iCare Vision Claims Processing Overview

Reviewed: January 2020

Disclaimer:

- This information is provided as a courtesy from *i*Care to assist you with claims submission and billing. This does not replace Forward Health and CMS Guidelines. *i*Care relies upon Forward Health and CMS for payment rules and regulations for claim submission.

National Vision Administrators (NVA)

Effective January 1, 2019 iCare's Medicare and Medicaid optometry provider network is administered by NVA.

- NVA Responsibilities:
  - Recruit and maintain an adequate provider network of optometrists.
  - Process all covered medical and routine optometry claims based on member benefits.
- Optometry claims submitted directly to iCare will deny indicating all optometry claims must be submitted to NVA.
- NVA will not process claims from providers outside of the NVA network.
- It is the provider's responsibility to check member eligibility and network status prior to rendering services.

Medicare (Plans 001 / 007 / 009 / 011)

- Medicare Standard Benefit:
  - Medical vision exams by an **optometrist** covered by NVA
  - Hardware – coverage for one pair of eyeglasses or contact lenses after cataract surgery covered by NVA
  - Medical vision exams/procedures by an **ophthalmologist** covered by iCare

- iCare Enhanced Benefit:
  - $450 per calendar year to be used toward glasses (lenses, frames, enhancements), cosmetic contacts, and contact fitting
    - Members may use non-NVA provider and submit receipts to NVA for reimbursement
    - Cost above $450 is the Member's responsibility

- Medicare does not cover routine vision exams

Medicaid

BadgerCare Plus, SSI, and Family Care Partnership

- Vision Services covered by NVA:
  - Routine and Medical optometry
  - Medicaid approved hardware
  - Medically necessary contacts (PA required through NVA)

- **Note**:
  - When Medicare is primary all medical optometry will be covered by Medicare (NVA).
  - Ophthalmology claims are processed by iCare
  - Medicaid Benefit cannot be used in conjunction with iCare's Medicare Enhanced Benefit ($450 toward lenses/frames/contacts).

Prior Authorization

- Optometry providers: refer to NVA for all Prior Authorization requirements prior to rendering services.
- Ophthalmology providers: refer to iCare's website to confirm if a Prior Authorization is required prior to rendering services.
  - https://www.icarehealthplan.org/Prior-Authorization.htm

Member Payment for Covered Services

ForwardHealth Topic #86

- Under state and federal laws, a Medicaid-enrolled provider may not collect payment from a member, or authorized person acting on behalf of the member, for covered services even if the services are covered but do not meet program requirements. Denial of a claim by ForwardHealth does not necessarily render a member liable. However, a covered service for which PA was denied is treated as a noncovered service. (If a member chooses to receive an originally requested service instead of the service approved on a modified PA request, it is also treated as a noncovered service.) If a member requests a covered service for which PA was denied (or modified), the provider may collect payment from the member if certain conditions are met.
- If a provider collects payment from a member, or an authorized person acting on behalf of the member, for a covered service, the provider may be subject to program sanctions including termination of Medicaid enrollment.

- ForwardHealth Portal: https://www.forwardhealth.wi.gov/WIPortal/

Clean Claim Guideline

Optometry claims billed to NVA; Ophthalmology claims billed to iCare

iCare Requirements for Clean Claim (CMS 1500)

Box	Description	Comments
1a	Insured's ID Number	
2	Patient Name	
3	Birth Date and Sex	Date of birth must be valid date and not future date
5	Patient Address	
12	Patient's or Authorized Person's Signature and Date Signed	Acceptable alternatives: Unable to sign, signature on file, SOF, Computer generated, signature marked with "X", Authorization of File, Medicare/Medicaid Reclamation Claims, Transportation, Lodging
21	Diagnosis or Nature of Illness	
24a	Dates of Service	Claim must include one detail line, must be a valid date, From date cannot include a future date, cannot have a date span into the future, cannot span a calendar year
24b	Place of Service	Must be 2 characters
24d	Procedures, Services or Supplies	Must be at least 5 characters
24f	Charges	A negative amount will be neglected
24g	Days or Units	
24i/j	Taxonomy code and prefix	Must be present here or in Box 33b. Not required for SMV, personal care attendant, Blood bank or Community Care Organization. Prefix of PXC is required for all 5010 electronic submission, for paper submission either ZZ or blank is accepted.
24J (b)	NPI	Must be 10 numerical characters. Not required for SMV claims billed with POS 41,42,99
25	Federal Tax ID Number	Must be 9 numerical characters
28	Total Charge	Total charges must equal the sum of the line charges
31	Signature of Physician or Supplier Physician	Not required for SMV claims billed with POS 41,42,99
33	Physician/Provider's Name, Billing Address, Zip Code	
33a	Billing Physician/Provider NPI	Must be 10 numerical characters. Not required for SMV claims billed with POS 41, 42,99. The Medicaid provider must be certified as a billing provider.
33b	Taxonomy code and prefix	Must be present here or in Box 24i/24j. Not required for SMV, personal care attendant, Blood bank or Community Care Organization. Prefix of PXC is required for all 5010 electronic submission, for paper submission either ZZ or blank is accepted. For electronic submission: Loop Number 2310A-BILLING PROVIDER NAME, Segment PRV, ElementPRV02 =PXC, ElementPR203=value populated taxonomy code

Updated 5/8/2015- Paper Claims must signed and dated

Claims Filing Limits

- Timely filing limits for all providers is 120 days from the date of service, unless otherwise agreed upon and included in the Provider's service agreement with *i*Care.
- Providers are to submit all ophthalmology claims for services rendered where *i*Care Medicare is primary or *i*Care Medicaid is primary according to the terms of the contract. Timely filing limits apply to initial claim submissions, resubmissions and corrected claims.
- NVA contracted providers/optometrists must refer to their contract with NVA for claims guidelines.

iCare Provider Portal Access

Your time is valuable.

This portal provides you with access to current member eligibility information, iCare claims and authorization status at your convenience.

A PIN letter containing your unique PIN number is provided by *i*Care and is required to access the Provider Portal. You can request a PIN number by emailing the completed Portal Access Request Form to netdev@iCareHealthPlan.org

The *i*Care Portal User Guide provides step by step instructions for registration and outlines existing functionalities. If you have any questions, please contact ProviderOutreach@iCareHealthPlan.org

To access iCare's portal, click here: Provider Portal.

For NVA Portal information, please contact NVA's Provider Line:

National Vision Administrators, LLC

1-888-287-0116

www.e-nva.com

GENERAL CONTACT/INDIVIDUAL DEPARTMENT PHONE AND FAX NUMBERS

iCare MAIN NUMBER
414-223-4847 or 800-777-4376

Claims/Appeals/Reconsiderations
Local: 414-231-1029
Fax: 414-231-1094
Out of Area: 877-333-6820
Email: providerservices@icarehealthplan.org

Eligibility and Provider Services
Local: 414-231-1029
Fax: 414-231-1094
Out of Area: 877-333-6820

Prior Authorization
Local: 414-299-5539
Out of Area: 855-839-1032
Fax: 414-231-1026

Provider Contracting
414-225-4741
Fax: 414-272-5618

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