



Optometric and Eyeglass Services

Winter 2016

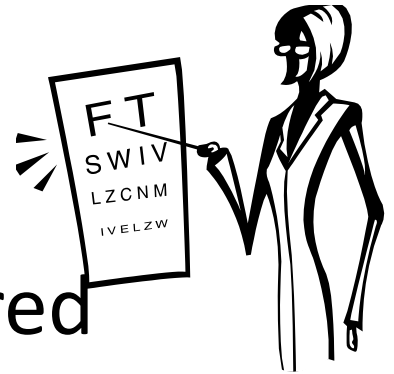
Rena Steyaert
Medicaid Program Officer
444-4066



Optometric Service Providers include:

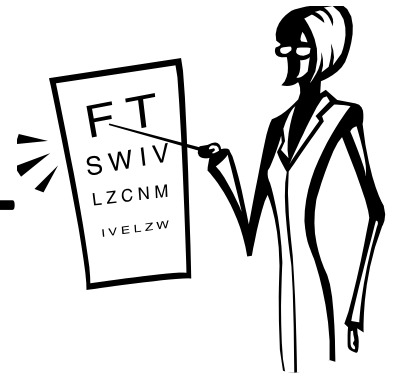
- Optometrists
- Opticians
- Ophthalmologists
- Walman Optical (Eyeglass contractor)

--Topics for today--



1. General **Montana Medicaid** covered services
2. MT Health & Economic Livelihood Partnership (HELP) plan
3. Coverage of Specific services
 - Contact lenses
 - Eye exams
 - Eyeglass Services
 - Frame Services
 - Lens Add-Ons (new Prior Auth request form)
 - Replacement Lenses and Frames

--Topics continued--



4. QMB & SLMB Eligibility

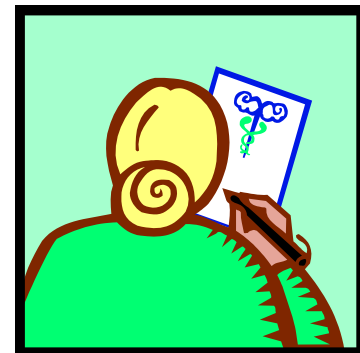
5. Administrative Rules & Fee Schedules

6. Psychiatric Residential Treatment Facility
eligible client

7. Question and Answer Time

ICD-10 Diagnosis Codes

- Effective **10/01/15**--claims will need to have the new ICD-10 diagnosis codes for them to be paid. (see Provider Notice –11/18/2013 & updated one – 06/12/2014)
- Free Websites for training and conversion:
<http://www.cms.gov/Medicare/Coding/ICD10/2015-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 **365 days or 1 year** (RX changes meet criteria)
- If exam determines Medicaid limits of change in RX then 1 exam/lens every 365 days.
- **Didn't change:** following cataract surgery, loss of one line of acuity or diabetic client. 1 per year

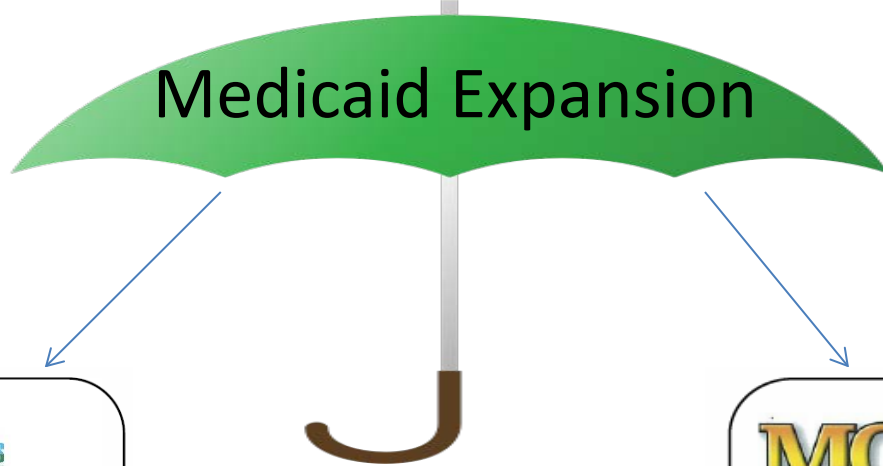
CHILDREN AGE 20 & ↓

- 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.



