

MISSISSIPPI MEDICAID

Submission of Administrative Review for Timely Filing. Mississippi Medicaid Late Breaking News. Health.

June 12, 2023

“The Mississippi Division of Medicaid (DOM) has established a convenient and efficient way to submit a request for Administrative Review of claim denials for timely filing when attempting to resubmit or adjust the claim. This is for providers whose original claim submission was timely and resubmitted a claim during the timely processing period that was denied for timely filing. Claims are considered to comply with timely filing if they are submitted within 365 days from the date of service or 180 days from the Medicare paid date, whichever is applicable.

Providers have 365 days from the date of the original claim submission for Medicaid Fee for Service claims or 180 days from the Medicare Paid date to adjust claims, whichever is applicable. Medicaid may request additional information regarding any claims submitted for administrative review. For questions related to appeals, see <https://medicaid.ms.gov/wp-content/uploads/2023/03/Title-23-Part-300-Appeals-eff-03.01.23.pdf>.

Review the Administrative Code or contact the appropriate provider representative for questions related to claims or claims billing. The Provider Field Representative list includes email addresses and phone numbers for each representative. This resource document is located at <https://medicaid.ms.gov/wp-content/uploads/2022/12/Provider-Field-Representatives.pdf>.

We understand the importance of streamlining administrative processes to ensure prompt reimbursement and improved provider experience. With this in mind we developed this new online submission process for timely filing requests. Effective immediately, Medicaid providers can use this user-friendly platform which eliminates the need for traditional paper-based submissions, reducing manual processing time and enhancing accuracy. By transitioning to an online system, we aim to simplify the process while optimizing efficiency for both providers and DOM staff.

Key Benefits of the Online Submission Process:

1. **Time-saving:** Submit your timely filing requests in a matter of minutes, eliminating the need for mailing or faxing paperwork.
2. **24/7 accessibility:** Our online portal is available around the clock, allowing you to submit requests at your convenience.

To access the online submission process, please visit DOM's website at www.medicaid.ms.gov where the Timely Filing Review Request Form is linked under "Providers," or access the form directly here: [Timely Filing Review Request Form](#).

The Division of Medicaid remains committed to delivering quality service and fostering partnerships with our valued providers. Should you have any questions or need assistance regarding the new online submission process, our dedicated support team is ready to assist you. Reach out to DOM's Provider and Beneficiary Call Center at (800) 421-2408 and ask for one of our Provider Customer Service Representatives during regular business hours.

<https://medicaid.ms.gov/late-breaking-news/>

DOM Resumes Provider Maintenance Operations (Licensure Review). Mississippi Medicaid Late Breaking News. June 5, 2023

“Under 42 CFR § 455.412, the Mississippi Division of Medicaid (DOM) has resumed its regular provider maintenance operation of monthly licensure review that was suspended in September 2022 for the implementation of MESA and transfer of our fiscal agent operations from Conduent to Gainwell Technologies.

DOM will be updating provider records for both our fee-for-service/MississippiCAN providers as well as our CHIP providers.

Providers identified as having an expired or expiring license will receive notification from Gainwell Technologies by letter. In addition to the notices mailed by Gainwell Technologies, providers can refer to DOM's website where we are posting the **Provider Six-Month License Due List** at <https://medicaid.ms.gov/>. This listing will be updated weekly. Providers are required to provide their updated licensure information to Medicaid. Failure to provide Medicaid with the updated license could result in closure of the Medicaid provider number.

Providers can submit their licensure information to the Provider Enrollment Department of Gainwell Technologies via secure correspondence in the MESA Provider Portal, fax, or mail. The following information is provided:

MESA Provider Portal: <https://medicaid.ms.gov/medicaid-portal-for-providers>

Provider Services Fax Number:

(866) 644-6148

Attention: Provider Enrollment

Provider Services Mailing Address:

Provider Enrollment/MississippiCAN/MSCHIP

PO Box 23078

Jackson, MS 39225

Please contact the Provider and Beneficiary Services Call Center at (800) 884-3222 if you need assistance between the hours of 8 a.m. and 5 p.m. CST."

<https://medicaid.ms.gov/late-breaking-news/>

Non-Emergency Transportation (NET) Services. Mississippi Medicaid.

