



# Provider Newsletter

MMM of Florida Ophthalmology Providers

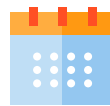
2020 Q3

## Payment Of Sutureless Placement Of Amniotic Membrane On The Ocular Surface; Without Sutures (65778)

Amniotic tissue has been used in a variety of surgical procedures to cover a defect on the surface of the eye and facilitate wound healing as well as decreasing inflammation. There must be documentation in the patient's record to support the use of amniotic membrane as a biological corneal bandage. Prior authorization\* must be obtained prior to the administration of amniotic tissue and authorization may only be issued to board-certified, fellowship trained corneal specialists. Use of amniotic membrane within the postoperative period of a prior surgery, not requiring a return to the operating room and not pre-planned is subject to the principles for global surgery and will not be reimbursed separately. Do not report CPT codes 65778 or 65779 in conjunction with CPT codes 65430, 65435, and 65780.

\*Please reference First Coast Service Options, Inc. Local Coverage Determination (LCD): Amniotic Membrane-Sutureless Placement on the Ocular Surface (L36237) and FL Blue Medical Coverage Guideline (MCG) Policy 02-65000-19 <http://mcgs.bcbsfl.com/>

## Annual Diabetic Retinal Exam



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.

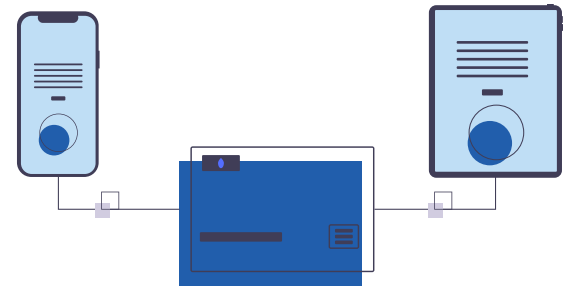
It is also extremely important that you document the results of your findings in the patient's chart including No evidence of diabetic retinopathy. We have added this as a separate "diagnosis" (#36) on the Report of Ophthalmic Consultation.

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.

# Payment of Aqueous Shunts and Stents For Glaucoma (66183 & 0449T)



EMI recognizes that first-line treatment of glaucoma typically involves pharmacologic therapy. Surgical intervention may be indicated in individuals with glaucoma when the target IOP cannot be reached pharmacologically. Minimally invasive glaucoma surgeries (MIGS) may be an alternative to trabeculectomy, the most established surgical procedure for glaucoma.

Ab externo (outside the eye) MIGS meet the definition of medical necessity as a method to reduce intraocular pressure in individuals with glaucoma where medications have failed to adequately control intraocular pressure. Use of ab externo aqueous shunt for all other conditions, including in individuals with glaucoma when intraocular pressure is adequately controlled by medications, is considered experimental or investigational and is not payable by EMI.

Ab interno (inside the eye) MIGS meet the definition of medical necessity as a method to reduce intraocular pressure in individuals with glaucoma where medical therapy has failed to adequately control intraocular pressure. Implantation of 1 or 2

ab interno aqueous stents approved by the FDA in conjunction with cataract surgery also meets the definition of medical necessity in individuals with moderate open-angle glaucoma treated with ocular hypotensive medication.

Use of ab interno stents for all other conditions, or when medical therapy has adequately controlled intraocular pressure, is considered experimental or investigational and is not payable by EMI. Medical documentation must be submitted to EMI for pre-authorization approval prior to performing services. Services billed without prior authorization will be denied.

## Billing/Coding Information:

- **66183** Insertion of anterior segment aqueous drainage device, without extraocular reservoir, external approach
- **0449T** Insertion of aqueous drainage device, without extraocular reservoir, internal approach, into the subconjunctival space: initial device.



## Online Provider Trainings

All providers with Eye Management Inc., are required to complete the Provider Trainings, within thirty days of their contract effective date and annually thereafter. The trainings can be located via the web at:

 <https://myemifl.com/trainings>

You may complete the trainings on any desktop or mobile device for ease of access and completion. Your attestation will confirm that your office has received all mandatory trainings for the year. Should you want a copy of the trainings for your office, they can be downloaded from the attestation page. NOTE: For providers who function under more than one Tax ID; please be sure to complete an attestation for each Tax ID that is contracted with Eye Management Inc.

## 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

## 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 a provider would like a copy of a guideline they may contact their assigned Provider Relations Representative and a copy will be provided.

## 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 accurate and 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>.

