23 with the **QW/RT/LT/59** with 2 lines of service, 1 unit per line



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

2023-2024 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

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

Michigan BILLING GUIDE



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Reimbursement Support Specialist

Bridget Bolles Fax: (858) 225-8749

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This guide addresses billing recommendation for:

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Payor Name	Lines	Modifier(s)	Units per Line
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
McLaren Health	2	RT/LT	1
Medicaid MI	1	QW	2
Humana Medicare	2	QW/RT/LT/59	1
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
Total Health Plan	1	QW	2
UHC Community Plan	1	QW	2
United Healthcare	1	QW	2

Michigan Providers:

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

BLUE Cross and 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.

BLUE Cross and Blue Shield Mi Contact Numbers:

BCBSM, BCN, BCNA, :

Provider Automated Response System (PARS) 1-800-344-8525

BCBSM-Blue Cross Blue Shield of Michigan:

· Provider Inquiry 1-800-245-9092

BCBSM-Medicare Advantage:

· Provider Inquiry 1-866-309-1719

BCC-Blue Cross Complete (AmeriHealth):

· Provider Inquiry, Eligibility or Claim Status Inquiry 1-888-312-5713

BCN-Blue Care Network and BCNA-Blue Care Network Advantage:

· Provider Inquiry 1-800-255-1690

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							18. HOSPITALIZATIO		RELAT	ED TO	CURRENT SERVICES MM DD YY									
	Dr.	Trι	ıkera	Med	ical				17b.	17b. NPI 1234567890					FROM			TC		
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)							20. OUTSIDE LAB?			\$ C	HARGES									
																YES X	NO			
21. DI	AGNC	osis	OR N	ATURE	OF ILL	NESS O	R INJUR	Y Relate	A-L to servic	e line	below (2	24E)	ICD Inc	d.		22. RESUBMISSION CODE		ORIG	SINAL F	REF. NO.
A. L	CD-	10 (Code	e(s)	B.				с. L				С).		0002		O i ii c	AII 47 12 1	E1.110.
E. L					F.				g. L				F			23. PRIOR AUTHORIZATION NUMBER				
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24. A.	. [E(S) C	F SER	VICE To		B. PLACE OF		D. PROCED			ICES, O		PLIES	E. DIAGNOSIS	F.	G. DAYS	H. EPSDT Family Plan	I. ID.	J. RENDERING
MM	DD		YY	MM	DD	YY	SERVICE	EMG	CPT/HCPC		Suai Circ		IFIER		POINTER	\$ CHARGES	OR UNITS	Family Plan	QUAL.	PROVIDER ID. #
11	01		23	11	01	23	11		83861		QW	RT			А	50 00	1		NPI	1234567890
11	01		23	11	01	23	11		83861		QW	LT			А	50 00	1		NPI	1234567890

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

								18.	HOSPITA M	LIZATIC M , E	N DATES	RELAT Y	TED TO	CURRENT SERVICES MM DD YY
Dr. Trukera Medical 17b. NPI 1234567890								FROM				TC		
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)									OUTSIDE	LAB?			\$ C	CHARGES
									YE	s X	NO			
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	servic	e line	below (24E	E)	CD Ind			22.	RESUBM CODE	ISSION		ORIO	SINAL F	REF. NO.
A. ICD-10 Code(s)	с. ∟				D.									
E F	G. H.				23. PRIOR AUTHORIZATION NUMBER									
J	к. 崖				L.									
From To PLACE OF (I		n Unus	i, SERVICI ual Circum		s)	LIES	E. DIAGNOSIS POINTER		F. \$ CHAR	GES	G. DAYS OR UNITS	H. EPSD1 Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
									,					
11 01 23 11 01 23 11 838	61		RT				Α		5	00 00	1		NPI	1234567890
11 01 23 11 01 23 11 838	61		LT				Α		5	00	1		NPI	1234567890

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	18. HOSPITALIZATION D	ATES RELAT	ED TO	CURRENT SERVICES MM DD YY			
Dr. Trukera Medical	17b. NPI	1234567890		FROM		TC	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)	20. OUTSIDE LAB?		\$ C	CHARGES			
				YES X N	0		
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	service line	below (24E) ICD Ind.		22. RESUBMISSION CODE	ORIO	SINIAI E	REF. NO.
A. ICD-10 Code(s)	с. 📖	D.			01110	31147121	127 : 110
E	g. L	н		23. PRIOR AUTHORIZATION NUMBER			
I. L	K	L.		10D2345678			
		S, SERVICES, OR SUPPLIES	E.	F.	G. H. DAYS EPSDT	I.	J.
	Explain Unu: HCPCS	ısual Circumstances) MODIFIER	DIAGNOSIS POINTER		DAYS EPSDT OR Family UNITS Plan	ID. QUAL.	RENDERING PROVIDER ID. #
11 01 23 11 01 23 11 838	61	QW	А	100 00 2	?	NPI	1234567890
						NPI	

Humana Medicare Advantage Plans: Humana requires additional modifiers. The CLIA number is required in box 23 with the **QW/RT/LT/59** with 2 lines of service, 1 unit per line

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATED TO	CURRENT SERVICES MM DD YY		
Dr. Trukera Medical	17b. NPI 1234567890	FROM TO			
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)	20. OUTSIDE LAB? \$ C	HARGES			
		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 R	EE NO		
A. ICD-10 Code(s)	C. D.	Officiality			
E. F.	G. L. H.	23. PRIOR AUTHORIZATION NUMBER			
J	K. L. L.	10D2345678			
From To PLACE OF (OCEDURES, SERVICES, OR SUPPLIES Explain Unusual Circumstances) HCPCS MODIFIER POINTER	F. G. H. I. DAYS EPSDT OR Family \$ CHARGES UNITS Plan QUAL.	J. RENDERING PROVIDER ID. #		
IVIVI DD 11 WIVI DD 11 SERVICE ENG CF1/	MODIFIER POINTER	ONIIS PER QUAL.	PROVIDER ID. #		
11 01 23 11 01 23 11 838	61 QW RT 59 A	50 00 1 NPI	1234567890		
11 01 23 11 01 23 11 838	61 QW LT 59 A	50 00 1 NPI	1234567890		

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

Common Notification Reasons for Medicare Denials

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 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

Minnesota BILLING GUIDE



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- 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
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	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
UCare	2	QW/91(2 nd line)	1
UHC Community Plan	1	QW	2
United Healthcare	1	QW	2

Minnesota Providers:

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

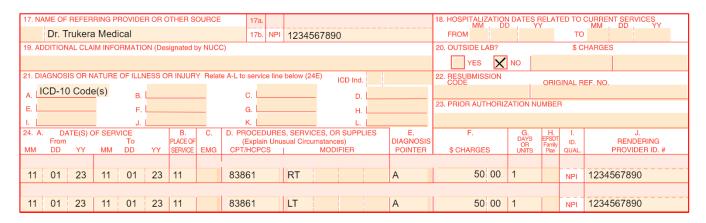
Minnesota Health Care Programs (MHCP): Provider need to fax CLIA Certification and Provider NPI MHCP Provider Enrollment. (1-651-431-7462)

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	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES	
Dr. Trukera Medical	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 ORIGINAL REF. NO.
A. ICD-10 Code(s)	D	
E F	э	23. PRIOR AUTHORIZATION NUMBER
1 J	C. L. L.	10D2345678
From To PLACE OF (E	DCEDURES, SERVICES, OR SUPPLIES Explain Unusual Circumstances) HCPCS MODIFIER POINTER	F. G. H. I. J. DAYS EPSUT ID. RENDERING Family ID. PROVIDER ID. #
		THE
11 01 23 11 01 23 11 8386	61 QW RT A	50 00 1 NPI 1234567890
11 01 23 11 01 23 11 8386	S1 QW LT A	50 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
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)	C. D.	OTHERWAL TELL THO.
E F G	G H.	23. PRIOR AUTHORIZATION NUMBER
I. J. L	K. L. L.	10D2345678
	OCEDURES, SERVICES, OR SUPPLIES E.	F. G. H. I. J. J. EPSÖT ID. RENDERING
	Explain Unusual Circumstances) DIAGNOSIS /HCPCS MODIFIER POINTER	DAYS HERBIJ ID. RENDERING OR Family SCHARGES UNITS Plan QUAL. PROVIDER ID. #
11 01 23 11 01 23 11 8386	61 QW A	100 00 2 NPI 1234567890
		NPI

Humana Medicare Advantage Plans: Humana requires additional modifiers. The CLIA number is required in box 23 with the **QW/RT/LT/59** with 2 lines of service, 1 unit per line

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATED TO	CURRENT SERVICES MM DD YY
Dr. Trukera Medical	17b. NPI 1234567890	FROM TO	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)	20. OUTSIDE LAB? \$ C	HARGES	
	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 R	EE NO
A. ICD-10 Code(s)	C. D.	Officiality	
E. F.	G. L. H.	23. PRIOR AUTHORIZATION NUMBER	
J	K. L. L.	10D2345678	
From To PLACE OF (OCEDURES, SERVICES, OR SUPPLIES Explain Unusual Circumstances) HCPCS MODIFIER POINTER	F. G. H. I. DAYS EPSDT OR Family \$ CHARGES UNITS Plan QUAL.	J. RENDERING PROVIDER ID. #
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11 01 23 11 01 23 11 838	61 QW RT 59 A	50 00 1 NPI	1234567890
11 01 23 11 01 23 11 838	61 QW LT 59 A	50 00 1 NPI	1234567890

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

2023-2024 Clinical Laboratory Fee Schedule (CLFS) Rate: \$22.48 per test (\$44.96 per patient)

Sequestration Withhold

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

Medicare CMS Part B

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

Billing Software Requirements

- ANSI 5010 E-claim Crosswalk

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

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

Common Notification Reasons for Medicare Denials

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

MISSISSIPPI BILLING GUIDE



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

Reimbursement Support Specialist

Amanda Rotteck Fax: (858) 225-8749

Cell: (704) 928-9009 Email: arotteck@trukera.com

This guide addresses billing recommendation for:

- <u>CPT Code 83861</u> is specific for "Microfluidic analysis utilizing an integrated collection and analysis device, tear osmolality".
- A covered service by <u>CMS Medicare</u> under the <u>Clinical Laboratory Fee Schedule</u>.
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- 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.

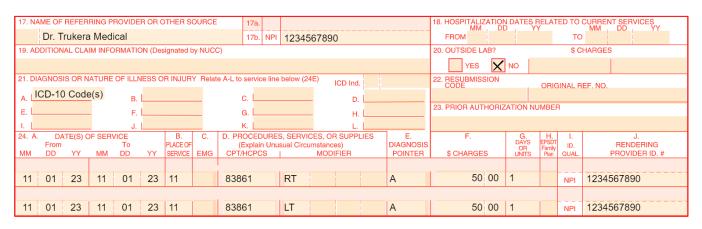
Payor Name	Lines	Modifier(s)	Units per Line
Aetna	2	RT/LT	1
BCBS MS	2	RT/LT	1
Cigna	2	RT/LT	1
Humana Medicare	2	QW/RT/LT/59	1
Medicaid MS	2	QW/RT/LT	1
Medicare	2	QW/RT/LT	1
Molina	1	QW	2
United Healthcare	1	QW	2
UHC Community Plan	1	QW	2

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 be rejected.

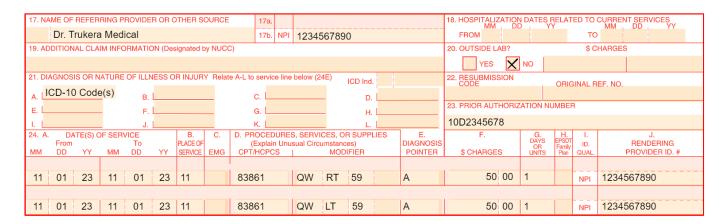
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES
Dr. Trukera Medical	17b. NPI 1234567890	FROM TO
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)	20. OUTSIDE LAB? \$ CHARGES	
		YES NO
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	service line below (24E) ICD Ind.	22. RESUBMISSION CODE ORIGINAL REF. NO.
A. ICD-10 Code(s)	D	
E F G	э	23. PRIOR AUTHORIZATION NUMBER
I. L		10D2345678
From To PLACE OF (E	OCEDURES, SERVICES, OR SUPPLIES Explain Unusual Circumstances) HCPCS I MODIFIER POINTER	F. G. H. I. DAYS EPSOT ID. RENDERING S CHARGES UNITS Pan QUAL. PROVIDER ID. #
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11 01 23 11 01 23 11 8386	61 QW RT A	50 00 1 NPI 1234567890
11 01 23 11 01 23 11 8386	61 QW LT A	50 00 1 NPI 1234567890

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



17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY MM DD YY	
Dr. Trukera Medical	FROM TO 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)	D	OTHER VIEW
E F	Э	23. PRIOR AUTHORIZATION NUMBER
I. J.	C. L.	10D2345678
From To PLACE OF (E	DCEDURES, SERVICES, OR SUPPLIES Explain Unusual Circumstances) HCPCS I MODIFIER DIAGNOSIS POINTER	F. G. H. I. J. DAYS ESPOTI D. RENDERING OR Family \$ CHARGES UNITS Pine QUAL. PROVIDER ID. #
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11 01 23 11 01 23 11 8386	61 QW A	100 00 2 NPI 1234567890
		NPI NPI

Humana Medicare Advantage Plans: Humana requires additional modifiers. The CLIA number is required in box 23 with the **QW/RT/LT/59** with 2 lines of service, 1 unit per line.



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

2021-2024 Clinical Laboratory Fee Schedule (CLFS) Rate: \$22.48 per test (\$44.96 per patient)

Sequestration Withhold

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

Medicare CMS Part B

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

Billing Software Requirements

- ANSI 5010 E-claim Crosswalk

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

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

Common Notification Reasons for Medicare Denials

- MA 120 Did not complete or enter accurately the CLIA number.
- MA 130 Your claim contains incomplete and/or invalid information, and no appeal rights are afforded because the claim is 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



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Reimbursement Support Specialist

Amanda Rotteck Fax: (858) 225-8749

Cell: (704) 928-9009 Email: arotteck@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 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 <u>procedure discounts</u> 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:

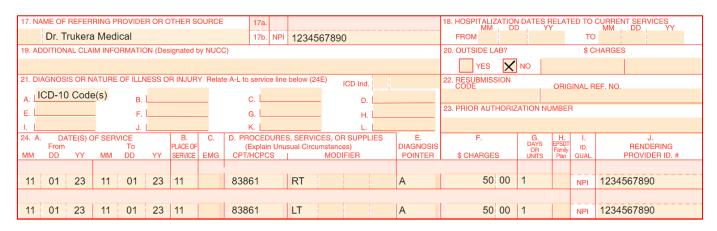
MO Medicaid: To establish payment, it requires that the practice fax a copy of the CLIA certificate along with provider NPI numbers to <u>Provider Enrollment</u>, Fax# 1-573-751-5065

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 be rejected.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	7a. 18. HOSPITALIZATION DATES RELATED TO CU		D TO CURRENT SERVICES
Dr. Trukera Medical	FROM	то	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)	20. OUTSIDE LAB?	\$ CHARGES	
	YES X NO		
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	service line below (24E) ICD Ind.	22. RESUBMISSION ORIGIN	NAL REF. NO.
A. ICD-10 Code(s)	D. D.		
E. L. F. L.	э	23. PRIOR AUTHORIZATION NUMBER	
J. L	K. L.	10D2345678	
From To PLACE OF (OCEDURES, SERVICES, OR SUPPLIES Explain Unusual Circumstances) HCPCS MODIFIER POINTER	I OR IFAMINI	I. J. ID. RENDERING QUAL. PROVIDER ID. #
	'		
11 01 23 11 01 23 11 838	61 QW RT A	50 00 1	NPI 1234567890
11 01 23 11 01 23 11 838	61 QW LT A	50 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
17. NAME OF THE ENTING THOUBER OF OTHER SOURCE	17a.	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)	C	0.0000000000000000000000000000000000000
F	G. H.	23. PRIOR AUTHORIZATION NUMBER
I. L	K L	10D2345678
	ROCEDURES, SERVICES, OR SUPPLIES E.	F. G. H. I. J. DAYS EPSDT ID RENDERING
	Explain Unusual Circumstances) DIAGNOSIS /HCPCS MODIFIER POINTER	F. G. H. I. J. DAYS EPOUT ID. RENDERING OR Family S CHARGES UNITS Pin QUAL. PROVIDER ID. #
11 01 23 11 01 23 11 838	61 QW A	100 00 2 NPI 1234567890
		NPI

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

2021-2024 Clinical Laboratory Fee Schedule (CLFS) Rate: \$22.48 per test (\$44.96 per patient)

Sequestration Withhold

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

Medicare CMS Part B

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

Billing Software Requirements

- ANSI 5010 E-claim Crosswalk

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

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

Common Notification Reasons for Medicare Denials

- MA 120 Did not complete or enter accurately the CLIA number.
- MA 130 Your claim contains incomplete and/or invalid information, and no appeal rights are afforded because the claim is 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.