"Medicaid will provide transportation assistance to eligible persons for travel to medical appointments when there are no other means of getting to and/or from the appointment. The services must be medically necessary, covered by Medicaid, rendered by a Medicaid approved provider and the eligible person has not exceeded any service limits associated with the covered service.

To find out how to get help with transportation to your appointment, call toll-free:

United Healthcare – Medical Transportation Management (MTM)

- To schedule a ride/complaints/Where's my ride – 1-844-525-3085

Molina Healthcare – Southeastern Transportation

- To schedule a ride/complaints/Where's my ride – 1-855-391-2355

Magnolia/Centene Beneficiaries – Medical Transportation Management(MTM)

- To Schedule a ride-1-866-331-6004
- Complaints from Beneficiary (member)-1-866-912-6285 ext 66400
- Complaints from a Healthcare Provider/Facility?-1-866-912-6285 ext 66402
- Foster Care Beneficiary (member) Service Line-1-866-869-7747

Fee For Service Medicaid NET transportation – Medical Transportation Management(MTM)

- To schedule a ride – 1-866-331-6004
- Your ride is late or a no show – 1-866-334-3794
- To file a complaint – 1-866-436-0457

<https://medicaid.ms.gov/medicaid-coverage/covered-services/>

Mississippi Division Of Medicaid Universal Preferred Drug List (For All Medicaid, MSCAN and CHIP Beneficiaries). Magnolia Health. June 30. 2023

Effective 07/01/2023 Version 2023.2 Updated:06/29/2023

	THERAPEUTIC CLASS	RECOMMENDED for PREFERRED STATUS
New	OPHTHALMIC ANTIBIOTICS	tobramycin/dexamethasone suspension
Non_PREFERRED	OPHTHALMIC ALLERGIC CONJUNCTIVITIS	VERKAZIA (cyclosporine)
	OPHTHALMIC ANTIBIOTICS	TOBRADEX suspension

List: <https://medicaid.ms.gov/wp-content/uploads/2023/04/MS-PDL-07012023-1.pdf>

Provider Notice: <https://medicaid.ms.gov/wp-content/uploads/2023/05/MS-PT-ProviderNoticeEffective07012023.pdf>

CMS, NOVITAS, RAILROAD MEDICARE

Billing and Coding: Blepharoplasty, Blepharoptosis Repair and Surgical Procedures of the Brow. Novitas Article A57618. Novitas Solutions. Effective Date June 25, 2023

RHW: Carefully review this new Article as several diagnosis codes were deleted or moved to different groups. As well the documentation guidelines have been revised.

“...update to correct coding guidance and ICD-10-CM codes that were not in alignment with the LCD indications. Therefore, the following changes have been made in order to provide correct coding guidance and to ensure consistency with the LCD. “

Documentation requirements have been revised to add clarification for [Points 4&5.] Additionally, two additional patient complaints and physical findings have been added to documentation requirement bullet #4 and visual field testing has been added to the list of notes required.”

<https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=57618>

Medicare Secondary Payer Accident-Related Diagnosis Codes: How to Get Paid. CMS MLN Connects. June 1, 2023

“When there’s an accident, another entity has responsibility for paying before Medicare for accident-related services. Sometimes, claims are mistakenly denied or rejected in these cases. Don’t deny your patient services, even if it takes some time to figure out who pays first.

Medicare Secondary Payer (MSP) is the term used when Medicare doesn’t have the primary payment responsibility. If you see no-fault, liability, or worker’s compensation MSP coverage information, including accident or injury related diagnosis codes, on the [Medicare eligibility response](#), you must bill the primary payer first for services related to the accident or injury.

If there’s no MSP employer Group Health Plan coverage identified as primary, Medicare is the primary payer for those other services not related to the accident or injury.

If your claim is mistakenly denied or rejected, you can still get paid:

- Submit an appeal to your Medicare Administrative Contractor. Provide an explanation and any relevant reason codes to justify that the services performed aren’t related to the accident or injury on record.
- Part A providers: Submit adjustments with your appeal.

Find more information on how to get accident-related insurance claims paid in our [MSP: Don’t Deny Services & Bill Correctly](#) fact sheet.”

https://www.cms.gov/outreach-and-education/outreach/ffsprovpartprog/provider-partnership-email-archive/2023-06-01-mlnc#_Toc136507480

Novitas EDI Smart Edits – Coming Soon. Novitas Solutions. June 2, 2023

“There is still time for you to prepare and adjust your billing practices now to avoid claim rejections once the Smart Edits are implemented. Prepare now by:

1. Verifying who receives your 277CA electronic claims acknowledgement response report and making sure they understand the Smart Edit changes that are coming soon.

