

Date: March 9, 2009
To: Participating Optometrist and Ophthalmology Providers
RE: Vision Services

Vision Benefits

The Health Plan¹ is pleased to announce the addition of its prescription eyewear benefit coverage.

- Effective April 2009 for new and renewing groups, they will have the option of purchasing a prescription eyewear rider with their Geisinger Health Plan medical coverage. The prescription eyewear rider allows Members to receive prescription eyewear (lenses, frames and/or contact lenses) from a prescription eyewear vendor. The benefit provides reimbursement up to \$200 every two (2) years per Member, and it includes coverage for lens coating and/or treatment such as tinting, anti-reflective, scratch resistant coating, progressive lenses and polycarbonate lenses. Participating Providers are required to submit initial claims to the Health Plan for reimbursement. *Please note: Members are not required to have the Refraction Rider to have the eyewear coverage rider.*
- Additionally, as a reminder, Gold Members are entitled to receive routine eyewear². The routine eyewear benefit provides reimbursement up to \$200 every two (2) years for one pair of eyeglasses or contact lenses obtained from a Participating Provider. Gold Members are also entitled to one pair of eyeglasses or contact lenses after each cataract surgery³ (with the insertion of an IOL (intraocular lens) when provided by a Participating Provider per year). *Please note: The benefit for eyeglasses or contact lenses after cataract surgery is separate from the benefit allowance for prescription glasses (and frames) or contact lenses every two (2) years. When both eyes receive cataract surgery separately during the calendar year, the Gold Member is entitled to receive a pair of eyeglasses or contact lenses after each surgery.*

Vision Reimbursement

The Health Plan is pleased to be able to bring new benefits, such as the prescription eyewear rider listed above to Members, which increases business to our Participating Providers. As we expand services, we also evaluated industry standard reimbursement methodology. The Health Plan has chosen to adopt industry standard reimbursement methodology, effective for services rendered on or after April 13, 2009, for the following.

- Participating Providers are required to submit claims with **S0620 or S0621** when conducting a routine eye examination and refraction on the same Member on the same date of service with **diagnosis 367.0-367.4X, 367.8X or 367.9 in the first diagnosis position** on claims. This coding combination is appropriate for all product line Members

¹ Geisinger Health Plan, Geisinger Indemnity Insurance Company and Geisinger Quality Options shall be collectively referred to herein as “Health Plan”.

² The routine eyewear benefit does not apply to the following Gold products offered by Geisinger Health Plan and provided to the Medicare Beneficiaries; Open 3 (PFFS) and Reserve MSA.

³ Post cataract eyewear coverage is applicable to all Gold products offered by Geisinger Health Plan.

and required to determine benefit coverage. Please refer below for billing guidelines. **Please note:** *X* in diagnosis codes above is an indication a 5th digit is required. Refer to the then current ICD-9-CM book for further information.

- Separate reimbursement rates for applicable services rendered in a facility setting will be applied. This reimbursement methodology is referred to as a “site of service payment differential”, which is commonly utilized by Medicare and other payers. The site of service payment differential promotes equity of reimbursement for certain services when performed in different settings (e.g., provider’s office, hospital skilled nursing, etc.).
- **Eyewear and/or contact lenses as well as any related services rendered to Health Plan Members by Participating Providers must be submitted initially to the Health Plan for reimbursement consideration.** The Health Plan will apply its contracted rates and identify Member liability on the explanation of payment (EOP). Providers are encouraged to submit claims electronically and utilize the Health Plan’s Provider Service Center (www.thehealthplan.com) to verify benefits and claim status.

Vision Billing Guidelines:

The Health Plan would like to share the following billing guidelines with you to encourage proper coding and reporting of applicable services. As a reminder, Participating Providers are required to report services to the highest level of specificity.

Routine and Medical Eye Care Coverage Guidelines for Gold Members:

Coverage includes an annual routine eye examination and/or refraction one time per calendar year.

