

Medicare FFS Billing Format

In order for your claim to be processed and paid by Medicare, all **required fields of information must be completed**. Missing any of the requirements will ensure a rejected claim (MA 130). See field-by-field instructions below.

Box 17: Rendering/Referring physician and NPI
 Box 20: No
 Box 21: Add patient diagnosis (ICD 10 codes)
Box 23: Your CLIA number *
 Box 24A: Date of service
 Box 24B: Place of service 11 (office)
 Box 24D: CPT code 83861 QW RT
 CPT code 83861 QW LT
 Box 24E: Refer to ICD 10 code in box 21

Box 24F: UCR (your usual and customary fee)
 Box 24G: Number of units rendered, 1 (one)
 Box 24J: **Rendering physician NPI**
 Box 25: TIN/SSN
 Box 28: TOTAL claim amount billed
 Box 32: Rendering office location 11
 Box 33: Billing provider information and phone number, Group/Solo-Practitioner NPI (XXXXXXXXXX)

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE Dr. John Tear										17a. NPI 123456789		18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY					
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)										20. OUTSIDE LAB? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> \$ CHARGES							
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. A. ICD 10 code (s) C. D. E. F. G. H. I. J. K. L.										22. RESUBMISSION CODE ORIGINAL REF. NO.							
23. PRIOR AUTHORIZATION NUMBER 10D234567																	
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY		B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER				E. DIAGNOSIS POINTER	F. \$ CHARGES		G. DAYS OR UNITS	H. EPISODE Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #			
1 01 01 16 01 01 16 11				83861 QW RT				A	40 00		1	NPI	123456789				
2 01 01 16 01 01 16 11				83861 QW LT				A	40 00		1	NPI	123456789				
3												NPI					
4												NPI					
5												NPI					
6												NPI					
25. FEDERAL TAX I.D. NUMBER 98-7654321				26. PATIENT'S ACCOUNT NO.		27. ACCEPT AS SIGNMENT? (For gout, obits, see back) YES NO		28. TOTAL CHARGE \$ 80 00		29. AMOUNT PAID \$		30. BALANCE DUE \$					
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof)				32. SERVICE FACILITY LOCATION INFORMATION Dr. John Tear 123 Tear Drop Lane San Diego, CA 90000				33. BILLING PROVIDER INFO & PH# () Dr. John Tear 123 Tear Drop Lane San Diego, CA 90000									
SIGNED 01012016 DATE				a.		b.		a. XXXXXXXXXX		b.							

PHYSICIAN OR SUPPLIER INFORMATION

NUCC Instruction Manual available at: www.nucc.org

PLEASE PRINT OR TYPE

APPROVED OMB-0938-1197 FORM CMS-1500 (02-12)

* Box 23

- **Electronic claims** – Contact your TearLab Reimbursement Advocate. TearLab will provide one-on-one assistance to ensure the CLIA number is transmitting in the required electronic data format.
- **ANSI 5010 E-claim Crosswalk**

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

CLIA Crosswalk – CMS1500 to E-claim Format

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

Commercial, Third Party Payers, Medicare Advantage and Managed Medicaid Plans

Claim submission rules, coverage policies and reimbursement rates may vary by payer-provider contract and TearLab does track reimbursement rates by client by geographic location. Please contact TearLab's Reimbursement Support Center at rsc@tearlab.com for availability of known reimbursement rates, billing information and assistance.

Billing Formats as Required by Payer

TearLab has created a list of known claim submission requirements, e.g., payer rules by state for reporting CPT code 83861 on (1) one claim line versus (2) two, number of units, and use of modifiers, when applicable. Please contact TearLab's Reimbursement Support Center at rsc@tearlab.com for a copy of this document.

The information provided to complete the CMS 1500 form is for illustrative purposes only. Providers should follow coding conventions for diagnostic tests as well as payer instructions when selecting appropriate CPT Codes, Modifier and ICD-9-CM diagnosis codes. Private insurance coding policy may vary from payer to payer.

Disclaimer: The information provided on this website is current as of March 2016 and was obtained from third-party sources and is subject to change without notice as a result of changes in reimbursement laws, regulations, rules, policies, and payment amounts. All content on this website is informational only, general in nature, and does not cover all situations or all payers' rules and policies. This content is not intended to instruct hospitals and/or physicians on how to use or bill for healthcare procedures, including new technologies outside of Medicare national guidelines.

A determination of medical necessity is a prerequisite that TearLab Corporation assumes will have been made prior to assigning codes or requesting payments.

Under Federal and State law, it is the individual provider's responsibility to determine appropriate coding, charges and claims for a particular service. Policies regarding appropriate coding and payment levels can vary greatly from payer to payer and change over time. TearLab Corporation recommends that providers contact their own regional payers to determine appropriate coding and charge or payment levels.

If you are a provider participating in a clinical trial, we recommend you contact your payers, including Medicare/Medicaid and private insurers, to verify correct coverage and reimbursement policies for investigational devices.

This website information represents no promise or guarantee by TearLab Corporation concerning coverage, coding, billing, and payment levels. TearLab Corporation specifically disclaims liability or responsibility for the results or consequences of any actions taken in reliance on information on this website.