



Healthy Blue®

Routine, Medical and Surgical Provider Training

JULY 2021

What we'll cover

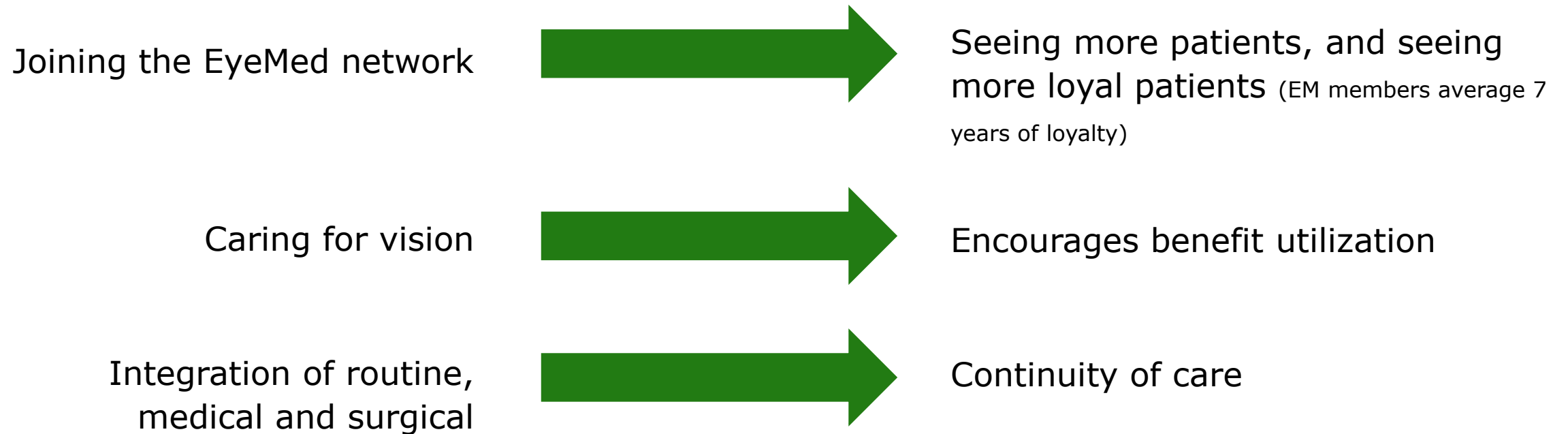
- Introduction to EyeMed and the Healthy Blue plan
- Checking eligibility
- Filing claims
- Pre-authorizations
- Q&A

Introduction to EyeMed and the Healthy Blue plan



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EyeMed drives value to network providers



EyeMed and Healthy Blue plan

EyeMed Vision Care is administering the eye care program for the Healthy Blue plan

- Healthy Blue is the Medicaid managed care health plan offered by Blue Cross® and Blue Shield® of North Carolina to provide Medicaid services in North Carolina.
- EyeMed is administering the eye care program services for Healthy Blue members, including routine, medical and surgical services.
- EyeMed will not be administering routine eyeglasses. Eyewear policies will follow those outlined by North Carolina Division of Health Benefits and you'll continue to order all covered eyewear directly from Correction Enterprises fabricated at Nash Optical Plant.
- Providers must have a Medicaid ID number and be registered on NCTracks to participate on the Healthy Blue network through EyeMed.

Beginning 7/1/2021 EyeMed will administer routine, medical and surgical eye care benefits to Healthy Blue members in the state of North Carolina



No referrals required to file claims



Administration for routine, medical and surgical vision care all in one place

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Vision care

Optometrists

- Provide services to the full extent of your license
- Deliver routine and medical services on the same day

Specialists

- Practice at your current scope

The Healthy Blue
plan will cover
Medicaid members
in North Carolina



Identifying members

Healthy Blue members will present their ID cards:

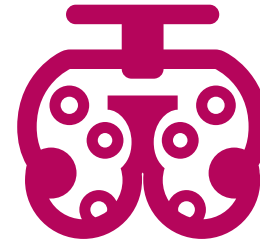


Checking eligibility

Use EyeMed's claims system to view benefits details for routine, medical and surgical services.



