

Chapter 25

Eyeglass and Vision Care Services

Vision care providers enrolled with South Country Health Alliance are required to work with Eye Kraft Optical as the primary optical laboratory. Vision care providers must bill SCHA/MMSI, Inc using standard billing procedures and CPT and HCPCS procedure codes. Claims must be billed electronically via batch or MN E-Connect. Providers must bill their usual and customary charge for their services.

Definitions

Comprehensive Vision Examination: A complete evaluation of the visual system. The services include patient history, general medical observation, external and ophthalmoscopic examination, gross visual fields, basic sensorimotor examination, biomicroscopy, examination with cycloplegia or mydriasis, and tonometry.

Contract Vendor: The MHCP enrolled optical lab that supplies and assembles eyeglasses for MHCP recipients.

Date of Service: The actual date the service is performed or the supplies are dispensed. The date of service for frames and lenses is the date the eyeglasses were ordered. The date of service for the dispensing fee is the date the eyeglasses are delivered to the recipient.

Deluxe Eyeglass Frame: An eyeglass frame with features that make it more durable than a standard frame, such as spring hinges or memory metal construction.

Dispensing Provider: The MHCP enrolled provider who orders eyeglasses and provides dispensing services to MHCP recipients.

Dispensing Services: The technical services (fitting of spectacles) necessary for the design, fitting, and maintenance of glasses (frames and/or lenses) as prescribed by an optometrist or ophthalmologist.

Eyeglass/Vision Service: A comprehensive or intermediate vision exam provided by an optometrist or ophthalmologist and/or eyeglasses dispensed by an optician, optometrist or ophthalmologist.

Eyeglasses/Spectacles: A pair of lenses mounted in a frame to aid vision, as prescribed by an optometrist or ophthalmologist.

Intermediate Vision Examination: An evaluation of a new or existing specific visual problem complicated with a new diagnosis or management problem not necessarily relating to the primary diagnosis.

Ophthalmologist: A physician who has academic training in ophthalmology beyond the state requirements for licensure and experience in the treatment and diagnosis of the diseases of the eye.

Optician: A supplier of eyeglasses to a patient as prescribed by the patient's optometrist or ophthalmologist.

Optometrist: A person licensed as an optometrist under Minnesota law.

Eligible Providers

The following enrolled providers may dispense eyeglass and perform vision services with their scope of practice:

- Ophthalmologists
- Optometrists
- Opticians

Eligible Recipients

- South Country Health Alliance members are eligible to receive a new pair of glasses every 24 months or more frequently if they meet the replacement criteria identified below
- Verify eligibility prior to ordering eyeglasses
- It is the responsibility of the provider to verify eligibility of the recipient and determine when the last pair of MHCP eyeglasses were dispensed before providing services or ordering eyeglasses.

Covered Services

Documentation of medical necessity must be kept in the recipients' medical record. The following services are covered services when medically necessary and coverage criteria are met:

- Comprehensive vision examinations (no annual limit on examinations)
- Intermediate vision examinations (no annual limit on examinations)
- One dispensing fee within a thirty (30) day period
- Eyeglass Frames
- Deluxe eyeglass frames for adults with cognitive disabilities, seizure conditions or for children (a specific diagnosis is required for deluxe frames for recipients age 21 or older)
- Glass, plastic or polycarbonate lenses for children or adults

- Tinted, U-V, polarized or photochromatic lenses for certain childhood, visual, or seizure conditions when standard lenses may pose a risk (a specific diagnosis is required)
- High index lenses when the correction in either eye is plus or minus 6.00 diopters or greater
- Aspherical hand held magnifiers (3.7 X 11.0 diopter)
- Double segs (FT25, FT28), plastic or glass
- Fresnel prism, Slab off prism
- Repairs to frames and lenses purchased through South Country Health Alliance
- Contact lenses

Non-covered Services

- Replacement of lenses or frames to change the style or color
- Cosmetic services
- Tints or polarized lenses for fashion purposes
- Protective coating for plastic lenses
- Edge and anti-reflective coating of lenses
- Industrial, sport eyeglasses or glasses for computer screen usage, unless they are the member's only pair and are necessary for vision correction
- Invisible bifocals or progressive bifocals
- Contact lenses which required authorization which was not obtained
- Replacement of lenses or frames due to provider error in prescribing, frame selection, or measurement
- Eyeglasses or lenses for occupational or educational needs, unless it is the member's only pair and it is necessary for vision correction
- Services or materials that are considered experimental or not clinically proven by prevailing community standards or customary practice
- Backup eyeglasses or split prescription into two pairs of eyeglasses
- Reading glasses without a prescription
- Saline or other solutions for the care of contact lenses
- Vision therapy for learning disabilities, including dyslexia

Eyeglasses

- Lenses covered by South Country Health Alliance must be first quality impact resistant glass, plastic or polycarbonate single vision, bifocal or trifocal lenses
- Lenses must conform to the American National Standards Institute Recommendation for Prescription Ophthalmic Lenses, ANSI's most current standards, and the FDA requirements for impact resistance
- All lenses must be finished (hardened and edged) and assembled in the frame
- A new eyeglass case must be included with each pair of eyeglasses
- Eyeglasses found by the member to be unsatisfactory due to defective workmanship and/or materials must be replaced or repaired by the provider without cost to the member or South Country Health Alliance

