

Medicare & Medicare Advantage/Replacement Plans: Note the CLIA # in box 23 and the QW/RT, QW/LT in box 24D **are required** for processing. Claims lacking these elements will reject. Should you receive a denial/reject claim with the following reason/remarks codes: CO16, MA120 and MA130, this means that the CLIA number in box 23 or the electronic equivalent was not transmitted. To correct this error, we suggest reaching out to your billing software vendor to ensure that the **X4 qualifier** is turned on. Box 17 requires the "Individual NPI", NOT the "Group NPI". Entering a Group NPI will result in a denial. Box 20 must be checked "No".

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)										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. BMS		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			

Humana Medicare Advantage: Medicare guidelines apply, providers should include CLIA# and QW modifiers as in Medicare/Medicare Advantage sample above.

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)										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. BMS		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: Note that UHC does 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)										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. BMS		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			



Southeast Region Billing Guide

Provider Agreements:

Provider agreements with the following insurers will need to be updated to include CPT 83861, tear osmolarity, as a covered service and to receive appropriate reimbursement.

- **Texas** – Scott & White Health Plan
- **Georgia** – Coventry of Georgia
- **North Carolina** – BCBS of North Carolina
- **Florida** – Capital Health Plan
- **Arkansas** - Medicaid

Cigna: Provider Contract updates are often required for reimbursement.

Humana (Commercial): Has a **medical policy** on TearLab which Considers the test integral to the office visit and not separately reimbursable. Note that zero payment is not considered a denial. Humana Medicare Advantage plans will reimburse separately for the test.

MS Medicaid- To establish payment, it requires that the practice fax a copy of the CLIA certificate along with provider NPI numbers to Provider Enrollment, Fax# 1-888-495-8169

AL Medicaid- to establish payment, it requires the below actions:

1. Log on to Medicaid Interactive Web portal:
<https://www.medicaid.alabamaservices.org/ALPortal/Account/Secure%20Site/tabId/66/Default.asp> x
2. Select Trade Files/Forms.
3. Select a form from the drop down list and click on Search= • ERU – Enrollment Updates
4. Press Submit.
5. A message will be generated at the top of the page that states “Your form was submitted successfully”.
6. A barcode cover sheet is generated and will be displayed. **It is imperative that you save a copy of this cover sheet** should you be requested to submit additional documentation for this packet.

GA Medicaid - no additional actions are required by a Medical Entity to move their CLIA Number to Georgia Medicaid...this “transfer” is done automatically. Validated by:

Christel Benn-Griffith, MT (ASCP), Diagnostics Program Director
State of Georgia, Department of Community Health, Healthcare Facility Regulation Division
2 Peachtree St; Suite 31.450, Atlanta, Ga 30303
Ofc: 404-657-5447 Fax: 404-657-5442 christel.benn-griffith@dch.ga.gov

Billing GA Medicaid: One Line – 83861 - NO Modifiers – Price – 2 Units...with CLIA # in Box 23