No referral is required. Copayment does apply to the eye examination. **Providers should report refraction and routine eye examination with a S0620 or S0621 and a refraction diagnosis code of 367.0-367.4X, 367.8X or 367.9 in the first diagnosis position on the claim.**

If Provider does not report S code with refraction diagnosis codes, appropriate coverage may not apply.

If Provider is reporting a medical condition, a Referral and copays are required and Provider should report the appropriate 92000 series CPT codes with the appropriate medical diagnosis codes.

Cataract Coverage Guidelines for Gold Members:

Coverage includes one pair of glasses or contact lens after each cataract surgery per year, up to one set per eye annually.

A Referral and copays may apply to specialty services, such as physician office visits and cataract surgery. Eyeglass coverage includes standard frames only (V2020). Deluxe frames (V2025) are not covered. Certain features are covered when medically necessary, such as tints (V2740-V2744), anti-reflective coating (V2750), ultra-violet lenses (V2755), or oversize lenses (V2780). To report the medical necessity for these services, modifier -ZX must accompany the applicable procedure code.

When Members request deluxe frames (V2025), Providers are asked to report standard frames V2020 on one line with the Provider's billed charge rate and V2025 on another line item. The charge amount for V2025 is expected to be the difference between the cost to purchase standard frames. For ex: V2020 billed charge rate is \$100. V2025 billed charge rate is \$175. Provider would report V2020 at \$100 and V2025 at \$75.

Please note: Commercial Members do not have cataract glass coverage. However, Providers should report services to the Health Plan for appropriate claim adjudication.

Routine and Medical Eye Care Guidelines for Commercial & TPA Members:

Providers must verify benefit coverage first. Not all Commercial or Third Party Administrated (TPA) Members have the annual routine eye examination and refraction rider coverage. Verify on line at www.thehealthplan.com.

Coverage includes a routine eye examination with refraction coverage one time per benefit or calendar year depending on product.

No referral or copay is required. **Providers should report refraction and routine eye examination with a S0620 or S0621 and a refraction diagnosis code of 367.0-367.4X, 367.8X or 367.9 in the first diagnosis position on the claim.**

If Provider does not report S code with refraction diagnosis codes, appropriate coverage may not apply.

If Provider is reporting a medical condition, a Referral and copays are required and Provider should report the appropriate 92000 series CPT codes with the appropriate medical diagnosis codes.

The Health Plan has noticed an increase in claim reconsiderations related to the appropriate use of modifiers and units, specifically, modifier 50 (bilateral), RT or LT. Please refer to the chart below for assistance.

Appropriate Coding Scenarios with Modifiers and Counts

Date	Count	Code	Modifier
1/1/2008	1	Applicable code	50
OR			
1/1/2008	2	Applicable code	No Modifier
OR			
1/1/2008	1	Applicable code	LT
1/1/2008	1	Applicable code	RT

Incorrect Coding Scenarios with Modifiers and Counts

Date	Count	Code	Modifier
1/1/2008	2	Applicable code	50
1/1/2008	2	Applicable code	LT, RT
1/1/2008	1	Applicable code	LT, 50
	1	Applicable code	RT, 50

***Please note:** The Health Plan conducts periodic audits to ensure Participating Providers are properly coding and reporting rendered services. We may retrospectively reprocess claims that are not billed in accordance with billing requirements.*

Vision Eligibility and Verification

The Health Plan encourages Participating Providers to ensure Member eligibility at the time of service. All appropriate Referrals or authorizations should also be in place prior to rendering services. This information is available online at www.thehealthplan.com, under the Provider Service Center. Providers are also able to view cost sharing and benefits, such as Refraction Rider or eyewear coverage by visiting the Provider Service Center. ***Please note: the Member's identification card does not identify these benefits.***

Diabetic Eye Examinations & Vision Form

Diabetes is the leading cause of blindness in the United States. It is important for a person with diabetes to have an annual diabetic eye examination. We encourage and cover diabetic eye examinations and encourage Providers to develop an annual recall system that encourages patients to return annually for their diabetic eye examination. The Health Plan also encourages communication between the Ophthalmologist/Optomtrist and Primary Care Physicians (PCPs), which ensures a Member's continuity of care. Providers are encouraged to use the attached form to communicate with the Member's PCP after each visit.

