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

1

EyeMed

EyeMed drives value to network providers

Joining the EyeMed network → Seeing more patients, and seeing more loyal patients (EM members average 7 years of loyalty)

Caring for vision → Encourages benefit utilization

Integration of routine, medical and surgical → Continuity of care

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

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

2

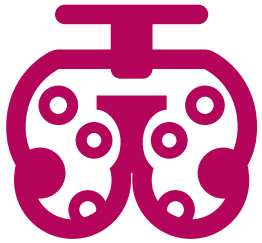
Identifying members

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

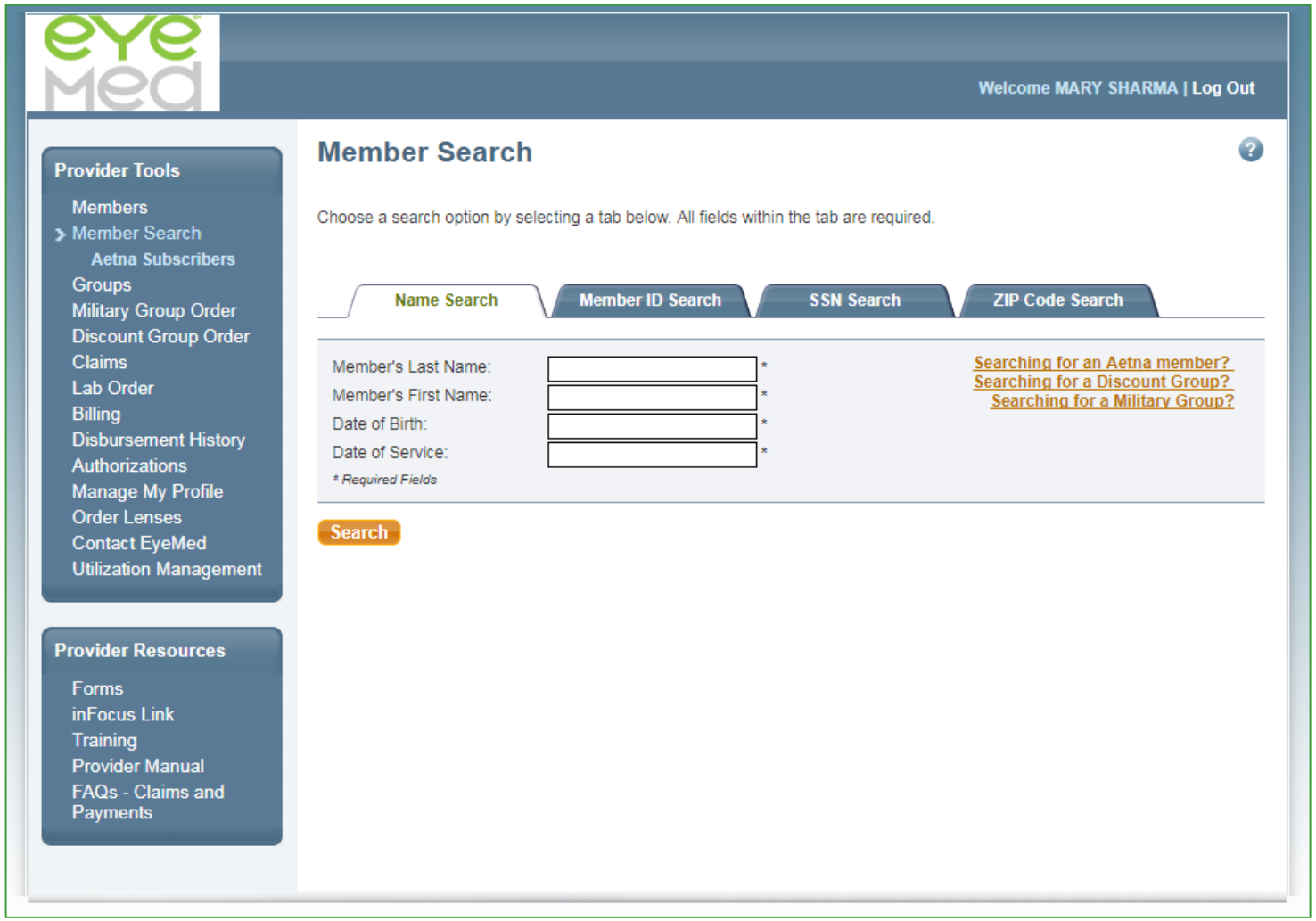
Checking eligibility

Look up the member using name/DOB or ID number

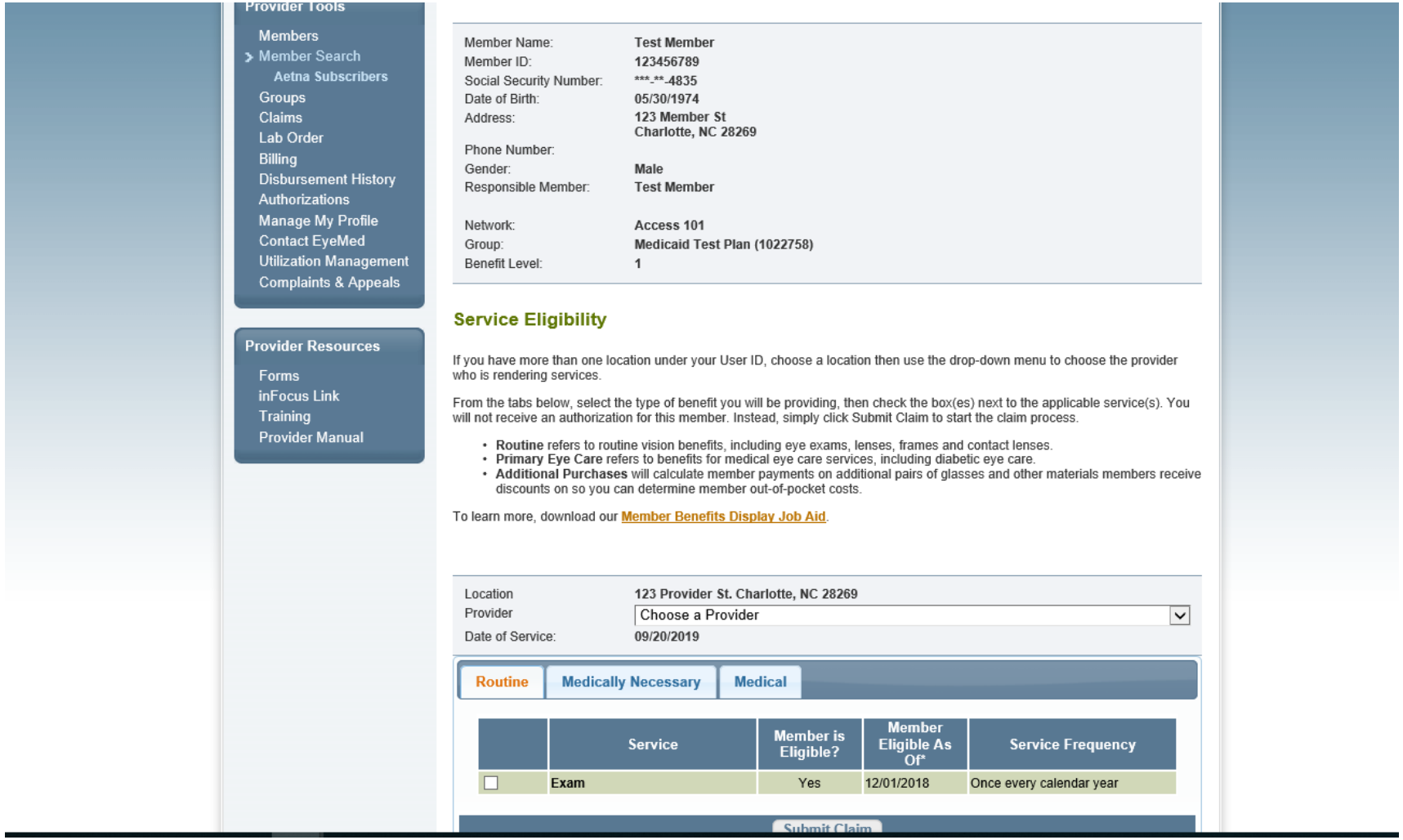
Scroll down to Plan Limits section

Click Medical Tab to see eligibility for medical/surgical services

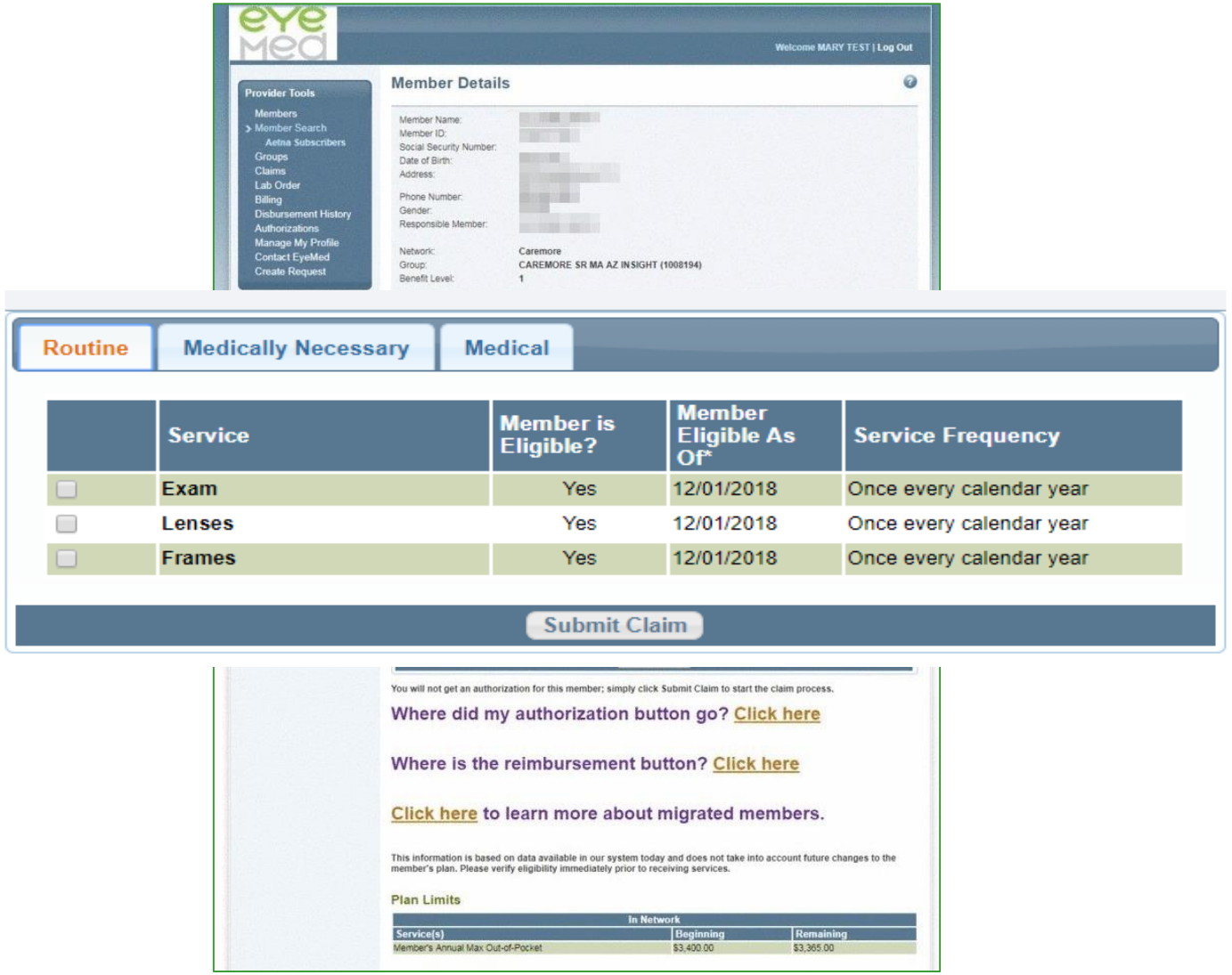