MONTANA BILLING GUIDE



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Reimbursement Support Specialist

Bridget Bolles Fax: (858) 225-8749

Cell: (317) 797-7151 Email: bbolles@trukera.com

This guide addresses billing recommendation for:

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

Payor Name	Lines	Modifier(s)	Units per Line
Aetna	2	RT/LT	1
BCBS Federal Employee Plan	2	RT/LT	1
BCBS Montana	2	RT/LT	1
Cigna	2	RT/LT	1
HealthNet	2	QW/RT/LT	1
Humana Medicare	2	QW/RT/LT 59	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 MM DD YY
Dr. Trukera Medical	17b. NPI 1234567890	FROM	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? \$ 0	CHARGES
		YES X NO	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	service line below (24E) ICD Ind.	22. RESUBMISSION ORIGINAL F	REE NO
A. ICD-10 Code(s)	C D.	STEEL	1127.110.
E. L	G. H.	23. PRIOR AUTHORIZATION NUMBER	
I. J.	K. L. L.	10D2345678	
From To PLACE OF (E	OCEDURES, SERVICES, OR SUPPLIES Explain Unusual Circumstances) HCPCS MODIFIER POINTER	F. G. H. I. DAYS EPSDT OR Family ID. \$ CHARGES UNITS Plan QUAL.	J. RENDERING PROVIDER ID. #
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11 01 23 11 01 23 11 838	61 QW RT A	50 00 1 NPI	1234567890
11 01 23 11 01 23 11 838	61 QW LT A	50 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	O CURRENT SERVICES	
Dr. Trukera Medical	17b. NPI 1234567890		то	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? \$	CHARGES	
		YES X NO		
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	service line below (24E) ICD Ind.	22. RESUBMISSION ORIGINAL REF. NO.		
A. ICD-10 Code(s)	C D			
E F	g н	23. PRIOR AUTHORIZATION NUMBER		
3.	к			
From To PLACE OF (I	OCEDURES, SERVICES, OR SUPPLIES E. Explain Unusual Circumstances) DIAGNOSIS HCPCS I MODIFIER POINTER	F. G. H. I. DAYS EPSDT ID. OR Family S CHARGES UNITS Plan QUAI		
11 01 23 11 01 23 11 838	61 RT A	50 00 1 NPI	1234567890	
11 01 23 11 01 23 11 838	61 LT A	50 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.

17a.		TED TO CURRENT SERVICES
17b. NPI 1234567890	FROM	ТО
	20. OUTSIDE LAB?	\$ CHARGES
	YES X NO	
service line below (24E) ICD Ind.	22. RESUBMISSION CODE ORI	GINAL REF. NO.
C D.		
	23. PRIOR AUTHORIZATION NUMBE	R
	10D2345678	
	F. G. H. DAYS EPSD	I. J. RENDERING
	\$ CHARGES UNITS Plan	QUAL. PROVIDER ID. #
61 QW A	100 00 2	NPI 1234567890
		NPI
()	o service line below (24E) C. D. H. K. L. ROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) MODIFIER DIAGNOSIS POINTER	The interpolation of the polar interpolation in

11.2023

Humana Medicare Advantage Plans: Humana requires additional modifiers. The CLIA number is required in box 23 with the **QW/RT/LT/59** with 2 lines of service, 1 unit per line

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.				18. HOSPITALIZATION	DATES R	ELATED TO	CURRENT SERVICES MM DD YY
Dr. Trukera Medical	17b. NPI	1234567890	0		FROM		тс	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC					20. OUTSIDE LAB?		\$ C	CHARGES
					YES 🗶	NO		
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate	A-L to service line	below (24E)	ICD Ind.		22. RESUBMISSION CODE		ORIGINAL F	REE NO
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E F	G. L		н. I		23. PRIOR AUTHORIZ	ATION NU	MBER	
I. L	K		L		10D2345678			
24. A. DATE(S) OF SERVICE B. C. From To PLACE OF MM DD YY MM DD YY SERVICE EMG	D. PROCEDURES (Explain Unus CPT/HCPCS	S, SERVICES, OF sual Circumstance MODI	es)	E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OR UNITS	H. I. EPSDT Family ID. Plan QUAL.	J. RENDERING PROVIDER ID. #
WIN DD 11 WIN DD 11 SERVICE EWG	CF I/HOF GG	IWIODI	II IEN	POINTER	\$ CHANGES	UNITS	Pall QUAL.	PHOVIDEN ID. #
11 01 23 11 01 23 11	83861	QW RT	59	А	50 00	1	NPI	1234567890
11 01 23 11 01 23 11	83861	QW LT	59	Α	50 00	1	NPI	1234567890

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

2023-2024 Clinical Laboratory Fee Schedule (CLFS) Rate: \$22.48 per test (\$44.96 per patient)

Sequestration Withhold

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Medicare CMS Part B

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

- 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.
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- The laboratory is not approved for this type of test

NEBRASKA BILLING GUIDE



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Reimbursement Support Specialist

Bridget Bolles Fax: (858) 225-8749

Cell: (317) 797-7151 Email: bbolles@trukera.com

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- 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
Aetna	2	RT/LT	1
BCBS Federal Employee Plan	2	RT/LT	1
BCBS NE	1	None	2
Cigna	2	RT/LT	1
HealthNet	2	QW/RT/LT	1
Medica Health Plans	2	RT/LT	1
Medicaid NE	2	QW/RT/LT	1
Medicare	2	QW/RT/LT	1
UHC Community Plan	1	QW	2
United Healthcare	1	QW	2
Wellcare	2	RT/LT	1

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

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES
Dr. Trukera Medical	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)	D. D.	
E F (э	23. PRIOR AUTHORIZATION NUMBER
I. J.	C. L.	10D2345678
From To PLACE OF (E	DCEDURES, SERVICES, OR SUPPLIES Explain Unusual Circumstances) HCPCS MODIFIER POINTER	F. G. H. I. J. DAYS EPSOT ID. RENDERING S CHARGES UNITS Plan QUAL. PROVIDER ID. #
11 01 23 11 01 23 11 8386	G1 QW RT A	50 00 1 NPI 1234567890
11 01 23 11 01 23 11 8386	G1 QW LT A	50 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 DAT	TES RELATE	ED TO	CURRENT SERVICES MM DD YY
Dr. Trukera Medical	17b. NPI 1	234567890	FROM	- ''	ТО	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)			20. OUTSIDE LAB?		\$ C	HARGES
			YES X NO			
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	service line bel	low (24E) ICD Ind.	22. RESUBMISSION CODE	. ORIG	INAL R	EF. NO.
A. ICD-10 Code(s)	o.	D.				
E F	G H		23. PRIOR AUTHORIZATION NUMBER			
·	<	L. L.				
From To PLACE OF (I		SERVICES, OR SUPPLIES al Circumstances) MODIFIER E. DIAGNOSIS POINTER	F. G DA O \$ CHARGES UN	G. H. AYS EPSDT DR Family ITTS Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
11 01 23 11 01 23 11 838	61 R	RT A	50 00 1		NPI	1234567890
11 01 23 11 01 23 11 838	61 LT	Т	50 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.

17a.		TED TO CURRENT SERVICES
17b. NPI 1234567890	FROM	ТО
	20. OUTSIDE LAB?	\$ CHARGES
	YES X NO	
service line below (24E) ICD Ind.	22. RESUBMISSION CODE ORI	GINAL REF. NO.
C D.		
	23. PRIOR AUTHORIZATION NUMBE	R
	10D2345678	
	F. G. H. DAYS EPSD	I. J. RENDERING
	\$ CHARGES UNITS Plan	QUAL. PROVIDER ID. #
61 QW A	100 00 2	NPI 1234567890
		NPI
()	o service line below (24E) C. D. H. K. L. ROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) MODIFIER DIAGNOSIS POINTER	The interpolation of the polar interpolation in

11.2023

Humana Medicare Advantage Plans: Humana requires additional modifiers. The CLIA number is required in box 23 with the **QW/RT/LT/59** with 2 lines of service, 1 unit per line

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATED TO	CURRENT SERVICES MM DD YY
Dr. Trukera Medical	17b. NPI 1234567890	FROM TO	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? \$ C	HARGES
		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 R	EE NO
A. ICD-10 Code(s)	C. D.	Officiality	
E. F.	G. L. H.	23. PRIOR AUTHORIZATION NUMBER	
J	K. L. L.	10D2345678	
From To PLACE OF (OCEDURES, SERVICES, OR SUPPLIES Explain Unusual Circumstances) HCPCS MODIFIER POINTER	F. G. H. I. DAYS EPSDT OR Family \$ CHARGES UNITS Plan QUAL.	J. RENDERING PROVIDER ID. #
IVIVI DD 11 WIVI DD 11 SERVICE ENG CF1/	MODIFIER POINTER	ONIIS PEN QUAL.	PROVIDER ID. #
11 01 23 11 01 23 11 838	61 QW RT 59 A	50 00 1 NPI	1234567890
11 01 23 11 01 23 11 838	61 QW LT 59 A	50 00 1 NPI	1234567890

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

2023-2024 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

- 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 Trukera Medical Reimbursement Support Center promptly at rsc@trukera.com for assistance.

Reimbursement Support Specialist

Amanda Rotteck Fax: (858) 225-8749

Cell: (704) 928-9009 Email: arotteck@trukera.com

This guide addresses billing recommendation for:

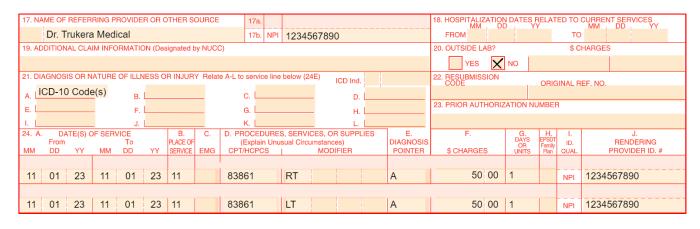
- <u>CPT Code 83861</u> is specific for "Microfluidic analysis utilizing an integrated collection and analysis device, tear osmolality."
- A covered service by <u>CMS Medicare</u> under the <u>Clinical Laboratory Fee Schedule</u>.
- <u>CLIA Certificate of Waiver</u> is required to perform and bill this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

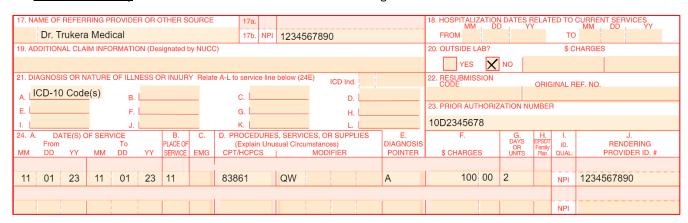
Payor Name	Lines	Modifier(s)	Units per Line
Aetna	2	RT/LT	1
Anthem	2	RT/LT	1
Cigna	2	RT/LT	1
HealthNet	2	QW/RT/LT	1
Humana Medicare	2	QW/RT/LT/59	1
Medicaid NV	2	QW/RT/LT	1
Medicare	2	QW/RT/LT	1
Sierra Life	2	RT/LT	1
United Healthcare	1	QW	2

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 be rejected.

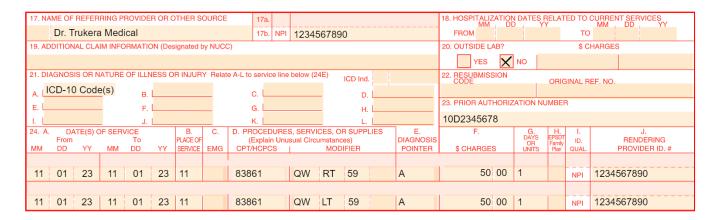
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATED TO	O CURRENT SERVICES
Dr. Trukera Medical	17b. NPI 1234567890		го
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? \$	CHARGES
		YES X NO	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	service line below (24E) ICD Ind.	22. RESUBMISSION CODE . ORIGINAL	REE NO
A. ICD-10 Code(s)	D. D.	5111dHV.12	
E. F. C.	э	23. PRIOR AUTHORIZATION NUMBER	
J. L.	K. L.	10D2345678	
	OCEDURES, SERVICES, OR SUPPLIES E. Explain Unusual Circumstances) DIAGNOSIS	F. G. H. I. DAYS EPSDT ID. OR Family SCHARGES UNITS Plan QUAL	J. RENDERING
MM DD YY MM DD YY SERVICE EMG CPT/I	HCPCS MODIFIER POINTER	\$ CHARGES UNITS Plan QUAL	L. PROVIDER ID. #
11 01 23 11 01 23 11 8386	61 QW RT A	50 00 1 NPI	1234567890
11 01 23 11 01 23 11 8386	61 QW LT A	50 00 1 NPI	1234567890

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





Humana Medicare Advantage Plans: Humana requires additional modifiers. The CLIA number is required in box 23 with the **QW/RT/LT/59** with 2 lines of service, 1 unit per line.



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

2021-2024 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

- 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 is 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



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

Reimbursement Support Specialist

Bridget Bolles Fax: (858) 225-8749

Cell: (317) 797-7151 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
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	1
Tufts	1	none	2
UHC	1	QW	2
Medicare	2	QW/RT/LT	1
Anthem BCBS	2	RT/LT	1

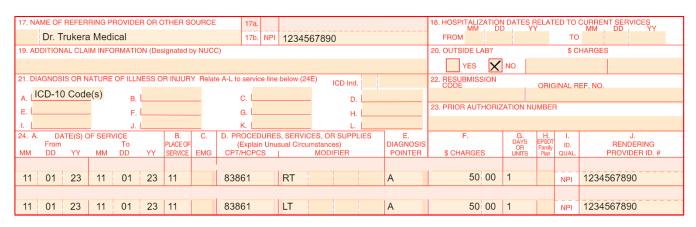
New Hampshire Providers:

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

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	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? \$0	CHARGES
		YES X NO	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	service line below (24E) ICD Ind.	22. RESUBMISSION ORIGINAL I	REE NO
A. ICD-10 Code(s)	D	Gridina	
E (э	23. PRIOR AUTHORIZATION NUMBER	
I. J.	C. L. L.	10D2345678	
From To PLACE OF (E	OCEDURES, SERVICES, OR SUPPLIES E. Explain Unusual Circumstances)		J. RENDERING
MM DD YY MM DD YY SERVICE EMG CPT/I	HCPCS MODIFIER POINTER	\$ CHARGES UNITS Plan QUAL	PROVIDER ID. #
		,	
11 01 23 11 01 23 11 8386	S1 QW RT A	50 00 1 NPI	1234567890
11 01 23 11 01 23 11 8386	S1 QW LT A	50 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 DD YY 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.	22. RESUBMISSION CODE ORIGINAL REF. NO.
A. ICD-10 Code(s)	C. D.	Griffin Vie Her . No.
E F	G	23. PRIOR AUTHORIZATION NUMBER
I. J.	K. L. L.	10D2345678
From To PLACE OF (OCEDURES, SERVICES, OR SUPPLIES Explain Unusual Circumstances) HCPCS MODIFIER POINTER	F. G. H. I. J. DAYS G. FSST ID. RENDERING Family S. CHARGES UNITS FINI QUAL. PROVIDER ID. #
11 01 23 11 01 23 11 838	61 QW A	100 00 2 NPI 1234567890
		NPI

Humana Medicare Advantage Plans: Humana requires additional modifiers. The CLIA number is required in box 23 with the **QW/RT/LT/59** with 2 lines of service, 1 unit per line