2. Reviewing the [smart edit lists](#). These lists provide you with detailed information on the upcoming edits. Read them carefully and make any necessary corrections to your billing practice now, so claim will not be rejected once the edits are implemented.

For more information on the Smart Edit enhancements and the phased implementation approach, visit the [smart edits web page](#).

Thank you for taking these proactive steps today to ensure your Medicare payments are not impacted.”

<https://www.novitas-solutions.com/webcenter/portal/MedicareJH/pagebyid?contentId=00275505>

<https://www.novitas-solutions.com/webcenter/portal/MedicareJH/pagebyid?contentId=00276106>

Novitasphere Passwords. Novitas Solutions. June 27, 2023

“Identity Management (IDM) is the CMS system that manages your Novitasphere ID and password (as well as many other business applications). The ID and password to access IDM is the same as what you use to access the Novitasphere portal.

Great news – as of June 27, IDM will no longer require you to change this password on a regular basis. The IDM and Novitasphere password will no longer expire, unless the account becomes inactive for more than 60 days.

The requirement to log in to Novitasphere every 30 days is not changing.

Thank you for using the Novitasphere portal and reading our emails.”

Help Desk

1-855-880-8424

Monday-Friday 8 a.m.-5 p.m. ET

Reference

[Part A User Manual](#)

[Part B User Manual](#)

Quick Links

[Access Novitasphere](#)

[Access IDM](#)

Novitasphere User Access Maintenance. Novitasphere. June 20, 2023

“All users must access Novitasphere at least once every 30 days to maintain access. Log in to Novitasphere TODAY at <https://www.novitasphere.com> to preserve your role. Any user IDs that do not sign in monthly will be considered inactive and the Novitasphere role will be removed. If you can no longer access Novitasphere due to the role removal, follow these [steps to regain access \(JH\)\(JL\)](#).”

2022 MIPS Final Score Preview Now Available. CMS Quality Payments. June 15, 2023

“The Centers for Medicare & Medicaid Services (CMS) has opened the Final Score Preview period for the Merit-based Incentive Payment System (MIPS). Authorized representatives of practices, virtual groups, and Alternative Payment Model (APM) Entities can now [sign into the Quality Payment Program \(QPP\) website](#) to preview 2022 MIPS final scores.

The MIPS Final Score Preview period is available until final performance feedback, including payment adjustments, is released in August 2023.

Additional Resources

- [2022 Final Score Preview FAQs](#) (PDF)
- [2022 Final Score Demo Video](#)”

CMS NEW Advanced Beneficiary Notice of Non-Coverage Mandatory on June 30, 2023. CMS. April 4, 2023

“The ABN, Form CMS-R-131, and form instructions have been approved by the Office of Management and Budget (OMB) for renewal. The use of the renewed form with the expiration date of 01/31/2026 will be mandatory on 6/30/23. You may continue to use the ABN form with the expiration date of 6/30/23 until the renewed form (expiration date 01/31/2026) becomes mandatory on 6/30/23. ”

Notice: <https://www.cms.gov/Medicare/Medicare-General-Information/BNI>

ABN Form: [ABN, \(ZIP\)Form CMS-R-131 \(ZIP\)](#)

ABN Instructions: <https://www.cms.gov/medicare/medicare-general-information/bni/downloads/abn-form-instructions.pdf>

Railroad Medicare July 2023 Bulletin

RHW: This bulletin included the following topics:

How Can I Tell if a Patient Has Railroad Medicare?

PTAN Lookup and Request Tool

eServices: Part B Claims Features Enhancements

[https://www.palmettogba.com/palmetto/providers.nsf/files/July_2023_Railroad_Medicare_News.pdf/\\$FILE/July_2023_Railroad_Medicare_News.pdf](https://www.palmettogba.com/palmetto/providers.nsf/files/July_2023_Railroad_Medicare_News.pdf/$FILE/July_2023_Railroad_Medicare_News.pdf)

OTHER

How Often Do Health Insurers Say No to Patients? No One Knows. Robin Fields. ProPublica. June 28, 2023

RHW: An interesting read, along with the other articles referenced.

