

Billing Checklist

Post-Op Glasses – Billing in EMA

Medicare Claim

- Open the patient's chart in EMA.
- Open the insurance plan window to confirm the patient does have 'Medicare of Oregon' as their carrier.
- Medicare of Oregon has a department that processes all of their DME claims, so all claims need to go directly to Noridian. To make this happen, click 'Manage' on the insurance plan line.
- Copy the Medicare policy ID.
- Click 'Archive This Policy'.
- Click 'Add Policy' and chose 'Primary Medical'.
- In the 'Payer' field, search and chose 'Noridian JD DME' as the payer.
- Paste the Medicare policy ID in the 'Policy Number' type.
- Assign the policy type to 'Medicare'.
- Click the bubble next to the patient's name under 'Patient's Name on Card'.
- Under 'Eligibility Status' chose 'Active'.
- Click 'Save' on the top right. (Please refer to 'Image 1')
- Click on the patient's name to go to the main screen.
- Get post-op dates for the claim by scrolling through the chart notes and write them down.
- Click the 'Financials' icon to go to the patient's ledger to create a claim.
- Click 'Create a Bill'.
- Fill in all required fields and the 'Referring Provider' field.
- Use diagnosis codes: Z98.41 for right eye (if applicable), Z98.42 for left eye (if applicable), and Z96.1. (Please refer to 'Image 3')
- Change the 'Place of Service' to '12 Home'.
- Medicare will only cover basic lenses (single vision, bifocal, trifocal) and \$67 toward the frame (Medicare will not cover add-ons)- however each eye for the basic lens needs to be billed as two separate line items.

- Each lens line items needs an 'RT' modifier for right eye, or a 'LT' for left eye.
- Assign the appropriate diagnosis (under 'DX Ptrs') to the appropriate line item(s).
- Add the price for the line item.
- Add-ons do not need to be split for each eye, nor do they need modifiers; however the quantity should be '2'.
- If the cost of the frame is greater than \$67, add V2020 as the line item, assign the diagnosis pointers, cost should be added as \$67. Add an additional line item as V2025 for the remaining cost of the frame.
- Click on 'Note' next to the diagnosis code – a window will appear labeled 'Service Line Notes'.
- Add the cataract surgery date(s) to the appropriate line item (right surgery date to the right lens, left surgery date to the left lens, both dates for the frame V2020 code only). Note – V2799 is a generic code that requires a note on the line item to explain to the insurance carrier what this line item is. (Please refer to 'Image 5')
- When all notes are completed, click 'Save' on the bottom right.
- Double check the claim that all the data is correct. (Please refer to 'Image 6')
- Click 'Post & Create Claim'.
- The 'Create Claim' window will appear. Confirm the Payer is 'Noridian JD DME', Claim type is 'New', Format is 'Electronic' and Handling is 'Submit to Queue'.
- Click 'Preview' and 'Download with template' to preview what the claim will look like.
- Confirm at the bottom of the HCFA that Box 27 is checked 'Yes'.
- Exit out of the preview screen.
- If the patient paid toward their glasses, click 'Post/Create Claim' to send the claim to the queue to be swept by Trizetto, but this allows you to remain in the claim to post the money to the appropriate line items. If no money is involved, click 'Post/Create Claim & Close'.

