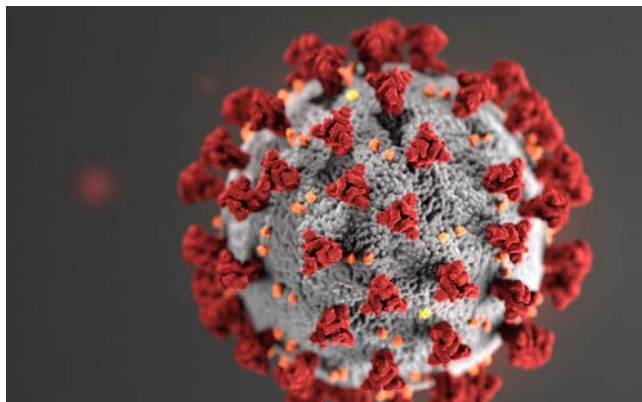


Provider Newsletter

MMM Of Florida Ophthalmology

2020 Q1



Changes to an old pair of codes; CPT 92225 and 92226

Replacing these codes are two new CPT codes: 92201 and 92202. The new codes are divided primarily by the anatomy being drawn. Payment by EMI for these codes are as followed: **Payment of Extended Ophthalmoscopies (92201 & 92202)**

These codes have been identified by many insurance carriers as being frequently overused. EMI has therefore; set forth the following policy regarding payment of these procedures. An ophthalmoscopy is considered part of a general exam and is not considered to be separately payable. If a comprehensive exam code is used, a separate billing for a 92201 or 92202 on the same day will not be paid. However, if the ophthalmologist performs an extended ophthalmoscopy in conjunction with an intermediate level exam (92002, 92012), it may be billed as a separate procedure.

A **detailed** drawing, **with** detailed notes describing the optic nerve, macula, vessels, retina, vitreous, and all pathology and the medical necessity of performing the extended ophthalmoscopy. If no pathology is present, or the medical necessity is not documented, and/or the drawing is not detailed (only a few lines with no explanation), payment will not be made for a 92201 or a 92202 as a separate procedure. All of the criteria must be met for the extended ophthalmoscopy to be considered a separate billable service.

CDC Info Helps You Understand and Treat COVID-19



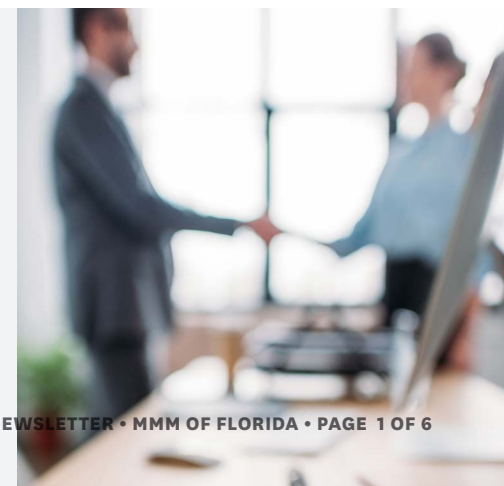
Governor Ron DeSantis declared a public health emergency on Sunday, March 1, 2020 regarding coronavirus disease 19 (COVID-19). We're sharing

important information from the Centers for Disease Control and Prevention (CDC) to help you understand and treat the disease. Access the most current information on COVID-19 at:

<https://www.cdc.gov/coronavirus/2019-ncov>

We welcome you as a MMM of Florida provider

MMM known as Medicare and Much More, is a Medicare HMO plan managed by Eye Management Inc. (EMI), as of January 1, 2020. As a participating provider with EMI, you are also contracted to see MMM of Florida members. We are excited to continue this partnership with you in providing care to the MMM of Florida members. Included in this newsletter is the Quick Reference Guide and information regarding the specialty pharmacy. As always, if you should have any questions or concerns, please contact you EMI Provider Relations Representative.





Accurate Provider Data is Vital to Members!

The Centers for Medicare & Medicaid Services (CMS) and National Committee for Quality Assurance (NCQA) require plans to maintain accurate provider directories. Please make sure your provider information is up to date with EMI. If you have any changes to your practice, including but not limited to address, phone number or provider additions/terminations, please notify your EMI Provider Relations Representative.