“Insurers’ denial rates — a critical measure of how reliably they pay for customers’ care — remain mostly secret to the public. Federal and state regulators have done little to change that.”

https://www.propublica.org/article/how-often-do-health-insurers-deny-patients-claims?utm_source=join1440&utm_medium=email

New DEA Registration Requirements Take Effect Soon. AOA First Look. June 30, 2023

RHW: Mississippi already requires 5 hours of Opioid CE per MedScape article referenced below

BUT this applies to MDs only. ODs have the 2-hour drug diversion course that is required every 2 years. MSBO rules-Part 2901 Chapter 4. Continuing Education. Rule 4.1 General Requirements for all therapeutic optometrists.

(e) The board will grant one hour of education credit each year for required active CPR certification and one hour of education credit will be given annually for completion of a two hour course pertaining to the prescribing and diversion of controlled substances. Both of these courses are mandatory for all optometrists.

The course pertaining to the prescribing and diversion of controlled substances must be completed every two years and initially by the 2022 renewal.

“All practitioners seeking DEA registration must obtain 8 additional hours of education on substance abuse identification and treatment, per 2022 congressional action. Doctors may complete any number of courses to reach the 8-hour requirement and need only do so one time; doctors will not be required to complete 8 hours of training each time they renew their DEA license.

Consult [the AOA’s FAQ](#) about these new requirements and [access a registration resource course through AOA EyeLearn.](#)”

MedScape Article:

https://www.medscape.com/viewarticle/993568?ecd=WNL_trdalrt_pos1_230629_etid5584630&uac=107551EN&impID=5584630

Aetna - Fundus Photography Clinical Policy Bulletin 0539. Reviewed May 25, 2023

“Aetna considers fundus photography medically necessary no more than two times per year. Justification for more frequent testing must be documented in the medical record. ... Aetna considers automated color fundus photography for detection and screening of age-related macular degeneration experimental and investigational because the effectiveness of this approach has not been established.”

https://www.aetna.com/cpb/medical/data/500_599/0539.html

Aetna Nasolacrimal Duct Obstruction: Treatments Clinical Policy Bulletin Number 0420. Reviewed 06/08/2023

No changes to criteria

https://www.aetna.com/cpb/medical/data/400_499/0420.html

Aetna: YAG Laser in Ophthalmology and Other Selected Indications (Commercial) - Medical Policy Number 0354. Reviewed 06/21/2023

Reviewed with changes to criteria, coding, and supplementary information.

Added experimental indications blue rubber bleb nevus syndrome, melasma, debridement in surgical treatment for peri-implantitis, and reduction of pain, edema, and trismus after removal of impacted molars;

Updated ICD-10 codes;

Updated supporting information.

https://www.aetna.com/cpb/medical/data/300_399/0354.html

Aetna: Contact Lenses and Eyeglasses – Medical Clinical Policy Number 0126. Reviewed 06/20/2023.

Reviewed with changes to criteria and supplementary information.

Added aphakic contact lenses as medically necessary when criteria are met;

Updated supporting information.

https://www.aetna.com/cpb/medical/data/100_199/0126.html

BCBS Mississippi Corneal Collagen Cross-linking. Policy Number: A.9.03.28. Effective April 20, 2023.

Minor language update. No effective policy coverage changes.

<https://www.bcbsms.com/medical-policy-search#/policy-detail?id=e000adc0-8055-4c4f-94af-8ca5d79c320f>

BCBS Mississippi Corneal Topography/Computer-Assisted Corneal Topography/Photokeratoscopy. Policy Number A.9.03.05. Effective April 18, 2023.

Policy description updated regarding devices. Policy statement updated to change "not medically necessary" to "investigational."

<https://www.bcbsms.com/medical-policy-search#/policy-detail?id=d58673b8-826a-4a62-81dc-3a66e39951a8>

BCBS Mississippi Endothelial Keratoplasty. Policy Number A.9.03.22. Effective April 20, 2023.

Policy reviewed. Policy statement updated to change "not medically necessary" to "investigational."

