

Submitting Lab Claims for Dispensing Fees

North Carolina Medicaid

There are two different ways a provider can file for the glasses dispensing fee depending on whether they also provided the exam or not.

How to file for exam AND glasses dispensing

When you pull up the member, you will ONLY see "Exam", **but you CAN file for the glasses dispensing fee under "Exam."**

Step 1

Check the box for "**Exam.**"

The screenshot shows a web interface for North Carolina Medicaid. At the top, 'Date of Service: 05/19/2021' is displayed next to a 'Check Eligibility' button. Below this are two tabs: 'Routine' (highlighted in orange) and 'Medical'. A table with five columns is shown: an empty checkbox column, 'Service', 'Member is Eligible?', 'Member Eligible As Of*', and 'Service Frequency'. The first row contains a checked checkbox, 'Exam', 'Yes', '01/01/2020', and 'Once every 12 months from the date of service'. At the bottom, there are two buttons: 'Submit Claim' (highlighted with a red box) and 'Submit Claim as a Lab Order' (crossed out with a red X).

	Service	Member is Eligible?	Member Eligible As Of*	Service Frequency
☒	Exam	Yes	01/01/2020	Once every 12 months from the date of service

Step 2

Click "**Submit claim.**" Never use the "Submit Claim as a Lab Order" button for North Carolina Medicaid claims.

This screenshot is identical to the one in Step 1, showing the 'Exam' service selected in the table. The 'Submit Claim' button at the bottom is highlighted with a red box, while the 'Submit Claim as a Lab Order' button is crossed out with a red X.

	Service	Member is Eligible?	Member Eligible As Of*	Service Frequency
☒	Exam	Yes	01/01/2020	Once every 12 months from the date of service

Step 3

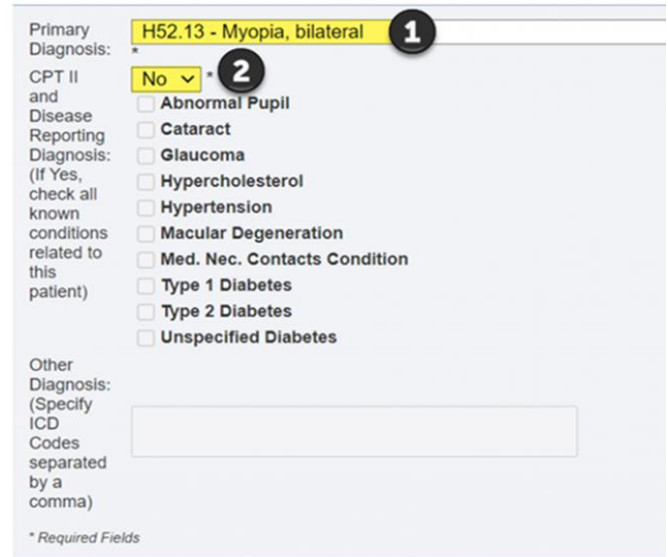
Select "**Primary Diagnosis.**"

Step 4

Select "**Yes**" or "**No**" for CPT II and Disease Reporting. If "Yes" is selected, at least 1 of the diseases listed must be checked to continue with the filing process.

Step 5

Click "**Next Page.**"

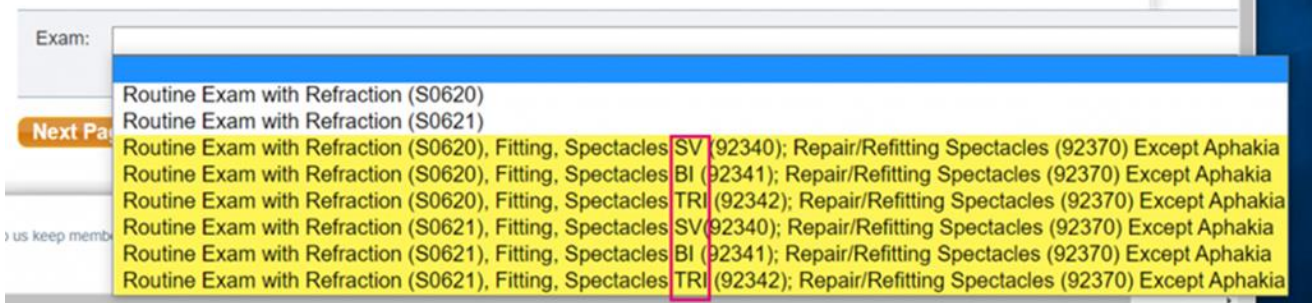


Step 6

You will have the option to select only "**Routine Exam**", if they only provided an exam.

Exam

Use the drop-down to select the services provided during the exam. Remember, disease diagnosis codes are required.



Important note

If BOTH a Routine Exam was provided AND glasses were ordered from the Nash Optical lab, **you must select 1 of the options that includes "Fitting, Spectacles Except Aphakia" depending on the type of lens dispensed (SV, BI, TRI).**

As long as an option was selected that includes "**Fitting, Spectacles**", you will be presented with a line to enter a retail charge on the Usual Charges screen.

Enter Usual Charges

Please enter your usual charges for each of the following services below. If your usual charge is \$0, please also check "Permit \$0 charge."