Checking eligibility



Checking eligibility



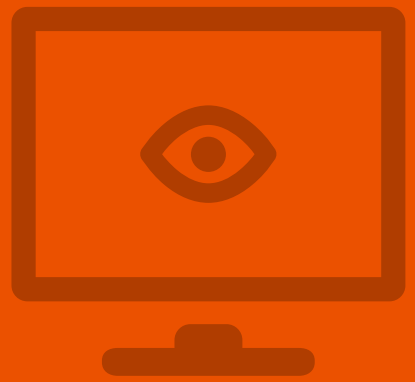
Checking eligibility



Filing claims

3

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

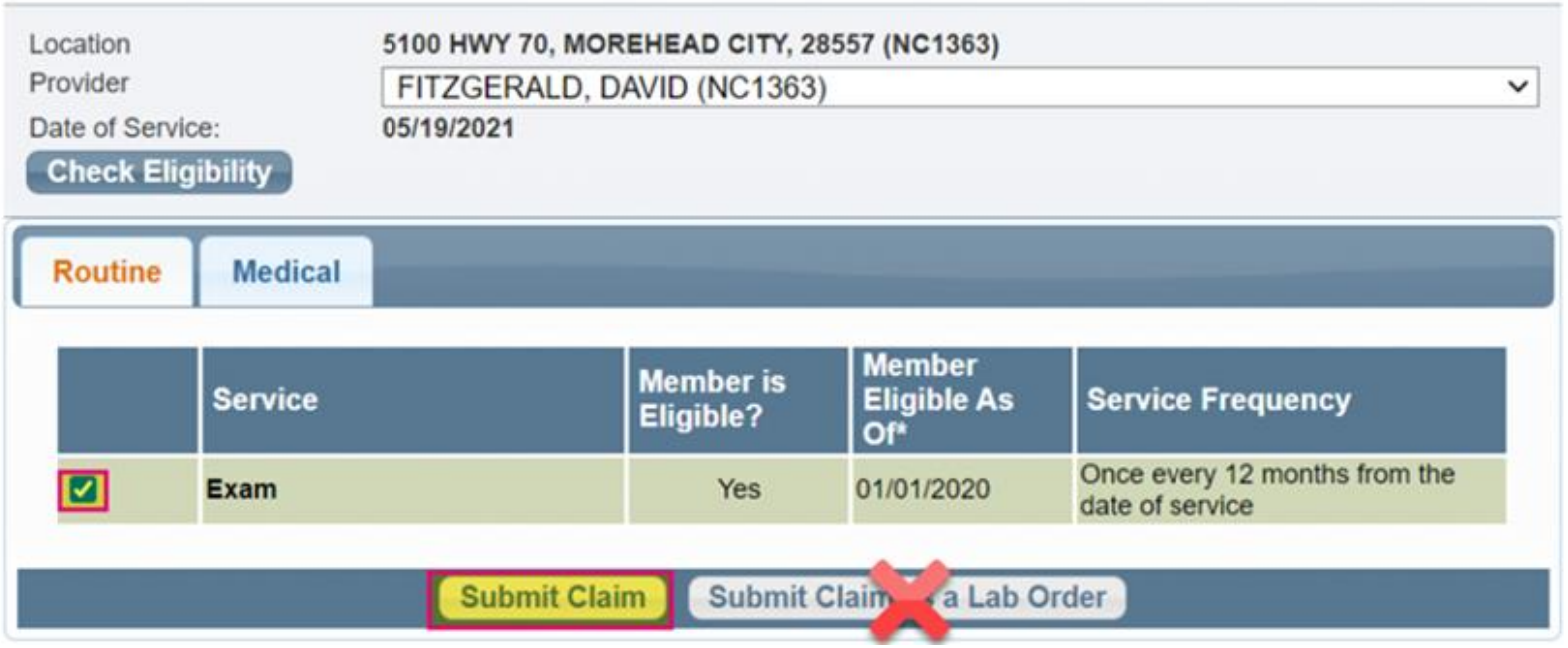
Filing claims

- 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:

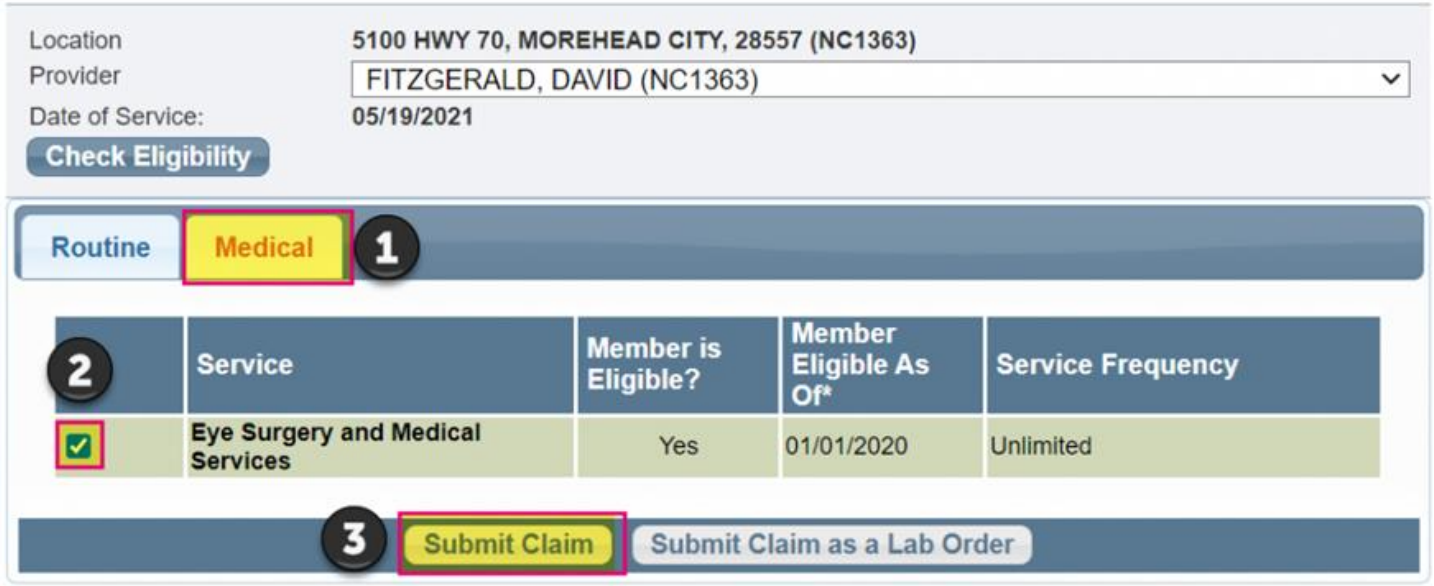
- Use the Routine tab
- Check the box next to Exam
- Click Submit claim (Do not submit a lab order)



