Optometric and Eyeglass Services

Fall 2019

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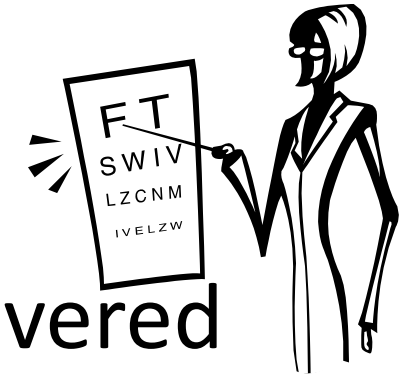
444-4066

Optometric Service Providers include:

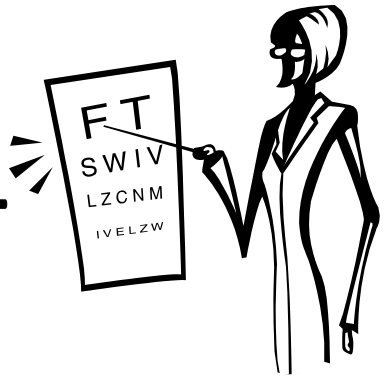
- Optometrists
- Opticians
- Ophthalmologists
- Classic Optical (Eyeglass contractor)

--Topics for today--



1. General **Montana Medicaid** covered services for Optometric care.
2. Coverage of Specific services
   - Contact lenses
   - Eye exams
   - Eyeglass Services
   - Frame Services
   - Lens Add-Ons (Prior Auth request form)
   - Replacement Lenses and Frames

--Topics continued--



3. Checking members various eligibilities
4. QMB & SLMB Eligibility
5. Administrative Rules & Fee Schedules
6. Common billing errors
7. Psychiatric Rehab Treatment Facilities (PRTF) members
8. Question and Answer Time

General Covered Services

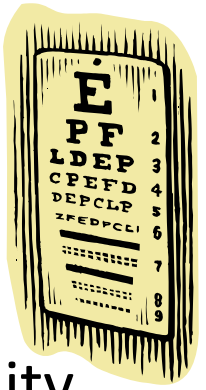
ADULTS

- Eligible for exam and new *lenses* every 730 days/2 years plus one day
- If exam determines a change in the acuity of the RX then 1 exam/lens every 365 days.
- 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.

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 (form on website)
- May be provided by other providers than Classic.

Eye Exams

- Verify Medicaid eligibility before providing exams
  - Faxback
  - Web Portal
  - Automated Voice Response
  - Call Provider Relations
- Adults-1 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

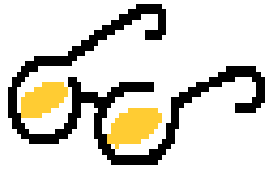
Eyeglass Service

- Check eligibility by contacting Provider Relations for last pair or frequency.
- 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 (can use PA form)

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 frame from contracted ones but not new lenses. Member can choose private pay for new lenses if not eligible yet or find contract frame that lenses will fit.

Covered Specific Services



Lens Add-ons (Prior Auth)

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

Replacement lenses/frames

- All frames carry 12 month warranty on fronts and temples.
- Member must bring broken frames for repair.
- Adults lose eyeglasses within 24 months—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.

Checking eligibility

Medicaid Expansion and Standard Medicaid

- Expansion plan members eligibility check is performed by contacting Medicaid.
- Member cards will be the same as Standard Medicaid member cards. MT Access to Health

HMK Plus is noted on members cards by a "+" after HMK and the members eligibility can be checked like all other Medicaid members.

- Montana Access to Health Web Portal (https://mtaccesstohealth.portal.conduent.com/mt/general/home.do)
- Faxback 1-800-624-3958 opt. 1, opt. 2
- Integrated Voice Response (IVR) 1-800-362-8312
- MT Healthcare Provider Relations 1-800-624-3958 or 1-406-422-1837

Checking eligibility

HMK/CHIP members

- To check eligibility and last eye exam for HMK members, need to inquire to BCBS at (855) 258-3489
- To check frequency or last pair of eyeglasses, contact Provider Relations at (800) 624-3958 or (406) 442-1837
- Eye exams are not limited for HMK member to one per year.
- Eyeglasses for HMK members use the same parameters as Medicaid-1 pair per year
- Exception is the lost, stolen or broke pair of glasses. HMK will ***only replace lenses*** if RX has changed to meet criteria.

