

Chapter 25

Eyeglass and Vision Care Services

Vision care providers enrolled with South Country Health Alliance are not required to work with any specific state-contracted laboratory in order to serve South Country Health Alliance members. Vision care providers must bill SCHA/MMSI 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.

Eligible Providers

- Ophthalmologists, optometrists, and opticians are allowed to enroll with South Country Health Alliance and provide and bill for services within their scope of practice

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
- Intermediate vision examinations
- One dispensing fee within a thirty (30) day period
- Eye Glass 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)Tinted or polarized lenses
- High index lenses when the correction in either eye is plus or minus 6.00 diopters or greaterDouble segs (FT25, FT28), plastic or glass

- 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

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

Quality of Covered 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.

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. Members may pay for the cost of the add-on products. The provider must inform the member before providing the item that it is not covered by South Country Health Alliance and that the member is responsible for the payment of the add-on item.
- **Non-covered items** If a member chooses to purchase **upgraded lenses** that are not medically necessary (such as high-index plastic, Transitions lenses, no-line bifocals) or an **upgraded frame** that is not medically necessary (such as a more fashionable frame, back-up glasses), the member is responsible for payment of the entire cost of the lenses and/or frame. The provider cannot bill the member for the difference between covered lenses and/or frame and the upgraded lenses and/or frame. South Country Health Alliance will not pay for the dispensing fee, repairs or adjustments made to upgraded products or non-covered items.

Billing for 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 frames using V2020 with modifier RB
- Bill dispensing fees only for a complete set of frames and lenses.

Contact Lenses

Contact lenses are covered without authorization if prescribed for aphakia, keratoconus, aniseikonia or bandage lenses. All other diagnoses/conditions require authorization for contact lens services and supplies. Submit the following when an authorization is required to document medical necessity:

- Prescription
- Diagnosis
- Documentation of medical necessity with a detailed explanation of why eyeglasses will not meet the recipients needs

All contact lens codes V2500-V2599 and contact lens treatment service coded 92071, 92310 and 92325 require authorization except for recipient with a diagnosis of Aphakia, Aniseikonia, Keratoconus, or bandage lenses.

Billing

- Bill all claims for vision care items and services to SCHA/MMSI electronically or through MN E-connect.
- Bill frames, lenses, dispensing fee, repairs, and other covered items and services using correct HCPCS codes, HCPCS modifiers, ICD-9 codes and CPT codes

Members with Private Health Insurance Coverage

Members with 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.

Copays

Only a complete pair of eyeglasses (frames and lenses) may be subject to a copay. A copay does not apply if only the frames are dispensed or only the lenses are dispensed, or to eyeglass repairs. Review the member's benefits to determine whether they are subject to a copay.

A member copay may apply for each complete pair of replacement glasses dispensed before two years have passed.

Vision Therapy/Orthoptics and Pleoptics

All Sensory Motor Exams (92060) and Vision Therapy/Orthoptics/Pleoptics therapies (92065) require authorization and medical documentation. Threshold is one exam (92060) and once weekly therapy (92065) sessions per 6 month period.