December 11, 2019

Understanding Vision Benefits within Eligibility & Benefits Inquiry Response

Information on vision benefits available on the Availity portal for Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) members is listed below.

When submitting an Eligibility and Benefit Inquiry for vision on the Availity portal consider the following:

- Choose Benefit/Service Type AL for Vision (Optometry).
- Benefit/Service Type 30 will also return accumulation period and any remaining balances for Overall Deductible and Out of Pocket.
- When inquiring on vision please be aware that the minimum mandated response is to indicate whether the member has Active or Inactive coverage only.
  - For BCBSMN members, additional benefit details will be provided when using Benefit/Service Type AL for Vision [Optometry which includes AN for Routine Exam (Vision)].
  - Other Blue Plans may choose to follow the minimum mandate of Inactive/Active response only or choose to return additional benefit details. For best results, use the specific Benefit/Service Type AL for vision services.

How to read the benefits:

- Benefit/Service Type AL for Vision (Optometry) will display coverage for hard wear (e.g. eyeglasses/ contacts).
- Benefit/Service Type AN for Routine Exam (Vision) will display coverage for routine and/or comprehensive eye exam performed by an Ophthalmologist or Optometrist.
- If further benefit information is needed for BCBSMN members, please use the E&B messaging tool to interact with a Service Representative on benefit questions and/or clarifications.

For Medicaid, MinnesotaCare and Minnesota Senior Health Options (MSHO) business, providers can also use the tools Amerigroup offers for inquiring on Eligibility and Benefits; however, the response will be limited to Active or Inactive Coverage for Vision.

For additional questions for subscribers that are enrolled with a Blue Cross and Blue Shield Plan of another state, please contact the subscriber's plan to verify coverage.

Please see additional information on the next page.

Patient Information

* **As of Date**
03/13/2019

To Date
__/__/____

* **Benefit / Service Type**
Vision (Optometry) ✖   ▾

Patient Search Option ❓   ☐ Add Multiple Patients
Patient ID, Date of Birth   ▾

* **Patient ID** ❓

Insight: Payers other than BCBSMN may not return multiple service types in the same response.

Tip: Routine Exam (Vision) service type AN will only be returned when Vision (Optometry) service type AL is Selected. Routine Exam (Vision) – AN is not a standalone service type.

☐ Submit another patient

Submit

Patient Information | **Coverage and Benefits**

FILTER BY NETWORK   All Networks   **In Network**   Out Of Network

Vision (Optometry)
Non-Covered

Health Benefit Plan Coverage
Deductible
Out of Pocket (Stop Loss)

Routine Exam (Vision)
Co-Payment
Co-Insurance
Deductible

Vision (Optometry) - AL   ⊙ Feedback

`Active Coverage` `In Network` `Family`
Insurance Type Preferred Provider Organization (PPO)
Plan / Product MED/SURG - PPO
  ⊙ ENHANCED TIER

`Active Coverage` `In Network` `Family`
Insurance Type Preferred Provider Organization (PPO)
Plan / Product MED/SURG - PPO
  ⊙ STANDARD TIER

Non-Covered - Vision (Optometry)

`In Network` `Family`
Plan / Product MED/SURG - PPO
  ⊙ EYEGLASSES/CONTACTS ENHANCED TIER

`In Network` `Family`
Plan / Product MED/SURG - PPO
  ⊙ EYEGLASSES/CONTACTS STANDARD TIER

`Network Not Applicable` `Family`
Plan / Product MED/SURG - PPO
  ⊙ EYEGLASSES/CONTACTS

Questions?
If you have questions, please contact provider services at **(651) 662-5200** or **1-800-262-0820.**