<https://www.bcbsms.com/medical-policy-search#/policy-detail?id=3e77a86a-de5a-4ce7-b571-4e400d9204ee>

BCBS Mississippi Eyelid Thermal Pulsation for the Treatment of Dry Eye Syndrome. Policy Number A.9.03.29. Effective April 21, 2023.

Policy reviewed with no changes to content.

<https://www.bcbsms.com/medical-policy-search#/policy-detail?id=f1f99670-7932-4c36-81fa-68e05bc0ccce>

BCBS Mississippi Ophthalmologic Techniques That Evaluate the Posterior Eye Segment for Glaucoma Policy Number A.9.03.06. April 18, 2023

Policy description updated regarding devices. Policy statements updated to change "patients" to "individuals."

<https://www.bcbsms.com/medical-policy-search#/policy-detail?id=a7c24575-574e-428b-b560-ba78cc1830de>

Humana Laboratory - Evaluation of Dry Eyes Application: Medicare Advantage Products. May 31, 2023

New policy. Evaluation of dry eyes may be reimbursed when criteria are met. Discusses coverage for Testing of tear osmolarity (83861), MMP-9 protein (83516, 83520), lactoferrin (83520) and/or IgE (82785*)

<file:///C:/Users/rhwar/Downloads/Laboratory%20-%20Evaluation%20of%20Dry%20Eyes.pdf>

Humana Keratoconus Surgical Treatments Medical Coverage Policy Number HUM-03140918. Effective Date: 05/25/2023

Updated policy contains changes to criteria and supporting information

<https://dctm.humana.com/Mentor/Web/v.aspx?objectID=0900092986d16918>

Humana Medicare Allergy Ophthalmics Pharmacy Coverage Policy. Effective Date: January 01, 2020

Revision Date: May 31, 2023

“Reviewed with changes to criteria, supplementary information, and formatting
Updated coverage criteria to remove previous treatment with olopatadine 0.2% eye drops
Removed coverage limitations
Updated supporting and administrative information
Updated template”

Does the member meet all of the following criteria?	
Criteria #1	Has had previous treatment or intolerance to TWO of the following: <ul style="list-style-type: none">• azelastine eye drops• cromolyn eye drops• Zerviate eye drops
Approval Duration	
Initial	Allergy Ophthalmics (bepotastine, Bepreve, Epinastine, Lastacraft, Olopatadine 0.1%) will be approved in plan year duration or as determined through clinical review.

<https://dctm.humana.com/Mentor/Web/v.aspx?objectID=0900092986da8b70>

Humana Simbrinza™ (brinzolamide/brimonidine ophthalmic suspension) Pharmacy Coverage Policy

Revision Date: May 24, 2023

“Reviewed with changes to plan information.
Updated line of business to remove Medicare.
No changes to criteria.”

<https://dctm.humana.com/Mentor/Web/v.aspx?objectID=0900092986f54408>

United Health Care Community Plan of Mississippi. June 2023 Bulletin

Corneal Collagen Cross Linking Policy CS354A, Effective September 1, 2023

<https://www.uhcprovider.com/content/dam/provider/docs/public/policies/index/comm-plan/corneal-collagen-cross-linking-cs-09012023.pdf>

Bulletin: <https://www.uhcprovider.com/content/dam/provider/docs/public/policies/mpub-archives/comm-plan/ms/community-plan-ms-medical-policy-update-bulletin-june-2023.pdf>

United Health Care Commercial and Individual Exchange CPT III Code Policy, Effective June 1, 2023

RHW: See code status applicable to eye care below

<file:///C:/Users/rhwar/Documents/NCOS%20Third%20Party/UHC%20Commerical%20Clinic%20Guidelines/category-iii-cpt-codes-list.pdf>

0100T	Placement of a subconjunctival retinal prosthesis receiver and pulse generator, and implantation of intra-ocular retinal electrode array, with vitrectomy	Omnibus Codes
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*Per Omnibus Code policy – 0100T, 0207T, 0330T, 0444T, 0445T, 0469T, 0472T, 0473T, 0507T, 0509T, 0563T = Unproven
<https://www.uhcprovider.com/content/dam/provider/docs/public/policies/comm-medical-drug/omnibus-codes.pdf>

0198T	Measurement of ocular blood flow by repetitive intraocular pressure sampling, with interpretation and report	Corneal Hysteresis and Intraocular Pressure Measurement
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<https://www.uhcprovider.com/content/dam/provider/docs/public/policies/comm-medical-drug/corneal-hysteresis-intraocular-pressure-measurement.pdf>

