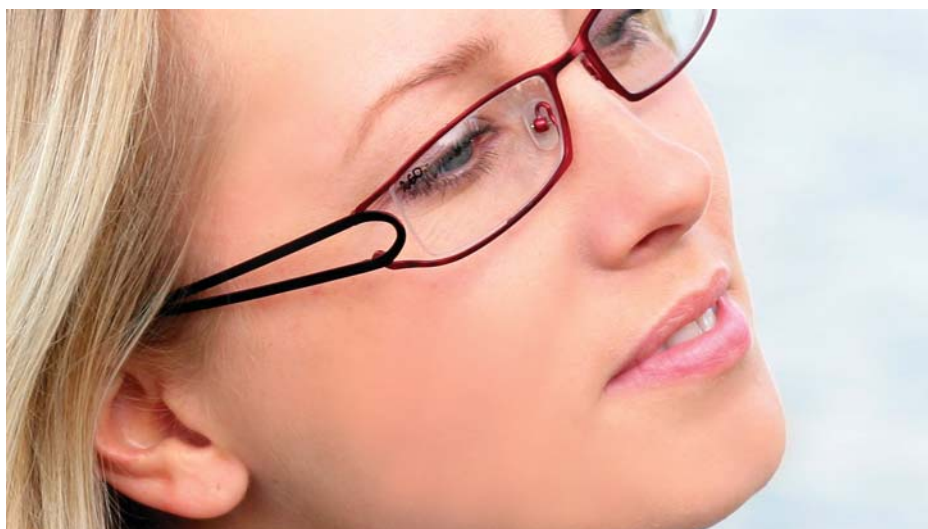


# infocus

A Newsletter for Avesis  
Vision Care Providers

## New Groups for 2009

Please join us in welcoming the following new groups to the Avesis Advantage plans. Members covered under these plans will typically present with the Avesis member identification card.



### Kentucky Retired Teachers Association

Louisville, KY  
24,000 Members  
Plan 962NC

### Tele Atlas North America, Inc.

Lebanon, NH  
700 Members  
Plan 914

### Graves County Board of Education

Mayfield, KY  
650 Members  
Plan 966 and 933

### Ohio County Schools

Hartford, KY  
670 Members  
Plan 962

### Twin Cities

Chanhassen, MN  
2,050 Members  
Plan 980NC

### Field Sales, PIC, DSI

Chanhassen, MN  
500 Members  
Plan 924

### Banner Engineering Corporation

Plymouth, MN  
800 Members  
Plan 917

### Hampton Roads Transit

Hampton, VA  
700 Members  
Plan 913

### State Employees Credit Union of Maryland

Linthicum, MD  
500 Members  
Plan 963

### Jessamine County

Nicholsville, KY  
1100 Members  
Plan 966NC

### Owensboro Independent School District

Owensboro, KY  
600 Members  
Plan 924

Many other groups have joined the Avesis Advantage plans. Please contact Provider Services at (800) 952-6674 to hear about the new groups in your area.

## Fast Access to Information

### Online

Avesis offers online eligibility verification, claim submission, and benefit information which can all be accessed quickly and easily by visiting [www.avesis.com](http://www.avesis.com).

### Interactive Voice Response (IVR)

Avesis also offers a telephone-based Interactive Voice Response (IVR) system that's available 7 days a week, 24 hours a day. This system is designed to give quick, easy and accurate eligibility and benefit information over the telephone. All you need to do is follow these simple steps:

- Dial the toll free IVR at 1-866-234-4806
- Choose option 2 for Vision
- Enter your Provider PIN number
- Enter the member's ID number or social security number
- Choose the services you would like to verify
- Obtain an eligibility verification code
- Listen to a benefit plan description
- Move on to the next member or end the call

Avesis encourages providers to try these tools and see what they can do for you!

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# Vision Care Partner Update

Avesis is extremely proud to announce the new additions and latest updates to our vision partner program. Members covered under these plans will present with their Health Plan identification card. For your convenience, a sample of each card is represented below.



## Clearline Vision powered by Avesis

Avesis has partnered with Elite Underwriting Services to offer 4 exciting new Avesis Plans (Plan 9136, Plan 9137, Plan 9138, and Plan 9139). These plans will be offered and sold in Delaware, New Jersey, and Pennsylvania. Eligibility should be verified in advance through the Avesis website, IVR, or by contacting Avesis Customer Service.

