BLENDING TRADITIONS

OF THE PAST

WITH INNOVATIONS

FOR THE FUTURE

STEVE RAGSDALE
DDS ▪ PLLC

Filing Insurance for Oral Surgery Procedures

(updated 6/24/2020)

In order to help you receive payment from insurance companies faster and easier, we offer three levels of support to you and to your team. This FREE service is available as a courtesy to your office.

Level One Support

Contact our Insurance Help Desk for answers to individual questions and to receive information about specific procedure/diagnosis codes, insurance forms, and clinical narratives.

Level Two Support

Our team has decades of experience with oral surgery claims. We can provide you and your team with individual training and troubleshooting for oral surgery claims processing, including a variety of resources to help you file claims more accurately and to get paid faster. Please refer to our insurance troubleshooting guide on the following pages.

Level Three Support

Our team can help you do anything you need—from providing customized narrative reports, to filling out claim forms. Contact us to receive full-service insurance support, as needed.

****

Contact our insurance team at any time:

Name: Ashley Wojan
Email: ashley@vipsdental.com
Cell #: 214.868.8701

OR

Name: Dena Rathbun
Email: dena@vipsdental.com
Cell #: 214.334.8416

Member
Academy of General Dentistry
Texas Academy of General Dentistry
American Dental Society of Anesthesiology
American Dental Association
Texas Dental Association
Greater Houston Dental Society

Certificate in
Conscious Sedation, University of Texas Health Science Center at San Antonio

TEL
832.240.6778

FAX
832.201.8788

1203 REDWOOD
BOUGH LANE
HOUSTON, TX
77062

▪ email — steve@drragsdale.com ▪ web — www.drragsdale.com ▪
GENERAL DENTIST PROVIDING ORAL SURGERY SERVICES

An Insurance Troubleshooting Guide for General Dental Offices

Insurance can be a little tricky sometimes—especially with new plans being added all the time—and insurance coverage criteria often varies from plan-to-plan. To make it easier and more predictable to get paid by insurance companies, we offer this handy guide to filing claims for oral surgery procedures.

Should more detailed information be needed, or if you require help with individual claims, you can contact our Insurance Help Desk at ins@vipsdental.com at any time. Our team is available to assist in any way necessary to help file claims, to provide special documentation, and to assist you in securing claim payment.

It is our hope that this guide will provide useful information to help streamline the claims process, relieving insurance headaches.

Getting the Right Information

Getting the right coverage information is the first step in getting claims paid quickly. There are a few key questions that should be added to your insurance verification inquiry in order to ensure accurate coverage information. *Consider adding these questions to your verification record:*

- Are surgical extractions covered under the dental plan?
- Are impacted extractions covered under the dental plan?
- Is IV sedation covered under the dental plan? And, if so, what are the criteria for coverage (e.g., two or more surgical extractions, one or more impacted extraction, narrative required, etc.).
- Does this policy require surgical claims to be submitted to medical insurance?

If there is time between diagnosis and scheduled surgery, you may want to file a pre-determination of benefits in order to obtain the most reliable and detailed coverage estimates available. Also, ask all surgery patients for a copy of their medical insurance cards, just in case you need it.

Proper Reporting on the Claim Form

All dental claim forms should be filed to insurance with properly reported provider information. This will help prevent hold-ups in claims processing.

- Add the surgical provider to your dental practice management software, including his/her NPI number and license number. Post all applicable procedures as being done by this doctor. The billing entity is your office and your tax identification number. Use your office NPI number for the billing entity information.
- Make sure your claims are reported correctly, with the general dental office's name, address, tax ID number, and NPI number listed in the billing entity fields on the lower left-hand side of the claim form (Box 48). Make sure the rendering provider (the doctor that actually performing the treatment) is showing in the rendering provider fields in the lower right-hand side of the claim form (Box 53). Rendering provider information should include the doctor's name, NPI number, and license number, as well as the general dental office's address and tax ID number.
- All of the information on the lower right-hand side of the claim form is left out of all e-claim transmissions, therefore, *paper claims are recommended.*

- Most claims for oral surgery require a copy of the panoramic X-ray and operative record with anesthesia time. It is a good idea to send this information with the original claim to prevent delays.

Adding a Provider to Your Location

If you have not filed a surgery claim to a particular insurance company before, it is a good idea to send an "add provider" letter on your office letterhead, along with the first claim. This letter reports that your surgical provider is now seeing patients in your location as an out-of-network provider. A sample letter is attached as **Appendix A** at the end of this guide. For in-network surgical providers, please contact us.