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATED TO	CURRENT SERVICES MM DD YY
Dr. Trukera Medical	17b. NPI 1234567890	FROM TO	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? \$ C	HARGES
		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 R	EE NO
A. ICD-10 Code(s)	C. D.	Officiality	
E. F.	G. L. H.	23. PRIOR AUTHORIZATION NUMBER	
J	K. L. L.	10D2345678	
From To PLACE OF (OCEDURES, SERVICES, OR SUPPLIES Explain Unusual Circumstances) HCPCS MODIFIER POINTER	F. G. H. I. DAYS EPSDT OR Family \$ CHARGES UNITS Plan QUAL.	J. RENDERING PROVIDER ID. #
IVIVI DD 11 WIVI DD 11 SERVICE ENG CF1/	MODIFIER POINTER	ONIIS PEN QUAL.	PROVIDER ID. #
11 01 23 11 01 23 11 838	61 QW RT 59 A	50 00 1 NPI	1234567890
11 01 23 11 01 23 11 838	61 QW LT 59 A	50 00 1 NPI	1234567890

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

2023-2024 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

- 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



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Reimbursement Support Specialist

Bridget Bolles Fax: (858) 225-8749

Cell: (317) 797-7151 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
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

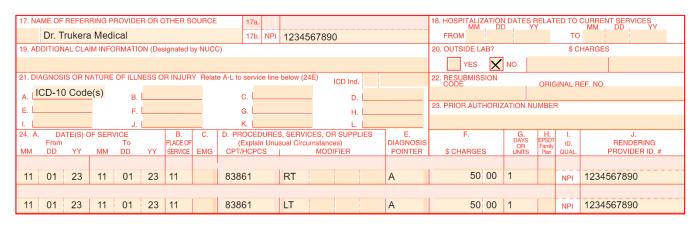
New Jersey Providers:

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

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? \$ CI	HARGES
		YES X NO	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	service line below (24E) ICD Ind.	22. RESUBMISSION ORIGINAL RI	FF NO
A. ICD-10 Code(s)	D. D.	J. 1.0.1.0.1.0.1.0.1.0.1.0.1.0.1.0.1.0.1.	
E F (a. H.	23. PRIOR AUTHORIZATION NUMBER	
I. L. J. L. P	C. L.	10D2345678	
From To PLACE OF (E	OCEDURES, SERVICES, OR SUPPLIES E. DIAGNOSIS	OR [Family] [J. RENDERING
MM DD YY MM DD YY SERVICE EMG CPT/H	HCPCS MODIFIER POINTER	\$ CHARGES UNITS Plan QUAL.	PROVIDER ID. #
44 04 00 44 04 00 44	OW DT	50 00 1	4004507000
11 01 23 11 01 23 11 8386	QW RT A	50 00 1 NPI	1234567890
11 01 23 11 01 23 11 8386	G1 QW LT A	50 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	O CURRENT SERVICES
Dr. Trukera Medical	17b. NPI 1234567890		то
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? \$	CHARGES
		YES X NO	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	to service line below (24E) ICD Ind.	22. RESUBMISSION CODE ORIGINAL	REE NO
A. ICD-10 Code(s)	C. D.	STRUM, E	THEF. NO.
E F	G H.	23. PRIOR AUTHORIZATION NUMBER	
J. [K L	10D2345678	
From To PLACE OF (ROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) T/HCPCS MODIFIER POINTER	F. G. H. I. DAYS EPSDT ID. OR Family ID. \$ CHARGES UNITS Plan QUA	
	·		
11 01 23 11 01 23 11 838	861 QW A	100 00 2 NP	1234567890
		NP	1

Humana Medicare Advantage Plans: Humana requires additional modifiers. The CLIA number is required in box 23 with the **QW/RT/LT/59** with 2 lines of service, 1 unit per line

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATED TO	CURRENT SERVICES MM DD YY
Dr. Trukera Medical	17b. NPI 1234567890	FROM TO	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? \$ C	HARGES
		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 R	EE NO
A. ICD-10 Code(s)	C. D.	Officiality	
E. F.	G. L. H.	23. PRIOR AUTHORIZATION NUMBER	
J	K. L. L.	10D2345678	
From To PLACE OF (OCEDURES, SERVICES, OR SUPPLIES Explain Unusual Circumstances) HCPCS MODIFIER POINTER	F. G. H. I. DAYS EPSDT OR Family \$ CHARGES UNITS Plan QUAL.	J. RENDERING PROVIDER ID. #
IVIVI DD 11 WIVI DD 11 SERVICE ENG CF1/	MODIFIER POINTER	ONIIS PEN QUAL.	PROVIDER ID. #
11 01 23 11 01 23 11 838	61 QW RT 59 A	50 00 1 NPI	1234567890
11 01 23 11 01 23 11 838	61 QW LT 59 A	50 00 1 NPI	1234567890

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

2023-2024 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

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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

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

NEW MEXICO BILLING GUIDE



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Reimbursement Support Specialist

Amanda Rotteck Fax: (858) 225-8749

Cell: (704) 928-9009 Email: arotteck@trukera.com

This guide addresses billing recommendation for:

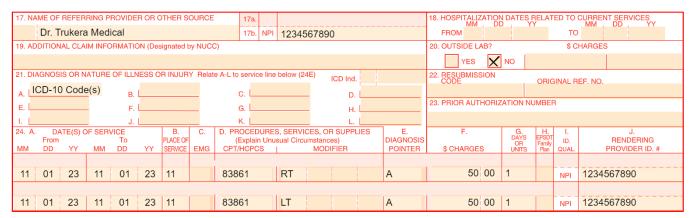
- <u>CPT Code 83861</u> is specific for "Microfluidic analysis utilizing an integrated collection and analysis device, tear osmolality."
- A covered service by <u>CMS Medicare</u> under the <u>Clinical Laboratory Fee Schedule</u>.
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- Medical Necessity 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
Aetna	2	RT/LT	1
BCBS Federal Employee Plan	2	RT/LT	1
BCBS NM	2	RT/LT	1
Cigna	2	RT/LT	1
HealthNet	2	QW/RT/LT	1
Humana Medicare	2	QW/RT/LT/59	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

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 be rejected.

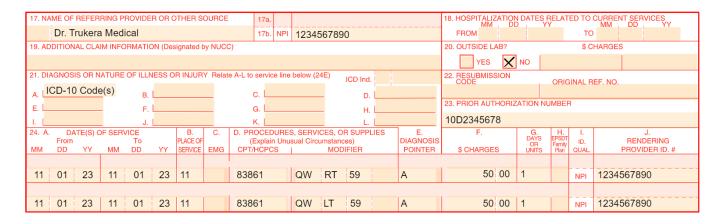
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES
Dr. Trukera Medical	17b. NPI 1234567890	FROM TO
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? \$ CHARGES
		YES X NO
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to s	service line below (24E) ICD Ind.	22. RESUBMISSION CODE ORIGINAL REF. NO.
A. ICD-10 Code(s)	D. D.	0.110.110.1
E F G	н.	23. PRIOR AUTHORIZATION NUMBER
I J K		10D2345678
From To PLACE OF (E	OCEDURES, SERVICES, OR SUPPLIES E. DIAGNOSIS	OR Family
MM DD YY MM DD YY SERVICE EMG CPT/H	ICPCS MODIFIER POINTER	\$ CHARGES UNITS Plan QUAL. PROVIDER ID. #
11 01 23 11 01 23 11 8386	1 QW RT A	50 00 1 NPI 1234567890
11 01 23 11 01 23 11 8386	1 QW LT A	50 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	ТО
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB?	\$ CHARGES
		YES X NO	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	service line below (24E) ICD Ind.	22. RESUBMISSION ORIGINA	AL REF. NO.
A. ICD-10 Code(s)	C		
E F	G. H.	23. PRIOR AUTHORIZATION NUMBER	
J.	K. L. L.	10D2345678	
	ROCEDURES, SERVICES, OR SUPPLIES E.	F. G. H. I	l. J.
	Explain Unusual Circumstances) DIAGNOSIS /HCPCS MODIFIER POINTER	DAYS EPSDT OR Family SCHARGES UNITS Plan QU.	D. RENDERING JAL. PROVIDER ID. #
11 01 23 11 01 23 11 838	61 QW A	100 00 2 NF	PI 1234567890
		NF	PI

Humana Medicare Advantage Plans: Humana requires additional modifiers. The CLIA number is required in box 23 with the **QW/RT/LT/59** with 2 lines of service, 1 unit per line.



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

2021-2024 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

- 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 is 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



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

Reimbursement Support Specialist

Bridget Bolles Fax: (858) 225-8749

Cell: (317) 797-7151 Email: bbolles@trukera.com

This guide addresses billing recommendation for:

- <u>CPT Code 83861</u> is specific for "Microfluidic analysis utilizing an integrated collection and analysis device, tear osmolality".
- A covered service by <u>CMS Medicare</u> under the <u>Clinical Laboratory Fee Schedule</u>.
- <u>CLIA Certificate of Waiver</u> is required to perform and bill this laboratory tests.
- Providers are encouraged to review <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
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).

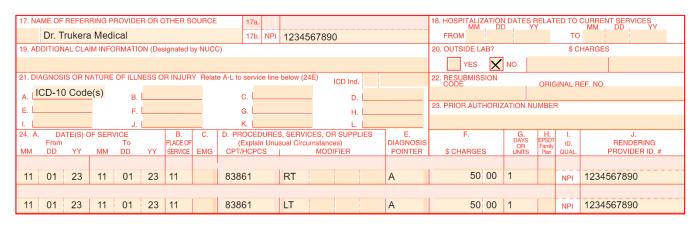
Oxford: Optometry providers may not be covered in states outside Connecticut

New York Medicaid: Does not cover Tear Osmolarity

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? \$ CI	HARGES	
	YES X NO		
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	service line below (24E) ICD Ind.	22. RESUBMISSION ORIGINAL RI	FF NO
A. ICD-10 Code(s)	D. D.	J. 1.0.1.0.1.0.1.0.1.0.1.0.1.0.1.0.1.0.1.	
E F (a. H.	23. PRIOR AUTHORIZATION NUMBER	
I. L. J. L. P	C. L.	10D2345678	
From To PLACE OF (E	OCEDURES, SERVICES, OR SUPPLIES E. DIAGNOSIS	OR [Family] [J. RENDERING
MM DD YY MM DD YY SERVICE EMG CPT/H	HCPCS MODIFIER POINTER	\$ CHARGES UNITS Plan QUAL.	PROVIDER ID. #
44 04 00 44 04 00 44	OW DT	50 00 1	4004507000
11 01 23 11 01 23 11 8386	QW RT A	50 00 1 NPI	1234567890
11 01 23 11 01 23 11 8386	G1 QW LT A	50 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	O CURRENT SERVICES
Dr. Trukera Medical	17b. NPI 1234567890		то
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? \$	CHARGES
		YES X NO	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	to service line below (24E) ICD Ind.	22. RESUBMISSION CODE ORIGINAL	REE NO
A. ICD-10 Code(s)	C. D.	STRUM, E	THEF. NO.
E F	G H.	23. PRIOR AUTHORIZATION NUMBER	
J. [K L	10D2345678	
From To PLACE OF (ROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) T/HCPCS MODIFIER POINTER	F. G. H. I. DAYS EPSDT ID. OR Family ID. \$ CHARGES UNITS Plan QUA	
	·		
11 01 23 11 01 23 11 838	861 QW A	100 00 2 NP	1234567890
		NP	1

Humana Medicare Advantage Plans: Humana requires additional modifiers. The CLIA number is required in box 23 with the **QW/RT/LT/59** with 2 lines of service, 1 unit per line

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATED TO	CURRENT SERVICES MM DD YY
Dr. Trukera Medical	17b. NPI 1234567890	FROM TO	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)	20. OUTSIDE LAB? \$ C	HARGES	
	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 R	EE NO
A. ICD-10 Code(s)	C. D.	Officiality	
E. F.	G. L. H.	23. PRIOR AUTHORIZATION NUMBER	
J	K. L. L.	10D2345678	
From To PLACE OF (OCEDURES, SERVICES, OR SUPPLIES Explain Unusual Circumstances) HCPCS MODIFIER POINTER	F. G. H. I. DAYS EPSDT OR Family \$ CHARGES UNITS Plan QUAL.	J. RENDERING PROVIDER ID. #
IVIVI DD 11 WIVI DD 11 SERVICE ENG CF1/	MODIFIER POINTER	ONIIS PEN QUAL.	PROVIDER ID. #
11 01 23 11 01 23 11 838	61 QW RT 59 A	50 00 1 NPI	1234567890
11 01 23 11 01 23 11 838	61 QW LT 59 A	50 00 1 NPI	1234567890

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

2023-2024 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

- 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 LONG ISLAND BILLING GUIDE



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

Reimbursement Support Specialist

Bridget Bolles Fax: (858) 225-8749

Cell: (317) 797-7151 Email: bbolles@trukera.com

This guide addresses billing recommendation for:

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

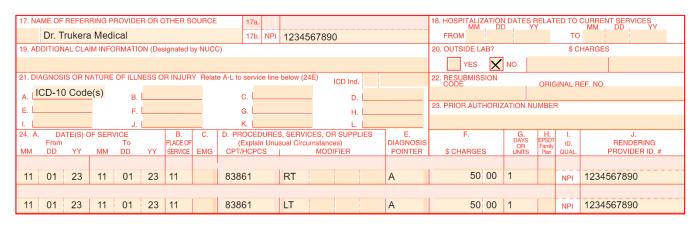
Oxford: Optometry providers may not be covered in states outside Connecticut

New York Medicaid: Does not cover Tear Osmolarity

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? \$ CI	HARGES	
	YES X NO		
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	service line below (24E) ICD Ind.	22. RESUBMISSION ORIGINAL RI	FF NO
A. ICD-10 Code(s)	D. D.	J. 1.0.1.0.1.0.1.0.1.0.1.0.1.0.1.0.1.0.1.	
E F (a. H.	23. PRIOR AUTHORIZATION NUMBER	
I. L. J. L. P	C. L.	10D2345678	
From To PLACE OF (E	OCEDURES, SERVICES, OR SUPPLIES E. DIAGNOSIS	OR [Family] [J. RENDERING
MM DD YY MM DD YY SERVICE EMG CPT/H	HCPCS MODIFIER POINTER	\$ CHARGES UNITS Plan QUAL.	PROVIDER ID. #
44 04 00 44 04 00 44	OW DT	50 00 1	4004507000
11 01 23 11 01 23 11 8386	QW RT A	50 00 1 NPI	1234567890
11 01 23 11 01 23 11 8386	G1 QW LT A	50 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	o service line below (24E) ICD Ind.	22. RESUBMISSION CODE ORIGINAL REF. NO.
A. ICD-10 Code(s)	C. D.	5.116.11V.12.1116.
E	G H.	23. PRIOR AUTHORIZATION NUMBER
I. L	K. L. L.	10D2345678
From To PLACE OF (I	ROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) I/HCPCS MODIFIER POINTER	F. G. H. I. J. DAYS ESDIT ID. RENDERING OR Family S CHARGES UNITS Plan QUAL. PROVIDER ID. #
11 01 23 11 01 23 11 838	361 QW A	100 00 2 NPI 1234567890
		NPI NPI

Humana Medicare Advantage Plans: Humana requires additional modifiers. The CLIA number is required in box 23 with the **QW/RT/LT/59** with 2 lines of service, 1 unit per line

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATED TO	CURRENT SERVICES MM DD YY
Dr. Trukera Medical	17b. NPI 1234567890	FROM TO	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)	20. OUTSIDE LAB? \$ C	HARGES	
	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 R	EE NO
A. ICD-10 Code(s)	C. D.	Officiality	
E. F.	G. L. H.	23. PRIOR AUTHORIZATION NUMBER	
J	K. L. L.	10D2345678	
From To PLACE OF (OCEDURES, SERVICES, OR SUPPLIES Explain Unusual Circumstances) HCPCS MODIFIER POINTER	F. G. H. I. DAYS EPSDT OR Family \$ CHARGES UNITS Plan QUAL.	J. RENDERING PROVIDER ID. #
IVIVI DD 11 WIVI DD 11 SERVICE ENG CF1/	MODIFIER POINTER	ONIIS PER QUAL.	PROVIDER ID. #
11 01 23 11 01 23 11 838	61 QW RT 59 A	50 00 1 NPI	1234567890
11 01 23 11 01 23 11 838	61 QW LT 59 A	50 00 1 NPI	1234567890

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

2023-2024 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

- 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 UPSTATE BILLING GUIDE



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Reimbursement Support Specialist

Bridget Bolles Fax: (858) 225-8749

Cell: (317) 797-7151 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 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 <u>procedure discounts</u> 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 Upstate Providers:

Humana Commercial: Will deny claim (Diagnostic testing for dry eye syndrome is not

separately reimbursable).

