



Frequently Asked Questions: Humana Healthy Horizons

Question	Answer
<p>Regarding Superior, we seem to be unable to get a response regarding the Superior contract that states:</p> <p>III Obligation of VCP</p> <p>A. "...VCP or any of VCP's providers shall not promote the use of his/her products and services which are not Vision Care Services or induce members to purchase additional products and/or services exceeding Plan benefit allowances. Inducement includes, but is not limited to, both in-office promotions and advertising."</p> <p>D. "...VCP agrees to provide all non-Vision Care Services to members at the rate of discount (up to 20%) from the VCP's posted/standard charges required by the Plan."</p>	<p>Answered live:</p> <p>If the member wishes to select lenses and frames with special features which exceed the SoonerCare allowable fee and are not medically necessary, the member may be billed the excess cost. The provider must obtain signed consent from the member acknowledging that they are selecting lenses and/or frames that will not be covered in full by SoonerCare and that they will be responsible to pay the excess cost. The signed consent must be included in the member's medical record.</p>
<p>I could not find the PowerPoint presentation or recording from yesterday's meeting on the OHCA site. Where will these PowerPoint presentations or meeting recordings be accessed exactly on the OHCA site?</p>	<p>We will post the slide later to OHCA's public website SoonerSelect resources page at https://oklahoma.gov/ohca/soonerselect/provider-resources.html.</p>
<p>When will the 3 presentations become available?</p>	<p>When you open the SoonerSelect Provider page, look to the right under Resources and you will see the Job Aid - Submitting Lab Claims link.</p>
<p>Does Humana cover the refraction if we are doing a medical visit as opposed to</p>	<p>All routine CPT codes must be billed to Superior Vision and medical to Humana. The claims cannot be combined.</p>

routine vision so we do not have to split the claim?	
How long is the expedited timeframe for signing up?	Three weeks.
Is the frame kit different from the Aetna frame options we spoke about yesterday?	Superior Vision has its own, free-of-charge collection of 48 frames.
If an adult chooses a kit frame and breaks it, can they order a replacement frame from the lab at their cost? What would the frame cost us?	The Superior Vision collection of frames are currently only eligible for initial coverage. If you join Davis Vision, we will send you the full collection of frames and frame coverage is available at all times under our Excel Advantage program.
Do we wait to bill everything until the patient picks the glasses up?	You can submit the order and claim same day.
Billing 92340 fitting spectacle fee, what date do we use - date of the order or date of dispense?	Please use date of claim and order.
When we pull up eligibility for patients, there are listed multiple lens options that appear the same. For example, "polycarbonate" as a lens option is listed with no charge, but later "polycarbonate - single vision" is listed as a \$40 copay. (There are medically necessary options as well which I am not asking about.) How are we to differentiate between the duplicate options?	Polycarbonate is covered only when medically necessary for adults (\$0 charge), but can be an add-on option at a \$40 cost to member.
For offices that have opted out of the Versant lab, what are the reimbursement rates for the adult 21+ lenses that you say are covered?	For members 21 and over, you will receive 50% of member allowance up to \$50 plus any overage and single vision CR39 single vision, bifocal and trifocal lenses reimburse 100% of OK Medicaid fee schedule as well as fitting fee. If members select contact lenses in lieu of, reimbursement is 80% of member allowance up to \$80 plus any overage.
Regarding high index lenses for adults, are pre-authorizations needed?	All PAs have been waived.

<p>I see the Job Aid - Submitting Lab Claims link, but I am looking for the PowerPoint that was presented at the meeting yesterday as that had a ton of plan benefit details that we will need. To confirm, the actual meeting presentation will be posted soon?</p>	<p>OHCA: Yes, we are working on getting the presentation posted to the SoonerSelect page. I do not have an exact timeframe of when it will be available.</p>
<p>How do we obtain the kit? I have requested it twice. Should I contact the lab?</p>	<p>Our recruiter will connect directly with you. However, to order a kit, please contact Superior Vision's Customer Service at 1-877-235-5317. Or to order shipping labels by email, send an email, including practice name, address, and individual provider lab account number, to pashipping@versanthealth.com.</p>
<p>Can I get a copy of the slides on this presentation?</p>	<p>A copy of today's presentation can be found on our SoonerSelect page under Trainings at https://oklahoma.gov/ohca/soonerselect/provider-resources.html.</p>
<p>When we pull up patient eligibility on Versant Health, member benefits shows copays for say progressive lenses. or deluxe frame, are these correct?</p>	<p>The copays are correct for all lens options. The price for deluxe frame is correct for those providers who have the Davis Vision Collection of frames.</p>
<p>If we already have a Versant account established, will we already be credentialed and have access to see all Humana Healthy Horizons SoonerCare selected patients?</p>	<p>If you do not have a SoonerSelect contract, that contract needs to be executed.</p>
<p>For some reason, I am having trouble with Humana Healthy Horizons medical claim filing. What system are we to use to file these claims?</p>	<p>Please ensure you are submitting claims through Availity.</p>
<p>I know the "fashion frames" are the covered frames, but how do we know if the frame falls under the deluxe copay or premier copay?</p>	<p>Yellow tag frames on the Davis Vision tower are considered "fashion frames" and covered in full.</p>
<p>If a child is interested in getting a contact lens fitting and contact lenses but they are</p>	<p>Contact lenses are not a covered service under SoonerCare coverage. The patient can pay out of pocket.</p>

