

Humana Healthy Horizons® in Kentucky Medicaid Quick Reference Guide

EyeQuest Provider Services Monday – Friday	
EyeQuest Provider Services	844-870-3978
Fax Numbers	
Claims/Payment issues	888-696-9552
EyeQuest Member Services	
Member Services	855-343-7405
Medical Customer Service	
TTY 711	800-466-7566
Mailing Address	
P.O. Box 2906 Milwaukee, WI 53201-2906 ATTN: "Insert department name from list below"	

P.O. Box 2906 Milwaukee, WI 53201-2906
Departments: <ul style="list-style-type: none"> • Authorizations: ATTN: Humana Healthy Horizons in KY Authorizations • Claims: ATTN: Humana Healthy Horizons in KY Claims • Credentialing: ATTN: Initial Provider Enrollment • Appeals: ATTN: Humana Healthy Horizons in KY Provider Appeals
Send certified & overnight mail only to: EyeQuest 11100 W. Liberty Drive Milwaukee, WI 53204

Web (E) Resources	
EyeQuest (Provider Web Portal): https://vision-providers.dentaquest.com/PWP/Landing	
Website features: *Verify member benefits and eligibility *View patient history *Submit claims and view status *View payment status – view checks and remittance advices issued to your payee *View location information *View office reference manuals	
Credentialing	Submitting Provider Changes
To enroll visit: Vision Providers DentaQuest <ul style="list-style-type: none"> ▪ Select Enroll In Our Network to apply ▪ *Send NEW enrollment documents to: Email: EyeQuestProviderServices@dentaquest.com	Submit all changes to EyeQuest Provider Services <ul style="list-style-type: none"> ▪ Use Provider Change Form located in web portal ▪ Email: EyeQuestProviderServices@dentaquest.com
Covered Benefits & Program Information	Claim Submission
Refer to the Office Reference Manual (ORM) Available on: <ul style="list-style-type: none"> ▪ Provider Web Portal: https://vision-providers.dentaquest.com/PWP/Landing 	<ul style="list-style-type: none"> ▪ Electronic via EyeQuest's web portal ▪ Electronic via clearinghouse (Payor ID 63740) ▪ Paper claims mailed to: Attn: Vision Claims Processing PO BOX 433 Milwaukee, WI 53201-0433 Timely filing limit: within 365 days of the date of service or paid date of service from primary insurance plan (EOB required with claim)

Humana Healthy Horizons®

For Complete Benefit Tables see Office Reference Manual (Located in Provider Portal)

Covered Glasses to be Provided By Classic Optical

<i>Eye Exam - Routine</i>	<ul style="list-style-type: none"> One exam (e.g. 92004, 92014) and refraction (92015) per Calendar Year. No Exam benefit limitation for foster children per relocation requirement Additional coverage may be payable when medically indicated, and with prior authorization.
<i>Frames; standard</i>	<ul style="list-style-type: none"> One frame every Calendar Year. No benefit limitation for foster children per relocation requirement
<i>Lenses; standard</i>	<ul style="list-style-type: none"> One pair of lenses every Calendar Year. Standard Covered lenses include SV, Bifocal, Trifocal, and Progressive Addition lens types Polycarbonate/scratch coated lenses are covered as the standard material for all eyewear, if ordered by the provider (no PA required) No benefit limitation for foster children per relocation requirement.
<i>Replacement Eye Wear</i>	<p>One pair of replacement eyeglasses within the same calendar year period may be provided <u>WITH</u> prior authorization from EyeQuest, and if the need meets the criteria below.</p> <p>Criteria: Rx change of not less than 0.50D, loss or breakage of original pair, <u>and</u> medical necessity for replacement must be established.</p>