Commercial Claim

- Open the patient's chart in EMA.
- Confirm that the primary insurance policy is set to 'active'. (Please refer to 'Image 2')
- Click on the patient's name to go to the main screen.
- Get post-op dates for the claim by scrolling through the chart notes and write them down.
- Click 'Financials' to go back to the patient's ledger.
- Click 'Create a Bill'.
- Fill in all required fields and the 'Referring Provider' field.
- Use diagnosis code: Z96.1- Presence of Intraocular lens. (Please refer to 'Image 4')
- Medicare will only cover basic lenses (single vision, bifocal, trifocal) and \$67 toward the frame (Medicare will not cover add-ons)- however each eye for the basic lens needs to be billed as two separate line items. As most commercial carriers will follow Medicare guidelines, this rule still applies when billing commercial carriers.
- You do **not** need to change the place of service – it should remain as '11-Office'.
- Each lens line items needs an 'RT' modifier for right eye, or a 'LT' for left eye.
- Assign the appropriate diagnosis (under 'DX Ptrs') to the appropriate line item(s).
- Add-ons do not need to be split for each eye or modifiers; however the quantity should be '2'.
- If the cost of the frame is greater than \$67, add V2020 as the line item, assign the diagnosis pointers, cost should be added as \$67. Add an additional line item as V2025 for the remaining cost of the frame.
- Click on 'Note' next to the diagnosis code – a window will appear labeled 'Service Line Notes'.
- Add the cataract surgery date(s) to the appropriate line item (right surgery date to the right lens, left surgery date to the left lens, both for the frame V2020 code only). Note –

V2799 is a generic code that requires a note on the line item to explain to the insurance carrier what this line item is. (Please refer to 'Image 5')

- When all notes are completed, click 'Save' on the bottom right.
- Double check the claim that all the above data/steps are correct. (Please refer to 'Image 7')
- Click 'Post & Create Claim'.
- The 'Create Claim' window will appear. Confirm the Payer is the commercial carrier, Claim type is 'New', Format is 'Electronic' and Handling is 'Submit to Queue'. (Note – some carriers are set up in 'Firm Admin' as paper only so the previous data may change).
- If you would like to preview the claim before it goes out, click 'Preview' and 'Download with template' to preview what the claim will look like.
- Exit out of the preview screen.
- If the patient paid toward their glasses, click 'Post/Create Claim' to send the claim to the queue to be swept by Trizetto, but this allows you to remain in the claim to post the money to the appropriate line items. If no money is involved, click 'Post/Create Claim & Close'.

Image 1

Patient Insurance Policies [Add Policy](#)

Patient Responsible

Financial Category:

Active Policies

Type	Payer & Plan	Policy #	Group #	Status	Term Dates	
1 - Primary Policy	Noridian JD DME - Medicare Payer Insurance is accepted.	DF6G51D6F5G1	—	Active as of 10/16/2019	— to —	Manage
2 - Secondary Policy	Tricare for Life - Tricare Payer Insurance is accepted.	1651651561	—	Active as of 10/16/2019	— to —	Manage

> Archived Policies - 2

Image 2

Patient Insurance Policies [Add Policy](#)

Patient Responsible

Financial Category:

Active Policies

Type	Payer & Plan	Policy #	Group #	Status	Term Dates	
1 - Primary Policy	Moda Health formerly ODS Health Plan - Commercial - Other Payer Insurance is accepted.	000000000000	—	Active ▲ as of 10/16/2019	— to —	Manage
2 - Secondary Policy	Tricare for Life - Tricare Payer Insurance is accepted.	1651651561	—	Active as of 10/16/2019	— to —	Manage

> Archived Policies - 2

Create a Bill: Medical Center Eye Clinic

Bill Type
 Patient Bill Claim Bill Vision Bill Auto/PIP Bill Worker's Comp Bill

Patient Name (Last, First, MI), MRN *
 test, female

Service Location *
 Medical Center Eye Clinic

Primary Biller *
 Lapour, Ryan

Date of Service *
 10/09/2019

Primary Provider *
 Lapour, Ryan

Provider Fee Schedule *
 Medical Billing

Referring Provider
 Lapour, Ryan [NPI:1043327521]

Reportable Reason*
 Medical Non-emergency

Diagnoses (at least 1, no more than 12) *
 Z98.41 x Z98.42 x Z96.1 x

Cancel Create Bill

Image 3

Create a Bill: Medical Center Eye Clinic

Bill Type
 Patient Bill Claim Bill Vision Bill Auto/PIP Bill Worker's Comp Bill

Patient Name (Last, First, MI), MRN *
 test, female

Service Location *
 Medical Center Eye Clinic

Primary Biller *
 Lapour, Ryan

Date of Service *
 10/09/2019

Primary Provider *
 Lapour, Ryan

Provider Fee Schedule *
 Medical Billing

Referring Provider
 Lapour, Ryan [NPI:1043327521]