Filing for dispensing fee only

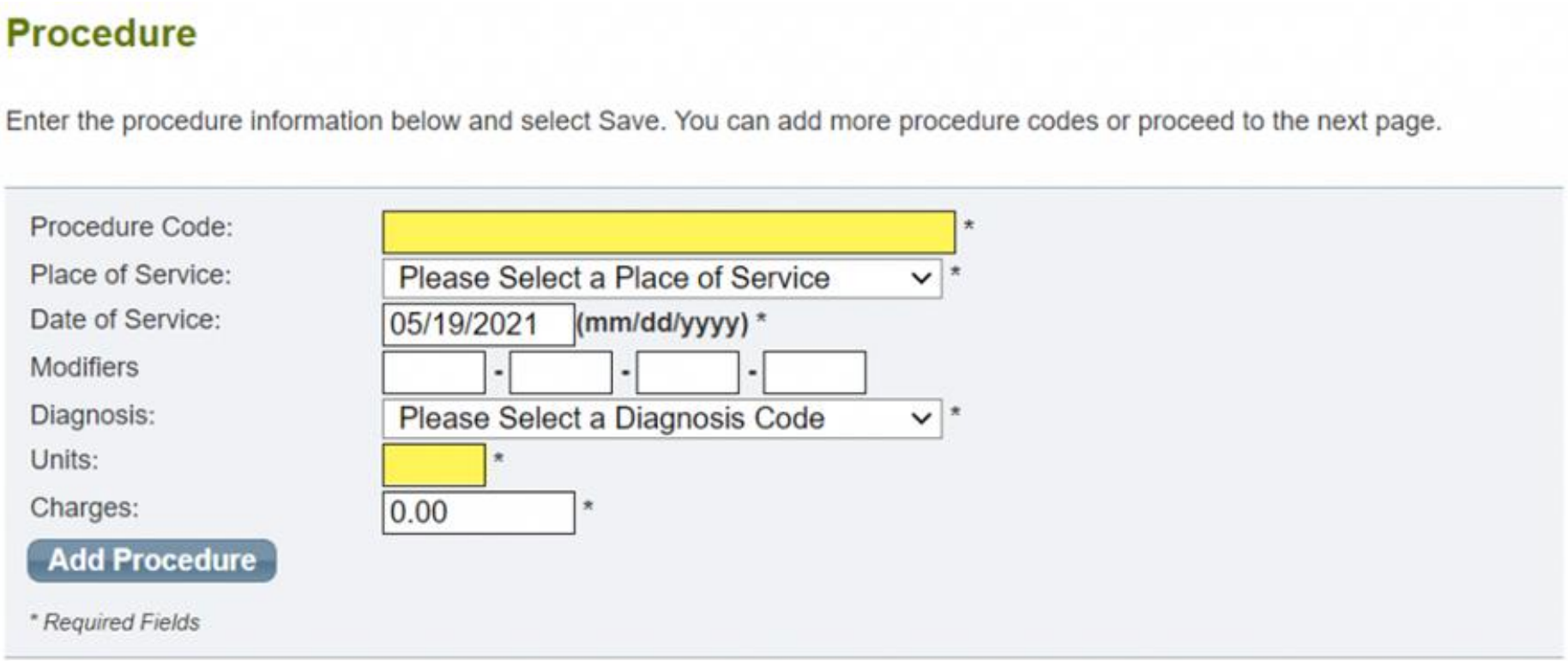
If you're dispensing glasses but did not provide an eye exam:

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



Filing for dispensing fee only

Enter the procedure code and number of units:



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

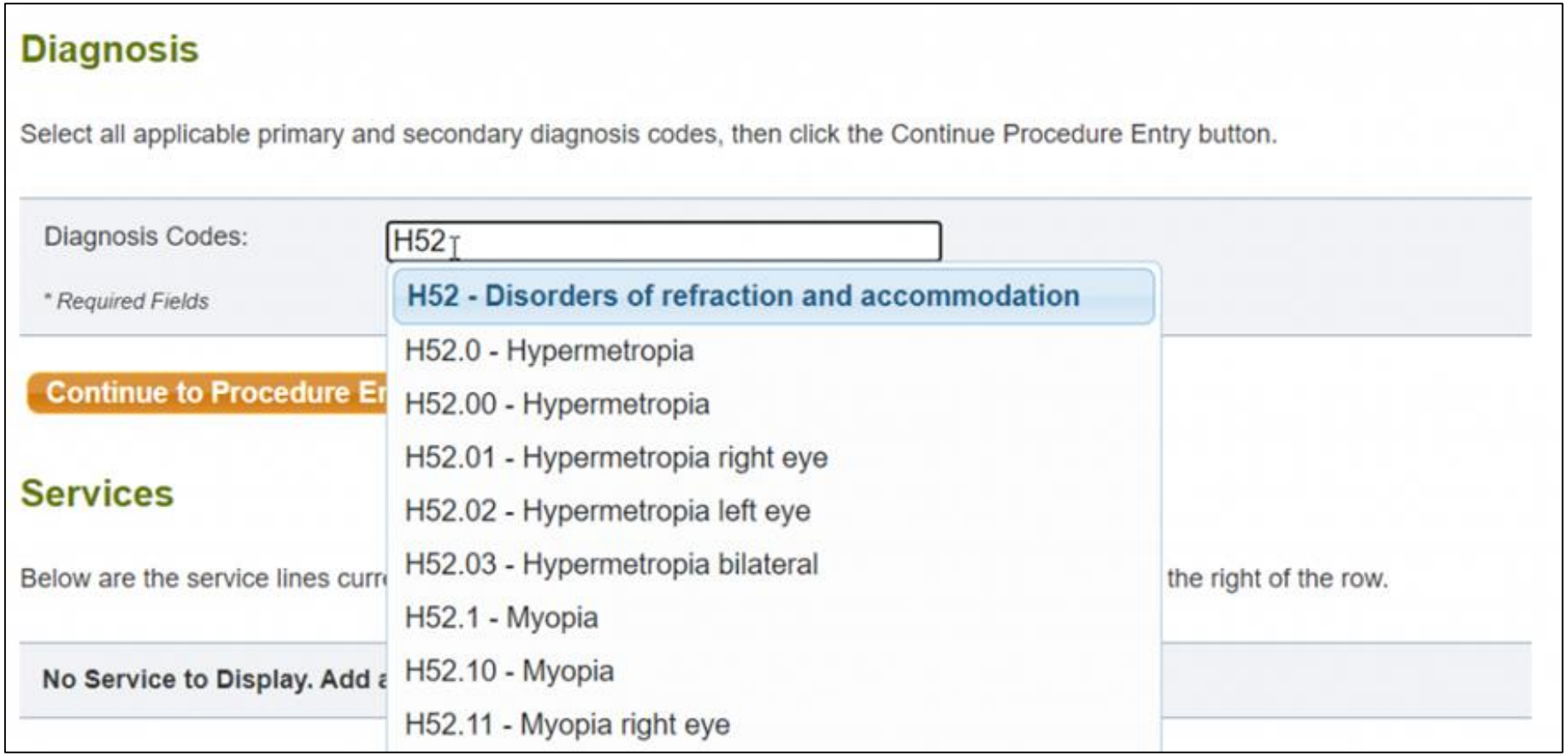
Routine vision coding requirements

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

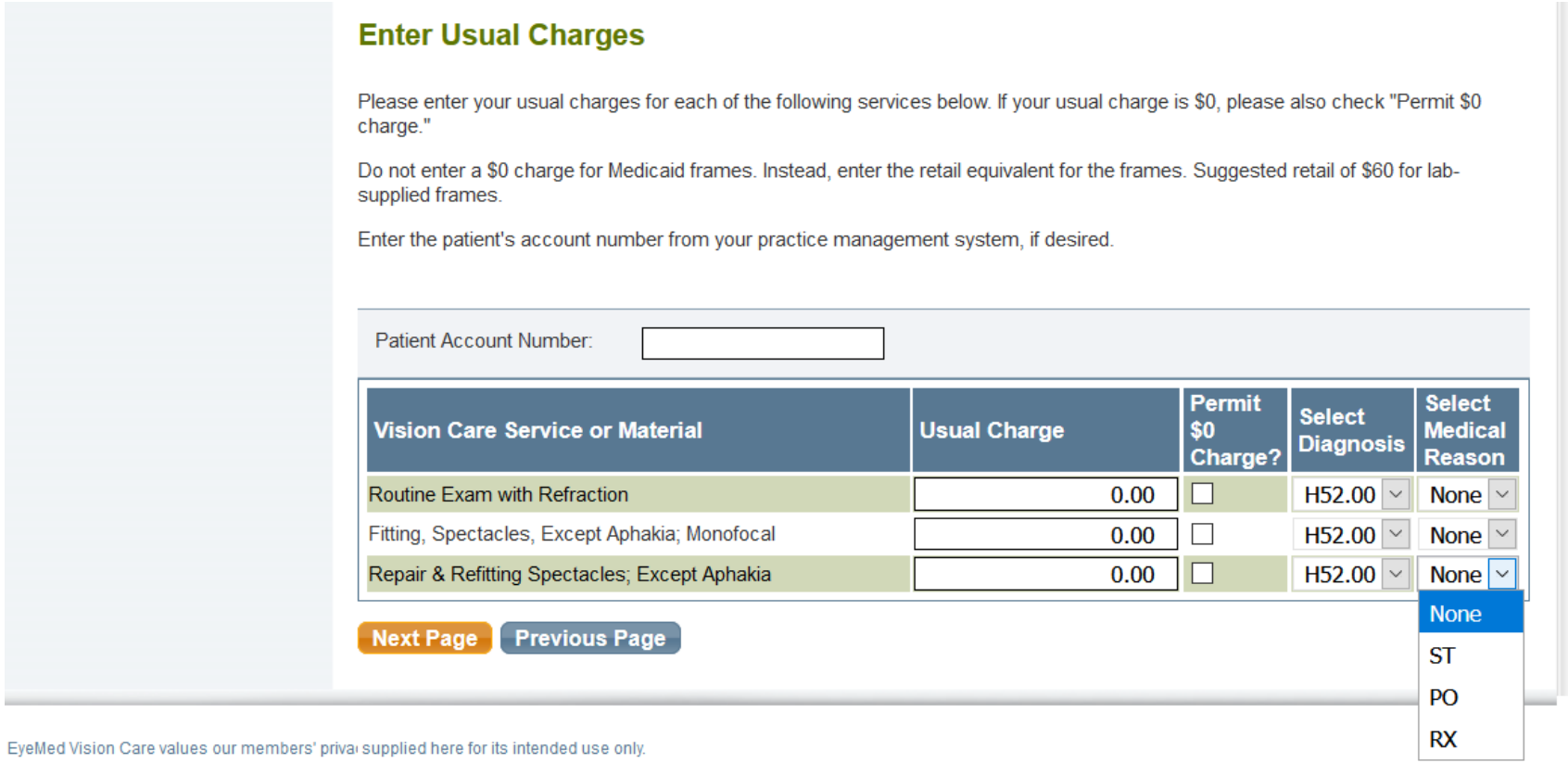
Filing routine claims continued

You must select a diagnosis code for exam or dispensing.