- Errors made in prescribing or dispensing are the responsibility of the prescribing and/or dispensing provider and are not to be billed to South Country Health Alliance or the member

Receiving Eyeglasses More Frequently Than Every Two Years

It is expected that, with reasonable care, eyeglasses should not need to be replaced due to loss or damage more than once in a two year dispensing period. However, vision providers may dispense a new pair of eyeglasses, even though two years have not passed since a recipient's last pair was dispensed when one or more of the following reasons for medical necessity criteria for are met:

- There is a change in correction of 0.5 diopters or greater in either sphere or cylinder power in either eye
- There is a shift in axis of greater than 10 degrees in either eye
- A comprehensive or intermediate vision examination shows that a change in eyeglasses is medically necessary
- There is a change in the member's head size which warrants a new pair of eyeglasses
- The member has had an allergic reaction to the previous pair of eyeglasses
- The original pair is lost, broken, or irreparably damaged.

Documentation of medical necessity for the above situations must be kept in the recipient's medical record. The reason for the replacement must be included on the order when new eyeglasses are ordered from the contract vendor.

Billing the Member for Add-ons and Upgrades

Member may purchase non-covered add-ons and non-covered items

- **Add-ons** are lens treatments that can be added to a pair of covered lenses and frames. Examples are: lens coating, special edge treatments, scratch resistant coating, anti-reflective lens coating, etc. SCHA will pay for the covered frame and/or lenses, and recipients may pay for the cost of the add-on products. The provider must inform the recipient before providing the add-on that it is not covered by SCHA and that the recipient is responsible for the payment of the add-on item.
- **Non-covered items** If a recipient chooses to purchase upgraded lenses that are not medically necessary (such as non-covered high-index or photochromatic lenses, no-line bifocals) or a non-contract frame, the recipient is responsible for payment of the entire cost of the lenses or frame. The provider cannot bill the recipient for the difference between covered lenses and/or frame and the upgraded lenses and/or frame. SCHA will not pay for the dispensing fee, repairs or adjustments made to upgraded products or non-covered items.

Repairs/Replacement

SCHA will pay for repairs to recipient eyeglasses when not covered under warranty even if the eyeglasses were not purchased through SCHA if the repair is cost effective.

- Bill replacement frame or lenses using the appropriate frame or lens code with modifier RA. Do not bill a dispensing code for replacement of just the frame or lenses.
- Bill repairs to eyeglasses using 92370/92371
- The dispensing provider may bill a dispensing fee when frames and/or lenses from the contract provider are dispensed. Bill using 92340-92354 as appropriate

Contact Lenses

Contact lenses are covered without authorization if prescribed for aphakia, keratoconus, or aniseikonia and for bandage lenses. All other diagnoses/conditions require authorization for contact lens services and supplies.

Bandage / Therapeutic Lenses: 92071 and 92072. Includes the supply of the contact lens, Claims for contact lenses for the same date of service will be denied. When performed bilaterally, bill two units on one line with modifier 50. Must include an appropriate diagnosis.

Bilateral prescribing / fitting of contact lenses except for aphakia codes: 92310 and 92314. Use modifier 52 when prescribing and fitting one eye,

Contact lenses: S0500, V2500-V2599. One unit = one contact lens. Planned replacement contact lenses may be dispensed as multi-packs. The following dispensing limits apply:

Type of Contact Lens	HCPSC code	Limit
Disposable contact lens	S0500	1 month supply, up to 30 per eye per dispensing
PMMA, gas permeable, gas impermeable contact lens	V2500-V2513, V2530-V2599	2 units (1 per eye) per dispensing
Hydrophilic contact lens	V2520-V2523	1 multi-pack per eye, up to 12 units per dispensing

Members with Private Health Insurance Coverage

Members with vision and eyeglass coverage from Medicare or private insurance coverage that have an eyeglass and/or examination benefit must obtain their eyeglasses, eye examination, and vision services through their primary insurance. Members whose private insurance plan does not cover eyeglasses as a benefit must receive eyeglasses from a contracted South Country Health Alliance optical provider.

Vision Therapy/Orthoptics and Pleoptics

All vision therapy requires prior authorization.

Coverage Criteria

- Diagnosis and treatment of amblyopia, sensory or motor strabismus, and accommodative disorders causing subjective visual complaints which are not relieved by wearing prescription eyewear
- Home visual therapy is to be used, including home treatment with patching, lens fogging, red/green/Polaroid filters, and other lenses/devices
- Visual therapy for amblyopia is limited to children under age 10. If improvement is not noted after four sessions, the recipient must be referred to an appropriate professional (e.g., neurologist or ophthalmologist) for further evaluation.

The physician monitoring progress may bill for a limited examination in addition to the orthoptic/pleoptic training. Document in the medical record the physician saw the recipient and performed the necessary procedures for a limited examination. Examinations to evaluate visual therapy are limited to one per week.

Billing for Ocular Photodynamic Therapy (CPT code 67221) is covered only for a valid diagnosis. No separate payment for the intravenous infusion services is allowed. Payment for the infusion is packaged into CPT code 67221.