Reportable Reason*
 Medical Non-emergency

Diagnoses (at least 1, no more than 12) *
 Z96.1 x

Cancel Create Bill

Image 4

Service Line Notes

*Indicates "not otherwise specified" codes that require procedure details with the claim.

V2303
 08/04/2019 cataract surgery right eye.
 55 character limit

V2303
 09/06/2019 cataract surgery left eye.
 55 character limit

V2784
 55 character limit

V2750
 55 character limit

V2799 *
 Semi-Rimless Edge
 55 character limit

V2020
 08/04/2019 right 09/06/2019 cataract surgery left eye.
 55 character limit

V2025
 55 character limit

Cancel Save

Image 5

Image 6

Medical Center Eye Clinic
test, female | DOB: 10/25/1937 | MRN: EMA18986200 | P: 503-581-5287

Cancel
Manage Bill (CB0013VC6) Posting Date: 10/16/19 Save Save & Exit OR Post & Create Claim

Add a Billing Alert

▼ Bill Information
Current Responsible: Noridian JD DME (Primary)
Clearinghouse

Primary Provider: <input type="text" value="Lapour, Ryan"/> Primary Biller: <input type="text" value="Lapour, Ryan(104332/521)"/> Service Location: <input type="text" value="Medical Center Eye Clinic"/> <input checked="" type="checkbox"/> CLIA Number: <input type="text" value="38DZ103020"/> Other ID (32b): <input type="text" value="-- Choose --"/> Place of Service: <input type="text" value="12 Home"/> <input checked="" type="checkbox"/> Referring Physician: <input type="text" value="Lapour, Ryan (NPI:1043327...)"/> <input checked="" type="checkbox"/> Ref. Phys Other ID: <input type="text" value="-- Choose --"/> Add Provider +	Reportable Reason: <input type="text" value="Medical Non-emergency"/> Provider FS: <input type="text" value="Medical Billing"/> Hospitalized: <input type="checkbox"/> From <input type="checkbox"/> To Referral Source: <input type="text" value="Add Referral Source"/> View: Bill History Appointment History	Follow up Date: <input type="text"/> Assigned To: <input type="text" value="Start typing a name..."/> Bill Status: <input type="text" value="Preliminary"/> Notes for this Bill 10/16/2019 10:44 AM - Brown COPC, Jacob: Bill created at 10:44 AM PDT. View All
---	--	--

[View Patient Financials](#)

