



Procedure Title:	Insurance B12 Billing
Date:	10/01/2021
Version:	
Department:	CIC
Approved By:	

FRONT DESK:

Scheduling insurance B12 billing:

- Verify that we have a letter of medical necessity from the patient’s provider.
- Schedule patient on the nurse schedule under ***Nurse Visit 10 (10 minute)*** slot.
 - If the visit is not scheduled under ***Nurse Visit 10 (10 minute)*** it will not be tracked in the billing missing slips bucket and will not be billed out. So, it is very important that an “insurance billed B12” is scheduled like this.

At check in:

- Make sure patient signs the “Non Covered Service Waiver” with all the below highlighted fields filled out accordingly:

3144 State Street
Medford, OR 97504
541.773.9772 (Ph)
541.773.1113 (Fax)

CompleteCare
Non-Covered Service Waiver

3144 State Street
Medford, OR 97504
541.773.9772 (Ph)
541.773.1113 (Fax)

PATIENT NAME _____ **DOB** _____

I understand that the services I will be receiving may not be considered eligible for benefits services may be determined not medically necessary, non-covered or investigational by my health insurance provider. I understand that my health insurance coverage has certain restrictions and limitations, such as prior-authorization requirements and non-covered service guidelines.

By signing this form, I understand that I am agreeing in advance to receive these specific services and to pay for the services indicated below if my insurer denies payment because the services are not covered by my health insurance plan.

<input type="checkbox"/> Injections tendon sheath/ligament	20550	\$147.00 per site
<input type="checkbox"/> Injections single tendon	20551	\$150.00 per site
<input type="checkbox"/> Trigger Point Injections 3 or more	20553	\$174.00
<input type="checkbox"/> Trigger Point Injections 1-2 muscles	20552	\$151.00
<input type="checkbox"/> Injection/aspiration of joint	20600-20610	\$139.00-\$402 (dependent on location)
<input type="checkbox"/> Tangential biopsy of skin, single lesion	11102	\$275.00
<input type="checkbox"/> Each additional lesion	11103	\$150
<input type="checkbox"/> Punch biopsy of skin, single lesion	11104	\$345.00
<input type="checkbox"/> Each additional lesion	11105	\$171.00
<input type="checkbox"/> Incisional biopsy of skin, single lesion	11106	\$422.00
<input type="checkbox"/> Each additional lesion	11107	\$202.00
<input type="checkbox"/> Pellet placement female and Male	11980	\$269.00
Other	96372 10420	\$69.50 \$5.00

Signature of patient or representative _____

Date of Service _____

Initial of employee providing form _____

- No form of payment is required at time of appointment.

MEDICAL ASSISTANTS:

1. *Input documentation required in chart note:*

- Reason for visit
- Medication name
- Dosage information
- NDC #73198-0051-30

~ *Improving Quality of Life Beyond Any Reasonable Expectation* ~



2. Send the chart note for review to the rendering provider where they will finish the encounter.
 - Provider will be responsible for:
 - Inputting appropriate dx codes
 - Signing off encounter

BILLING:

1. Verify all information above has been documented in chart
2. In the “claim: billing” screen input the following codes:
 - 96372 Therapeutic, prophylactic, or diagnostic injection
 - J3420 Injection, vitamin b-12 cyanocobalamin, up to 1000 mcg
3. Attach letter of medical necessity
4. Submit claim

NOTE: We will not reduce insurance billed charges or patient responsibility amounts to the TOS price of \$15.00, if patient requests that we submit a claim for these injections on their behalf.