Filing claims for Medicaid

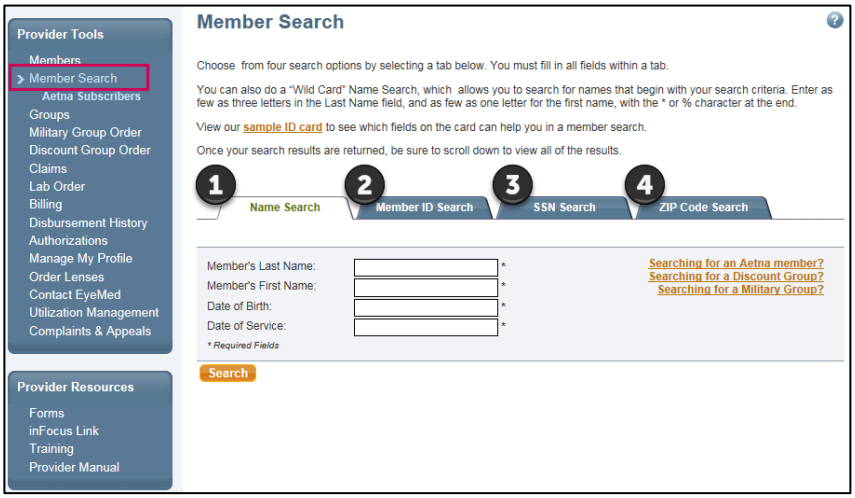
Step 1: Look up the member in the online claims system.

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

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

You can search for a member in 4 ways:

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

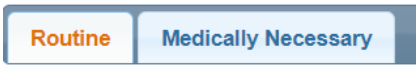


Step 2: View member benefits and choose the type of service.

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.

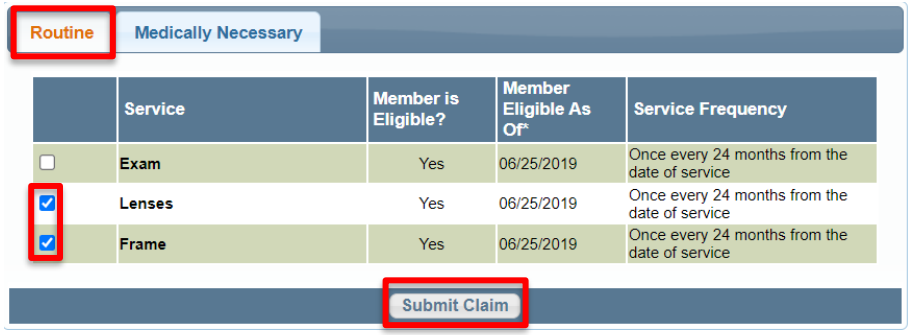
Select the tab to view the eligibility for the specific type of benefits.

- **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.



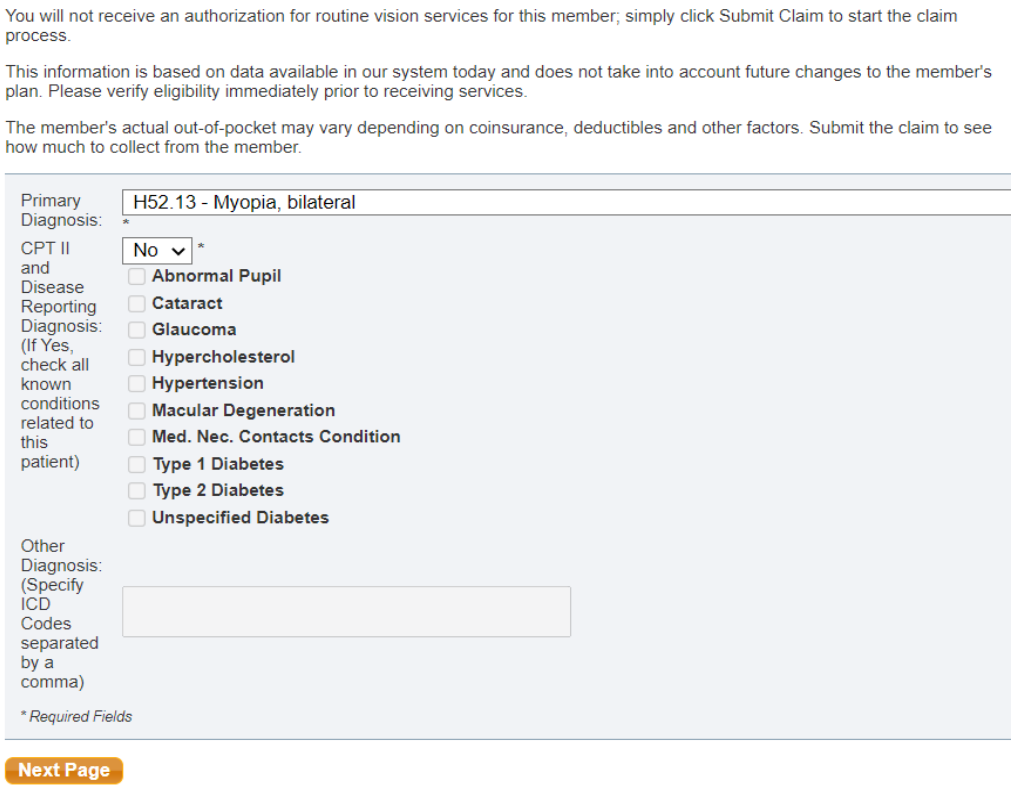
Medically necessary contact lenses must be filed in hard copy. Download the correct form for your plan from our provider portal, www.eyemedinfocus.com.

