



Optometric and Eyeglass Services

Spring Provider Fair 2014

Rena Steyaert
Medicaid Program Officer
444-4066



Optometric Service Providers

- Optometrists
- Opticians
- Ophthalmologists
- Walman Optical (eyeglass contractor)

Topics for Today



1. General covered services
2. Coverage of specific services
 - Contact lenses
 - Eye exams
 - Eyeglass services
 - Frame services
 - Lens add-ons
 - Replacement lenses and frames

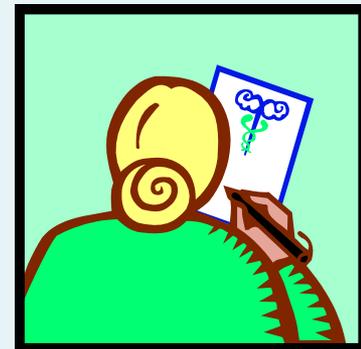
Topics for Today

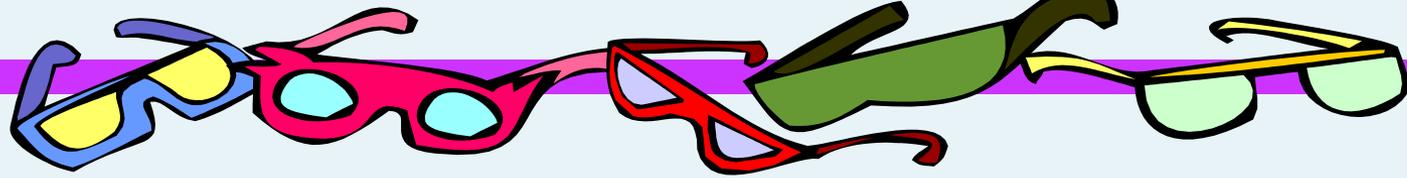


3. Eyeglass Ordering Procedures
4. QMB & SLMB Eligibility
5. Administrative Rules & Fee Schedules
6. Psychiatric Residential Treatment Facility (PRTF) eligible member
7. Question and Answer Time

New ICD-10 Diagnosis Codes

- Effective **October 1, 2014**, claims need to have the new ICD-10 diagnosis codes for them to be paid. (See Provider Notice dated 11/18/2013.)
- Free websites for training and conversion:
<http://www.cms.gov/gov/Medicare/Coding/ICD10/2014-ICD-10-CM-and-GEMs.html>
- Look for the General Equivalence Mappings (GEMS) tools.
- Will require doctors giving more details in their procedure notes.





General Covered Services

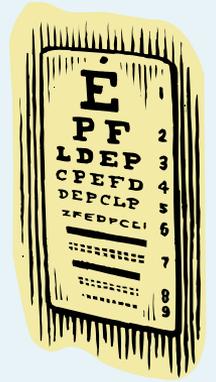
Adults

- Eligible for exam and new lenses every 730 days or 2 years.
- Exception: Following cataract surgery, loss of one line of acuity, or diabetic member. 1/year.
- If exam determines Medicaid limits of change in Rx then 1 exam/lens every 365 days. No frames.

Children Age 20 & ↓

- EPSDT allows children to receive medically necessary services including eye exams and eyeglasses.
- Exams, lens, and/or frame may be replaced as needed for vision change once a year or more if medically necessary.

Specific Services



Contact Lenses

- Covered when medically necessary.
 - Keratoconus
 - Aphakia
 - Anisometropia
2 diopters or more
 - Vision not corrected to 20/40 with eyeglasses
- Must obtain prior authorization from the Department.
- May be provided by other providers than Walman.



Eye Exams

- Verify eligibility before providing exams.
 - FaxBack 1-800-714-0075
 - Web Portal
 - Integrated Voice Response
 - Call Provider Relations
1-800-624-3958
- Adults – every 2 years
 - Exception: Adult diabetic
 - Following cataract surgery
 - Screening shows loss of 1 line of acuity
- Children to determine refractive state, once every year.

Specific Services



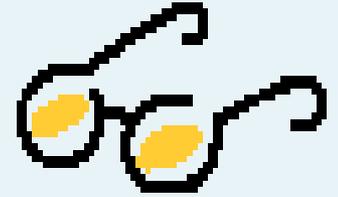
Eyeglass Service

- Check eligibility by contacting one of the 3 contract offices.
- Circumstances for lens replacement in manual.
- If change is in 1 eye, Medicaid will replace lens for that eye only.
- Member needing 2 pair of glasses needs to be approved by program officer. Fax the request Program Officer at 444-1861.

Frame Service

- Contractor provides list/samples of covered frames.
- Members can use their own existing frames.
 - Will be examined to make sure lenses can be inserted.
 - Contractor will decide if frame can be used for covered lenses.
 - If existing frame breaks (after lenses are dispensed to member), Medicaid will pay for new frame but not new lenses. Member can choose private pay for new lenses or find contract frame that lenses will fit.

