Q: Why did UCare make changes to the UCare For Seniors supplemental vision benefit this year?

A: Medicare Advantage plans like UCare have the ability to enhance coverage beyond Original Medicare. As one of the enhancements, UCare offers a supplemental routine screening eye exam benefit to UCare for Seniors (UFS) members once per calendar year. As part of offering a supplemental benefit, UCare must meet certain criteria in the Medicare Managed Care Manual (Chapter 4 – Benefits & Beneficiary Protections) such as medical necessity. Since the supplemental benefit is in addition to the Medicare-covered eye exams, a clear code-level definition between them is required as UCare does not receive Medicare reimbursement for these codes. Thus, supplemental benefits like routine eye exams are funded directly with member premium dollars.

UCare needs to clearly define for CMS what is covered under this benefit. As a result, we need a way to identify the benefits covered under a supplemental benefit versus Medicare covered.

UCare defines a routine screening eye examination as a comprehensive vision service that consists of both of the following components:

- 92014 Comprehensive Routine Screening Ophthalmological Examination: A detailed evaluation of the physiological function and the anatomical status of the eye, visual system, and its related structures; and
- 92015 Refraction: An examination that evaluates an individual’s ability to see an object at a specific distance and whether an individual has normal vision. It is also used to determine the prescription for eyeglasses or contact lenses.
- Both CPT codes MUST be submitted using V72.0 (Examination of the eyes and vision) as the primary diagnosis.

92014 and 92015 along with the V72.0 in the first position are how we are identifying those preventive services that are paid with no cost to the member one time per year.

Q: Do you really want us to report CPT 92014 for new and existing patients? This is considered an existing patient code.

A: There is no CPT code for reporting a “routine screening eye exam.” UCare is asking providers to submit 92014 to represent a comprehensive routine/screening eye examination because:
1. This benefit is not covered by Medicare and there is no CPT code by definition for “routine screening eye exam”
2. This code is most frequently billed to UCare for these services today; and
3. There is no consistent billing practice across vision providers.

Q: Can a member use their routine benefit 92014/92015 with v72.0 as primary diagnosis AND at the same appointment have a test that they are otherwise due for? For example, the patient is due for semi-annual visual field. Or, in order for routine benefits to apply, no other non-routine service can be performed in the same session?

A: Members with a medical diagnosis that impacts their vision or eyes often are not eligible for the routine preventive screening eye exam covered under the UFS supplemental benefit. The supplemental benefit is offered in the absence of an eye disease, condition, sign, or symptom. Often patients needing a visual field examination or other “non-routine services” have a condition that would cause the services to be covered as a medical exam, which would apply toward the member’s medical vision benefit and coinsurance will be applied.

Q: Can routine benefits be used AND a medical finding be documented? In other words, if there is a medical diagnosis in the 2nd or further position, will routine benefits apply?

A: If the member’s intent was to receive a comprehensive screening eye exam when the appointment was scheduled and as a result of the screening exam, a medical problem was discovered, the provider should report the screening V72.0 diagnosis code as the primary diagnosis code and the finding as a secondary or subsequent diagnosis. If this is the first preventive screening exam billed for the member in a plan year, the exam will be covered at no cost to the member.

Q: Does UCare cover refraction as part of the UFS supplemental vision benefit?

A: UCare’s intent is to provide one comprehensive routine/screening eye exam at no cost to UFS members each year. Refraction is part of, but on its own is not, a comprehensive screening eye exam. Therefore, refraction (CPT 92015) is only covered for UFS members when billed along with a 92014 and with V72.0 in the first position. All other refractions are not covered.

Q: When refractions are billed with a medical diagnosis (something other than V72.0) will the payment of the claim be denied by UCare and become the responsibility of the patient? Should we expect these services to be the patient’s responsibility if/when we bill Original Medicare?

A: Until July 1, 2015, refractions billed alone will be denied and indicate that they are the provider’s responsibility. However, UCare is working to ensure that, after July 1, 2015,
these claims will be denied and become the patient’s responsibility. This will allow providers to bill members for the cost of the refractions when they are not billed with a comprehensive, screening eye exam with V72.0 in the first position.

Claims for refractions with service dates Jan. 1 - June 30, 2015 may be denied as the provider’s “contractual responsibility.” After July 1, 2015, UCare will run an internal report to capture all UFS claims for refractions that were denied as the provider’s contractual responsibility and adjust them to be denied as the patient’s responsibility.

Remits will display CARC 204: This service/equipment/drug is not covered under the patient’s current benefit plan, RARC N569: Not covered when performed for the reported diagnosis.

Q: Does this apply only to UCare for Seniors Medicare plans or does this apply to all UCare plans, including Medical Assistance plans?
A: The communication from UCare regarding supplemental vision benefits is related to UCare for Seniors only and is not applicable to any other UCare program.

Q: Will this guidance change on 10/1/15 with the implementation of ICD-10?
A: The appropriate ICD-10 diagnosis codes will need to be reported on the claim in order for them to be accepted and processed at UCare on and after 10/1/15.

Q: Is there a difference in payment for a preventive vs. medical comprehensive eye exam?
A: Screening eye exams are a supplemental benefit offered and paid by UCare. Original Medicare does not pay for screening eye examinations. The two services may have a payment difference because one is screening and one is performed because of a new or existing medical problem or eye injury.

Q: How is UCare communicating this benefit change to their members?
A: Benefit information is communicated to members each year in their Evidence of Coverage (EOC) document.

UCare developed a member letter to describe what is and is not covered under the UFS vision care services. The letter will describe the difference between a preventive vs. medical eye exam. Before this letter can be sent to members it must be reviewed by CMS. UCare hopes to distribute the letter to impacted members by mid-July 2015.
Staff in the Member Service and Provider Assistance Center have been trained and supplied with accurate and appropriate information to respond to member and provider questions about the UFS vision benefit. UCare will continue to monitor calls and enhance call center information as needed.

Q: We are having problems getting claims paid from early in 2015. Will these be corrected?

A: As we communicated on April 16, 2015, UCare is currently adjusting claims submitted between 1/1/15 to 5/31/15 to align payment with the communication issued in December 2014. Providers do not need to adjust claims for them to be reprocessed. UCare is running reports on claims submitted 1/1/15 to 5/31/15 and adjusting to align with the Dec. 12, 2014 communication. After June 1, 2015, UCare will begin to process claims according to the bulletin issued on May 11, 2015.

Q: Who do I contact if we have other questions?

A: For any questions related to this topic or others, please contact UCare’s Provider Assistance Center (PAC) at 612-676-3300 or 1-888-531-1493.