Join Our Provider Communication List Server

Everyone is looking for more efficient ways to stay informed. Now, you can join Geisinger Health Plan's email list server and begin to receive provider communications, such as *Briefly*, via email. To join our provider communication list server, forward the below information via email to PNMOps@thehealthplan.com or complete the attached registration form and return via fax to the number identified. You'll receive a test email correspondence to ensure enrollment. You will also continue to receive hard copy correspondences in addition to electronic communications. We are planning to reduce hard copy correspondence over the next several months. Join today!

Information required to join list serve: Practice name, practice address(es), tax identification number, NPI type 2 #, Fax #, contact person's name & title and email address(es).

Provider Guide Updated

This Operations Bulletin and the reimbursement methodology/rates are effective April 13, 2009. Furthermore this Operations Bulletin is applicable to all Health Plan product lines and amends the Participating Provider Guide Dev 10/08. You will receive your sample reimbursement schedule under separate cover from the Health Plan.

Please contact the applicable Provider Relations Offices for assistance or questions related to this communication. You may also contact the applicable Customer Service Team at the telephone number located on the back of the Member's identification card to determine benefits and eligibility.

Danville: (800) 876-5357
Harrisburg: (888) 281-5338
Sayre: (800) 734-3141
Scranton: (800) 350-6486
State College: (888) 669-4834

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Retinal Evaluation/Examination Form

Communication between the Ophthalmologist/Optomtrist and Primary Care Physicians (PCPs) helps ensure a member's continuity of care. Geisinger Health Plan strongly urges Ophthalmologist/Optomtrist to communicate with the member's PCP after each visit.

Member name:	Health Plan identification number:	Date of birth:
PCP name:	Address:	
Date of visit:	Was a retinal examination performed: Yes or No	
Member diagnosis:		
Medications (if applicable):		
Clinical findings:		
Assessment and Plan:		
Ophthalmologist/Optomtrist's name:	Telephone number:	
_____	()	_____
(Print Name)		
Ophthalmologist/Optomtrist's signature and date:		

Please send a copy of this signed Form to the Member's PCP and to Geisinger Health Plan at the following:

Mail to: Geisinger Health Plan Or fax to: (570) 271-7860
100 North Academy Ave.
Danville, PA 17822
Louise Levan, RN 32-20



Provider Communication List Server Registration Form

Everyone is looking for more efficient ways to stay informed. Now, you can join Geisinger Health Plan's email list server and begin to receive provider communications, such as *Briefly*, via email. To join our provider communication list server, complete this registration form and return via fax to the number identified. You'll receive a test correspondence to ensure complete registration. You will also continue to receive hard copy correspondences in addition to electronic. We are planning to reduce hard copy correspondence over the next several months. Join today!

Provider/Practice Name:		Date:	
Provider/Practice Office Address:			
Tax Id #:		Fax #:	
NPI Type 2#:			
Contact Person's Name & Title:		Contact Person's Email Address:	
Contact Person's Name & Title:		Contact Person's Email Address:	
Contact Person's Name & Title:		Contact Person's Email Address:	
Contact Person's Name & Title:		Contact Person's Email Address:	

If there are more than four (4) email addresses, please add a separate listing including the above information to support the addition of these individuals.

Complete and fax this form to the Provider Relations Department at 570-214-1562.

Please contact the applicable Provider Relations Offices for assistance or questions related to this communication.

Danville: (800) 876-5357
 Harrisburg: (888) 281-5338
 Sayre: (800) 734-3141
 Scranton: (800) 350-6486
 State College: (888) 669-4834



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