Follow the instructions provided by each insurance company and included in **Appendix A** to add the surgical provider to your office location as a non-participating provider. All W-9 forms should be completed *for the billing entity only*.

When a Narrative is Required

Some insurance plans will cover IV sedation. When covered, a clinical narrative, describing the medical necessity for IV sedation, may be required (**see Appendix B**). When you verify coverage, the insurance company can tell you if a narrative will be required. Our insurance support team can provide a custom narrative to accompany the claim form.

Affordable Care Act (ACA) /Healthcare Reform Coverage Arrangements

Some ACA plans obtained through the marketplace are now combining medical and dental deductibles (embedded benefits) and are requiring that the full medical deductible ($2-4000 in most cases) be met before dental claims are paid. This is most likely to happen with policyholders who have the same carrier for both medical and dental coverage for their children (up to age 26). Therefore, it is extremely important that each office RE-VERIFY each patient's insurance prior to surgery, in order to avoid a potentially serious insurance situation. Plans that renew in months other than January may have changes that just went into effect, and if insurance was verified a month ago, the deductibles could be very different now.

Medical Claims Filing

Occasionally, a dental insurance company will request that a claim be filed to the patient's medical carrier prior to the claim being paid by the dental carrier. If an insurance company makes this request, you will need to file a claim to medical on the patient's behalf. In most cases, you can do this preemptively because you were properly informed about the requirement when you verified benefits.

Filing a medical claim for surgical extractions is relatively simple. The claim must be filed on a medical claim form (HCFA CMS1500-2/12), which is attached at the end of this guide. Also included is a sample of a properly-completed form, along with instructions for completing the form (**Appendix C**).

Send all medical claim forms via postal mail with both a panoramic X-ray and an operative record. Once you receive the response/denial/EOB from medical, send a copy of it along with the dental claim to the dental carrier for payment.

NOTE: *Most medical insurance carriers will NOT pay for dental-related oral surgery claims. You simply need the denial letter from medical insurance to accompany the dental claim form in order for the dental insurance to pay the claim.*

Feel free to contact us for help when completing medical claims!

Downcoding

As dental insurance plan coverage limitations broaden, we often find ourselves faced with challenges in securing accurate claim payments. One trend which has increased in frequency is the downcoding of procedure codes by insurance, which results in a lower reimbursement for a given procedure. This is becoming more common with extraction codes 7210-7241. *Please understand that your surgical provider will never code an extraction to a higher code than necessary for any patient. He/she will assign procedure codes that are supported by the radiographic and clinical facts, along with the technique and surgical procedure required to remove each tooth with as little trauma and bone loss as possible.*

Insurance company dental consultants do not have the luxury of visualizing the entire clinical circumstance, and the consultants only have the radiograph on which to base their determination. For this reason, the assignment of a lower procedure code will occur from time to time. Be aware that surgical services provided by us are not considered contract or "in-network" services. If an insurance company assigns a lower code to a procedure, it does not mean that your office is required to adjust the fee to match the new code.

In the event that an extraction is downcoded, we recommend contacting us immediately in order to obtain a clinical narrative, which can be filed in an effort to appeal the decision and to receive additional claim payment.

In the event that an appeal is not granted, and the lowered code stands, please be aware that your office is under no obligation to accept the lowered fee. The communication from the insurance plan clearly states that the determination is *"not a determination of medical necessity."* In fact, it is illegal for an insurance company to dictate treatment or billed procedure codes. It is, however, legal for the insurance company to pay for a lesser treatment under certain criteria. Please also be aware that the dental insurance company cannot tell the patient that their doctor has billed the wrong code, and that that is why the code and the reimbursement amount was changed. It is left to the discretion of your office to decide whether or not to balance bill the patient or to reduce the fee to the lesser code. We recommend asking the patient to pay the difference.

Free Available Resources

1. Personal instruction on the medical claims process and how to complete the form
2. Self-tutorial on the medical claims process and how to complete the form (step-by-step guide)
3. Common procedure codes and diagnosis codes document
4. Sample medical form (HCFA1500)
5. Option to have our team complete the form for you and send back to you for filing
6. Troubleshooting guide for dental surgery claims
7. Insurance narrative letter templates

Please utilize all resources available to you for insurance claims help. It is our goal to assist you in any way possible, in order to facilitate a seamless and a stress-free relationship for all.

