

MEDICAID PROVIDER BULLETIN

March 2015

Reimbursement for professional vision services

Summary:

Anthem Blue Cross and Blue Shield Medicaid (Anthem) utilizes the diagnosis code to properly process vision claims. Through our claims review analysis, we have identified several claims that have been processed incorrectly. When a claim is billed with a routine diagnosis code, regardless of the CPT/HCPCS code, the claim should be submitted to our vision vendor, eyeQuest. If billing a medical diagnosis code, then the claim should be submitted to Anthem.

There may be instances where the ophthalmologist will want to bill both a medical and routine diagnosis. If a claim is truly medical, it should not be billed with a routine diagnosis.

Example:

- Diabetes and myopia, both routine diagnoses, should be billed to eyeQuest.
- Diabetic retinopathy, a specific medical disease, should be billed to Anthem.

We will begin pulling claims for dates of service from **January 1, 2014**, to present to review for reprocessing. Providers will begin to see these corrections on future remits.

Provider Action Required:

Providers will not need to resubmit claims as they will be identified during our rework process.

Questions:

If you have questions about this communication, please contact your Provider Relations representative or the Provider Services department toll free at **1-855-661-2028**.

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