## Guardian Health Plan

Beginning January 1, 2009, Avesis will be providing vision benefits to Guardian Health Plan's Medicare Advantage members. Members will reside in the following South Carolina counties: Abbeville, Anderson, Cherokee, Greenville, Laurens, Oconee, Pickens, Spartanburg, York, and Union. Eligibility should be verified in advance through the Avesis website or through the IVR.

## Molina of Texas

Avesis will continue to provide vision services for Molina Healthcare of Texas Medicare Advantage members in 2009. Avesis will be providing vision care under the Medicare Options Plan and Medicare Options Plus Plan to Molina enrollees in the following counties in Texas, Bexar, Harris, and Galveston. Eligibility should be verified in advance through the Avesis website or through the IVR.

## Care Improvement Plus

Avesis will continue to provide routine vision benefits to the members of Care Improvement Plus. Members are located in Maryland, South Carolina, Georgia, Texas, Missouri, and Arkansas. Benefits vary depending on which plan the member is enrolled. **PLEASE NOTE: benefits have changed for 2009. The new benefits will take effect January 1, 2009.** Eligibility should be verified in advance through the Avesis website or through the IVR.

## Clearline Vision powered by Avesis

Plan Name	Exam Co-pay	Materials Co-pay	Wholesale Frame Allowance	Contact Lens Allowance
9136	\$0	\$0	\$65	\$200
9137	\$0	\$0	\$65	\$200
9138	N/A	\$0	\$65	\$200
9139	N/A	\$0	\$65	\$200

## Guardian Health Plan

Plan Name	Exam Co-pay	Materials Co-pay	Material Allowance
Tribute Plan	\$10	\$0	\$100 allowance every 2 years
Tribute Enhanced	\$10	\$0	\$200 allowance every 2 years

## Molina of Texas

Plan Name	Exam Co-pay	Materials Co-pay	Material Allowance
Medicare Options	\$15	\$0	\$200 allowance every 2 years
Medicare Options Plus	\$0	\$0	\$200 allowance every 2 years

## Care Improvement Plus

Plan Name	Exam Co-pay	Materials Co-pay	Material Allowance
Silver	\$10	\$0	\$200 allowance every year
Gold (TX)	\$10	\$0	\$150 allowance every year
Gold (AR/MO)	\$30	\$0	\$150 allowance every year
Gold (GA/SC/MD)	\$25	\$0	\$150 allowance every year
Platinum	\$10	\$0	\$150 allowance every year

Please visit the Avesis website at [www.avesis.com](http://www.avesis.com) to obtain an up-to-date Avesis Plan Matrix.

# Provider Changes

Please remember that, in accordance with your contract with Avesis, you are required to provide us with updated information between credentialing and re-credentialing dates. Changes or renewals of insurance information, address changes and phone number changes must be submitted to Avesis in writing on the provider's letterhead stating the effective date for the change and should be signed by a person authorized to make those changes. Changes to your tax payer information should be sent to Avesis on a new W-9 form that has been completed, signed and dated. This updated information can be faxed to us at 1-866-766-7494. For your convenience, you may also choose to utilize the **Provider Information Change Form** located on our web site at [www.avesis.com](http://www.avesis.com).

# Re-Credentialing Reminder

Avesis complies with the NCQA guidelines with regard to re-credentialing. This means that every thirty-six (36) months we re-credential our Providers. Approximately three months prior to your credentialing anniversary date you will receive a re-credentialing packet from Avesis. Please complete the packet, sign and date the attestation page and release form and return the materials to Avesis. Be sure to include copies of your current license, evidence of professional liability insurance and DEA/CDS certificate, if applicable. Failure to respond to the request for re-credentialing may result in payments being withheld until we receive the required information so be sure to quickly return the re-credentialing materials.

powered by:  
**Avesis**



**clearline**  
vision

MEMBER NAME  
**John Q. Sample**

MEMBER #	EFFECTIVE DATE	EXAM
<b>8372466X</b>	<b>02/01/08</b>	<b>\$10.00 COPAY</b>
PLAN #	D-CODE	MATERIALS
<b>V962</b>	<b>DEP</b>	<b>\$25.00 COPAY</b>

**Important Contact Information**

Website: [www.avesis.com](http://www.avesis.com)  
 Members call: 1-800-828-9341  
 Providers call: 1-800-952-6674  
 Providers - IVR: 1-866-234-4806

**Attention Members**

Please refer to your Benefit Summary for complete details of your vision coverage. See your Benefits Administrator or visit [www.avesis.com](http://www.avesis.com) to obtain a copy of your Benefit Summary.