Eligibility



Benefit details

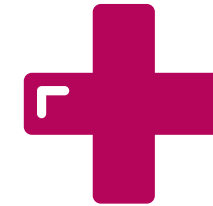
Checking eligibility



Look up the member using
name/DOB or ID number



Scroll down to Plan Limits
section



Click Medical Tab to see
eligibility for
medical/surgical services

Checking eligibility

The screenshot shows the EyeMed website's Member Search page. At the top left is the EyeMed logo. At the top right, it says "Welcome MARY SHARMA | Log Out". The main heading is "Member Search" with a help icon. Below the heading is a instruction: "Choose a search option by selecting a tab below. All fields within the tab are required." There are four tabs: "Name Search" (active), "Member ID Search", "SSN Search", and "ZIP Code Search". Under the "Name Search" tab, there are four input fields: "Member's Last Name:", "Member's First Name:", "Date of Birth:", and "Date of Service:". Each field has a small asterisk indicating it is required. Below these fields is a note: "* Required Fields". To the right of the input fields are three links: "Searching for an Aetna member?", "Searching for a Discount Group?", and "Searching for a Military Group?". At the bottom left of the search area is an orange "Search" button. On the left side of the page, there is a sidebar with two sections: "Provider Tools" and "Provider Resources". The "Provider Tools" section includes links for Members, Member Search (with a right-pointing arrow), Aetna Subscribers, Groups, Military Group Order, Discount Group Order, Claims, Lab Order, Billing, Disbursement History, Authorizations, Manage My Profile, Order Lenses, Contact EyeMed, and Utilization Management. The "Provider Resources" section includes links for Forms, inFocus Link, Training, Provider Manual, and FAQs - Claims and Payments.

eyeMed

Welcome MARY SHARMA | Log Out

Member Search

Choose a search option by selecting a tab below. All fields within the tab are required.

Name Search Member ID Search SSN Search ZIP Code Search

Member's Last Name: *

Member's First Name: *

Date of Birth: *

Date of Service: *

* Required Fields

[Searching for an Aetna member?](#)

[Searching for a Discount Group?](#)

[Searching for a Military Group?](#)

Search

Provider Tools

- Members
- > Member Search
- Aetna Subscribers
- Groups
- Military Group Order
- Discount Group Order
- Claims
- Lab Order
- Billing
- Disbursement History
- Authorizations
- Manage My Profile
- Order Lenses
- Contact EyeMed
- Utilization Management

Provider Resources

- Forms
- inFocus Link
- Training
- Provider Manual
- FAQs - Claims and Payments

Checking eligibility

Provider Tools

Members

Member Search

Aetna Subscribers

Groups

Claims

Lab Order

Billing

Disbursement History

Authorizations

Manage My Profile

Contact EyeMed

Utilization Management

Complaints & Appeals

Provider Resources

Forms

inFocus Link

Training

Provider Manual

Member Name:Test Member

Member ID:123456789

Social Security Number:***-**-4835

Date of Birth:05/30/1974

Address:123 Member St
Charlotte, NC 28269

Phone Number:

Gender:Male

Responsible Member:Test Member

Network:Access 101

Group:Medicaid Test Plan (1022758)

Benefit Level:1

Service Eligibility

If you have more than one location under your User ID, choose a location then use the drop-down menu to choose the provider who is rendering services.

From the tabs below, select the type of benefit you will be providing, then check the box(es) next to the applicable service(s). You will not receive an authorization for this member. Instead, simply click Submit Claim to start the claim process.

Routine

Medically Necessary

Medical

Exam

Yes

12/01/2018

Once every calendar year

Submit Claim

Checking eligibility

eyeMed

Welcome MARY TEST | Log Out

Provider Tools

- Members
- Member Search
- Aetna Subscribers
- Groups
- Claims
- Lab Order
- Billing
- Disbursement History
- Authorizations
- Manage My Profile
- Contact EyeMed
- Create Request

Member Details

Member Name:

Member ID:

Social Security Number:

Date of Birth:

Address:

Phone Number:

Gender:

Responsible Member:

Network:

Group:

Benefit Level:

Caremore

CAREMORE SR MA AZ INSIGHT (1008194)

1

Routine

Medically Necessary

Medical

	Service	Member is Eligible?	Member Eligible As Of*	Service Frequency
☐	Exam	Yes	12/01/2018	Once every calendar year
☐	Lenses	Yes	12/01/2018	Once every calendar year
☐	Frames	Yes	12/01/2018	Once every calendar year

Submit Claim

You will not get an authorization for this member; simply click Submit Claim to start the claim process.

