



CMS Roll-Up Billing



How do I roll-up billing on claim submissions?

To roll-up billing on your submissions, enter all the units for the same service performed on the same day and at the same location on one line. You should roll-up all claim lines for services that meet these requirements:

- Same Member
- Same Procedure Code and Modifier
- Same POS
- Same DOS

When roll-up billing, enter the total number of units for the single service line. Do not bill multiple lines.

Examples:

Do not do this:

	24. A. DATE(S) OF SERVICE						B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)			E. DIAGNOSIS POINTER	F. \$ CHARGES		G. DAYS OR UNITS
	From MM	From DD	From YY	To MM	To DD	To YY			CPT/HCPCS	MODIFIER					
1	02	01	22	02	01	22	99		G9012	U2	GQ		378	13	1
2	02	01	22	02	01	22	99		G9012	U2	GQ		378	13	3

Instead, roll-up the billing like this:

	24. A. DATE(S) OF SERVICE						B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)			E. DIAGNOSIS POINTER	F. \$ CHARGES		G. DAYS OR UNITS
	From MM	From DD	From YY	To MM	To DD	To YY			CPT/HCPCS	MODIFIER					
1	02	01	22	02	01	22	99		G9012	U2			378	13	4

Different DOS go on separate lines:

	24. A. DATE(S) OF SERVICE						B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)			E. DIAGNOSIS POINTER	F. \$ CHARGES		G. DAYS OR UNITS
	From MM	From DD	From YY	To MM	To DD	To YY			CPT/HCPCS	MODIFIER					
1	02	01	22	02	01	22	99		G9012	U2	GQ		378	13	4
2	02	04	22	02	04	22	99		G9012	U2	GQ		378	13	1

Different modifiers, POS, go on separate lines:

	24. A. DATE(S) OF SERVICE						B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)			E. DIAGNOSIS POINTER	F. \$ CHARGES		G. DAYS OR UNITS
	From MM	From DD	From YY	To MM	To DD	To YY			CPT/HCPCS	MODIFIER					
1	02	01	22	02	01	22	12		G9012	U2			378	13	4
2	02	01	22	02	01	22	99		G9012	U2	GQ		378	13	1