This card is not a guarantee for services or materials. Eligibility should be verified in advance.

**Providers send claims to:**

Avesis Claims Department  
 P.O. Box 7777  
 Phoenix, Arizona  
 85011-7777

**Underwritten by:**

Fidelity Security Life Insurance Company, Kansas City, MO



Member Name: John Doe  
 ID Number: XXX-XXX-XXXX

Rx BIN: 012312  
 Rx PCN: PARTD  
 Rx Group: <H4917001>  
 Rx ID: GHXXXXXXX

**MedicareRx**  
 Prescription Drug Coverage

Plan Type: Private Fee-for-Service  
 Rx Benefits Included H4917; <Plan 001>

**Submit Medical Claims To:**  
 GUARDIAN HEALTHCARE  
 P.O. Box 4197  
 Scranton, PA 18505

**Submit Pharmacy Claims To:**  
 Envision Rx Options  
 Claims Department  
 2181 E Aurora Road  
 Suite 201  
 Twinsburg, OH 44087  
 Member Services 24 Hours a day 7 days a week  
 Pharmacy Helpdesk: 1-866-909-5168  
 TTY (for hearing impaired): 1-866-763-9630


**Member Services:**  
 Monday-Friday, 8AM-9PM  
 1-866-850-1256  
 TTY (For the Hearing Impaired)  
 1-888-844-5530

**Provider Services:**  
 1-866-850-1253

**Electronic Payor ID:**  
 <XXXX>

**Plan administered by GUARDIAN HEALTHCARE**  
 Note: This card is void when eligibility terminates.  
[www.myguardianhealth.com](http://www.myguardianhealth.com)

MOLINA MEDICARE OPTIONS NEVADA



Member: SPENCER, ROLAND J  
 Member # 000880000918  
 Date of Birth: 11/11/1941  
 Effective Date: 01/01/2009

Primary Care Provider: KESSLER, ROBERT E  
 Primary Care Provider Phone: (702)293-3683  
 Medical Group: CENTER FOR HEALTH

RxGroup: RxCopay: \$1.10 Generic/\$3.20 Brand  
 RxBIN: 012189 RxPCN: 5035  
 Issue ID: 80840 Issued Date: 11/11/2008

**MedicareRx**  
 Prescription Drug Coverage  
 H5588-002

This card is for identification purpose only and does not prove eligibility for services.

**Members:** Please show this card when you receive healthcare services. In case of emergency, call 911 or go to the nearest emergency room. No prior authorization is required for emergency care. Please contact Molina Medicare within 48 hours of receiving emergency services. If you have any questions, please call:

Member Service Number: 1-800-665-3086 24-Hour Nurse Advice Line: 1-888-275-8750  
 TTY for Member Services: 1-800-346-4128 TTY for Nurse Advice Line: 1-866-735-2922  
 Hours of Operation: 8AM-8PM Monday-Sunday local time.

**Providers/Hospitals:** Notify Molina Medicare within 24 hours of any inpatient admission. For prior authorization, eligibility and general information, please call Molina Medicare at 1-800-665-3086 or TTY at 1-800-346-4128 from 8AM-8PM Monday-Friday, local time or any time after hours at 1-888-275-8750, the TTY is 1-866-735-2922.

**Claim Submission Information:**  
 Medical/Hospital: Molina Healthcare, PO Box 22811, Long Beach, CA 90801  
 Pharmacy: 7050 S Union Park Ave, Suite 200, Midvale, Utah 84047  
[www.molinahealthcare.com](http://www.molinahealthcare.com)



**CARE IMPROVEMENT PLUS**  
 Specialized care for Medicare beneficiaries

MEMBERSHIP ID CARD Care Improvement Plus  
 Platinum Rx Premier

Name [member name]  
 ID # [XXXXXXXXXXXX]  
 RxBIN [XXXXXX]  
 RxPCN [XXX]  
 RxGRP [XXXXXX]  
 Issuer [XXXXXX]

Co-pays:  
 Primary Physician [XXX]  
 Specialist [XXX]  
 ER [XXX]  
 Urgent Care [XXX]

Care Improvement Plus will pay the amount that Original Medicare would have paid for the same services.

