



MISSOURI OPTOMETRIC ASSOCIATION

Dental • Vision • Hearing



MISSOURI OPTOMETRIC ASSOCIATION  
**DENTAL / VISION / HEARING  
PLAN**



Missouri Optometric Association

**PROVIDER MANUAL**

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## **DENTAL / VISION / HEARING PLAN GENERAL INFORMATION**

The MOA DVH plan is a simple indemnity plan that covers dental, vision, and hearing. The plan is available in a \$1,000 and \$1,500 policy year maximum per person. It can be sold as a group, single person plan or a family plan (up to 2 adults and 3 children). There is a \$100 deductible per plan year per person.

Preferred providers for the plan must be MOA members, either primary or secondary members that already belong to another state. MOA members are asked to sign a provider agreement to become a preferred provider. This provider list will be given to all consumers that purchase the plan.

The vision insurance provides an eye examination immediately after the effective date of the policy. Materials (glasses and contact lenses) are also covered starting after the effective date of the policy. During the first year of the plan, 60% of the submitted charges up to the maximum allowed (caps are listed in the chart to follow) are paid. During the second year, the plan pays 70% of the charges, and after 24 months, the plan pays 80% of your charges.

MOA plan providers are asked to write off the remainder on the exam and glasses (up to cap amount). Contact lenses and contact lens fitting fees may be balance billed to the patient.



## Policy Schedule Summary Maximum Payments

Examination	Up to \$100
Refraction	Up to \$35
Frame	Up to \$200 - can bill overage ( <i>see example</i> )
Single Vision Lenses	Up to \$75/pair
FT Bifocal	Up to \$125/pair
Trifocal	Up to \$150/pair
Progressives	Up to \$300/pair
AR	Up to \$105
Polycarbonate	Up to \$100
Transitions® and other tints	Not a covered service
CL Fitting Fee	Up to \$60 - can balance bill patient
Contact lenses (one-time order)	Up to \$300 - can balance bill patient

The plan covers one exam/contact lens fitting per year. One pair of glasses AND one contact lens order per year is covered. You can only invoice one order on the contact lenses. It would be in the patient's best interest to order a year's supply of contacts and use the contact lens company's rebate if the company you choose offers one. This is the strength of the MOA plan: it is not glasses or contact lenses but can be glasses AND contact lenses if there is enough policy benefit available.

The MOA is following the non-covered services statute in Missouri. For items that are not covered by the plan, e.g. Transitions®, you may bill the patient your normal fee. If a provider wishes to give any discount on those items, they may do so.

## | FRAMES

Providers may bill the patient the overages after the maximum cap and discount. The discount is also applied to the overages since frames are a covered service. For example, let's say the patient is in the first year of their plan and has met their deductible. They have their eye on a \$500 designer frame.

The plan will reimburse you the maximum \$200. You can charge the patient \$100.  
( $\$500 \times 60\% = \$300$ ).

If the patient was in the third year of the plan, the reimbursement on this same \$500 frame would still be \$200 and you would bill the patient \$200.

( $\$500 \times 80\% = \$400$ ). **From this example, you can see that it is better for the patient to buy a more expensive frame the first plan year, because it is less out of pocket due to the discount.**

## | CONTACT LENS EXAM/MATERIALS

Contact lenses are balance billed after the discount is applied and maximum payments are applied.

### Contact Lens Exam/Fitting

*Example:*

Your fee is \$80. The plan will pay up to \$60. During the first year of the plan, you will be reimbursed \$48 from the plan and bill the patient \$32. During the third year, you will be reimbursed \$60 and bill the patient \$20.

### Contact Lenses:

The same is true of contact lens materials. The plan will pay up to \$300. If the materials cost is \$300 for a year's supply, the plan will pay \$180 the first year and you balance bill the patient \$120. During the third year, the plan will reimburse \$240 for these same contacts and the patient pays \$60. If the year's supply of lenses is \$500, the plan pays \$300 and the patient pays \$200 in all plan years.

It is easy to determine the amount you will be reimbursed, what you write off, and what is collected from the patient. To make it even easier, we have designed a tool/widget you can use to make this calculation for you. You will be provided a copy of the widget.

## CODING & UNDERSTANDING EXPLANATION OF BENEFITS

When using the HCFA 1500 form, if you code a right and left eye separate, please be aware ManhattanLife will reimburse under one code.

### *Example*

V2200 RT \$70.00		
V2200 LT \$70.00	Max Benefit \$125	Total \$140 x .6 = \$84

### *ManhattanLife will send EOB stating:*

Proc	List Price	Amount Allowed	% Paid	Non-Cvd	Amount Paid
V2020	\$140	\$125	.60	\$50	\$75

It will not be broken down per eye, rather paid in one lump sum. This will be the same for all items.

