

January 11, 2016

Montana Healthcare Programs Notice

Ophthalmologists, Optometrists, and Opticians

Requesting Prior Authorization from Medicaid or Healthy Montana Kids (HMK) for Certain Eyeglass Services

As a reminder, the following procedures are required when requesting prior authorization for certain eyewear features that are considered an add-on to the standard pair of eyeglasses supplied by the Department's contractor, Walman Optical.

The add-on features available to request a prior authorization are:

- Photochromatic tint (i.e., transition material)
- Polycarbonate material (for monocular members only)
- Round 22 or 24 bifocals
- Fresnel Prism, press-on
- Contact lens fitting, exam and supply for members meeting established criteria

When one of these features or services is medically necessary and meets established criteria for children age 20 and under; or the polycarbonate material, round bifocal, Fresnel Prism, press-on or contact lens codes for adults age 21 and over that meet the established criteria; please fax the completed prior authorization form (attached) to the Optometric Program Officer at 406-444-1861.

The posted Eyeglasses Fee Schedule and the Optometric and Eyeglass Services provider manual have a list of the codes/features that require a prior authorization; therefore, providers do not need to call the Department to determine whether a prior authorization is needed. The documents and the prior authorization form are found on the Provider Information website, <http://medicaidprovider.mt.gov/>. The fee schedule and provider manual are found by accessing Resources by Provider Type in the menu on the left, reading and accepting the end-user agreement, and clicking the Eyeglasses or Optometric link. The prior authorization form is also available on the Forms page of the website.

Contact Information

If you have any questions, please contact Rena Steyaert at 406-444-4066 or rsteyaert@mt.gov, or Gail Moloney at 406-444-7045 or gmoloney@mt.gov.

For claims questions or additional information, contact Provider Relations at 1-800-624-3958 (toll-free, in/out of state) or 406-442-1837 (Helena) or via e-mail at MTPRHelpdesk@xerox.com. Visit the Montana Healthcare Programs Provider Information website at <http://medicaidprovider.mt.gov/>.



Montana Medicaid or Healthy Montana Kids (HMK) Prior Authorization Request

Eyeglass Additional Feature and Contact Lens

To facilitate prompt and accurate processing, the information below must be complete and any additional information for this request must be submitted with this form.

Today's Date _____

Member Information		
Last Name	First Name MI	Member ID
Date of Birth		
Service Type. Check all that apply.		
<input type="checkbox"/> Photochromatic (transition)	<input type="checkbox"/> Polycarbonate	<input type="checkbox"/> Contact lens exam/fitting
<input type="checkbox"/> Round bifocal	<input type="checkbox"/> Fresnel Prism, press on	<input type="checkbox"/> Contact lens supply
Procedure Code, if applicable.		
Procedure Code if applicable.		
Procedure Code, if applicable.		
Walman Location: Missoula or Billings (required)		
Date of Visit or Procedure		
Pay-To Provider Information		
Provider Name	Provider NPI	
Rendering Provider Information		
Provider Name	Provider NPI	
Prior Authorization Submitter Contact Information		
Contact Name	Telephone	Fax
Additional Information for medical necessity (required)		