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

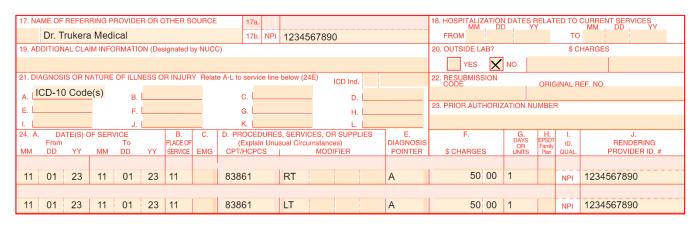
New York Medicaid: Does not cover Tear Osmolarity

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

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

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATED TO (CURRENT SERVICES
Dr. Trukera Medical	17b. NPI 1234567890	FROM TO	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)	20. OUTSIDE LAB? \$ CI	HARGES	
	YES X NO		
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	service line below (24E) ICD Ind.	22. RESUBMISSION ORIGINAL RI	FF NO
A. ICD-10 Code(s)	D. D.	J. 1.0.1.0.1.0.1.0.1.0.1.0.1.0.1.0.1.0.1.	
E F (a. H.	23. PRIOR AUTHORIZATION NUMBER	
I. L. J. L. P	C. L.	10D2345678	
From To PLACE OF (E	OCEDURES, SERVICES, OR SUPPLIES E. DIAGNOSIS	OR [Family] [J. RENDERING
MM DD YY MM DD YY SERVICE EMG CPT/H	HCPCS MODIFIER POINTER	\$ CHARGES UNITS Plan QUAL.	PROVIDER ID. #
44 04 00 44 04 00 44	OW DT	50 00 1	4004507000
11 01 23 11 01 23 11 8386	QW RT A	50 00 1 NPI	1234567890
11 01 23 11 01 23 11 8386	G1 QW LT A	50 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	O CURRENT SERVICES
Dr. Trukera Medical	17b. NPI 1234567890		то
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? \$	CHARGES
		YES X NO	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	to service line below (24E) ICD Ind.	22. RESUBMISSION CODE ORIGINAL	REE NO
A. ICD-10 Code(s)	C. D.	STRUM, E	THEF. NO.
E F	G H.	23. PRIOR AUTHORIZATION NUMBER	
J. [K L	10D2345678	
From To PLACE OF (ROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) T/HCPCS MODIFIER POINTER	F. G. H. I. DAYS EPSDT ID. OR Family ID. \$ CHARGES UNITS Plan QUA	
	·		
11 01 23 11 01 23 11 838	861 QW A	100 00 2 NP	1234567890
		NP	1

Humana Medicare Advantage Plans: Humana requires additional modifiers. The CLIA number is required in box 23 with the **QW/RT/LT/59** with 2 lines of service, 1 unit per line

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATED TO	CURRENT SERVICES MM DD YY
Dr. Trukera Medical	17b. NPI 1234567890	FROM TO	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? \$ C	HARGES
	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 R	FE NO
A. ICD-10 Code(s)	C. D.	OTHER TO	
E. F.	G. L. H.	23. PRIOR AUTHORIZATION NUMBER	
J	K. L. L.	10D2345678	
From To PLACE OF (OCEDURES, SERVICES, OR SUPPLIES Explain Unusual Circumstances) HCPCS MODIFIER POINTER	F. G. H. I. DAYS EPSDT OR Family \$ CHARGES UNITS Plan QUAL.	J. RENDERING PROVIDER ID. #
IVIVI DD 11 WIVI DD 11 SERVICE ENG CF1/	MODIFIER POINTER	ONIIS PER QUAL.	PROVIDER ID. #
11 01 23 11 01 23 11 838	61 QW RT 59 A	50 00 1 NPI	1234567890
11 01 23 11 01 23 11 838	61 QW LT 59 A	50 00 1 NPI	1234567890

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

2023-2024 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

- 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



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

Reimbursement Support Specialist

Amanda Rotteck Fax: (858) 225-8749

Cell: (704) 928-9009 Email: arotteck@trukera.com

This guide addresses billing recommendation for:

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

Payor Name	Lines	Modifier(s)	Units per Line
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	1
CIGNA	2	RT/LT	1
Aetna	2	RT/LT	1
BCBS FED	2	RT/LT	1

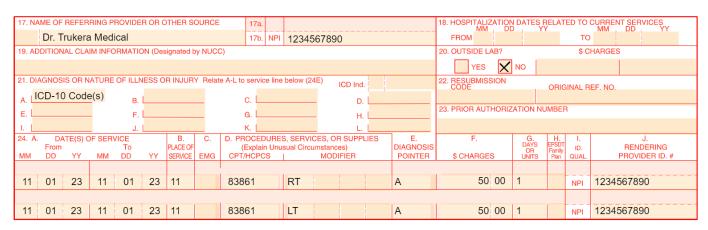
North Carolina Providers:

Humana Commercial: Will deny claim (<u>Diagnostic testing for dry eye syndrome is not separately reimbursable</u>). North Carolina Medicaid: CLIA # / NPI & Optometry Taxnomy need to be loaded through Provider Enrollment before processing claims.

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

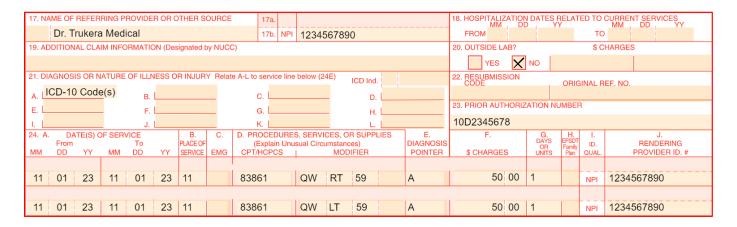
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATED TO CU	JRRENT SERVICES
Dr. Trukera Medical	17b. NPI 1234567890	FROM TO	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? \$ CHA	ARGES
	YES X NO		
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	22. RESUBMISSION ORIGINAL REF	- NO	
A. ICD-10 Code(s)	D. D.	SSSE STRAIN LETTER	. 110.
E F G	H. H.	23. PRIOR AUTHORIZATION NUMBER	
I. L. J. L. K		10D2345678	
From To PLACE OF (E	DCEDURES, SERVICES, OR SUPPLIES xplain Unusual Circumstances) HCPCS I MODIFIER E. DIAGNOSIS POINTER	F. G. H. I. DAYS EPSDT OR Family ID. S CHARGES UNITS Plan QUAL.	J. RENDERING PROVIDER ID. #
INITION DE LA COLLAGA	NODITIEN TONTEN	WITH GOAL.	THOUBERTO. #
11 01 23 11 01 23 11 8386	O1 QW RT A	50 00 1 NPI 1	234567890
11 01 23 11 01 23 11 8386	O1 QW LT A	50 00 1 NPI 1	234567890

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 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)	D. D.	STIGHT LETTER TO
E	Э	23. PRIOR AUTHORIZATION NUMBER
I. L	C. L. L.	10D2345678
	OCEDURES, SERVICES, OR SUPPLIES E. Explain Unusual Circumstances) DIAGNOSIS	F. G. H. I. J. DAYS ESPOTI ID. RENDERING OR Family S CHARGES UNITS Pim QUAL. PROVIDER ID. #
	HCPCS MODIFIER POINTER	\$ CHARGES UNITS Plan QUAL. PROVIDER ID. #
11 01 23 11 01 23 11 838	61 QW A	100 00 2 NPI 1234567890
		NPI

Humana Medicare Advantage Plans: Humana requires additional modifiers. The CLIA number is required in box 23 with the **QW/RT/LT/59** with 2 lines of service, 1 unit per line.



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

2021-2024 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	

- 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 is un-processable.
 Please submit the correct information to the appropriate FI or carrier.
- B7 "This provider was not certified/eligible to be paid for this procedure/service on this date of service."
- The laboratory is not approved for this type of test.

NORTH DAKOTA BILLING GUIDE



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

Reimbursement Support Specialist

Bridget Bolles Fax: (858) 225-8749

Cell: (317) 797-7151 Email: bbolles@trukera.com

This guide addresses billing recommendation for:

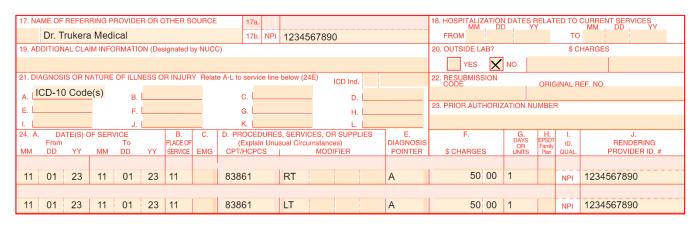
- **CPT Code 83861** is specific for "Microfluidic analysis utilizing an integrated collection and analysis device, tear osmolality".
- A covered service by <u>CMS Medicare</u> under the <u>Clinical Laboratory Fee Schedule</u>.
- <u>CLIA Certificate of Waiver</u> is required to perform and bill this 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
Aetna	2	RT/LT	1
BCBS Federal Employee Program	2	RT/LT	1
BCBS ND	2	RT/LT	1
Cigna	2	RT/LT	1
HealthNet	2	QW/RT/LT	1
Medica Health Plans	2	RT/LT	1
Medicaid ND	2	QW/RT/LT	1
Medicare	2	QW/RT/LT	1
Sanford Health	2	RT/LT	1

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

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATED TO (CURRENT SERVICES
Dr. Trukera Medical	17b. NPI 1234567890	FROM TO	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? \$ CI	HARGES
		YES X NO	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	service line below (24E) ICD Ind.	22. RESUBMISSION ORIGINAL RI	FF NO
A. ICD-10 Code(s)	D. D.	J. 1.0.1.0.1.0.1.0.1.0.1.0.1.0.1.0.1.0.1.	
E F (a. H.	23. PRIOR AUTHORIZATION NUMBER	
I. L. J. L. P	C. L.	10D2345678	
From To PLACE OF (E	OCEDURES, SERVICES, OR SUPPLIES E. DIAGNOSIS	OR [Family] [J. RENDERING
MM DD YY MM DD YY SERVICE EMG CPT/H	HCPCS MODIFIER POINTER	\$ CHARGES UNITS Plan QUAL.	PROVIDER ID. #
44 04 00 44 04 00 44	OW DT	50 00 1	4004507000
11 01 23 11 01 23 11 8386	QW RT A	50 00 1 NPI	1234567890
11 01 23 11 01 23 11 8386	G1 QW LT A	50 00 1 NPI	1234567890

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



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	O CURRENT SERVICES
Dr. Trukera Medical	17b. NPI 1234567890		то
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? \$	CHARGES
		YES X NO	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	to service line below (24E) ICD Ind.	22. RESUBMISSION CODE ORIGINAL	REE NO
A. ICD-10 Code(s)	C. D.	STRUM, E	THEF. NO.
E F	G H.	23. PRIOR AUTHORIZATION NUMBER	
J. [K L	10D2345678	
From To PLACE OF (ROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) T/HCPCS MODIFIER POINTER	F. G. H. I. DAYS EPSDT ID. OR Family ID. \$ CHARGES UNITS Plan QUA	
	·		
11 01 23 11 01 23 11 838	861 QW A	100 00 2 NP	1234567890
		NP	1

Humana Medicare Advantage Plans: Humana requires additional modifiers. The CLIA number is required in box 23 with the **QW/RT/LT/59** with 2 lines of service, 1 unit per line

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATED TO	CURRENT SERVICES MM DD YY
Dr. Trukera Medical	17b. NPI 1234567890	FROM TO	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? \$ C	HARGES
		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 R	EE NO
A. ICD-10 Code(s)	C. D.	Officiality	
E. F.	G. L. H.	23. PRIOR AUTHORIZATION NUMBER	
J	K. L. L.	10D2345678	
From To PLACE OF (OCEDURES, SERVICES, OR SUPPLIES Explain Unusual Circumstances) HCPCS MODIFIER POINTER	F. G. H. I. DAYS EPSDT OR Family \$ CHARGES UNITS Plan QUAL.	J. RENDERING PROVIDER ID. #
IVIVI DD 11 WIVI DD 11 SERVICE ENG CF1/	MODIFIER POINTER	ONIIS PER QUAL.	PROVIDER ID. #
11 01 23 11 01 23 11 838	61 QW RT 59 A	50 00 1 NPI	1234567890
11 01 23 11 01 23 11 838	61 QW LT 59 A	50 00 1 NPI	1234567890

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

2023-2024 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

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

OHIO BILLING GUIDE



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

Reimbursement Support Specialist

Bridget Bolles Fax: (858) 225-8749

Cell: (317) 797-7151 Email: bbolles@trukera.com

This guide addresses billing recommendation for:

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

Payor Name	Lines	Modifier(s)	Units per Line
Aetna	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	1
Medicaid OH	1	QW	2
Medical Mutual	1	none	2
Medicare	2	QW/RT/LT	1
Molina	1	QW	2
UHC Community Plan /UHC	1	QW	2

Ohio Providers:

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

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
Dr. Trukera Medical	17b. NPI 1234567890	FROM	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? \$0	CHARGES
		YES X NO	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	service line below (24E) ICD Ind.	22. RESUBMISSION ORIGINAL I	REE NO
A. ICD-10 Code(s)	C D.	STIGHT/IE	1127.110.
E. L	G. H.	23. PRIOR AUTHORIZATION NUMBER	
I. J.	K. L. L.	10D2345678	
From To PLACE OF (E	OCEDURES, SERVICES, OR SUPPLIES Explain Unusual Circumstances) HCPCS MODIFIER POINTER	F. G. H. I. DAYS EFSDT OR Family ID. \$ CHARGES UNITS Plan QUAL	J. RENDERING PROVIDER ID. #
THE SECTION SHOWS THE SECTION SHOWS SHOW SHOWS	HOUSE MODIFICATION OF THE PROPERTY OF THE PROP	WOLLDES CHAIRS THAT GOVE	. THOUSERIES.
11 01 23 11 01 23 11 838	61 QW RT A	50 00 1 NPI	1234567890
11 01 23 11 01 23 11 838	61 QW LT A	50 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 DAT	TES RELATE	ED TO	CURRENT SERVICES MM DD YY
Dr. Trukera Medical	17b. NPI 1	234567890	FROM	- ''	ТО	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)			20. OUTSIDE LAB?		\$ C	HARGES
			YES X NO			
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	service line bel	low (24E) ICD Ind.	22. RESUBMISSION CODE	. ORIG	INAL R	EF. NO.
A. ICD-10 Code(s)	o.	D.				
E F	a. 📖	—— — н. L	23. PRIOR AUTHORIZATIO	N NUMBER		
·	<	L. L.				
From To PLACE OF (I		SERVICES, OR SUPPLIES al Circumstances) MODIFIER E. DIAGNOSIS POINTER	F. G DA O \$ CHARGES UN	G. H. AYS EPSDT DR Family ITTS Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
11 01 23 11 01 23 11 838	61 R	RT A	50 00 1		NPI	1234567890
11 01 23 11 01 23 11 838	61 LT	Т	50 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.