Verifying member eligibility

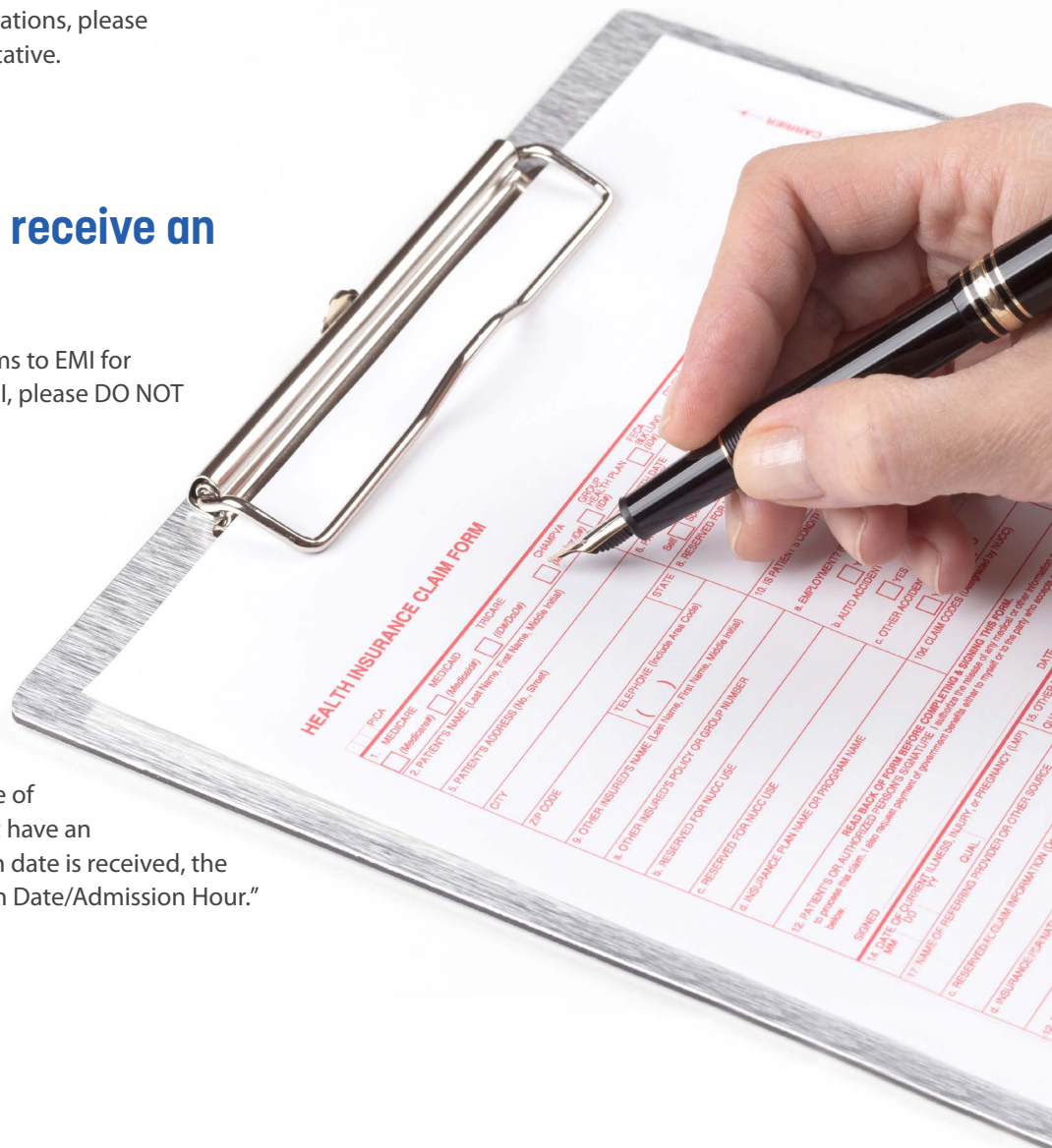
Please remember to ask your patients for a copy of their member ID card at each visit and verify eligibility and benefits by contacting MMM of Florida at 888-722-7559 or via their Web Portal <https://mmm-fl.innovand.com>.

Don't miss a payment or receive an overpayment!

Please submit all assigned EMI member claims to EMI for processing. If the member is assigned to EMI, please DO NOT submit claims to MMM for reimbursement.

Are you entering the "admission date" on your claims form?

All professional billed claims where the place of service code is equal to "21", "51" or "61" must have an admission date on the claim. If no admission date is received, the claim will deny as "Invalid/Missing Admission Date/Admission Hour."