Where did my authorization button go? [Click here](#)

Where is the reimbursement button? [Click here](#)

[Click here](#) to learn more about migrated members.

This information is based on data available in our system today and does not take into account future changes to the member's plan. Please verify eligibility immediately prior to receiving services.

Plan Limits

	In Network	
Service(s)	Beginning	Remaining
Member's Annual Max Out-of-Pocket	\$3,400.00	\$3,365.00

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Filing claims



New to EyeMed?



Be sure to set up your online claims
system account

www.eyemed.com

Filing claims

You'll now file all Healthy Blue vision-related claims with EyeMed.

Routine

- Check eligibility and file claims online
- Use Routine tab

Note: claims for materials frames/lenses will continue to be submitted via NC Tracks and fabricated by the Nash Optical Plant, the state's contracted optical laboratory

Eyewear dispensing fee

- If provided with an exam, use the Routine tab, and select Exam, then choose the correct exam/dispensing combination
- If no exam was provided, use the Medical tab and select Eye Surgery and Medical Services
- You will be required to include a diagnosis code

Medical/surgical

- Use the state's Prior Authorization form when pre-approval is required
- Check eligibility and submit claims online with the Medical tab
- Co-management and surgical assistant claims can be filed at the same time

Filing claims

- EyeMed's subsidiary First American Administrators (FAA) will begin paying claims on July 1, 2021.
- Claims are paid within 10 business days.
- Payments are issued once a week.

Filing routine exam claims and dispensing fee

If you're filing a claim for an eye exam and will also dispense glasses:

- Use the Routine tab
- Check the box next to Exam
- Click Submit claim (Do not submit a lab order)

Location5100 HWY 70, MOREHEAD CITY, 28557 (NC1363)

ProviderFITZGERALD, DAVID (NC1363) ▼

Date of Service:05/19/2021

Check Eligibility

Routine

Medical

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

Submit Claim

Submit Claim as a Lab Order

Filing for dispensing fee only

If you're dispensing glasses but did not provide an eye exam:

- Use the Medical tab
- Check the box next to Eye Surgery and Medical Services
- Click Submit claim (do not submit a lab order)

The screenshot shows the EyeMed claim filing interface. At the top, there are fields for Location (5100 HWY 70, MOREHEAD CITY, 28557 (NC1363)), Provider (FITZGERALD, DAVID (NC1363)), and Date of Service (05/19/2021). Below these fields is a 'Check Eligibility' button. The main section has two tabs: 'Routine' and 'Medical'. The 'Medical' tab is selected and highlighted with a red box and a circled '1'. Below the tabs is a table with the following columns: 'Service', 'Member is Eligible?', 'Member Eligible As Of*', and 'Service Frequency'. The table has one row with the following data: 'Eye Surgery and Medical Services' (checked with a green box and circled '2'), 'Yes', '01/01/2020', and 'Unlimited'. At the bottom, there are two buttons: 'Submit Claim' (highlighted with a red box and circled '3') and 'Submit Claim as a Lab Order'.

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

Filing for dispensing fee only

Enter the procedure code and number of units:

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:

Please Select a Place of Service

▼

*

Date of Service:

05/19/2021

(mm/dd/yyyy)

*

Modifiers

-

-

-

Diagnosis:

Please Select a Diagnosis Code

▼

*

Units:

*

Charges:

0.00

*

Add Procedure

* Required Fields

Filing for dispensing fee only

When entering the number of units, follow these guidelines:

Service Provided	Code	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

Filing routine claims continued

Routine vision coding requirements

The state program **allows only HCPCS Codes** (i.e., S0620 and S0621) to be billed for routine eye exams and **does not allow the use of CPT Codes** (e.g., “92” codes) for routine eye exams.

HCPCS Code	Description of HCPCS Code
------------	---------------------------

S0620	Routine ophthalmological examination including refraction; new patient
S0621	Routine ophthalmological examination including refraction; established patient

Filing routine claims continued

You must select a diagnosis code for exam or dispensing.