- Click Submit Claim to begin the claims process.

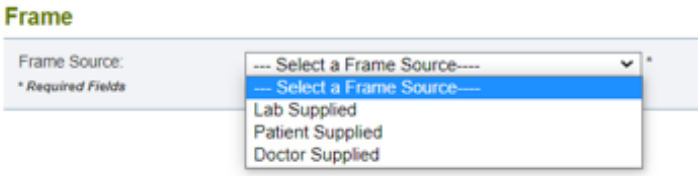


Step 3: File the claim.

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

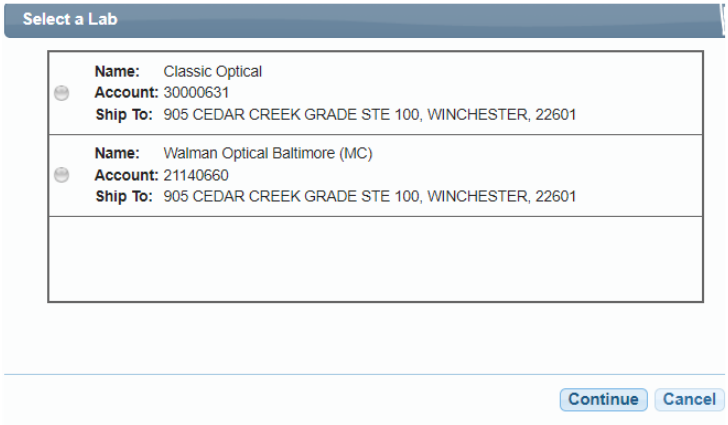


- If you're filing the claim for the frame, choose Lab Supplied as the frame source. This indicates the member has selected a frame from the Medicaid frame kit, and the lab will supply the frame when it fabricates the lenses.

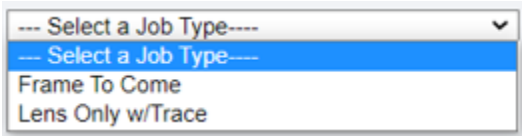


Members will choose from a specific selection of frames available in the frame kit/catalog.

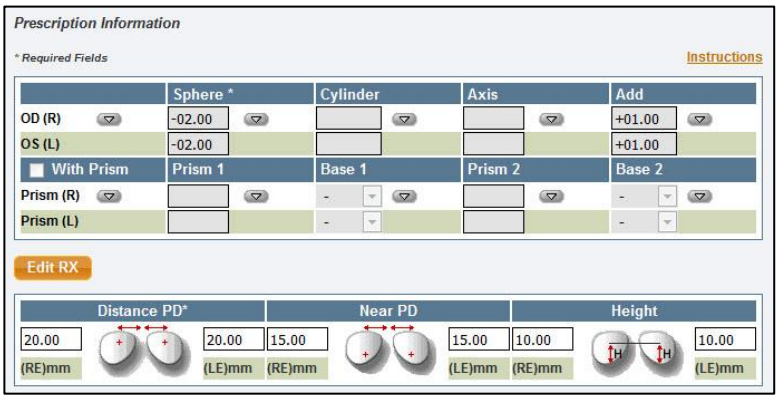
- When filing eyewear claims, choose the Medicaid lab you'll be using. Use the lab that corresponds with the supplier of your frame kit.



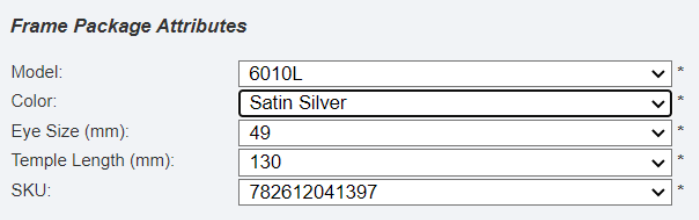
- Next, choose the **Job Type**. It will default to Lab Supplied if you indicated the frame will be lab-supplied otherwise select an option.



