



Blindness Education, Screening and Treatment (BEST) Program Vendor Procedures Handbook

Welcome to the BEST program. Your willingness to partner with us is critical to preventing blindness throughout the state of Texas and to helping people to see their best.

"Alone we can do so little; together we can do so much." -Hellen Keller

How do I become a vendor with the state of Texas through the BEST program?

1. A treating physician, anesthesiologist, surgical facility, pharmacy or other medical provider must be a vendor to receive payment for treatment services provided through the BEST program. To become a vendor and/or to obtain an [Application for Texas Identification Number \(AP-152\)](#), contact the BEST program by email at BESTprogram@hhsc.state.tx.us. Complete the application and return it to the aforementioned email address or by fax, to 512-438-4370.
2. Once the application has been received, please wait 10 business days to obtain your Taxpayer Identification Number (TIN) notification. You will then be registered in our case management system, which will allow for payments to be processed.
3. A [Direct Deposit Authorization \(Form 74-176\)](#) is not required, but is offered as a simple way to receive payment for the services you provide.

How do I make a referral?

1. Obtain an [Application for Treatment \(Form 6499\)](#) online at <https://hhs.texas.gov/services/disability/blind-visually-impaired/blindness-education-screening-treatment-best-program>, or by sending a request via email to BESTprogram@hhsc.state.tx.us or via fax to 512.438.4370.
2. The Application for Treatment form must be completed by an ophthalmologist (treating physician) for each consumer and returned via email to BESTprogram@hhsc.state.tx.us or via fax to 512-438-4370.

How do I complete the Application for Treatment?

- The [Application for Treatment \(Form 6499\)](#) must be completed by an ophthalmologist (treating physician).
- Provide the consumer's full name, including the middle name (if known) and any suffix.
- A Social Security number is not required, but is recommended to help distinguish between persons with the same or similar names.
- If an applicant does not provide a Social Security number, they must provide a copy of either 1) a valid Texas driver's license or state-

issued ID; or 2) a permanent resident card or alien registration receipt card with a photograph.

- A physical address for the consumer is required to determine Texas residency. A post office box will not be accepted.
- Each treatment service will require a Current Procedural Terminology (CPT) code.
- The CPT codes have a Maximum Affordable Payment Schedule (MAPS), which provides the dollar amount the BEST program is able to pay for treatment services. The Application for Treatment requires the total dollar amount for all treatment services provided by the treating physician, anesthesiologist, surgical facility and pharmacy.
- The best corrected visual acuity is required information on the Application for Treatment. The BEST program provides services intended to prevent blindness; however, it does not provide financial assistance to individuals who are legally blind.
- The Application for Treatment must be signed and dated by the consumer.
- The treating physician and, when applicable, the anesthesiologist, surgical facility and pharmacy must complete and sign their respective sections of the Application for Treatment.

Who is eligible for the BEST program?

The consumer must:

- Not have insurance or any other means by which to pay.
- Be 18 years of age or older.
- Be a resident of Texas.
- Have a qualifying eye disease. This includes glaucoma, diabetic retinopathy or detached retina. Other eye diseases will need to be reviewed by either the BEST program or the Eye Medical Consultant for the state, or both, to determine if they are a qualifying eye disease.
- Not have used the BEST program for treatment services within the last twelve months.
- Not be legally blind (20/200 or worse with the best correction in the better).

Which services are not covered by the BEST program?

- Cataract Surgery
- Implants or Transplants

Can the BEST program provide emergency care?

The BEST program is not intended to be a resource for emergency eye treatment. If an emergency exists, patients should be sent immediately to an emergency facility.

What can I expect after the Application for Treatment is completed?

Once a completed [Application for Treatment \(Form 6499\)](#) has been processed and eligibility has been determined, the BEST consumer will be placed on a pending services or wait list until funding is available to pay for the consumer's approved treatment services. The treating physician will be notified of the consumer's placement on the list.

Why are BEST consumers placed on the pending services list?

The BEST program is funded entirely through donations by Texas residents who obtain or renew their Texas driver's license or Texas ID card at the Department of Public Safety (DPS). Currently, the DPS application only allows for \$1 to be donated per person. Since demand for treatment services typically exceeds donations, the BEST consumer is placed on a pending services or wait list until funding is available to pay for the consumer's approved treatment services. Treatment services are provided to consumers in the order their [Application for Treatment \(Form 6499\)](#) is received.

What happens when funding becomes available for the consumer's treatment services?

The treating physician will be notified once funds are available for the approved treatment services. The total dollar amount, which is determined in the BEST treatment application, will be available for the consumer's treatment services until those services are provided and/or are no longer needed.

When the treating physician has been notified that funds are available for treatment, the physician's office must provide a date of service to BEST within 10 working days. If a date of service has not been received within that time frame, or an explanation has not been provided with regard to the

delay, it will be assumed that the treatment services are no longer urgent and the next person on the pending services list will be served.

What is the time frame in which a consumer receives services?

Since the BEST program provides financial assistance for urgent eye care treatment for the prevention of blindness, it is understood that services are needed as soon as possible. If a period of three months pass by between treatments, the consumer may have to reapply for treatment services. Cases are not expected to exceed 9 months of treatment.

