

Helpful Hints for Offices when Calling Commercial Carriers To Verify Benefits for Medically Necessary Contacts

1. Record the date, number you called, and name of insurance rep you speak with.
2. Ask the questions listed on the predetermination form below.
3. Make good notes and save for future documentation in case the claim does not process according to the information you were given.
4. When asking for benefit information, **always get a dollar amount**, not just a percentage of the allowable. (80% can mean 80% of \$150 or 80% of \$1,200.)
5. Be aware that commercial carriers don't often cover medically necessary contacts. If they do, you have to be careful about reimbursements on a commercial fee schedule. Sometimes insurance reimbursements are not enough to cover the office's cost on specialty contacts because the newer technology is so expensive. Ensure the insurance allowance is enough on medical contacts for the office to cover their costs. If services are covered, you cannot charge your patient any noncovered coverage.
6. If the insurance requires a predetermination, fax or mail the form below.
7. Fits: There should always be a fit on the claim. Never bill a fit alone; always file with contacts.
8. With commercial carriers, we file a claim for **each office visit** during the fitting process. Optometry has always filed 92310 as a global fee to routine carriers; however, commercial carriers are billed per visit. (CPT 92310 is not actually a global code, but to encourage patient compliance, optometrists have often treated it as one.) **Therefore, each time the patient comes into the office, create a claim with CPT 92310 and a per-visit fee** when filing to commercial carriers. Most of our clinics file an amount around \$125 when filing as a per visit code. NOTE: If the patient's diagnosis is keratoconus, some commercial companies require that the initial visit be filed with 92072. Follow up visits can then be billed with 92310 or a lower level E&M code, 99213 or 99212.
9. Follow this process for **commercial medical insurance companies**—Blue Cross, Aetna, Cigna, Humana, United Health Care, etc. Medically necessary contacts for routine payers (VSP, EyeMed, Davis Superior, etc.) follow different rules. Please know the rules for your routine payers before filing. Please do not hesitate to call OBS for help. Please note that medical exams still have to be filed to the commercial carrier even if the fit and lenses are going to a routine carrier, but after the commercial carrier pays we can coordinate with the routine payer.

Predetermination Form for Medically Necessary Contacts

Date _____

Insurance Payer _____

Patient _____

Insured _____

DOB _____

Policy ID _____

To Whom It May Concern:

I examined this patient on ___/___/___, and because of the nature of his/her diagnosis and/or reduced visual acuity through normal spectacles, I am prescribing medically necessary contact lenses. Please note these lenses are therapeutic in nature, not cosmetic. Conditions such as keratoconus, aphakia, post-corneal transplant, corneal dystrophies, ametropia, and anisometropia make contact lenses a medical necessity. I have attached copies of the patient's last exam record with all pertinent data for your review.

In providing treatment for this patient, we anticipate billing for services with the following procedure codes and fees:

1. Initial exam: Code _____, for \$ _____
2. Fitting: Code _____, for \$ _____
3. Materials: Code _____, for \$ _____
4. Follow-up visits Code _____, per visit \$ _____

One year supply of medical lenses needed: _____ Bilateral _____ Right only _____ Left only

Patient's Diagnosis/CPT _____

- A. Does this diagnosis qualify for medical contact lenses under the patient's policy?
Is there clinical criteria that must be met for this diagnosis? (Spectacle visual acuity, Rx diopter criteria, etc)
- B. Please advise us of the following:
1. What is the patient's benefit? **Please provide maximum dollar allowance, not just a percentage of coverage.**
 - a. Professional services:
 - b. Materials:
 - c. If there a different materials allowance for contact lens types, what is the allowance for V2520, soft lenses?
V2510, RGP lenses? V2531, scleral lenses? V2599, hybrid/misc lenses?
 2. Are there special criteria for filing, such as a preauthorization or sending chart records?
 3. Because of the difficult nature of this patient's visual condition, we anticipate that this patient may need multiple follow-up visits. Will there be a copay/coinsurance for each visit?
 4. Will any of the professional services and/or materials be applied to an unmet deductible?

Please fax information about this patient's available benefits to fax number: _____; or mail to this address: _____

Signed _____

Tax ID _____

Group NPI _____