



eyeQuest Newsletter

Spring 2016

Handling Emergencies

As spring arrives, we are spending more time outdoors and being active, and this often provides more opportunities for eye injuries.

In the event a patient presents for emergency treatment of any kind, the circumstance does not allow for a prospective authorization process to be completed. In all emergency situations, the doctor should provide care that is appropriate for the patient in a time and manner consistent with good, accepted medical practices. After care has been provided the office may submit for a retrospective MPA for the urgent services provided. This retro-review process will ensure your claim for the services provided will be authorized for payment.

Send the claim and supporting documentation for Retro Review to Attn: Senior Claims Specialist. Fax it to: 888-696-9552 with the subject – “Retro Review.”

Tips for working with Classic Optical:

- If the lab made an error with the order, please contact Classic directly at 888-522-2020 and press 1 to replace the order.
- In the event of an eyewear order entry/submittal error, providers may submit an MPA request to have Classic remake the lenses with the correct prescription. When submitting the MPA request the “NOTES” section on the web portal should include the reason for the requested remake, e.g. “error in original order entry.”

Need Assistance?

Help Is Just a Click or Call Away!

This is to remind you that you can receive 24-hour service, 7 days a week, by accessing our website at www.eye-quest.com. Use our website to check member eligibility and history or to submit claims and authorizations free of charge. Should you need additional assistance or wish to use our interactive voice response system, please contact us at the toll free number listed in your office reference manual.

As always, thank you for partnering with us to provide needed eye care to our members.

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Using CPT II and ICD-10 Codes to Submit Claims for Members With Diabetes

Submittal of the correct procedure and accurate diagnosis codes for all comprehensive exams delivered to members with diabetes is mandatory. Per CMS guidelines, eyeQuest requires our providers to submit these additional service codes for all members diagnosed with diabetes presenting for annual exams. The process and procedures are detailed below.

1. For all patients presenting with a medical history positive for diabetes, perform the usual eye exam including dilation and retinal evaluation;
2. Document the findings of the exam in the medical record per your usual protocol;
3. Submit the claim for services with the following documentation:
 - a. Use the applicable exam CPT-4 code, (e.g. **92004, 92014**)
 - b. Include the additional (applicable) CPT II code; e.g. **2022F**
 - c. Select and include the applicable ICD-10 diabetes diagnosis code(s) **
 - d. Summarize the findings and submit the summary of findings to the member's PCP.

** We are especially interested in capturing diagnoses which provide evidence of NO RETINOPATHY. The basic ICD-10 codes that apply are:

- E10.9 for Type I Diabetes
- E11.9 for Type II Diabetes

Of note:

- eyeQuest will reimburse providers for annual dilated retinal exams for members with diabetes, even when their program benefits limit exams to once every 2 years. Just be sure to include the correct CPT II and ICD-10 codes when billing for the exam.
- Submittal of the CPT II and the correct Diabetic related diagnosis codes will eliminate the need for eyeQuest to request detailed medical records — a tedious task that none of us wants to undertake.

Portal Trouble Shooting Tips

Address: <https://www.eye-quest.com/>

Internet Explorer users ensure you are using version 8 or higher.

Google Chrome users must have your pop-up blocker "on" to see the hardware order from

Open Chrome — Top right, click the Chrome Menu > Settings > Show Advanced Settings > Privacy > Content Settings > Under Pop-ups, Select ALLOW All sites to show pop-ups

- When submitting claims, diagnosis codes do not need the decimal point.
- When submitting prior authorization requests or submitting orders for materials, please submit all pertinent codes for frames and lenses.



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Cultural Competency

As the US population becomes more diverse, medical providers and other people involved in health care delivery are interacting with patients/consumers from many different cultural and linguistic backgrounds. Because culture and language are vital factors in how health care services are delivered and received, it is important that health care providers and their staff understand and respond with sensitivity to the needs and preferences that culturally and linguistically diverse patients/consumers bring to the health encounter.

Cultural competency can be defined as *“the willingness and ability of a system to value the importance of culture in the delivery of services to all segments of the population.”* It is the use of a systematic approach and belief which values differences and is responsive to diversity at all levels in an organization. In particular, it is the promotion of quality services to understand racial/ethnic groups through the valuing of differences and integration of cultural attitudes, beliefs, and practices into diagnostic and treatment methods and throughout the practice to support the delivery of culturally relevant and competent care.

Providing Culturally and Linguistically Appropriate Services (CLAS) to these patients has the potential to improve access of care, quality of care, and, ultimately, health outcomes.

When working with those whose beliefs, standards, and codes of behavior are different, consider the following:

- **Respect** all members as individuals, then as members of a minority status and of a specific ethnic group.
- **Never assume** that a person’s ethnic identity tells you anything about his or her cultural values or patterns of behavior.
- **Treat all “facts”** you have heard or read about cultural values and traits as hypotheses, to be tested anew with each member.
- **Listen** with empathy and care for what the member is saying.

Cultural Competency includes a set of complementary behaviors, attitudes and policies that help professionals work effectively with people of different cultures. This would include (but is not to be limited to) the delivery of services to:

- Immigrants and refugees
- People of various races and ethnicities
- Variable Socioeconomic status and social class
- Those of all sexual orientation
- Any person with a disability

eyeQuest is committed to the development, strengthening, and sustaining of healthy provider/member relationships. Members are entitled to dignified, appropriate, and quality care. When healthcare services are delivered without regard for cultural differences, studies have shown that patients are at risk for sub-optimal care.



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“Prediabetes” — The Role of the Primary Eye Care Provider

While many patients are familiar with type 2 diabetes, fewer are aware of prediabetes, a serious health condition that affects 86 million Americans (more than 1 in 3) and often leads to type 2 diabetes. In an effort to raise awareness and help those with prediabetes know where they stand and how to prevent type 2 diabetes, the American Diabetes Association (ADA), the American Medical Association (AMA), and the Centers for Disease Control and Prevention (CDC) have partnered with the Ad Council to launch the first national public service advertising (PSA) campaign about prediabetes. Nearly 90 percent of people with prediabetes don't know they have it, and aren't aware of the long term risks to their health such as heart attack, stroke, blindness, and amputation. If left untreated, current trends estimate that 15 to 30 percent of people with prediabetes will develop type 2 diabetes within five years, making it one of fastest growing public health crises today. However, prediabetes often can be reversed through weight loss, diet changes, and increased physical activity. Education is key: research shows that once people are aware of their condition, they are much more likely to make the necessary lifestyle changes. “For the 86 million Americans with prediabetes, we need to communicate a sense of urgency-- that it's time to take action,” said Ann Albright, Ph.D., R.D., director of CDC's Division of Diabetes Translation. “By participating in a CDC-recognized diabetes prevention program, people with prediabetes can learn practical, real-life changes and cut their risk for developing type 2 diabetes by 58 percent.”

Losing weight and being healthier are at the top of everyone's New Year's resolutions. But, despite the best intentions, work, kids, and social events often push lifestyle changes to the bottom of the list. The Primary Eye Care Provider is often in a position to recognize the risk factors and coordinate appropriate diabetes screenings, then provide ongoing education, nutritional counseling, and medical support to their patients at risk.

See more information on this topic at: <http://www.diabetes.org>

Contact Information

Claims/Payment Questions:

eyeQuest@dentaquest.com

Provider Contracting/Credentialing & General Questions:

eyeQuestProviderServices@dentaquest.com

We look forward to hearing from you!

Got good news to share?

Let us know! We love to hear good news stories about how you made a difference in someone's ability to see! Please email us at eyeQuestProviderServices@dentaquest.com so we can celebrate with you!

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