

VISION SERVICES

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The EmblemHealth Vision Program, developed with EyeMed, provides routine vision management for all EmblemHealth members that have a routine vision and materials benefit. Please note that not all members have a routine vision benefit.

EyeMed will administer all routine exams (to determine if corrective lenses are required) and the dispensing of hardware such as frames, lenses and contact lenses based on the member's benefit. EyeMed is responsible for the provider network including contracting and credentialing, claims processing and payment, routine vision grievances and claims appeals.*

*Exception: Medicare grievances and claim appeals will continue to be managed by EmblemHealth.

AFFECTED MEMBERSHIP

EyeMed is the vision services provider for all EmblemHealth members with a vision care benefit. This includes ASO members whose vision benefit is managed by EmblemHealth. Please note not every EmblemHealth member has a routine vision benefit. See the member's Benefit Summary on **emblemhealth.com** or call EyeMed to determine if a member has vision coverage.

Included Membership

1. Medicaid
2. Medicare
3. HIP (including members whose care is managed by Montefiore Medical Group (CMO) or HealthCare Partners (HCP) and members who selected a PCP assigned to a St. Barnabas Hospital System PCP or AdvantageCare Physicians (ACPNY).)
4. GHI Commercial Groups with Vision Benefits (See the eligibility information on **emblemhealth.com** or call EyeMed to determine if a GHI member has vision coverage.)

FINDING A PARTICIPATING EYEMED VISION PROVIDER

If your patients previously got their vision benefits from Davis Vision (a.k.a. VisionWorks), GVS, EyeCare Advantage or an independent in-network provider, starting January 1, 2017, they must use an in-network EyeMed provider in order to get covered benefits (in accordance with their benefit plan).

Participating EyeMed providers can logon onto **<https://www.eyemed.com>** or contact EyeMed customer Service at **1-888-581-3648** to obtain member eligibility and benefit information.

For help finding an in-network EyeMed provider, and to ask about benefits, please share the following EyeMed Customer Service toll-free numbers with your patients:

1-844-790-3878	Medicare
1-877-324-2791	Medicaid
1-877-324-4063	Commercial (HMO, PPO, POS)
1-877-324-6211	On/Off Individual and Group Exchange and Essential Plans
TTY/TDD:711	

PARTICIPATION WITH EYEMED

Information for Vision Service Providers

EyeMed is responsible for the provider network including contracting and credentialing, claims processing and payment, routine vision grievances and claims appeals.*

*Exception: Medicare grievances and claim appeals will continue to be managed by EmblemHealth.

If you are Interested in Joining EyeMed

Complete an **online interest form** found at forms-engine.com/eyemed/NewProvider-Direct.html or call EyeMed’s provider service department at 1-800-521-3605.

BILLING AND CLAIMS PAYMENT

Routine Vision Exam CPT Codes, Materials HCPCS, and Diagnosis Codes

Routine vision exam CPT codes, materials HCPCS, and diagnosis codes that should be billed to EyeMed are listed below. *Claims submitted to EmblemHealth will be denied.*

CPT CODE	DESCRIPTION
92002	Intermediate
92004	Comprehensive
92012	Intermediate
92014	Comprehensive
92015	Refraction
V2750	Standard A/R
V2750-21	A/R Tier 3
V2750-22	A/R Tier 1
V2750-25	A/R Tier 2
V2750-TG	Premium A/R
S0500	Disposable Contact Lenses
V2500 -V2503	PMMA
V2510 - V2513	Gas Permeable
V2520 - V2523	Hydrophilic
V2530 - V2531	Scleral
V2599	Other Contact Lenses
V2020-V2025	Deluxe Frame
V2700	Balance Lens, Glass or Plastic
V2702	Edge Treatment (Polish or Roll)
V2702-TG	Faceting
V2710	Slab-Off Prism
V2715, V2715U1, V2715U3, V2715U4	Prism
V2718, V2718U1, V2718U3, V2718U4	Fresnell Prism
V2730	Special Base Curve
V2744, V2744U1, V2744U2	Photochromic plastic (Transitions®)
V2744U5, V2744U6, V2744U7, V2744U8	Photochromic
V2745, V2745UA, V2745UB, V2745UC	Tint, Solid or Gradient
V2755	UV Lens
V2760, V2760-22, V2760-TG	Scratch-Resistant Coating
V2761	Mirror Coating
V2762	Polarization
V2770	Occluder Lens
V2780	Oversize Lens
V2782	Mid-Index (1.56)