Specific Services

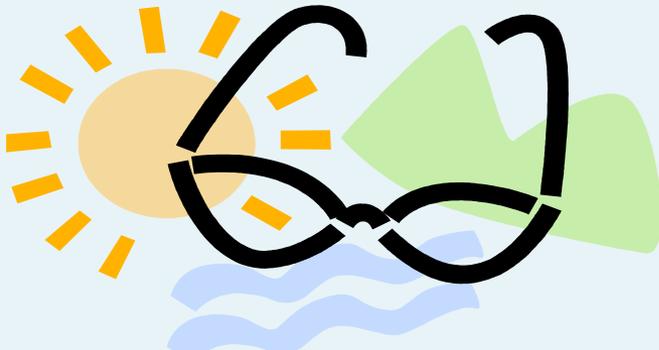


Lens Add-Ons

- Transition, polycarb, progressive, Round 22 or 24 bifocals, low tint, UV & scratch resistant coating
- Medicaid covers some add-ons or special features and some are available on a private-pay basis.
- Table provided in manual

Replacement Lenses/Frames

- All frames carry 24 month warranty on fronts and temples.
- Members must bring broken frames for repair.
- Adult loses eyeglasses within 24 months – Medicaid **will not** pay for another pair.
- Adult lenses are broken or unusable – member is eligible for replacement lenses 12 months **after** the initial dispensing of contracted lenses.



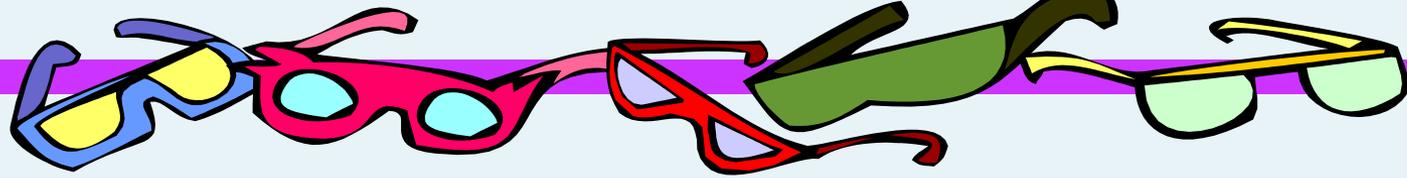
Basic Eligibility and Essential for Employment Form



- Medicaid generally does not cover eye exams or eyeglasses for members with **Basic** coverage.
- The local office of public assistance will determine when a service is *essential for employment*, then Medicaid may cover the exam and eyeglasses.
- Member must present an **Essential for Employment** form to the doctor to start the process of getting it completed.
- The list of diagnosis codes in the manual for which Medicaid will pay for an exam only will be changing to a list of descriptors of the diagnosis codes with ICD-10.

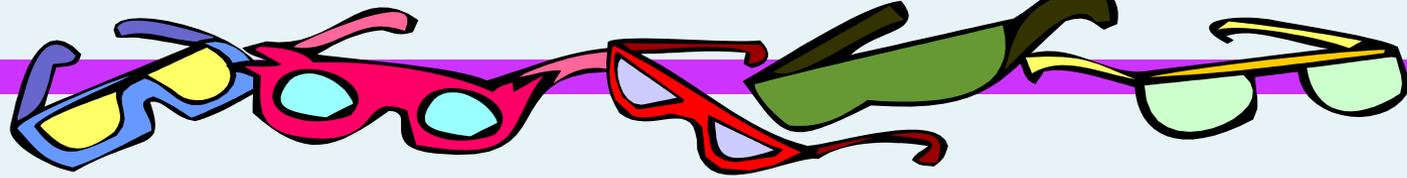
Basic Eligibility and Essential for Employment Form

- Check eligibility and if **Basic**, do not make appointment for the first time being seen. Member will bring the form to office to be filled out by doctor. Nothing else happens at this time.
- Give form back to member who then takes it to county case worker who sends it to the Department for verification and authorization of eligibility.
- When member receives form with all signatures on second page, it is brought to a scheduled appointment for services.
- Send a copy of both pages with Rx to Walman for proof of coverage for a member with **Basic** eligibility.



Eyeglass Ordering Procedure

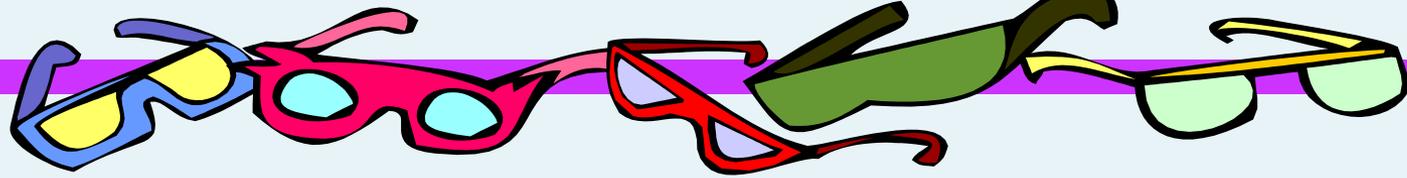
-  Use Montana Medicaid Rx Form or electronic system with Walman to order from Department's contractor (Walman Optical).
-  Date of **fitting** is date the eyeglasses are ordered from contractor.
-  Date of service for eyeglasses is date the order is received by the contractor, not the date you send it.
-  Orders received by contractor after 3:00 p.m. will be on next business day as date of service.
-  If date of service is near end of month, please fax orders to contractor. Member eligibility can change monthly.