<p>not medically necessary, are they able pay for this out of pocket?</p>	<p>If the member wishes to select lenses and frames with special features which exceed the SoonerCare allowable fee and are not medically necessary, the member may be billed the excess cost. The provider must obtain signed consent from the member acknowledging that they are selecting lenses and/or frames that will not be covered in full by SoonerCare and that they will be responsible to pay the excess cost. The signed consent must be included in the member's medical record.</p>
<p>Do patients over 21 years that need a medical exam or have medical findings require a referral to see an MD or OD?</p>	<p>No referrals are needed for medical examinations.</p>
<p>So to clarify, we can upsell with an ABN Form notifying the patient it will not be covered?</p>	<p>Correct.</p>
<p>Are we going to have obtain an authorization for all Humana visits?</p>	<p>You can find medical/BH PA requirements at Humana.com/PAL.</p>
<p>When filing a job we could not put prices on materials.</p>	<p>If you participate in our Eyewear Dispensing Program, the system will auto-fill prices.</p>
<p>What about the contact lens fitting and training, is that covered? If so, how much?</p>	<p>Members 21 and over will pay for contract lens fitting and training out-of-pocket.</p>
<p>How do we know what to charge adults for frames not covered?</p>	<p>If your participate in our eyewear dispensing program, members 21 and over can select a Superior Vision Medicaid collection frame at no cost. If the member selects a provider supplied frame, member pays your retail charge minus \$100 allowance.</p> <p>For example: Provider supplied frame \$125-\$100 = \$25 charge to member.</p>
<p>Refraction has its own CPT (92015) and was paid under previous Medicaid. Why is it not paid now?</p>	<p>92015 is paid for members 20 and under as a separate amount. Adult refraction is part of the examination bundled rate.</p>
<p>It was stated earlier that there was the dispensing fee that is paid to the office, but later stated after our "charge back" - will we be getting a lab bill for the glasses?</p>	<p>Fitting fee is 100% to the provider. Charge back occurs with manufacturing of eyewear options.</p>
<p>You say that the CR39 SV, BF and TF lenses for adult 21+</p>	<p>Superior Vision has elected to reimburse providers for the adult value-add benefits as follows:</p>

<p>will be reimbursed at 100% of OK Medicaid fee schedule. Medicaid does not allow reimbursement of lenses for adults 21+. The rate for kids is \$27.90 for those.</p>	<p>Single Vision \$27.90 Bifocal: \$27.90 Trifocal: \$34.62</p>
<p>If an adult wants a frame that is not covered by Medicaid Superior, what do we charge them?</p>	<p>If you participate in our eyewear dispensing program, members 21 and over can select a Superior Vision Medicaid collection frame at no cost. If the member selects a provider supplied frame, member pays your retail charge minus \$100 allowance. Example: Provider supplied frame \$125-\$100 = \$25 charge to member.</p>
<p>SoonerCare used to pay for repairs or adjustments - does Versant or Davis reimburse for repairs or adjustments?</p>	<p>Repairs are covered but not adjustments.</p>
<p>We have an in-house lab so we are providing the lenses.</p>	<p>Superior Vision has elected to reimburse providers for the adult value-add benefits as follows: Single Vision \$27.90 Bifocal: \$27.90 Trifocal: \$34.62</p>
<p>I think you already mentioned this, but I did not understand this - why is there a 20% discount on contacts? There is already no margin on these.</p>	<p>Provider reimbursement for contact lens is 80% of \$100 member allowance up to \$80. Any overage above \$100 is also member charge.</p>
<p>Can you clarify the refraction coding again? I did not catch the ins and outs of this in relation to under 21 and the adults over 21. Also, can it be billed along with the 99xxx code for a medical Humana claim when it's done for a medically necessary eye exam with medical diagnosis?</p>	<p>Adult examination will reimburse a bundled rate for exam and refraction. 92002: \$74.53 92004: \$131.29 92012: \$78.27 92014: \$110.44 For members 20 and under, refraction must be submitted to Superior Vision when performing a medical examination that is submitted to Humana.</p>
<p>This is just in general, nothing to do with the lab or to send to</p>	<p>Contact Superior Vision Customer Service at 1-877-235-5317.</p>

