eyeQuest Newsletter

Summer - 2015

WE HEAR YOU!

We survey providers annually to gauge their satisfaction with us, and are pleased to report a high rate of satisfaction in the latest survey. You report being especially pleased with eyeQuest's easy-to-use web portal. Your responses also helped us determine areas where your experience with us could be improved, and to that end we have instituted the following changes.

Prior authorizations

Feedback indicated that prior authorizations are not always determined in a consistent manner, and that the Office Reference Manual (ORM) is not clear enough about services requiring prior authorization.

eyeQuest response:

1. We reduced the number of services requiring prior authorization
2. We updated the ORM and will be posting it in July
3. We updated our training documentation
4. We re-trained our team
5. We are implementing prior authorization processing quality metrics

Faster response

Some of you reported that you weren't always able to connect with a provider relations representative in a reasonable amount of time.

eyeQuest response:

1. We updated the ORM with information about how you can connect with provider relations representatives more quickly
2. We enhanced our training documentation and conducted staff training to ensure a higher percentage of issue resolution on first contact

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 vision care to our members.

eyeQuest

A product of DentaQuest

Members arriving late for appointments

Tardiness for appointments can negatively impact patient scheduling, and some of you have reported that this is an issue.

eyeQuest response:

1. We authored an article emphasizing how important it is to arrive for appointments on time.
2. We distributed the article to our health plan partners for publication in their member newsletters.

Thanks for all that great feedback. It helps us create an even better service experience for you.

DIABETIC CLAIMS SUBMISSIONS

You all know the importance of providing diagnosed diabetic patients with a full dilated retinal exam at least once per year. Our health plan clients monitor the frequency with which their diabetic members receive this service, and eyeQuest encourages you to clearly document these examinations.

Per CMS guidelines, eyeQuest requires its providers to submit these additional service codes for diabetic patients.

1. For patients presenting 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 according to 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 2022F (defined as follows):

2022F	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist, documented and reviewed

    c. Select and include the applicable diabetes diagnosis code(s); e.g. 250.XX – Be sure to include all applicable diabetic diagnosis codes (see below).

Diabetic by history (with no retinopathy):	250.00 250.01 250.02 250.03
Background Diabetic Retinopathy (BDR):	362.01 362.03 362.04 362.05 362.06
Diabetic Macular Edema (DME):	362.07
Proliferative Diabetic Retinopathy (PDR):	362.02

4. Summarize and submit the exam findings to the member's PCP.

NOTE: SUBMISSION OF CPT II CODES AND DIAGNOSIS CODES FOR DOCUMENTATION OF DIABETIC MEMBER EXAMS IS NOT OPTIONAL. PROVIDERS WHO DO NOT SUBMIT THE APPLICABLE CODES ARE SUBJECT TO DELAYED CLAIMS PAYMENTS, AND ONGOING REQUESTS TO SUBMIT MEDICAL RECORDS.

ARE YOU READY FOR ICD-10?

The compliance date for implementation of ICD-10 is October 1, 2015 for all Health Insurance Portability and Accountability Act (HIPAA) covered entities.

Here's some background on the subject.

In 2009, the US Department of Health and Human Services required all HIPAA covered entities to adopt the International Classification of Diseases 10th Edition (ICD-10) codes for diagnosis coding. ICD-10 compliance means that all HIPAA covered entities must be able to process healthcare transactions on October 1, 2015 using ICD-10 diagnosis codes. ICD-9 diagnosis codes will no longer be used for any services provided after this date.

The reason for this transition, according to CMS, is "ICD-9 Procedures limited data about patients' medical conditions and hospital inpatient procedures. ICD-9 is 30 years old, has outdated terms, and is inconsistent with current medical practice." Not only will ICD-10 allow for more specificity in describing a patient's diagnosis, and in classifying inpatient procedures, but they will also "accommodate newly developed diagnoses and procedures, innovations in technology and treatment, performance-based payment systems, and more accurate billing."

Please be aware that the transition to ICD-10 is not just an update - it is an overhaul. All payers, providers and vendors are being affected by the transition to the expanded ICD-10 code sets.

These coding changes will affect medical coding operations, software systems, reporting, administration, registration, and more. Any delay could result in your organization experiencing backlogs, denials, and impacts on revenue.

We are preparing communication materials for you regarding this update. In the meantime, here are two videos you might find helpful:

- "Introduction to ICD-10 Coding" gives an overview of ICD-10 features and explains the benefits of the new code set to patients and the healthcare community.
- "ICD-10 Coding and Diabetes" uses diabetes as an example to show how the code set captures important clinical details previously not captured using ICD-9.

Follow these ten steps to make sure your practice is prepared.

CLAIM CORRECTIONS, CLAIM SUBMISSIONS AND MORE...

Claim corrections / prior authorizations

All claim corrections or prior authorizations corrections should be sent by fax only to the attention of CLAIMS at 888-696-9552, along with a note of corrected claims.

The importance of clean data

The Provider Web Portal is a great way to submit your claims to us. It ensures quick payment. If you are not able to use our portal, then please submit your claims electronically to:

DentaQuest/eyeQuest Payor ID: 63740
EDI Clearinghouse: Emdeon

Claims should include the provider name and service location, using correct punctuation.

Washington providers: please note that Member ID numbers start with a "7" and not 'WA'.

Check out our updated frames brochure

And finally, here's some good news about frames. The frames brochure has been updated for several markets online. It can be accessed through the Provider Web Portal, and includes special needs frames (prior authorization is required for these frames).

CONTACT INFORMATION

eyeQuest Customer Service Via Email:
Provider Services
eyequestproviderservices@dentaquest.com
www.eye-quest.com