Insurance Help Desk Contact Information

If you need assistance when a dental carrier requires a narrative or requests a claim be filed to medical before it will pay for covered dental surgery, please contact us.

E-mail all support requests to:

(name?)
(title?)
Email: ins@vipsdental.com

When emailing, be sure to include:

- Your name
- Your office info
- Your patient info
- Your surgical provider's name
- A copy of the patient's insurance info
- Copies of any existing dental claim forms and any EOBs received

Our goal is to make filing insurance for oral surgery simple and easy. Let our Insurance Help Desk provide assistance.

The following individuals area available to assist you with any insurance questions or concerns:

April Smith
april@vipsdental.com
cell.469.774.2555

OR

Dena Rathbun
dena@vipsdental.com
cell.214.334.8416

APPENDIX A

Sample Letter to Add Non-Participating Provider (on letterhead)

DATE

ATTN: Network Administration
Dental Insurance Company Name
Address
City, ST Zip

Re: Add a Non-Participating Provider to Our Location

This letter is to request that Dr. _____, be added as a non-participating provider to our office location.

Surgical Provider Name_____

License #_____

NPI #_____

Service Location:

Dental Office Name_____

Dental Office Address_____

_____

Dental Office Phone_____

Dental Office Tax ID#_____

This update shall be effective beginning on _____ . Please update the National Provider File upon receipt of this notification.

I am enclosing a copy of Dr. _____'s license and a completed W-9 form for *(Dental Office Name)* _____, as specified by provider relations.

Sincerely,

(Name of Dental Office Owner)

APPENDIX A (cont'd)

Add-Provider Instructions by Insurance Company

Aetna:

- Provider Services: (800) 776-0537
- Send "Add Non-Par Provider" letter with W9
- Tax ID # on W9 is for *Billing Entity* (host office)
- Fax to: 859-455-8650; Attn: "TINS and PINS"

CIGNA:

- Submit claim with billing entity's (general dental office) Tax ID #, and list visiting doctor as rendering provider.
- NO add-provider letter or W9 necessary; CIGNA pays to *Billing Entity*.

Guardian:

- Send "Add Non-Par Provider" letter with W9.
- Tax ID on W9 is for *Billing Entity* (host office).
- Mail letter with claim.

Delta Dental—*Submit an "Add Provider" request on the letterhead of the hosting dental office.*

- Complete the TIN Enrollment form (***sample on the following 2 pages***) with our doctor's license number in #3 and name in #4.
  All other info is for your office and should be signed by your doctor.
- Include a copy of your doctor's license.
- Email "Add Provider" letter, TIN Form, and license to dservices@delta.org.
- For provider relations questions and for status updates, contact Delta Dental via email at dservices@delta.org.

MetLife:

- Send "Add Non-Par Provider" letter with W9.
- Tax ID on W9 is for *Billing Entity* (host office).
- Mail letter with claim.

United Concordia—**Contact us for details.**

Blue Cross/Blue Shield DENTAL:

- Send "Add Non-Par Provider" letter with W9.
- Tax ID on W9 is for *Billing Entity* (host office).
- Mail letter with claim.

Blue Cross/Blue Shield MEDICAL (Texas)—**Contact us for help with this process.**
Prior to claim submission, rendering providers must request and obtain a BCBSTX Provider Record ID for claim payment. The Provider Record ID associates the provider's rendering NPI # with their billing NPI # and Tax ID #. You may call BCBSTX Provider Administration at 972-996-9610, option 3, to determine if your practice has established a Provider Record ID. To complete the online Provider Onboarding process, visit: https://www.bcbstx.com/provider/network/network_participation.html

DELTA DENTAL

Taxpayer Identification Number (TIN) Request Form

We require the following information for contracting and IRS income reporting purposes. Please resubmit this form any time you change practices, enter a new partnership or are issued a new Taxpayer Identification Number.

Please fill out form completely.

1) **Taxpayer Identification Number**_____

2) Effective date of TIN_____

3) License number_____

4) Dentist's name_____

5) **Legal name of the person, partnership or business in which the above TIN (item #1) was issued by the IRS.** If this does not match the IRS' records exactly, payments to you may be subject to penalties and backup withholding.*

_____

6) Business name (doing business as), if different from above. This will be the name that will be printed on checks ("Payee").