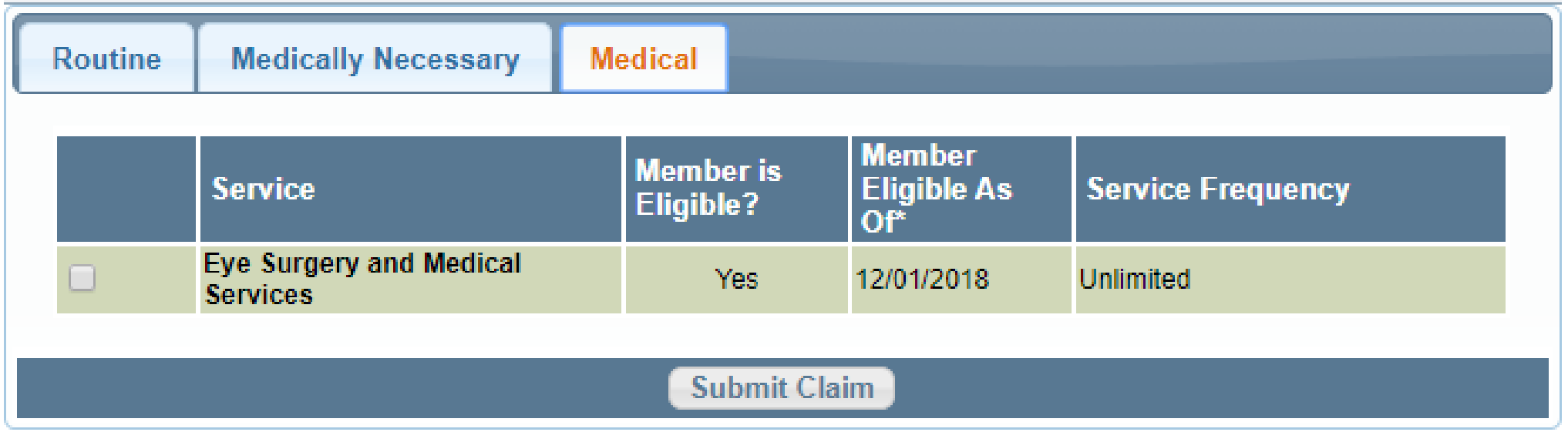
Filing routine claims continued

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.



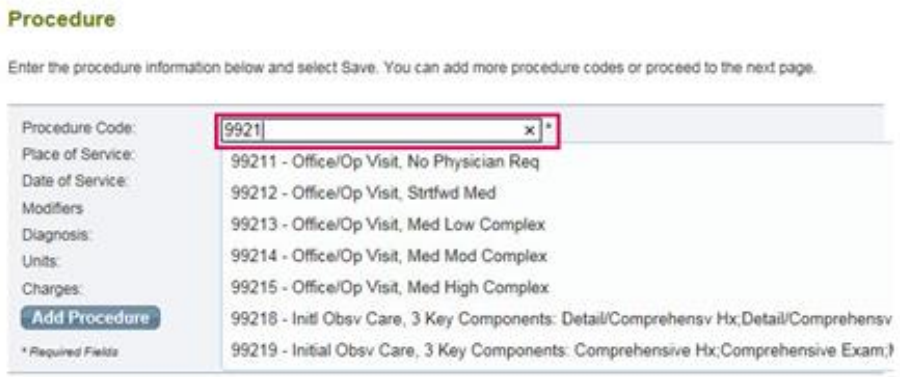
Filing medical claims

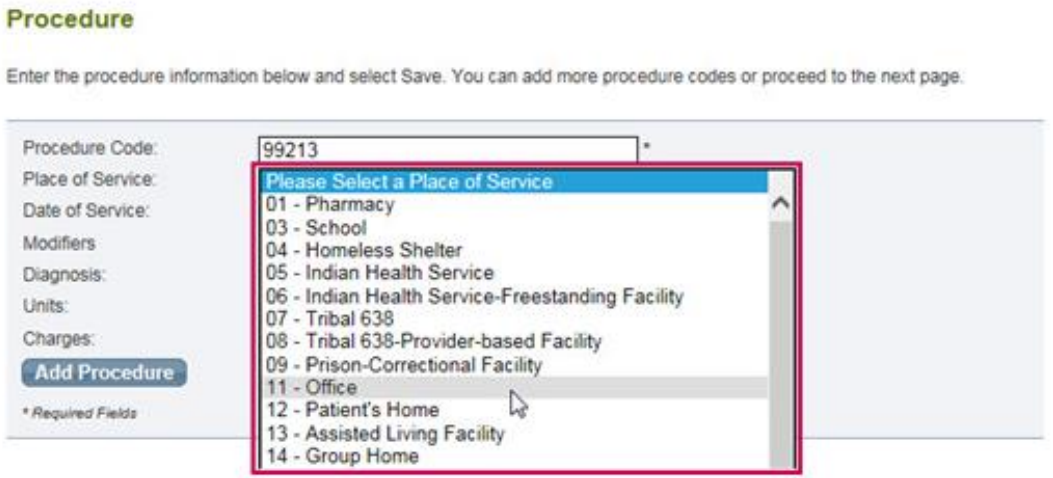
This tab will be used to submit medical/surgical services.



Filing medical claims continued

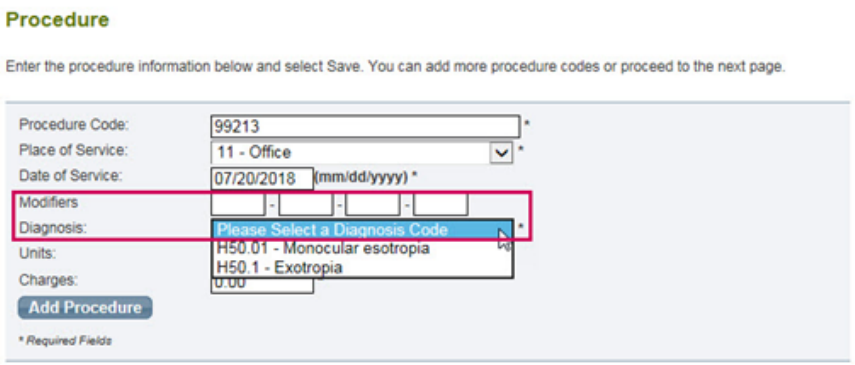
3. In the Procedure section, select the procedure code and place of service from the drop-downs.



