

# SoonerSelect

## EyeMed (Aetna) Webinar FAQ

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**Q: On the adult plan, can the patients choose any frame, or do they have to choose from the frame kit?**

**A:** Yes, adults may choose any frame. They are not limited to the kit. Claim submission and lab order should follow your normal EyeMed flows for the adult member/plan.

**Q: Will ALL SoonerSelect patients that have benefits be able to be found on the EyeMed provider portal?**

**A:** Yes, you will be able to find SoonerSelect members who have enrolled in the Aetna Better Health plan on the EyeMed portal. If a member is unsure if they are enrolled in this plan, you can look up members via the Oklahoma Health Care Authority portal/website.

**Q. When do I bill EyeMed versus Aetna?**

**A.** All routine exam services and eyewear claims should be billed to EyeMed via EyeMed's online claims portal, by fax or by mail. All medical exams including any refraction performed during the medical exam should be billed to Aetna via your clearinghouse. Refer to the Oklahoma Medicaid Manual for details.

**Q: Do kids under 21 years old have to select frames from the kit? Do they have the option to choose a frame and pay out of pocket?**

**A:** Providers contracted with EyeMed to use Classic Optical for Medicaid lab orders must have the patient select a frame from the kit mailed to your office. However, please note, this is only a subset of the available frames and styles. Visit the [EyeMed website](#) to access the full catalog if the member wants something that's not in the kit. To switch out any styles or colors, you can call or email Classic Optical at [CustomerService@classicoptical.com](mailto:CustomerService@classicoptical.com) and they will be happy to help meet your needs.

To ensure that the member receives a complete pair with no out-of-pocket cost, EyeMed does not allow for buy-ups. If a child requires a lens option for medical necessity, you can follow the process outlined in the EyeMed Oklahoma Medicaid Provider Manual posted on the EyeMed provider portal for details.

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**Q: If a member breaks their frame, do we have to replace the full set of spectacles or just the frame?**

**A:** For Classic Optical, you will submit for a full replacement. If the primary coverage has been exhausted, you will need to submit the replacement pair under the Medical Necessity tab in the EyeMed claims portal. For those providers who are using their in-house lab, you can submit for the lens only, however, EyeMed generally recommends a full replacement. You should follow the normal replacement pair policy for adult members. Refer to the Oklahoma Medicaid Provider Manual posted on the EyeMed provider portal for details.

**Q: When do benefits restart?**

**A:** EyeMed is administering benefits based on the date of service. Refer to the EyeMed online claims portal for member specific eligibility.

**Q: Is Aetna paying the same as the OHCA fee schedule?**

**A:** Aetna Better Health of Oklahoma is contractually required to use the same fee schedule as OHCA. If you have a specific example, please email [ABHOKProviderEngagement@aetna.com](mailto:ABHOKProviderEngagement@aetna.com) so we can address it.

**Q: Do SoonerSelect members over age 21 require a referral for a medical exam?**

**A:** No, Aetna Better Health of Oklahoma does not require referrals.

**Q: What are the steps to opt out of using Classic Optical for the lab and use our own in-house lab?**

**A:** If you have an in-house lab, EyeMed is reviewing requests to opt-out of using Classic Optical. EyeMed recognizes the investments providers have made in equipment that has been used to service these members to date and do not want to disrupt that. The provider must have a full surfacing lab which allows the work to be SV, Bi, Tri and progressive to qualify as an in-house lab and for us to allow them to opt-out of using Classic. To opt-out of using Classic, please submit a request and someone will be in contact within 1-3 days.

**Q: How do we check to see if benefits have been used at another facility?**

**A:** In the portal, you can check member eligibility by searching by member name, DOB or by member ID.

**Q: What date do we use for 92340? Exam date or final dispense date?**

**A:** If using Classic Optical, the lab order and claim will be submitted at the same time in the portal so you should use exam date of service. If using your in-house lab, you will want to use exam date of service if submitting the claim with the exam and eyewear together. Otherwise, if it is an eyewear claim only, you can use exam and/or final dispense date of service depending on when the claim is submitted.

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### **Q. How do I bill for 92340, lens fitting fee?**

**A.** You will want to ensure your usual and customary charges for both the base lenses and lens fitting fee are submitted under the base lens. You can still submit the lens fitting service on the claim but will need to bill \$0 as your usual and customary. EyeMed will deny the service line since we are reimbursing under the base lenses, but billing it this way still allows for you to record as part of your services. EyeMed also reimburses for a pair of lenses and does not reimburse per quantity. We will adjudicate the first lens on the claim if billing outside of the portal and deny any corresponding lenses as benefit exhausted. It is recommended to use the EyeMed portal for billing so the claim build is completed and submitted for adjudication by EyeMed correctly.

### **Q: What lab do we use we for adults over age 21?**

**A:** Classic Optical is the Medicaid lab for children only. For adult members, you should follow your normal EyeMed claim and lab flows. If you are newly contracted, you will need to register for an EyeMed lab account. Visit the [EyeMed website](#) for more information. If you need assistance, you can [submit a request](#) and someone will be in contact within 1-3 days.

### **Q: How should we bill for refraction?**

**A:** If billing EyeMed for a routine vision exam that includes refraction, you will want to ensure your usual and customary charges for both the exam and refraction are submitted under the comprehensive exam service as EyeMed requires refraction be performed as part of the comprehensive exam and reimburses accordingly for both and exam and refraction. You can still submit refraction on the claim but will need to bill \$0 as your usual and customary. EyeMed will deny the service line since we are reimbursing under the exam, but billing it this way still allows for you to record as part of your clinical services.

If billing Aetna for a medical exam that includes refraction, you will need to ensure you bill refraction as a separate service with your normal usual and customary charges for refraction. Aetna will reimburse for both the medical exam and the refraction if performed during the same visit.

### **Q. If I opt-out of using Classic Optical, but use EyeMed labs for other lines of business, can I still use the EyeMed online claims portal for claim submission even though there won't be a lab order?**

**A.** Yes, on April 28, 2024, EyeMed updated their portal to allow for this functionality. You no longer have to submit paper claims or submit through your clearinghouse. Using the online claims portal is the recommended path to ensure clean claim submission.

### **Q. Does EyeMed require a rendering provider (type 1 NPI) on all claims submitted for SoonerSelect members or can I bill eyewear under my group like I can for commercial lines of business?**

**A.** All claims should be submitted under the rendering provider (type 1 NPI) as this is an Oklahoma state requirement. If you submit under the group, your claim will be denied.