17a.		TED TO CURRENT SERVICES
17b. NPI 1234567890	FROM	ТО
	20. OUTSIDE LAB?	\$ CHARGES
	YES X NO	
service line below (24E) ICD Ind.	22. RESUBMISSION CODE ORI	GINAL REF. NO.
C D.		
	23. PRIOR AUTHORIZATION NUMBE	R
	10D2345678	
	F. G. H. DAYS EPSD	I. J. RENDERING
	\$ CHARGES UNITS Plan	QUAL. PROVIDER ID. #
61 QW A	100 00 2	NPI 1234567890
		NPI
()	o service line below (24E) C. D. H. K. L. ROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) MODIFIER DIAGNOSIS POINTER	The interpolation of the polar interpolation in

11.2023

Humana Medicare Advantage Plans: Humana requires additional modifiers. The CLIA number is required in box 23 with the **QW/RT/LT/59** with 2 lines of service, 1 unit per line

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATED TO	CURRENT SERVICES MM DD YY
Dr. Trukera Medical	17b. NPI 1234567890	FROM TO	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? \$ C	HARGES
		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 R	EE NO
A. ICD-10 Code(s)	C. D.	Officiality	
E. F.	G. L. H.	23. PRIOR AUTHORIZATION NUMBER	
J	K. L. L.	10D2345678	
From To PLACE OF (OCEDURES, SERVICES, OR SUPPLIES Explain Unusual Circumstances) HCPCS MODIFIER POINTER	F. G. H. I. DAYS EPSDT OR Family \$ CHARGES UNITS Plan QUAL.	J. RENDERING PROVIDER ID. #
IVIVI DD 11 WIVI DD 11 SERVICE ENG CF1/	MODIFIER POINTER	ONIIS PER QUAL.	PROVIDER ID. #
11 01 23 11 01 23 11 838	61 QW RT 59 A	50 00 1 NPI	1234567890
11 01 23 11 01 23 11 838	61 QW LT 59 A	50 00 1 NPI	1234567890

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

2023-2024 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

- 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

OKLAHOMA BILLING GUIDE



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

Reimbursement Support Specialist

Amanda Rotteck Fax: (858) 225-8749

Cell: (704) 928-9009 Email: arotteck@trukera.com

This guide addresses billing recommendation for:

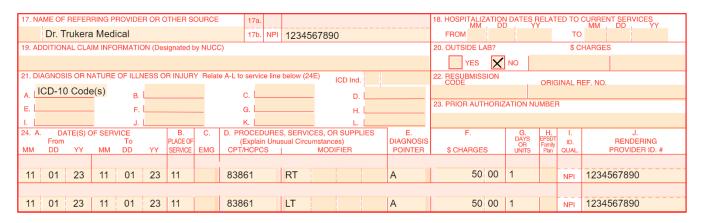
- <u>CPT Code 83861</u> is specific for "Microfluidic analysis utilizing an integrated collection and analysis device, tear osmolality."
- A covered service by <u>CMS Medicare</u> under the <u>Clinical Laboratory Fee Schedule</u>.
- <u>CLIA Certificate of Waiver</u> is required to perform and bill this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

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

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

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATE	ED TO CURRENT SERVICES
Dr. Trukera Medical	17b. NPI 1234567890	FROM	то
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB?	\$ CHARGES
	YES X NO		
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to s	service line below (24E) ICD Ind.	22. RESUBMISSION CODE . ORIGI	INAL REF. NO.
A. ICD-10 Code(s)	D	Grifali	TIVAL TILLET . TVO.
E F G	н. 🗀	23. PRIOR AUTHORIZATION NUMBER	
I J K		10D2345678	
From To PLACE OF (E	DCEDURES, SERVICES, OR SUPPLIES xplain Unusual Circumstances) HCPCS MODIFIER POINTER		I. J. ID. RENDERING QUAL. PROVIDER ID. #
WIN DD 11 WIN DD 11 SERVICE EWIG CF1/F	MODIFIER FOINTER	\$ CHARGES UNITS Plan	QUAL. PROVIDER ID. #
11 01 23 11 01 23 11 8386	O1 QW RT A	50 00 1	NPI 1234567890
11 01 23 11 01 23 11 8386	1 QW LT A	50 00 1	NPI 1234567890

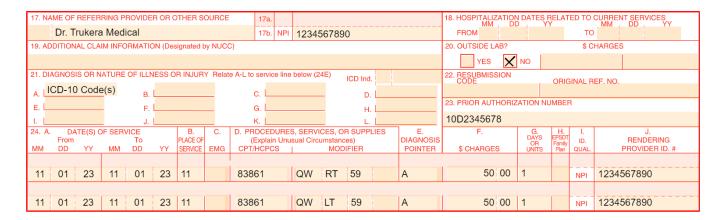
Most Commercial Plans: Note that the QW and CLIA # are not required.



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 O	THER SOURCE	17a.				18. HOSPITALIZATION		ELATED TO	CURRENT SERVICES MM DD YY
Dr. Trukera M	edical		17b. NPI	1234567890			FROM		TO	
19. ADDITIONAL CLAIM IN	FORMATION (Desi	gnated by NUC	C)				20. OUTSIDE LAB?		\$ (CHARGES
							YES 🗶	NO		
21. DIAGNOSIS OR NATU	RE OF ILLNESS OF	R INJURY Relat	e A-L to service line	e below (24E)	CD Ind.		22. RESUBMISSION CODE		ORIGINAL F	REE NO
A. ICD-10 Code(s)	В		с. 📖		D		0052		OTHIGHT/ILL	IEI : NO.
E. L	F. L		G		н. 🗀		23. PRIOR AUTHORIZ	ATION NUI	MBER	
I.	J.		К.		L.		10D2345678			
24. A. DATE(S) OF SI From	То	B. C. PLACE OF	(Explain Unu	S, SERVICES, OR usual Circumstances	s)	E. DIAGNOSIS	F.	G. DAYS OR	H. I. EPSDT ID. Family Plan QUAL.	J. RENDERING
MM DD YY M	M DD YY	SERVICE EMG	CPT/HCPCS	MODIF	IER	POINTER	\$ CHARGES	UNITS	Plan QUAL.	PROVIDER ID. #
11 01 23 1°	1 01 23	11	83861	QW		А	100 00	2	NPI	1234567890
									NPI	

Humana Medicare Advantage Plans: Humana requires additional modifiers. The CLIA number is required in box 23 with the **QW/RT/LT/59** with 2 lines of service, 1 unit per line.



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

2021-2024 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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- 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

- 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 is 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



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

Reimbursement Support Specialist

Bridget Bolles Fax: (858) 225-8749

Cell: (317) 797-7151 Email: bbolles@trukera.com

This guide addresses billing recommendation for:

- <u>CPT Code 83861</u> is specific for "Microfluidic analysis utilizing an integrated collection and analysis device, tear osmolality".
- A covered service by <u>CMS Medicare</u> under the <u>Clinical Laboratory Fee Schedule</u>.
- <u>CLIA Certificate of Waiver</u> is required to perform and bill this laboratory tests.
- Providers are encouraged to review <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
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 2nd	1
Providence Health Plan	2	RT/LT	1
Regence Blue	1	None	2
United Healthcare	1	QW	2
Aetna	2	RT/LT	1

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

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	18. HOSPITALIZATION DATES RELATED TO	CURRENT SERVICES MM DD YY	
Dr. Trukera Medical	17b. NPI 1234567890	FROM	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? \$0	CHARGES
	YES X NO		
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	service line below (24E) ICD Ind.	22. RESUBMISSION ORIGINAL I	REE NO
A. ICD-10 Code(s)	C D.	STIGHT/IE	1127.110.
E. L	G. H.	23. PRIOR AUTHORIZATION NUMBER	
I. J.	K. L. L.	10D2345678	
From To PLACE OF (E	OCEDURES, SERVICES, OR SUPPLIES Explain Unusual Circumstances) HCPCS MODIFIER POINTER	F. G. H. I. DAYS EFSDT OR Family ID. \$ CHARGES UNITS Plan QUAL	J. RENDERING PROVIDER ID. #
THE SECTION SHOWS THE SECTION SHOWS SHOW SHOWS	HOUSE MODIFICATION OF THE PROPERTY OF THE PROP	WOLLDES CHAIRS THAT GOVE	. THOUSERIES.
11 01 23 11 01 23 11 838	61 QW RT A	50 00 1 NPI	1234567890
11 01 23 11 01 23 11 838	61 QW LT A	50 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 DAT	TES RELATE	ED TO	CURRENT SERVICES MM DD YY
Dr. Trukera Medical	17b. NPI 1	234567890	FROM	- ''	ТО	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)			20. OUTSIDE LAB?		\$ C	HARGES
			YES X NO			
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)			22. RESUBMISSION CODE	. ORIG	INAL R	EF. NO.
A. ICD-10 Code(s)	o.	D.				
E F	a. 📖	<u> </u>	23. PRIOR AUTHORIZATIO	N NUMBER		
·	<	L. L.				
From To PLACE OF (I		SERVICES, OR SUPPLIES al Circumstances) MODIFIER E. DIAGNOSIS POINTER	F. G DA O \$ CHARGES UN	G. H. AYS EPSDT DR Family ITTS Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
11 01 23 11 01 23 11 838	61 R	RT A	50 00 1		NPI	1234567890
11 01 23 11 01 23 11 838	61 LT	Т	50 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 RELAT	ED TO CURRENT SERVICES
Dr. Trukera Medical	17b. NPI 1234567890	FROM	то
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB?	\$ CHARGES
		YES X NO	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	service line below (24E) ICD Ind.	22. RESUBMISSION CODE ORIG	GINAL REF. NO.
A. ICD-10 Code(s)	D. D.		
E F	а	23. PRIOR AUTHORIZATION NUMBER	3
I. L	C L.	10D2345678	
From To PLACE OF (DCEDURES, SERVICES, OR SUPPLIES xplain Unusual Circumstances) HCPCS MODIFIER POINTER	F. G. H. DAYS EPSDT OR Family \$ CHARGES UNITS Plan	I. J. ID. RENDERING QUAL. PROVIDER ID. #
WIN DD 11 WIN DD 11 SERVICE EWIG CF1/	NODITIEN FOINTEN	\$ CHARGES UNITS FIAIT	QUAL. PHOVIDEN ID. #
11 01 23 11 01 23 11 838	S1 QW A	100 00 2	NPI 1234567890
			NPI

11.2023

Humana Medicare Advantage Plans: Humana requires additional modifiers. The CLIA number is required in box 23 with the **QW/RT/LT/59** with 2 lines of service, 1 unit per line

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATED TO	CURRENT SERVICES MM DD YY
Dr. Trukera Medical	17b. NPI 1234567890	FROM TO	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? \$ C	HARGES
	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 R	EE NO
A. ICD-10 Code(s)	C. D.	Officiality	
E. F.	G. L. H.	23. PRIOR AUTHORIZATION NUMBER	
J. L.	K. L. L.	10D2345678	
From To PLACE OF (OCEDURES, SERVICES, OR SUPPLIES Explain Unusual Circumstances) HCPCS MODIFIER POINTER	F. G. H. I. DAYS EPSDT OR Family \$ CHARGES UNITS Plan QUAL.	J. RENDERING PROVIDER ID. #
IVIVI DD 11 WIVI DD 11 SERVICE ENG CF1/	MODIFIER POINTER	ONIIS PER QUAL.	PROVIDER ID. #
11 01 23 11 01 23 11 838	61 QW RT 59 A	50 00 1 NPI	1234567890
11 01 23 11 01 23 11 838	61 QW LT 59 A	50 00 1 NPI	1234567890

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

2023-2024 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

- 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 Trukera Reimbursement Support Center promptly at rsc@trukera.com for assistance

Reimbursement Support Specialist

Bridget Bolles Fax: (858) 225-8749

Cell: (317) 797-7151 Email: bbolles@trukera.com

This guide addresses billing recommendation for:

- <u>CPT Code 83861</u> is specific for "Microfluidic analysis utilizing an integrated collection and analysis device, tear osmolality".
- A covered service by <u>CMS Medicare</u> under the <u>Clinical Laboratory Fee Schedule</u>.
- <u>CLIA Certificate of Waiver</u> is required to perform and bill this laboratory tests.
- Providers are encouraged to review <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
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
Capital Blue	2	none	1

Pennsylvania Providers:

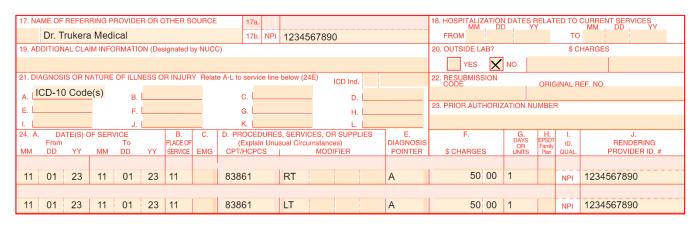
<u>Humana Commercial</u>: Will deny claim (<u>Diagnostic testing for dry eye syndrome is not separately</u> reimbursable).

Pennsylvania Medicaid: TearLab is a non-covered service

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

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATED TO (CURRENT SERVICES
Dr. Trukera Medical	17b. NPI 1234567890	FROM TO	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? \$ CI	HARGES
	YES X NO		
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	service line below (24E) ICD Ind.	22. RESUBMISSION ORIGINAL RI	FF NO
A. ICD-10 Code(s)	D. D.	J. 1.0.1.0.1.0.1.0.1.0.1.0.1.0.1.0.1.0.1.	
E F (a. H.	23. PRIOR AUTHORIZATION NUMBER	
I. L. J. L. P	C. L.	10D2345678	
From To PLACE OF (E	OCEDURES, SERVICES, OR SUPPLIES E. DIAGNOSIS	OR [Family] [J. RENDERING
MM DD YY MM DD YY SERVICE EMG CPT/H	HCPCS MODIFIER POINTER	\$ CHARGES UNITS Plan QUAL.	PROVIDER ID. #
44 04 00 44 04 00 44	OW DT	50 00 1	4004507000
11 01 23 11 01 23 11 8386	QW RT A	50 00 1 NPI	1234567890
11 01 23 11 01 23 11 8386	G1 QW LT A	50 00 1 NPI	1234567890

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



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	O CURRENT SERVICES
Dr. Trukera Medical	17b. NPI 1234567890		то
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? \$	CHARGES
		YES X NO	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	to service line below (24E) ICD Ind.	22. RESUBMISSION CODE ORIGINAL	REE NO
A. ICD-10 Code(s)	C. D.	STRUM, E	THEF. NO.
E F	G H.	23. PRIOR AUTHORIZATION NUMBER	
J. [K L	10D2345678	
From To PLACE OF (ROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) T/HCPCS MODIFIER POINTER	F. G. H. I. DAYS EPSDT ID. OR Family ID. \$ CHARGES UNITS Plan QUA	
	·		
11 01 23 11 01 23 11 838	861 QW A	100 00 2 NP	1234567890
		NP	1

Humana Medicare Advantage Plans: Humana requires additional modifiers. The CLIA number is required in box 23 with the **QW/RT/LT/59** with 2 lines of service, 1 unit per line

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATED TO	CURRENT SERVICES MM DD YY
Dr. Trukera Medical	17b. NPI 1234567890	FROM TO	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? \$ C	HARGES
		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 R	EE NO
A. ICD-10 Code(s)	C. D.	Officiality	
E. F.	G. L. H.	23. PRIOR AUTHORIZATION NUMBER	
J. L.	K. L. L.	10D2345678	
From To PLACE OF (OCEDURES, SERVICES, OR SUPPLIES Explain Unusual Circumstances) HCPCS MODIFIER POINTER	F. G. H. I. DAYS EPSDT OR Family \$ CHARGES UNITS Plan QUAL.	J. RENDERING PROVIDER ID. #
IVIVI DD 11 WIVI DD 11 SERVICE ENG CF1/	MODIFIER POINTER	ONIIS PER QUAL.	PROVIDER ID. #
11 01 23 11 01 23 11 838	61 QW RT 59 A	50 00 1 NPI	1234567890
11 01 23 11 01 23 11 838	61 QW LT 59 A	50 00 1 NPI	1234567890

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

2023-2024 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

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

RHODE ISLAND BILLING GUIDE



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

Reimbursement Support Specialist

Bridget Bolles Fax: (858) 225-8749

Cell: (317) 797-7151 Email: bbolles@trukera.com

This guide addresses billing recommendation for:

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

Rhode Island Providers:

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

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 REFERF	ING PROVIDER OF	OTHER SO	URCE	17a.					18. HOSPITALIZATION			ED TO	CURRENT SERVICES MM DD YY
Dr. Trukera	Medical			17b. NPI	12345	6789	0		FROM			TO	
19. ADDITIONAL CLAIR	M INFORMATION (esignated by	NUCC)	·					20. OUTSIDE LAB?			\$ C	HARGES
									YES 🗶	NO			
21. DIAGNOSIS OR NA	TURE OF ILLNESS	OR INJURY	Relate A-L to	service line	below (24	4E)	ICD Ind.		22. RESUBMISSION CODE		ORIG	INAL R	EF. NO.
A. ICD-10 Code	(s) B.). L			D.						
Е.	F. L		G	à. L			H. I		23. PRIOR AUTHORIZ	ATION N	JMBE	7	
I.	J. L		_	c			L		10D2345678				
24. A. DATE(S) OF From	То	B. PLACE OF	(E	xplain Unu		ımstand		E. DIAGNOSIS		G. DAYS OR	H. EPSDT Family	I. ID.	J. RENDERING
MM DD YY	MM DD YY	SERVICE I	EMG CPT/H	HCPCS		MOD	IFIER	POINTER	\$ CHARGES	UNITS	Plan	QUAL.	PROVIDER ID. #
11 01 23	11 01 23	11	8386	61	QW	RT		A	50 00	1		NPI	1234567890
11 01 23	11 01 23	3 11	8386	61	QW	LT		Α	50 00	1		NPI	1234567890
												11.20	023