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**MedicareRx**  
 Prescription Drug Coverage  
 [CMS Contract #] [IPBP #]

Submit Medical Claims to: Care Improvement Plus  
 P.O. Box 4347  
 Scranton, PA 18505

Submit Pharmacy Claims to: Medicare Part D Paper Claims  
 P.O. Box 52092  
 Phoenix, AZ 85072-2092

**IMPORTANT PHONE NUMBERS**  
 Member Services: 1-866-648-9847 (TTY: 1-866-679-3052)  
 To pre-auth hospital admissions: [1-XXX-XXX-XXXX]  
 To Pre-Auth SNF, Home Care, Rehab, OP Therapy, DME: 1-877-625-2201  
 Provider Services: 1-866-679-3119  
 Pharmacy Services:  
 Caremark Prescription Benefit 1-800-690-6016 (TTY: 1-866-236-1069)  
 For Pre-Auth on certain medications administered at the Physician's office 1-866-648-9847 (TTY: 1-866-679-3052)  
 Transportation Services: 1-888-240-6435  
 For Vision & Dental Services call AVESIS: 1-800-828-9341  
 Prescription Benefit administered by Caremark

# Advantage Billing Codes

As a reminder, please make sure that the appropriate CPT is utilized for billing member examinations to Avesis. All applicable ICD-9 codes should be populated as well.

- Routine Eye Health Exam**  
92002 - 92014
- Spectacle Lens Dispensing**  
92340 - 92342
- Contact Lens Fitting & Dispensing**  
92310
- Frame In-Selection**  
V2020
- Frame Out-Selection**  
V2025
- Single Vision Lenses**  
V2100 - V2199
- Bifocal Lenses**  
V2200 - V2299
- Trifocal Lenses**  
V2300 - V2399
- Progressive Lenses**  
V2781
- Contact Lenses Non-Disposable**  
V2500 - V2523
- Contact Lenses Disposable**  
V2599
- Refractive Surgery (when covered)**  
S0800 or 66999 for funded plans

# New Eye Exam Standards and Requirements

Avesis has updated our eye examination program standards and requirements so that all routine examinations are performed in accordance with current and future state board of optometry and professional standards. As part of the new standards, Providers are required to perform comprehensive eye examinations and record all findings and test results, both normal and abnormal, in a clear, legible fashion.

A comprehensive eye examination should include, at a minimum, the following:

- 1. Medical / Eye History**
  - Chief complaint
  - Age
  - Medications
  - Family history
  - Significant visual changes
- 2. Visual Acuities**
  - Entering, with or without correction, distance and near.
  - Best corrected with final Subjective RX, distance and near.
- 3. Cover Test**
  - Findings must be recorded at 20 feet as well as 16 inches.
- 4. Versions/Motility Assessment**
- 5. Pupils and Pupillary Reactions**
- 6. Screening Visual Fields**
  - Record all findings including test or instrument used.
- 7. Refraction**
  - To include objective refraction and subjective refraction.
- 8. External Examination / Biomicroscopy**
  - Lids
  - Conjunctiva
  - Cornea
  - Crystalline lens
  - Anterior Chamber Angle Quantification
  - Media Clarity
- 9. Tonometry / Intraocular Pressure**
  - You must include method of obtaining pressures and the time of day.
- 10. Ophthalmoscopy - Direct / Indirect**
  - A dilated examination of the retina and the peripheral retina to be performed whenever professionally indicated.
  - Document all findings in the vitreous, macula, optic nerve, including numerical C/D ratio, retinal vessels and grounds.
- 11. Diagnosis and Treatment Plan**

These program standards and requirements apply to the routine benefit in order to be reimbursed for the eye exam portion of the benefit available to Covered Persons.



## Claims Submission

Avesis preferred providers have the option of filing claims to Avesis in real time via our website, [www.avesis.com](http://www.avesis.com). Assistance can be obtained by calling our Provider Services Department or by accessing instructional videos online at [www.avesis.com](http://www.avesis.com). Of course, paper CMS/HCFA 1500 claim forms can be completed and mailed to the following address:

**Avesis Third Party Administrators**  
**P.O. Box 7777**  
**Phoenix, AZ 85011-7777**

**Avesis**  
*A National Vision and Dental Company*

10324 S. Dolfield Street  
Owings Mills, Maryland 21117  
800-643-1132

[www.avesis.com](http://www.avesis.com)