_____

7) Office location:

Address_____

City_____

State_____ ZIP_____

Phone ( )_____

8) Mailing address (if different from office location):

Street/P.O. Box_____

City_____

State_____ ZIP_____

Phone ( )_____

9) Type of business entity: ☐ Corporation
☐ Partnership ☐ Individual/Sole proprietor
☐ Other (please specify)_____

Certification

I certify under penalty of perjury that:

- The TIN and Payee name I have provided is correct;
- The Payee is not subject to backup withholding; and
- The Payee is a U.S. citizen or resident; partnership, corporation, company or association; or any non-foreign estate or trust.

(Cross out the second bullet if the Payee has been notified by the IRS that it is currently subject to backup withholding.)

Signature Date

Please return this form to your local Delta Dental:

Delta Dental of California
ATTN: Provider Data Management
P.O. Box 997330
Sacramento, CA 95899-7330
Email: dentist_services@delta.org

Delta Dental Insurance Company
ATTN: Provider Data Management
P.O. Box 1826
Alpharetta, GA 30023
Email: ProfessionalServices@ddic.delta.org

Delta Dental of Pennsylvania
ATTN: Provider Data Management
P.O. Box 2106
Mechanicsburg, PA 17055
Email: ddpdentist_services@deltadentalpa.org

Purpose of TIN Request Form

We are required to file an information return with the IRS and must obtain your correct TIN to report income paid to you. Furnishing your correct taxpayer information and making the appropriate certifications will prevent certain payments from being subject to backup withholding.*

We use this form as a substitute for the IRS Form W-9 (Request for Taxpayer Identification Number and Certification). Please refer to Form W-9 and its instructions if you require additional information.

***What is Backup Withholding?**

Businesses making certain payments to you are required to withhold and pay to the IRS 28% of such payments under certain conditions. This is called "backup withholding." If you provide the correct TIN and name combination and make the appropriate certifications, your payments will not be subject to backup withholding. Payments you receive will be subject to backup withholding if: (1) You do not furnish your TIN to the requester, (2) The IRS notifies the requester that you furnished an incorrect TIN or name, or (3) You do not certify your TIN.

(continued)

See IRS Form W-9 regarding exemptions from backup withholding.

Specific Instructions for Individuals and Sole Proprietors

Individual payees must generally provide their SSN as their TIN and the name shown on their social security card on line 5. If you have changed your last name, for instance, due to marriage, without informing the Social Security Administration of the name change, please enter the name shown on your social security card on line 4 and your new name on line 5.

Sole proprietors must furnish their individual name and SSN, which is preferred by the IRS, or employer identification number (EIN) as their TIN. Enter your name(s) as shown on your social security card and/or as it was used to apply for your EIN on Form SS-4. You may also enter your business name or "doing business as" name on line 6.

Penalties

Failure to Furnish TIN. If you fail to furnish your correct TIN, you are subject to a penalty of $250 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil Penalty for False Information with Respect to Withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a $500 criminal penalty.

Criminal Penalty for Falsifying Information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of Federal law, the requester may be subject to civil and criminal penalties.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to furnish your correct TIN to businesses that must file information returns with the IRS to report income paid to you. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to governmental agencies to carry out tax laws. The IRS may also disclose this information to combat terrorism.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 28% of taxable payments to a payee who does not furnish a TIN to a payer. Certain penalties may also apply.

APPENDIX B

Narrative/appeal verbiage for codes D7210, D7220, D7230, and D7240:

- *The surgical removal of tooth numbers 1 and 16 (**CDT code D7210**) required an incision and flap procedure in order to gain adequate access. In this case, surgical access was required, as is the standard of care when attempting an atraumatic surgical extraction. The teeth were surgically removed with assistance of a surgical handpiece in order to create a point of purchase. The incisions were closed with 3-0 plain gut suture.* **Per the ADA coding descriptions (D7210): surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth includes cutting of gingiva and bone, removal of tooth structure, minor smoothing of socket bone, and closure.**

- *The surgical removal of tooth numbers 1 and 16 (**CDT code D7220**) required an incision and flap procedure in order to gain adequate access due to the soft tissue covering the disto-occlusal portion of the clinical crown. It is common for a tooth to appear completely erupted on radiograph, yet to require surgical access due to gum tissue covering a portion of the crown. In this case, surgical access was required, as is the standard of care when attempting an atraumatic surgical extraction.* **Per the ADA coding descriptions (D7220): removal of impacted tooth/soft tissue; occlusal surface of tooth covered by soft tissue; requires mucoperiosteal flap elevation.**