0207T	Evacuation of meibomian glands, automated, using heat and intermittent pressure, unilateral	Omnibus Codes
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0253T	Insertion of anterior segment aqueous drainage device, without extraocular reservoir, internal approach, into the suprachoroidal space	Glaucoma Surgical Treatments
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<https://www.uhcprovider.com/content/dam/provider/docs/public/policies/comm-medical-drug/glaucoma-surgical-treatments.pdf>

0308T	Insertion of ocular telescope prosthesis including removal of crystalline lens or intraocular lens prosthesis	Macular Degeneration Treatment Procedures
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<https://www.uhcprovider.com/content/dam/provider/docs/public/policies/comm-medical-drug/macular-degeneration-treatment-procedures.pdf>

0329T	Monitoring of intraocular pressure for 24 hours or longer, unilateral or bilateral, with interpretation and report	Corneal Hysteresis and Intraocular Pressure Measurement
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<https://www.uhcprovider.com/content/dam/provider/docs/public/policies/comm-medical-drug/corneal-hysteresis-intraocular-pressure-measurement.pdf>

0330T	Tear film imaging, unilateral or bilateral, with interpretation and report	Omnibus Codes
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0333T	Visual evoked potential, screening of visual acuity, automated, with report	
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0378T	Visual field assessment, with concurrent real time data analysis and accessible data storage with patient initiated data transmitted to a remote surveillance center for up to 30 days; review and interpretation with report by a physician or other qualified health care professional	
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0379T	Visual field assessment, with concurrent real time data analysis and accessible data storage with patient initiated data transmitted to a remote surveillance center for up to 30 days; technical support and patient instructions, surveillance, analysis, and transmission of daily and emergent data reports as prescribed by a physician or other qualified health care professional	
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0402T	Collagen cross-linking of cornea, including removal of the corneal epithelium, when performed, and intraoperative pachymetry, when performed	Corneal Collagen Cross-Linking
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<https://www.uhcprovider.com/content/dam/provider/docs/public/policies/comm-medical-drug/corneal-collagen-cross-linking.pdf>

0444T	Initial placement of a drug-eluting ocular insert under one or more eyelids, including fitting, training, and insertion, unilateral or bilateral	Omnibus Codes
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0445T	Subsequent placement of a drug-eluting ocular insert under one or more eyelids, including re-training, and removal of existing insert, unilateral or bilateral	Omnibus Codes
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0449T	Insertion of aqueous drainage device, without extraocular reservoir, internal approach, into the subconjunctival space; initial device	Glaucoma Surgical Treatments
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0450T	Insertion of aqueous drainage device, without extraocular reservoir, internal approach, into the subconjunctival space; each additional device (List separately in addition to code for primary procedure)	Glaucoma Surgical Treatments
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<https://www.uhcprovider.com/content/dam/provider/docs/public/policies/comm-medical-drug/glaucoma-surgical-treatments.pdf>

0464T	Visual evoked potential, testing for glaucoma, with interpretation and report	Neurophysiologic Testing and Monitoring
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<https://www.uhcprovider.com/content/dam/provider/docs/public/policies/comm-medical-drug/neurophysiologic-testing.pdf>

0469T	Retinal polarization scan, ocular screening with on-site automated results, bilateral	Omnibus Codes
0472T	Device evaluation, interrogation, and initial programming of intraocular retinal electrode array (e.g., retinal prosthesis), in person, with iterative adjustment of the implantable device to test functionality, select optimal permanent programmed values with analysis, including visual training, with review and report by a qualified health care professional	Omnibus Codes
0473T	Device evaluation and interrogation of intraocular retinal electrode array (e.g., retinal prosthesis), in person, including reprogramming and visual training, when performed, with review and report by a qualified health care professional	Omnibus Codes
0474T	Insertion of anterior segment aqueous drainage device, with creation of intraocular reservoir, internal approach, into the supraciliary space	Glaucoma Surgical Treatments

<https://www.uhcprovider.com/content/dam/provider/docs/public/policies/comm-medical-drug/glaucoma-surgical-treatments.pdf>