Diagnosis

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

Diagnosis Codes:

H52

* Required Fields

Continue to Procedure Entry

Services

Below are the service lines currently displayed. Select the service line to the right of the row.

No Service to Display. Add a new service line.

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

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eye
Med

Filing routine claims continued

Additional eye exams that are deemed medically necessary prior to the next eligible date of service will be required to enter the medically necessary reason before submitting the claim.

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	0.00	☐	H52.00 ▾	None ▾
Fitting, Spectacles, Except Aphakia; Monofocal	0.00	☐	H52.00 ▾	None ▾
Repair & Refitting Spectacles; Except Aphakia	0.00	☐	H52.00 ▾	None ▾

Next Page

Previous Page

None

ST

PO

RX

EyeMed Vision Care values our members' privacy supplied here for its intended use only.



Filing medical claims

This tab will be used to submit medical/surgical services.

RoutineMedically NecessaryMedical

	Service	Member is Eligible?	Member Eligible As Of*	Service Frequency
☐	Eye Surgery and Medical Services	Yes	12/01/2018	Unlimited

Submit Claim

Filing medical claims continued

3. In the Procedure section, select the procedure code and place of service from the drop-downs.

Procedure

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

Procedure Code:	9921
Place of Service:	99211 - Office/Op Visit, No Physician Req
Date of Service:	99212 - Office/Op Visit, Strtwd Med
Modifiers:	99213 - Office/Op Visit, Med Low Complex
Diagnosis:	99214 - Office/Op Visit, Med Mod Complex
Units:	99215 - Office/Op Visit, Med High Complex
Charges:	99216 - Initl Obsv Care, 3 Key Components: Detail/Comprehensv Hx;Detail/Comprehensv
	99219 - Initial Obsv Care, 3 Key Components: Comprehensive Hx;Comprehensive Exam;)

Add Procedure

* Required Fields

Procedure

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

Procedure Code:	99213
Place of Service:	Please Select a Place of Service 01 - Pharmacy 03 - School 04 - Homeless Shelter 05 - Indian Health Service 06 - Indian Health Service-Freestanding Facility 07 - Tribal 638 08 - Tribal 638-Provider-based Facility 09 - Prison-Correctional Facility 11 - Office 12 - Patient's Home 13 - Assisted Living Facility 14 - Group Home
Date of Service:	
Modifiers:	
Diagnosis:	
Units:	
Charges:	

Add Procedure

* Required Fields

Filing medical claims continued

4. In the same section you'll enter any required modifiers and diagnosis code pointer associated with the procedure code based on the codes entered on the previous screen. Please ensure the diagnosis code pointer matches the correct procedure code as each line of the claim is entered.

Procedure

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

Procedure Code:	99213 *
Place of Service:	11 - Office *
Date of Service:	07/20/2018 (mm/dd/yyyy) *
Modifiers	- - - -
Diagnosis:	Please Select a Diagnosis Code *
Units:	H50.01 - Monocular esotropia
Charges:	H50.1 - Exotropia
0.00	
<button>Add Procedure</button>	
* Required Fields	

5. Enter the units and charges for the procedure. You can add multiple procedure codes if needed.

Procedure

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

Procedure Code:	99213 *
Place of Service:	11 - Office *
Date of Service:	07/20/2018 (mm/dd/yyyy) *
Modifiers	- - - -
Diagnosis:	H50.1 - Exotropia *
Units:	1 *
Charges:	75.00 *
<button>Add Procedure</button>	
* Required Fields	

Filing medical claims continued

6. You'll see a summary of the procedure codes. Click the red X to remove any procedures from the claim. Once all procedures are entered, click Claim Summary to proceed.

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
99213	11	07/20/2018		H50.1	1	75.00	
92230	11	07/20/2018		H50.01	1	125.00	

Click Claim Summary to complete your claim.

[Claim Summary](#)

7. On the next screen, you'll see member and plan responsibility for the services you've provided. The EyeMed payment will display \$0 with full member responsibility until the claim is completely processed. Hit Submit Claim to complete the process.