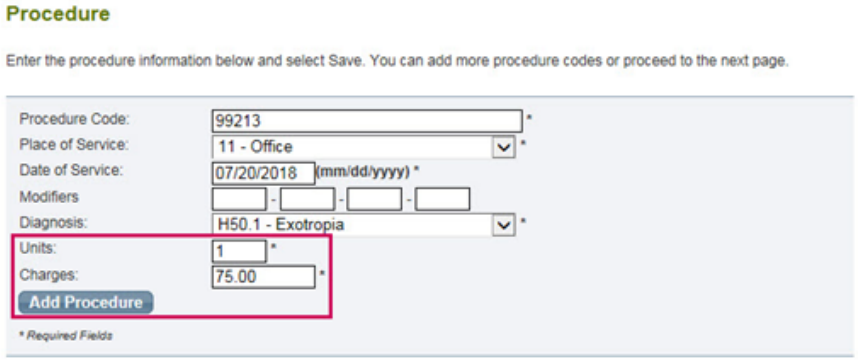


Filing medical claims continued

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.

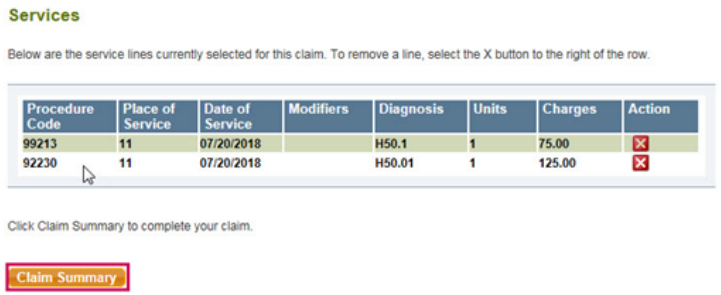


5. Enter the units and charges for the procedure. You can add multiple procedure codes if needed.

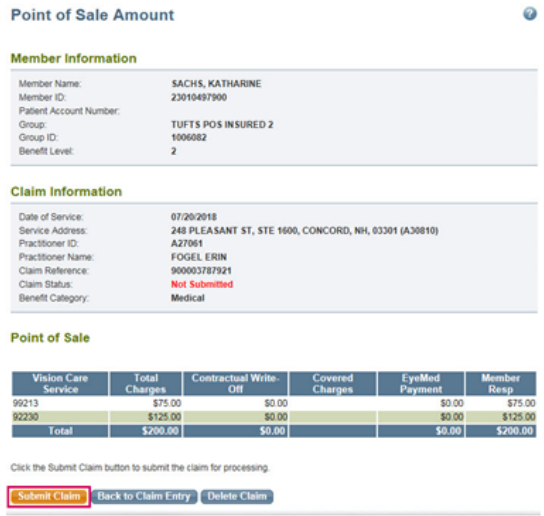


Filing medical claims continued

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.



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.



Filing medical claims continued

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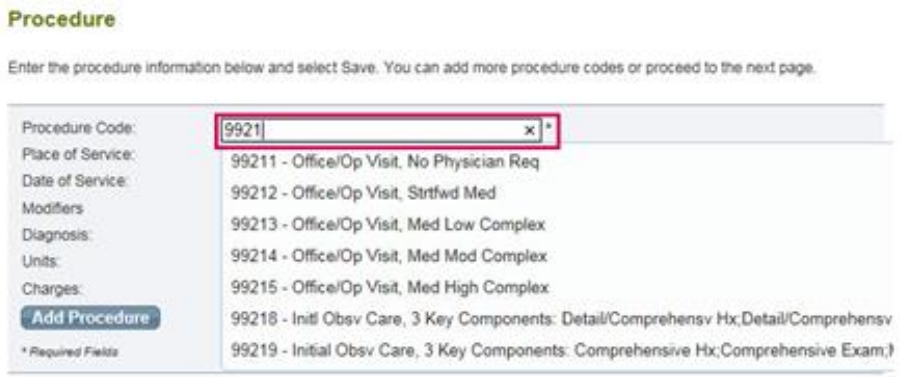

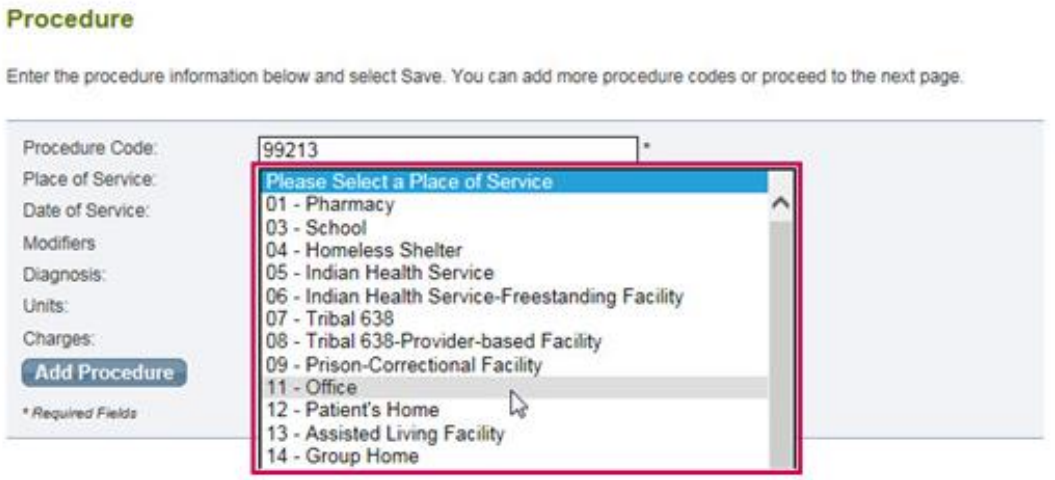

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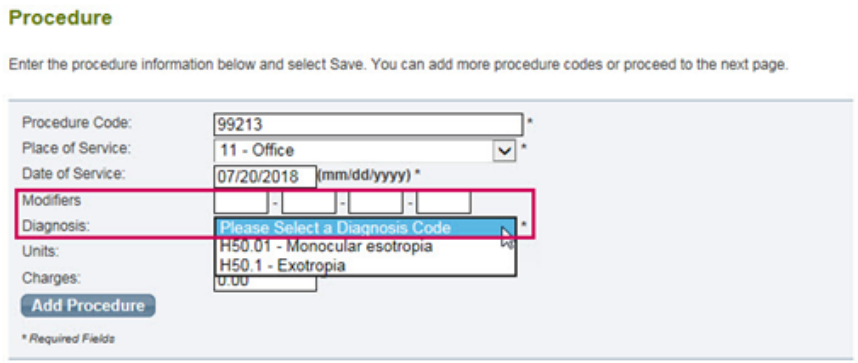

