

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

Pathology Billing Example: CMS-1500

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-9-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-4 code 84443) are drawn at four 15-minute intervals 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, August 3, 2015, is entered as 080315 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 an appropriate ICD indicator and ICD-9-CM diagnosis code in the *Diagnosis or Nature of Illness or Injury* field (Box 21). ICD-9-CM code 244.9, for primary hypothyroidism, is used in this example. 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)										20. OUTSIDE LAB? <input type="checkbox"/> YES <input type="checkbox"/> NO		\$ CHARGES		
TSH 9:00 AM, 9:15 AM, 9:30 AM, 9:45 AM														
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind: 9										22. RESUBMISSION CODE		ORIGINAL REF. NO.		
A. 2449 B. C. D.										23. PRIOR AUTHORIZATION NUMBER				
E. F. G. H.														
I. J. K. L.														
24. A. DATE(S) OF SERVICE			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. EFSBT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #	OR SUPPLIER INFORMATION
From MM DD YY To MM DD YY														
1 08 03 15			81		84443				100 00	4		NPI		
2												NPI		
3												NPI		
4												NPI		

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