### **Professional Services Examples: CMS-1500**

Page updated: September 2020

Examples in this section will help providers bill for professional services on the *CMS-1500* claim form. Refer to the *Professional Services* section of this manual for policy information. Refer to the *CMS-1500 Completion for Vision Care* section of this manual for instructions to complete claim fields not explained in the following examples. For additional claim preparation information, refer to the *Forms: Legibility and Completion Standards* section of this manual.

### **Billing Tips**

When completing claims, do not enter the decimal points in ICD-10-CM codes, dollar amounts or dollar signs with the charges. If requested information does not fit neatly in the *Additional Claim Information* (Box 19) of the *CMS-1500* claim, type it on an 8½ x 11-inch sheet of paper and attach it to the claim.

#### **Interim Comprehensive Eye Examination**

Figure 1. Interim comprehensive eye examination.

This is a sample only. Please adapt to your billing situation.

In this example, an optometrist is billing for a comprehensive eye examination for a recipient that last received services within the 24-month benefit period.

Enter "11" in the *Place of Service* field (Box 24B) to indicate that services were rendered in an office. An ICD-10-CM code is entered in the *Diagnosis or Nature of Illness* or *Injury* field (Box 21).

Because this claim is submitted with a diagnosis code, an ICD indicator is required between the dotted lines in the *ICD Ind*. area of Box 21. An indicator is required only when an ICD-10-CM/PCS code is entered on the claim.

**Note**: A valid ICD-10-CM diagnosis code is required when billing for a comprehensive eye examination within the 24-month benefit period.

CPT® code 92014 (ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; comprehensive, established patient, one or more visits) is billed on line 1 of the *Procedures, Services, or Supplies* field (Box 24D) for the comprehensive eye examination. Enter the usual and customary charges in the *Charges* field (Box 24F) and quantity "1" in the *Days or Units* field (Box 24G).

If the refraction test was performed, enter CPT code 92015 (determination of refractive state) in the *Procedures, Services, or Supplies* field (Box 24D). Enter the usual and customary charges in the Charges field (Box 24F) and quantity "1" in the *Days or Units* field (Box 24G).

Refer to the *CMS-1500 Completion for Vision Care* section in this manual for instructions to complete remaining fields on the claim. Refer to the *Professional Services* section in this manual for policy information.

Refer to the *Professional Services: Diagnosis Codes* section in this manual for a list of required ICD-10-CM codes when billing for an additional comprehensive eye examination within the 24-month benefit period.

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Figure 1: Interim Comprehensive Eye Examination.

### **Out-of-Office Call**

Figure 2. Out-of-office call.

This is a sample only. Please adapt to your billing situation.

In this example, an optometrist is providing a comprehensive eye examination for a recipient in an inpatient hospital. Because the patient was seen in an inpatient hospital, the optometrist is billing CPT code 99056 (services provided at request of patient in a location other than the physician's office, which are normally provided in the office) in addition to the comprehensive eye exam (CPT code 92004).

Enter "21" in the *Place of Service* field (Box 24B) to indicate that services were rendered in an inpatient hospital.

In this example an ICD-10-CM code is entered in the *Diagnosis or Nature of Illness* or *Injury* field (Box 21). Because this claim is submitted with a diagnosis code, an ICD indicator is required between the dotted lines in the *ICD Ind*. area of Box 21. An indicator is required only when an ICD-10-CM/PCS code is entered on the claim.

CPT code 92004 (ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; comprehensive, new patient, one or more visits) is billed on line 1 of the *Procedures, Services, or Supplies* field (Box 24D) for the comprehensive eye examination. Enter the usual and customary charges in the *Charges* field (Box 24F) and quantity "1" in the *Days or Units* field (Box 24G).

Since the services were performed at an inpatient hospital, enter CPT code 99056 in the *Procedures, Services, or Supplies* field (Box 24D). Enter the usual and customary charges in the Charges field (Box 24F) and quantity "1" in the *Days or Units* field (Box 24G).

The optometrist has written, "Justification attached to claim" in the *Additional Claim Information* field (Box 19), indicating the required justification letter for an out-of-office call is attached to the claim.

Refer to the *CMS-1500 Completion for Vision Care* section of this manual for instructions to complete remaining fields on the claim. Refer to the *Professional Services* section in this manual for policy information.

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2. PATIENT'S NAME (Last Name, First Name, Middle Initial)  DOE, JOHN	3. PATIENT'S BIRTH DATE SEX MM DD YY MX F	4. INSURED'S NAME (Last Name, First Name, Middle	e Initial)					
5. PATIENT'S ADDRESS (No., Street)	6. PATIENT RELATIONSHIP TO INSURED	7. INSURED'S ADDRESS (No., Street)						
1234 MAIN STREET	Self Spouse Child Other							
ANYTOWN STATE CA	8. RESERVED FOR NUCC USE	CITY	STATE					
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c. RESERVED FOR NUCC USE	c. OTHER ACCIDENT?	c. INSURANCE PLAN NAME OR PROGRAM NAME						
d. INSURANCE PLAN NAME OR PROGRAM NAME	10d. CLAIM CODES (Designated by NUCC)	d. IS THERE ANOTHER HEALTH BENEFIT PLAN?  YES NO If yes, complete items 9, 9a, and 9d.						
READ BACK OF FORM BEFORE COMPLETING  12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the to process this claim. I also request payment of government benefits either below.	release of any medical or other information necessary	INSURED'S OR AUTHORIZED PERSON'S SIGN/ payment of medical benefits to the undersigned ph services described below.	ATURE I authorize					
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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.)	CILITY LOCATION INFORMATION		555-5555					
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Figure 2: Out-of-Office Call.

#### **Visual Field Examination**

Figure 3. Visual Field Examination.

This is a sample only. Please adapt to your billing situation.

In this example, an optometrist is billing for a visual field examination.

Enter "11" in the *Place of Service* field (Box 24B) to indicate that services were rendered in an office.

In this example an ICD-10-CM code is entered in the *Diagnosis or Nature of Illness or Injury* field (Box 21). Because this claim is submitted with a diagnosis code, an ICD indicator is required between the dotted lines in the *ICD Ind*. area of Box 21. An indicator is required only when an ICD-10-CM/PCS code is entered on the claim.

**Note:** A valid ICD-10-CM code is required when billing for a visual field examination.

CPT code 92083 (visual field examination, unilateral or bilateral, with interpretation and report; extended examination) is billed on line 1 of the *Procedures, Services, or Supplies* field (Box 24D) for the visual field examination. Enter the usual and customary charges in the *Charges* field (Box 24F) and quantity "1" in the *Days or Units* field (Box 24G).

Refer to the *CMS-1500 Completion for Vision Care* section in this manual for instructions to complete remaining fields on the claim. Refer to the *Professional Services* section in this manual for policy information.

Refer to the *Professional Services: Diagnosis Codes* section in this manual for a list of required ICD-10-CM codes when billing for a visual field examination.

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Figure 3: Visual Field Examination.

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«Symbols used in the document above are explained in the following table.»

Symbol	Description
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<b>&gt;&gt;</b>	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.