

## CPT 83861 Midwest & Central Region Billing Guide

The following information is for general reference only, and is data collected from provider remittance advisements as reported by TearLab customers. If you experience discrepancies from this guide, please contact Bridget Bolles TearLab Reimbursement Specialist at [bbolles@tearlab.com](mailto:bbolles@tearlab.com) or 317-515-8782

**Medicare:** 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 <b>Dr. John Doe</b>							17a. NPI <b>123456789</b>		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 checked="" type="checkbox"/> NO		\$ CHARGES						
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind.   A. ICD 10 code (s)   B.   C.   D.   E.   F.   G.   H.   I.   J.   K.   L.							22. RESUBMISSION CODE		ORIGINAL REF. NO.						
23. PRIOR AUTHORIZATION NUMBER <b>10D234567</b>															
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. SUPPLY UNIT	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 & Medicare Replacement Plans:** Note that the QW and CLIA # are not required.

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19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)							20. OUTSIDE LAB? YES <input checked="" type="checkbox"/> NO		\$ CHARGES						
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23. PRIOR AUTHORIZATION NUMBER															
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY		B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER			E. DIAGNOSIS POINTER	F. \$ CHARGES		G. DAYS OR UNITS	H. SUPPLY UNIT	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

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24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY		B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER			E. DIAGNOSIS POINTER	F. \$ CHARGES		G. DAYS OR UNITS	H. SUPPLY UNIT	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 59			A	40 00		1		NPI 123456789			

## State by State List

TearLab CPT 83861 Coding Guide - Midwest and Central Region				
State	Insurer	Lines	Modifiers	Units per Line
<b>Kentucky</b>	Anthem	2	RT / LT	1
	Humana Medicare	2	RT / LT	1
	United Health Care	2	59(2 <sup>nd</sup> Line only)	1
<b>Indiana</b>	Anthem	2	RT/LT	1
	United Health Care	2	59(2 <sup>nd</sup> Line only)	1
	Humana Medicare	2	RT/LT	1
	IU Health Plan	2	RT/LT	1
<b>Ohio</b>	Anthem	2	RT / LT	1
	Aetna	2	RT / LT	1
	United Health Care	2	59(2 <sup>nd</sup> Line only)	1
	MMO	2	RT / LT	1
	Humana Medicare	2	RT / LT	1
<b>Michigan</b>	BCBS MI	2	RT / LT	1
	Aetna	2	RT / LT	1
	United Health Care	2	59(2 <sup>nd</sup> Line only)	1
	GoldenRule	1	None	2
<b>Wisconsin</b>	Anthem	2	RT / LT	1
	United HealthCare	1	59(2 <sup>nd</sup> Line only)	1
	Humana Medicare	2	RT / LT	1
<b>Illinois</b>	BCBS IL	2	RT / LT	1
	Aetna	2	RT / LT	1
	United Health Care	2	59(2 <sup>nd</sup> Line only)	1
	Medicaid	2	RT / LT	1
<b>Missouri</b>	BCBS MO	2	RT / LT	1

	Aetna	2	RT / LT	1
	United Health Care	2	59(2 <sup>nd</sup> Line only)	1
	Medicaid	1	None	2
<b>Kansas</b>	BCBS KS	n/a		
	Aetna	2	RT / LT	1
	United Health Care	2	59(2 <sup>nd</sup> Line only)	1
	Kancare	2	RT / LT	1
<b>Iowa</b>	BCBS IA	2	RT / LT	1
	Cigna	2	RT / LT	1
	Secure Horizons	2	RT / LT	1
	United Health Care	1	None	2
<b>Minnesota</b>	BCBS MN Medicare	2	RT / LT	2
	Medica	2	RT / LT	1
	Aetna	2	RT / LT	1
	United HealthCare	2	59(2 <sup>nd</sup> Line only)	1
<b>North/South Dakota</b>	BCBS ND	2	RT / LT	1
	Dakota Care	2	RT / LT	1
	United Health Care	1	None	2
<b>Nebraska</b>	BCBS NE	2	RT / LT	1
	Midlands Choice	2	RT / LT	1
	United Health Care	1	None	2

## Miscellaneous Notes:

### United HealthCare:

United HealthCare (UHC) claims will deny 2<sup>nd</sup> eye when coded as 1 line no modifiers, 2 units. Submit claims as noted above in claim example. This may apply to providers in IN, OH, KY, MO, IL.