Go Green! We Need Your Emails

In efforts to communicate with our providers in a more expeditious and Earth friendly manner, please send an email with your Group Name and Tax ID to: AugusteM@healthnetworkone.com

Marjorie Auguste

305-614-0100 x4536
800-595-9631 x 4536
fax: 305-614-0171
augustem@healthnetworkone.com

Provider Relations

305-614-0100 option 2
800-595-9631 option 2

Authorizations

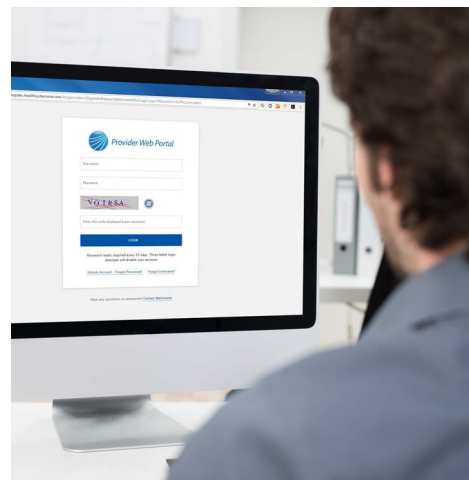
800-595-9631 option 1
Fax: 305-614-0165
Fax: 866-646-1772

Claims

305-614-0133 option 3
954-335-8130 option 3

Have you signed up to our PWP?

The Provider Web Portal (PWP) is a dynamic web-based tool that allows you to request referrals, submit claims, verify eligibility; you can also check the status of referrals and claims. Creating a user account is EASY! Simply complete the online form at <http://www.healthsystemone.com/pwp>. Sign up today!!!



Clinical Practice Guidelines

EMI uses Apollo, Milliman Care, or our Health Plan partner Clinical Guidelines (depending on the LOB) for Medical necessity determinations. These guidelines are based on appropriateness and medical necessity standards; each guideline is current and has references from the peer-reviewed medical literature, and other authoritative resources such as CMS Medicare. For any medical necessity Recommendation of Denial, the Medical Director shall make an attempt to contact the requesting provider for peer to peer consultation. The Apollo, Milliman Care, or our Health Plan partner Clinical Guidelines are reviewed and approved by HS1 Medical Advisory committee annually, and are available in both electronic and hard copy format. If you would like a copy of a guideline, please contact your assigned Provider Relations Rep and a copy will be provided.

PROVIDER RELATIONS	<p>1-800-329-1159-1152, Option 2 Marjorie Auguste, Network Manager 1-800-329-1152 Ext. 4536 augustem@eyemanagementinc.com</p>
MEMBER ELIGIBILITY VERIFICATION	<p>Providers are responsible for verifying member eligibility prior to rendering service. You may contact MMM of Florida at 888-722-7559 for quick eligibility verification or via their Web Portal https://mmm-fl.innovamd.com</p>
PRE-AUTHORIZATIONS	<p>All members must be referred to the specialist by their PCP. Routine office visits and/or procedures performed in the office do not require pre-authorization from EMI. Pre-Authorization for Surgical and Diagnostic procedures not performed in the office, must be requested from EMI by faxing the EMI Surgical Request Form* to 800-922-4132 or via Phone at 800-329-1152, Option 1. The following procedures require medical review and must include complete medical notes supporting the medical necessity for the surgical procedure.</p> <ul style="list-style-type: none"> • Cataract Surgery 66984 • Complex Cataract Surgery 66982 • Corneal Transplant 65710-65756 • Iridotomy/Iridectomy by laser 66761 • Pterygium Excision 65420, 65426 • YAG Capsulotomy 66821 • Lid Surgeries, including, but not limited to 15820-15823, 67900-67908, 67914-67917, 67921-67924
SURGICAL PRE-AUTHORIZATIONS FROM MMM of FLORIDA	<p>For surgical procedures and diagnostics not performed in the office, the specialist must obtain a facility authorization from MMM of FL via phone, fax or web portal. Phone: 833-992-9909 Fax: 833-523-2627 Portal: https://mmm-fl.innovamd.com</p>
CLAIMS SUBMISSION	<p>EDI: EMI selected Clearinghouse is Change Healthcare (f/k/a Emdeon) PAYER ID: 65062 PAPER: EMI, P.O. Box 21730, Fort Lauderdale, FL 33335 EMI Payment Policies apply. For the most recent version of the EMI Payment Policies you may contact your Provider Relations Representative or log on to www.myemifl.com.</p>
CONTESTED CLAIMS DECISIONS	<p>A provider may contest a claim decision by submitting the following documentation to the Claims Dept at P.O. Box 21730, Fort Lauderdale, FL 33335:</p> <ol style="list-style-type: none"> 1. Complete Claims Review/Dispute Form* 2. Copy of the originally submitted and adjudicated claim 3. EMI EOP <p>The above documentation must be received within thirty-five (35) days of your receipt of the EOP from EMI or in accordance to the applicable network health plan guidelines; otherwise, your dispute rights and compensation shall be waived. A separate claim review must be submitted for each patient and claim.</p>
CLAIMS STATUS INQUIRIES	<p>All claims status inquires must be made via the HN1 Provider Web Portal. If you do not have a web portal account with HN1, you can request an account at: https://healthnetworkone.com/pwp. If you do not have access to the internet, you may also make any claims status inquires telephonically at (877) 372-1273.</p>
EXCLUDED SERVICES	<ul style="list-style-type: none"> • Prosthetics and Durable Medical Equipment • Facility Fees (Hospital, ASC, Surgical Suite, etc.) • Cosmetic and Refractive Surgery • Tertiary Services • All diagnostic services that are not performed in a participating provider's medical office • Corneal tissue, including amniotic membrane • Pharmaceutical Drugs/Lab/Injectable Drugs (e.g. J-codes)
LAB/PATHOLOGY/DME/ DRUG ACQUISITION	<p>Lab/Pathology/DME/Drug Acquisition (e.g. Injectable drugs): These services are not covered by EMI. Please contact MMM of Florida at 1-888-722-7559 or via their website at: https://www.mmm-fl.com for a listing of the participating providers.</p>