V2783, V2783U1, V2783U3, V2783U4	Hi-Index (1.60+)
V2100 – V2118, V2410, V2410-22	Single Vision Lens
V2121, V2221, V2321	Lenticular
V2200 – V2220, V2299, V2430, V2430-22	Bifocal Lens
V2300 – V2320, V2399	Trifocal Lens
V2781	Plans without Fixed Pricing by Tier - Standard Progressive
V2781 S0581	Premium Progressive - Must include modifier
V2781 S0581	Progressive Tier 4 - Must include modifier
V2781-22	Progressive Tier 2
V2781-25	Progressive Tier 3
V2781-TG	Progressive Tier 1
V2784	Polycarbonate Standard
V2784-22	Premium Polycarbonate

ICD 10 CODES	DESCRIPTION
H52	Disorders of Refraction and Accommodation
H52.0	Hyperopia
H52.00	Hyperopia, unspecified eye
H52.01	Hyperopia, right eye
H52.02	Hyperopia, left eye
H52.03	Hyperopia, bilateral
H52.1	Myopia
H52.10	Myopia, unspecified eye
H52.11	Myopia, right eye
H52.12	Myopia, left eye
H52.13	Myopia, bilateral
H52.2	Astigmatism
H52.20	Unspecified astigmatism
H52.201	Unspecified astigmatism, right eye
H52.202	Unspecified astigmatism, left eye
H52.203	Unspecified astigmatism, bilateral
H52.209	Unspecified astigmatism, unspecified eye
H52.21	Irregular Astigmatism
H52.211	Irregular Astigmatism, right eye
H52.212	Irregular Astigmatism, left eye
H52.213	Irregular Astigmatism, bilateral
H52.219	Irregular Astigmatism, unspecified eye
H52.22	Regular Astigmatism
H52.221	Regular Astigmatism, right eye
H52.222	Regular Astigmatism, left eye
H52.223	Regular Astigmatism, bilateral
H52.229	Regular Astigmatism, unspecified eye
H52.31	Anisometropia
H52.32	Aniseikonia
H52.4	Presbyopia
H52.51	Internal ophthalmoplegia
H52.511	Internal ophthalmoplegia, right eye
H52.512	Internal ophthalmoplegia, left eye
H52.513	Internal ophthalmoplegia, bilateral
H52.519	Internal ophthalmoplegia, unspecified eye
H52.52	Paresis of accommodation
H52.521	Paresis of accommodation, right eye
H52.522	Paresis of accommodation, left eye
H52.523	Paresis of accommodation, bilateral
H52.529	Paresis of accommodation, unspecified eye
H52.53	Spasm of accommodation
H52.531	Spasm of accommodation-right eye
H52.532	Spasm of accommodation-left eye
H52.533	Spasm of accommodation-bilateral
H52.539	Spasm of accommodation-unspecified eye
H52.6	Other disorders of refraction
H52.7	Unspecified disorders of refraction
H53.0	Amblyopia
H53.00	Unspecified amblyopia
H53.001	Unspecified amblyopia, right eye
H53.002	Unspecified amblyopia, left eye

H53.003	Unspecified amblyopia, bilateral
H53.009	Unspecified amblyopia, unspecified eye
H53.01	Deprivation amblyopia
H53.011	Deprivation amblyopia, right eye
H53.012	Deprivation amblyopia, left eye
H53.013	Deprivation amblyopia, bilateral
H53.019	Deprivation amblyopia, unspecified eye
H53.02	Refractive amblyopia
H53.021	Refractive amblyopia, right eye
H53.022	Refractive amblyopia, left eye
H53.023	Refractive amblyopia, bilateral
H53.029	Refractive amblyopia, unspecified eye
H53.03	Strabismic amblyopia
H53.031	Strabismic amblyopia-right eye
H53.032	Strabismic amblyopia-left eye
H53.033	Strabismic amblyopia-bilateral
H53.039	Strabismic amblyopia-unspecified eye
H53.10	Unspecified subjective visual disturbances
H53.14	Visual Discomfort
H53.141	Visual Discomfort, right eye
H53.142	Visual Discomfort, left eye
H53.143	Visual Discomfort, bilateral
H53.149	Visual Discomfort, unspecified eye