

IHCP *banner page*

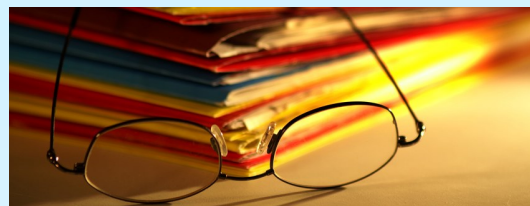
INDIANA HEALTH COVERAGE PROGRAMS

BR201532

AUGUST 11, 2015

Providers may resubmit claims for eyeglass lenses that denied incorrectly

The Indiana Health Coverage Programs (IHCP) has identified a claims processing issue that affects certain claims for eyeglass lenses with dates of service (DOS) on or after October 1, 2014. Claims for the initial pair of lenses for members under the age of 21 may have inappropriately denied with explanation of benefits (EOB) 6271 – *Lenses initial or replacement–member younger than 21 years*.



The claims processing system has been corrected, to allow billing of two units – one for each lens – when billing for the initial lenses in a new pair of eyeglasses for a member younger than 21 years of age. Beginning September 1, 2015, for reimbursement consideration, providers may resubmit previously denied claims for a member's initial lenses if they received a denial for EOB 6271. Claims resubmitted beyond the original one-year filing limit must include a copy of this banner page as an attachment and must be filed within one year of the banner page's publication date.

Providers are reminded that in accordance with IHCP policy, members under the age of 21 are limited to one pair of eyeglasses per year. Refer to the [Medical Policy Manual](#) at indianamedicaid.com for a full explanation of the policy. In compliance with IHCP policy, the following billing guidance applies when submitting claims for eyeglasses:

- If a member needs repair or replacement lenses or frames because of breakage or damage, providers must bill the repaired or replacement lenses or frames with the U8 modifier. Note that members are not entitled to a new pair of eyeglasses if the lenses or the frames can be repaired or replaced, regardless of the established frequency limitation. Repair or replacement covers only the part of the eyeglasses that is broken or damaged.
- If a member needs replacement eyeglasses due to loss, theft, or damage beyond repair before the established frequency limitation, providers must bill the replacement eyeglasses – lenses and frames – with the U8 modifier. Providers must include documentation in the member's medical record to substantiate the need for the replacement eyeglasses. Documentation that eyeglasses have been lost, stolen, or broken beyond repair must include a signed statement by the member detailing how the eyeglasses were lost, stolen, or broken.
- If a member needs replacement lenses or eyeglasses due to a change in prescription as specified in *405 IAC 5-23-4(7)* before the established frequency limitation, providers must use the SC modifier when billing lenses or frames.

continued

MORE IN THIS ISSUE

- [Pharmacy Benefit Manager, Catamaran, joins with OptumRx](#)
- [Mark your calendar for the IHCP 2015 Annual Provider Seminar](#)

- Use of either the U8 or SC modifier indicates that the appropriate documentation is on file in the patient's record to substantiate the need to repair or replace eyeglasses in whole or part.
- Note that only the U8 or SC modifier is appropriate when billing for eyeglasses. Modifiers LT or RT are not appropriate modifiers on claims for eyeglasses.
- If a member needs new eyeglasses, and it is beyond the established frequency limitation, providers should not use modifiers when billing.

Providers should refer to [Chapter 8](#) of the *IHCP Provider Manual* for additional billing guidance.

Pharmacy Benefit Manager, Catamaran, joins with OptumRx

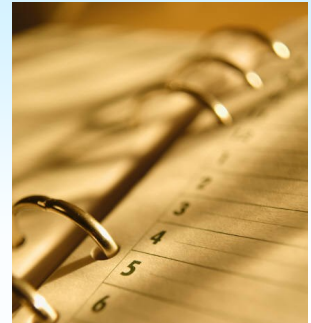
On July 23, 2015, the Indiana Health Coverage Program's (IHCP's) fee-for-service (FFS) Pharmacy Benefit Manager (PBM), Catamaran, combined with Optum's pharmacy care services business, OptumRx. Moving forward, Catamaran will operate as OptumRx.

Providers will begin to see communications and related PBM material referring to OptumRx as the IHCP FFS Pharmacy Benefit Manager. Information about FFS pharmacy benefits can still be found under the [Pharmacy Services](#) quick link at indianamedicaid.com. Providers should continue to contact the Clinical and Technical Help Desk via telephone at 1-855-577-6317 or fax at 1-855-577-6384. Calls will be answered with an OptumRx greeting.

Mark your calendar for the IHCP 2015 Annual Provider Seminar

The Indiana Family and Social Services Administration (FSSA) invites Indiana Health Coverage Programs (IHCP) providers to attend the 2015 IHCP Annual Provider Seminar October 13-15, 2015, in Indianapolis. This year's seminar will highlight how the IHCP's new claims processing system, CoreMMIS, will enhance claims submission, provider enrollment, and prior authorization. There is no cost to attend the seminar.

Watch for more details regarding the agenda, the location, and registration in upcoming IHCP publications.



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