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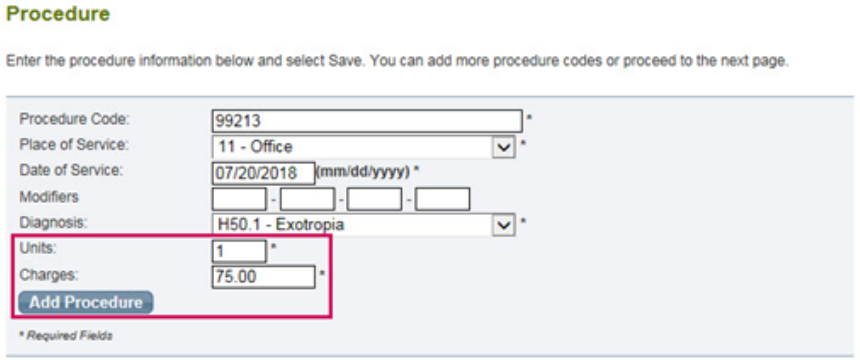

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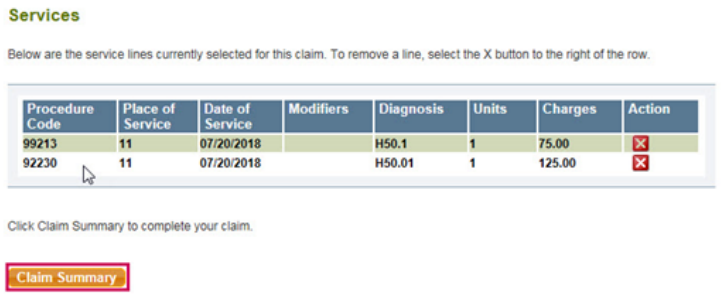

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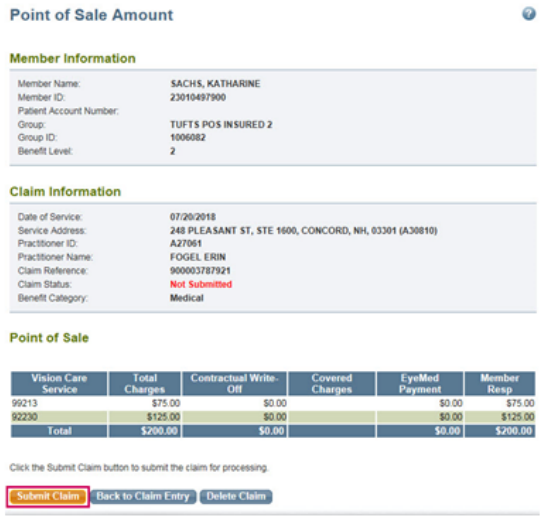


Routine eyeglasses

- 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

4

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

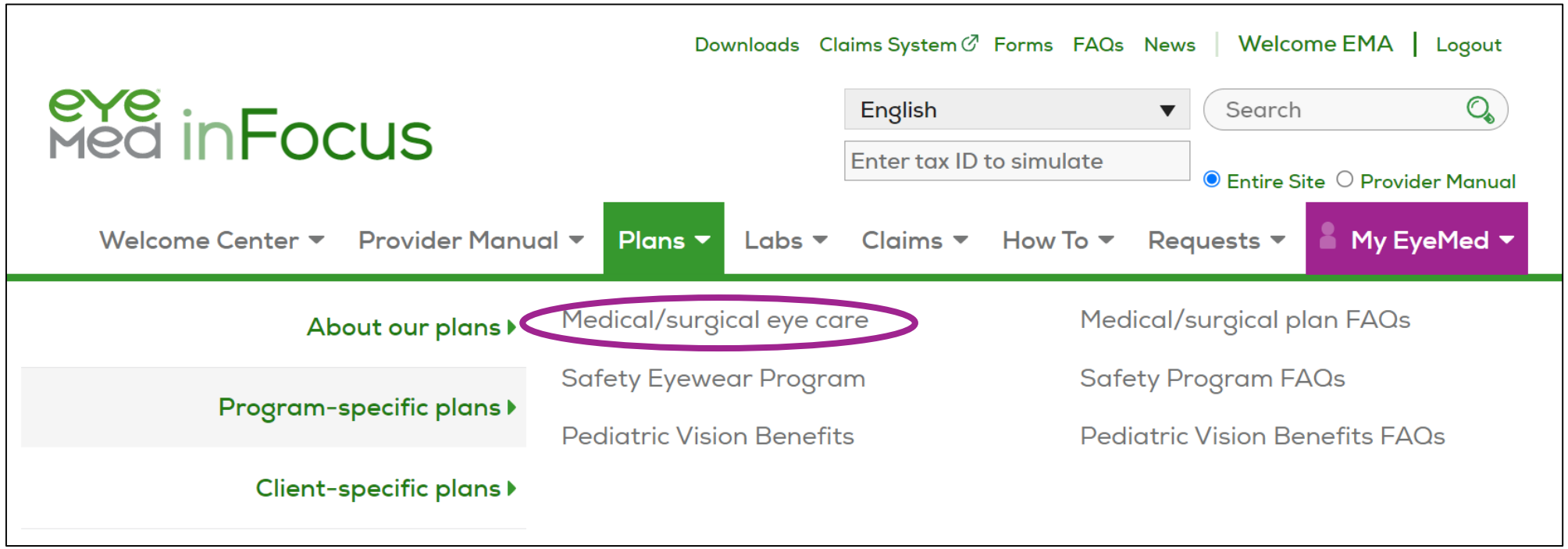
Procedure groups that require pre-authorization:

- 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

5

Additional EyeMed resources

Training and clinical guidelines
eyemedinfocus.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.

BNCPEC-0403-21 July 2021