- *The surgical removal of tooth numbers 17 and 32 (**CDT code D7230**) required an incision and flap procedure in order to gain adequate access. 40-50% of the crowns of each tooth were covered by bone. The teeth were surgically removed with assistance of a surgical handpiece in order to create a point of purchase. The incisions were closed with 3-0 plain gut suture.* **Per the ADA coding descriptions (D7230): removal of impacted tooth/partially bony; part of crown covered by bone; requires mucoperiosteal flap elevation and bone removal.**

- *The surgical removal of tooth numbers 1, 16, 17, and 32 (**CDT code D7240**) required an incision and flap procedure in order to gain adequate access. The majority of the crowns of each tooth were covered by bone. The teeth were surgically removed with assistance of a surgical handpiece in order to create a point of purchase. The incisions were closed with 3-0 plain gut suture.* **Per the ADA coding descriptions (D7240): removal of impacted tooth/completely bony; most or all of crown covered by bone; requires mucoperiosteal flap elevation and bone removal.**

A copy of the patient's panoramic X-ray has been enclosed to show CEJ and bone levels. In this case, surgical access was required, as is the standard of care when attempting an atraumatic surgical extraction.

Narrative/Appeal Verbiage for IV Sedation:

- To ensure (patient's name) complete compliance and comfort—which could not be assured under local anesthesia—it was felt that the administration of IV sedation would be performed. As you are aware, it is medically necessary for patients undergoing third molar extractions, as osseous surgery associated with their removal is extremely painful. To do the procedure otherwise would expose the patient to an unnecessary amount of pain, discomfort, and pressure. The sequelae would be increased heart rate, tachycardia, and elevated blood pressure. When this happens, hemorrhage at the surgical site is greater, and visibility significantly decreases. This also prolongs the surgery time and manipulation of the operative site. The result is a prolonged recovery time, more pain, and an increased incidence of complications, infection, dry socket, nerve injury, etc. Finally, IV sedation in conjunction with wisdom tooth removal is presently the ***standard of care.*** To perform this type of osseous surgery without IV sedation would be considered a deviation from the ***standard of care***.

APPENDIX C

Instructions for completing CMS 1500 medical claim form (*see sample on following page*):

- In box 15, enter Qualifier code "454" to indicate date of initial treatment, and use the date of surgery.
- In box 17, put your office information as the referring provider and put code "DN" in front of your doctor's name.
- In box 21, input the diagnosis code (ICD-10 beginning 10/15). See attachment at the end of this guide for specific codes most often used. In the space 'ICD ind' in box 21, put a "0" to designate that you are using an ICD-10 code.
- Section 24 is for reporting the services rendered using the appropriate CPT (medical procedure) codes. A list of common CPT codes is listed at the bottom of this Appendix. The blank area above each service reporting line is for the inclusion of supplemental claim information, such as tooth #'s and corresponding CDT codes. Enter "ZZ", then the CDT code, followed by "JP", and the tooth number in this section.
    - In column "B"—indicate the place of service using service code "11", which indicates the procedure was done in the office.
    - In column "D"—indicate the CPT procedure code being billed.
    - In column "E"—place an "A" to indicate that the CPT code is associated with the diagnosis code listed above in section 21.
    - In column "F"—indicate the line item charges.
    - In column "G"—indicate the number of units. If you are billing for two extractions, you can enter a "2", if billing for only one extraction, you can enter a "1". Anesthesia CPT codes MUST be reported using minutes in this field. Enter minutes in column "G" for anesthesia codes (30 for code 99144 and 30 for code 99145 if billing for one hour).
    - In column "I"—enter the RENDERING provider's NPI number.

NOTE: *Box 24, Column J is the only place where the rendering provider NPI number should be listed. Facility location in Box 32 and billing information in Box 33 should match.*

****IMPORTANT! Please contact us for help filing Blue Cross/Blue Shield Medical Claims.****

Medical Claim Procedure Codes and Diagnosis Codes *(Wisdom Teeth)*:

CPT Codes

- 41899 (surgical extraction; put the dental code in the description)
- 99152 (IV sedation, first 15 minutes)
- 99153 (IV sedation, each additional 15 minutes)
- 96375 (therapeutic drug injection)
- 99241 (consultation)

ICD-10 (Diagnosis Codes)

- K01.1 (impacted teeth)
- K02.9 (dental caries, unspecified)

