

CAUTION: Read the [ICD-9 Policy Holding Library](#) page about policy in this document.

California Children's Services (CCS) Program Billing Example: CMS-1500 for Vision Care

cal child bil cms vc

1 

The example in this section assists providers in California Children's Services (CCS) program billing on the *CMS-1500* claim form for Vision Care services. The explanations on the following page emphasize billing issues common to all CCS providers – proper use of Service Authorization Request (SAR) numbers, NPIs and client ID numbers. Refer to the *CMS-1500 Completion for Vision Care* section in this manual for instructions to complete claim fields not explained in this section. For additional claim preparation information, refer to the *Forms: Legibility and Completion Standards* section in this manual.

Refer to the *California Children's Services (CCS) Program* section in this manual for policy information.

Billing Tips: When completing claims, do not enter the decimal points in ICD-9-CM codes or dollar amounts, or dollar signs with the charges. If requested information does not fit neatly in the *Reserved for Local Use* field (Box 19) of the claim, type it on an 8½ x 11-inch sheet of paper and attach it to the claim.

**Important Fields for
CCS Claim Completion**

Figure 1. Completing Fields for CCS Claims: Service Authorization Request (SAR), NPI and Client ID Numbers.

This is a sample only. Please adapt to your billing situation. Attachments are not illustrated in this example.

In this example, a provider is billing for contact lenses as a post-operative appliance for a patient whose condition renders him unable to tolerate corrective spectacles.

Insured's ID Number

Enter the client's identification number in the *Insured's ID Number* field (Box 1A) as it appears on the plastic Benefits Identification Card (BIC) or paper Medi-Cal ID card.

Note: For providers billing without a SAR number with prefix "91" or "97" for CCS-only or CCS/Healthy Families clients, leave this field blank.

Procedures, Services or
Supplies

Enter the appropriate procedure code (HCPCS or CPT-4) and modifier, when applicable. Modifiers should be listed following the procedure code on a single claim line. In this example, HCPCS code V2520 (contact lens, hydrophilic, bifocal, per lens) is billed with modifier NU (new equipment).

Referring Provider

Enter a referring physician's NPI in Box 17B, if applicable. If the service was rendered pursuant to a referring physician's SAR, then the SAR number from the referring physician must be included on the claim form. If the services provided were not pursuant to a referring physician's SAR, then leave the *Name of Referring Provider or Other Source* (Box 17) field blank.

Authorization

Enter the 11-digit SAR number in the *Prior Authorization Number* field (Box 23).

Note: For providers billing without a SAR number with prefix "91" or "97," leave this field blank.

Billing Provider Information

Providers should enter the billing providers address and telephone number in the *Billing Provider Info and Phone Number* field (Box 33) and an NPI number in NPI field (Box 33A).

Note: The nine-digit ZIP code entered in this box must match the billing provider's nine-digit ZIP code on file for claims to be reimbursed correctly.

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