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

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.					18. HOSPITALIZ	ATION	DATES F	RELAT	ED TO	CURRENT SERVICES MM DD YY
Dr. Trukera Medical	17b.	NPI	1234567890			FROM				TO	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)						20. OUTSIDE L	AB?			\$ C	HARGES
						YES	×	NO			
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	servic	e line b	below (24E) ICD	Ind.		22. RESUBMISS	SION		ORIG	INAL R	EF. NO.
A. ICD-10 Code(s)	с. 📙			D. L							
E. F. L.	g. 崖			н. I		23. PRIOR AUT	HORIZ	ATION NU	JMBEF	7	
J. L.	к. 崖			L. L							
From To PLACE OF (I		Unus	, SERVICES, OR St ual Circumstances) MODIFIE		E. DIAGNOSIS POINTER	F. \$ CHARGE	s	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
						V 0111110		014110	1	0,070	
11 01 23 11 01 23 11 838	61		RT		А	50	00	1		NPI	1234567890
11 01 23 11 01 23 11 838	61		LT		А	50	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
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? \$ CHARGES
		YES NO
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	service line below (24E) ICD Ind.	22. RESUBMISSION . ORIGINAL REF. NO.
A. ICD-10 Code(s)	C. D.	O Hall VIETNO.
E	G H.	23. PRIOR AUTHORIZATION NUMBER
J	K	10D2345678
From To PLACE OF (I	ROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) (HCPCS MODIFIER POINTER	F. G. H. I. J. DAYS ESDI ID. RENDERING OR Family S CHARGES UNITS Plan QUAL. PROVIDER ID. #
		0.11.0 1.01
11 01 23 11 01 23 11 838	61 QW A	100 00 2 NPI 1234567890
		NPI

Humana Medicare Advantage Plans: Humana requires additional modifiers. The CLIA number is required in box 23 with the **QW/RT/LT/59** with 2 lines of service, 1 unit per line

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATED TO	CURRENT SERVICES MM DD YY
Dr. Trukera Medical	17b. NPI 1234567890	FROM TO	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? \$ C	HARGES
		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 R	EE NO
A. ICD-10 Code(s)	C. D.	Officiality	
E. F.	G. L. H.	23. PRIOR AUTHORIZATION NUMBER	
J. L.	K. L. L.	10D2345678	
From To PLACE OF (OCEDURES, SERVICES, OR SUPPLIES Explain Unusual Circumstances) HCPCS MODIFIER POINTER	F. G. H. I. DAYS EPSDT OR Family \$ CHARGES UNITS Plan QUAL.	J. RENDERING PROVIDER ID. #
IVIVI DD 11 WIVI DD 11 SERVICE ENG CF1/	MODIFIER POINTER	ONIIS PER QUAL.	PROVIDER ID. #
11 01 23 11 01 23 11 838	61 QW RT 59 A	50 00 1 NPI	1234567890
11 01 23 11 01 23 11 838	61 QW LT 59 A	50 00 1 NPI	1234567890

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

2023-2024 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

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

SOUTH CAROLINA BILLING GUIDE



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

Reimbursement Support Specialist

Amanda Rotteck Fax: (858) 225-8749

Cell: (704) 928-9009 Email: arotteck@trukera.com

This guide addresses billing recommendation for:

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

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

<u>Humana Commercial</u>: Will deny claim (<u>Diagnostic testing for dry eye syndrome is not separately reimbursable</u>). <u>South Carolina Medicaid</u>: CLIA # / NPI need to be loaded through Provider Enrollment before processing claims.

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

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a. 1	18. HOSPITALIZATION DATES I	RELATED TO CURRENT SERVICES
Dr. Trukera Medical	17b. NPI 1234567890	FROM	то
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB?	\$ CHARGES
		YES X NO	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	service line below (24E) ICD Ind.	22. RESUBMISSION CODE	ORIGINAL REF. NO.
A. ICD-10 Code(s)	C. D.		
E F G	g /	23. PRIOR AUTHORIZATION N	JMBER
I. L. J. L. P		10D2345678	
From To PLACE OF (E	OCEDURES, SERVICES, OR SUPPLIES Explain Unusual Circumstances) E. DIAGNOSIS	F. G. DAYS OR	H. I. J. EPSDT ID. RENDERING PROVIDER ID. #
MM DD YY MM DD YY SERVICE EMG CPT/H	HCPCS MODIFIER POINTER	\$ CHARGES UNITS	Plan QUAL. PROVIDER ID. #
11 01 23 11 01 23 11 8386	61 QW RT A	50 00 1	NPI 1234567890
11 01 23 11 01 23 11 8386	61 QW LT A	50 00 1	NPI 1234567890

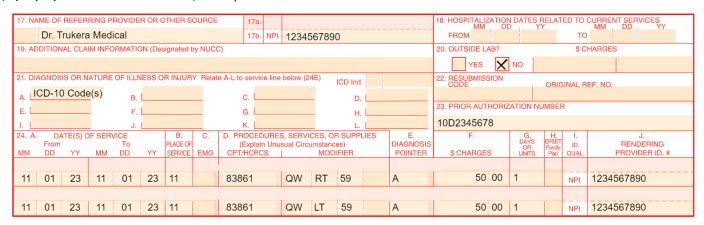
Most Commercial Plans: Note that the QW and CLIA # are not required.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELAT	ED TO CURRENT SERVICES
Dr. Trukera Medical	17b. NPI 1234567890	FROM	то
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB?	\$ CHARGES
		YES X NO	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	service line below (24E) ICD Ind.	22. RESUBMISSION CODE ORIG	SINAL REF. NO.
A. ICD-10 Code(s)	C	51	
E F	G. H.	23. PRIOR AUTHORIZATION NUMBER	3
I. L. J. L.	K. L. L.		
From To PLACE OF (E	OCEDURES, SERVICES, OR SUPPLIES Explain Unusual Circumstances) E. DIAGNOSIS	F. G. H. DAYS EPSDT OR Family	I. J. ID. RENDERING
MM DD YY MM DD YY SERVICE EMG CPT/	HCPCS MODIFIER POINTER	\$ CHARGES UNITS Plan	QUAL. PROVIDER ID. #
11 01 23 11 01 23 11 838	61 RT A	50 00 1	NPI 1234567890
11 01 23 11 01 23 11 838	61 LT A	50 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 RELATE	ED TO CURRENT SERVICES MM DD YY
Dr. Trukera Medical	17b. NPI 1234567890	FROM	то
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB?	\$ CHARGES
		YES X NO	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	service line below (24E) ICD Ind.	22. RESUBMISSION CODE . ORIGI	INAL REF. NO.
A. ICD-10 Code(s)	C	5,1101	
E F	G H. I	23. PRIOR AUTHORIZATION NUMBER	3
J	K. L. L.	10D2345678	
From To PLACE OF (I	OCEDURES, SERVICES, OR SUPPLIES Explain Unusual Circumstances) HCPCS MODIFIER E. DIAGNOSIS POINTER	F. G. H. DAYS EPSDT OR Family \$ CHARGES UNITS Plan	I. J. ID. RENDERING QUAL. PROVIDER ID. #
11 01 23 11 01 23 11 838	61 QW A	100 00 2	NPI 1234567890
			NPI

Humana Medicare Advantage Plans: Humana requires additional modifiers. The CLIA number is required in box 23 with the **QW/RT/LT/59** with 2 lines of service, 1 unit per line.



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

2021-2024 Clinical Laboratory Fee Schedule (CLFS) Rate: \$22.48 per test (\$44.96 per patient)

Sequestration Withhold

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Medicare CMS Part B

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

Billing Software Requirements

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

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

- 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 is 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



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Reimbursement Support Specialist

Bridget Bolles Fax: (858) 225-8749

Cell: (317) 797-7151 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 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 <u>procedure discounts</u> 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/L/59	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

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

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES
Dr. Trukera Medical	17b. NPI 1234567890	FROM TO
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? \$ CHARGES
		YES NO
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	service line below (24E) ICD Ind.	22. RESUBMISSION CODE ORIGINAL REF. NO.
A. ICD-10 Code(s)	D. D.	
E F (э	23. PRIOR AUTHORIZATION NUMBER
I. J.	C. L.	10D2345678
From To PLACE OF (E	DCEDURES, SERVICES, OR SUPPLIES Explain Unusual Circumstances) HCPCS MODIFIER POINTER	F. G. H. I. J. DAYS EPSOT ID. RENDERING S CHARGES UNITS Pinn QUAL. PROVIDER ID. #
11 01 23 11 01 23 11 8386	G1 QW RT A	50 00 1 NPI 1234567890
11 01 23 11 01 23 11 8386	G1 QW LT A	50 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	O CURRENT SERVICES	
Dr. Trukera Medical	17b. NPI 1234567890		то	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? \$	CHARGES	
		YES X NO		
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	service line below (24E) ICD Ind.	22. RESUBMISSION CODE ORIGINAL	. REF. NO.	
A. ICD-10 Code(s)	C D			
E F	g н	23. PRIOR AUTHORIZATION NUMBER		
3.	к			
From To PLACE OF (I	OCEDURES, SERVICES, OR SUPPLIES E. Explain Unusual Circumstances) DIAGNOSIS HCPCS I MODIFIER POINTER	F. G. H. I. DAYS EPSDT ID. OR Family S CHARGES UNITS Plan QUAI		
11 01 23 11 01 23 11 838	61 RT A	50 00 1 NPI	1234567890	
11 01 23 11 01 23 11 838	61 LT A	50 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 THE STATE OF THE STA	TED TO CURRENT SERVICES MM DD YY
Dr. Trukera Medical	17b. NPI 1234567890	FROM	то
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB?	\$ CHARGES
		YES X NO	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	service line below (24E) ICD Ind.	22. RESUBMISSION CODE ORI	GINAL REF. NO.
A. ICD-10 Code(s)	D. D.		
E (н.	23. PRIOR AUTHORIZATION NUMBE	R
I. J. L		10D2345678	
From To PLACE OF (E	CCEDURES, SERVICES, OR SUPPLIES xplain Unusual Circumstances) CPCS MODIFIER POINTER	F. G. H. DAYS EPSD OR Family \$ CHARGES UNITS Plan	I. J. T ID. RENDERING QUAL. PROVIDER ID. #
MINI DD 11 MINI DD 11 SERVICE EMG CF1/1	MODIFIER POINTER	TOTANGES UNITS Plan	QUAL. PROVIDER ID. #
11 01 23 11 01 23 11 8386	1 QW A	100 00 2	NPI 1234567890
			NPI

11.2023

Humana Medicare Advantage Plans: Humana requires additional modifiers. The CLIA number is required in box 23 with the **QW/RT/LT/59** with 2 lines of service, 1 unit per line

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.				18. HOSPITALIZATION	DATES R	ELATED TO	CURRENT SERVICES MM DD YY
Dr. Trukera Medical	17b. NPI	1234567890	0		FROM		тс	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC					20. OUTSIDE LAB?		\$ C	CHARGES
					YES 🗶	NO		
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate	A-L to service line	below (24E)	ICD Ind.		22. RESUBMISSION CODE		ORIGINAL F	REE NO
A. ICD-10 Code(s)	С.		D.		0002		ST. II SHAFET	
E F	G. L		н. I		23. PRIOR AUTHORIZ	ATION NU	MBER	
I. L	K		L		10D2345678			
24. A. DATE(S) OF SERVICE B. C. From To PLACE OF MM DD YY MM DD YY SERVICE EMG	D. PROCEDURES (Explain Unus CPT/HCPCS	S, SERVICES, OF sual Circumstance MODI	es)	E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OR UNITS	H. I. EPSDT Family ID. Plan QUAL.	J. RENDERING PROVIDER ID. #
WIN DD 11 WIN DD 11 SERVICE EWG	CF1/HOFO3	IWIODI	II IEN	POINTER	\$ CHARGES	UNITS	Pall QUAL.	PHOVIDEN ID. #
11 01 23 11 01 23 11	83861	QW RT	59	А	50 00	1	NPI	1234567890
11 01 23 11 01 23 11	83861	QW LT	59	А	50 00	1	NPI	1234567890

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

2023-2024 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

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

TENNESSEE BILLING GUIDE



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

Reimbursement Support Specialist

Amanda Rotteck Fax: (858) 225-8749

Cell: (704) 928-9009 Email: arotteck@trukera.com

This guide addresses billing recommendation for:

- <u>CPT Code 83861</u> is specific for "Microfluidic analysis utilizing an integrated collection and analysis device, tear osmolality".
- A covered service by <u>CMS Medicare</u> under the <u>Clinical Laboratory Fee Schedule</u>.
- <u>CLIA Certificate of Waiver</u> is required to perform and bill this laboratory tests.
- Providers are encouraged to review payor-provider contracts for rate and claim submission requirements.
- Medical Necessity requires current signs or symptoms of disease at time of test.
- Frequency of testing is based on Medical Necessity as determined by the clinician.
- Laboratory Test multiple <u>procedure discounts</u> 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	1
Medicare	2	QW/RT/LT	1
UHC Community Plan	1	QW	2
United Healthcare	1	QW	2
Aetna	2	RT/LT	1

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

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATED TO	CURRENT SERVICES MM DD YY	
Dr. Trukera Medical	17b. NPI 1234567890	FROM		
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? \$ 0	CHARGES	
		YES X NO		
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	service line below (24E) ICD Ind.	22. RESUBMISSION ORIGINAL F	REF. NO.	
A. ICD-10 Code(s)	D. D.			
E. F. C.	Э	23. PRIOR AUTHORIZATION NUMBER		
I. L. J. L. P	C	10D2345678		
From To PLACE OF (E	DCEDURES, SERVICES, OR SUPPLIES Explain Unusual Circumstances) DIAGNOSIS	I OR I Family I ·-·	J. RENDERING	
MM DD YY MM DD YY SERVICE EMG CPT/H	HCPCS MODIFIER POINTER	\$ CHARGES UNITS Plan QUAL.	PROVIDER ID. #	
11 01 23 11 01 23 11 8386	ON RT A	50 00 1 NPI	1234567890	
11 01 23 11 01 23 11 8386	G1 QW LT A	50 00 1 NPI	1234567890	

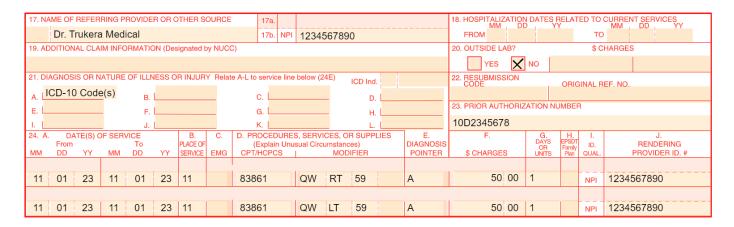
Most Commercial Plans: Note that the QW and CLIA # are not required.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	OF REFERRING PROVIDER OR OTHER SOURCE 17a. 18			18. HOSPITALIZATION	N DATES I	RELAT	ED TO	CURRENT SERVICES MM DD YY	
Dr. Trukera Medical	17b. N	12345	67890		FROM			TC	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		'			20. OUTSIDE LAB?			\$ C	HARGES
					YES 🗶	NO			
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	service	ne below (24	^{4E)} ICD Ind.		22. RESUBMISSION CODE		ORIG	INAL F	REF. NO.
A. ICD-10 Code(s)	с. 📖		_ D						
E	g. 📖		_ н. 🗀		23. PRIOR AUTHORIZATION NUMBER				
I. J.	K		L						
From To PLACE OF (E		RES, SERVIO nusual Circu I	CES, OR SUPPLIES imstances) MODIFIER	E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
		'							
11 01 23 11 01 23 11 838	61	RT		A	50 00	1		NPI	1234567890
11 01 23 11 01 23 11 838	61	LT		A	50 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 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)	D. D.	S. W.		
E F	э	23. PRIOR AUTHORIZATION NUMBER		
J	<	10D2345678		
From To PLACE OF (OCEDURES, SERVICES, OR SUPPLIES Explain Unusual Circumstances) HCPCS MODIFIER E. DIAGNOSIS POINTER	F. G. H. I. J. DAYS EPSOT ID. RENDERING SCHARGES UNITS Pain QUAL. PROVIDER ID. #		
11 01 23 11 01 23 11 838	61 QW A	100 00 2 NPI 1234567890		
		NPI		

Humana Medicare Advantage Plans: Humana requires additional modifiers. The CLIA number is required in box 23 with the **QW/RT/LT/59** with 2 lines of service, 1 unit per line.