NEW AFFORDABLE HEALTH PLAN FOR MONTANA

Apply today for quality coverage.



Medicaid Expansion

Subscriber Name: <F_NAME M_INIT L_NAME> Identification Number: YDM<SBSB_ID>	HELP Plan
Plan Code 752	RxBin: 610084 RxGroup: 1509040 RxPCN: DRMTPROD

MONTANA ACCESS TO HEALTH	
MEMBER FIRST MI LAST NAME MEMBER NO. <NUMBER> DOB <YYYY/MM/DD>	

- ~ **HELP Plan** –note BCBS insignia
- ~ Card says **HELP Plan**
- ~ FaxBack and web portal inquiry will say **HELP -TPA**

- ~ **HELP Medicaid** with no BCBS insignia
- ~ Used for **HELP Medicaid** and existing Medicaid plans
- ~ FaxBack and web portal will say **Medicaid Full**



NEW AFFORDABLE HEALTH PLAN FOR MONTANA

Apply today for quality coverage.

HELP Plan

PROVIDERS

- Depending on eligibility requirements, claims can be processed by BCBS or DPHHS (via Xerox)
- Providers need to enroll with BCBS to be able to provide services for HELP eligible participants

PARTICIPANTS

- Some participants, not all, will be responsible for a monthly premium.
- Some will have co-pays and some will not depending on eligibility requirements.

Services processed by who:

HELP Plan by BCBSMT

- Physician
- **Medical Vision & Exams**
- Hospital
- Emergency
- Rehabilitative
- Durable Medical Equip.

HELP Plan by Xerox/Medicaid

- Audiology
- Dental
- Diabetes Prevention
- **Eyeglasses**
- Hearing Aids
- Pharmacy

**** Note that Eyeglass services are processed thru Medicaid as before**



Checking eligibility



HELP Plan Participants

- BCBSMT Provider Portal Tool
- BCBSMT Provider Services at 1-877-296-8206

Standard Medicaid

- Montana Access to Health Web Portal
- FaxBack 1-800-714-0075
- Integrated Voice Response (IVR) 1-800-714-0060
- MT Healthcare Provider Relations 1-800-624-3958 or 1-406-422-1837

Co-pays

- **OLD**---used to be collected at time of service
- **OLD**—was always the same amount \$2 for eye exams/fitting service
 - ↓ For new HELP Plan participants only ↓
- **NEW**—still the same \$2 but now collected after service has been processed and paid by BCBS or Medicaid
- **NEW**—amount taken out of claim has always been reflected on EOB but now that caps or out of pocket maximums or even no copays are factors, the amount will not be known until the claim process and copay amount, if one, comes back on EOB.

Specific Services

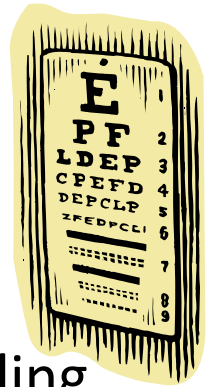
Contact lenses

- Covered when medically necessary
 - Keratoconus
 - Aphakia
 - Anisometropia- 2 diopters or more
 - Vision not corrected to 20/40 with eyeglasses
- Must obtain Prior Auth from Department (**new form**)
- May be provided by other providers than Walman

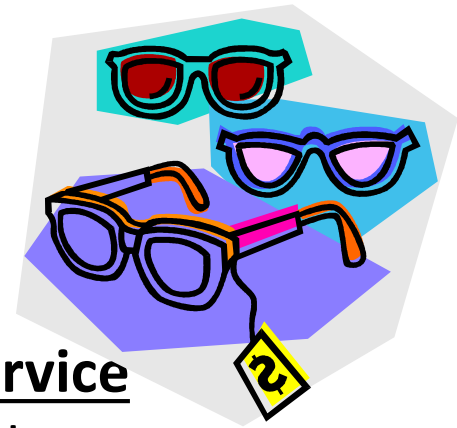


Eye Exams

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



Specific Services



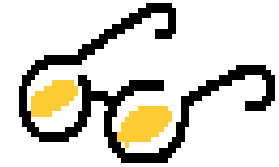
Eyeglass Service

- Check eligibility by contacting one of the 2 eyeglass contract labs
- Circumstances for lens replacement listed in manual
- If change is in 1 eye— Medicaid will replace lens for that eye only.
- Member needing 2 pair of glasses must be approved by Program officer.—Fax in a request.