### **Progressive Lenses**

Many offices file progressive lenses different. Some offices file the V2781 (progressive lens) code alone and some offices file it V2781 (progressive lens) + V2300 (trifocal) code. Why is the reason for this? One of the “major” discount plans, no matter how you send it in, always reimburses by splitting them out.

### *Example, Filed Claim*

V2781 RT
V2781 LT

### *The “major” discount reimburses you labeled on the EOB:*

V2781 RT + V2300 RT
V2781 LT + V2300 LT

ManhattanLife wants you to only use the V2781 code as a stand-alone code. By putting the V2781 code in combination with V2300 may delay your payment or you may get reimbursed the incorrect amount.

## APPROVED VISION CODES

*For any procedure code not listed, please bill at the U&C office charge*

Procedure Examinations	Procedure Refractions	Procedure Fitting Fees	Material Frames
Max \$100.00	Max \$35.00	Max \$60.00	Max \$200.00
Approved Codes			
92002	92015	92310	V2020
92004		92314	V2025
92012		S0592	
92014			

Procedure SV Lens	Procedure Bifocal	Procedure Trifocal	Material Progressive
Max \$75.00	Max \$125.00	Max \$150.00	Max \$300.00
Approved Codes			
V2100	V2200	V2300	V2702
V2101	V2201	V2301	V2781
V2102	V2202	V2302	S0581
V2103	V2203	V2303	
V2104	V2204	V2304	
V2105	V2205	V2305	
V2106	V2206	V2306	
V2107	V2207	V2307	
V2108	V2208	V2308	
V2109	V2209	V2309	<b>Material Other BF/TF Lens</b>
V2110	V2210	V2310	
V2111	V2211	V2311	Max \$125 or \$150
V2112	V2212	V2312	Approved Codes
V2113	V2213	V2313	V2219
V2114	V2214	V2314	V2220
V2199	V2299	V2399	V2319
S0504	S0506	S0508	V2320
			V2410

*No modifier always Bilateral*

<b>Material A/R</b>	<b>Material Poly Lens</b>
Max \$105.00	Max \$100.00
<b>Approved Codes</b>	
V2750	V2784
V2799	S0580

*RT & LT Modifier*

<b>Material Contact Lens</b>			
Max \$300.00			
<b>Approved Codes</b>			
V2330	V2511	V2521.1	S0500
V2500	V2512	V2522	S0512
V2501	V2513	V2523	
V2502	V2520	V2530	
V2503	V2520.1	V2531	
V2510	V2521	V2599	

<b>The below procedure codes are common BUT NOT COVERED</b>		
V2782	V2745	V2762
V2783	V2761	S9986

*If the procedure code is not listed on this document, the procedure is not a covered procedure and is the patient's responsibility*



## VERIFICATION OF COVERAGE

- When a policyholder presents to the office, the card will have the MOA DVH logo.
- The card will also have the amount of the maximum policy benefit with the "MOA" letters by it.
- The policy can also be verified by selecting Provider>>>Quick Benefits Verification on the ManhattanLife website.
  - Quick Verification can be accomplished without login information. However, providers can register for login information for both the verification and remittance.
- Verifying a remaining balance:
  - It is necessary to verify the remaining balance of the policy maximum benefit. Call ManhattanLife (1-800-999-2971) to verify benefit amount and to see if the deductible has been met.
  - ManhattanLife is working on a live update benefit amount that will be accessible in the future.

A patient will pay the \$100 deductible if this has not been met for the policy year. Be sure to verify their available benefits.

Utilize the MOA DVH calculator as a tool to show the expected amount for reimbursement and patient responsibility.

