CMS-1500 Special Billing Instructions for Vision Care

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This section includes information about claim attachments and procedures for submitting claims for *Treatment Authorization Request* (TAR)-approved services. This information is designed to supplement the explanations in the *CMS-1500 Completion for Vision Care* section of this manual.

Claim Attachments and Required Documentation

For reimbursement, some claims must be submitted with a claim attachment or additional documentation. The following policy sections include instructions about invoice, "By Report" and medical justification requirements.

- Contact Lenses
- Eye Appliances
- Eyeglass Frames
- Eyeglass Lenses
- Low Vision Aids
- Professional Services
- Prosthetic Eyes

Note: Some services require that the documentation be submitted with the TAR rather than the claim.

Using Additional Claim Information Field (Box 19) In Place of Attachments

For some procedures, entering medical justification or other information in the *Additional Claim Information* field (Box 19) of the claim may eliminate the need for an attachment or additional documentation.

Attaching Recipient Eligibility Confirmation Printout

Point of Service (POS) printouts and Internet eligibility responses, with Eligibility Verification Confirmation (EVC) numbers, are not required as attachments unless the claim is more than 1 year old.

Submitting Claims for TAR-Approved Services

When submitting a claim for TAR-approved services:

- Ensure that the procedure codes, modifiers and dates of service on the claim match exactly those indicated on the *Adjudication Response* (AR) that is faxed or mailed back to the provider when the TAR is adjudicated. The cumulative number of units billed must not exceed the number of approved units indicated on the AR.
- Enter the 10-digit TAR Control Number (TCN) followed by the Pricing Indicator (PI) from the AR in the *Prior Authorization Number* field (Box 23) on the *CMS-1500* claim form.
- Enter the TCN and PI on all claims for services authorized on the same TAR, even if the services are billed on separate claims.
- Attach invoices or manufacturer's catalog pages as appropriate for TAR-approved items.
- Bill approved items and/or procedures with different TCNs on separate claim forms.
- Bill TAR approved and non-TAR services on separate claim forms.

Submitting Copies of Adjudication Responses

Providers are not required to submit copies of the AR with claims as proof of authorization. Instead, providers should accurately and legibly copy the entire 10-digit TCN followed by the PI from the AR in the *Prior Authorization Number* field (Box 23) of the *CMS 1500* claim form. Omissions, errors or illegibility will cause claim denial.

AR Copy Exceptions

Providers may submit copies of the AR with appeals and *Claims Inquiry Forms* (CIFs) to show that there is an error in the TAR information.

TAR Corrections for TARs Over One Year Old

Providers may request the Vision Services Branch (VSB) to correct or modify recipient information on a TAR within a year of the TAR's original approval date. The Department of Health Care Services (DHCS) consultant will not change the recipient's Medi-Cal ID number, Social Security Number (SSN), name, date of birth or sex if the TAR is more than one year old.

Mismatched TAR and Claim Data

If a claim is denied because the recipient data on the claim does not match the recipient data on the TAR, providers may request claim reconsideration by attaching a copy of an AR to a CIF.

‹‹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.