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

2021-2024 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

- 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 is 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



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

Reimbursement Support Specialist

Amanda Rotteck Fax: (858) 225-8749

Cell: (704) 928-9009 Email: arotteck@trukera.com

This guide addresses billing recommendation for:

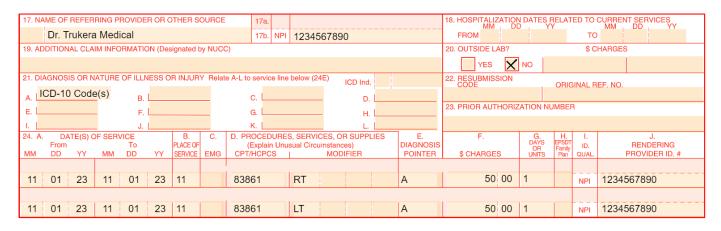
- <u>CPT Code 83861</u> is specific for "Microfluidic analysis utilizing an integrated collection and analysis device, tear osmolality."
- A covered service by <u>CMS Medicare</u> under the <u>Clinical Laboratory Fee Schedule</u>.
- <u>CLIA Certificate of Waiver</u> is required to perform and bill this laboratory tests.
- Providers are encouraged to review payor-provider contracts for rate and claim submission requirements.
- Medical Necessity requires current signs or symptoms of disease at time of test.
- Frequency of testing is based on Medical Necessity as determined by the clinician.
- Laboratory Test multiple <u>procedure discounts</u> 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	1
Medicare	2	QW/RT/LT	1
Scott & White	2	RT/LT	1
United Healthcare	1	QW	2
UHC Community Plan	1	QW	2

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

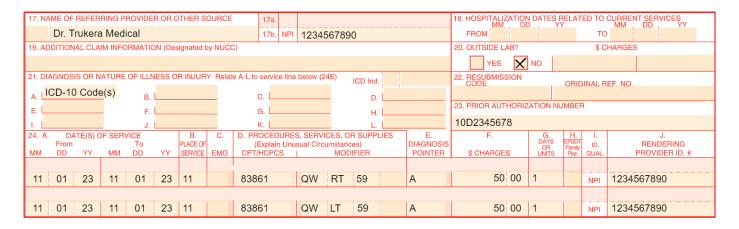
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATED TO CURRENT S	SERVICES
Dr. Trukera Medical	17b. NPI 1234567890	FROM TO	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? \$ CHARGES	
		YES X NO	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	service line below (24E) ICD Ind.	22. RESUBMISSION CODE . ORIGINAL REF. NO.	
A. ICD-10 Code(s)	C. D.		
E F	g	23. PRIOR AUTHORIZATION NUMBER	
I. L. J. L. F	K. L. L.	10D2345678	
From To PLACE OF (E	OCEDURES, SERVICES, OR SUPPLIES Explain Unusual Circumstances) E. DIAGNOSIS	I OR IFAMINI I	J. ENDERING
MM DD YY MM DD YY SERVICE EMG CPT/I	HCPCS MODIFIER POINTER	\$ CHARGES UNITS Plan QUAL. PRO	OVIDER ID. #
11 01 23 11 01 23 11 8386	61 QW RT A	50 00 1 NPI 1234567	7890
11 01 23 11 01 23 11 8386	61 QW LT A	50 00 1 NPI 1234567	7890

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	O CURRENT SERVICES MM DD YY
Dr. Trukera Medical	17b. NPI 1234567890		го
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	REE NO
A. ICD-10 Code(s)	D	0, 11d.11 v.12	
E F	э. Ц	23. PRIOR AUTHORIZATION NUMBER	
J	C. L. L.	10D2345678	
	DCEDURES, SERVICES, OR SUPPLIES E. Explain Unusual Circumstances) DIAGNOSIS	F. G. H. I. DAYS EPSDT OR Family ID.	J. RENDERING
	HCPCS MODIFIER POINTER	\$ CHARGES OR Family ID. Plan QUAL	
11 01 23 11 01 23 11 838	61 QW A	100 00 2 NPI	1234567890
		NPI	

Humana Medicare Advantage Plans: Humana requires additional modifiers. The CLIA number is required in box 23 with the **QW/RT/LT/59** with 2 lines of service, 1 unit per line.



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

2021-2024 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

- 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 is 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



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

Reimbursement Support Specialist

Amanda Rotteck Fax: (858) 225-8749

Cell: (704) 928-9009 Email: arotteck@trukera.com

This guide addresses billing recommendation for:

- <u>CPT Code 83861</u> is specific for "Microfluidic analysis utilizing an integrated collection and analysis device, tear osmolality."
- A covered service by <u>CMS Medicare</u> under the <u>Clinical Laboratory Fee Schedule</u>.
- CLIA Certificate of Waiver 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
Aetna	2	RT/LT	1
Cigna	2	RT/LT	1
EMI Health	2	RT/LT	1
HealthNet	2	QW/RT/LT	1
Medicaid UT	2	QW/RT/LT	1
Medicare	2	QW/RT/LT	1
Molina	1	QW	2
Public Employees Health Plan (PEHP)	2	RT/LT	1
Regence Blue	2	RT/LT	1
SelectHealth	2	RT/LT	1
United Healthcare	1	QW	2
University of Utah Health Plans	2	RT/LT	2

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

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATED TO CURRENT SERV	ICES VV
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 ORIGINAL REF. NO.	
A. ICD-10 Code(s)	D		
E F (а. <u></u>	23. PRIOR AUTHORIZATION NUMBER	
I. J.		10D2345678	
From To PLACE OF (E	DCEDURES, SERVICES, OR SUPPLIES xplain Unusual Circumstances) HCPCS I MODIFIER POINTER	F. G. H. I. J DAYS EPSDIT ID. RENDI \$ CHARGES UNITS Plan QUAL. PROVID	ERING ER ID. #
INIVIOLE ENGLISHED TO SERVICE ENGLISHED	IST CO MODIFICATION TO INTERT	ONIS TIME GOAL. THOUSE	ETTID. II
11 01 23 11 01 23 11 8386	O1 QW RT A	50 00 1 NPI 123456789	0
11 01 23 11 01 23 11 8386	O QW LT A	50 00 1 NPI 123456789	0

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

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES REL	ATED TO CURRENT SERVICES
Dr. Trukera Medical	17b. NPI 1234567890	FROM	то
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB?	\$ CHARGES
		YES X NO	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	service line below (24E) ICD Ind.	22. RESUBMISSION CODE . OF	RIGINAL REF. NO.
A. ICD-10 Code(s)	D. D.		
E. L	э. 🗀	23. PRIOR AUTHORIZATION NUMB	BER
l J	K		
	OCEDURES, SERVICES, OR SUPPLIES E. Explain Unusual Circumstances) DIAGNOSIS	F. G. H DAYS EPS OR Fan	H. I. J. SDT ID. RENDERING
	HCPCS MODIFIER POINTER	\$ CHARGES UNITS Pla	an QUAL. PROVIDER ID. #
11 01 23 11 01 23 11 838	61 RT A	50 00 1	NPI 1234567890
11 01 23 11 01 23 11 838	61 LT A	50 00 1	NPI 1234567890

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATED TO CURRENT SE	RVICES
Dr. Trukera Medical	17b. NPI 1234567890	FROM 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 t	L to service line below (24E) ICD Ind.	22. RESUBMISSION ORIGINAL REF. NO.	
A. ICD-10 Code(s)	C. D.	STRUTTURE THE THE	
E	G	23. PRIOR AUTHORIZATION NUMBER	
J	K	10D2345678	
	PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) E. DIAGNOSIS	F. G. H. I. DAYS EPSDT ID. REN \$ CHARGES UNITS Plan QUAL. PRO\	J. NDERING
	PT/HCPCS MODIFIER POINTER	\$ CHARGES UNITS Plan QUAL. PRO\	VIDER ID. #
11 01 23 11 01 23 11 838	3861 QW A	100 00 2 NPI 12345678	390
		NPI	

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

2021-2024 Clinical Laboratory Fee Schedule (CLFS) Rate: \$22.48 per test (\$44.96 per patient)

Sequestration Withhold

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

Medicare CMS Part B

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

Billing Software Requirements

- ANSI 5010 E-claim Crosswalk

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

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

Common Notification Reasons for Medicare Denials

- MA 120 Did not complete or enter accurately the CLIA number.
- MA 130 Your claim contains incomplete and/or invalid information, and no appeal rights are afforded because the claim is 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



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

Reimbursement Support Specialist

Bridget Bolles Fax: (858) 225-8749

Cell: (317) 797-7151 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
Anthem	2	RT/LT	1
Humana Medicare	2	QW/RT/LT/59	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: Provider fax CLIA to 802.878.3440 Att: Enrollment

Premier: If billing bilateral modifier 50 is need.

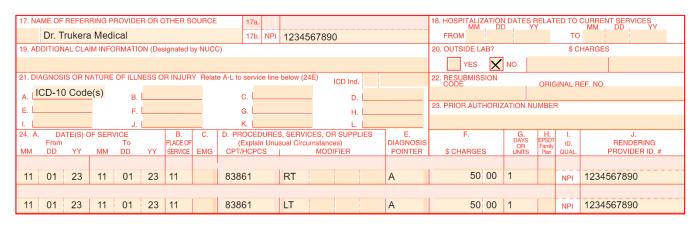
Humana Commercial: Will deny claim (Diagnostic testing for dry eye syndrome is not

separately reimbursable).

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

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATED TO (CURRENT SERVICES
Dr. Trukera Medical	17b. NPI 1234567890	FROM TO	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? \$ CI	HARGES
		YES X NO	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	service line below (24E) ICD Ind.	22. RESUBMISSION ORIGINAL RI	FF NO
A. ICD-10 Code(s)	D. D.	J. 1.0.1.0.1.0.1.0.1.0.1.0.1.0.1.0.1.0.1.	
E F (a. H.	23. PRIOR AUTHORIZATION NUMBER	
I. L. J. L. P	C. L.	10D2345678	
From To PLACE OF (E	OCEDURES, SERVICES, OR SUPPLIES E. DIAGNOSIS	OR [Family] [J. RENDERING
MM DD YY MM DD YY SERVICE EMG CPT/H	HCPCS MODIFIER POINTER	\$ CHARGES UNITS Plan QUAL.	PROVIDER ID. #
44 04 00 44 04 00 44	OW DT	50 00 1	4004507000
11 01 23 11 01 23 11 8386	QW RT A	50 00 1 NPI	1234567890
11 01 23 11 01 23 11 8386	G1 QW LT A	50 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	O CURRENT SERVICES
Dr. Trukera Medical	17b. NPI 1234567890		то
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? \$	CHARGES
		YES X NO	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	to service line below (24E) ICD Ind.	22. RESUBMISSION CODE ORIGINAL	REE NO
A. ICD-10 Code(s)	C. D.	STRUM, E	THEF. NO.
E F	G H.	23. PRIOR AUTHORIZATION NUMBER	
J. [K L	10D2345678	
From To PLACE OF (ROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) T/HCPCS MODIFIER POINTER	F. G. H. I. DAYS EPSDT ID. OR Family ID. \$ CHARGES UNITS Plan QUA	
	·		
11 01 23 11 01 23 11 838	861 QW A	100 00 2 NP	1234567890
		NP	1

Humana Medicare Advantage Plans: Humana requires additional modifiers. The CLIA number is required in box 23 with the **QW/RT/LT/59** with 2 lines of service, 1 unit per line

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATED TO	CURRENT SERVICES MM DD YY
Dr. Trukera Medical	17b. NPI 1234567890	FROM TO	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? \$ C	HARGES
		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 R	EE NO
A. ICD-10 Code(s)	C. D.	OTHER TO	
E. F.	G. L. H.	23. PRIOR AUTHORIZATION NUMBER	
J	K. L. L.	10D2345678	
From To PLACE OF (OCEDURES, SERVICES, OR SUPPLIES Explain Unusual Circumstances) HCPCS MODIFIER POINTER	F. G. H. I. DAYS EPSDT OR Family \$ CHARGES UNITS Plan QUAL.	J. RENDERING PROVIDER ID. #
IVIVI DD 11 WIVI DD 11 SERVICE ENG CF1/	MODIFIER POINTER	ONIIS PER QUAL.	PROVIDER ID. #
11 01 23 11 01 23 11 838	61 QW RT 59 A	50 00 1 NPI	1234567890
11 01 23 11 01 23 11 838	61 QW LT 59 A	50 00 1 NPI	1234567890

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

2023-2024 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

- 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

VIRGINIA BILLING GUIDE



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

Reimbursement Support Specialist

Bridget Bolles Fax: (858) 225-8749

Cell: (317) 797-7151 Email: bbolles@trukera.com

This guide addresses billing recommendation for:

- <u>CPT Code 83861</u> is specific for "Microfluidic analysis utilizing an integrated collection and analysis device, tear osmolality".
- A covered service by <u>CMS Medicare</u> under the <u>Clinical Laboratory Fee Schedule</u>.
- <u>CLIA Certificate of Waiver</u> is required to perform and bill this laboratory tests.
- Providers are encouraged to review <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
Anthem	2	RT/LT	1
Humana Medicare	2	QW/RT/LT/59	1
Aetna	2	RT/LT	1
United HC/ UHC Community	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
Virginia Medicaid	1	QW	2

Virginia Providers:

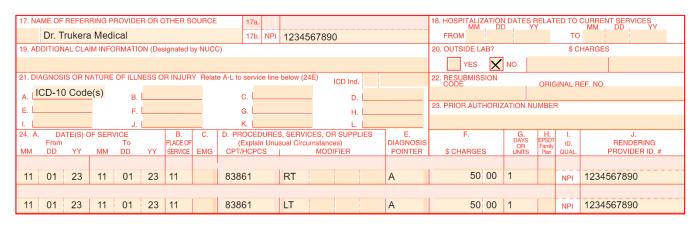
<u>Humana Commercial</u>: Will deny claim (<u>Diagnostic testing for dry eye syndrome is not separately reimbursable</u>).