### Humana Commercial:

Denies CPT 83861 as being integral to an office visit. However most of Humana Medicare Advantage does cover our test, in compliance with CMS coverage rules.

**Humana Medicare PPO:**

Denies CPT 83861 as charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. This may apply to providers in IN, OH, KY, MO, IL.

**Michigan Providers:****Blue Cross Blue Shield MI:**

The following BCBS MI benefit plans do not cover CPT 83861:

- AUTO GROUPS,
- URMBT (UAW Retiree Medical Benefits Trust),
- MPSERS, Messa, and SOM.

**BCBS FEP**, use the following Provider Inquiry number for Federal claim questions: 800-482-3600.

**BlueCard** Provider Inquiry number for BlueCard claims is 800-255-1878. These claims need to be rebilled through Provider Inquiry as the contract is out-of-state and will result in a duplicate rejection otherwise. Any prefix that starts with more than 3 letters is not a MI contract, so you need to contact BlueCard for benefits at 800-676-2583.

**Prefixes:**

- Some groups might have an alpha prefix that applies to that group but they could have several different options that they offer that all have that same alpha prefix but have different benefit levels.
- XYP and XYC is a MI prefix that is no longer used. Please ask the member for an updated card or check current eligibility and for a current prefix on Web-Denis.
- MIW, MMJ, JXI, BEC are valid prefixes.
- MIC is out of state.

**Medicare Blue Plus:** Inappropriately denies 2<sup>nd</sup> eye, this is currently be reviewed by the BCBS Reimbursement team.

**HAP** denies CPT 83861 based on Medical Necessity

**Priority Health Medicaid:** Covers CPT 83861 for OD's and MD's

**McLaren Health:** Sometimes requires an authorization for CPT code 83861.

**Illinois Providers:**

**HealthCare and Family Services** (HFS - IL Medicaid) To establish payment, it requires that Providers update their enrollment form with the CLIA number on the IMPACT System

- <https://www.illinois.gov/hfs/impact/Pages/default.aspx>
- Under the License section update with CLIA information
- Be sure to do the last 2 step of the Checklist, Resubmit.
- Problems call [1-877-782-5565](tel:1-877-782-5565) select option 1 for English then option 2 for providers and then option 1 to speak with IMPACT staff
- This does not apply to **Illini Care or Aetna Better Health.**

**Aetna Better Health:** requires that you bill the claims without Modifiers



**Missouri Providers:**

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

**Ohio Providers:**

**Ohio Medicaid** denies CPT 83861 for OD's, but will pay MD's

**Caresource** Medical Policy includes coverage for both MD's and OD's, currently denies CPT 83861 for OD's, under review.

**Kansas Providers:**

**BCBS of KS** denies CPT 83861 as Investigational

**KanCare- Kansas Medicaid** includes CPT 83861 on its fee schedule as a covered service and contracts with the following plans: MCO Amerigroup of Kansas, Inc. (Amerigroup), Sunflower State Health Plan (Sunflower), and UnitedHealthcare Community Plan of Kansas (United). Currently all plans are paying for coverage for CPT 83861 with KS Medicaid coverage rules.

**Minnesota Providers:**

**BCBS of MN** Commercial coverage for CPT 83861 began 10/3/2016: Medicare Advantage Plans continue to pay.

**Medicaid** is now covering CPT 83861 for OD's.

**Minnesota Health Care Programs**(MHCP) To establish payment, it requires that the practice fax a copy of the CLIA certificate along with provider NPI numbers and names to MHCP Provider Enrollment

- Fax # 1- 651-431-7462.
- Include Expiration date(s)

**Wisconsin Providers:**

**Medicaid** is not covering CPT 83861 for OD's.