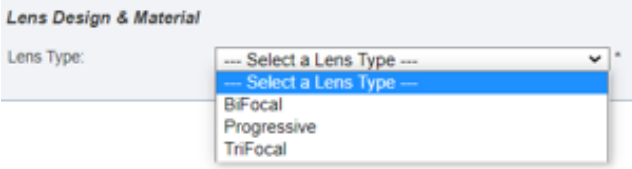
- Enter the member's **Prescription Information**.



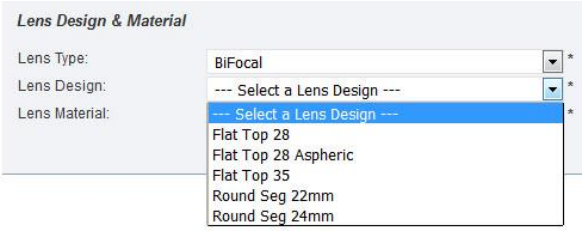
- Select the **Frame Package Attributes**.
  - Use the drop-drowns to choose from the pre-determined options available for frames in the Medicaid Frame Kit.



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



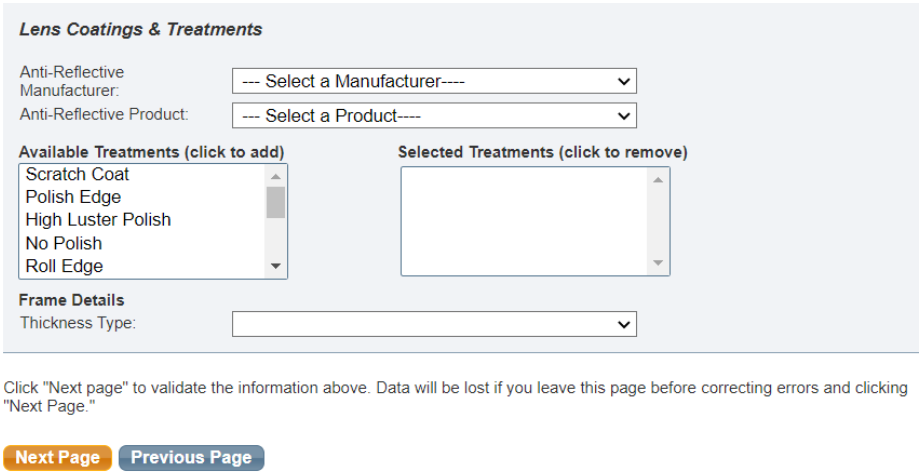
- Select the **Lens Design**.
  - Lens design options are limited to what is available for your plan, reference the Provider Manual for more details.



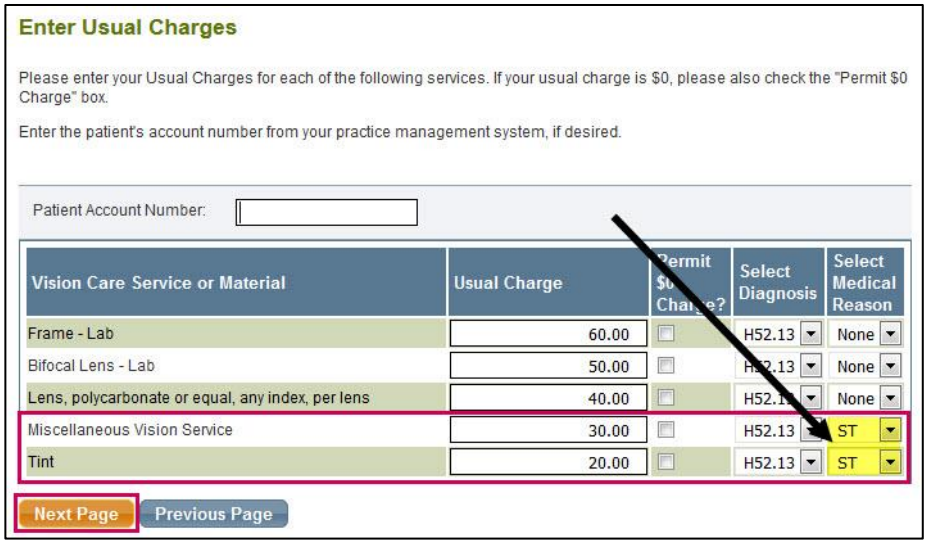
  - Select the **Lens Material**.
    - The standard material for all Medicaid jobs should be POLYCARBONATE.
    - Lens material options are limited to what is available for your plan, reference the Provider Manual for more details.

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"



- **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.



- 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.