DOS	ST	Code	Modifiers	Description	DX Ptrs	UA	Unit Chg	Units	Total Chg	Allowed	Balance
10/09/19	⊕	V2303	<input checked="" type="checkbox"/> Note	SpheroCylinder, trifoc...	A C 3 4	\$0.00	\$7.00	x 1	= \$7.00	\$0.00	\$0.00
Qualifier: <input type="text" value="-- Choose One --"/> Description/Code: <input type="text"/>											
10/09/19	⊕	V2303	<input checked="" type="checkbox"/> Note	SpheroCylinder, trifoc...	B C 3 4	\$0.00	\$7.00	x 1	= \$7.00	\$0.00	\$0.00
Qualifier: <input type="text" value="-- Choose One --"/> Description/Code: <input type="text"/>											
10/09/19	⊕	V2784	<input checked="" type="checkbox"/> Note	Lens, polycarbonate ...	A B C 4	\$0.00	42.00	x 2	= \$84.00	\$0.00	\$0.00
Qualifier: <input type="text" value="-- Choose One --"/> Description/Code: <input type="text"/>											
10/09/19	⊕	V2750	<input checked="" type="checkbox"/> Note	Anti-reflective coating...	A B C 4	\$0.00	70.00	x 2	= \$140.00	\$0.00	\$0.00
Qualifier: <input type="text" value="-- Choose One --"/> Description/Code: <input type="text"/>											
10/09/19	⊕	V2799	<input checked="" type="checkbox"/> Note	Vision item or service...	A B C 4	\$0.00	10.00	x 2	= \$20.00	\$0.00	\$0.00
Qualifier: <input type="text" value="-- Choose One --"/> Description/Code: <input type="text"/>											
10/09/19	⊕	V2020	<input checked="" type="checkbox"/> Note	Frames, purchases	A B C 4	\$0.00	57.00	x 1	= \$57.00	\$0.00	\$0.00
Qualifier: <input type="text" value="-- Choose One --"/> Description/Code: <input type="text"/>											
10/09/19	⊕	V2025	<input checked="" type="checkbox"/> Note	Deluxe frame	A B C 4	\$0.00	143.00	x 1	= \$143.00	\$0.00	\$0.00
Qualifier: <input type="text" value="-- Choose One --"/> Description/Code: <input type="text"/>											

+Add a Service Line **Key:** ⊕ Posted ⊕ Unposted

Claim Note Post & Create Claim

[Patient Financials](#)
Update Insurance | Transfer Balance | \$0.00

Patient Unallocated \$0.00 Copay \$0.00 General \$0.00 Deposits \$0.00 Patient CMS 1500	Financial Category <input type="text" value="Search"/> Payments Made at Appointment General \$0.00 Credit & Deposits \$0.00 Co-payments \$0.00
--	---

▼ Noridian JD DME (Primary)
[View Card](#)

Policy Number and Type D16G510615G1 Medicare	Relation to Policy Holder Self										
Payer Fee Schedule <input type="text" value="-- Choose One --"/>	Authorization Add										
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Accept Assignment?</th> <th>Ins Balance</th> <th>Ins Unall</th> <th>Payer ID</th> <th>Payer Prov. ID</th> </tr> </thead> <tbody> <tr> <td>⊕</td> <td>\$0.00</td> <td>\$0.00</td> <td>19003PHDI</td> <td>--</td> </tr> </tbody> </table>	Accept Assignment?	Ins Balance	Ins Unall	Payer ID	Payer Prov. ID	⊕	\$0.00	\$0.00	19003PHDI	--	
Accept Assignment?	Ins Balance	Ins Unall	Payer ID	Payer Prov. ID							
⊕	\$0.00	\$0.00	19003PHDI	--							
Eligibility Copay Co-Ins Deduct Remaining											
Active View -- -- -- --											

Diagnoses

ICD-10	Description
A. Z98.41	Cataract extraction status, right eye
B. Z98.42	Cataract extraction status, left eye
C. Z96.1	Presence of intraocular lens

Manage Diagnoses

Additional Information about Patient's Condition or Treatment

Date of current illness, injury or pregnancy:

Qualifier: Date:

Date of other condition or treatment:

Qualifier: Date:

Accident or Injury

- Employment-related
- Auto accident-related
- Other Accident-related



test, female | DOB: 10/25/1937 | MRN: EMA18986200 | P: 503-581-5287

Medical Center Eye Clinic

Cancel

Manage Bill (CB0013VC6)

Posting Date 10/16/19

Save

Save & Exit

OR

Post & Create Claim

Recreate Bill

Add a Billing Alert

Bill Information Current Responsible: Moda Health formerly ODS Health Plan (Primary) Clearinghouse

