

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