

Candb (u4ip)



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Claim forms can be confusing to fill out, even for people who are experienced in the field of medical billing and coding. The pressure comes in because it is so imperative that the forms contain the proper information, especially when it comes to the diagnosis, procedural, and supply codes. If they do not, a claim can be denied, delayed, or worse. This is often a very challenging task for new billing specialists. There are certain steps that they need to follow in order to learn how to properly fill out an insurance claim form with the correct codes.

Lines 18, 19, 20, 22, and 23 are the most important lines on the form that is included in the page below, as these particular lines contain the codes. It is not reasonable, safe, or reliable to expect a billing specialist to remember all of the codes and modifiers that are safe. Therefore, he or she will need a reference guide for this. Since these codes and modifiers are updated occasionally, an online reference guide would be a good resource. One good resource is the website for the Centers for Medicare and Medicaid.

In the form below, the website for the Centers for Medicare and Medicaid was used to look up the codes. The diagnosis code for this particular patient matches that of an individual with multiple sclerosis. The codes that follow the diagnosis code are procedural codes that represent the testing that was done during the office visit of that particular patient. There could have also been supply codes included, but no supplies were used in this particular visit that was going to be billed to the insurance company in question. Had there been supplies used, those would need to be included on the form as well. The codes were looked up using a search engine on the website, which provided a page listing the codes for musculoskeletal disorders.