*To obtain a copy of the Form, please visit www.myemifl.com or contact your Provider Relations Representative



Medicare and Much More

PRIOR AUTHORIZATION REQUEST

Each field must be completed.

Incomplete documentation will be returned to referring provider

Fax completed form to: 833-523-2627

<input type="checkbox"/> Inpatient		<input type="checkbox"/> Ambulatory /	
MEMBER INFORMATION:			
Member Name & DOB:		Identification Number:	Referring Date:
Member Address:		Member Phone Number:	
ORDERING PHYSICIAN INFORMATION:			
Referring Physician:		Phone Number:	Fax Number:
Referring Physician's Address:		Referring Physician's Signature/License Number:	
TIN/NPI:	Location Code:		
RENDERING PHYSICIAN/FACILITY INFORMATION:			
Refer to (Provider Name):		Refer to (Facility Name):	
Refer to (Provider Address):		Refer to (Facility Address):	
Contact Person:	Specialty:		
Phone Number:	Fax Number:	Phone Number:	Fax Number:
TIN/NPI:	Location Code:	TIN/NPI:	Location Code:
REQUESTED SERVICE/PROCEDURE/COURSE OF TREATMENT			
POS: <input type="checkbox"/> Outpatient Center <input type="checkbox"/> Inpatient Hospital <input type="checkbox"/> SNF/Rehab <input type="checkbox"/> Home <input type="checkbox"/> Hospice <input type="checkbox"/> Office <input type="checkbox"/> Inpatient Psychiatric Facility <input type="checkbox"/> Other			
If Other, please specify:			
Type of Service:	<input type="checkbox"/> Initial <input type="checkbox"/> Extension - Previous Authorization #		
If inpatient, Estimated length of stay: Tentative discharge plan information:			
Units/Volume/Visits Requested:		Frequency/Length of Time:	
HCPCS/CPT CODES:			
Latest ICD Code:	HCPCS/CPT Code:	Code Description:	Medical Reason:
IMPORTANT INFORMATION:			
Please include/attach clinical/office notes, laboratory information, imaging reports, and any guiding documentation to support medical necessity. If this is an out-of-network request, please provide an explanation.			
<input type="checkbox"/> Check box if physician believes that waiting for a decision under the standard timeframe could place the enrollee's life, health, or ability to regain maximum function in serious jeopardy.			
Telephone: 833-991-9909 Fax: 833-523-2627			
FOR MEDICATIONS THAT REQUIRE AUTHORIZATION, FAX COMPLETED TO THE PHARMACY DEPARTMENT: (833) 523-2630			



Medicare and Much More

Part B – Physician Administered Drug Prior Authorization Step Process for Kroger Specialty Pharmacy

1. Fax a copy of the prescription(s) to Kroger Specialty Pharmacy at: **1-888-315-3270**.
2. Send the Prior Authorization form along with current and pertinent clinical notes related to the request to MMM of Florida through our Provider Portal (InnovaMD) or fax to: **1-833-523-2630**.
3. MMM of Florida Clinical Team will review PA submission within appropriate timeframes.
4. Rendering Provider, Servicing Provider and beneficiary all receive notifications of decision.
5. If medication order is approved, Kroger Specialty Health will reach out to provider to schedule delivery.
6. For any questions, please do not hesitate to contact us at: **1-888-722-7559, Option #7** to speak to one of our Utilization Management Coordinators.