



## Send Prescriptions To PhilRx Pharmacy

### EHR

- ✓ Find Luminopia In Your EHR
- ✓ Find PhilRx In Your EHR
- ✓ Send ERx To  
**PhilRx (Columbus, OH 43235)**

### Fax/Phone

- ✓ Fill Out The Enrollment Form
-  Fax To **888.975.0603**
-  Or Phone **855.977.0975**



Visit [www.luminopia.com/hcp](http://www.luminopia.com/hcp) For  
Electronic Enrollment Forms

## Key Information To Include In Rx:

- ✓ Patient Name & DOB
- ✓ ICD-10 Code for Amblyopic Eye (See Reverse Side)
- ✓ Prescribed Dose (1 Hour Per Day, 6 Days Per Week)
- ✓ # Of Monthly Refills (6-12 Recommended)

*PhilRx Will Pre-Populate Prior Authorization (PA) Form And Fax You The  
CoverMyMeds Key To Submit*

## Tips For Smoother Process

- 1 Include Previously Tried/Failed Treatments In Rx
- 2 Sign Up For A CoverMyMeds Account, If Needed, For PA Communications With PhilRx
- 3 PhilRx Will Directly Follow-Up On Approved Or Denied PAs

For Rx Changes, Please Contact PhilRx Via Phone Or **Email: [mdhelp@phil.us](mailto:mdhelp@phil.us)**

## ICD-10 Amblyopia Codes

Amblyopia Type	Right Eye	Left Eye
Unspecified	H53.001	H53.002
Deprivation	H53.011	H53.012
Refractive	H53.021	H53.022
Strabismic	H53.031	H53.032
Amblyopia Suspect	H53.041	H53.042

## Coding Reference Guide

Available Codes	Remote Monitoring Code Descriptors
<b>98975</b>	Remote Therapeutic Monitoring Initial Set-up And Patient Education On Use Of Equipment (Luminopia Patient Education Video Available Online)
<b>0688T</b>	Assessment Of Patient Performance And Program Data By Physician Or Other Qualified Health Care Professional, With Report, Per Calendar Month

*Note: CPT® is a registered trademark of the American Medical Association. All rights reserved. The AMA assumes no liability for data contained or not contained herein. Correct coding is the responsibility of the provider submitting the claim for the item or service. Please check with the payer to verify codes and special billing requirements.*