Point of Sale Amount

Member Information

Member Name:	SACHS, KATHARINE
Member ID:	23010497900
Patient Account Number:	
Group:	TUFTS POS INSURED 2
Group ID:	1006082
Benefit Level:	2

Claim Information

Date of Service:	07/20/2018
Service Address:	248 PLEASANT ST, STE 1600, CONCORD, NH, 03301 (A30810)
Practitioner ID:	A27061
Practitioner Name:	FOGEL ERIN
Claim Reference:	900603787921
Claim Status:	Not Submitted
Benefit Category:	Medical

Point of Sale

Vision Care Service	Total Charges	Contractual Write-Off	Covered Charges	EyeMed Payment	Member Resp
99213	\$75.00	\$0.00		\$0.00	\$75.00
92230	\$125.00	\$0.00		\$0.00	\$125.00
Total	\$200.00	\$0.00		\$0.00	\$200.00

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

[Submit Claim](#) [Back to Claim Entry](#) [Delete Claim](#)



Filing medical claims continued

3. In the Procedure section, select the procedure code and place of service from the drop-downs.

Procedure

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

Procedure Code:	9921
Place of Service:	99211 - Office/Op Visit, No Physician Req
Date of Service:	99212 - Office/Op Visit, Strtwd Med
Modifiers:	99213 - Office/Op Visit, Med Low Complex
Diagnosis:	99214 - Office/Op Visit, Med Mod Complex
Units:	99215 - Office/Op Visit, Med High Complex
Charges:	99216 - Initl Obsv Care, 3 Key Components: Detail/Comprehensv Hx;Detail/Comprehensv
	99219 - Initial Obsv Care, 3 Key Components: Comprehensive Hx;Comprehensive Exam;)

Add Procedure

* Required Fields

Procedure

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

Procedure Code:	99213
Place of Service:	Please Select a Place of Service 01 - Pharmacy 03 - School 04 - Homeless Shelter 05 - Indian Health Service 06 - Indian Health Service-Freestanding Facility 07 - Tribal 638 08 - Tribal 638-Provider-based Facility 09 - Prison-Correctional Facility 11 - Office 12 - Patient's Home 13 - Assisted Living Facility 14 - Group Home
Date of Service:	
Modifiers:	
Diagnosis:	
Units:	
Charges:	

Add Procedure

* Required Fields

Filing medical claims continued

4. In the same section you'll enter any required modifiers and diagnosis code pointer associated with the procedure code based on the codes entered on the previous screen. Please ensure the diagnosis code pointer matches the correct procedure code as each line of the claim is entered.

Procedure

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

Procedure Code:	99213 *
Place of Service:	11 - Office *
Date of Service:	07/20/2018 (mm/dd/yyyy) *
Modifiers	- - - -
Diagnosis:	Please Select a Diagnosis Code *
Units:	H50.01 - Monocular esotropia
Charges:	H50.1 - Exotropia
0.00	
<button>Add Procedure</button>	
* Required Fields	

5. Enter the units and charges for the procedure. You can add multiple procedure codes if needed.

Procedure

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

Procedure Code:	99213 *
Place of Service:	11 - Office *
Date of Service:	07/20/2018 (mm/dd/yyyy) *
Modifiers	- - - -
Diagnosis:	H50.1 - Exotropia *
Units:	1 *
Charges:	75.00 *
<button>Add Procedure</button>	
* Required Fields	

Filing medical claims continued

6. You'll see a summary of the procedure codes. Click the red X to remove any procedures from the claim. Once all procedures are entered, click Claim Summary to proceed.

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
99213	11	07/20/2018		H50.1	1	75.00	X
92230	11	07/20/2018		H50.01	1	125.00	X

Click Claim Summary to complete your claim.

[Claim Summary](#)

7. On the next screen, you'll see member and plan responsibility for the services you've provided. The EyeMed payment will display \$0 with full member responsibility until the claim is completely processed. Hit Submit Claim to complete the process.

