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March Outlook

Your access to March[®] Vision Care updates and vision industry information



June is Cataract Awareness Month

Cataracts are the world's leading cause of blindness, accounting for approximately 42% of all cases of blindness in all nations.¹ In the United States, more than 25 million Americans are estimated to have cataract, according to the report "Future of Vision: Forecasting the Prevalence and Costs of Vision Problems." As the population in America continues to age, the number of cataract cases is projected to increase by 50% to 38.5 million by 2032.

A cataract is a clouding of the eye's lens, which blocks or changes the passage of light into the eye. The lens of the eye is located behind the pupil and the colored iris and is normally transparent. Vision may become blurry or dim because the cataract stops light from properly passing through to the retina. Generally, a cataract does not cause pain, redness or tears.

Risk factors for cataracts include:

- Older age
- Intense heat or long-term exposure to UV rays from the sun
- Certain diseases, such as diabetes
- Inflammation in the eye
- Hereditary influences
- Events before birth, such as German measles in the mother
- Long-term steroid use
- Eye injuries
- Eye diseases
- Smoking

Most cataract cases in the United States are in older adults, but children may also develop pediatric cataracts. According to the [American Academy of Ophthalmology](#), cataracts in a child can be congenital (present at birth) or acquired (develop after birth). Without

treatment, cataracts in young children can cause poor development of the visual pathway between the brain and the eye, leading to vision impairment. Therefore, diagnosing and treating cataracts early in children is critical to promoting normal vision development.

Although cataracts are the world's leading cause of vision loss, it can be treated successfully with proper action and access to services. It is important to be educated on cataract symptoms and treatments to help prevent vision loss for your patients.

¹ [Prevent Blindness](#)

An Inside Look



Updated General Provider Reference Guide

Please review the updated [Provider Reference Guide](#), effective April 1, 2022, on marchvisioncare.com.



Be sure you are using our updated claims address

Our address has changed for all mail addressed to the claims department. All paper claims and/or written appeals need to be sent to one of the following updated addresses.

Paper claims, including corrected claims and coordination of benefits:

UnitedHealthcare | March Vision Care
Attn: Medicaid Vision Claims
PO Box 30989
Salt Lake City, UT 84130

Written provider appeals:

UnitedHealthcare | March Vision Care
Attn: Medicaid Vision Appeals
PO Box 30988
Salt Lake City, UT 84130

Please do not send any claims or appeals to 6601 Center Drive West, Suite 200, Los Angeles, CA 90045.

If you have any questions, please [contact us](#) by using your state-specific phone number.

Did you know?



There is a feature on providers.eyesynergy.com that allows you to file coordination of benefits (COB) claims online. In the claim section of providers.eyesynergy.com, users can attach the member's primary insurance plan's explanation of payment (EOP).

For a more detailed explanation of coordination of benefits, visit marchvisioncare.com.



Annual Medicare Compliance and Fraud, Waste, and Abuse (FWA) training

As part of an effective compliance program, the Centers for Medicare & Medicaid Services (CMS) requires UnitedHealthcare Community Vision Network I March Vision Network, in support of its Medicare Advantage (MA) client requirements, to annually communicate specific Compliance and FWA requirements to its employees and contractors, including you as a first tier, downstream or related entity.

Please refer to the [Annual Provider Compliance and Fraud, Waste & Abuse Training Notice](#) . It informs you that all offices must provide FWA and general compliance training to your employees (includes temporary or volunteers) and contractors supporting the delivery and administration of program benefits or services. The FWA and general compliance training must be completed within 90 days of hire and annually thereafter (by end of each year).

To ensure you and/or your organization have access to training, CMS provides resources related to fraud, waste and abuse, and compliance at: [CMS Medicare Learning Network® \(MLN\)](#).



Free COPE Accredited Glaucoma CE course — now available

Glaucoma is a sight-threatening disease and is one of the most common pathology considerations of a routine eye examination. Yet, the incidence of glaucoma in the United States is relatively low. If glaucoma is suspected, special testing should be done initially and then repeated periodically, depending on the case. We don't have clear guidance on who to test, which often causes doctors to over-test. Although the testing is noninvasive, it can cause unwarranted alarm for patients and their families that is inconsistent with quality care.