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

Insurance Company
PO Box 12345
Atlanta GA 30374-0800

CARRIER

PICA

1. MEDICARE / MEDICAID / TRICARE / CHAMPVA / GROUP HEALTH PLAN / FECA BLK LUNG / OTHER	1a. INSURED'S I.D. NUMBER (For Program in Item 1)
GROUP HEALTH PLAN [X]	123456789
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)	3. PATIENT'S BIRTH DATE / SEX
Last, First	01 01 1984 M [ ] F [X]
5. PATIENT'S ADDRESS (No., Street)	6. PATIENT RELATIONSHIP TO INSURED
112 Main St	Self [X] Spouse [ ] Child [ ] Other [ ]
CITY / STATE	8. RESERVED FOR NUCC USE
Coppell / TX	
ZIP CODE / TELEPHONE (Include Area Code)	
75019 / ( )	
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)	10. IS PATIENT'S CONDITION RELATED TO:
a. OTHER INSURED'S POLICY OR GROUP NUMBER	a. EMPLOYMENT? (Current or Previous) YES [ ] NO [X]
b. RESERVED FOR NUCC USE	b. AUTO ACCIDENT? YES [ ] NO [X] PLACE (State)
c. RESERVED FOR NUCC USE	c. OTHER ACCIDENT? YES [ ] NO [X]
d. INSURANCE PLAN NAME OR PROGRAM NAME	10d. CLAIM CODES (Designated by NUCC)

4. INSURED'S NAME (Last Name, First Name, Middle Initial)
Last, First
7. INSURED'S ADDRESS (No., Street)
112 Main St
CITY / STATE
Coppell / TX
ZIP CODE / TELEPHONE (Include Area Code)
75019 / ( )
11. INSURED'S POLICY GROUP OR FECA NUMBER
23456
a. INSURED'S DATE OF BIRTH / SEX
01 01 1984 M [ ] F [X]
b. OTHER CLAIM ID (Designated by NUCC)
c. INSURANCE PLAN NAME OR PROGRAM NAME
d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES [ ] NO [X] If yes, complete items 9, 9a, and 9d.

PATIENT AND INSURED INFORMATION

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE: I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.

SIGNED: Signature on File DATE: 10/5/15

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE: I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

SIGNED: Signature on File

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP)	15. OTHER DATE
MM DD YY QUAL.	QUAL. 454 MM 08 DD 06 YY 15
16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION	
MM DD YY FROM TO	
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a. / 17b. NPI your office npi
DN Your Doctor's Name	
18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES	
MM DD YY FROM TO	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)	
20. OUTSIDE LAB? YES [ ] NO [X] $ CHARGES	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. Relate A-L to service line below (24E) ICD Ind. 0	
A K01.1 B C D E F G H I J K L	
22. RESUBMISSION CODE / ORIGINAL REF. NO.	
23. PRIOR AUTHORIZATION NUMBER	

PHYSICIAN OR SUPPLIER INFORMATION

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 EPSDT Family Plan	I ID. QUAL	J RENDERING PROVIDER ID. #
1 ZZ 7210 JP 1, 16 08 06 15 08 06 15	11		41899	1	550.00	2		NPI	provider npi
2 ZZ 7230 JP 17, 32 08 06 15 08 06 15	11		41899	1	800.00	2		NPI	provider npi
3 ZZ 9241 08 06 15 08 06 15	11		99144	1	450.00	1		NPI	provider npi
4 ZZ 9242 total anesthesia time 60 minutes 08 06 15 08 06 15	11		99145	1	288.00	2		NPI	provider npi
5								NPI	
6								NPI	

25. FEDERAL TAX I.D. NUMBER	26. PATIENT'S ACCOUNT NO.	27. ACCEPT ASSIGNMENT? (For govt. claims, see back)	28. TOTAL CHARGE	29. AMOUNT PAID	30. Rsvd for NUCC Use
your office tax id SSN [ ] EIN [X]		YES [ ] NO [X]	$ 2088.00	$	

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.)	32. SERVICE FACILITY LOCATION INFORMATION	33. BILLING PROVIDER INFO & PH # ( )
Signature on File 10/5/2015	Office Name Office Address Irving, TX 75063	Office Name Office Address Irving, TX 75063
SIGNED DATE	a. your office npi b.	a. your office npi b.

NUCC Instruction Manual available at: www.nucc.org

PLEASE PRINT OR TYPE

APPROVED OMB-0938-1197 FORM 1500 (02-12)

Clear Form