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 client) Medicaid will pay for new frame but not new lenses. Member can choose private pay for new lenses if not eligible yet or find contract frame that lenses will fit.

Specific Services



Lens Add-ons (Prior Auth)

- 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 Medicaid Provider manual



Replacement lenses/frames

- All frames carry 24 month warranty on fronts and temples.
- Member must bring broken frames for repair.
- Adults lose eyeglasses within 12months—Medicaid **will not** pay for another pair.
- Adults lenses are broken or unusable—member is eligible for replacement lenses only, 365 days after the existing eyeglasses were dispensed.

New Prior Authorization request form

- Effective Jan 11, 2016 the department has developed a standard Prior Authorization request form when requesting Prior Auth for some of the add-on's.
- Find the Provider Notice with the form at:
<http://medicaidprovider.mt.gov/>
- Most add-ons will require Prior Auth as well as contact services and supplies.
- Complete form also found in **FORMS**:
<http://medicaidprovider.mt.gov/forms> and fax to department—no need to call to find out what to do and what needs a request.

BASIC Eligibility



- What was known as BASIC or FAIM eligibility group and their specific Optometric benefits are no longer effective starting on Jan. 1, 2016
- This group was moved into the Full/Standard benefits categories
- This means they will show Full/Standard benefits on their eligibility requirements and will be entitled to the same benefits as described for those on Full/Standard Medicaid



Eyeglass Ordering Procedures

- 👓 Use Montana Medicaid prescription 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 PM will be on next business day as date of service.
- 👓 If date of service is near end of month, please fax orders to contractor on date of performing the exam. Client eligibility can change monthly.



Eyeglass Ordering Procedures Continued

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.



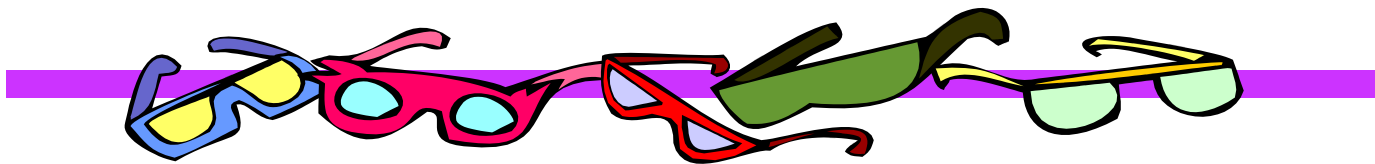
QMB & SLMB Eligibility

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 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---typically 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

<http://www.mtrules.org/gateway/ChapterHome.asp?Chapter=37%2E86>

Eyeglass Rules:

ARM 37.86.2101 – 37.86.2105

<http://www.mtrules.org/gateway/ChapterHome.asp?Chapter=37%2E86>

Proposed HELP Plan Rules I thru X:

<http://dphhs.mt.gov/HELPPlan/Polcymakers>

Fee Schedules: Changes every Jan. for codes using Medicare rates and every July with new RBRVS values.

PRTF Member Eligibility



- <http://medicaidprovider.mt.gov/>
- If Checking Eligibility and find **Psychiatric Residential Treatment Facility (PRTF)** member.
 - No Prior Auth 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 and not the PRTF facility any longer.

Common errors:



- ✓ For medically necessary services, include the EPSDT indicator “1” in field 24H of the 1500 claim form for clients age 20 and under.
- ✓ Eligibility cards: ie. difference between HMK and HMK Plus and now HELP Plan TPA cards
- ✓ Check exam limits and eligibility with Xerox (Medicaid) and eyeglass eligibility with a Walman lab.
- ✓ Accept payment in full from Medicaid.
- ✓ For add-ons that Medicaid doesn’t cover and Walman sends back as member pays. Medicaid asks that you charge only the contract price back to the member.



Questions?

Contact information:



BCBSMT for HELP Plan (TPA) participants:
1-877-296-8206

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

Walman lab offices: (for eyeglass information)

Billings: 800-759-5501

Missoula: 800-877-3014

State Department:

Rena Steyaert, Optometric Program Officer

406-444-4066 or rsteyaert@mt.gov



HMK\CHIP Optometric and Eyeglass Services
Gail Moloney - Optometric Program Officer
406-444-7045

Similar to Medicaid - but some
differences.