Primary Provider: Lapour, Ryan	Reportable Reason: Medical Non-emergency	Follow up Date: <input type="checkbox"/>
Primary Biller: Lapour, Ryan(1043327521)	Provider FS: Medical Billing	Assigned To: <input type="text" value="Start typing a name..."/>
Service Location: Medical Center Eye Clinic	Hospitalized: <input type="checkbox"/> From <input type="checkbox"/> To <input type="checkbox"/>	Bill Status: Preliminary
CLIA Number: 3802103020	Referral Source: Add Referral Source	Notes for this Bill 10/16/2019 11:22 AM - Brown COPC, Jacob: Primary Insurance of Noridan JD DMT was charged to Moda Health formerly ODS Health Plan. View All
Other ID (32b): -- Choose	View: Bill History Appointment History	
Place of Service: T1 Office		
Referring Physician: Lapour, Ryan (NP:1043327...)		
Ref. Phys Other ID: -- Choose	Add Provider	

[View: Patient Financials](#)

Services Rendered		Charges: \$628.00	Balance: \$0.00							
DOS	ST Code	Modifiers	Description	DX Ptrs	UA	Unit Chg	Units	Total Chg	Allowed	Balance
10/09/19	V2303	Note RT	Spherocylinder, trifoc...	A 2 3 4	\$0.00	87.00	x 1	= \$87.00	\$0.00	\$0.00
Qualifier: -- Choose One --		Description/Code								
10/09/19	V2303	Note LT	Spherocylinder, trifoc...	A 2 3 4	\$0.00	87.00	x 1	= \$87.00	\$0.00	\$0.00
Qualifier: -- Choose One --		Description/Code								
10/09/19	V2784	Note	Lens, polycarbonate ...	A 2 3 4	\$0.00	42.00	x 2	= \$84.00	\$0.00	\$0.00
Qualifier: -- Choose One --		Description/Code								
10/09/19	V2750	Note	Anti-reflective coating...	A 2 3 4	\$0.00	70.00	x 2	= \$140.00	\$0.00	\$0.00
Qualifier: -- Choose One --		Description/Code								
10/09/19	V2799	Note	Vision item or service...	A 2 3 4	\$0.00	10.00	x 2	= \$20.00	\$0.00	\$0.00
Qualifier: -- Choose One --		Description/Code								
10/09/19	V2020	Note	Frames, purchases	A 2 3 4	\$0.00	67.00	x 1	= \$67.00	\$0.00	\$0.00
Qualifier: -- Choose One --		Description/Code								
10/09/19	V2025	Note	Deluxe frame	A 2 3 4	\$0.00	143.00	x 1	= \$143.00	\$0.00	\$0.00
Qualifier: -- Choose One --		Description/Code								

[+Add a Service Line](#) Key: ● Posted ● Unposted

Split Selected Service Lines to: [Claim Note](#) [Post & Create Claim](#)

Patient Financials Update Insurance | Transfer Balance | \$0.00

Patient Unallocated \$0.00	Financial Category
Copay \$0.00	<input type="text" value="Search"/>
General \$0.00	
Deposits \$0.00	
Patient CMS 1500	Payments Made at Appointment
	General \$0.00
	Credit & Deposits \$0.00
	Co-payments \$0.00

▼ Moda Health formerly ODS Health Plan (Primary) View Card

Policy Number and Type: 60000000000 Commercial - Other	Relation to Policy Holder: Self
Payer Fee Schedule: -- Choose One --	Authorization: <input type="text" value="Add"/>

Accept Assignment?	Ins Balance	Ins Unall	Payer ID	Payer Prov. Id
<input checked="" type="checkbox"/>	\$0.00	\$0.00	13350.PROF	--

Eligibility	Copay	Co-Ins	Deduct	Remaining
Unknown Data	View	--	--	--

► Tricare for Life (Secondary) View Card

Diagnoses

ICD-10	Description
A. 295.1	Presence of intraocular lens

[Manage Diagnoses](#)

Additional Information about Patient's Condition or Treatment

Date of current illness, injury or pregnancy

Qualifier: -- Choose One -- Date:

Date of other condition or treatment

Qualifier: -- Choose One -- Date:

Accident or Injury

- Employment-related
- Auto accident-related
- Other Accident-related

Image 7