<p>the lab, it would be nose pads, screws, adjustments, etc.</p>	
<p>Regarding the bundling of the refraction with a routine eye exam, how will you/we know that the refraction was reimbursed?</p>	<p>Adult value add benefit examination will reimburse a bundled rate for exam and refraction.</p> <p>92002: \$74.53</p> <p>92004: \$131.29</p> <p>92012: \$78.27</p> <p>92014: \$110.44</p>
<p>Previously it was stated that we need to file claims on Availity. Are we able to file Humana claims through the clearinghouse?</p>	<p>For claims going to Humana, you can use your clearinghouse and they can submit through Availity.</p>
<p>If I have a member come in and the only thing that is wrong is that the screw is missing or nose pad needs to be replaced, how do I bill this repair to Superior? Does the patient need to have a completely new frame ordered from Superior?</p>	<p>No reimbursement for repairs, only replacements. Contact Superior Vision Customer Service at 1-877-235-5317.</p>
<p>Adults have to pay for poly?</p>	<p>Yes, when it is not medically necessary.</p>
<p>So by taking Superior, with the adults, we are losing the refraction fee since *Superior* thinks we should not be reimbursed and thinks it is part of the exam?</p>	<p>Adult value add benefit examination will reimburse a bundled rate for exam and refraction.</p> <p>92002: \$74.53</p> <p>92004: \$131.29</p> <p>92012: \$78.27</p> <p>92014: \$110.44</p> <p>Value-add benefits are additional coverage above SoonerCare coverage that Humana has extended to adult members. This benefit follows commercial plans bundled rate industry standards.</p>
<p>Can we use our in-house lab and our own frames and submit a paper claim for eyewear?</p>	<p>We currently encourage our standard model of lab for the state of Oklahoma and only waive this requirement via exception review. Please feel free to reach out to my email address with any questions: vincent.scaramuzzino@versanthealth.com.</p>

<p>Referring to original question which you answered with a Superior lab scenario - we opted out and are using an in-house lab: You say that the CR39 SV, BF and TF lenses for ADULT 21+ will be reimbursed at 100% of OK Medicaid fee schedule. Medicaid does not allow reimbursement of lenses for adults 21+. The rate for kids is \$27.90 for all those. So, are you saying reimbursement for those three types of lenses will be the amount of \$27.90 that OHCA reimburses for kids (they don't have an allowable rate for adults). I'm only questioning lenses for ADULT 21+</p>	<p>Superior Vision has elected to reimburse providers for the adult value-add benefits as follows:</p> <p>Single Vision \$27.90</p> <p>Bifocal: \$27.90</p> <p>Trifocal: \$34.62</p>
<p>So we get less for contacts and no refraction fee?</p>	<p>Value-add benefits are additional coverage above SoonerCare coverage that Humana has extended to adult members. This benefit follows commercial plans follows industry standards.</p>
<p>Can you go over 20% again on CLs? Sorry!</p>	<p>Here is an example:</p> <p>\$200-\$100 =</p> <p>Allowance reimbursement: \$80</p> <p>Member out of pocket: \$100</p> <p>Total reimbursement: \$180</p>
<p>Are we able to take Human Healthy Horizons without the Superior portion?</p>	<p>Superior Vision is the delegated routine vision vendor for Humana Healthy Horizons.</p>
<p>Did I understand correctly: Refraction 92015 is bundled together for the adult eye exam with Superior. But you said now that refraction is billed as U&C so would we then charge our U&C directly to the adult patient? I had assumed we couldn't bill the adult patient directly for 92105.</p>	<p>We referred to contact lens fitting not being covered and billable as a member responsibility of U&C.</p>