Point of Sale Amount

Member Information

Member Name:	SACHS, KATHARINE
Member ID:	23010497900
Patient Account Number:	
Group:	TUFTS POS INSURED 2
Group ID:	1006082
Benefit Level:	2

Claim Information

Date of Service:	07/20/2018
Service Address:	248 PLEASANT ST, STE 1600, CONCORD, NH, 03301 (A30810)
Practitioner ID:	A27061
Practitioner Name:	FOGEL ERIN
Claim Reference:	900603787921
Claim Status:	Not Submitted
Benefit Category:	Medical

Point of Sale

Vision Care Service	Total Charges	Contractual Write-Off	Covered Charges	EyeMed Payment	Member Resp
99213	\$75.00	\$0.00		\$0.00	\$75.00
92230	\$125.00	\$0.00		\$0.00	\$125.00
Total	\$200.00	\$0.00		\$0.00	\$200.00

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

[Submit Claim](#) [Back to Claim Entry](#) [Delete Claim](#)



Routine eyeglasses



- Per the North Carolina General Assembly, eyeglasses are carved out of the transition to Medicaid Managed Care and remain fee-for-service.
- Providers will continue to use the provider portal on the state's NC Tracks website to request prior authorization and file claims for eyeglasses.
- Frames and lenses will continue to be fabricated through the Nash Optical Plant, the state's optical laboratory contractor.
- Provider may bill a dispensing fee to EyeMed after the glasses are dispensed to the beneficiary.

Visit NC Tracks for more information:

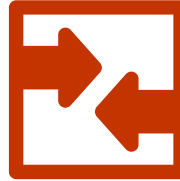
<https://www.nctracks.nc.gov/content/public/providers.html>



Filing medical claims – setting up 837



Contact your clearinghouse
of choice



Provide and Verify EyeMed
Payer ID



Submit necessary
information like NPIs

EyeMed is directly connected with Trizetto, nThrive, Change Healthcare, and TKSoftware. Ask your Clearinghouse to “hop” to 1 of these major vendors, and we’ll have no problem connecting!

- Trizetto (Gateway EDI, ClaimLogic and NHxS): 800-969-3666 (Option 2), Payer ID #31165
- nThrive (MedAssets): 800-390-7459, Payer ID #31165
- Change Healthcare (Relay Health): 866-817-3813, Payer ID #85431
- TKSoftware: 317-228-0857, Payer ID #31165



Filing medical claims – paper claims

Paper medical/surgical claims must be sent to a different address than paper routine claims

EyeMed Vision Care/FAA
Attn: Medical & Surgical Claims
PO Pox 8526
Mason, OH 45040

Examples of claims that should be submitted via paper to this address include:

- Medical claims that cannot be submitted online
- Corrected claims
- Claims that require Coordination of Benefits (COB)
- Claims submitted in accordance with the Continuity of Care policy

Pre-authorizations



Utilization Management



View clinical guidelines on
inFocus



Complete the state's [Prior Authorization form](#), which is available for download on EyeMed's communications portal, inFocus.



Standard, non-urgent
requests approved or denied
in 5 calendar days

Utilization Management, continued

Straightforward utilization management

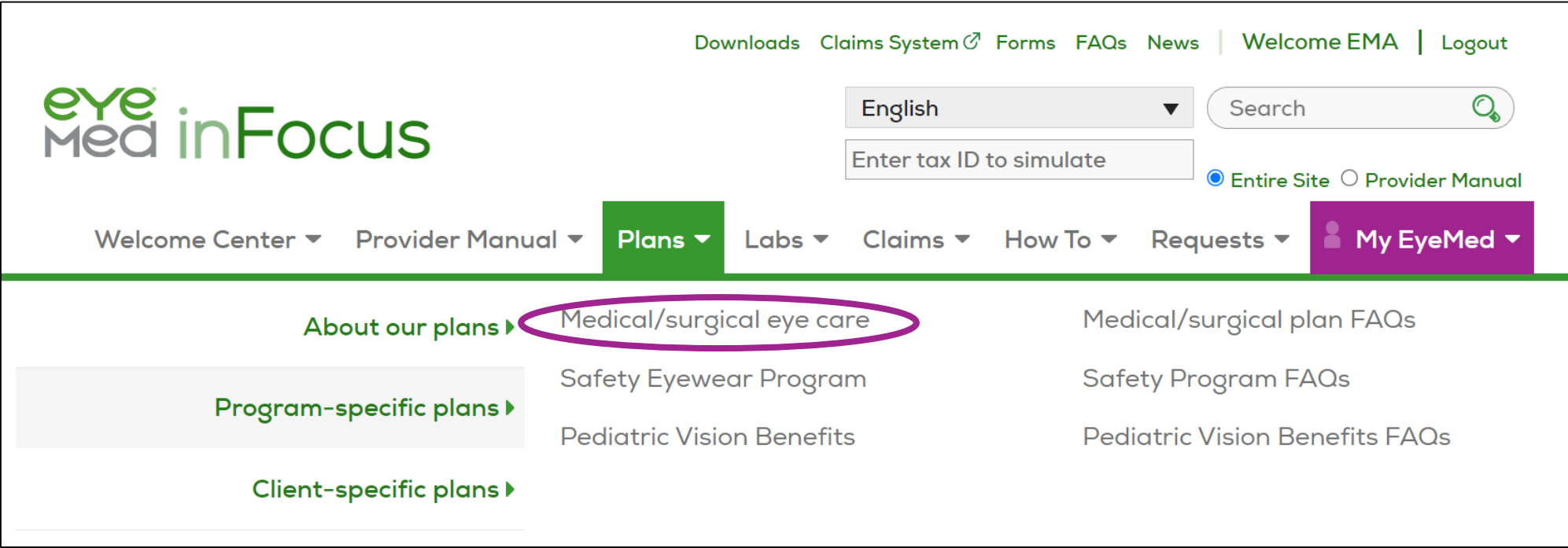
Procedure groups that require pre-authorization:

- Blepharoplasty and ptosis repair
- Cataract removal
- Glaucoma surgery
- Other unlisted procedures

Code	Procedure description
15822	Blepharoplasty, upper eyelid
15823	Blepharoplasty, upper eyelid; with excessive skin weighting down lid
65855	Trabeculoplasty by laser surgery, 1 or more sessions (defined treatment series)
66982	Extracapsular cataract removal with insertion of intraocular lens prosthesis (one stage procedure), manual or mechanical technique (e.g., irrigation and aspiration or phacoemulsification)
66984	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (e.g., irrigation and aspiration or phacoemulsification)
67900	Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)
67901	Repair of blepharoptosis; frontalis muscle technique with suture or other material (e.g., banked fascia)
67902	Repair of blepharoptosis; frontalis muscle technique with autologous fascial sling (includes obtaining fascia)
67903	Repair of blepharoptosis; (tarso) levator resection or advancement, internal approach
67904	Repair of blepharoptosis; (tarso) levator resection or advancement, external approach
67906	Repair of blepharoptosis; superior rectus technique with fascial sling (includes obtaining fascia)
67908	Repair of blepharoptosis; conjunctivo-tarso-Muller's muscle-levator resection (eg, Fasanella-Servat type)
67909	Reduction of overcorrection of ptosis
67911	Correction of lid retraction
67912	Correction of lagophthalmos, with implantation of upper eyelid lid load (e.g., gold weight)
67914	Repair of ectropion; suture
0191T	Insertion of anterior segment aqueous drainage device, without extraocular reservoir; internal approach

Utilization Management, continued

Providers can leverage the EyeMed provider portal to learn more about procedures requiring prior authorization



Utilization Management, continued

Medical/surgical eye care

Routine, surgical and medical eye care combined into 1 network

For select Medicaid and non-Medicaid plans, EyeMed administers the network for all vision and eye care benefits.

When a plan covers surgical and medical eye care, you're better positioned to attract and retain members who may need medical and surgical eye care services in addition to routine vision care.

Pre-authorizations

You are required to obtain pre-authorization for the below 6 surgical procedures and injections.



For Medicaid-specific guidelines, please [refer to your state's Medicaid provider manual](#).

CALL-OUT:

For North Carolina Medicaid members, you cannot use our online form. Instead, use the [North](#)



[Carolina Medicaid online request form](#).



Wrap up



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Additional EyeMed resources

Training and clinical guidelines

eyemedinfofocus.com

Additional questions

855.422.6733

7 am to 11 pm EST Mon.-Sat.

11 am to 8 pm EST Sun.

Utilization management team

866.652.0038

8 am to 8 pm EST Mon.-Fri.

Claims submission and preauthorization form

eyemed.com

Click Provider, then Log In

Any questions?

Thanks for joining us.

Note: EyeMed is an independent company providing vision services for Healthy Blue members on behalf of Blue Cross and Blue Shield of North Carolina.

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