



Provider Newsletter

Florida Blue Ophthalmology Providers

2021 Q4

Payment Guidelines for CPT 66982

Please adhere to the following payment guidelines for payment consideration for CPT 66982 and 66987. Pre-authorization for CPT 66982 and 66987. Pre-authorization for CPT 66984 is required, but the network will not pre-authorize CPT 66982 as this is a post-service review for medical necessity and subsequent payment of the procedures.

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 myemifl.com/trainings. You may complete the trainings on any desk top 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.

Verify member eligibility Via Availity

Remember to ask your patients for a copy of their member ID card at each visit and verify eligibility and benefits electronically through Availity at: availity.com

Payment of ECCE With Insertion Of IOL, Complex (66982, 66987 - with endoscopic cyclophotocoagulation)

The code for complex cataract surgery is intended to differentiate the extraordinary work performed during the intraoperative or postoperative periods in this subset of cataract operations versus that performed in routine cataract surgery. The indications for use of this code are as follows:

1. A miotic pupil which will not dilate sufficiently to allow adequate visualization of the lens in the posterior chamber of the eye and which requires complex devices or techniques not generally used in routine cataract surgery. These must be implantable devices, not simply stretching devices.
2. The presence of a disease state that produces lens support structures that are abnormally weak or absent and which requires complex devices or techniques not generally used in routine cataract surgery.
3. Mature cataract requiring blue to complete the capsulorhexis.
4. Pediatric cataract surgery, or surgery performed if the patient is in an amblyogenic developmental stage (decreased vision in one or both eyes without detectable anatomic damage to eye).

The preoperative clinical notes and the operative report must accompany all claims submitted for payment and provide documentation of the medical necessity of the procedure. Claims received without the proper documentation will be paid at zero. The provider must resubmit the claim with the required documentation for review. The medical necessity of this complex procedure must be evident in the documentation submitted for payment approval. Those claims submitted with the code of 66982 that do not meet the above criteria will be paid at the lesser rate paid for the code of 66984, routine cataract surgery. Those claims submitted with the code of 66987 that do not meet the above criteria will be paid at the lesser rate paid for the code of 66988, routine cataract surgery with endoscopic cyclophotocoagulation.

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

UM decisions are required to adhere to the following principles:

- UM decision making is based only on appropriateness of care and service and existence of coverage.
- The organization does not specifically reward practitioners or other individuals for issuing denials of coverage.
- Financial incentives for UM decision makers do not encourage decisions that result in underutilization.
- Decisions about hiring, promoting or terminating practitioners or other staff are not based on the likelihood or perceived likelihood that they support or tend to support benefit denials.

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.

Eye Notes from the Medical Director

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.