0506T	Macular pigment optical density measurement by heterochromatic flicker photometry, unilateral or bilateral, with interpretation and report	Omnibus Codes
0507T	Near-infrared dual imaging (i.e., simultaneous reflective and trans-illuminated light) of meibomian glands, unilateral or bilateral, with interpretation and report	Omnibus Codes
0509T	Electroretinography (ERG) with interpretation and report, pattern (PERG)	Omnibus Codes
0552T	Low-level laser therapy, dynamic photonic and dynamic thermokinetic energies, provided by a physician or other qualified health care professional	
0563T	Evacuation of meibomian glands, using heat delivered through wearable, open-eye eyelid treatment devices and manual gland expression, bilateral	Omnibus Codes
0604T	Optical coherence tomography (OCT) of retina, remote, patient-initiated image capture and transmission to a remote surveillance center unilateral or bilateral; initial device provision, set-up and patient education on use of equipment	
0605T	Optical coherence tomography (OCT) of retina, remote, patient-initiated image capture and transmission to a remote surveillance center unilateral or bilateral; remote surveillance center technical support, data analyses and reports, with a minimum of 8 daily recordings, each 30 days	
0606T	Optical coherence tomography (OCT) of retina, remote, patient-initiated image capture and transmission to a remote surveillance center unilateral or bilateral; review, interpretation and report by the prescribing physician or other qualified health care professional of remote surveillance center data analyses, each 30 days	

0615T	Eye-movement analysis without spatial calibration, with interpretation and report	
0616T	Insertion of iris prosthesis, including suture fixation and repair or removal of iris, when performed; without removal of crystalline lens or intraocular lens, without insertion of intraocular lens	
0617T	Insertion of iris prosthesis, including suture fixation and repair or removal of iris, when performed; with removal of crystalline lens and insertion of intraocular lens	
0618T	Insertion of iris prosthesis, including suture fixation and repair or removal of iris, when performed; with secondary intraocular lens placement or intraocular lens exchange	
0687T	Treatment of amblyopia using an online digital program; device supply, educational set-up, and initial session	Visual Information Processing Evaluation and Orthoptic and Vision Therapy
0688T	Treatment of amblyopia using an online digital program; assessment of patient performance and program data by physician or other qualified health care professional, with report, per calendar month	Visual Information Processing Evaluation and Orthoptic and Vision Therapy

<https://www.uhcprovider.com/content/dam/provider/docs/public/policies/comm-medical-drug/visual-information-processing-evaluation-orthoptic-vision-therapy.pdf>

0699T	Injection, posterior chamber of eye, medication	
0704T	Remote treatment of amblyopia using an eye tracking device; device supply with initial set-up and patient education on use of equipment	Visual Information Processing Evaluation and Orthoptic and Vision Therapy
0705T	Remote treatment of amblyopia using an eye tracking device; surveillance center technical support including data transmission with analysis, with a minimum of 18 training hours, each 30 days	Visual Information Processing Evaluation and Orthoptic and Vision Therapy
0706T	Remote treatment of amblyopia using an eye tracking device; interpretation and report by physician or other qualified health care professional, per calendar month	Visual Information Processing Evaluation and Orthoptic and Vision Therapy

<https://www.uhcprovider.com/content/dam/provider/docs/public/policies/comm-medical-drug/visual-information-processing-evaluation-orthoptic-vision-therapy.pdf>

0770T	Virtual reality technology to assist therapy (List separately in addition to code for primary procedure)	Add-on Codes Policy
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<https://www.uhcprovider.com/content/dam/provider/docs/public/policies/comm-reimbursement/COMM-Add-On-Codes-Policy.pdf>

United Health Care Medicare Advantage Policy Guideline Updates Bulletin. June 2023

Blepharoplasty, Blepharoptosis, and Brow Lift Policy Guidelines, Policy MPG028.10. Effective May 10, 2023.

<https://www.uhcprovider.com/content/dam/provider/docs/public/policies/medadv-guidelines/b/blepharoplasty-blepharoptosis-brow-lift.pdf>

Intraocular Photography (NCD80.6) Policy Guidelines, Policy MPG171.10. Effective May 10, 2023

<https://www.uhcprovider.com/content/dam/provider/docs/public/policies/medadv-guidelines/i/intraocular-photography.pdf>

Intravitreal Corticosteroid Implants Policy Guidelines. Policy MPG394.01. Effective May 10, 2023

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