Eyeglass Ordering Procedure

Frame information section of form:

-  Select *Supply* when ordering contract frame and lenses.
-  Select *Lenses only* when ordering lenses only.
-  Check the *EPSDT* box when the Medicaid member is age 20 and under.
-  *Rx Change* is used when a lens is ordered to a prescription change that meets guidelines.
-  *2nd PR S.V.* is used when ordering 2 pairs of single vision eyeglasses when member cannot wear multi-focal eyeglasses.



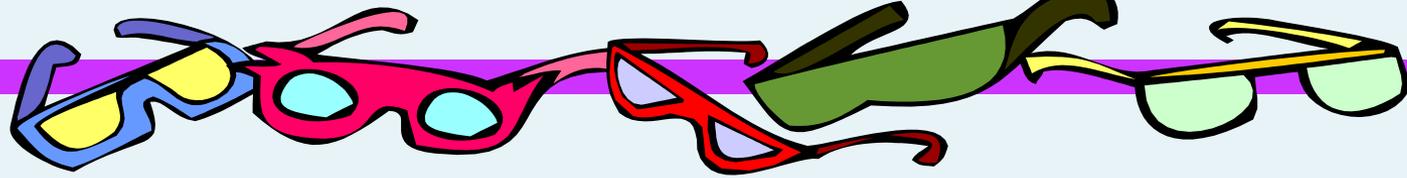
QMB and SLMB Eligibility

QMB – Qualified Medicare Beneficiary

Medicaid pays the Medicare premium and some or all of the Medicare coinsurance and deductibles.

SLMB – Specified Low-Income Medicare Beneficiaries

Medicaid pays the Medicare premium only. They are not eligible for other Medicaid benefits and must pay their own Medicare coinsurance and deductible.



What to Do with QMB or SLMB

- If QMB and Medicaid – Member needs to choose Medicaid benefit to be able to bill Medicaid and use Walman contracted frames and lenses.
- If QMB only (no Medicaid) – Claim needs to go Medicare and not Medicaid. It will be denied from Medicaid.
- If SLMB – Member has no Medicaid eligibility so claim needs to go to Medicare only.

Administrative Rules and Fee Schedules

Optometric Rules

ARM 37.86.2001 – 37.86.2005

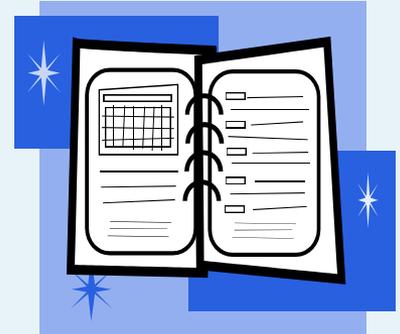
Eyeglass Rules

ARM 37.86.2101 – 37.86.2105

Fee Schedules

<http://medicaidprovider.hhs.mt.gov/providerpages/providerpage/21.shtml#feeschedules>

Change every July with new RBRVS values.



PRTF Member Eligibility



- If checking eligibility and find **Psychiatric Residential Treatment Facility (PRTF)** member.
 - This changed again in December 31, 2013.
 - No prior authorization is necessary and the PRTF facility is not paying for the service.
 - Bill Medicaid as any other Medicaid member and send orders to Walman as any other Medicaid member.
 - Walman will bill Medicaid; they will no longer bill the PRTF facility.

Common Errors



- ✓ Include the EPSDT indicator “1” in field 24H of the 1500 claim form for members age 20 and under.
- ✓ Eligibility cards (i.e., difference between HMK and HMK *Plus*).
- ✓ Check exam limits and eligibility with Xerox Provider Relations and eyeglass eligibility with a Walman office.
- ✓ Accept payment in full from Medicaid. For add-ons that Medicaid does not cover and Walman sends back as member pays, Medicaid asks that you charge only the contract price back to the member.



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QUESTIONS

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Contact Information

Xerox Provider Relations for member eligibility and last exam and claim status: 1-800-624-3958

Walman offices for eyeglass information.

Billings: 800-759-5501

Missoula: 800-877-3014

Great Falls: 800-831-5889

State Optometric Program

Rena Steyaert, Optometric Program Officer

406-444-4066 or rsteyaert@mt.gov