Premier: If billed as bilateral use a modifier 50

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

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATED TO (CURRENT SERVICES
Dr. Trukera Medical	17b. NPI 1234567890	FROM TO	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? \$ CI	HARGES
		YES X NO	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	22. RESUBMISSION ORIGINAL RI	FF NO	
A. ICD-10 Code(s)	D. D.	J. 1.0.1.0.1.0.1.0.1.0.1.0.1.0.1.0.1.0.1.	
E F (a. H.	23. PRIOR AUTHORIZATION NUMBER	
I. L. J. L. P	C. L.	10D2345678	
From To PLACE OF (E	OCEDURES, SERVICES, OR SUPPLIES E. DIAGNOSIS	OR [Family] [J. RENDERING
MM DD YY MM DD YY SERVICE EMG CPT/H	HCPCS MODIFIER POINTER	\$ CHARGES UNITS Plan QUAL.	PROVIDER ID. #
44 04 00 44 04 00 44	OW DT	50 00 1	4004507000
11 01 23 11 01 23 11 8386	QW RT A	50 00 1 NPI	1234567890
11 01 23 11 01 23 11 8386	G1 QW LT A	50 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	O CURRENT SERVICES
Dr. Trukera Medical	17b. NPI 1234567890		то
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? \$	CHARGES
		YES X NO	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	to service line below (24E) ICD Ind.	22. RESUBMISSION CODE ORIGINAL	REE NO
A. ICD-10 Code(s)	C. D.	STRUM, E	THEF. NO.
E F	G H.	23. PRIOR AUTHORIZATION NUMBER	
J. [K L	10D2345678	
From To PLACE OF (ROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) T/HCPCS MODIFIER POINTER	F. G. H. I. DAYS EPSDT ID. OR Family ID. \$ CHARGES UNITS Plan QUA	
	·		
11 01 23 11 01 23 11 838	861 QW A	100 00 2 NP	1234567890
		NP	1

Humana Medicare Advantage Plans: Humana requires additional modifiers. The CLIA number is required in box 23 with the **QW/RT/LT/59** with 2 lines of service, 1 unit per line

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATED TO	CURRENT SERVICES MM DD YY
Dr. Trukera Medical	17b. NPI 1234567890	FROM TO	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? \$ C	HARGES
		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 R	EE NO
A. ICD-10 Code(s)	C. D.	OTHER TO	
E. F.	G. L. H.	23. PRIOR AUTHORIZATION NUMBER	
J	K. L. L.	10D2345678	
From To PLACE OF (OCEDURES, SERVICES, OR SUPPLIES Explain Unusual Circumstances) HCPCS MODIFIER POINTER	F. G. H. I. DAYS EPSDT OR Family \$ CHARGES UNITS Plan QUAL.	J. RENDERING PROVIDER ID. #
IVIVI DD 11 WIVI DD 11 SERVICE ENG CF1/	MODIFIER POINTER	ONIIS PER QUAL.	PROVIDER ID. #
11 01 23 11 01 23 11 838	61 QW RT 59 A	50 00 1 NPI	1234567890
11 01 23 11 01 23 11 838	61 QW LT 59 A	50 00 1 NPI	1234567890

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

2023-2024 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

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

WASHINGTON BILLING GUIDE



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

Reimbursement Support Specialist

Bridget Bolles Fax: (858) 225-8749

Cell: (317) 797-7151 Email: bbolles@trukera.com

This guide addresses billing recommendation for:

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- A covered service by <u>CMS Medicare</u> under the <u>Clinical Laboratory Fee Schedule</u>.
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- 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
Aetna	2	RT/LT	1
BCBS Federal Employee Plan	2	RT/LT	1
Cigna	2	RT/LT	1
Coordinated Care Health Plan	2	RT/LT	1
HealthNet	2	QW/RT/LT	1
Medicare	2	QW/RT/LT	1
Molina	1	QW	2
Premera Blue Cross	1	None	2
Regence Blue Cross	1	None	2
UHC Community Plan/UHC	1	QW	2
Humana Medicare Advantage	2	QW/RT/LT/59	1

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

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES
Dr. Trukera Medical	17b. NPI 1234567890	FROM TO
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? \$ CHARGES
		YES NO
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	service line below (24E) ICD Ind.	22. RESUBMISSION CODE ORIGINAL REF. NO.
A. ICD-10 Code(s)	D. D.	
E F (э	23. PRIOR AUTHORIZATION NUMBER
I. J.	C. L.	10D2345678
From To PLACE OF (E	DCEDURES, SERVICES, OR SUPPLIES Explain Unusual Circumstances) HCPCS MODIFIER POINTER	F. G. H. I. J. DAYS EPSOT ID. RENDERING S CHARGES UNITS Plan QUAL. PROVIDER ID. #
11 01 23 11 01 23 11 8386	G1 QW RT A	50 00 1 NPI 1234567890
11 01 23 11 01 23 11 8386	G1 QW LT A	50 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 DAT	TES RELATE	ED TO	CURRENT SERVICES MM DD YY
Dr. Trukera Medical	17b. NPI 1	234567890	FROM	- ''	ТО	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)			20. OUTSIDE LAB?		\$ C	HARGES
			YES X NO			
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	service line bel	low (24E) ICD Ind.	22. RESUBMISSION CODE	. ORIG	INAL R	EF. NO.
A. ICD-10 Code(s)	o.	D.				
E F	a. 📖	—— — н. L	23. PRIOR AUTHORIZATIO	N NUMBER		
·	<	L. L.				
From To PLACE OF (I		SERVICES, OR SUPPLIES al Circumstances) MODIFIER E. DIAGNOSIS POINTER	F. G DA O \$ CHARGES UN	G. H. AYS EPSDT DR Family ITTS Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
11 01 23 11 01 23 11 838	61 R	RT A	50 00 1		NPI	1234567890
11 01 23 11 01 23 11 838	61 LT	Т	50 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 RELAT	ED TO CURRENT SERVICES
Dr. Trukera Medical	17b. NPI 1234567890	FROM	то
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB?	\$ CHARGES
		YES X NO	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	service line below (24E) ICD Ind.	22. RESUBMISSION CODE ORIG	GINAL REF. NO.
A. ICD-10 Code(s)	D. D.		
E F	а	23. PRIOR AUTHORIZATION NUMBER	3
I. L	C L.	10D2345678	
From To PLACE OF (DCEDURES, SERVICES, OR SUPPLIES xplain Unusual Circumstances) HCPCS MODIFIER POINTER	F. G. H. DAYS EPSDT OR Family \$ CHARGES UNITS Plan	I. J. ID. RENDERING QUAL. PROVIDER ID. #
WIN DD 11 WIN DD 11 SERVICE EWIG CF1/	NODITIEN FOINTEN	\$ CHARGES UNITS FIAIT	QUAL. PHOVIDEN ID. #
11 01 23 11 01 23 11 838	S1 QW A	100 00 2	NPI 1234567890
			NPI

11.2023

Humana Medicare Advantage Plans: Humana requires additional modifiers. The CLIA number is required in box 23 with the **QW/RT/LT/59** with 2 lines of service, 1 unit per line

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATED TO	CURRENT SERVICES MM DD YY
Dr. Trukera Medical	17b. NPI 1234567890	FROM TO	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? \$ C	HARGES
		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 R	EE NO
A. ICD-10 Code(s)	C. D.	Officiality	
E. F.	G. L. H.	23. PRIOR AUTHORIZATION NUMBER	
J	K. L. L.	10D2345678	
From To PLACE OF (OCEDURES, SERVICES, OR SUPPLIES Explain Unusual Circumstances) HCPCS MODIFIER POINTER	F. G. H. I. DAYS EPSDT OR Family \$ CHARGES UNITS Plan QUAL.	J. RENDERING PROVIDER ID. #
IVIVI DD 11 WIVI DD 11 SERVICE ENG CF1/	MODIFIER POINTER	ONIIS PER QUAL.	PROVIDER ID. #
11 01 23 11 01 23 11 838	61 QW RT 59 A	50 00 1 NPI	1234567890
11 01 23 11 01 23 11 838	61 QW LT 59 A	50 00 1 NPI	1234567890

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

2023-2024 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

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

WEST VIRGINIA BILLING GUIDE



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Reimbursement Support Specialist

Bridget Bolles Fax: (858) 225-8749

Cell: (317) 797-7151 Email: bbolles@trukera.com

This guide addresses billing recommendation for:

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

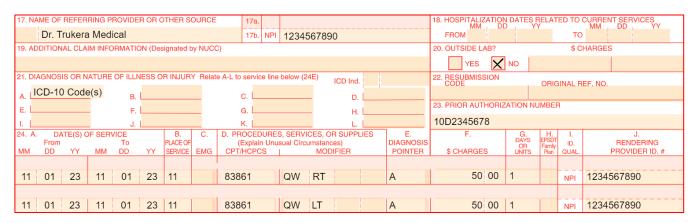
Payor Name	Lines	Modifier(s)	Units per Line
Medicare	2	QW/RT/LT	1
Aetna	2	RT/LT	1
HighMark	2	RT/LT	1
The Health Plan-PEIA	2	QW/RT/LT	1
Unicare	2	RT/LT	2
WV Medicaid	2	QW/RT/LT	1
Humana Medicare	2	QW/RT/LT/59	1
BCBS FED	2	RT/LT	1
Cigna	2	RT/LT	2
United HC	1	QW	2

West Virginia Providers:

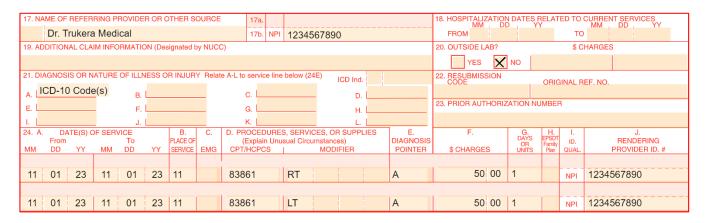
<u>Humana Commercial</u>: Will deny claim (<u>Diagnostic testing for dry eye syndrome is not separately reimbursable</u>).

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

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



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



17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY MM DD YY	
Dr. Trukera Medical	17b. NPI 1234567890	FROM
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)	C. D.	OTHERWAL TELL THO.
E F G	G H.	23. PRIOR AUTHORIZATION NUMBER
I. J. L	K. L. L.	10D2345678
	OCEDURES, SERVICES, OR SUPPLIES E.	F. G. H. I. J. DAYS EPSÖT ID. RENDERING
	Explain Unusual Circumstances) DIAGNOSIS /HCPCS MODIFIER POINTER	DAYS HERBIJ ID. RENDERING OR Family SCHARGES UNITS Plan QUAL. PROVIDER ID. #
11 01 23 11 01 23 11 8386	61 QW A	100 00 2 NPI 1234567890
		NPI

Humana Medicare Advantage Plans: Humana requires additional modifiers. The CLIA number is required in box 23 with the **QW/RT/LT/59** with 2 lines of service, 1 unit per line

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATED TO	CURRENT SERVICES MM DD YY	
Dr. Trukera Medical	FROM TO			
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)	20. OUTSIDE LAB? \$ C	HARGES		
		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 R	EE NO	
A. ICD-10 Code(s)	C. D.	Officiality		
E. F.			23. PRIOR AUTHORIZATION NUMBER	
J	K. L. L.	10D2345678		
From To PLACE OF (OCEDURES, SERVICES, OR SUPPLIES Explain Unusual Circumstances) HCPCS MODIFIER POINTER	F. G. H. I. DAYS EPSDT OR Family \$ CHARGES UNITS Plan QUAL.	J. RENDERING PROVIDER ID. #	
IVIVI DD 11 WIVI DD 11 SERVICE ENG CF1/	MODIFIER POINTER	ONIIS PER QUAL.	PROVIDER ID. #	
11 01 23 11 01 23 11 838	61 QW RT 59 A	50 00 1 NPI	1234567890	
11 01 23 11 01 23 11 838	61 QW LT 59 A	50 00 1 NPI	1234567890	

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

2023-2024 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

- 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



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

Reimbursement Support Specialist

Bridget Bolles Fax: (858) 225-8749

Cell: (317) 797-7151 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 procedure discounts do not apply.

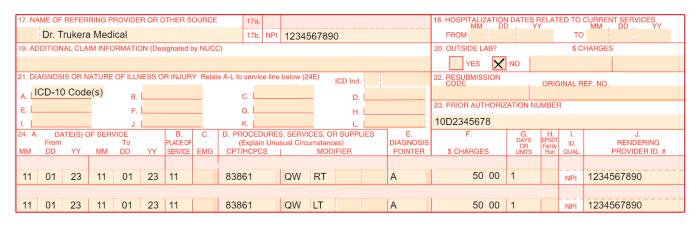
Payor Name	Lines	Modifier(s)	Units per Line
Aetna	2	RT/LT	1
Anthem	2	RT/LT	1
BadgerCare Plus	2	QW/RT/LT	1
Children's Community Health Plan	2	RT/LT	1
Cigna	2	RT/LT	1
Dean Health Plan	2	RT/LT	1
Humana Medicare	2	QW/RT/LT/59	1
Medicaid WI	2	QW/RT/LT	1
Medicare	2	QW/RT/LT	1
Molina	1	QW	2
UHC Community Plan/UHC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

Wisconsin Providers:

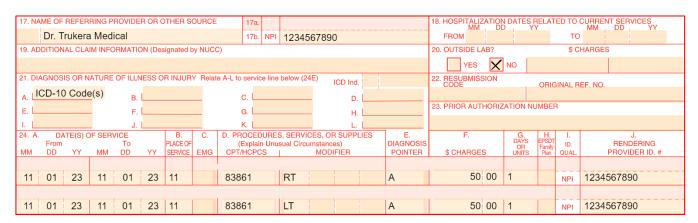
Medicaid Does not cover OD's

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

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.



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



17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY MM DD YY	
Dr. Trukera Medical	17b. NPI 1234567890	FROM
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)	C. D.	OTHERWAL TELL THO.
E F G	G H.	23. PRIOR AUTHORIZATION NUMBER
I. J. L	K. L. L.	10D2345678
	OCEDURES, SERVICES, OR SUPPLIES E.	F. G. H. I. J. DAYS EPSÖT ID. RENDERING
	Explain Unusual Circumstances) DIAGNOSIS /HCPCS MODIFIER POINTER	DAYS HERBIJ ID. RENDERING OR Family SCHARGES UNITS Plan QUAL. PROVIDER ID. #
11 01 23 11 01 23 11 8386	61 QW A	100 00 2 NPI 1234567890
		NPI

Humana Medicare Advantage Plans: Humana requires additional modifiers. The CLIA number is required in box 23 with the **QW/RT/LT/59** with 2 lines of service, 1 unit per line

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATED TO	CURRENT SERVICES MM DD YY	
Dr. Trukera Medical	FROM TO			
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)	20. OUTSIDE LAB? \$ C	HARGES		
		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 R	EE NO	
A. ICD-10 Code(s)	C. D.	Officiality		
E. F.			23. PRIOR AUTHORIZATION NUMBER	
J	K. L. L.	10D2345678		
From To PLACE OF (OCEDURES, SERVICES, OR SUPPLIES Explain Unusual Circumstances) HCPCS MODIFIER POINTER	F. G. H. I. DAYS EPSDT OR Family \$ CHARGES UNITS Plan QUAL.	J. RENDERING PROVIDER ID. #	
IVIVI DD 11 WIVI DD 11 SERVICE ENG CF1/	MODIFIER POINTER	ONIIS PER QUAL.	PROVIDER ID. #	
11 01 23 11 01 23 11 838	61 QW RT 59 A	50 00 1 NPI	1234567890	
11 01 23 11 01 23 11 838	61 QW LT 59 A	50 00 1 NPI	1234567890	

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

2023-2024 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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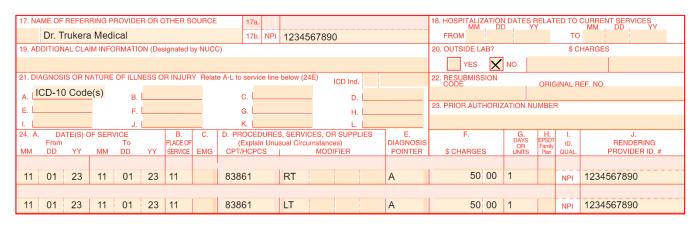
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Payor Name	Lines	Modifier(s)	Units per Line
Aetna	2	RT/LT	1
BCBS Federal Employee Plan	2	RT/LT	1
BCBS WY	2	RT/LT	1
Cigna	2	RT/LT	1
HealthNet	2	QW/RT/LT	1
Medicaid WY	2	QW/RT/LT	1
Medicare	2	QW/RT/LT	1
United Healthcare	1	QW	2

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

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Dr. Trukera Medical	FROM TO		
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)	20. OUTSIDE LAB? \$ CI	HARGES	
	YES X NO		
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	service line below (24E) ICD Ind.	22. RESUBMISSION ORIGINAL RI	FF NO
A. ICD-10 Code(s)	D. D.	J. 1.0.1.0.1.0.1.0.1.0.1.0.1.0.1.0.1.0.1.	
E F (a. H.	23. PRIOR AUTHORIZATION NUMBER	
I. L. J. L. P	C. L.	10D2345678	
From To PLACE OF (E	OCEDURES, SERVICES, OR SUPPLIES E. DIAGNOSIS	OR [Family] [J. RENDERING
MM DD YY MM DD YY SERVICE EMG CPT/H	HCPCS MODIFIER POINTER	\$ CHARGES UNITS Plan QUAL.	PROVIDER ID. #
44 04 00 44 04 00 44	OW DT	50 00 1	4004507000
11 01 23 11 01 23 11 8386	QW RT A	50 00 1 NPI	1234567890
11 01 23 11 01 23 11 8386	G1 QW LT A	50 00 1 NPI	1234567890

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Dr. Trukera Medical		то	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? \$	CHARGES
		YES X NO	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	to service line below (24E) ICD Ind.	22. RESUBMISSION CODE ORIGINAL	REE NO
A. ICD-10 Code(s)	C. D.	STRUM, E	THEF. NO.
E F	G H.	23. PRIOR AUTHORIZATION NUMBER	
J. [K L	10D2345678	
From To PLACE OF (ROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) T/HCPCS MODIFIER POINTER	F. G. H. I. DAYS EPSDT ID. OR Family ID. \$ CHARGES UNITS Plan QUA	
	·		
11 01 23 11 01 23 11 838	861 QW A	100 00 2 NP	1234567890
		NP	1

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	YES X NO		
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to	22. RESUBMISSION CODE . ORIGINAL R	FE NO	
A. ICD-10 Code(s)	C. D.	Officiality	
E. F.	G. L. H.	23. PRIOR AUTHORIZATION NUMBER	
J	K. L. L.	10D2345678	
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