Checking eligibility

Dept. of Corrections members

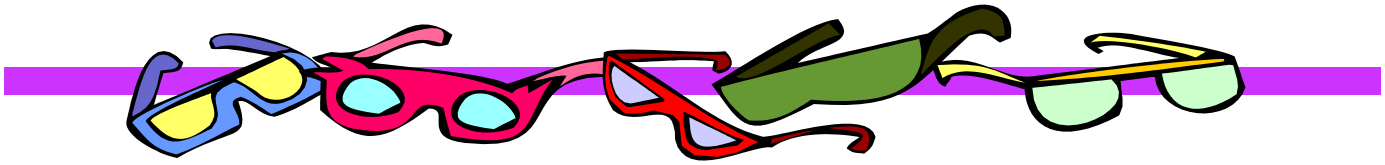
- Eligibility for these members will come back “inactive”.
- The DOC member may have access to Medicaid FULL benefits
- As of Jan. 1, 2016 the corrections staff will present the member for an appointment with a form stating eligibility.
- Classic Optical has a specific online form to use for ordering glasses for DOC members. Providers need to use that form so Classic can bill to Medicaid correctly.

Co-pays

- Standard charge of $4 per service and collected **after** service has been processed and paid by Medicaid.
- Amount taken out of claim has always been reflected on EOB but now that caps, 10% of paid amount, out of pocket maximums or even no copays are factors, the amount will not be know until the claim process and copay amount, if one, comes back on EOB per member and their services.

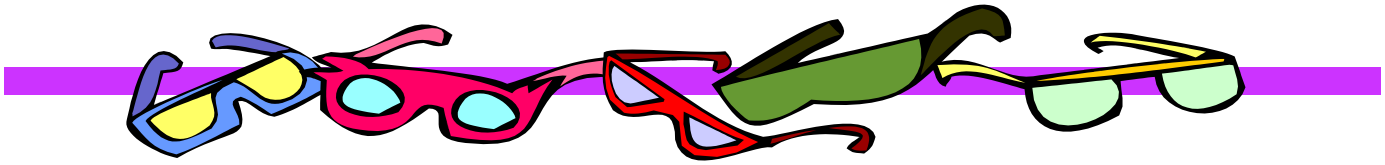
Prior Authorization request form

- The department has developed a standard Prior Authorization request form when requesting Prior Auth for some of the add-on's. Titled: Eyeglass Additional Feature & Contact Lens Prior Auth Request
- Most add-ons and deluxe frames will require Prior Auth as well as contact services and supplies. Check Fee Schedule for applicable codes.
- Complete the form found in FORMS: https://medicaidprovider.mt.gov/forms and fax to department—no need to call to find out what to do and what needs a request.



Eyeglass Ordering Procedures

- Date of **Fitting** is date the eyeglasses fitting service was performed
- Date of service for eyeglasses orders is date the order is received by the contractor (not the date you send it)
- Orders received by contractor after business hours will be billed 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.



QMB & SLMB Eligibility

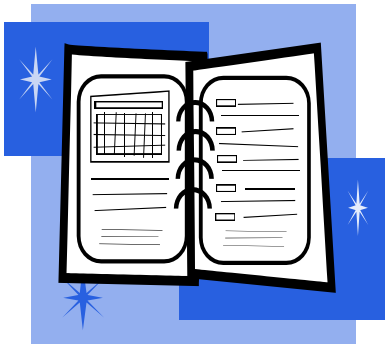
QMB—Qualified Medicare Beneficiary---Medicaid pays the Medicare premium and some or all of the Medicare coinsurance and deductibles.

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 Classic 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

Fee Schedules: Changes every Jan. for codes using Medicare rates and every July with new RBRVS values at https://medicaidprovider.mt.gov/21

PRTF Member Eligibility

- Provider Website https://medicaidprovider.mt.gov/
- If Checking Eligibility and find **Psychiatric Residential Treatment Facility** (PRTF)member.
  - No Prior Auth for eligibility or services is necessary and the PRTF facility is not paying for the service.
  - Bill Medicaid as any other Medicaid member and send orders to Classic Optical as any other Medicaid member.
  - Classic Optical will bill Medicaid.

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.
- ✓ When billing paper claims- make sure billing provider and rendering providers NPI's also include their taxonomies on the claims.
- ✓ Check exam eligibility and eyeglasses frequency with Conduent (Provider Relations for Medicaid)
- ✓ Accept payment in full from Medicaid, cannot bill members.
- ✓ For add-ons that Medicaid doesn't cover and Classic Optical sends back as member pays. Medicaid asks that you charge only the contract price back to the member.

???QUESTIONS???

Contact information:

Conduent Provider Relations for member eligibility and last exam/eyeglasses and claim status:

1-800-624-3958

Classic Optical: (for eyeglass & RX information)

1-888-522-2020 ext. 1308

DPHHS:

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