

Provider Memorandum

Ophthalmologist and Optometrist Billing Guidelines

Molina Healthcare of Illinois (Molina) is reminding contracted optometrist and ophthalmologist providers to follow the important billing guidelines summarized below.

Impacted Lines of Business: Medicaid and Medicare-Medicaid Plan (MMP)

Ophthalmologists

Ophthalmologists (Provider Type – 10) who are registered with category of services (COS) 003 or 045 should bill Molina directly for both routine and medical vision services. Molina will follow the HFS Practitioner and Optometric Fee Schedule for reimbursement.

Optometrists

Optometry providers (Provider Type –12) are required to bill Molina’s vendor, March Vision, for services. Optometry providers should not bill Molina directly for routine or medical vision services.

March Vision Billing Guidelines

March Vision will accept electronic billing claims through their contracted clearinghouses. Please note that there is a \$2 fee for all paper submissions.

To receive reimbursement, providers need to complete a disclosure form and submit a W-9. The W-9 must be completed before the provider receives payment. Out-of-network providers will not be able to submit claims through March Vision’s portal. For more information on March Vision’s policies please view their provider guide at <https://marchvisioncare.com/providerreferenceguides.aspx>.

Questions

Providers with questions, may contact their provider network managers or email the Provider Network Management Department at MHILProviderNetworkManagement@MolinaHealthcare.com.

Providers who need help identifying their assigned provider network manager may visit Molina’s Service Area page at www.MolinaHealthcare.com/providers/il/medicaid/contacts/Pages/servicearea.aspx.

*An earlier version of this memo was published. Molina has reissued this memo with a correction to the category of service number listed.