Do not enter a \$0 charge for Medicaid frames. Instead, enter the retail equivalent for the frames. Suggested retail of \$60 for lab-supplied frames.

Enter the patient's account number from your practice management system, if desired.

Patient Account Number:

Vision Care Service or Material	Usual Charge	Permit \$0 Charge?	Select Diagnosis	Select Medical Reason
Routine Exam with Refraction	100.00	☐	H52.13 v	None v
Fitting, Spectacles, Except Aphakia; Monofocal	75.00	☐	H52.13 v	None v
Repair & Refitting Spectacles; Except Aphakia	75.00	☐	H52.13 v	None v

[Next Page](#) [Previous Page](#)

Step 7

Enter **FRAME** retail on **Repair & Refitting Spectacles; Except Aphakia** line.

Fitting, Spectacles, Except Aphakia; Monofocal	75.00	☐	H52.13 v	None v
Repair & Refitting Spectacles; Except Aphakia	75.00	☐	H52.13 v	None v

[Next Page](#) [Previous Page](#)

Step 8

Enter **LENS** retail on **Fitting, Spectacles, Except Aphakia** line.

Routine Exam with Refraction	100.00	☐	H52.13 v	None v
Fitting, Spectacles, Except Aphakia; Monofocal	75.00	☐	H52.13 v	None v
Repair & Refitting Spectacles; Except Aphakia	75.00	☐	H52.13 v	None v

How to file for glasses dispensing ONLY

Step 1

If you did not provide the exam and are only dispensing glasses ordered from Nash Optical lab, you must file for the glasses dispensing fee **under the Medical tab**.

Date of Service: 05/19/2021
Check Eligibility

Routine **Medical** **1**

2	Service	Member is Eligible?	Member Eligible As Of*	Service Frequency
☒	Eye Surgery and Medical Services	Yes	01/01/2020	Unlimited

3 **Submit Claim** **Submit Claim as a Lab Order**

Step 2

On the Diagnosis screen, start typing the diagnosis code and select 1 from the list.

Diagnosis

Select all applicable primary and secondary diagnosis codes, then click the Continue Procedure Entry button.

Diagnosis Codes:

* Required Fields

Continue to Procedure Entry

Services

Below are the service lines currently selected. You can click on the right of the row.

No Service to Display. Add
H52 - Disorders of refraction and accommodation
H52.0 - Hypermetropia
H52.00 - Hypermetropia
H52.01 - Hypermetropia right eye
H52.02 - Hypermetropia left eye
H52.03 - Hypermetropia bilateral
H52.1 - Myopia
H52.10 - Myopia
H52.11 - Myopia right eye

Step 3

Click the "Continue to Procedure Entry" button.

Diagnosis Codes:

* Required Fields

Continue to Procedure Entry

Step 4

On the Procedure screen, enter the Procedure Codes and Units as follows:

Service	Codes	Units
Frame	92370 - Repair & Refitting Spectacles; Except Aphakia	1
Single Vision Lenses	92340 - Fitting Spectacles, Except Aphakia; Monofocal	2
Bifocal Lenses	92341 - Fitting Spectacles, Except Aphakia; Bifocal	2
Trifocal Lenses	92342 - Fitting Spectacles, Except Aphakia; Multifocal, Other Than Bifocal	2

Procedure

Enter the procedure information below and select Save. You can add more procedure codes or proceed to the next page.

Procedure Code: *

Place of Service:

Date of Service: (mm/dd/yyyy) *

Modifiers: - - -

Diagnosis: *

Units: *

Charges: *

[Add Procedure](#)

* Required Fields

Example

Example of both frame and single vision lenses entered:

Services

Below are the service lines currently selected for this claim. To remove a line, select the X button to the right of the row.

Procedure Code	Place of Service	Date of Service	Modifiers	Diagnosis	Units	Charges	Action
92370	11	05/19/2021		H52.13	1	100.00	
92340	11	05/19/2021		H52.13	2	75.00	

Click Claim Summary to complete your claim.

[Claim Summary](#)

Step 5

Click the "Claim Summary" button.

92340	11	05/19/2021	H52.13	2	75.00	
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Click Claim Summary to complete your claim.

Claim Summary

The Point of Sale screen displays summarizing the claim:

Claim Information

Date of Service: 05/19/2021
Service Address:
Practitioner ID:
Practitioner Name:
Claim Reference:
Claim Status: **Not Submitted**
Benefit Category: Medical

Point of Sale

Vision Care Service	Total Charges	Contractual Write-Off	Covered Charges	EyeMed Payment	Member Resp
92370	\$100.00	\$92.49		\$7.51	\$0.00
92340	\$75.00	\$54.16		\$20.84	\$0.00
Total	\$175.00	\$146.65		\$28.35	\$0.00

Click the Submit Claim button to submit the claim for processing.

Submit Claim Back to Claim Entry Delete Claim

Step 6

Click "Submit Claim."

92370	\$100.00	\$92.49		\$7.51	\$0.00
92340	\$75.00	\$54.16		\$20.84	\$0.00
Total	\$175.00	\$146.65		\$28.35	\$0.00

Click the Submit Claim button to submit the claim for processing.

Submit Claim Back to Claim Entry Delete Claim