The Peer Review Committee* at UnitedHealthcare Vision has established guidelines to help eye doctors assess the risk of developing glaucoma prior to testing. With these guidelines in mind, we have created and launched a free COPE Accredited CE course that is available now.

[Take the course](#)

**The Peer Review Committee consists of representatives of optometry and ophthalmology with broad experience in the management of patients with glaucoma.*



Lab Spotlight

Classic has been in business for 50 years	Average turnaround time is < 2 business days and in many cases, just 1 business day	Over 20 million custom eyeglass orders fabricated	Participates in the local Gift of Sight programs in 16 states Helping children get access to eyewear
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Tips to ensure fast order turnaround times

- Ensure timely order entry after patient has been seen
- Return calls from UnitedHealthcare | March Vision Care customer service when a question about an order arises
- Proofread orders before submitting
- Send frame in as soon as possible for provider supplied frame orders



Diabetic members need your help

Members who have been diagnosed with diabetes should receive an annual dilated retinal exam to maintain the health of their eyes. Even though a member may not notice changes in their sight, as their eye care professional, you can identify common eye conditions associated with diabetes. Detecting these conditions early may lead to easier treatments and help prevent vision loss. As an eye care provider, below are some ways you can help.

Member appointment letters — If you have previously seen a diabetic member that has not had an exam within the last 12 months:

- You will be receiving a letter from us with the member's information
- Our ask is for you to reach out to these members to schedule their next visit and help us educate them on the importance of the dilated retinal exam when living with diabetes

CPT II coding — Including appropriate CPT II and ICD-10 codes on your claims helps us support our health plan partners as they manage members' medical conditions and identify candidates for disease management programs

- The inclusion of appropriate codes improves plan quality as measured by HEDIS® and the Star Rating System
- Appropriate coding also limits requests for HEDIS® and Stars chart reviews, which allows your practice to spend more time on patient care.

We only require CPT II coding for diabetic retinopathy screening. However, you may include additional codes on your claims.

CPTII Code	Description
2022F	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed
2023F	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; without evidence of retinopathy
2024F	Seven standard field stereoscopic photos with interpretation by an ophthalmologist or optometrist
2025F	Seven standard field stereoscopic retinal photos with interpretation by an ophthalmologist or optometrist documented
2026F	Eye imaging validated to match diagnosis from seven standard field stereoscopic photos results documented and reviewed
2033F	Eye imaging validated to match diagnosis from seven standard field stereoscopic photos results documented and reviewed; without evidence of retinopathy
3072F	Low risk for retinopathy (no evidence of retinopathy in the prior year)

- Always bill appropriate ICD-10 codes at the highest level of specificity
- Patients' medical records must support the CPT I, CPT II and ICD-10 codes on the claim
- CPT II codes do not have relative value and can be billed with a \$0 charge amount

For more information on coding standards for diabetic members, review our Coding Standards: Diabetes flier by signing in at providers.eyesynergy.com and clicking on the Resources tab.

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Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Health plan coverage provided by UnitedHealthcare of Arizona, Inc., UHC of California DBA UnitedHealthcare of California, UnitedHealthcare Benefits Plan of California, UnitedHealthcare of Colorado, Inc., UnitedHealthcare of the Mid-Atlantic, Inc., MAMSI Life and Health Insurance Company, UnitedHealthcare of New York, Inc., UnitedHealthcare Insurance Company of New York, UnitedHealthcare of Oklahoma, Inc., UnitedHealthcare of Oregon, Inc., UnitedHealthcare of Pennsylvania, Inc., UnitedHealthcare of Texas, Inc., UnitedHealthcare Benefits of Texas, Inc., UnitedHealthcare of Utah, Inc., UnitedHealthcare of Washington, Inc., Optimum Choice, Inc., Oxford Health Insurance, Inc., Oxford Health Plans (NJ), Inc., Oxford Health Plans (CT), Inc., All Savers Insurance Company, or other affiliates. Administrative services provided by OptumHealth Care Solutions, LLC, OptumRx, Oxford Health Plans LLC, United HealthCare Services, Inc., or other affiliates. Behavioral health products provided by U.S. Behavioral Health Plan, California (USBHPC), or its affiliates.

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