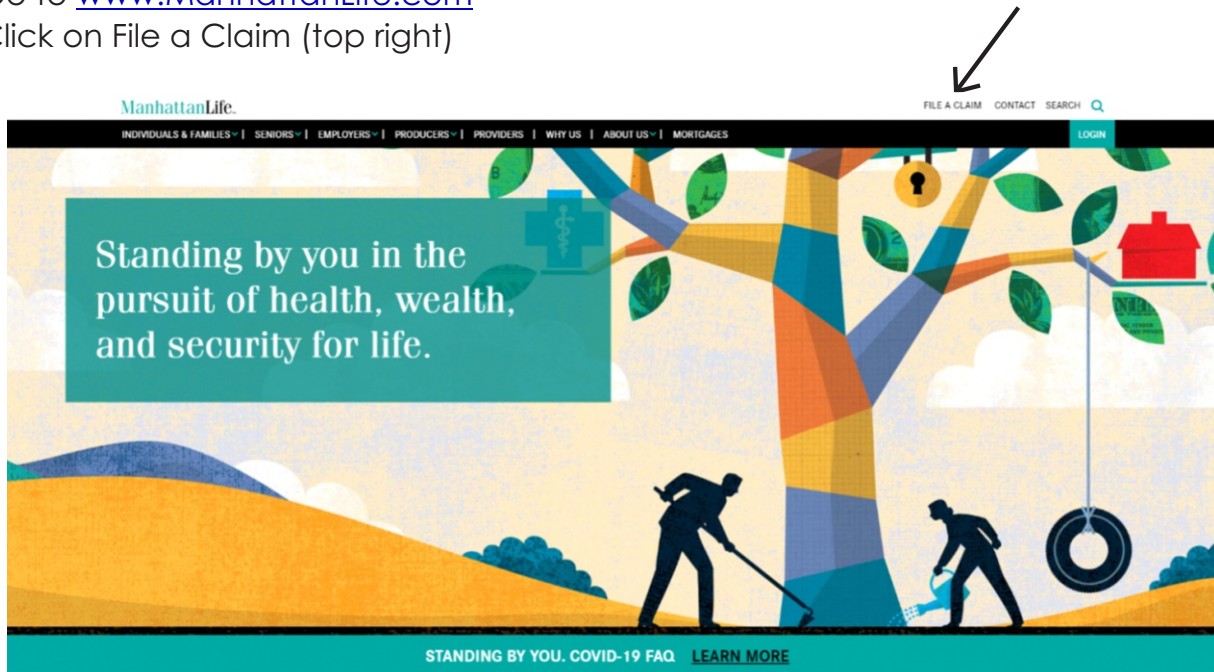
# FILING A CLAIM

Filing a claim is done by (in order of preference) Easy Upload online, fax, or mail. Fill out the basic HCFA 1500 form or dental form use the upload features available, fax to ManhattanLife at (713)-583-0677, or mail to: Claims Department, PO Box 925309, Houston, TX 77292-2728

## ONLINE CLAIM SUBMISSION

To file a claim online:

- Scan the completed HCFA claim form and save it to your computer
- Go to [www.ManhattanLife.com](http://www.ManhattanLife.com)
- Click on File a Claim (top right)



- Click on Easy Form Upload



### TO PROCESS A CLAIM, PLEASE:

1. Select the appropriate form category to the right.
2. Locate the form.
3. Visit the [Contract/Policy Holder](#) website to **submit it online** or use the [Easy Upload mobile app](#) for iOS and Android and simply scan the documents with your device's camera into our system.

If you need assistance, please call your agent or [contact us](#).

### TO VIEW OR PRINT DOCUMENTS:

To view and print these documents, you will need Adobe Acrobat Reader. If you do not have Adobe Acrobat Reader, you may download a [free copy here](#).

### EASY UPLOAD MOBILE APP:

The [Easy Upload mobile app](#) or the [Easy Form Upload](#) tool found on the Client Services site can be used to securely send documents to us regarding a specific & Health policy or Annuity contract, even if you aren't a registered contract/policy holder. Simply click on the Start Uploading button. You will need to know the contract/policy number and the owner's zip code to use this feature.

### FORM CATEGORIES

#### ANNUITY

[INDIVIDUAL AND WORKSITE](#) +

[MEDICARE SUPPLEMENT](#)

[MORTGAGE PROTECTION](#)

[VOLUNTARY BENEFITS \(Formerly Humana, Inc.\)](#)



- Click on Easy Form Upload “Begin” button



## Client Services

- You will need the policyholder number, the number has eight digits (ie: 72-XXXXXX) but **ONLY** enter the last six digits into the box
- The zip code of the policyholder is entered into the appropriate box
- Click on “Next”



- Click circle by "Claims"
- Click on "Next"

- Click the button that says "Choose a PDF File", this should be the HCFA file on the policyholder.
- Click on "Next" button and this will upload the file
- You will receive a message "Upload Successful" when process is complete

