# Pathology Billing Example: CMS-1500

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The example in this section assists providers who bill pathology services on the *CMS-1500* claim form. Refer to the *Pathology: Billing and Modifiers* section of this manual for policy information related to this example. Refer to the *CMS-1500 Completion* section of this manual for instructions to complete claim fields not explained in the following example. 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 or dollar amounts. If requested information does not fit neatly in the Additional Claim Information field (Box 19) of the claim, type it on an 8½ x 11-inch sheet of paper and attach it to the claim.

# Billing Single Lab Procedure More Than Once on Same Day

*Figure 1. Using single claim line to bill same lab procedure more than once on the same day*.

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

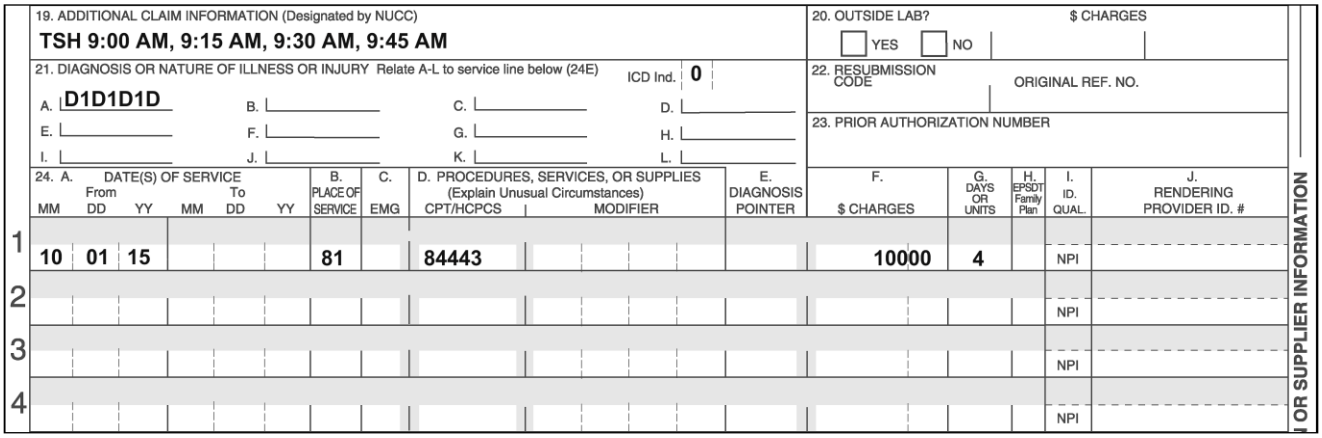
In this example, lab specimens for thyroid stimulating hormone (CPT® code 84443) are drawn at four 15-minute intervals in order to establish a diagnostic curve. Code 84443 is billed without a modifier, indicating the provider is submitting a claim for the professional and technical component in the *Procedures, Services or Supplies/Modifier* field (Box 24D).

The date of service is entered in the six-digit format in the *Date(s) of Service* field (Box 24A). Enter Place of Service code 81 (independent laboratory) in Box 24B.

In the *Additional Claim Information* field (Box 19), specify the times that the specimens were analyzed.

Enter the appropriate ICD-10-CM diagnosis code 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.

Enter the usual and customary charges in the *Charges* field (Box 24F). Enter a 4 in the *Days or Units* field (Box 24G) to show that four separate specimens were drawn and analyzed.



19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)
TSH 9:00 AM, 9:15 AM, 9:30 AM, 9:45 AM

20. OUTSIDE LAB? ☐ YES ☐ NO $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. 0
A. D1D1D1D B. C. D.
E. F. G. H.
I. J. K. L.

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. 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 | 10 | 01 | 15 | | | | 81 | | 84443 | | | 10000 | 4 | | NPI | |
| 2 | | | | | | | | | | | | | | | NPI | |
| 3 | | | | | | | | | | | | | | | NPI | |
| 4 | | | | | | | | | | | | | | | NPI | |

I OR SUPPLIER INFORMATION

**Figure 1:** Using Single Claim Line to Bill Same Lab Procedure More Than Once on the Same Day

## ‹‹Legend››

‹‹Symbols used in the document above are explained in the following table.››

| Symbol | Description |
|---|---|
| ‹‹ | This is a change mark symbol. It is used to indicate where on the page the most recent change begins. |
| ›› | This is a change mark symbol. It is used to indicate where on the page the most recent change ends. |