Enter Routine Exam

To complete the form and successfully submit your routine examination claim, the following information will be needed: Diagnosis code, date of service, procedure code, charges and units.

Below will provide you guidance in what each section requires and the field definition.

Diagnosis Section: This section captures the patient's diagnosis.

The "DIAGNOSIS CODE" field is for entry of the diagnosis codes. You can enter up to 4 diagnoses. At least one diagnosis code is required for payment consideration. The only valid diagnosis codes for routine examinations are v72.0, 367.0, 367.1, 367.20, 367.21, and 367.4. Incomplete diagnosis codes will result in a delay in claim processing.

Procedure Section: This section is to capture information on the type of services performed on the patient.

The "FROM" field is where you will enter the date of service. This is a required field.
The "CODE" field is for entry of the procedure code. The only valid codes for routine examination are S0620 and S0621. This is a required field.
The MOD field is for the, entry of a Modifier, if appropriate. This is NOT a required field.
The "DX SEQ" field is for you to enter the diagnosis codes that correspond with the procedure code. Example if you have 4 diagnosis codes where two of them are associated with a procedure code, you would enter "1,3" to indicate that the first and third diagnosis sequence codes apply to the procedure code. This field is required.
The "CHARGES" field is for you to enter your Usual and Customary fee amount for that procedure. This field is required.
The "UNITS" field is for you to enter how many times they performed the service. This field is required.

Once the entry is completed, you will be able to view your entry by selecting the option "View Professional Services Summary".

Once you submit the claim and if there are no errors, you will be provided a tracking number.