Do I need a service authorization before providing treatment services?

Yes. Treatment services should not be provided without a service authorization. The BEST program will not be able to pay for the treatment service without a prior service authorization.

To begin the process of providing treatment services, the BEST program will request the following information to complete the service authorization:

- Date of the treatment service
- CPT codes
- Eye to receive service
- Quantity
- Vendor name
- Any other information necessary to complete a service authorization

When the BEST program completes the service authorization, it will be faxed to the location listed on the [Application for Treatment \(Form 6499\)](#). It is recommended that the service authorization be requested 10 days prior to the date that the treatment service will be provided to the consumer to allow adequate time for processing.

It is the responsibility of the treating physician to review the service authorization for accuracy before providing the treatment service. If any part of the service authorization is incorrect (i.e. name of the vendor, date of the treatment service, CPT code, etc.), the BEST program will not be able to pay for the treatment service.

May we provide additional treatment outside of what was originally requested?

No additional treatment will be authorized outside of what was originally requested on the BEST Treatment Application. Since funding is limited, planning ahead is critical in order to serve as many consumers as possible.

What if the treating physician has to change the type of surgery initially requested during surgery?

If a CPT code changes while providing treatment services, the treating physician or office must contact the BEST program within three business days. If the cost of the treatment is the same or less, the corresponding payment will be provided; however, if the new fee is greater, the BEST program will only be able to pay the fee of the originally requested CPT code. The new CPT code must be provided within three business days in order for the service authorization to be corrected. Service authorizations with an incorrect CPT code cannot be paid.

How are invoices processed?

When the treatment service has been completed, send the invoice and operative report to the BEST program via fax at 512-438-4370 or email to BESTprogram@hhsc.state.tx.us. Once the invoice and operative report are received, they will be stamp dated and reviewed for the following:

- The date of the treatment service is within the start and end date of the service authorization.
- Name of the consumer on the invoice matches the service authorization.
- Name of the treating physician, anesthesiologist, surgical facility and pharmacy on the invoice matches the service authorization.
- The CPT code on the invoice matches the service authorization.
- Quantity of the treatment service on the invoices matches the service authorization.

If all of the above information on the invoice matches the service authorization, the invoice will be entered into the HHSC case management system and then paid by the comptroller. Payment will be made through direct deposit into your account, unless you have chosen not to complete and submit the [Direct Deposit Authorization \(Form 74-176\)](#) when filling out the vendor application. If you have chosen not to receive payment through

direct deposit, you will be issued a paper warrant (check) which will be sent to the mailing address provided on your state vendor application.

How much time is allowed to provide a claim?

An invoice for a treatment service must be received within 90 days from the date of the treatment. Incomplete invoices will be denied for payment and returned to the treating physician for correction. The treating physician has 60 days from the last denial date to resubmit the corrected invoice or payment will be declined.

Will the BEST program pay for missed appointments?

The BEST program does not pay cancellation charges, charges for missed appointments, consultation fees or any other charges incurred other than for the provision of treatment services.

Will the BEST program pay for prescription medication?

The BEST program will only pay for prescription medication needed to prevent blindness. Payment for the cost of prescription medication is limited to the number of refills prescribed by the treating physician or one year of refills; whichever is less. The BEST program will not pay for a name brand medication if a generic alternative is available.

The following are the procedures for obtaining prescription medication coverage:

1. The treating physician must submit a completed [Application for Treatment \(Form 6499\)](#).
2. The physician must provide a copy of the applicant's prescription with the completed Application for Treatment.
3. The applicant must designate the pharmacy they will use on the Application for Treatment and obtain approval from the pharmacy that they agree to participate in the program.
4. All billing information in the Physician-Prescribed Drug Treatment section of the Application for Treatment must be completed by the pharmacy. The pharmacy must fax a price quote for the requested prescription medication along with their completed portion of the Application for

Treatment to the BEST program at 512-438-4370 or email to BESTprogram@hhsc.state.tx.us.

5. Payment for approved prescription medication shall be made only to the consumer's pharmacy of choice.
6. Upon approval, the BEST program will contact the consumer to inform them of their eligibility and issue a payment voucher to the designated pharmacy to order the prescription medication.

The BEST program does not pay for over-the-counter medication.

Are comprehensive eye exams covered by BEST?

The BEST program does not pay for routine eye examinations that are unrelated to the requested treatment services. However, the BEST program will pay for diagnostics and testing that are submitted with a treatment service request. An application for diagnostics may only be made on behalf of a consumer with 20/25 vision or worse in the better eye with best correction, or a consumer who the treating physician suspects may need treatment. Follow-up eye examinations covered by a global period are the responsibility of the treating physician.

Is there a limit to how many times a consumer may receive treatment?

A consumer may receive recommended treatment as approved on the BEST treatment application; however, only one application can be provided per consumer per year. A consumer must wait one full year following the date of his or her last treatment to reapply for BEST treatment services. This policy is in place to provide services to other consumers in need across the state.