# | MOBILE CLAIM SUBMISSION

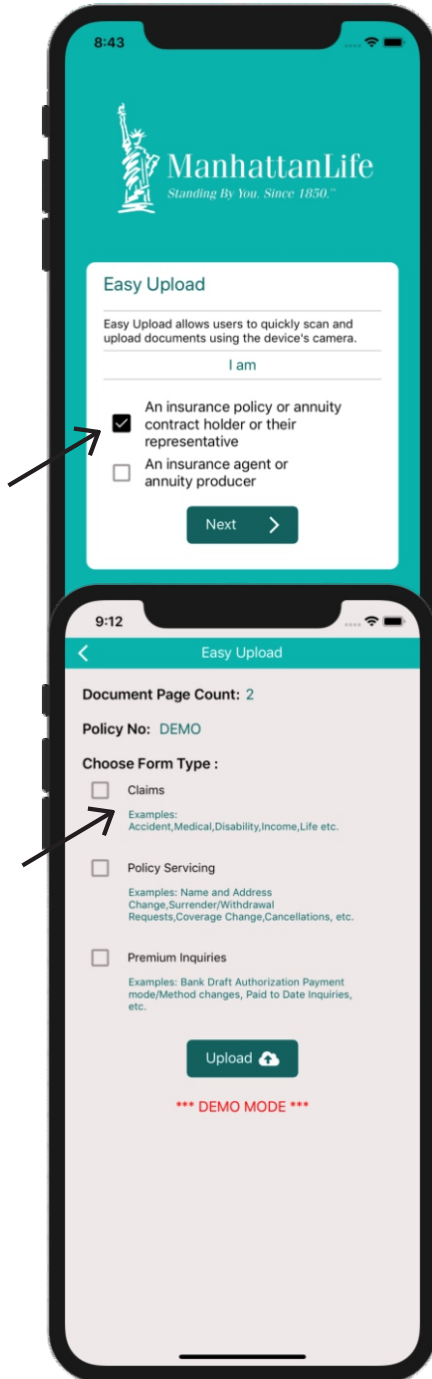
To file a claim with Easy Upload Mobile App:

1. Download Easy Upload App

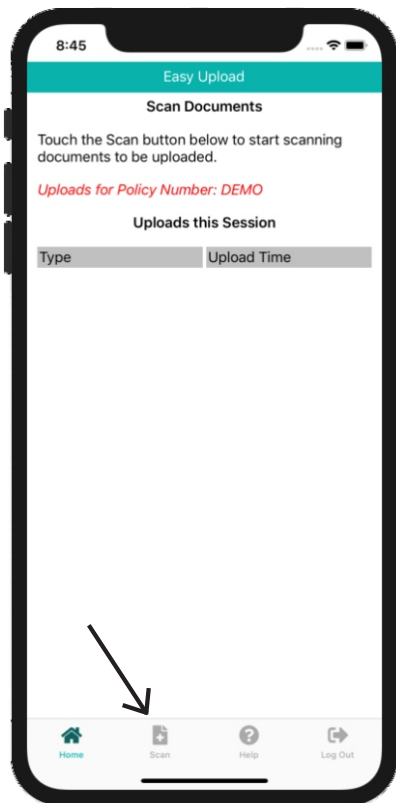
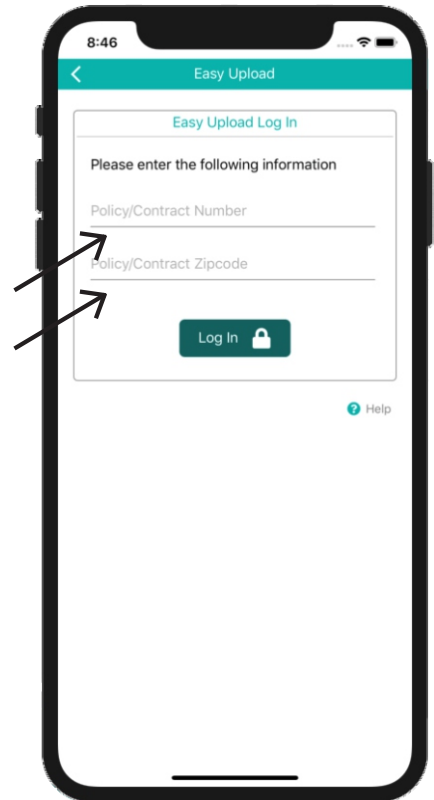


Easy Upload  
from ManhattanLife  
★★★★☆ 8

2. Mark box "An insurance policy or annuity contract holder or their representative"



3. Enter "Policy/Contract Number and "Zip Code"



4. Click the "Scan button & push "blue button" to take picture then hit "Continue"

5. Push "Claims" box then hit "upload"

6. The screen will say "Success"

## DENTAL PROVIDERS

In case you have staff members or patients who have the plan and have questions, the following is a brief overview of how to find a dental provider and submit a claim.

1. Choose your own dentist (additional savings are available if the dentist is a Preferred Plus Provider).
2. Two ways to find a dentist:
  - Go to [www.moadvh.com](http://www.moadvh.com) and select Find a Provider.
  - Call ManhattanLife Customer Service Department (800-999-2971) and they will be happy to assist you.
3. **TAKE YOUR INSURANCE CARD TO YOUR OFFICE VISIT.**
  - Your insurance identification card should have MOA DVH and your maximum benefit (\$1000 or \$1500) listed on the card.
4. Voluntary use of the MOA DVH network may help you save money on your vision care.  
If you go outside the network, you will need to ask the office to file on your behalf or file directly with ManhattanLife and be reimbursed from them.  
  
If you need to file your claim, the following options are available:
  - Easy Upload App (Mobile) – Use Invoice
  - Easy Form Upload (Online) – Use Invoice
  - HCFA Form to be completed by Optometrist – Fax or Mail to ManhattanLife