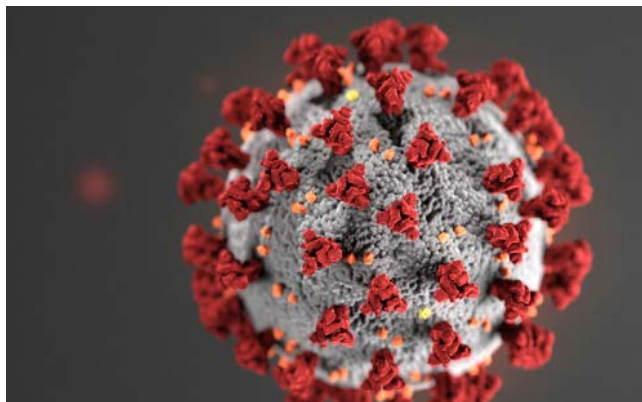


# Provider Newsletter

## Florida Blue 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

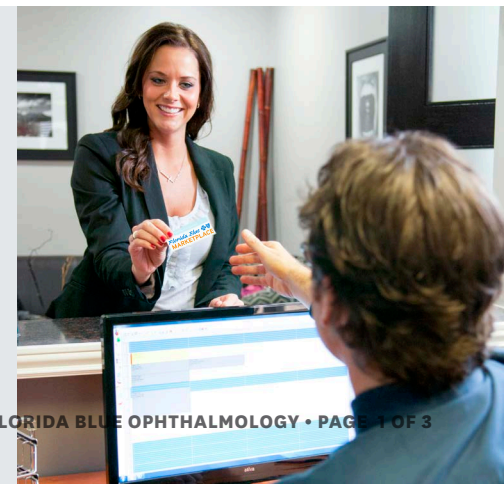
important information from the Centers for Disease Control and Prevention (CDC) to help you understand and treat the disease. Access the most current information on COVID-19 at:

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

## Don't Exclude Marketplace HMO members

As a participating EMI provider, you are also contracted to see Marketplace HMO members. The Affordable Care Act (ACA) provides for the creation of a Marketplace (the Health Insurance Exchange) for individuals under 65 years of age to buy health coverage.

Florida Blue Marketplace health plans should look familiar. They're based on current health plans and provider networks: BlueOptions<sup>SM</sup> (NetworkBlue), BlueCare and myBlue HMO (Health Options Network) and BlueSelect (BlueSelect network).



## Eye Notes from the Medical Director

Dear Doctor:

As you know, an annual Diabetic Retinal Exam (DRE) should be part of every diabetic patient's preventive care regimen. In addition, the DRE is a measurement tool used by the National Committee for Quality Assurance (NCQA) to determine if a managed care organization is meeting the health care needs of their member population.

Florida Blue is working closely with their Primary Care Physicians and with their members to ensure that they are receiving the preventive services with an eye care professional.

When your patient is in the office we ask that you perform a complete eye exam and document appropriate retinal eye examinations. Please also ensure that you submit a HIPAA 5010 Compliant Claim when billing for these services.

It is also extremely important that you document the results of your findings in the patient's chart including No evidence of diabetic retinopathy. We have added this as a separate "diagnosis" (#36) on the Report of Ophthalmic Consultation.

In addition, a report of your findings should be communicated with the member's Primary Care Physician. EMI has a simple template "Report of Ophthalmic Consultation" that you may use. If you need a copy of this form or if you have any questions regarding this information, please contact your Provider Relations Representative, Marjorie Auguste, at (800) 595-9631 x 4536.

Please feel free to contact me on my cell at 954-559-8687 with any questions, concerns, or problems.

With best regards,  
Alan Silbert, M.D.  
Medical Director, EMI



## 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](mailto:AugusteM@healthnetworkone.com)

## Marjorie Auguste

305-614-0100 x4536  
800-595-9631 x 4536  
fax: 305-614-0171  
[augustem@healthnetworkone.com](mailto:augustem@healthnetworkone.com)

## Provider Relations

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

## Authorizations

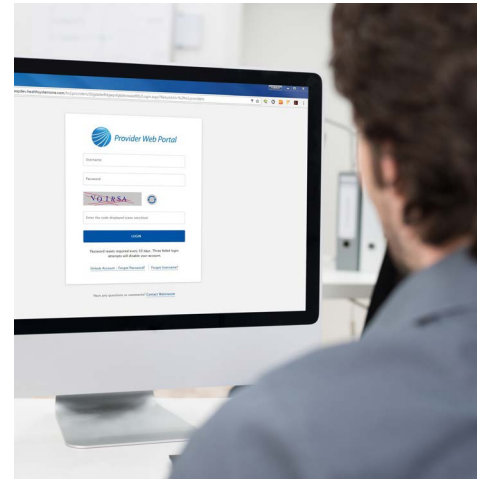
800-595-9631 option 1  
Fax: 305-614-0165  
Fax: 866-646-1772

## 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!!!



## 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.

## 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.



## Is Your Authorization Request Urgent?

CMS defines expedited/urgent authorization request as “applying the standard time for making a determination could seriously jeopardize the enrollee’s health, life, or ability to regain maximum function.” If a provider would like priority in processing their case due to extenuating circumstances, i.e. Member appointment next day, please send the authorization and contact EMI at 1-800-329-1152.