

AECC Total Vision Health Plan of Texas. Inc.

CLAIM ATTACHMENTS FOR WEB OR EDI CLAIM

Personal and Confidential

Instructions:

Claims (initial filings, resubmissions and/or appeals) may require additional information that must accompany the claim to be considered a *clean claim*. This fax cover sheet may be used to submit claim attachments for claims submitted via the OptiCare website (www.opticare.com) or Emdeon Payer ID 56190.

Example attachments include: (1) a primary Explanation of Benefit/Payment when filing for Coordination of Benefits, (2) a description for 92499, V2599 or other unlisted procedure, (3) an invoice for consideration of wastage for botox injections, (4) copies of previous and current prescriptions for significant changes in vision when requesting replacement eyewear, (5) office notes/medical records signed by the rendering Provider for changes in diagnosis, procedure codes or rendering Provider, (6) or an invoice and prescription when billing for non-standard eyewear and/or additional lens features.

Date of Request: To: Fax Number: Pages:	TVHP Claims Department (866) 897-7199	
Provider:		NPI
Date of Service:		
Member Name:		
Member ID:		
Procedure Code(s):		
Date Claim Submitt	ed:	Method of Submission: EDI WEB
Contact Name:		
Contact Phone Nun	nber:	
Description of Attac	chment:	
Additional Commer		

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