

Billing Guide North East Region

Medicare & Medicare Advantage/Replacement Plans: Note the CLIA # in box 23 and the QW/RT, QW/LT in box 24D 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 Dr. John Doe		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? \$ CHARGES YES <input checked="" type="checkbox"/> NO						
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. A. ICD 10 code (s) B. C. D. E. F. G. H. I. J. K. L.			22. RESUBMISSION CODE ORIGINAL REF. NO.						
			23. PRIOR AUTHORIZATION NUMBER 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. UNITS PER DAY	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
01 01 16 01 01 16 11			83861 QW RT	A	40 00	1		NPI	123456789
01 01 16 01 01 16 11			83861 QW LT	A	40 00	1		NPI	123456789

Most Commercial Plans: Note that the QW and CLIA # are not required on commercial plan claims.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE Dr. John Doe		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? \$ CHARGES YES <input checked="" type="checkbox"/> NO						
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. A. ICD 10 code (s) B. C. D. E. F. G. H. I. J. K. L.			22. RESUBMISSION CODE ORIGINAL REF. NO.						
			23. PRIOR AUTHORIZATION NUMBER						
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER	E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OR UNITS	H. UNITS PER DAY	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
01 01 16 01 01 16 11			83861 RT	A	40 00	1		NPI	123456789
01 01 16 01 01 16 11			83861 LT	A	40 00	1		NPI	123456789

United Health Care Commercial Plans & UMR: Note that these plans do not recognize the RT/LT modifiers on commercial plan claims. The CLIA number is not required on UHC Commercial claims for TearLab.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE Dr. John Doe		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? \$ CHARGES YES <input checked="" type="checkbox"/> NO						
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. A. ICD 10 code (s) B. C. D. E. F. G. H. I. J. K. L.			22. RESUBMISSION CODE ORIGINAL REF. NO.						
			23. PRIOR AUTHORIZATION NUMBER						
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER	E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OR UNITS	H. UNITS PER DAY	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
01 01 16 01 01 16 11			83861	A	40 00	1		NPI	123456789
01 01 16 01 01 16 11			83861 XS	A	40 00	1		NPI	123456789

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BCBS VT: TearLab is a non-covered service, it is currently considered investigational experimental.

BCBS RI: 83861 is a covered service and is separately reimbursed effective January 1, 2017.

Cigna: Provider Contract updates are often required for reimbursement.

Harvard Pilgrim/ Health Plans Inc.: Claims should be submitted with 1 line of CPT 83861, 2 units NO modifiers.

Humana Medicare Advantage: Medicare guidelines apply, providers should include CLIA# and QW modifiers as in Medicare/Medicare Advantage sample claim on page 1. Will allow providers to be reimbursed once a contract amendment has been completed.

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.

Maine Medicaid: Provider contract update may be required for reimbursement. When billing, providers should use place of service 81.

Martin's Point Health: Claims should be billed according to plan type.

- Advantage/ Generations Plans: 1 line 2 units QW modifier
- Commercial: 1 line 2 units no modifiers

New Jersey Medicaid: TearLab is a covered service. Providers must bill CPT 83861 with place of service 81 (laboratory). This applies for managed care Medicaid plans also, i.e. Horizon NJ Health.

New York Medicaid: TearLab is a non-covered service. Some managed care plans (i.e. Metroplus Health Plan, HealthFirst) cover the test.

Pennsylvania Medicaid: TearLab is a non-covered service.

Oxford (by UHC): Oxford (by UHC) only covers OD providers in the state of Connecticut. **MD provider are covered in all states.** Demographics updates may be required for payment. Include CLIA number on claims.

UHCMDIPA: Non-covered service (states: MD, DE, and VA)

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

West Virginia Medicaid: Physicians need to update provider contract to receive payment for test.

For information on payers not listed here, or questions related to billing/coding or reimbursement please contact your reimbursement support specialist: Jacqui Pickering at (774) 222-1700 or jpickering@tearlab.com

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Payer/ Provider Update Instructions:

Oxford (by UHC): Oxford (by UHC) only covers OD providers in the state of Connecticut. **MD provider are covered in all states.** In order for CT providers to be paid, they must follow the process outlined below:

1. Copy the letter below onto your letterhead, complete with your practice information and sign.
2. Attach a current copy of your CLIA license and your practice's W-9 (required for account verification).
3. Scan documents into a PDF file. Email it to OX_HPDEMO@UHC.COM.
 - a. Oxford will reply within 1 day with a reference #.

To Whom It May Concern,

I am writing from **[INSERT PRACTICE NAME HERE]**. It has come to our attention that we need to update your records to reflect our current CLIA license.

- Group Tax ID:
- Group NPI:
- CLIA License #:
- CLIA Effective Date:
- CLIA Expiration Date:
- SIGNATURE: _____

Cigna: Provider Contract updates are often required for reimbursement. Provider should contact Cigna Provider services directly with the following information. Send to:

PSSCentral@cigna.com

To Whom It May Concern:

We would like to request that **CPT 83861** "Microfluidic Analysis....Tear Osmolarity" be added to our contract with an allowable amount of \$22.50/ea. per the **Medicare clinical laboratory fee schedule**. A **CLIA** license is required to perform our test.

- Group Tax ID:
- Group NPI:
- Practice Address & Contact Name
- CLIA License #