

Filing claims for Medicaid



Step 1: Look up the member in the online claims system.

Remember: the member will likely show you an ID card with medical plan or Medicaid plan administrator logo instead of EyeMed's logo.

Refer to the Provider Manual for your state's Medicaid claims filing timelines.

You can search for a member in 4 ways:

1. Name Search
2. Member ID Search
3. SSN Search
4. ZIP Code Search

Step 2: View member benefits and choose the type of service.

Select the tab to view the eligibility for the specific type of benefits.

- **Routine:** Click this tab to file a claim for the member's **first covered** exam, lenses or frames.
- **Medically necessary:** Click this tab to file claims for **additional covered** eye exams or pairs of glasses.

Use the medically necessary tab to file claims for additional eye exams or eyewear covered due to medical necessity. Refer to the Provider Manual for specific qualifying conditions, which may vary by plan.

Medically necessary contact lenses must be filed in hard copy. Download the correct form for your plan from our provider portal, www.eyemedinfoocus.com.

- Click Submit Claim to begin the claims process.

Routine		Medically Necessary		
	Service	Member is Eligible?	Member Eligible As Of*	Service Frequency
☐	Exam	Yes	06/25/2019	Once every 24 months from the date of service
☒	Lenses	Yes	06/25/2019	Once every 24 months from the date of service
☒	Frame	Yes	06/25/2019	Once every 24 months from the date of service

Submit Claim

Step 3: File the claim.

- Enter a Primary Diagnosis code. You must enter a primary diagnosis even if you're not filing a claim for an eye exam.

You will not receive an authorization for routine vision services for this member; simply click Submit Claim to start the claim process.

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.

The member's actual out-of-pocket may vary depending on coinsurance, deductibles and other factors. Submit the claim to see how much to collect from the member.

Primary Diagnosis: *	H52.13 - Myopia, bilateral
CPT II and Disease Reporting Diagnosis: (If Yes, check all known conditions related to this patient)	☐ Abnormal Pupil ☐ Cataract ☐ Glaucoma ☐ Hypercholesterol ☐ Hypertension ☐ Macular Degeneration ☐ Med. Nec. Contacts Condition ☐ Type 1 Diabetes ☐ Type 2 Diabetes ☐ Unspecified Diabetes
Other Diagnosis: (Specify ICD Codes separated by a comma)	

* Required Fields

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- If you're filing the claim for the frame, choose Lab Supplied as the frame source. This indicates the member has selected a frame from the Medicaid frame kit, and the lab will supply the frame when it fabricates the lenses.

Frame

Members will choose from a specific selection of frames available in the frame kit/catalog.

- When filing eyewear claims, choose the Medicaid lab you'll be using. Use the lab that corresponds with the supplier of your frame kit.

- Next, choose the **Job Type**. It will default to Lab Supplied if you indicated the frame will be lab-supplied otherwise select an option.

- Enter the member's **Prescription Information**.

	Sphere *	Cylinder	Axis	Add
OD (R)	-02.00			+01.00
OS (L)	-02.00			+01.00
☐ With Prism	Prism 1	Base 1	Prism 2	Base 2
Prism (R)		-		-
Prism (L)		-		-

Distance PD*		Near PD		Height	
20.00	20.00	15.00	15.00	10.00	10.00
(RE)mm	(LE)mm	(RE)mm	(LE)mm	(RE)mm	(LE)mm

- Select the **Frame Package Attributes**.
 - Use the drop-downs to choose from the pre-determined options available for frames in the Medicaid Frame Kit.

Frame Package Attributes

Model:	6010L	▼ *
Color:	Satin Silver	▼ *
Eye Size (mm):	49	▼ *
Temple Length (mm):	130	▼ *
SKU:	782612041397	▼ *

- Select the **Lens Type**.
 - Please note that options are based on your plan, reference the Provider Manual for additional details.

Lens Design & Material

Lens Type: --- Select a Lens Type --- ▼ *

BiFocal
Progressive
TriFocal

- Select the **Lens Design**.
 - Lens design options are limited to what is available for your plan, reference the Provider Manual for more details.

Lens Design & Material

Lens Type: BiFocal ▼ *

Lens Design: --- Select a Lens Design --- ▼ *

Lens Material: --- Select a Lens Design --- ▼ *

Flat Top 28
Flat Top 28 Aspheric
Flat Top 35
Round Seg 22mm
Round Seg 24mm

- Select the **Lens Material**.
 - The standard material for all Medicaid jobs should be POLYCARBONATE.
 - Lens material options are limited to what is available for your plan, reference the Provider Manual for more details.

Lens Design & Material

Lens Type: BiFocal ▼ *

Lens Design: Flat Top 28 ▼ *

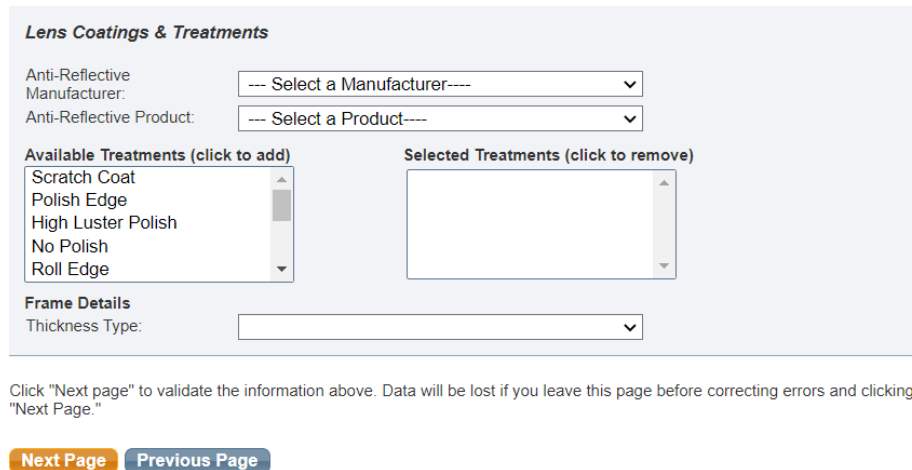
Lens Material: --- Select a Lens Material --- ▼ *

--- Select a Lens Material ---

Plastic 1.50 Clear
Plastic 1.67 Clear
Polycarbonate Clear
Glass Clear

Choose Lens Coatings & Treatments

- **Lens coatings and treatments** options are limited to what is available for your plan, reference the Provider Manual for more details.
- For tint, enter the color in the Treatment Comments field.
- Enter Frame Details Thickness Type
- Click "Next Page"



Click "Next page" to validate the information above. Data will be lost if you leave this page before correcting errors and clicking "Next Page."

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- **Enter your Usual Charges** and enter the reason for medical necessity for any of the lens options.
 - Medical necessity can be met for any of the below reasons.
 - Prescription (RX) - Patient has a diopter or medical condition that necessitated a medically necessary lens option for adequate vision correction.
 - Situational (ST) - Patient has a circumstantial clinical need that required a specific treatment for adequate vision correction.
 - Previous Order (PO) - Patient is unable to wear multi-focal lenses.
 - Buy-Up (BU) - Refer to Provider Manual for additional details and if BU is included in your plan
 - **If you don't select a reason code for an option considered medically necessary, you will not be able to submit the claim.**
 - Many lens options show up on this screen as "Miscellaneous Vision Service."
 - For the frame, the suggested Usual Charge is \$60.00.

Enter Usual Charges

Please enter your Usual Charges for each of the following services. If your usual charge is \$0, please also check the "Permit \$0 Charge" box.

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
Frame - Lab	60.00	☐	H52.13	None
Bifocal Lens - Lab	50.00	☐	H52.13	None
Lens, polycarbonate or equal, any index, per lens	40.00	☐	H52.13	None
Miscellaneous Vision Service	30.00	☐	H52.13	ST
Tint	20.00	☐	H52.13	ST

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- Click the **Submit Claim** button on the Point of Sale screen to submit the claim.

Members should have no out-of-pocket cost for any services or materials. If a member chooses non-covered materials, the member is fully responsible for the cost of the entire pair of eyewear. Some plans allow members to purchase upgrade materials, the member is fully responsible for the cost based on your plan. Reference the Provider Manual for additional details.